

2023-24

ANNUAL REPORT



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

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Government of India
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Introduction



Department of Health & Family Welfare is committed to ensure the highest possible level of health and well-being of all through a preventive and promotive health care orientation in all developmental policies and universal access to good quality health care services without anyone having to face financial hardship. Towards this end, Ministry of Health & Family Welfare is implementing various schemes, programmes and national initiatives to provide universal access to the quality healthcare. The approach is to increase access to decentralized public health system by establishing new infrastructure in deficient areas and by upgrading the infrastructure in the existing institutions. There is also need to strengthen the role of public sector in social protection against the rising costs of health care and the need to provide a comprehensive package of services without reducing the prioritization given to women and children's health.

There has been a significant improvement in creation of new facilities and infrastructure, though adequate staffing of these facilities by qualified health personnel remains a problem. Availability of drugs has improved at all levels and the robust logistic arrangement for procurement and storage of these drugs has been put in place.

Our work this year, enabled progress towards the commitments of the National Health Policy, 2017. The National Health Mission (NHM), which is our flagship health systems reform programme, provides a robust platform for implementation of a range of interventions focused on primary and secondary health care in rural and urban areas. NHM's efforts at strengthening health systems in

States by allocating additional financial resources, flexibility in design and implementation ensured sharper focus on particularly marginalized and vulnerable populations and enabled us to achieve impressive improvements in several key indicators of RMNCH+A and communicable diseases. NHM seeks to strengthen public health delivery system at all levels.

Launched in 2018, Ayushman Bharat (AB) marks a paradigm shift to move from sectoral and selective approach of health service delivery to a comprehensive range of health care service. Ayushman Bharat aims to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level by adopting a continuum of care approach. 1,72,148 Ayushman Arogya Mandir (AAM) erstwhile Ayushman Bharat Health & Wellness Centres have been operationalized till 31st March, 2024 as reported by the States/UTs on the HWC Portal. About 3.22 crore Wellness Sessions, including Yoga, has been conducted at AB-AAMs as on 31st March, 2024. As per the data updated by the States/UTs in AAM Portal, Screenings for NCDs (Hypertension/ Diabetes/ Oral, breast & cervical cancer) – 184.45 Cr (cumulative progress 31st March, 2024) has been done at AAMs.

Total Tele consultations under eSanjeevani is 21.60 crore (as on 31st March, 2024). eSanjeevani HWC is operational at 1,19,029 Spokes & 15,074 Hubs (as on 31st March 2024).

Ayushman Bhav Campaign was launched by Hon'ble President of India on 13th September, 2023. Ayushman Bhav Campaign is envisaged to saturate selected health care services in every village/ town in line with the commitment of Hon'ble Prime Minister to ensure reach to the last mile and enable access to health care services to everyone in the society.

Ayushman Bhav Campaign- has been initiated since 17th September 2023. In this campaign, till 31.03.2024, more than 9.5 crores Ayushman Cards and 13.48 crores ABHA IDs have been created. Total 24.66 lakhs Ayushman Melas have been organized at Ayushman Arogya Mandir with more

than 17.84 crore footfalls. In the Ayushman Arogya Mandir melas, over 34.39 crore screenings were conducted for TB, hypertension, diabetes, oral cancer, breast cancer, cervical cancer, and cataract. Additionally, so far over 11.69 crore and 9.28 crore people benefited from free drugs and diagnostic services respectively.

Weekly Health Melas are also organized in rotation by Medical Colleges at the Community health centres (CHCs), to ensure increased access to specialist services like Obstetrics and Gynaecology, Paediatrics, Surgery, ENT, Eye and Psychiatric etc. at every block to ensure continuum of care.

NHM has attempted to fill the gaps in human resources by providing nearly 3.95 lakh additional health human resources to the States including 1,31,210 CHOs, 16,088 GDMOs, 5,151 Specialists, 78,954 Staff Nurses, 88,879 ANMs, 57,194 Paramedics, 497 Public Health Managers and 17,995 Programme Management staffs etc. on contractual basis, as on 31st December, 2023. Apart from providing support for health human resource, NHM has also focused on multi skilling of human resources. Up to 33% of NHM funds in high focus states can be used for infrastructure development. During the FY 2023-24 support is provided for construction of 8,702 units among the states / UT's. There are 1,575 ongoing works, 2,075 new construction works consisting of DH, SDH, CHC, PHC, SC and 5,052 other repairs/ renovation / upgradation/ strengthening works among the 8,702 units for which support is provided. In the ongoing works of 1,575 units DH (143 nos), SDH (38 nos), CHC (643 nos), PHC (239 nos) and SC (512 nos) are supported. Further, among the new construction proposals of 2,075 units, DH (28 nos), SDH (330 nos), CHC (132 nos), PHC (333 nos) and SC (1,252 nos) are approved in the FY 2023-24 (up to 31.03.2024). The remaining 5,052 works are miscellaneous works such as repairs/ renovation of existing facilities, up gradation of existing facilities to the prescribed norms of IPHS. Apart from the above, financial assistance towards rent of the units, central heating systems, construction/ maintenance of hatcheries, pits, equipment etc. were also supported.

As on 31st December, 2023 States/UTs have 1433 mobile medical units which includes mobile health units, mobile medical/health vans, boat clinics, eye vans/mobile ophthalmic units, dental vans under NRHM and NUHM.

To ensure availability of essential drugs and reduce the Out of Pocket Expenditure (OOPE) of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative (FDSI) under National Health Mission (NHM). Ministry has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities i.e. with 106 Sub Health Centre Health & wellness centre (SHC- HWCs), 172 Primary Health Centre Health & wellness centre (PHC-HWCs), 300 Community Health Centres (CHCs), 318 Sub-District Hospital, 381 District Hospital (DHs). However, States have the flexibility to add more medicines and Essential Drugs List (EDL) of States which vary from State to State.

Under, Free Diagnostic Service Initiative expanded range of diagnostics are available at all level of public health facilities (14 tests at Sub Centre, 63 tests at PHC, 97 tests at CHC, 111 tests at SDH and 134 tests at DH). As on 31st March, 2024 under Free Diagnostics Service initiative, Laboratory services have been implemented in 36 States/UTs.

To address the issue of non-functional equipment across public health facilities, comprehensive guidelines were designed on Biomedical Equipment Management and Maintenance Program (BMMP) and disseminated among States/UTs. As on 31st March, 2024 BMMP has been implemented in 33 States/UTs.

Presently 3031 ALS, 15,250 BLS, 4343 PTV, 17 Boat and 81 Bike Emergency Response Service Vehicles are supported under NHM, besides 7319 empanelled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back.

Ministry of Health and Family Welfare (MoHFW), has identified Schemes/programs to be showcased during the course of the "Viksit Bharat Sankalp Yatra" such as Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana as the Flagship Scheme of MoHFW and national TB Elimination Programme for the campaign with additional focus on Sick Cell Anaemia Elimination Mission in Tribal Area. Further, Health Camps are also being organised at the places of halt of the mobile van where in Screening and Referral for Tuberculosis, Non-Communicable Diseases and Sick Cell Disease, Nikshay Mitra Registration and Consent under Nikshay Mitra, Seeding of Bank Accounts for Nikshay Poshan Yojna, Ayushman Card creation

and Physical Card distribution are conducted.

Till 29th Feb, 2024 information pertaining to 2,38,006 Gram Panchayats have been received with the total footfall of more than 7,34,08,564 people. 2,79,74,148 Ayushman Cards have been created and 51,05,148 Ayushman cards have been physically distributed. 3,91,33,509 people have been screened for Tuberculosis, out of which more than 11,90,526 were referred to higher Public Health Facilities. 43,00,584 people have been screened for Sickle Cell Disease, out of which 84,048 were found to be positive and referred to higher Public Health Facilities. Around 2,81,83,990 people were screened for Hypertension and 2,69,33,141 people screened for Diabetes.

To eliminate sickle cell disease, Sickle Cell Anaemia Elimination Mission has been launched by Hon'ble Prime Minister from Madhya Pradesh on 1st July, 2023 with mission of targeted screening of 7 crore people till year 2025-26 in affected 278 districts of tribal areas and counselling through collaborative efforts of central ministries and state governments.

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

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

One of the major achievements in respect of the Pharmacy Act, 1948 is the Pharmacy (Amendment) Bill, 2023 which was notified on 15-08-2023 as Act 29 of 2023. Vide the Act, Section 32C has been

inserted in the Pharmacy Act, 1948. This Section addresses the issues which arose out of MHA's adoption order dated 05-10-2020 and 23-10-2020 which were to adopt the Pharmacy Act, 1948 in UT of Jammu and Kashmir and UT of Ladakh respectively, after the enactment of J&K Re-organization Act, 2019.

To bring institutional reforms in the sector of nursing education, the Parliament has passed the National Nursing and Midwifery Commission (NNMC) Act, 2023 and the same has been notified on 14.08.2023. It will replace the Indian Nursing Council with a new regulatory structure.

The Act provides for establishment of a National Nursing and Midwifery Commission and Autonomous Boards at the National level and corresponding State Nursing and Midwifery Commissions for regulation and maintenance of standards of education and services by nursing and midwifery professionals; regulation of their professional conduct; creation and maintenance of online and live Registers; assessment and recognition of nursing and midwifery institutions, etc.

The National Nursing and Midwifery Commission Rules have also been notified on 13.03.2024.

In 2023-24, Union Cabinet approved the proposal of establishment of 157 new Nursing Colleges in co-location with existing 157 Medical Colleges. The measure will bring parity in the geographical distribution of the Government Nursing Colleges in the country.

The Government through Central Sector Scheme of "Development of Nursing services" strengthens nursing infrastructure and services in the country. Under the Training sub component of the scheme Nursing Personnel are trained in identified domains/topics. Further, during the financial year, under the CSS Scheme for training of Nurses, Rs 1.72 Cr was released for 76 Courses which will benefit 2280 Nurses.

Under the second sub-component of the scheme Upgradation of schools of Nursing to colleges of Nursing, one-time financial assistance of Rs.7.00 crore per institution is provided for upgrading School of Nursing in to college of Nursing. An amount of Rs.22.86 crore has been sanctioned for upgrading 8 schools of nursing (SoN) into college of nursing (CoN) for the year 2023-24.

NTEP responded with timely mitigation measures

like integration of TB and COVID-19 bi-directional screening, diagnostic and treatment capacity upgrades and SOPs for co-located testing for TB (among COVID-19 patients as well as ILI/SARI patients), introduction of all oral shorter regimen for MDR-TB and testing for COVID-19 (among notified TB patients) to augment surveillance for COVID as well as strengthening TB case finding efforts. Periodically updated advisories, directives, and guidance documents were also issued to the States.

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

With these mitigation measures and catch-up campaigns, NTEP has achieved over and above the pre-pandemic levels in 2022 with a total TB case notification of 24.2 lakhs. In 2023, a total of 25,52,257 patients were notified, out of whom 24,37,949 were put on treatment. The overall Treatment Success Rate of TB-notified patients was 87.6% in 2023, higher than the previous year's achievement.

On September 9, 2022, the Hon'ble President of India Smt. Droupadi Murmu, launched the 'Pradhan Mantri TB Mukh Bharat Abhiyaan' and 'Ni-kshay 2.0'.

This community-supported initiative for TB patients whereby Elected Representatives, Officers from Central and State Ministries, PSUs, corporates, professional associations, medical colleges, and institutions, and individuals can register as Ni-Akshay Mitras and adopt TB patients for providing necessary nutritional, vocational, and additional diagnostic support accelerating the "Jan Andolan" for ending TB by 2025. Since its launch, this unique community-led initiative has seen participation by more than 1.5 lakh Ni-kshay Mitras (donors) committed to supporting over 10 lakh TB patients and distributed more than 15.50 lakh nutrition baskets.

National AIDS and STD Control Programme (NACP) in India has been recognised globally as a success story and the Government of India is committed for achieving the Sustainable Development Goals (SDGs), which include the SDG targets to "End the AIDS epidemic as a Public Health threat by 2030". Under NACP-V, to control the HIV threat in the country, various initiatives have been undertaken which include 'National Red Run' an initiative intended to spread HIV awareness through sports; 'Integrated Health Campaign' to reach the population at-risk in the north eastern states; 'Integrated STI, HIV, TB and Hepatitis (ISHTH) Campaign' in Prison and other closed settings across India; 'virtual interventions' to reach out to the population that operates through virtual platforms, 'Sampoorna Suraksha Strategy' to cover at-risk HIV-negative population through a comprehensive package of services.

The HIV & AIDS (Prevention & Control) Act 2017, which was notified in September 2018, provides a legal framework to protect and secure human rights of persons infected or affected by HIV/AIDS. NACO has signed 18 Memorandums of Understanding with key Ministries/ Departments to catalyze the HIV/AIDS response under their respective mandates.

Under NACP-V, prevention services for High-Risk and other vulnerable populations are being provided through 1577 Targeted Intervention sites, 155 Link Worker Schemes, 427 OST centres including Satellite centres and 1220 Prison and 837 Other Closed Settings. There are 1,133 designated STI/RTI Clinics for Sexually Transmitted Infection (STI) management. HIV confirmatory testing services are being provided through 29,087 counselling and testing centres. Accessible and affordable treatment services are being provided through 772 antiretroviral therapy (ART) centres and 1,261 link ART centres and 64 public health laboratories for viral load testing. Around 6 crore HIV tests were conducted to ensure early detection of HIV. More than 16.8 lakh People living with HIV (PLHIV) are currently on life-saving free antiretroviral treatment. 13.78 lakh viral load tests were conducted in 2023-24.

National Programme for Control of Blindness and Visual Impairment (NPCBVI) was launched in the year 1976 as a centrally sponsored scheme (now 60:40 in all States and 90:10 in NE States and hilly States) with the goal of reducing the prevalence of blindness.

The goal to reduce the prevalence of blindness to 0.25% by 2025.

As a newer initiative Mission Mode Cataract Surgeries campaign (Netra Jyoti Abhiyan) have been launched for the FY 2022-25 with an aim to finish off any prevailing cataract surgery backlogs and strengthened service delivery.

Under the National Health Mission's (NHM) component of NP-NCD, 753 NCD clinics at district level and 6238 NCD clinics at CHC Level have been set up. In addition, 220 Cardiac Care Units (CCUs) and 356 Day Care Cancer centres have also been setup in different parts of the country.

Under the strengthening of Tertiary Care Cancer facilities Scheme of NP-NCD, States are being supported for setting up/strengthening of State Cancer Institutes (SCI) and Tertiary Care Cancer Centres (TCCCs) for providing comprehensive cancer care in the country. Under the programme, 19 SCIs and 20 TCCCs were approved in different States/UTs.

Pradhan Mantri National Dialysis Programme (PMNDP) portal launched on 5th May 2022 is integrated with ABHA ID. The portal will integrate all the dialysis centres operational in the States/UTs under NHM with building of registry and facilitating portability across the country.

The Ministry is presently conducting National Family Health survey (NFHS-6). For smooth implementation of the survey work, four committees viz., Steering Committee, Financial Management Committee (FMC), Technical

Advisory Committee (TAC) and Project Management Committee (PMC) were constituted by the Ministry. Furthermore, three Sub-Groups of TAC have also been constituted by the Ministry to discuss sampling design, sampling frame, survey questionnaire contents and Clinical Anthropometric Biochemical (CAB) components respectively. The pre-test exercise of the survey was conducted during 20th June- 8th July 2022 in two districts of Uttarakhand state of India to test the survey tools and protocols. Based on the feedback and field experience during Pre-test, the Computer Assisted Personal Interviewing (CAPI) and the questionnaires were updated. At present, the main survey field work for NFHS-6 is in progress which is being conducted in two phases covering about half the country in each phase with an aim to provide district-level estimates for most of the indicators for all 731 districts (as on 30th June, 2021) with approx. 6.77 lakh sample households. The main survey fieldwork has been completed in 20 States/UTs and is in progress in rest 15 States/UTs.

Tobacco Free Youth Campaign: Union Minister for Health & Family Welfare, Dr. Mansukh Mandaviya launched the Tobacco Free Youth Campaign on 31st May, 2023 on the occasion of World No Tobacco Day, 2023. The 60 days campaign was successfully implemented from 31st May to 31st July, 2023 by all States and UTs to create intensive awareness on harmful effects of tobacco use, particularly amongst the youth and rural communities.

These are the glimpses of activities and campaign's undertaken by MoHFW during the F.Y. 2023-24; the details of achievements & developments are described in this Annual Report in further details.



(APURVA CHANDRA)

Secretary

Department of Health and Family Welfare
Ministry of Health and Family Welfare



Health Systems

CHAPTER 01

1.1 OVERVIEW

1.1.1 MINISTER-IN-CHARGE

The Ministry of Health & Family Welfare is headed by the Minister of Health & Family Welfare – Dr. Mansukh Mandaviya. He is assisted by the Ministers of State for Health and Family Welfare – Dr. Bharati Pravin Pawar and Sh. S. P. Singh Baghel.



Dr. Mansukh Mandaviya



Sh. S. P. Singh Baghel



Dr. Bharati Pravin Pawar

1.1.2 INTRODUCTION

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

- (a) Department of Health & Family Welfare
- (b) Department of Health Research

In addition, the Ministry has following two attached offices:

- i. Directorate General of Health Services (DGHS)

- ii. National Health Agency (NHA)

1.1.3 ADMINISTRATION

The Department has taken new initiatives and steps to implement Government programmes and policies in an efficient and time-bound manner as part of Government's commitment for better health care for all its citizens.



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

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

1.1.4 CENTRAL HEALTH SERVICE

The Central Health Service, which was constituted in 1963, was restructured in 1982 to provide medical manpower to various participating units like Directorate General of Health Services (Dte.GHS), Central Government Health Service (CGHS), Government of National Capital Territory (GNCT) of Delhi, Ministry of Labour, etc. Since inception, a number of participating units like Employees' State Insurance Corporation (ESIC), New Delhi Municipal Corporation (NDMC), Municipal Corporation Delhi (MCD), Himachal Pradesh, Manipur, Tripura, Goa, etc. have formed their own cadres. Jawaharlal Institute of Postgraduate Medical Education Research (JIPMER), Pondicherry which has become an autonomous body w.e.f. 14th July 2008 has gone out of CHS cadre. Govt. of NCT of Delhi, which has made their own cadre namely Delhi Health Service (DHS) for

Non-Teaching and General Duty Medical Officer (GDMO) doctors has also gone out of CHS cadre. At the same time, units like CGHS have also expanded. The Central Health Service now consists of four Sub-cadres and the present strength of each Sub-cadre is as under:

Sub-Cadre Sanctioned Posts (as on 31.03.2024)

General Duty Medical Officer (GDMO) Sub-cadre - 2319

Teaching Specialist Sub-cadre - 1676

Non-Teaching Specialist Sub-cadre - 654

Public Health Specialist Sub-cadre - 104

2. Besides CHS, the cadre of Dental doctors under the Ministry of Health and Family Welfare (MoHFW) is also looked after by CHS Division. The sanctioned strength of dental doctors working under MoHFW is 37.

3. Recruitment in CHS: -

A total number of 258 offers of appointment of GDMO sub-cadre have been issued under CMSE-2022 and 254 under CMSE-2023 respectively. Out of 236 vacant posts in Non-Teaching Specialist, for which requisitions were submitted, recommendations of UPSC for recruitment of 53 posts in various specialities in Non-Teaching Sub-cadre have been received.

4. Promotions: -

The details of promotions effected in respect of CHS officers since 01.01.2023 to various grades is as under: -

Sub-Cadre	Grade		Number of officers promoted
	From	To	
GDMO	Medical Officer	Sr. Medical Officer	68
	Sr. Medical Officer	Chief Medical Officer	34
	Chief Medical Officer	Chief Medical Officer (NFSG)	39
	Chief Medical Officer (NFSG)	Super time Administrative Grade	42

Teaching	Assistant Professor	Associate Professor	09
	Associate Professor	Professor	58
	Professor	Director Professor	17
Public Health	Specialist Grade-III	Specialist Grade-II	01
	Specialist Grade-II	Specialist Grade-I	01
	Specialist Grade-I	SAG-I	04
Non-Teaching	SAG	HAG	02
	Sp. Gr. I	SAG	07
	Sp.Gr. II	Sp. Gr. I	21
Dental	Staff Surgeon Dental	Consultant in Dental Surgery (SAG Grade)	02

5. Notification for appointment in CHS: Notification of 50 Medical Officers has been notified in the Gazette of India.

135 Notification for appointment has been issued since January 2023 to March 2024 in Teaching/Public Health sub-cadre.

6. Probation: - Order for probation clearance in respect of 92 GDMOs has been notified in the e-Gazette of India during the period.

7. Deputation in CHS:- 06 Doctors appointed on deputation, 04 Doctors were repatriated to parent department and 07 Doctors granted extension of deputation.

8. Details of other miscellaneous works: -

i. 280 RTI applications and 07 RTI appeals have been disposed of.

ii. 22 Court cases including 03 Contempt cases have been disposed of.

iii. The APARs of CHS and Dental doctors for the year 2022-23 have been recorded electronically on SPARROW web-portal and personal grievances/ issues regarding recording of e-APARs of all CHS officers posted in approx. 100 CHS units were resolved promptly.

- iv. 09 representations submitted by CHS officers have been processed for upgrading of below benchmark ACRs/ APARs.
- v. 05 non-medical posts were revived.
- vi. 09 Disciplinary cases finalized.
- vii. 30 Public Grievances disposed of.
- viii. Guidelines for appointment of Head of Department in Central Govt. Hospitals were issued.
- ix. 06 Departmental proceedings cases have been finalized.
- x. Requisition for filling up of 334 posts in various specialties of teaching sub-cadre has been sent to UPSC.

1.1.5 ACCOUNTING ORGANISATION

1. General Accounting Set-up

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

2. Accounting Set-up in the Ministry

The Ministry of Health and Family Welfare has two Departments viz. Department of Health and Family Welfare and Department of Health Research. The Accounts Wing functions under the supervision of a Chief Controller of Accounts (CCA) who is assisted by a Controller of Accounts (CA), Deputy Controller of Accounts (DCA), Assistant Controller of Accounts (ACA) and 11 Pay and Accounts Offices (PAOs) [8 PAOs in Delhi and one each at Chennai, Mumbai, Kolkata].

3. Internal Audit Wing

The Internal Audit Wing of the Department of Health and Family Welfare handles the internal audit work of the Ministry of Health and Family Welfare under the overall supervision of Chief Controller of Accounts. There are 5 internal Audit Parties located in Delhi, Chandigarh, Mumbai, Kolkata and Bengaluru.

During the F.Y. 2023-24, Internal Audit Wing had conducted audit of 17 Institutions/Organizations working under the Ministry of Health & Family Welfare. In addition to this, Risk Based Internal Audit of Scheme (PMSSY) has also been conducted.

Sl. No.	Department	Total No. of Audited Units
1.	Health & Family Welfare	16
2.	Department of Health Research	01
	Total	17

During the F.Y. 2023-24, a total no. of 112 audit paras was raised which includes 16 paras of financial proprietary/implications amounting to Rs. 2462 lakhs (approx). A total number of 3540 Paras were settled in which an amount of Rs. 4360.00 lakhs (approx.) recovered during the F.Y. 2023-24.

The role of Internal Audit is growing and shifting from compliance audit –confined to examining the transactions with reference to government rules and regulations- to more advanced technique of examining the performance and risk factor of an entity.

4. Public Financial Management System (PFMS)

The Public Financial Management System (PFMS) provides an end-to-end solution for processing payments, tracking, monitoring, accounting, reconciliation and reporting and all PAOs of this Ministry are already using PFMS portal for e-Payments including Scheme payments. All releases/payments under the Central Sector Schemes (CS)/ Centrally Sponsored Schemes (CSS) are being carried out through PFMS application in just-in-time mode. The office of the CCA keeps a close tab on these developments and implements them in a pro-active manner.

Formation of dedicated PFMS cell under O/o CCA, MoHFW

A dedicated PFMS Cell for Capacity Building & Grievance resolution has been formed under O/o CCA. As of now, a total no. of 70 trainings (Online/Physical mode) has been imparted for the different Stakeholders under various models of the PFMS in the Ministry. The PFMS Cell ensures prompt resolution of PFMS implementation related issues through multiple modes (Email/Online/On-site support/Calls).

The details of the training imparted by the PFMS cell is as under:-

S. No.	Model of PFMS	No. of Trainings
1	Treasury Single Account (TSA)	17
2	Single Nodal Account (SNA)	18
3	Central Nodal Account (CNA)	28
4	E-Bill	6
5	EAT	1
	Grand Total	70

A. Treasury Single Account

The Hon'ble Finance Minister in Para 92 of Budget speech FY 2021-22 under Government Financial Reforms announced the Universal implementation of Treasury Single Account (TSA) in Autonomous Bodies (ABs). The objective of TSA was to introduce Just in Time (JIT) release of funds so as to minimize the cost of borrowing and to prevent idle parking of funds in subsidiary accounts after release from the Consolidated Fund of India.

O/o CCA, MoHFW has undertaken various preparatory activities for smooth implementation of TSA in the ministry.

- Setting up a dedicated TSA cell for targeted action.
- Sensitisation of ABs by conducting hands-on training sessions PFMS/TSA.
- Preparation and circulation of user-friendly manuals on TSA.
- Coordination with all stakeholders viz. O/o CGA, RBI Programme Divisions and ABs for opening of RBI accounts, mapping of TSA bank accounts with scheme and its components, DSC enrolment, facilitating token payments etc.
- Handholding, active grievance redressal and helpdesk support for all ABs.

All the activities have been successfully completed and during FY 2023-24, the following 09 ABs were on boarded on Treasury Single Account (TSA) :-

a. Department of Health & Family Welfare:

- All India Institute of Medical Sciences, New Delhi
- Postgraduate Institute of Medical Education & Research, Chandigarh
- Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry
- Food Safety and Standards Authority of India, New Delhi
- Regional Institute of Medical Sciences (RIMS), Imphal
- National Institute of Mental Health & Neuro Sciences, Bengaluru
- National Health Authority, New Delhi
- North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong

b. Department of Health Research:-

- Indian Council of Medical Research, New Delhi

B. Single Nodal Account (SNA)

The concept of Single Nodal Account (SNA) was introduced by Ministry of Finance in March 2021 to bring 'more effective cash management' and 'efficiency in public expenditure management' in respect of Centrally Sponsored Schemes (CSS). For Implementation of SNA, States are required to designate one Single Nodal Agency for each CSS and open a Single Nodal Account in a Scheduled Commercial Bank authorized to conduct Government Business. Central Government is being released the Central share to State Treasury. State Governments are required to transfer the Central share along with State share to the Single Nodal Account within a period of 21 & 40 days respectively.

Status of implementation of CSS in Ministry of Health and Family Welfare is as given below:-

Sr. No	Scheme Name	No. of Agencies Registered as SNAs	Total Implementing Agencies Mapped
1	Flexible Pool for RCH & Health System Strengthening, National Health Programme and National Urban Health Mission (4063)	57	37,566

Sr. No	Scheme Name	No. of Agencies Registered as SNAs	Total Implementing Agencies Mapped
2	Human Resources for Health and Medical Education (9157)	55	401
3	Tertiary Care Programs (2035)	59	141
4	Strengthening of State Drug Regulatory Systems (3663)	27	86
5	Pradhan Mantri Ayushman Bharat (PM-ABHIM) (3991)	35	565
Grand Total		233	38,759

C. Central Nodal Account (CNA)

The procedure for flow of funds under Central Sector Schemes has been issued by M/o Finance, O/o Expenditure vide O.M. No. 1(18)/PFMS/FCD/2021 dated 9th March 2022.

There are 2 (Two) Models; Model-1 (Having annual outlay more than 500 Cr.)- Implementation through Treasury Single Account (TSA) and Model-2 (Having annual outlay less than 500 Cr)- Implementation through Scheduled Commercial Banks. Total no. of 23 Central Sector Schemes in this Ministry, out of which 11 schemes in Department of Health & Family Welfare having annual budget of Rs 8,820.27 Cr, and 5 Schemes in Department of Health Research having annual budget of Rs 566.42 Cr. have been identified for on boarding on CNA module. 22 New AIIMS and CPSE are on-boarded on CNA model-1 as per list given below:

D. SNA-Sparsh

SNA SPARSH is a major cash management initiative for Centrally Sponsored Schemes introduced as an alternative fund flow mechanism for CSS funds through an integrated framework of PFMS, State IFMIS and e-kuber platform of Reserve Bank of India (RBI).

In MoHFW, Centrally Sponsored Scheme 3991-PM-ABHIM scheme is in pilot phase. Ten States are selected for pilot phase. Seven states are implemented SNA-SPARSH for daily sanctions. However, in this FY 2023-24 total Centre Share paid by PAO Rs.186.16 out of mother sanction issued of Rs. 411 Cr. Remaining 3 (Andra Pradesh, Gujarat and Bihar) states are not able to implement SNA-SPARSH.

PM-ABHIM (SNA SPARSH Model)

As on 31.03.2024
(Rs. in Cr.)

S. No.	State	Total Mother Sanction issued	Total Expenditure	% Exp. against Mother sanction	Unspent Mother Sanction
1	Rajasthan	33.81	21.03	62.20%	12.78
2	Odisha	99.82	75.60	75.74%	24.22
3	Karnataka	71.73	33.70	46.99%	38.03
4	Telangana	58.34	55.64	95.38%	2.70
5	Jharkhand	34.09	-	0.00%	34.09
6	Chhattisgarh	24.69	0.04	0.17%	24.65
7	Assam	88.91	0.14	0.16%	88.77
8	Andhra Pradesh	-	-	-	-

S. No.	State	Total Mother Sanction issued	Total Expenditure	% Exp. against Mother sanction	Unspent Mother Sanction
9	Gujarat	-	-	-	-
10	Bihar	-	-	-	-
Total		411.39	186.16	45.25%	225.23

E Electronic-Bill (E-BILL)

The Hon'ble Finance Minister launched the electronic-bill (e-bill) system developed in PFMS on 02-03-2022 for pilot roll out. In e-Bill module, all claims will be submitted digitally and bills will be processed in online mode through PFMS e-Bill System. This module of PFMS will help in end to end digitization with more transparency. All PAOs (11) have been selected for E-bill Implementation. As on date 10 PAOs have processed 2417 E-Bills.

F. Pension Module

To streamline Pension related process, the O/o Controller General of Accounts has launched Pension module in PFMS and it is integrated with Bhavishya Portal of Department of Pensions. The data from Bhavishya Portal has been made available to PAOs for smooth processing of pension cases. Further, the Pension Payment Order (PPO) of pensioners is forwarded to CPAO electronically also to ensure timely release of pension to the pensioners.

G. CDDO Module

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

H. Employee Information System (EIS)

Employee Information System (EIS) is a centralized module which is integrated with PFMS Web based System/Package for Personnel Information and Payroll. It provides comprehensive structural facilities for Drawing and Disbursing Offices working for different Departments/ Ministries of the Government of India. Employee Information System has been implemented in all the Drawing and Disbursing Offices, who are preparing salary bills, under the jurisdiction of M/o Health and Family Welfare.

I. GPF Module

All PAOs and merged DDOs under MOHFW are onboarded on GPF Module of PFMS. The GPF ledger of subscriber is maintained in the module and also the Annual GPF statement of subscribers is generated from this module. This has enhanced the efficiency and accuracy while ensuring timely issue of Annual GPF statements to all the subscribers.

5. Paperless Medical Claim Settlement for CGHS Pensioners

This Digital Transformation involved end-to-end digitization of Medical claim submission & payment processes at Central Government Health System (CGHS) in MoHFW. The Pilot was launched in FY 2021-22 as a collaborative efforts of O/o CCA, CGHS, & National health Authority.

This initiative is aimed to make the medical bill processing & payment system efficient, responsive, transparent and Just-in-Time. It covers 15 lakh Government pensioners and their families spread across the India. The new system is transparent and offers last mile visibility as payments are released to Hospitals directly by PAOs. All the medical claims are captured digitally and can be accessed and processed by all the stakeholders at any given point of time. With the implementation of online medical claim submissions facility, it is expected to reduce the medical claim processing time in due course of time.

6. Workshop on “Improved Financial Management in Autonomous Bodies under the Administrative Control of Ministry of Health & Family Welfare”

The Ministry of Health & Family Welfare has a large number of autonomous bodies under its administrative control through which many Central and Centrally Sponsored Schemes are being implemented in Health Sector.

Two workshops were organised at National Institute of Health & Family Welfare, New Delhi on 12-13 April, 2023 & 4-5 January, 2024 under the leadership of Additional Secretary & Financial Adviser, MoHFW and in coordination with Chief Controller of Accounts, MoHFW with the objective to bring uniformity in approach towards financial management and accounting procedure in autonomous bodies and to enable them to adopt standard cannons of financial propriety, improved, efficient and effective framework of fiscal management while providing the necessary flexibility to facilitate timely delivery of services.

The workshops were attended by delegates from about 74 autonomous bodies and officers from Ministry of Finance, MoHFW, Office of CGA, DGA, Office of CCA and GeM organization.

The main topics covered during the said workshops were (i) Procurement of Goods, Works and Services; (ii) Government e-Market; (iii) Chart of Accounts and Software in ABs; (iv) Risk based internal controls/Audit; (v) Process of filing of GST returns in ABs; (vi) Understanding of Audit of Annual Accounts of ABs and SAR observations.

Outcomes of Workshop

The purpose, timetable, content was found to be of immense benefit/use in day to day functioning of Finance, Budget and Accounts wings of the ABs. The resonance from the participants during the workshops was clear indication that they were in much need of such workshops. The senior officers of the Ministry assured them for holding such workshops in future also with few additional topics suggested by the participants. The judicious mix of delegates from Administration, Finance, Accounts and Audit gave clear roles to all positions and resulted into dynamic, realistic and action oriented outcomes.



7. Swachhta hi Sewa

- “Swachhta hi Sewa” activity was held on 1st October, 2023 at Model Park, R. K. Puram, Sector-13.
- All officers/officials under control of O/o CCA, MoHFW have attended the “Swachhta hi Sewa” activity.
- Cleanliness drive which includes cleanliness of building/premises and cleaning/maintaining of sitting area has started in all the concerned sections/offices.
- PAOs had completed the weeding out process in respect of all the unwanted/ surplus furniture, computers, office equipment/ Old records/files.

8. Hindi Pakhwada

- The following activities were organised from 25.09.2023 to 27.09.2023 by the Pr. AO/PAOs under control of CCA-MoHFW.
- 1. हिंदी निबंध प्रतियोगिता
- 2. हिन्दी टिप्पण एवं प्रारूपण प्रतियोगिता
- 3. हिंदी श्रुतलेख प्रतियोगिता (केवल एमटीएस के लिए)
- 4. कविता पाठ प्रतियोगिता

उपरोक्त प्रतियोगिता, प्रधान लेखा कार्यालय के अंतर्गत आने वाले सभी कार्यालयों में मुख्य की गई थी जिसमें कुल 30 प्रतिभागियों ने भाग लिया।

1.1.6 IMPLEMENTATION OF THE RTI ACT, 2005

Under the Right to Information Act, 2005, 60 Central Public Information Officers (CPIOs) and 32 First Appellate Authorities (FAAs) have been appointed in respect of the Department of Health & Family Welfare in the Ministry of Health & Family Welfare.

In the light of directions of DoP&T, Shri Jitender Singh, Deputy Secretary has been nominated as a

Nodal Officer to receive applications for information under the RTI Act, 2005 on behalf of all CPIOs for the Department of Health & Family Welfare.

The facility of filing RTI Applications and First Appeals under the RTI Act, 2005 through RTI online Web Portal developed by DoP&T was introduced in the Department of Health & Family Welfare w.e.f. 3rd June, 2013 and the general public is filing RTI Applications and First Appeals through this facility.

20272 RTI Applications and 780 First Appeals have been received from individuals/other Public Authorities during the period from 01/01/2023 to 31/03/2024 in online mode as well as in physical mode.

1.1.7 VIGILANCE

Vigilance Wing of the Department of Health and Family Welfare is under the control of an officer of the rank of Additional Secretary to the Government of India who also works as part-time Chief Vigilance Officer (CVO) for the Ministry of Health & Family Welfare. The AS & CVO, MOHFW is

assisted by a Director, an Under Secretary and staffs of Vigilance Section.

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

During the period 01.01.2023 to 31.03.2024, following actions have been taken/dealt with by Vigilance Division:

S.no.	Particulars	Figures for the period 1.01.2023 to 31.03.2024
1.	Charge Sheet Issued under Rule 14 of CCS (CCA) Rules	0
2.	Examination of Inquiry Report	3
3.	Advice given to the other Divisions of the Ministry	30
4.	Instances of Suspension review/ extension	9
5.	No. of complaints received from CVC for appropriate action and which are under examination/ processed	12
6.	Examination of CO's Reply on IO report	2
7.	No. of CVC complaints (downloaded from CVC portal) disposed off	287
8.	Misc. complaints received & disposed off from CBI for appropriate action	84
9.	Public Grievances Disposed Off	277
10.	Complaints received from other sources	208
11.	Cases sent to CVC for advice	30
12.	Cases sent to UPSC for advice	7
13.	Cases referred to Law Ministry for advice	1
14.	RTI application received and disposed off	32
15.	RTI appeal received and disposed off	6
16.	No. of court cases processed during the period	3
17.	Vigilance clearance granted during the period	4415
18.	Cases of appointment of Chief Vigilance Officer/Vigilance Officer	16
19.	Penalty order issued	1
20.	Finalization of disciplinary case	4

A 3-Day training was organized at ISTM, New Delhi (30th Jan to 1st Feb, 2023) on roles of IOs/POs in Disciplinary/ Vigilance matters for the Inquiry Officers empaneled with MoHFW (residing in Delhi/NCR) and IOs/POs of AIIMS New Delhi. A total of 20 participants attended the training.

Ministry of Health and Family Welfare observed Vigilance Awareness Week 2023 during 30th October to 5th November 2023 with theme for the year i.e. “Say no to corruption; commit to the Nation” as per directions of Central Vigilance Commission. Vigilance Awareness Week 2023 commenced with the Integrity Pledge administered to the officers staff of the Ministry by Shri Sudhansh Pant, Secretary (HFW).



The organizations under this Ministry were directed to organize activities during the Vigilance Awareness Week 2023 (30th October to 5th November 2023) by display of banners at vantage points, administering of pledge, interaction with public for redressal of their grievances. usage of generic medicines, surprise inspections, conducting seminars, Workshops debates among students faculties, children of staffs/ officers, poster competitions, essay writing , quiz, painting competitions including moral/ethical values, and vigilance awareness among the public in sync with the theme of the year 2023. They have also been

informed to organize outreach activities to reach remote area also. The focus of these programs is to generate vigilance awareness, especially among students and children in the Institute. The Organization were also requested to display the activities on websites of respective organizations.

In compliance to the CVC guidelines for preventive Vigilance Campaign activity, a programme on “Preventive Vigilance” for Director/DS/US equivalent level officers of MoHFW and its autonomous/ attached bodies i.e. RML, LHMC, Safdarjung Hospital, AIIMS, New Delhi was organized on 10.11.2023 at Nirman Bhawan, New Delhi. During the said program, 43 participants attended.

1.1.8 PUBLIC GRIEVANCE CELL

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

Centralized Public Grievances Redress and Monitoring System (CPGRAMS) is an online web-enabled system over NICNET developed by NIC, in association with Directorate of Public Grievances (DPG) and DARPG. It is a web-based portal wherein a citizen can register his grievance online directly with concerned Ministries/ Departments. Joint Secretary dealing with W&PG Section is designated as the Nodal Officer for the Department of Health and Family Welfare (DoHFW) and all Director/DS level officers have been made Sub-Nodal Officers for their respective Divisions within DoHFW. Status of disposal of public grievances received during FY 2023-24 on CPGRAMS portal is as follows:

Year	Brought forward grievances as on 01.04.2023	Grievances received during 01.04.2023 to 31.03.2024	Grievances disposed during 01.04.2023 to 31.03.2024	Balance as on 01.04.2024
2023 -24	2,350	33,772	32,822	3,300

1.1.9 INFORMATION & FACILITATION CENTRE

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

1. Information and guidelines to avail financial assistance from the Umbrella Scheme of Rashtriya Arogya Nidhi (RAN) and Health Minister's Discretionary Grant (HMDG).
2. Guidelines and instructions regarding the issue of 'No Objection Certificate' to Indian doctors to pursue higher medical studies abroad.
3. Information and guidelines relating to CGHS and queries relating to the work of the Ministry.
4. Receiving petitions/suggestions on Public Grievances.

General queries relating to the Ministry which were received in the Information and Facilitation Centre were disposed of to the satisfaction of all concerned.

1.1.10 PROCUREMENT DIVISION

Procurement-I Section has two units namely (i) Vaccine Procurement Cell and (ii) Empowered Procurement Wing. The broad functions of these two units are given below:

- i) Vaccine Procurement Cell (VPC) procures different vaccines for the Universal Immunization Programme (UIP). To ensure timely availability of vaccines to the Programme, all necessary actions are contemplated well in advance normally a year ahead to procure the vaccines. For procurement of TD, Pentavalent, Hep-B, ROTA, DPT, IPV, and JE vaccines for the year 2023-24, tenders were analysed after due process and adhering to all Government of India's guidelines and instructions including Public Procurement Policy for Make in India Orders 2017 as amended from time to time to realize the goal of an Atmanirbhar Bharat. The orders were issued to the suppliers for the contracts to supply vaccines under the UIP. For other vaccines i.e. PCV, and BCG Vaccines [Adult Vaccination under National TB Elimination Programme

(NTEP)], the tendering processes have been analysed. Tenders for all these vaccines have been floated on GeM.

- ii) Empowered Procurement Wing (EPW) acts as a nodal Wing of the Department to coordinate for implementation of the Government's policies related to public procurement i.e. General Financial Rules (GFR), 2017, Public Procurement Policy for Micro and Small Enterprises (MSEs) Order 2012, Government e-Marketplace (GeM), Make in India Orders, etc. Procurement-I(EPW) Section is also responsible for handling the administrative matters of (A) Central Medical Services Society(CMSS) and (B) Medical Stores Organization (MSO). The details are given below:

1.1.11 CENTRAL MEDICAL SERVICES SOCIETY(CMSS)

Central Medical Services Society (CMSS), the Central Procurement Agency of the Ministry of Health & Family Welfare was registered as a Society on 22.03.2012 vide Registration No. S/094/2012 for procuring health sector goods in a transparent and cost effective manner to ensure uninterrupted supply of health sector goods to State/UT Governments by setting up IT enabled supply chain infrastructure including warehouses in 50 locations. At present, warehouses have been established at 18 locations and all States/UTs have been covered by these warehouses.

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

Procurement Related Achievements:-

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

Year	Total Procurement	Programme Covered
2015-16	Rs. 52.85 Crores	FWP, NVBDCOP
2016-17	Rs. 240.75 Crores	FWP, NVBDCP, RNTCP
2017-18	Rs. 1391.78 Crores	FWP, NVBDCP, RNTCP, NACP, NVHCP & UIP
2018-19	Rs. 2068.65 Crores	FWP, NVDCP, RNTCP, NACP, NVHCP & UIP.
2019-20	Rs. 2310.43 Crores	FWP, NVBDCP, RNTCP, NACP, NVHCP, UIP, NCDC & NPSVH
2020-21	Rs. 3387.75 Crores	FWP, NVDCP, RNTCP, NACP, NVHCP, UIP, NCDC & NPSVH
2021-22	Rs. 1058.09 Crores	FWP, NVBDCP, NTEP, NACP, NVHCP, UIP, & Covid materials.
2022-23	Rs. 1017.72 Crores	FWP, NCVBDC, NTEP, NACP.
2023-24	Rs. 3149.87 Crores [Upto 31.03.2024]	FWP, NACP, NTEP, NVHCP, NTTL, NCVBDC, UIP & CHP.

A total of procurement cases worth Rs 14,677.89 crore from 2015-16 to 2023-24 (upto 31.03.2024) were analyzed by CMSS, including procurement of

following medicines/ worth Rs. 3193.35 crore for the period from 01.01.2023 to 31.03.2024

(from 01.01.2023 to 31.03.2024)		
Programmes of MoHFW	Procurement of medicines/ other goods/ services	Procurement Total Value
NACP (National AIDS Control Programme)	Procurement of Condoms, ARV Drugs, HIV -I Test Kits, Alere PIMA CD4 Test Kits, HIV (Rapid) Antigen Test Kit, Injection Benzathine Penicillin with sterile water, Buprenorphine Drugs and CD4 Machines.	Rs.1229.54 Crores
NTEP (National Tuberculosis)	Procurement of Anti TB Drugs, Lab. Consumables, ICT kits, Delamanid tab,	Rs.1689.31 Crores
Elimination Programme)	Isoniazid tablets, Cycloserine, Linezolid, DSTB IP(P), Syringes, TrueNat Chips, CAMC of CBNAAT Machines and CAMC of MGIT -960 Machines.	
NVHCP (National Viral Hepatitis Control Programme)	Procurement of Hepatitis B Drugs and Hepatitis C Drugs.	Rs. 54.88 Crores
FWP (Family Welfare Programme)	Procurement of Contraceptives, Social Marketing Contraceptives, Chhaya, OCP. Procurement of Condoms & OCP.	Rs.140.46 Crores
NTTL (National Tobacco Testing Laboratory)	Procurement of Semi Major Equipment.	Rs.2.79 Crores

(from 01.01.2023 to 31.03.2024)		
NCVBVDC	Procurement of DEC & Ivermectin Tablets, RDT Malaria Kit, Synthetic Pyrethroid.	Rs. 71.83 Crores
CHP	Procurement of IFA (Pink) Syrup ,	Rs. 4.54 Crores

1.1.12 WELFARE MEASURES FOR DIFFERENTLY ABLED PERSONS

The representation of Persons with Disabilities (PwDs) and their welfare related issues are also being dealt by Welfare & PG Section of this

Ministry. The representation of Persons with Disabilities in D/o Health & Family Welfare and Dte. GHS for financial year 2023-24 is as below:

Groups of post	Total Employees	A	B	C	D	E
A	1562	3	1	69	0	0
B	4737	3	2	36	0	0
C (Ex -Sweeper)	4853	37	20	112	3	1
C (Sweeper)	374	0	0	0	0	0
Total	11526	43	23	217	3	1
Percentage		0.37	0.19	1.88	0.02	0.008

A: Blindness and low Vision, B: deaf and Hard of Hearing, C: Locomotor Disabilities including Cerebral Palsy, Leprosy cured, dwarfism, acid attack victims and muscular dystrophy., D: Autism, Intellectual disability, specific learning disability and mental illness, E: Multiple Disabilities from amongst A to D including deaf-blindness

1.2 NATIONAL HEALTH MISSION (NHM)

1.2.1 INTRODUCTION

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

The Union Cabinet vide its decision dated 1st May 2013 approved the launch of National Urban Health Mission (NUHM) as a Sub-Mission of an over-

arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub- mission. Further, the Union Cabinet vide its decision dated 21.03.2018 approved the continuation of National Health Mission (NHM) from 01.04.2017 to 31.03.2020. Department of Expenditure, vide their O.M. dated 10.01.2020 accorded approval for the interim extension of National Health Mission (NHM) for a period till 31.03.2021 or till the date the recommendations of 15th Finance Commission come into effect, whichever is earlier.

Further, the Government India has accorded the approval for continuation of National Health Mission from 01.04.2021 to 31.03.2026 or till further review as communicated vide Ministry of Finance, Department of Expenditure's O.M. No. 01(01)/PFC-1/2022 dated 01st February, 2022.

1.2.2 MAJOR ACHIEVEMENTS UNDER NHM/NRHM

1) Comprehensive Primary Health Care (CPHC) through Ayushman Arogya Mandirs (AAMs) erstwhile Ayushman Bharat Health and wellness Centres-

Launched in 2018, Ayushman Bharat (AB) marks a paradigm shift to move from sectoral and selective

approach of health service delivery to a comprehensive range of health care service. Ayushman Bharat aims to holistically address health (covering prevention, promotion and ambulatory care), at primary, secondary and tertiary level by adopting a continuum of care approach. Ayushman Bharat comprises of two components:

The first component pertains to creation of 1,50,000 Health and Wellness Centers (AB- HWCs) by upgrading the Sub Health Centers (SHCs) and Primary Health Centers (PHCs) in rural and urban areas which will bring health care closer to the community. These AB-HWCs will provide Comprehensive Primary Health Care (CPHC), by expanding and strengthening the existing Reproductive & Child Health (RCH) services and Communicable Diseases services and by including services related to Non- Communicable Diseases (NCD), to begin with the common NCDs such as, Hypertension, Diabetes and 3 common cancers of Oral, Breast and Cervix. It is also envisaged to incrementally add primary healthcare services for

Mental health, ENT, Ophthalmology, Oral health, Geriatric and Palliative health care and Trauma care as well as Health promotion and wellness activities like Yoga. Most of the States/UTs have rolled out these additional packages of services in a phased manner. As on 31st March 2024, 1,20,323 AAMs (70%) have rolled out all 12 expanded packages of services.

b. Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is the largest publicly funded health assurance scheme in the world which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization. Currently, 55 Crore individuals corresponding to 12 Crore families are covered under the scheme.

Status update:

Ayushman Arogya Mandir (AAM)

The first Ayushman Arogya Mandir/ AB-HWC was inaugurated by the Hon'ble Prime Minister on 14th April, 2018 in Bijapur District of Chhattisgarh. The roll out plan for AAMs is as follows –

FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY	FY 2023-24
15,000	25,000	30,000	40,000	1,50,000	1,80,000

As updated by the States/UTs in AAM portal, a total of 1,72,148 Ayushman Arogya Mandirs have been established and operationalized as on 31.03.2024. More than 258.88 crore footfall has been recorded on these AAMs as on 31.03.2024. As on 31st March, 2024, 63.65 crore screenings for Hypertension, 55.45 crore for Diabetes, 37.35 crore for Oral Cancer, 16.77 crore for Breast Cancer, 11.23 crore for Cervical Cancer have been carried out at AAMs.

Primary healthcare team at the Sub Health Centre level AAMs is being led by Community Health Officers (CHO)/ Mid-Level Health Care Providers (MLHP) - who is a B.Sc./ GNM Nurse or an Ayurveda Practitioner trained in primary care and public health skills and certified in a six months Certificate Programme in Community Health, other members of the team being, Multi-Purpose Workers (Male and Female) and Accredited Social Health Activists (ASHAs). As of March 31st March, 2024, a total of 1,38,257 CHOs are posted in Ayushman Arogya Mandirs. (Source-AAM portal).

Since the screening, prevention and management of chronic illnesses including NCDs, TB and Leprosy have been introduced at AAMs, training and skill upgradation of the primary health team in all the functional AAMs on NCDs and use of IT application is being done.

To promote wellness and healthy life style, Orientation of the public on wellness activities for lifestyle modification like increased physical activity (cyclathons and marathons), eating RIGHT and SAFE, cessation of Tobacco and drugs, laughter clubs, open gyms, etc., is being done. Besides these, Yoga Session, Zumba and Meditation, (with local yoga instructors for the people) are being conducted at these centres on regular basis. Through Annual Health Calendar, planned activities at these centres on the health condition of the day are resulting in increased awareness and preventive measures to be adopted by the public.

About 3.22 crore Wellness Sessions, including Yoga, have been conducted at AAMs as on 31st March, 2024.

Tele-consultations are being conducted through Ayushman Arogya Mandirs, to increase the access of specialist services to the needy patients by hub and spoke model under e-Sanjeevani Teleconsultation platform. It is India's largest government-owned telemedicine system, which has made a significant contribution in bridging the gap between the community and healthcare system. As on 31st March 2024, around 21.60 crore Tele-consultations have been provided through functional AAMs through 1,19,029 Spokes & 15,074 Hubs across the country.

Expanded Service Packages planned to be provided at functional AAMs are as follows:

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

Expected Outcomes

- Increasing the trust of the people on the service provision by public healthcare facilities through health system strengthening and improvement
- Availability of assured healthcare services to ensure continuum of care.
- Reduction in out-of-pocket expenditure of the common people

- Increased awareness among the people about health
- Preventive and promotive healthcare
- Benefits of healthy lifestyle including YOGA, and Eat Right & Eat SAFE etc.
- Enabling environment to increase the health seeking behavior of the poor people

Ayushman Bhav campaign

Ayushman Bhav Campaign was launched by Hon'ble President of India on 13th September, 2023. Ayushman Bhav Campaign is envisaged to saturate selected health care services in every village/ town in line with the commitment of Hon'ble Prime Minister to ensure reach to the last mile and enable access to health care services to everyone in the society. 'Ayushman Bhav' campaign involves a set of interventions that include following:

(i) '**Ayushman** - Apke Dwar 3.0' includes achieving Ayushman card saturation at the individual level, printing and distributing Ayushman cards to Field Level Workers for further delivery, and launching a nationwide Ayushman card delivery campaign. The campaign involves collaboration with health, Panchayati Raj, and rural development departments, seeking the support of ASHA workers, Front Line Workers (FLWs), and Self-Help Groups.

Key activities includes:

preparing state-wise beneficiary databases setting saturation targets publishing beneficiary names engaging FLWs and Fair Price Shops (FPS) for card creation, and conducting massive IEC campaigns.

(ii) AB-HWCs Health Melas- organized at Ayushman Arogya Mandir (erstwhile AB-HWCs) from September 17, 2023, serve as platforms for health services, awareness, and community engagement. The objectives include early diagnosis, building awareness, bridging gaps in Health IDs issuance, population-based screenings, routine immunization, and follow-up for PM-JAY beneficiaries.

(iii) Weekly Health Melas are also organized by Medical Colleges at the Community health centres (CHCs), in rotation, to ensure increased

access to specialist services like Obstetrics and Gynaecology, Paediatrics, Surgery, ENT, Eye and Psychiatric etc. at every block to ensure continuum of care.

In Ayushman Bhav Campaign, till 31.03.2024, more than 9.5 crores Ayushman Cards and 13.48 crores ABHA IDs have been created. Total 24.66 lakhs Ayushman Melas have been organized at Ayushman Arogya Mandir with more than 17.84 crores footfall. In this Ayushman Arogya Mandir melas, over 34.39 crore screenings were conducted for TB, hypertension, diabetes, oral cancer, breast cancer, cervical cancer, and cataract. Additionally, so far over 11.69 crore and 9.28 crore people benefited from free drugs and diagnostic services respectively.

Health Calendar for important Days at AAMs is as below:

Sl.No.	Date	Day
1.	12th January	National Youth Day
2.	30th January	Anti-Leprosy Day
3.	4th February	World Cancer Day
4.	10th February	National Deworming Day
5.	11th February	International Epilepsy Day
6.	8th March	International Women's Day
7.	10th March	National GDM Awareness Day
8.	24th March	World Tuberculosis Day
9.	7th April	World Health Day
10.	11th April	National Safe Motherhood Day
11.	14th April	Ayushman Arogya Mandir Day (erstwhile AB-HW C Day)
12.	Last week of April i.e. from April 24th	World Immunization Week
13.	5th May	International Midwives' Day
14.	12th May	International Nurses Day
15.	28th May	Menstrual Hygiene Day

Sl.No.	Date	Day
16.	28th May to 8th June	Intensified Diarrhea Control Fortnight
17.	31st May	World No Tobacco Day
18.	14th June	World Blood Donor Day
19.	21st June	International YOGA Day
20.	26th June	International Day Against Drug Abuse
21.	1st July	Doctors Day
22.	11th July	World Population Day
23.	28th July	World Hepatitis Day
24.	01-07 August	World Breast Feeding Day/Week
25.	10th August	National Deworming Day
26.	15th August	Independence Day
27.	01-07 September	National Nutrition Week
28.	23rd September	Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana Day
29.	27th September	Ayushman Bharat Digital Mission Day
30.	29th September	World Heart Day
31.	1st October	World Elderly Day
32.	10th October	World Mental Health Day
33.	25th October	PM-Ayushman Bharat Health Infrastructure Mission Day
34.	7th November	National Cancer Awareness Day
35.	12th November	World Pneumonia Day
36.	14th November	Children's Day & World Diabetes Day
37.	15-21 November	Newborn Week
38.	17th November	World Prematurity Day
39.	25th November	International Day for the Elimination of Violence against women
40.	1st December	World AIDS Day
41.	10th December	Human Rights Day
42.	12th December	Universal Health Coverage Day

National Sickle Cell Anaemia Elimination Mission

To eliminate sickle cell disease, Sickle Cell Anaemia Elimination Mission has been launched by Hon'ble Prime Minister from Madhya Pradesh on 1st July, 2023 with mission of targeted screening of 7 crore people till year 2025-26 in affected 278 districts of tribal areas and counselling through collaborative efforts of central ministries and state governments. Under the national Sickle Cell Anaemia Elimination Mission, a total of 2,61,38,391 persons in 17 identified states has been screened and a total of 1,04,51,371 Sickle cell cards had been distributed till 31.03.2024.

Human Resources: Health care service delivery requires intensive human resource inputs. There has been an enormous shortage of human resources in the public health care sector in the country. NHM has attempted to fill the gaps in human resources by providing nearly 3.95 lakh additional health human resources to the States including 1,31,210 CHOs, 16,088 GDMOs, 5,151 Specialists, 78,954 Staff Nurses, 88,879 ANMs, 57,194 Paramedics, 497 Public Health Managers and 17,995 Programme Management staffs etc. on contractual basis, as on 31st December, 2023. Apart from providing support for health human resource, NHM has also focused on multi skilling of human resources.

NHM also focused on multiskilling of doctors at strategically located facilities identified by the States e.g. MBBS doctors are trained in Emergency Obstetric Care (EmOC), Life Saving Anaesthesia Skills (LSAS) and Laparoscopic Surgery. Similarly, due importance is given to capacity building of nursing staff and auxiliary workers such as ANMs. NRHM also supports co-location of AYUSH services in health facilities such as PHCs, CHCs and DHs. As on 31st December, 2023, a total of 27,421 AYUSH doctors and 4,581 AYUSH paramedics have been deployed in the States with NRHM funding support.

4) Mainstreaming of AYUSH: Mainstreaming of AYUSH has been taken up by allocating AYUSH services in 6,612 PHCs, 3,035 CHCs, 469 DHs, 2,916 health facilities above SC but below block level and 190 health facilities other than CHC at or above block level but below district level as on 31.12.2023.

5) Infrastructure: Up to 33% of NHM funds in high focus states can be used for infrastructure development. During the FY 2023-24 support is

provided for construction of 8,702 units among the states / UT's. There are 1,575 ongoing works, 2,075 new construction works consisting of DH, SDH, CHC, PHC, SC and 5,052 other repairs/ renovation/ upgradation/ strengthening works among the 8,702 units for which support is provided.

In the ongoing works of 1,575 units DH (143 nos), SDH (38 nos), CHC (643 nos), PHC (239 nos) and SC (512 nos) are supported. Further, among the new construction proposals of 2,075 units, DH (28 nos), SDH (330 nos), CHC (132 nos), PHC (333 nos) and SC (1,252 nos) are approved in the FY 2023-24 (up to 31.03.2024). The remaining 5,052 works are miscellaneous works such as repairs/ renovation of existing facilities, up gradation of existing facilities to the prescribed norms of IPHS. Apart from the above financial assistance towards rent of the units, central heating systems, construction/ maintenance of hatcheries, pits, equipment etc. were also supported.

6) National Ambulance Services (NAS): National Ambulance Services(NAS): As on date, 34 States/UTs have facilities where people can Dial 108 or 102 telephone numbers to call an ambulance. Dial 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services essentially consist of basic patient transport aimed to cater to the needs of pregnant women and children though other categories are also taking benefit and are not excluded. Janani Shishu Suraksha Karyakram (JSSK) entitlements e.g., free transport from home to facility, inter-facility transfer in case of referral and drop back for mother and children are the key focus of 102 services.

This service can be accessed through a toll-free call to a dedicated call center. As on 31st December, 2023, 3,031 ALS (Advanced Life Support) ambulances, 15,250 (Basic Life Support) ambulances, 4,343 PTV (Patient Transport Vehicle), 17 Boat Ambulances and 81 Bike Emergency Response Service Vehicles are Supported Under NHM, besides 7,319 empanelled vehicles for transportation of Patients, particularly pregnant women and sick infants from home to Public health facilities.

7) National Mobile Medical Units (NMMUs): Support to Mobile Medical Units (MMUs) under NHM, now encompassing both NRHM and NUHM, is a key strategy to facilitate access to

public health care, particularly for people living in remote, difficult, under-served and unreached areas. As on 31st December 2023, States/UTs have 1,433 mobile medical units which include mobile medical units, mobile health units, mobile medical/health vans, boat clinics, eye vans/mobile ophthalmic units, and dental vans under NRHM and NUHM.

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

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

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

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

Sub Health Centre Health & Wellness Centre (SHC-HWCs) - 106

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

Community Health Centers (CHCs) - 300

Sub-District Hospital - 318

District Hospital (DHs) - 381

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

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

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

mechanism.

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

9) Free Diagnostics Services Initiative: The Ministry of Health and Family Welfare (MoHFW), Government of India launched the National Free Diagnostic Service Initiative in 2015 with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community which in turn reduces the Out-of-Pocket Expenditure (OOPE) and achieve Universal Health Coverage (UHC). A minimum set of essential diagnostic tests has been recommended as per the Essential Diagnostic List at each level of public health facility.

As per the FDSI guidelines an expanded range of diagnostics at all levels of public health facilities (14 tests at Sub-Health Centres (SHCs), 63 tests at Primary Health Centres (PHCs), 97 tests at Community Health Centres (CHCs), 111 tests at Sub-District Hospitals (SDHs) and 134 tests at District Hospitals (DHs) are recommended.

Under NHM, the 'Free Diagnostic Service Initiative' is delivered through In-house, Public Private Partnership (PPP) and Mixed mode by the States/UTs in the country.

The FDSI Guideline also supports CT scans and their tele-reporting, teleradiology for reporting of X-ray and sample transportation in a hub and spoke model.

Current Status:

1. As on 31st March 2024, the free diagnostic laboratory service is operational in 36 States/UTs (12 States/UTs through mixed mode (i.e., PPP as well as In-house mode) of service delivery (Arunachal Pradesh, Assam, Delhi, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Manipur, Odisha, Punjab, Tripura, and Uttarakhand) and 24 States/UTs through In-house mode of service delivery (Andhra Pradesh, A&N Island, Bihar, Chandigarh, Chhattisgarh, D&N Haveli-Daman & Diu, Goa, Gujarat, Haryana, Jammu & Kashmir, Karnataka, Kerala, Ladakh, Lakshadweep, Meghalaya, Mizoram, Nagaland, Puducherry, Rajasthan, Sikkim, Tamil Nadu, Telangana, Uttar Pradesh, and West Bengal).

2. The CT scan services are operational in 31 States/UTs (20 States/UTs through PPP mode (Andhra Pradesh, Assam, Bihar, Chandigarh,

Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Sikkim, Tripura, Uttarakhand, Uttar Pradesh, West Bengal) and 11 States/UTs through In-house mode (A&N island, Arunachal Pradesh, D&N Haveli-Daman & Diu, Goa, Jammu & Kashmir, Lakshadweep, Kerala, Mizoram, Puducherry, Tamil Nadu, and Telangana).

3. Tele-radiology service is operational in 11 States/UTs (Andhra Pradesh, Assam, Bihar, Himachal Pradesh, Jammu & Kashmir, Maharashtra, Rajasthan, Uttarakhand, Uttar Pradesh, Tripura, and West Bengal).

Biomedical Equipment Maintenance and Management Programme: The Ministry of Health & Family Welfare launched the Biomedical Equipment Management & Maintenance Program (BMMP) in the year 2015 for comprehensive maintenance of medical equipment in public health facilities. The program ensures optimal upkeep time and maximum availability of equipment through an IT-enabled complaint management system. The implementation of BMMP has helped in providing assured quality diagnostics service.

As on 31st March 2024, BMMP is operational in 33 States/UTs. In 22 States/UTs, it is implemented in PPP mode (Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Goa, Jammu & Kashmir, Kerala, Ladakh, Maharashtra, Madhya Pradesh, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tripura, Uttar Pradesh, Uttarakhand, and West Bengal) and through In-House mode in 11 States/UTs (Andaman & Nicobar Island, Chandigarh, Delhi, D&N Haveli-Daman & Diu, Gujarat, Haryana, Karnataka, Lakshadweep, Meghalaya, Telangana, and Tamil Nadu).

The States and Union Territories were approved budget as per RoP under the Biomedical Equipment Maintenance and Management Program.

Community Participation:

Accredited Social Health Workers:

The ASHA program is a key component of the community processes element of National Health Mission (NHM), intended to achieve the goal of increasing community engagement with the health system. The programme launched initially in 18 high focus States and tribal areas in 2006 and later

expanded to whole country in 2009, is a key component of the NHM.

ASHAs are honorary community health volunteers who entitled to task/activity based incentives for a varied set of activities related to maternal and child health, communicable diseases and non-communicable diseases for community level health interventions. Details of incentives which provide to ASHA is as under:

ASHAs receive a monthly incentive of Rs. 2000/month for routine and recurring activities from the Central Government.

Additionally, ASHAs are provided with performance-based incentives for a varied set of activities under various National Health Programmes.

Further, States/UTs in their Programme Implementation Plans (PIPs) have also been given flexibility to provide a range of monetary incentives to the ASHAs.

There are 10.23 lakhs ASHAs selected across the country in rural and urban areas under the NHM who act as a link between the community and the public health system, as on 31st December, 2023

Over last 18 years, ASHAs have been widely acknowledged for their substantial contribution in improving access to care for community in areas ranging from RMNCHA to Communicable Diseases and more recently to non-communicable diseases. Subsequently, with the introduction of Ayushman Arogya Mandir, ASHAs role is expanded to deliver the Comprehensive primary healthcare.

ASHA Certification: As per NIOS, 31st December 2023, 93112 ASHA and ASHA Facilitators have been certified.

b. Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society is a simple yet effective management structure. This committee is a registered society that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these Committee through untied fund to undertake activities for patient welfare. As on 31st December, 2023, 34,787 Rogi Kalyan Samitis (RKS) have been set up involving the community members in almost all District Hospitals, Sub-divisional Hospitals, Community Health Centres and PHCs.

c. VHSNCs: At the Village Level, the Village Health, Sanitation and Nutrition Committee (VHSNC) monitors the services provided by the Anganwadi Worker, the ASHA and the sub-centre. These Committees are envisaged to function under the ambit of the Panchayati Raj Institution with adequate representation from women and weaker sections of the society. The VHSNC acts as a subcommittee or statutory body of the Gram Panchayat. The same institutional mechanism is also mandated in urban areas. VHSNCs are provided an Untied fund of Rs 10,000 on annual basis which are topped up based on expenditure of previous year. More than 5.59 lakh VHSNC have been set up across the country till 31st December, 2023.

11) 24 x 7 Services and First Referral facilities: To ensure service provision for maternal and child health, 24x7 services at the PHCs have been made available.

As on 31st December, 2023, 12,346 PHCs have been made 24x7 PHCs and 3,086 facilities (including 680 DH, 863 SDH and 1543 CHCs & other level) have been operationalized as First Referral Units (FRUs).

Besides, NHM envisages provision of assured and high-quality maternal and child health services to be delivered with dignity and care at public health institutions. GoI launched MCH wings to facilitate assured admission for institutional delivery of all pregnant women. These wings are equipped with obstetric HDUs, ICUs, maternity OT, Labor rooms ensuring respectful maternity care etc. for managing high-risk pregnancies and those requiring C-sections. These centers also have skill labs for training of nurses and doctors for providing high quality and skilled maternity care.

12) Mera-Aspatal (My Hospital) Initiative: The government's Mera Aspataal initiative empowers patients to provide feedback on their experiences in public healthcare facilities through a simple, multi-lingual application. It works through multiple communication channels, including Short Message Service (SMS), Outbound Dialling (OBD), a mobile application, and a web portal.

With over 11,000 integrated health facilities across the nation, this initiative allows patients to voice their opinions, which are then analysed to improve healthcare services.

13) SSS (Swachh Swasth Sarvatra): Launched

in 2016, SSS is a collaborative effort between the Ministry of Health & Family Welfare and the Ministry of Jal Shakti to enhance health outcomes through improved sanitation and promoting healthy lifestyles. Initially focused on rural areas, it has been expanded to urban regions in 2019 as well.

14) Kayakalp: Initiated in 2015, Kayakalp aims to promote cleanliness, hygiene, and infection control practices in public health facilities. It has seen significant growth and has expanded to include Ayushman Arogya Mandir – Sub Centres. The scheme has garnered trust among beneficiaries and has received widespread participation from states and UTs.

The number of participating health facilities under the Kayakalp has increased from 750 health facilities in Year 2015-16 to more than 73,000 facilities in Year 2023-24.

In 2023-24, 186 DHs, 161 SDHs, 747 CHCs, 2985 PHCs, 467 UPHCs, 13 UHCs, 4167 AAM-SCs have been recognized under Kayakalp in 20 States/UTs.

15) National Quality Assurance Standards (NQAS) Implementation and related activities: National Quality Assurance Standards were released with Operational guidelines for Quality Assurance in public health facilities. NQAS are pro-public standards and are exclusive from the existing other Quality Standards in the country. By knowing the advantages & drawbacks of public health facilities, these standards lays more emphasis improving the processes in the health facilities. These standards are linked with well-defined assessment tools and all gaps are traversed through continual Quality improvement methods and tools. i.e., PDCA etc. National Quality Assurance Standards are updated as per the revised program guidelines and Government of India mandates. NQAS are aligned with the global benchmarks and are recognised Nationally and internationally by IRDA, NHA and ISQua (International Society for Quality in Healthcare) respectively. National Health Authority has also approved 15% incentive over and above the base package rate (Gold Category) for the NQAS certified health facilities. As of 31st March 2024, 7998 healthcare facilities are NQAS certified.

a) LaQshya Certification: LaQshya is a Quality improvement initiative, launched in 2017 by MoHFW to accelerate the efforts towards the reduction of preventable maternal mortality and morbidity by aiming at the improvement in Quality

of Care during the delivery and immediate post-partum period. As of 31st March 2024, 951(LR) and 709(MOT) are Quality certified under LaQshya.

b) MusQan (A child-friendly initiative)

The Ministry of Health Welfare is dedicated to ensuring a child-friendly environment in public health institutions, and the ministry has been working to achieve this goal by strengthening paediatric wards, SNCUs, NRCs among other things. As of 31st March 2024, 105 public healthcare facilities are Quality certified under MusQan.

Focus on Quality under NHM during FY 2022-23

SaQushal: (Safety & Quality-Self Assessment Toolkit for Health Facilities)

Launched in 2022, SaQushal is a self-assessment toolkit for healthcare facilities to enhance patient safety practices, initially targeting District hospital-level facilities. These initiatives collectively signify the government's commitment to improving healthcare quality across the nation.

Viksit Bharat Sankalp Yatra

India is a country that is constantly progressing and growing with 1.4 billion population both in rural and urban areas. Since 2014, the Government of India has been committed to a model of development that ensures no one is left behind, "Sabka Sath Sabka Vikas, Sabka Vishwas, Sabka Prayaas". To celebrate last 9 years' achievements, in various fields across various schemes Government of India is conducting a nationwide awareness campaign named as "Viksit Bharat Sankalp Yatra". The campaign is designed to build on accomplishments of Government of India and usher in an era collective participation where rural and urban communities can actively engage in the nation's development. A 60-days long Yatra is being organised covering all districts, Gram Panchayat and urban locations across the country from 3rd week of November 2023 to January 2024.

The major objectives of Yatra include reaching the unreached especially the vulnerable population, dissemination of information about the schemes through Mobile vans travelling across the country, Enrolment of potential beneficiaries under various schemes and learning from citizens through interaction with beneficiaries of government schemes by personal stories/ experience sharing.

Ministry of Health and Family Welfare (MoHFW), has identified Schemes/programs to be showcased

during the course of the Yatra such as Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana as the Flagship Scheme of MoHFW and national TB Elimination Programme for the campaign with additional focus on Sick Cell Anaemia Elimination Mission in Tribal Area. Further, Health Camps are also being organised at the places of halt of the mobile van where in Screening and Referral for Tuberculosis, Non-Communicable Diseases and Sick Cell Disease, Nikshay Mitra Registration and Consent under Nikshay Mitra, Seeding of Bank Accounts for Nikshay Poshan Yojna, Ayushman Card creation and Physical Card distribution are conducted.

MoHFW has constituted a Central Co-ordination Committee along with senior officials being nominated as State Nodal Officers to oversee the activities of Viksit Bharat Sankalp Yatra. Also, 169 District Health Nodal Officers from DGHS, Regional Offices of Health and Family Welfare (RoHFW), National Centre for Disease Control (NCDC) have been given a checklist to ensure that requisite preparations have taken place and have also been requested to visit the district at least one day prior to the start of Yatra. Control Room has also been established to support States. Sequence of trainings and meetings have been conducted with the States to orient and monitor the progress on regular basis. Data Entry Microsite has been developed by MoHFW to capture the data real time.

Till 29th Feb, 2024 information pertaining to 2,38,006 Gram Panchayats have been received with the total footfall of more than 7,34,08,564 people. 2,79,74,148 Ayushman Cards have been created and 51,05,148 Ayushman cards have been physically distributed. 3,91,33,509 people have been screened for Tuberculosis, out of which more than 11,90,526 were referred to higher Public Health Facilities. 43,00,584 people have been screened for Sick Cell Disease, out of which 84,048 were found to be positive and referred to higher Public Health Facilities. Around 2,81,83,990 people were screened for Hypertension and 2,69,33,141 people screened for Diabetes. More than 20,61,409 people were suspected to be positive for Hypertension and more than 14,83,717 were suspected to be positive for Diabetes and more than 31,04,665 people were referred to higher Public Health Facilities.

National Health System Resource Centre (NHSRC): National Health System Resource Centre (NHSRC) was set up in 2007, to provide

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

15th FC Recommendations on Health Grants through local Governments

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

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

The Union Government on 30-01-2021 vide Explanatory Memorandum as to the Action Taken on the Recommendations made by the Fifteenth Finance Commission in its Final Report for FY 2021-22 to 2025-26 inter-alia accepted the recommendations of the FC-XV only in respect of the Local Bodies. On the recommendations for the sectoral grants of various Ministries including of Ministry of Health & Family Welfare, the Union Government had clarified that due consideration to sectors identified by the Commission will be given

while formulating and implementing existing and new Centrally Sponsored and Central Sector Schemes.

Accordingly, the accepted recommendation of FC-XV through Health Grants through Local Governments (grants of Rs.70,051 Crore for FY 2021-22 to 2025-26) to strengthen the healthcare system at the primary healthcare level are provided for the following: Urban Health and Wellness Centres (HWCs), building-less Sub Centres, PHCs, CHCs, Block Level Public Health Units, support for diagnostic infrastructure for the primary healthcare activities and conversion of rural Sub Centres and PHCs to HWCs.

Components of FC-XV Recommendations, involving Rural Local Bodies

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

Four key components approved under the grants involving RLBs are:

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

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

c. Building-less Sub Centres, PHCs, CHCs:

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

d. Conversion of Rural PHCs and Sub Centres into Health and Wellness Centre (now known Ayushman Arogya Mandir (AAM)) :

The Union Government has envisaged creation of 1,50,000 HWCs (AAM) by transforming existing SHCs and PHCs as the basic pillar of Ayushman Bharat to deliver comprehensive primary health care. So far, 1,63,692 Ayushman Arogya Mandir (AAM) have been operationalized which has already crossed the target.

(Rs. in Crore)

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

Source: XV FC Vol I Main Report, Oct, 2022

Components of FC-XV involving Urban Local Bodies

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

Two key components approved under the grant involving ULBs are:

i. **Urban Health and Wellness Centres:** A paradigm shift in urban primary health care is envisaged, based on the learning from the management of the COVID-19 pandemic, which has affected urban areas disproportionately. As part of this shift, Universal Comprehensive Primary

Health Care is planned to be provided through urban Health and Wellness Centres (urban-HWCs) and polyclinics. Such urban HWCs would enable decentralised delivery of primary health care to smaller populations, thereby increasing the reach to cover the vulnerable and marginalised. It is envisaged that the urban HWCs would create a mechanism for representatives of the Medical Administrative Staff and Resident Welfare Associations to disseminate information on public health issues at least once a month. FC-XV proposes to provide support for setting up urban HWCs in close collaboration with urban local bodies.

ii. **Support for diagnostic infrastructure to**

the primary healthcare facilities: FC-XV provides support for diagnostic infrastructure in urban PHCs under the vision of comprehensive primary health care. Diagnostic services are critical for the delivery of health services, and these grants are intended to fully equip the primary health care

facilities so that they can provide some necessary diagnostic services.

Below Table contains year wise break up for the two components:

(Rs. in Crore)

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

Source: XV FC Vol I Main Report, Oct, 2022

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

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):

PM-ABHIM was launched by Hon'ble Prime Minister on 25th October 2021, with an outlay of about Rs. 64,180 Cr over till FY 25-26. The budget outlay envisaged in the scheme is in addition to the National Health Mission. This is the largest pan-India scheme for strengthening healthcare infrastructure across the country.

Objective of the Scheme:

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

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

Component of PM-ABHIM

The scheme has two components, which are Centrally Sponsored Scheme (CSS) Components and Central Sector (CS) components.

The status of CSS component is as under:

- Under the CSS components of the scheme, provision has been made for the establishment of 730 District Integrated Public Health Labs in the country, wherein each district will have one such lab.
- All the Districts with more than 5 Lakhs population will have 50 to 100 bedded Critical Care Hospital Blocks and remaining districts will have Referral linkages.
- 3382 Block Public Health Units (BPHUs) at the block level, Construction of 17,788 Building less Sub-Centres as Ayushman Bharat- Health & Wellness centres and 11,024 Health & wellness Centres in Urban areas with a focus on slum and slum like areas are envisioned under the scheme during the period 2021-22 to 2025-26.
- Under the Total financial allocation for the State/UTs during the scheme period (2021-2026), is Rs.54,204.80 Crore.
- Under the Centrally Sponsored Scheme (CSS) component of PM-ABHIM, administrative approval has been accorded to the States/UTs for an

amount of Rs. 42,274.68 Crore for construction/ strengthening of 18,358 Sub-Health Centres- Ayushman Arogya Mandir (AAM), 14,114 Urban-AAM, 2878 Block Public Health Units, 683 Integrated Public Health Labs at District level and 564 Critical Care Blocks (CCBs) so far.

1.2.3 NATIONAL URBAN HEALTH MISSION

I. INTRODUCTION

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

NUHM covers all cities and towns with more than 50,000 population and District headquarters and State headquarters with more than 30,000 population. As per norm one UPHC is established for approximately 30,000 to 50,000 urban population. As a part of Ayushman Bharat, the existing UPHCs are being strengthened as Ayushman Arogya Mandirs (AAM) to provide preventive, promotive and curative services in cities closer to the communities. Also below UPHC, Urban-Ayushman Arogya Mandirs (U-AAM) on the population of 15,000-20,000 have been approved under 15th Finance Commission Health grants and PM-ABHIM. These U-AAMs are linked to the nearest UPHCs for administrative, financial, reporting, and supervisory purpose. The remaining cities/ towns are covered under National Rural Health Mission (NRHM).

Implementation of NUHM is through the State Health Department or the Urban Local Bodies (ULBs). In seven metropolitan cities, viz., Mumbai, Delhi, Chennai, Kolkata, Hyderabad, Bengaluru and Ahmedabad the implementation is through the ULBs. For the other cities, the State Health Department decides whether the NUHM is to be implemented through them or the other urban local bodies. So far, 1,242 cities have been covered under NUHM in 35 States/ UTs except UT of

Lakshadweep which is covered under NRHM.

II. COMPONENTS OF NUHM

(A) Service Delivery Infrastructure

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

(i) Urban-Primary Health Centre (U-PHC)

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

(ii) Urban-Community Health Centre (U-CHC)

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

(iii) Outreach services:

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

B. Community Process:

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

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

C. Ayushman Arogya Mandir (AAM):

As part of Ayushman Bharat, the existing U-PHCs are being strengthened as Ayushman Arogya Mandir (AAM) to provide preventive, promotive and curative services in cities closer to the communities. So far 5087 UPHC-AAM and 4770 U-AAM have been operationalized in urban areas (Source: AAM portal, Data as on 31.03.2024).

III. ACHIEVEMENTS OF NUHM

(i) Physical Progress

The programme is being implemented in the States/UTs for more than 10 years period and accounts for presence of augmented infrastructure and human resources dedicated towards urban areas. According to the 3rd Quarterly NHM-MIS Report for period October-December, 2023 submitted by the States/UT, the information regarding progress of activities approved under NUHM is as follows-

(a) Progress under infrastructure

- 1,242 cities/ towns covered under NUHM
- 5,367 UPHCs & 233 UCHCs are operational.
- Out of 5367 UPHCs, 5087 have been operationalized as Ayushman Arogya Mandir (AAM) as per AAM portal (as on 31st March, 2024, enclosed)
- 4,770 Urban-Ayushman Arogya Mandirs (U-AAMs) are operationalized as per AAM Portal (as on 31st March, 2024)

(b) Progress of HR under NUHM:

- 4,260 Medical Officers (3218 Fulltime and 1042 Part-Time)
- 378 Specialists in-position
- 8,558 Staff Nurse in-position
- 19,529 ANMS in position
- 3,312 Pharmacist in-position
- 3,708 Lab Technician in-position
- 497 Public Health Managers in position
- 1,684 Programme Management staff in position at State/ District/ City level

(c) MHUs under NUHM

- 34 Mobile Medical Units functional

(d) Progress under Community Process

- 86,264 ASHAs are in position (one ASHA covers 200 to 500 households)
- 87,330 Mahila Arogya Samiti (MAS) are

formed (One MAS covers 50- 100 Households)

- As part of Ayushman Bharat, the existing U-PHCs are being strengthened as Ayushman Arogya Mandir (AAM) to provide preventive, promotive and curative services in cities closer to the communities. So far, 5087 U-PHCs have been converted into Ayushman Arogya Mandir (AAM) in the States/ UTs (except Delhi). As per AAM Portal Data, about 5.88 crore screenings done for Hypertension and around 4.77 crore screenings done for Diabetes at these Ayushman Arogya Mandir. Similarly, these functional Ayushman Arogya Mandir have done 2.25 crore screening for oral cancer, 69.90 lakhs for cervical cancer and 1.09 crore for breast cancer in women as on 31.03.2024.

- National Quality Assurance Standards (NQAS) were developed for urban health facilities in Year 2016 and institutional framework has been set up in all State/UTs. Till date, 465 UPHCs have been quality certified at the National level and 267 UPHCs at the State level (As on 29 February 2024).

- Kayakalp and Swachh Swasth Sarvatra (SSS) have been expanded to cover urban areas also and U-PHCs have been awarded under Kayakalp scheme. Kayakalp scheme was revised to a incentive scheme recently. In FY 2022-23, and 1,621 UPHCs and 46 UCHCs have qualified for incentives based on external assessment.

(ii) Financial Progress:

Since the launch of NUHM in FY 2013-14 till the FY 2021-22, funds to the tune of Rs 8,788.48 cr and 7,165.87 cr have been allocated and released respectively to the States/ UTs for implementation of the programme activities. From FY 2022-23, finance related matters have been merged with NHM.

IV. GUIDELINES / BROCHURES DEVELOPED

The guidelines shared with the States/ UTs on implementation of NUHM include:-

NUHM Implementation Framework, Handbook for MAS for Routine Immunization, Strengthening Immunization in Urban Areas, Program Safeguard Systems Assessment under the proposed ADB project "Strengthening CPHC in Urban Areas" under PM-ASBY, Operational Guidelines Extension of Swachh Swasth Sarvatra for Urban Areas, Framework on Convergence, NUHM Innovation Framework, Extension of Kayakalp Guidelines in urban areas, Guide book for

Enhancing the Performance of ANM in urban areas, Capacity Building Framework for Strengthening Implementation of NUHM, Guidelines & Tools for Vulnerability Mapping and Assessment for Urban Health, NUHM Financial Management Guidelines, Guidelines for Quality Standards UPHC under NUHM, Operational Guidelines for Conducting Outreach Session in Urban Areas and Guidelines for Community Process.

Also, following brochures were developed and shared with the States/ UTs viz. Thrust areas under NUHM, Community Process, Quality Assurance, IEC/BCC, Strengthening Human Resource under NUHM, Collaboration with Medical Colleges and Inter-Sectoral Convergence under NUHM.

1.2.4 IMPROVEMENT IN THE QUALITY OF HEALTHCARE

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

Affairs as given in Table 1. The Crude Birth Rate (CBR) of the country has more than halved from 40.8 births per 1000 population in 1951 to 19.5 births in 2020. Similarly, the Crude Death Rate (CDR) has also experienced a fall from 25.1 deaths per 1000 population in 1951 to 8.4 in 2001 and further to 6.0 deaths in 2020 indicating India has prevented around 19 deaths per 1000 population since 1951. The Total Fertility Rate (TFR) of India has experienced a remarkable decline from 6 children per woman in 1951 to 3.1 in 2001 and then to 2.0 in 2020 indicating a fast progress of the country towards the replacement level of fertility. In recent years, India has also witnessed a notable improvement in maternal health by bringing down the Maternal Mortality Ratio to 97 maternal deaths per 100000 live births in 2018-20, from 301 during (2001-03). Similarly, India has also experienced notable improvement in child mortality by reducing the Neo-natal Mortality Rate (NNMR) from 40 deaths per 1000 live births during 2001 to 20 in 2020 and Under Five Mortality Rate (Per 1000 live births) by reducing from 59 in 2010 to 32 in 2020. During the last two decades, India has added more than five years to average life expectancy at birth of its population from 63.4 years in 1999-2003 (mid-year 2001) to 70.0 years in 2016-20 (mid-year 2018).

Achievements of Health & Family Welfare Programme

Sl. No.	Parameter	1951	2001	2005	2010	2015	2017	2018	2019	2020
1	Crude Birth Rate (Per 1000 Population)	40.8	25.4	23.8	22.1	20.8	20.2	20.0	19.7	19.5
2	Crude Death Rate (Per 1000 Population)	25.1	8.4	7.6	7.2	6.5	6.3	6.2	6.0	6.0
3	Total Fertility Rate (Per women)	6.0	3.1	2.9	2.5	2.3	2.2	2.2	2.1	2.0
4	Maternal Mortality Ratio (Per 100,000 live births)	NA	301 (2001 - 03)	254 (2004 - 06)	178 (2010 - 12)	130 (2014 - 16)	122 (2015 - 17)	113 (2016 - 18)	103 (2017 - 19)	97 (2018 - 20)
5	Neo-natal Mortality Rate (Per 1000 live births)	NA	40	37	33	25	23	23	22	20
6	Under Five Mortality Rate (Per 1000 live births)	NA	NA	NA	59	43	37	36	35	32

Sl. No.	Parameter	1951	2001	2005	2010	2015	2017	2018	2019	2020
7	Expectation of life at Birth	-	63.4 (1999 - 03)	65.0 (2003 - 07)	67.0 (2008 - 12)	69.0 (2013 - 17)	69.4 (2014-18) Mid-year 2016	69.7 (2015-19)	69.7 (2015-19)	70.0 (2016-20)

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

2. SDG Health Dashboard:

The 2030 agenda for sustainable development comprising 17 Goals and 169 targets called the Sustainable Development Goals (SDG) were adopted by 193 member states including India at the United Nations (UN) summit in September 2015 that was followed by adoption of 232 global indicators at the UN General assembly in July 2017. Health has a central place in SDG 3 “Ensure healthy lives and promote well-being for all at all ages”, underpinned by 13 targets.

Ministry of Statistics and Programme Implementation (MoSPI) has developed a National Indicator framework that comprises of 306 indicators for all the SDG Goals. Similarly, Ministry of Health and Family Welfare (MoHFW) has developed a National monitoring framework for Health SDG Dashboard disaggregated into four broad thematic areas (a-Reproductive, maternal, newborn, child, adolescent health, b-Communicable and c- Non communicable diseases and d-Health Systems).

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



NFHS as a data source for SDG Health Indicators

3. National Data Sharing Policy (NDSAP) under OGD platform, India-data.gov.in

The Open Government Data (OGD) Platform India - data.gov.in - is a platform for supporting Open Data initiative of Government of India. The portal is intended to be used by Government of India Ministries/ Departments and their concerned organizations to publish datasets, documents, services, tools and applications collected by them for public use.

The Chief Director (Stats) designated as Chief Data Officer (CDO) of Ministry of Health and Family welfare to lead the open data initiative of the Ministry. In this open data initiative, CDO is required to upload both dynamic and static data datasets on the platform and its metadata on data.gov.in from his/her account. The Dynamic datasets can be uploaded through Application Programming Interface (API web service) and non-dynamic or static data can be uploaded through CSV or Excel format. As this Ministry is a primary source to various datasets, which may be of immense use to public as well as researchers, policy makers, and also to comply with the guidelines of National Data Sharing and Accessibility Policy (NDSAP)- 2012, there is a need to share the datasets on OGD platform.

The Central Publication metrics uploaded data status of MoHFW along with other Ministries The Central Publication metrics uploaded data status of MoHFW along with other Ministries on data.gov.in is placed at Table.

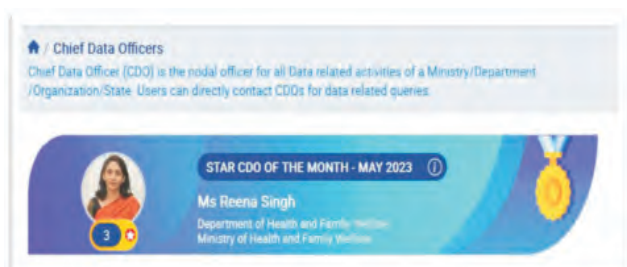


Central Publication metrics of data.gov.in under OGD platform of NDSAP.

4. Star CDO of the month

In the Open Government Data (OGD) Platform, NIC has built a mechanism for rewarding and recognizing the efforts of Chief Data Officers (CDOs) as "Star CDO of the Month" to bring out the best in all the CDOs of all Ministries/ Departments every month.

The CDO who uploads maximum datasets etc. as per the prescribed parameters on the OGD platform is acknowledged by NIC as the "Star CDO of the month". For the month of May, 2023, Ms. Reena Singh, Chief Director, Statistics, MoHFW has been awarded the "Star CDO of the Month-May, 2023".



Star CDO of the month under data.gov.in of OGD platform of NDSAP.

1.2.5 Health Management Information System (HMIS)

Health Management Information System (HMIS) is a web-based Monitoring Information System put in place by the Ministry of Health & Family Welfare to monitor the National Health Mission, and various other National Health Programmes of the Ministry. It provides key inputs for policy formulation and appropriate programme interventions. HMIS is designed specifically to assist health departments, at all levels, in managing, planning, monitoring and evaluation of the health programmes currently running in the country.

HMIS is a facility-level aggregated data collection system. The health facilities registered on HMIS enter data of various items related to healthcare services provided by that health facility for a specific month. These facilities also enter data pertaining to availability of various infrastructure and human resources on a monthly basis. Data for Service Delivery and Infrastructure & HR are to be entered every month by 5th of the following month. At present, a total of 2.52 lakh health facilities are registered on HMIS (Public: 2.16 lakh and Private: 0.36 Lakh). The facilities reporting on HMIS are classified in to six types (as per IPHS). Separate

formats have been assigned to all the six facility types based on the its type and the type of services it provides. These six facility types are (i) AAM-SC/SC, (ii) AAM-PHC/PHC, (iii) CHC, (iv) SDH, (v) DH and (vi) Medical College

New HMIS formats have been introduced April 2023 onwards to accommodate data elements related to new programmes/ schemes of the MoHFW. Also, a provision for capturing of the outreach data has been made. The data reported by the facility now includes:

- Health services being provided at the facility itself;
- Health services being provided by that facility through various outreach activities (like VHND, UHND, special outreach sessions etc.)

1.2.5.1 Key Features of HMIS:

- HMIS is completely LG Directory compliant – the facilities are mapped with State, District, Sub district, Block (in case of Rural), Urban Local Body (in case of Urban). Additionally, the facilities are also mapped to Parliamentary Constituency, Assembly Constituency, Village/Ward etc. The mapping is being done based on the geographical location of the facility.
- Option of mapping facilities to State Specific Hierarchies is also available, where in addition to LGD, states also map their facilities to health block, sub division, division etc. of the State/ UT.
- HMIS has provision for Standard as well as Live reports
- GIS Module is available on HMIS to display the HMIS data on a geo-spatial dimension along with Dashboards.
- Generic APIs are available for creation of swift API linkages with other web portals

1.2.5.2 Uses of HMIS data

HMIS data is being utilized in

- Monitoring and evaluation of delivery of services to beneficiaries under various health schemes funded by GOI;
- Grading of health facilities under NHM;
- Monitoring of Aspirational Districts and Blocks by NITI Aayog;
- Ranking of District Hospitals;
- Preparation of PIPs of States/Programmes for effective implementation;
- Rural Health Statistics;

- Monitoring of poor performing districts (Mission UTKARSH);
- State Health Index by NITI Aayog;
- PM Dashboard (Prayas) & NPHO (National Public Health Observatory, MoHFW);
- OGD Platform i.e. Data.gov.in;
- Monitoring visits such as CRM and supportive supervision visits also use HMIS data;
- Beti Bacho Beti Padhao Scheme of the Ministry of Women and Child Development;
- DISHA portal of Ministry of Rural Development and Dashboard of Ministry of Tribal Affairs; and
- The analytical reports generated through HMIS provide gap analysis and evidence-based course correction.
- Monitoring of the Aspirational Block Programme using HMIS indicators.

1.2.5.3 Training/Capacity Building

A series of trainings/workshops were conducted to orient the States/UTs regarding the new features of HMIS and review of data entered on HMIS.

National Workshop on HMIS & RCH 2023-24 was organized on 22nd - 23rd February 2024 at New Delhi. Participants/ Representative from States/UTs, Programme Divisions of Health Ministry and Representatives of Development Partners participated in the National Workshop.

In addition; three regional HMIS workshops were also organized during the year covering the States/UTs of Central India (Ujjain, Madhya Pradesh for participants from Central India States during 8-9 June, 2023), North eastern States (Guwahati, Assam for participants from North-Eastern India States during 4-5 July, 2023) and Southern States (Vishakhapatnam, Andhra Pradesh for participants from Southern India States during 6-7 July, 2023). These regional workshops were attended by States and District level officials. The new features of the HMIS portal, definitions of HMIS data elements along with data quality issues reported during 2022-23 were discussed. Participating States/ UTs also presented their Best Practices in order to improve the data quality.

Further regular virtual meetings were also held with all States/UTs to orient them about new features in HMIS as well as solve the difficulties faced by State/ District officials in HMIS portal.

1.2.5.3 Supportive Supervision/ Physical verification of HMIS Data

Regular visits to various health facilities across the country were conducted by National HMIS Team for Physical Verification of HMIS data reported by the health facilities.

1.2.5.4 Other Initiatives under HMIS

Development of Interface for monitoring of Poor Performing Districts (Mission Utkarsh)

14 districts in India have been identified as Poor Performing Districts for rapid improvement in a time bound manner on certain identified key indicators by the PMO in Jan 2022. Centre and State Government have to work in mission mode to uplift the identified districts on these key indicators. An interface to capture and monitor the performance of these 14 districts on 9 selected Key Performance Indicators (KPIs) has been created on the HMIS portal of MoHFW. Orientation training was provided to all the concerned officials at the Central/State/ District level for the same.

Increasing coverage of HMIS

Although all the public health facilities under NHM are reporting the Service Delivery and Infrastructure & Human Resources regularly on the HMIS portal, however, the reporting of the Private facilities across States/ UTs is low. Regular efforts are being made to onboard more Private health facilities throughout all the States and UTs.

In addition to this, several public institutions including those under the Employees' State Insurance (ESI), Defence, and Railways have also been approached to start reporting on the HMIS.

1. National Workshop HMIS National Level Workshop at Vigyan Bhawan (22nd-23rd February 2024)



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

To facilitate timely delivery of healthcare services to all the pregnant women, lactating mothers and children, a web-based tracking system called "Mother & Child Tracking System (MCTS)" was introduced across all the States & UTs to provide ready reference about the services provided (like ANC, distribution IFA tablets, TD1/TD2/TDB Immunization) to pregnant women and children (mainly child immunization). The Ministry further rolled out an upgraded version of MCTS, called Reproductive and Child Health (RCH) Portal which is designed for early identification and tracking of the individual beneficiary throughout the reproductive lifecycle and promote, monitor and support the reproductive, maternal, new born and child health (RMNCH) schemes/programme delivery and reporting.

The portal is capturing data of beneficiaries, which is integrated with multiple applications like Ayushman Bharat Digital Mission (ABDM), e-Janma (Karnataka), Kutumba (PDS system of Karnataka), UMAN, ANM On Line (ANMOL), Mother and Child Tracking Facilitation Center (MCTFC), Kilhari and Mobile Academy (KMA). Data from RCH Portal is also used for direct transfer of Janani Suraksha Yojana (JSY) benefits to pregnant women and payments to ASHAs, wherever possible.

It is currently implemented in 30 States / UTs, two States (Rajasthan & Gujarat) are sending their data through web services and rest four States namely (Madhya Pradesh, West Bengal, Tamil Nadu and Telangana) are in process of integration with RCH Portal for sending their data. A total of 24.99 Crore pregnant women and 21.84 Crore children were registered in MCTS / RCH portal till 31st March, 2024 since its inception.

RCH portal has been a vital tool which helps health workers in planning for service delivery and identification of beneficiary due for Antenatal Check-up, Post Natal Check-up and Immunization Services. It also helps in identification of high-risk pregnant women and tracking of health conditions and assistance during the delivery of Pregnant Women. Work-plan and due list generated from the RCH portal is also helping health workers for providing the immunization service. This initiative

has a positive impact in improving the healthcare service delivery in the country.

ANM Online (ANMOL):-

ANM online (ANMOL) is an android-based application launched in 2016 which empowers the ANMs- the frontline health workers in carrying out their day-to-day work efficiently and effectively by entering and updating service records of beneficiaries on a real/near real-time basis. Further, ANMOL also act as a job aid to the ANMs by providing them with readily available information such as due list of services in her area, Work plan, VHND session, Dashboard and guidance based on data entered, Digital RCH Register etc. Audio, and Video Counselling facility of ANMOL helps in creating awareness among beneficiaries and the front line workers about the various govt. schemes and facilitates beneficiaries may get on family planning, pregnancy and child care.

Presently it is operational in 28 States / UTs (Andaman & Nicobar, Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chandigarh, Chhattisgarh, Dadra & Nagar Haveli and Daman & Diu, Delhi, Goa, Haryana, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Karnataka, Ladakh, Lakshadweep, Maharashtra, Manipur, Mizoram, Nagaland, Odisha, Punjab, Puducherry, Sikkim, Tripura, Uttarakhand & Uttar Pradesh). It works in four different languages i.e. Hindi, English, Telugu, and Kannada. ANMOL tutorials are available on YouTube in Hindi and English for easy access. Approximately 1.83 lakh ANMs have been registered and using ANMOL applications since inception.

1.2.7 MOTHER AND CHILD TRACKING FACILITATION CENTRE (MCTFC)

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

The centre is operational with 86 Helpdesk Agents (HAs), 2 Medical Specialists, 2 Supervisors and few more administrative and IT staff. MCTFC is a tool for providing relevant information and guidance directly to the pregnant women, parents of children and to community health workers, thus creating awareness among them about health services and

promoting healthy practices and behaviour. The centre contacts the service providers and recipients of mother and child care services to get their feedback on various mother and child care services, programmes and initiatives like Janani Sishu Suraksha Karyakram (JSSK), Janan Suraksha Yojana (JSY), Rashtriya Bal Swasthya Karyakram (RBSK) and contraceptive distribution by ASHAs etc. MCTFC also validates and verifies records of beneficiaries and health workers. The feedback helps the MoHFW / State/ UT Governments to easily and quickly evaluate the programme interventions and plan appropriate corrective measures to improve the health service delivery.

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

As on 31st March 2024 since inception i.e. Oct 2014, more than 1.79 crore calls were made to beneficiaries through MCTFC for data validation, and promotion and facilitation in availing maternal and child health services and government schemes. More than 14.77 lakh calls were made to ANMs and ASHAs for data validation and resolution of their queries, and more than 87.94 lakh voice messages on Maternal and Child care have been delivered to the beneficiaries.

MCTFC in making calls in 22 States/UT, which include Andhra Pradesh, Assam, Bihar, Chandigarh, Chhattisgarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Odisha, Punjab, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal, Telangana, Ladakh, Maharashtra and Nagaland. MCTFC is presently supporting calling in Hindi, English, Telugu, Bengali, Gujarati, Odiya, Marathi and Assamese languages.

1.2.8 SURVEYS AND EVALUATION ACTIVITIES

Ministry of Health and Family Welfare initiated the National Family Health Surveys (NFHS) in the early 1990s to provide high quality data on population and health indicators. So far, five rounds of the National Family Health Survey have been

completed in 1992-93, 1998-99, 2005-06, 2015-16 and 2019-21 respectively. The NFHS surveys are conducted nationwide with a representative sample of households throughout the country. The five NFHS surveys conducted till date are major landmarks in the development of a demographic and health data base for India. The fourth round of the National Health Survey (NFHS-4) was conducted in 2015-16 as an integrated survey with the aim to provide estimates for the levels of fertility, infant and child mortality by background characteristics at National/ State level, and other key family welfare and health indicators at the National, State and District levels. All subsequent rounds were decided to provide estimates up to district level for majority of the indicators considering the fourth round of NFHS as the benchmark.

2. The broad objectives of the National Family Health Surveys are to provide high quality data on population and health indicators as well as data on emerging issues in health and family welfare; and to provide essential information that would assist policymakers and programme managers in setting benchmarks and examining progress over time in India's health sector. Besides providing evidence on the effectiveness of ongoing programmes implemented by the M/o HFW and other Ministries and agencies. The NFHS surveys utilize standardized questionnaires, sample designs, and field procedures to collect data. The International Institute for Population Sciences (IIPS), Mumbai, has been designated as the nodal agency for each of the six rounds of NFHS.

3. The fifth round of NFHS was carried out in 2019-21 and its results in the form of National, State/UT and District factsheets have been released by the Ministry and all the publications from the NFHS in the form of factsheets and reports are available in public domain and can be accessed from the website (<http://rchiips.org/NFHS/index.shtml>). The national and State factsheets contain information on 131 indicators covering the domains of population and household profiles; marriage and fertility; infant and child mortality; current use and unmet needs of family planning; maternal and child health; nutritional status and anaemia among children and adults; prevalence of certain Non-Communicable Diseases and their risk factors; and women's empowerment, etc. The district factsheets provide information on 104 indicators.

4. The survey work for NFHS-5 was conducted in two phases covering about half the country in each phase with an aim to provide district level estimates for most of the indicators for all 707 districts (as of March, 2017). The survey work was initially scheduled to be completed by December 2020. However, due to COVID-19 pandemic, the Phase-II survey field work got delayed by around 8 months and was finally completed in April, 2021. The survey covered 6.36 lakh sample households from all the 707 districts and interviewed 724115 women and 101839 men to collect crucial information on population, health, family planning, nutrition and other associated domains. The scope of NFHS-5 has been modified with respect to target population ranges and age references to align them as per SDGs requirements. Thus, expanded age range of 15+ years is being considered for non-communicable diseases (e.g. Diabetes, diabetes, hypertension, etc.) and also for their risk factors. It has also been expanded by including questions inter-alia on disability, collection of Dried Blood Sample (DBS) for carrying out tests for Malaria, HbA1C, Vitamin-D and measurement of Waist/ Hip circumferences, etc.

5. The findings of NFHS-5 are evidence to the India's achievements in the health sector in the recent times. As per the findings of NFHS-5, India has achieved the replacement level of fertility a key demographic milestone with a TFR of 2 children per woman. NFHS-5 also found that India has achieved two key SDG targets on modern contraceptive prevalence rate (mCPR at 56.5% against SDG target of 55.3%) and tackling unmet needs of family planning (at 9% against SDG target of 10.5%). Besides, India is on track to achieve many other SDG targets like institutional births (at 88.6% against 92%) and skilled birth attendance (at 89.4% against 97%). NFHS-5 has also brought out significant achievements in RMNCHA+A domain in the country.

6. The six Regional Data Dissemination Workshops of NFHS-5 and a two-day National Data Dissemination Workshop, were organized by the Statistics Division of the Ministry along with discussions on various emerging issues in health and related sectors in the States/UTs.

7. The survey has emerged as a major data source for tracking the progress at disaggregated levels towards achieving targets, in particular SDG 1 "No Poverty"; SDG 2 "Zero Hunger"; SDG 3

"Health and Well-being for all"; SDG 5 "Gender Equality" and SDG 16 "Peace, Justice and Strong Institutions". The inclusive efforts of the Government of India in the country through landmark programmes like the National Rural Health Mission, Janani Shishu Suraksha Karyakram, Swachh Bharat Abhiyan, Ayushman Bharat- Pradhan Mantri Jan Aarogya Yojana, Mission Indradhanush, Pradhan Mantri Surakshit Matritwa Abhiyan, POSHAN Abhiyan, Beti Bachao- Beti Padhao, Jan Dhan Abhiyan, Ujjwala Abhiyan, promotion of menstrual hygiene among adolescent girls, etc. are also reflected in the findings of the NFHS-5.

8. The next round of the National Family Health Survey (NFHS-6) is being undertaken during 2023-24. For smooth implementation of the survey work, the four committees viz., Steering Committee, Financial Management Committee (FMC), Technical Advisory Committee (TAC) and Project Management Committee (PMC) have been constituted by the Ministry. Furthermore, three Sub-Groups of TAC have also been constituted by the Ministry to discuss sampling design, Questionnaire contents and Clinical Anthropometric Biochemical (CAB) components respectively.

9. The Committees, after due deliberations on all relevant technical aspects of the survey, gave its recommendations on the sampling frame and design, the survey questionnaires, and methods of blood-based biomarker collection for NFHS-6, and the same was also approved by the Ministry. The pre-test exercise of the survey was conducted during 20th June- 8th July 2022 in two districts of Uttarakhand state of India to test the survey tools and protocols. Based on the feedback and field experience during Pre-test, the Computer Assisted Personal Interviewing (CAPI) and the questionnaires were framed.

10. At present, the main survey field work for NFHS-6 is in progress which is being conducted in two phases covering about half the country in each phase with an aim to provide district-level estimates for most of the indicators for all 731 districts (as on 30th June, 2021) with an approximate 6.77 lakh sample households. Currently, the main survey field work i.e., data collection in 21 Phase-I States/UTs is fully completed (except Manipur due to the unfavourable situation in the state) and ongoing in the 13 States/UTs of Phase-II. Mapping and Listing (M&L) activity and State Level Training is in

progress in the remaining 4 states. Continuous field monitoring by IIPS field JROs and the Field Agency (FA) core team is ongoing, and inputs are provided to the teams on a daily basis by the monitoring team based on the physical spot checks, Field Check Tables (FCTs) and query reports. Online meetings with FA core teams and IIPS JROs are conducted on a regular basis to provide FCT-based feedback with regard to data quality and team wise performance. Around 50-60% of NFHS-6 fieldwork is completed as on 31st March 2024.

1.2.9 POPULATION RESEARCH CENTRES (PRCs)

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

The 8th knowledge dissemination workshop for Population Research Centres (PRCs) was held at Madurai, Tamil Nadu during 05th & 06th October, 2023. The workshop was inaugurated by Ms. Anjali Rawat, Dy. Director General (Stats) & Mr. Kumar Sundaram, Director (Stats.), Ms. Seethalakshmi, Director, GIRH&FWT. During the workshop, authors from various PRCs presented the shortlisted research papers before the panelists. The thematic areas majorly included selected research studies on different ongoing National programmes viz, Aayushman Bharat – Aarogya Karnataka, Free Diagnostic Initiatives, National Quality Assurance Standards, Adolescent Health Care Services, Ward Health Sanitation and Nutrition Committee (WHSNC) and Mahila Aarogya Samiti (MAS), Kayakalp, Adolescent Friendly Health Clinics, Peer Education Programme, Non-Communicable Disease Clinics, etc. The workshop was attended by

the authors of the papers selected for presentations, Officials of the Ministry, dignitaries, subject experts, and faculties/staff of PRC.

Other important activities related to PRCs:

- The Second Meeting of the Steering Committee was held on 14th February, 2023 under the chairpersonship of the Secretary, HFW to review the overall technical, financial and administrative functioning of PRCs.
- A Report Writing Workshop (via Hybrid Mode) was organized for all PRCs by Population Council, India in Lucknow on 2nd March, 2023.
- A training on Large Scale Data Analysis (via Hybrid Mode) was organized by IIPS, Mumbai on 28th March, 2023.
- Inauguration of Census Data workstations at PRC Lucknow & Dharwad on 28th February, 2023 & 15th June, 2023.
- A Joint workshop of HMIS & PRC on 'Data analysis using Statistical Softwares' was organized at Visakhapatnam during 6-7th July, 2023.
- Digital Population clock was Inaugurated at PRC Udaipur, Shimla, Lucknow, Panjab University, Srinagar, Baroda, & Visakhapatnam.
- The 9th edition of PRC Compendium (2022-23) titled '**Health Policies, Programs & Initiatives in India: A snapshot**' consisting of 15 primary studies including 04 Pan India studies was released in 04 volumes, namely:

Volume I: "Health Policies, Programs, and Initiatives: A snapshot".

Volume II: "Health Policies, Programs, and Initiatives: A snapshot"- A Pan India study on "Understanding the context of Caesarean deliveries from providers' perspectives and Receivers' perspectives in India".

Volume III: "Health Policies, Programs, and Initiatives: A snapshot"- A Pan India study on "Prevalence of Post-Partum Infections among Public Hospital Deliveries in India: A state-level retrospective analysis".

Volume V: "Health Policies, Programs and Initiatives: A snapshot"- A Pan India study on "Menstrual Health and Hygiene among adolescent girls in Climate vulnerable areas in India".

During the Dissemination workshop of PRCs (2022-23) at Madurai, T.N on 05th October, 2023.

- Three-day training programme on 'NSS & Unit Level Data Analysis' organised for PRCs at National Statistical Systems Training Academy (NSSTA), Greater Noida from 22nd to 24th January, 2024.
- Laying the foundation stone for construction of new building of PRC Patna and PRC Gandhigram by the Hon'ble Prime Minister virtually on 25th February, 2024.
- Inauguration of Census Data workstations at



Laying of foundation stone of new building of PRC Gandhigram by the Hon'ble Prime Minister virtually (25th February, 2024).

1.2.10 LONGITUDINAL AGEING STUDY IN INDIA (LASI)

The Longitudinal Ageing Study in India (LASI) is a national survey of scientific investigation of the health, economic and social, determinants and consequences of population ageing in India.

LASI is a nationally representative survey of older adults aged 45+ in all 28 States and 8 Union Territories that will be conducted every 2-3 years for the period of 25 years.

LASI is developed as per the needs of the Indian's elderly population but at the same time it is internationally harmonized enabling not only cross-state analyses within India but cross-country analyses.

The International Institute for Population Sciences (IIPS), an autonomous institution under the MOHFW, Govt. of India, Mumbai, is the nodal institution for LASI project.

PRC Patna & Guwahati and Digital Population Clock at PRC Guwahati on 13th March, 2024.

During FY 2022-23, PRCs have completed 83 Research Studies and 403 districts for monitoring of Programme Implementation Plan of the National Health Mission (NHM) monitoring. For the year 2023-24, the PRCs have been assigned 29 primary and 90 secondary data research studies along with the 5 Pan India/ Multicentric studies and monitoring of Programme Implementation Plan of the National Health Mission (NHM) in respect of 355 districts.



Laying of foundation stone of new building of PRC Patna by the Hon'ble Prime Minister virtually (25th February, 2024).

The LASI is designed in partnership between the following institutions:

(i) Collaborating Indian Institutions:

National AIDS Research Institute (NARI), Pune is the collaborating Indian institution for Dried Blood Spots (DBS) storage and testing.

(ii) Collaborating International Institutions:

Harvard T.H.Chan School of Public Health and University of Southern California (USC)

Scientific Goals of LASI

The main goal of LASI is to collect credible scientific data on burden of disease, mental health, functional health, healthcare and social and economic well-being of elderly population. LASI is designed to cover following major subject and policy domains of adult and older population namely:

Health: Disease Burden & Risk Factors (Reported and Measured)

Health Care and Health Care Financing

Social: Family, Social Network and Social Welfare Programmes for the Elderly

Economic: Income, Wealth, Expenditure, Employment, Retirement and Pension

LASI Wave 1 Wave 1 of the LASI covered a panel sample of 72,250 individuals age 45 and above and their spouses, including 31,464 elderly age 60 and above and 6,749 oldest-old persons age 75 and above from 35 states and union territories of India (excluding Sikkim). The LASI Wave 1 field survey was conducted from April 2017 to December 2018. LASI Wave 1 National report and State level factsheets were released by the Union Minister for Health and Family Welfare (MoHFW), Govt. of India in January 2021. LASI data was also released in public domain at the same time, which has generated large number of research publications.

LASI Wave 2 survey is planned to be undertaken during 2023-26. For smooth implementation of the survey work, two committees viz., Technical Advisory Committee (TAC) and Project Management Committee (PMC) have been constituted by the Ministry. The pre-test exercise of the survey has been conducted to test the survey tools and protocols.

1.3 MATERNAL & ADOLESCENT HEALTHCARE

1.3.1 INTRODUCTION

The health of women during pregnancy, childbirth, and the postnatal period is referred to as maternal health. Each stage should be a positive experience that ensures women and their babies reach their full health and well-being potential. Improving quality of maternal healthcare services is key to reducing maternal mortality across developing nations, including India. Maternal health is one of the key priority area for the country's health care system as the interventions strategized under this programme directly affect further reductions in maternal mortality and morbidity.

1.3.2 MATERNAL MORTALITY RATIO (MMR)

India has been able to showcase remarkable improvements in terms of various health indicators

concerning mother's health. In a significant achievement, Maternal Mortality Ratio (MMR) of India registered a decline by 33 points from 130 per 100,000 live births in SRS 2014-16 to 97 per 100,000 live births in SRS 2018-20.

National MMR Trends (as per SRS)



Following are the global and national targets for MMR:

- According to Sustainable Development Goal (SDG)-3, target for MMR is less than 70 per 1,00,000 live births by 2030.
- India has achieved NHP's (National Health Policy) target for MMR of 100 per 1,00,000 live births by 2020.

State-wise decline in MMR (Point decline)

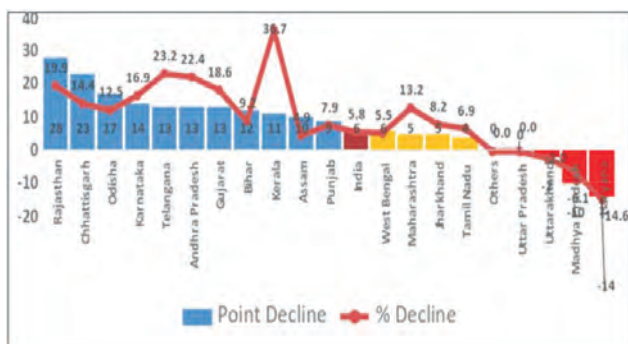
- Seven States have shown the highest decline in MMR i.e. Rajasthan (28 points), Chhattisgarh (23 points), Odisha (17 points), Karnataka (14 points), Telangana (13 points), Andhra Pradesh (13 points) and Gujarat (13 points) in SRS 2018-20 in comparison to SRS 2017-19.

State-wise decline in MMR (Percentage decline)

- Seven States have shown the highest decline in MMR i.e. Kerala (36.7%), Telangana (23.2%), Andhra Pradesh (22.4%), Rajasthan (19.9%), Gujarat (18.6%), Karnataka (16.9%), Chhattisgarh (14.4%) in SRS 2018-20 in comparison to SRS 2017-19.

States achieved SDG on MMR (<70/ lakh live births)	8 States (as compared to 7 States earlier)	Kerala (19), Maharashtra (33), Telangana (43), Andhra Pradesh (45), Tamil Nadu (54), Jharkhand (56), Gujarat (57), Karnataka (69).

States achieved N H P 2017 Goals on MMR (100/ lakh live births)	8 States (except Haryana) (earlier 9 States)	Kerala (19), Maharashtra (33), Telangana (43), Andhra Pradesh (45), Tamil Nadu (54), Jharkhand (56), Gujarat (57), Karnataka (69).

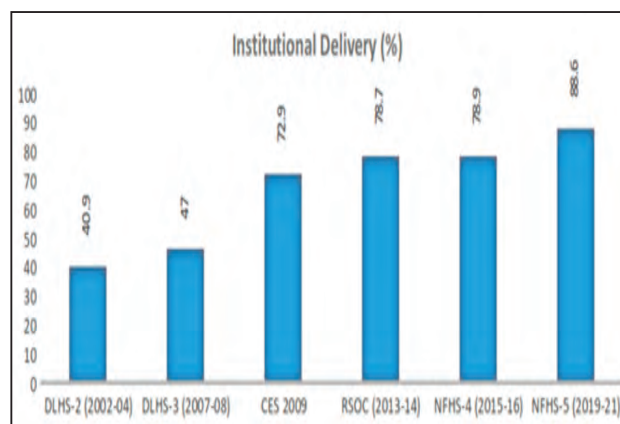


Graphical Representation: State-wise decline in MMR in SRS 2018-20 in comparison to SRS 2017-19

Upto 5% decline	Assam (4.9%).
5%- 10% decline	West Bengal (5.5%), Tamil Nadu(6.9%), Punjab (7.9%), Jharkhand (8.2%) and Bihar (9.2%).
10- 15% decline	Odisha (12.5%), Maharashtra (13.2%) and Chhattisgarh (14.4%)
>15%	Karnataka (16.9%), Gujarat (18.6%), Rajasthan (19.9%), Andhra Pradesh (22.4%), Telangana (23.2%) and Kerala (36.7%)

Institutional Delivery

Institutional deliveries in India have nearly doubled, from 47% in 2007-08 (DLHS-3) to over 88.6% in 2019-21 (NFHS-5).



Key updates from the NFHS-5 (2019-21):

- The proportion of pregnant women who had an ANC visit in the first trimester increased from 58.6% in NFHS-4 (2015-16) to 70.0% in NFHS-5 (2019-21).
- At the national level, there is an increase from 51.2% to 58.5% of women receiving the recommended four or more ANC visits from health providers.
- Institutional births have increased significantly from 78.9% to 88.6% at the national level. Institutional delivery is 100% in Kerala, Goa, Lakshadweep, Puducherry and Tamil Nadu, and more than 90% in eighteen other States/UTs.
- Even in rural areas, approximately 87% of births are delivered in institutions, while 94 % are delivered in urban areas.

1.3.3 JANANI SURAKSHA YOJANA (JSY)

JSY is a safe motherhood intervention under NHM. It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women. It is a Centrally Sponsored Scheme, which provides cash assistance with delivery and post-delivery care. The Scheme has identified ASHAs as an effective link between the government and pregnant women.

Important Features:

The scheme focuses on pregnant woman with a special dispensation for States that have low institutional delivery rates, namely, the States/UTs

of Assam, Bihar, Chhattisgarh, Jharkhand, Jammu and Kashmir, Ladakh, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand are categorized as Low Performing States (LPS) and the remaining States/UTs have been categorised as High Performing States (HPS).

Eligibility and Cash Assistance for Delivery:

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

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

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

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

Subsidizing cost of Caesarean Section

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

Accrediting private health institutions

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

Direct Benefits Transfer:

Under this initiative, eligible pregnant women are entitled to get JSY benefit directly into their Bank/ Post Office accounts through electronic mode. Payments are being made through Direct Benefit Transfer (DBT) mode.

Physical & Financial progress:

JSY has been a success in terms of number of mothers covered under the scheme. From a modest figure of 7.39 lakhs beneficiaries in FY 2005-06, the scheme currently provides benefit to an average one crore beneficiaries every year (In FY 2022-23, the number of JSY beneficiaries reported by State/ UTs were 101.29 lakhs). Expenditure on the scheme has also increased from Rs.38 Crores in FY 2005-06 to Rs. 1778.10 Crores in FY 2022-23. In FY 2023-24, the number of JSY beneficiaries reported by States/ UTs are 102.55 lakhs and expenditure reported by States/UTs is 1814.86 crore.

Janani Shishu Suraksha Karyakram (JSSK): It aims to eliminate out of pocket expenditure for pregnant women and sick infants visiting a public health facility. The scheme entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including

Caesarean section. This initiative also provides for free diet, drugs, diagnostics, transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick new-borns & infants accessing public health facilities. During the FY 2023-24 more than 1.37 crore beneficiaries availed the benefits under JSSK.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): Considering the importance of identification and management of High-Risk Pregnant women, PMSMA was launched in 2016. The nationwide programme provided fixed day assured, comprehensive and quality antenatal care by gynecology specialists/ physicians to pregnant women in their second or third trimesters on the 9th of every month at Government health facilities.

Further, E-PMSMA strategy was rolled out in January 2022 to ensure tracing and tracking of High Risk Pregnant women till a safe delivery is achieved by provisioning financial Incentivisation for the identified high risk pregnant women and accompanying Accredited Social Health Activists (ASHA) for extra 3 visits over and above the PMSMA visit.

Since inception (till 31st March 2024), more than 4.87 Crore antenatal check-ups have been conducted for comprehensive services under the programme and more than 62.40 Lakhs High Risk Pregnancies (HRP) have been identified across all States/ UTs.



Glimpses of PMSMA Days from different parts of the country

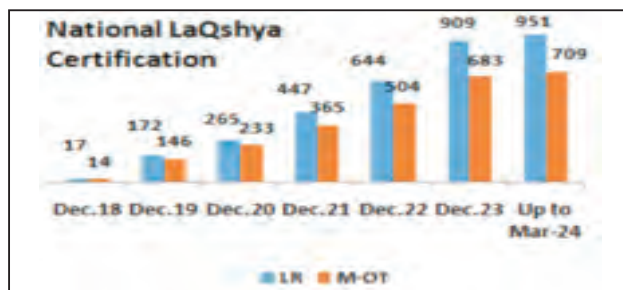


Surakshit Matritva Aashwasan (SUMAN)

Surakshit Matritva Aashwasan (SUMAN): It aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and new-born visiting the public health facility in order to end all preventable maternal and new-born deaths. Under SUMAN, all existing schemes for maternal and neonatal health have been brought under one umbrella. As on 31st March 2024, more than 40000 facilities have been notified under SUMAN.

Midwifery Initiative: It aims to provide respectful, compassionate women-centred, reproductive, maternal and new-born health care services through specialized trained Nurse Practitioners in Midwifery who are skilled in accordance to competencies prescribed by the International Confederation of Midwives (ICM). Till date, 6 National Midwifery Training Institutes are functional and providing midwifery trainings in the country.

LaQshya: It aims to improve quality of care in public health facilities especially Labour Room (LR) and Maternity OT. Under the programme, the key focus is on improving infrastructure upgradation, ensuring availability of essential equipment, providing adequate human resources, capacity building of health care workers, and adherence to clinical guidelines and improving quality processes in labour room and maternity OT. 951 Labour Rooms and 709 Maternity OT of public health facilities have achieved National LaQshya certification till 31st March 2024.



Optimization of Post Natal Care: Guideline on optimization of Post Natal Care was launched in June 2023 which objective to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and Incentivisation of ASHAs for prompt detection, referral & treatment of such high risk postpartum mothers. It aims for reduction of approximately one third of maternal mortality- which apparently happens after the delivery and discharge from hospital. Thus, this programme is a nudge for the health system not only for early detection of risk in new mothers but also for healthy outcome.



Maternal and Child Health Wings

Guidance note on Optimizing Postnatal Care have been disseminated and roll out across all States/UTs. State of the art Maternal and Child Health Wings (MCH wings): MoHFW has approved the proposal for setting up of 100/50/30 bedded MCH Wings in District Hospitals/District Women's Hospitals/Sub-District Hospitals/ CHC-FRUs (First Referral Units) and other high case load facilities for providing the comprehensive maternal and child health services in the country.

Over 667 dedicated Maternal and Child Health Wings (MCH Wings) with more than 42,000 additional beds have been sanctioned till date to address the increased caseload and institutional deliveries in the public health facilities.

Delivery Points: The Government of India has strengthened more than 27,000 Delivery points in term of infrastructure, equipment, trained manpower for provision of comprehensive reproductive, maternal and new-born child health services along with service for Adolescent and Family Planning etc.

Skill labs: Refers to specifically equipped practice

rooms functioning as training facilities offering skill-based training for the practice of clinical skills prior to their real life application. Five National Skills labs are operating for training of trainers.

Till date, more than 137 stand-alone skills labs have been established in various States/ UTs, and more than 6520 health personnel have been trained at the National Skills Labs.

Obstetric High Dependency Unit (HDU) & ICU- Critical lifesaving obstetric care continues to be one of the major focus areas for Government of India. The Obstetric ICUs/ HDUs were established in high caseload tertiary care facilities across the country with the aim of improving critical care. Till date, more than 400 Obstetric HDUs/ ICUs have been sanctioned.

Maternal Death Surveillance and Response (MDSR): A Maternal Death Surveillance and Response (MDSR) system institutionalized in the country, both at facility & community level for identifying, notifying, and reviewing maternal deaths, followed by interpretation of review findings, response, and actions to prevent future deaths. This system not only helps in identifying the medical causes, but also some of the socioeconomic, cultural, and systemic determinants that contribute to the delays and causes deaths. Further Maternal Perinatal Child Death Surveillance and Response (MPCDSR) software is an attempt of transitioning from physical/email-based maternal death reporting to portal-based reporting.

Capacity building: entails training MBBS doctors in Anesthesia (Life Saving Anesthesia Skills - LSAS) and Emergency Obstetric Care including C-section (EmOC) skills to address a shortage of specialists in these disciplines, particularly in rural areas, as well as Skilled Birth Attendant (SBA) training of Staff Nurses/ANMs (Auxiliary Nursing Midwifery)/LHVs (Lady Health Visitors) to improve quality of care during delivery and childbirth. More than 2,518 doctors have received training in Emergency Obstetric Care, including C-sections, and more than 2,683 doctors have received training in LSAS (Life Saving Anaesthesia Skills). According to State reports, over 3, 30,000 SNs/LHVs/ANMs have been trained as SBAs.

BEmONC training: The Basic Emergency Obstetric and New-born Care (BEmONC) training programme began in 2009 with the goal of improving MBBS doctors' ability to identify and

manage basic obstetric complications, as well as developing the necessary skills and competencies to provide essential obstetric and new-born care at the point of first contact with the client.

Till date, more than 33,000 medical officers have been imparted this training.

Dakshata: It aims to improve the quality of birth care by focusing on high-impact, evidence-based practices. So far, more than 27,000 health care providers have been Dakshata trained.

Village Health, Sanitation and Nutrition Day (VHSND): Monthly Village Health, Sanitation and Nutrition Day (VHSND) is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with ICDS.

Comprehensive Abortion Care (CAC) is being provided as it is an important element in the reproductive health component of the RMNCH+A strategy as 8% (2001-03 SRS) of maternal deaths in India are attributed to unsafe abortions. More than 24800 Medical Officers have been trained in CAC trainings. Across the country, more than 9000 public health facilities are equipped with Drugs, Equipment & Trained Providers for the provision of safe abortion care services.

Mother Child Protection (MCP) Card and Safe Motherhood Booklet: For pregnant women to educate them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.

Regular IEC/BCC is updated and shared with States/UTs for early ANC registration, regular ANC, institutional delivery, nutrition and care during pregnancy, and so on. PIPs provide funding to states for comprehensive IEC/BCC on Maternal and New-born Health. Standardized IEC/BCC packages have been developed at the national level and distributed to the States / UTs.

1.3.4 RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

In order to ensure holistic development of adolescent population, the Ministry of Health and Family Welfare launched Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014 to reach out to 253 million adolescents, male and female, rural and urban, married and unmarried, in and out-of-school. The programme expands the

scope of adolescent health programming in India - from being limited to Sexual and Reproductive Health, it now includes in its ambit Nutrition, Injuries and Violence (including Gender Based Violence), Non-Communicable Diseases, Mental Health and Substance Misuse. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities.

The interventions under RKSK can be broadly grouped as:

Adolescent Friendly Health Clinics (AFHC)

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



Counselling at Adolescent Friendly Health Clinic (AFHC)

Around 1.37 Crore adolescents accessed Adolescent Friendly Health Centres (AFHCs) for services in FY 2023-24. (HMIS portal),

Peer Education (PE) Programme

The PE programme aims to ensure that adolescents benefit from regular and sustained peer education covering all six areas of RKSK via selected Peer Educators. This approach facilitates the coverage of both out of school adolescents and the school going children & adolescents. Four peer educators (preferably two male and two female peer educators) are selected per village or per 1000 population in villages under a selected PHC for RKSK roll-out. Peer Educators form groups of 15-20 boys and girls in the community and conduct weekly one-to-two-hour participatory sessions on adolescent health.



Celebration of Adolescent Health and Wellness Days

Adolescent Health and Wellness Days (AHWDs) are conducted at the village level on quarterly basis to increase awareness among adolescents, parents, families and stakeholders about issues and needs related to adolescent health. Peer Educator facilitates organization of Adolescent Health and Wellness Day and refers adolescents to Adolescent Friendly Health Clinics (AFHCs) if needed. In FY 2023-24 a total of 3.76 lakhs Peer Educators received training and 3.28 Lakhs Adolescent

Health and Wellness Days (AH&WD) were held. (PE status report 2023-24)

Weekly Iron Folic Acid Supplementation (WIFS) programme

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



Weekly IFA tablet distribution and screening of Anaemia

The programme is implemented through convergence with key stakeholder Ministries i.e. Ministry of Women and Child Development and the Ministry of Education, with joint programme planning, capacity building and communication activities. In FY 2023-24, 5.17 Crores in-school adolescents and 37.74 lakh out-of-school adolescent girls were given IFA tablets every month. (HMIS portal)

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

As part of Rashtriya Kishor Swasthya Karyakram (RKSK), the Ministry of Health and Family Welfare has been implementing the Scheme for Promotion of Menstrual Hygiene since 2011 with the objective of increasing adolescent girls' awareness on menstrual hygiene, access to sanitary napkins, and ensuring environmentally friendly disposal. ASHA is providing the napkins to adolescent girls at subsidized rates through door-to-door sales and by utilizing the platforms of schools and Anganwadi

Centres (AWCs). ASHA is also engaged in creating awareness around safe menstrual hygiene practices among adolescent girls.

National Family Health Survey (NFHS-5) demonstrates a remarkable improvement in access to safe menstrual hygiene products for women aged 15-24 years, which has increased to 77.3% as compared to 57.6% earlier in NFHS 4. In FY 2023-24, approximately 38.5 Lakh adolescent girls were provided sanitary napkins every month through the schemes either supported by NHM and/or States/UTs. (HMIS portal)



Sanitary Napkin distribution and Awareness program on World's menstrual hygiene day

1.3.5 AYUSHMAN BHARAT-SCHOOL HEALTH & WELLNESS PROGRAMME (AB-SHWP)

Launched in April 2018 this is a joint initiative of Ministry of Health and Family Welfare and Ministry of Education in which school-based health promotion activities have been incorporated as a part of the Health and Wellness component of Ayushman Bharat Programme. These activities combine health education, health promotion, disease prevention, and improved access to health services in an integrated, systemic manner at the school level.

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

Since its launch, Ayushman Bharat- School Health & Wellness Programme (AB-SHWP) reached to 446 districts in 35 States/ UTs. Around 7.12 lakh Health and wellness Ambassadors (HWAs) trained up to March'24 and 26 States/UTs have initiated classroom based activities in the school. (SHWP Status report 2023-24)

1.4 CHILD HEALTH PROGRAMME & IMMUNIZATION

1.4.1 INTRODUCTION

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

Child Health Goals under NHP-2017 and SDG - 2030			
Child Health Indicator	Current status*	NHP 2017	SDG 2030
Neonatal Mortality Rate	20 (SRS, 2020)	16 by 2025	≤12
Infant Mortality Rate	28 (SRS, 2020)	28 by 2019	-
Under-5 Mortality Rate	32 (SRS, 2020)	23 by 2025	≤25

*Source: Sample Registration System (SRS)

1.4.2 CHILD MORTALITY

As per latest Sample Registration System, Report 2020, Under-5 Mortality Rate (U5MR) in India is 32 per 1000 live births, Infant Mortality Rate (IMR) is 28 per 1000 live births and Neonatal Mortality Rate (NMR) is 20 per 1000 live births. U5MR for the country has shown significant decline of 3 points (Annual Decline Rate: 8.6%) from 2019 SRS (32 per 1000 live births in 2020 against 35 per 1000 live births in 2019). It varies from 36 in rural

areas to 21 in urban areas. U5MR has declined at a faster pace in the period 2008-2020, registering a compound annual decline of 6.2% per year, compared to 3.3% compound annual decline observed over 1990-2007.

- U5MR for Female is higher (33) than Male (31). There has been a decline of 4 points in male U5MR and 3 points in female U5MR during the corresponding period.

- Highest decline of U5MR is observed in the State of Uttar Pradesh (5 points) and Karnataka (5 points).

- As per SRS 2020, Eleven (11) States/UT have already attained SDGs target of U5MR (≤ 25 by 2030): Kerala (8), Tamil Nadu (13), Delhi (14), Maharashtra (18), J&K (17), Karnataka (21), Punjab (22), West Bengal (22), Telangana (23), Gujarat (24), and Himachal Pradesh (24).

- IMR has also registered 2-point decline to 28 per 1000 live births in 2020 from 30 per 1000 live births in 2019 (Annual Decline Rate: 6.7%). The Rural-Urban difference has narrowed to 12 points (Urban 19, Rural-31). No gender differential has observed in 2020 (Male -28, Female -28).

- NMR has also declined by 2 points from 22 per 1000 live births in 2019 to 20 per 1000 live births in 2020 (Annual Decline Rate: 9.1%). It ranges from 12 in urban areas to 23 in rural areas.

- As per SRS 2020 Report, six (6) States/ UT have already attained SDG target of NMR (≤ 12 by 2030): Kerala (4), Delhi (9), Tamil Nadu (9), Maharashtra (11), Jammu and Kashmir (12) and Punjab (12).

- Nearly 63% all deaths among children under age 5 occurs in the neonatal period (i.e. within 28 days of birth).

- Nearly 75% of all neonatal deaths occur in their first week of birth (Early neonatal period) only.

State-wise status of Early-neonatal, Neonatal, Infant and Child Mortality Rates

Status of Child Mortality at National and State/ UT level				
	ENMR	NMR	IMR	U5MR
India	15	20	28	32
A&N Islands			7	
Andhra Pradesh	13	17	24	27

Arunachal Pradesh			21	
Assam	14	19	36	40
Bihar	16	21	27	30
Chandigarh			8	
Chhattisgarh	20	26	38	41
D&N Haveli and Daman & Diu			16	
Delhi	6	9	12	14
Goa			5	
Gujarat	11	16	23	24
Haryana	14	19	28	33
Himachal Pradesh	10	13	17	24
Jammu & Kashmir	8	12	17	17
Jharkhand	13	17	15	27
Karnataka	11	14	19	21
Kerala	4	4	6	8
Ladakh			16	
Lakshadweep			9	
Madhya Pradesh	23	31	43	51
Maharashtra	8	11	16	18
Manipur			6	
Meghalaya			29	
Mizoram			3	
Nagaland			4	
Odisha	21	28	36	39
Puducherry			6	
Punjab	9	12	18	22
Rajasthan	16	23	32	40
Sikkim			5	
Tamil Nadu	6	9	13	13
Telangana	10	15	21	23
Tripura			18	
Uttar Pradesh	21	28	38	43
Uttarakhand	13	17	24	26
West Bengal	10	14	19	22

Source: Sample Registration System, RGI 2020 Report



1.4.3 INTERVENTIONS UNDER CHILD HEALTH

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



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

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

Strategic interventions under new-born health:

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

Community intervention for Newborn and young Child

Home Based New-born Care (HBNC): HBNC is for promotion of essential new-born care including breastfeeding practices, early identification and referral of neonatal illnesses by ASHAs. ASHAs are paid an incentive for visiting each new-born and post-partum mother in the first six weeks of life as per defined schedule. As per State Report, during FY 2023-24 more than 1.47 Crore (89%) new-borns were visited by ASHAs under Home Based New-born Care (HBNC) Program.

Home-Based Care of Young Children (HBYC) HBYC programme was launched in 2018 as part of POSHAN Abhiyaan for reducing child morbidity and mortality, improving nutritional status and ensuring Early Childhood Development (ECD). Considering the effects of diarrhoea, pneumonia, under-nutrition and importance of Water, Sanitation and Hygiene (WASH) related interventions on overall child survival and development, addressing this gap in health system contact is crucial.

Therefore, under Home Based Care for Young Child (HBYC) programme, additional five home visits are

carried out by ASHAs with the support of Anganwadi Workers from 3rd month of birth onwards to ensure exclusive and continued breast feeding, adequate complementary feeding, age appropriate immunization and early childhood development.

In FY 2023-24, 746 Districts [including all Aspirational Districts (AD)] rolled out HBYC program in all States/UTs except Goa. A total of 9998 district level trainers and around 10 lakhs ASHA/AF/ANM (FLWs) were trained in 673 districts in the year 2023-24.

As per the State report, in FY 2023-24, about 3.8 crore home visits were conducted to young children (3-15 months) by ASHAs.

Facility Based New-born Care (FBNC) is being scaled up for care of small or sick new-borns. 1054 Special New-born Care Units (SNCUs)/ Neonatal Intensive Care Units (NICUs)/ have been set up in District Hospitals and Medical Colleges to provide round-the-clock services to sick new-borns. SNCU Online Reporting System has been established and more than 95% facilities are reporting online. 3,215 New-born Stabilization Units (NBSUs) at the level of FRUs/ CHC level and 22,147 New-born Care Corners (NBCCs) at delivery points have been sanctioned. During FY 2022-23, more than 13.40 lakh sick and small new-born received treatment and nearly 82% successfully discharged. During FY 2023-24, more than 14.11 lakh sick and small new-born received essential and emergency care in SNCUs and NICUs functional all cross the country. State/ UT wise details of Facility Based New-born Care is placed at Table-1.4.4.

MusQan:- The Ministry of Health and Family Welfare launched MusQan initiative on 17th September 2021 to ensure the provision of quality child-friendly facility-based services (SNCU, NBSUs, Paediatric Wards/ HDUs/ ICUs) in Public Health Facilities from birth to children upto 12 years of age. It aims to reduce preventable new born and child morbidity and mortality. As of 31st March 2024; 103 Facilities has been certified under MusQan.

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

Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS): SAANS Initiative was launched on 16th November 2019 to accelerate action to reduce deaths due to Childhood Pneumonia. SAANS Campaign has been rolled out in the States/ UTs from 12th November, 2023 till 29th February 2024 with aims of accelerating action against Childhood Pneumonia by generating awareness around protect, prevent and treatment aspects of Childhood Pneumonia and to enhance early identification and care seeking behaviours among parents and caregivers.

Intensified Diarrhoea Control Fortnight (IDCF) Campaign: To increase awareness about use of ORS and Zinc in diarrhoea- an Intensified Diarrhoea Control Fortnight (IDCF) is being observed during monsoon season, with the ultimate aim of 'zero child deaths due to childhood diarrhoea'. During the fortnight, health workers visit the households of Under-5 children, conduct community level awareness generation activities and distribute ORS packets to the families with children Under-5 years of age. In 2022, diarrhoea prevention and management activities under IDCF were conducted in all the States/UTs following COVID-19 protocols wherein, approximately 11.15 crore children up to five years of age were provided with ORS. In 2023, IDCF campaign implemented in June, 2023 at national level and as per State/ UT report more than 10.23 crore Under 5 Children received ORS packets during the round (report awaited from Lakshadweep and Maharashtra has not implemented)

Status of Facility Based Newborn Care Units (2023-24)

Name of State/UT	Special Newborn Care Units (SNCUs)/ Neonatal Intensive Care Units (NICUs)	New born Stabi- lization Units (NBSUs)	Newborn Care Corners (NBCCs)
Andaman & Nicobar Islands	1	6	20
Andhra Pradesh	61	163	1306
Arunachal Pradesh	5	24	169
Assam	36	173	1086
Bihar	45	41	812
Chandigarh	3	3	7

Name of State/UT	Special Newborn Care Units (SNCUs)/ Neonatal Intensive Care Units (NICUs)	New born Stabilization Units (NBSUs)	Newborn Care Corners (NBCCs)
Chhattisgarh	29	178	1701
Dadra-Nagar Haveli & Daman-Diu	2	1	14
Delhi	30	0	57
Goa	3	1	9
Gujarat	54	151	1701
Haryana	29	66	430
Himachal Pradesh	16	51	124
Jammu and Kashmir	32	65	264
Jharkhand	26	46	594
Karnataka	50	165	1070
Kerala	23	64	98
Ladakh	2	5	16
Lakshadweep	0	0	5
Madhya Pradesh	62	343	1408
Maharashtra	69	205	1779
Manipur	5	10	69
Meghalaya	5	17	148
Mizoram	5	6	124
Nagaland	5	16	156
Odisha	44	72	533
Puducherry	4	6	10
Punjab	24	86	208
Rajasthan	62	284	2065
Sikkim	3	2	44
Tamilnadu	88	144	2429
Telangana	45	46	562
Tripura	7	16	125
Uttar Pradesh	98	436	2240
Uttarakhand	12	37	289
West Bengal	69	286	475
TOTAL INDIA	1054	3215	22147

Interventions to Address Birth Defects, Diseases, Delays and Deficiencies

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

Rashtriya Bal Swasthya Karyakram (RBSK):

RBSK provides child health screening and early interventions services by reaching the children in the community through mobile health teams at Block level. These teams carry out screening of all the children in the age group 0-6 years enrolled at Anganwadi Centres twice a year and children in the age group 6-18 years in Government and Government aided schools once a year for 32 common health conditions. The States/UTs may incorporate a few more conditions based on high prevalence/endemicity.

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

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



Screening by Mobile Health Team (MHT) at Anganwadi and School

Under this intervention, during FY 2022-23, 19.98 Crore children were screened; 148.02 lakh children identified with any of 4Ds; 118.33 lakh children were referred to secondary/tertiary facilities; 101.94 lakh children availed services in secondary tertiary facilities.

During FY 2023-24; 21.75 crore children in the age group 0-18 years were screened; 1.79 crore children identified with any of 4Ds; 1.46 crore children were referred to secondary/tertiary facilities; 1.12 crore children availed services in secondary tertiary facilities.

Establishment of District Early Intervention Centres (DEICs)

DEICs are made operational in the Districts of the country for providing management of cases referred from the Blocks and link these children with tertiary level health services in case surgical management is required. 430 DEICs are functional



District Early Intervention Center (DEIC)

Table: 1.4.5: State wise Number of Mobile Health Team and DEIC (Up to December, 2023)

Sl. No.	States/UTs	Number of Mobile Health Team	Number of DEIC Operational
1	Andaman & Nicobar	6	0
2	Andhra Pradesh	0	34
3	Arunachal Pradesh	42	3
4	Assam	305	18
5	Bihar	734	9
6	Chandigarh	12	1
7	Chhattisgarh	328	7
8	Dadra & Nagar Haveli and DD	6	2
9	Delhi	0	2
10	Goa	24	2

11	Gujarat	992	28
12	Haryana	211	21
13	Himachal Pradesh	150	9
14	Jammu & Kashmir	216	22
15	Jharkhand	290	8
16	Karnataka	430	14
17	Kerala	1054	14
18	Ladakh	17	2
19	Lakshadweep	0	0
20	Madhya Pradesh	650	51
21	Maharashtra	1196	35
22	Manipur	36	9
23	Meghalaya	78	3
24	Mizoram	25	2
25	Nagaland	22	1
26	Odisha	630	32
27	Puducherry	8	1
28	Punjab	258	5
29	Rajasthan	502	17
30	Sikkim	20	1
31	Tamil Nadu	805	35
32	Telangana	300	18
33	Tripura	48	3
34	Uttar Pradesh	1578	8
35	Uttarakhand	147	5
36	West Bengal	700	8
	India	11,820	430

Source: - State Monthly Report

Early Childhood Development (ECD)

ECD is a continuum of care process that begins with preconception period and continues for the first two years of a child's life. Ministry of Health and Family Welfare earlier published a user-friendly resource on "Journey of the First One



ECD Call Center

Thousand Days" for pregnant women and care givers providing information about how to best utilize potential the first 1000 days through good child rearing practices.

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

PAALAN 1000 (Parenting Advocacy and Learning for Advancing Nurturing care in 1000 days) – The Ministry of Health and Family Welfare released PAALAN 1000 initiative on 16th August 2022 for disseminating information and providing on-ground support to caregivers in the field of early childhood development. This particular initiative focuses on the period from conception to when the child reaches two years of age and the cognitive development of children during this time.

Child health Nutrition

- Malnutrition is considered to be the underlying cause of 45% of child deaths.
- 32.1% of Under-5 children are underweight, 35.5% are stunted and 19.3% are wasted. More importantly, 7.7% children are suffering from severe acute malnutrition (SAM), as per NFHS-5 (2019-21).
- Only 41.8% new-borns-initiated breast-feeding within one hour of birth while, Percentage of exclusive breastfeeding in children under age 6 months increased from 54.9% in NFHS-4 to 63.7% in NFHS-5. Complementary feeding started for 45.9% children on time (more than 6 months of age) as per NFHS-5 (2019-21).
- As per NFHS-5 (2019-21), 60.6% Under-5 children with diarrhoea episode in preceding 2 weeks received ORS and 20.3% received Zinc during diarrhoea.
- 67.1% of children in age group 6 months-59 months are anaemic (NFHS-5, 2019-21).
- Coverage of Vitamin-A has improved from 64.5% in 2015-16 to 71.2% in 2019-21 as per NFHS-5 (2019-21).

Strategic Interventions to tackle Child Health Nutrition:

Nutrition Rehabilitation Centres (NRC): NRCs have been set up at public health facility level in the States/UTs to provide medical and nutritional care to children Under-5 years suffering from severe Acute Malnourishment with medical complications. The mothers of the admitted children are also imparted skills on child care and feeding practices so that the child once discharged continues to receive adequate and appropriate care at home. As of FY 2023-24 (upto Q3) the number of functional Nutrition Rehabilitation Centres (NRCs) are 1133 NRCs across 29 States/UTs. In FY 2023-24 (upto Q3), total 1.57 lakh children are admitted in these NRCs with average Bed Occupancy Rate (BOR) of 54 % and cure rate of 71%.

National Deworming Day (NDD): National Deworming Day (NDD) is observed bi-annually every year in the month of February and August with an aim to reduce the load of intestinal worms and related morbidity in the country. Under this programme, all children and adolescents from 1-19 years of age are given deworming tablet through the platform of schools and Anganwadi centres. During National Deworming Day (NDD) 2023, 88.3 percent children (1-19 years) against State target were covered in first round and 84.0 % children (1-19 years) against State target were covered during second round of NDD.

Anaemia Mukht Bharat (AMB) programme: It was launched in 2018 to reduce anaemia prevalence (nutritional and non-nutritional) in six age groups namely pre-school children (6-59 months), children (5-9 years), adolescent girls and boys (10-19 years), pregnant women, lactating women and in women of reproductive age group (15-49 years) following a life cycle approach. The six interventions are prophylactic iron folic acid supplementation, periodic deworming, intensified year-round behaviour change communication campaigns including delayed cord clamping, testing of anaemia using digital invasive hemoglobinometer and provision of point of care treatment, mandatory provision of iron folic acid fortified foods in public health programmes and addressing non-nutritional causes of anaemia in endemic pockets, focussing on malaria, haemoglobinopathies and fluorosis. The six institutional mechanisms are inter-ministerial coordination, National Anaemia Mukht Bharat Unit, National Centre of Excellence and Advanced Research on Anaemia Control, convergence with other ministries, strengthening supply chain and logistics, Anaemia Mukht Bharat dashboard and digital portal

To address anaemia in children, bi-weekly 1ml IFA syrup is provided to children aged 6-59 months through ASHAs; weekly IFA supplements are given to children of 5-10 years and adolescents 10-19 years of age; 180 doses of IFA Red tablet are provided to pregnant and lactating women.

During FY 2023-24 the coverage for IFA supplementation as per reporting on the updated HMIS portal is as follows (Source-HMIS):

- a) 38.48 percent children of age group 6-59 months were provided 8-10 doses of Iron Folic Acid (IFA) Syrup every month.
- b) 47.2 percent children of age group 5-9 years were provided 4-5 IFA Pink tablets every month.
- c) 51.0 percent children of age group 10-19 years were provided 4-5 IFA Blue tablets every month.
- d) 95.0 percent pregnant women and 65.9 percent lactating women were provided 180 IFA Red tablets during ANC and PNC respectively.

Mothers' Absolute Affection (MAA) programme: Mothers' Absolute Affection (MAA) programme focuses on promotion of optimum Infant and Young Child Feeding (IYCF) practices including early initiation of breastfeeding within one hour, exclusive breastfeeding up to six months, age appropriate and adequate complementary feeding after six months and continuation of breastfeeding for two years and beyond. This involves capacity building of frontline health workers and a sustained comprehensive IEC campaigns.

World Breastfeeding Week was celebrated across the States and UTs from 1 August to 7th August 2023. Counselling for promotion of early initiation of Breastfeeding, exclusive Breastfeeding and complementary feeding after six months of age was done during week at community and facility levels. Promotion was also done using platforms of mass media and social media; rally, inauguration activities, audio-visual messaging in OPD, Nursery, Labour Room and Post-natal and KMC wards was carried out during week.

Bi-annual Vitamin-A Supplementation: Under Vitamin-A supplementation programme, all children below five years of age are given Vitamin-A supplementation. Coverage of Vitamin-A has improved from 64.5% in 2015-16 to 71.2% in 2019-21 as per NFHS data. During FY 2023-24 (HMIS

data as on 12th April 2024, 23703998 and 21612241 children were provided 1st dose and 9th dose of Vit A supplementation respectively.

Lactation Management Centres (LMCs): When direct breastfeeding is not possible, the options are expressed mother's own milk, donor human milk and formula feed. Feeding with human breast milk provides optimum nutrition, infection prevention, improves neuro-developmental growth, reduced hospital stay and economic benefits whereas feeding formula milk is associated with high risk of sepsis and Necrotizing Enterocolitis (NEC). Lactation Management Centres ensure availability of both, safe pasteurized donor human milk and expressed mother's own breast milk suitable for feeding sick, preterm and low birth weight babies at all levels.

The Ministry of Health & Family Welfare has initiated establishment of Lactation Management Centres in public health facilities at two levels: i) CLMC (Medical Colleges/high load District Hospitals), ii) Lactation Management Unit (District Hospitals/Sub-District Hospitals) for ensuring human milk for sick, preterm and low birth weight babies admitted in intensive care units such as NICU and SNCUs. CLMC provide all facilities to ensure that donor human milk is expressed, collected, processed and dispensed free of cost for feeding of sick, preterm and low birth weight babies admitted in intensive care units such as NICU and SNCUs following the most appropriate technology and standard protocol. As per the Lactation Management Centre Progress Report for the FY 2023-24 (up to Q3), 50 Comprehensive Lactation Management Centres and 38 Lactation Management Units are currently operational across the country.



Glimpses of Mothers' Absolute Affection (MAA) programme in 2023

1.4.4 UNIVERSAL IMMUNIZATION PROGRAM(UIP)

- Universal Immunization Program(UIP) in India is one of the largest public health programs in the world. It targets around 2.90 crore pregnant women and 2.67 crore new-born annually. More than 1.2 crore immunization sessions are conducted annually.
- It is one of the most cost-effective public health interventions and is largely responsible for reduction of vaccine preventable Under-5 mortality rate.
- Launched in 1978 as an expanded program on immunization, it got its present name of "Universal Immunization Program (UIP)" in 1985 when its reach was expanded beyond urban areas. In 1992, it became part of the Child Survival and Safe Motherhood Program and in 1997, it came under the ambit of the National Reproductive and Child Health Program. UIP is an integral part of National Rural Health Mission since its launch in 2005.
- The National Technical Advisory Group on Immunization (NTAGI) is the Country's apex advisory body on immunization. It provides guidance and advice to MoHFW for vaccination and immunization services to effectively control vaccine preventable diseases.
- » Under UIP, the Government of India is providing vaccination, free of cost against twelve vaccine-preventable diseases, of which:
- » Eleven vaccines are provided across the country against Diphtheria, Pertussis, Tetanus,

Polio, Measles, Rubella, severe forms of Childhood Tuberculosis, Rotavirus diarrhea, Hepatitis B, Meningitis & Pneumonia caused by Haemophilus Influenza Type B and Pneumococcal pneumonia

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

» A child needs seven contacts with the health facility until the age of five years to complete immunization under UIP. The detailed immunization schedule age-wise as well as vaccine-wise is given at Table1

- A child is said to be fully immunized if he/she receives 1 dose of BCG, 3doses of OPV, 3 doses of pentavalent vaccine and 1 MR vaccine) as per National Immunization Schedule within 1st year of the age of the child.

There are three main systems to measure full immunization coverage:

1. Online web-based Health Management Information System (HMIS) portal wherein administrative coverage is being reported through health facilities across the country. As per HMIS, the full immunization coverage is 94%, for the financial year 2022-23
2. Periodic surveys like the National Family Health Survey (NFHS) - As per NFHS-5 (2019-2021), the full immunization coverage in the country stands at 76.4%.
3. Concurrent monitoring of the Universal Immunization Program is conducted through sessions as well as community monitoring.

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

	NFHS -3	DLHS -3	CES	RSOC	NFHS -4	NFHS -5	HMIS
Timeline	2005 -06	2007 -08	2009	2013 -14	2015 -16	2019 -2021	2023 -2024
FIC (%)	43.5	53.5	61.0	65.3	62.0	76.4	93*

*as on 31st Mar 2024

- A system of cold chain equipment is utilized to store vaccine and deliver the immunization services from fixed centers or out-reach sessions utilizing the following infrastructure:
 - a. Sub-Centers: around 1.69 lakhs, District Vaccine Stores: around 748 vaccine stores. Cold Chain Points: around 30,000 – vaccine storage points (Hospital, CHCs, PHCs, Health facilities).

- b. Equipment to store vaccine WIC & WIF: 451 – cold and freezer rooms to store vaccines at bulk storage locations. ILRs & Deep Freezers: around 1,07,093 equipment to store vaccines, Solar Direct Drive (SDDs) – 1,164.

Routine Immunization Coverage and Strengthening

- Under Routine Immunization, routinely head

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

Mission Indradhanush

- To improve the full immunization coverage(FIC) and to ensure that no child is left without the benefit of vaccines, the Government of India launched Mission Indradhanush in December 2014 with an aim to increase the FIC to >90% and sustain the gains through Routine Immunization.
- Mission Indradhanush is a targeted approach focused to reach all left out and dropped out children in pockets of low immunization coverage (like hard to reach areas, vacant Sub-Centers, areas with recent outbreaks of vaccine preventable diseases, resistance pockets etc.).

Intensified Mission Indradhanush:

- a) During the review of Mission Indradhanush in Pro-Active Governance and Timely Implementation (PRAGATI) meeting on 26th April 2017, directions were received to achieve the goal of 90% FIC.
- b) Focus was on urban slum areas and districts with slowest progress, completion of due-list of beneficiaries on the basis of head-count surveys & greater convergence with other ministries/departments with defined roles.
- c) A total of 12 phases of Mission Indradhanush have been completed since 2014 till 2023 and 5.46 crore children and 1.32 crore pregnant women have been vaccinated in all the phases.

Intensified Mission Indradhanush 5.0

- The Intensified Mission Indradhanush (IMI) 5.0 was rolled out to cover children and pregnant women who missed routine immunizations(RI) during the RI sessions with special focus on Measles Rubella(MR) Elimination
- The IMI 5.0 was held in all the districts across the country for coverage of missed and left out children. For the first time children in the age group of 2-5 years were covered in the IMI 5.0 for administering missed doses of MR vaccine.

New Vaccines

Measles-Rubella (MR) vaccine

- In September 2019, the World Health Organization South-East Asia Region resolved to eliminate measles and rubella by 2023.
- India is committed to the goal of measles and rubella elimination as stated in the National Strategic Plan for Achieving and Sustaining Measles and Rubella Elimination in India.
- In 1985, India introduced the first dose of measles-containing vaccine (MCV1) in the routine immunization program and introduced a second dose of measles-containing vaccine (MCV2) into the routine program schedule in 2010. Rubella containing vaccine was introduced as MRCV1 and MRCV2 in 2017.
- To accelerate efforts towards measles and rubella elimination, India launched a massive nationwide MR vaccination campaign beginning in February 2017. To date, the MR campaign has been completed in all States/UTs wherein 34.7 crore children have been vaccinated.

Pneumococcal Conjugate Vaccine (PCV)

- PCV was introduced in a phased-manner by Government of India in May, 2017 under Universal Immunization Program (UIP) for reducing Under-Five (U-5) mortality and morbidity caused by Pneumococcal Pneumonia.

Rotavirus Vaccine (RVV)

- RVV has been introduced to reduce one of the leading causes for mortality and morbidity in children caused by Rotavirus diarrhea.
- The Rotavirus vaccine has been scaled up to all States/UTs, thus RVV has become available across the entire country.

Inactivated Polio Vaccine (IPV)

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

introduced in January 2023 across the Country.

iv. As part of Global Polio end-game strategy, to mitigate the risk associated with tOPV to bOPV switch, MoHFW has introduced Inactivated Polio Vaccine (IPV) in UIP in November, 2015, which was expanded across the country by June, 2016.

v. Currently, three doses fractional schedule is being followed in the country with vaccination at 6 weeks, 14 weeks and 9 months of age.

Japanese Encephalitis (JE) Vaccine

a) Japanese Encephalitis (JE) vaccination under UIP was started in India in 2006.

b) NVBDCP carries out Acute Encephalitis Syndrome (AES) surveillance including JE burden and, based on this surveillance, endemic Districts are identified to plan JE vaccination in these Districts.

c) Campaign: In the newly identified Districts, one-time JE vaccination campaign is carried out in children aged 1-15 years to immunize the susceptible cohort.

d) Routine Immunization: Subsequent to completion of the campaign, JE vaccine is introduced in Universal Immunization Program as two doses provided at 9-12 months and 16-24 months of age.

e) A total of 354 JE endemic Districts have been identified out of which JE vaccination campaign has been completed in 333 Districts. A total of around 21.3 crore children were vaccinated against JE in vaccination campaign carried out in these Districts.

f) Adult JE vaccination: Endemic Districts are also identified by NCVBDC where high numbers of JE cases are reported in people aged 15-65 years. In these Districts, one-time campaign for JE vaccination is carried out in adults to knock out the susceptible cohort. 42 high burden Districts have been identified in 3 States for Adult JE vaccination in endemic Blocks (Assam, UP and West Bengal).

g) Till 2023, Adult JE vaccination campaign has been completed in 42 districts wherein more than 3.57 crore beneficiaries aged 15-65 years have been vaccinated.

Tetanus & adult Diphtheria (Td) vaccine:

- Increase in immunization coverage in children led to shift in age-group of diphtheria cases to school going children and adults. Subsequently,

Tetanus and adult Diphtheria (Td) vaccine was recommended by the National Technical Advisory Group on Immunization (NTAGI). Thereafter, Td vaccine has replaced 2 doses of TT or single booster dose of TT given to pregnant woman and booster doses at 10 and 16 years of age.

New Initiatives in vaccine logistics & Cold Chain Management

Capacity building

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

System strengthening

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

The Government of India has rolled out an Electronic Vaccine Intelligence Network (eVIN) system that digitizes the entire vaccine stock management, their logistics and temperature tracking at all levels of vaccine storage, both for RI vaccines and Covid Vaccines – from National to the Sub-District. This enables program managers to have real time view of the vaccine stock position and their storage temperature across all the cold chain points providing a detailed overview of the vaccine cold chain logistics system across the entire country.

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

To track the cold chain equipment availability, functional status, inventory, cold chain space planning, forecasting and critical cold chain indicators. It plays a pivotal role in the planning and forecasting of cold chain space i.e. newer vaccine introduction etc. Quarterly NCCMIS Dashboard is prepared and disseminated to the States/UTs

- **Spare Part Module:**

- o To share information on the spare part availability for the Cold Chain Equipment and to

track the online indenting, availability and utilization of spare parts under NCCMIS. Monthly Spare part tracking report is generated.

- **Supportive Supervision Monitoring:**

Mobile application for Supportive supervision of RI & IMI Session site, H2H Monitoring, Cold Chain Monitoring (Primary/Sub National Store, District Vaccine Store, Health Facility, PPM Checklists for electrical equipment of all levels. Providing information to the program managers for further action on the critical indicators.

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

Meetings have been conducted on a regular basis to develop/update the technical specifications of all cold chain equipment and syringes procured by Immunization Division, MoHFW.

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

Meetings are conducted on a regular basis to empower the immunization supply chain for efficient supply of potent vaccines from manufacturers to beneficiaries.

Adverse Events Following Immunization (AEFI) System

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

b) The revised National AEFI operational guidelines were released in January 2024 and published in the MoHFW website and disseminated.

c) National Quality Assurance Standards for AEFI Surveillance Program is currently being implemented in expanded to 186 districts in 25 States/UTs in the country.

Chandigarh and Goa have completed peer assessment and are ready for external assessment and certification.

d) All severe and serious AEFI cases are now reported using the software – Surveillance and

Action for Events following Vaccination (SAFE-VAC) since 1st January 2020.

e) During the year 2023, 2,07,43,199 serious/severe AEFI cases were reported (data as on 23rd March 2024). Causality assessment results of all assessed and approved cases since 2012 have been uploaded on the website of MoHFW.

Awareness Generation and Social Mobilisation for Routine Immunization and new vaccines

Demand Generation Activities:

- IEC material for Polio National Immunization Day 2023 (NID) and SNID 2023 were created and shared with States and UTs. Content for Radio, TV and Print advertisement campaigns were also drafted and shared with States/UTs. These campaigns were used on National broadcasters, All India Radio and leading local newspapers through SNA division.

- Routine Immunization awareness stall was placed for 14 days at the Health Pavilion, India International trade fair 2023, Delhi, to create awareness about Routine Immunization services being made available under Universal Immunization Program to the visiting public on daily basis. Various IEC materials were shared with all States/UTs for their adaptation in local languages and effectively reaching out to masses with key messages.

- Special Animation Short Videos of Immunization Mascot Tikku & Tikki were created and shared with States & UTs for adaptation and use across all media platforms for demand generation.

Digital Innovations in Universal Immunization Program

UWIN, the portal for digital tracking of vaccination across the country. It is a case based online registration and tracking portal for all eligible beneficiaries in the Universal Immunization Program. It has real time recording of vaccine doses administered, session planning and management, cumulative real time reports for Program managers, digital e-vaccination certificate to the beneficiary and adverse effects following immunization(AEFI) reporting (as integrated with SAFE-VAC).

Vaccine-derived poliovirus:

In 2023, no VDPV has been found in the Country. In the previous year 2022, four vaccine derived poliovirus (VDPV) were reported in the country.

International Health Regulations for Polio:

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

- Polio vaccination is provided to all eligible children round the clock through more than 102 special booths set up at international borders (both Rail and Road routes) those shared with India i.e. Pakistan, Bangladesh, Bhutan, Nepal and Myanmar.
- Travel advisory has been issued for Polio vaccination of international travelers between India and 11 other countries i.e. Pakistan, Afghanistan, Nigeria, Cameroon, Somalia, Syria, Malawi, Mozambique, Madagascar, Congo and DR Congo.

1) AFP (Acute Flaccid Paralysis) Surveillance:

AFP (Acute Flaccid Paralysis) surveillance is done to identify all reservoirs of wild Poliovirus and vaccine derived Poliovirus (VDPV) transmission. This includes reporting of all AFP cases, investigating them and laboratory testing of all stool specimens collected from such cases for Polio viruses in specialized laboratories. More than 51,000 health facilities report cases with AFP to the surveillance system.

AFP rate is the indicator used for monitoring the performance of AFP surveillance. AFP rate is 6.1 in 2023. The Global recommendation for AFP rate is 2 cases/1 lakh population under 15 years of age. There are 8 WHO accredited polio laboratories in India for primary isolation of Poliovirus (wild poliovirus and vaccine derived Poliovirus), followed by Intratypic

Differentiation (ITD) of isolates from AFP cases, if indicated. In addition to this there are

two laboratories AIIMS Patna and IPM Hyderabad which do the concentration of sewage

samples collected for environmental surveillance for poliovirus detection. Environmental sewage samples are being collected from 63 sites in 14 States across the country. 9As recommended by polio IEAG, iVDPV surveillance has been initiated in the country from January 2024. This is a sentinel surveillance. Currently country has 21 sentinel sites. Before roll out of this surveillance, all sentinel sites were trained in November 2023.

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

a) DPT surveillance started from three States (Haryana, Kerala and Bihar) in 2015 and is presently rolled out in all the states/UTs of the country.

b) Evidence generated through this surveillance helped country to roll out Td vaccine in UIP schedule in place of TT vaccine.

c) During 2015-2023, 19 other bacteriology laboratories from public sector have been strengthened in different parts of the country for testing of diphtheria-pertussis samples.

1.4.5 PULSE POLIO IMMUNIZATION (PPI)

With the Global initiative of eradication of Polio following World Health Assembly resolution in 1988, Pulse Polio Immunization programme was launched in India in 1995. Children in the age group of 0-5 years were administered Polio drops during National and Sub-national immunization rounds (in high risk areas) every year. There are 24 lakh vaccinators and 1.5 lakh supervisors involved in the successful implementation of the Pulse Polio Programme across the country. About 165 million children are immunized across the country during each National Immunization Day (NID) and 70 million in SNIDs. One round of SNID was conducted in 13 States in May 2023.

Progress

On 24th February, 2012, WHO removed India from the list of countries with active endemic wild polio virus transmission after reporting of last case of poliovirus in country in January, 2011. Subsequently, on 27th March, 2014, India along with 10 other countries of South-East Asia Region was declared Polio-free by the Regional Certification Commission (RCC) of WHO. India has maintained Polio-free status as no wild poliovirus case has been reported for more than 12 years after last case reported on 13 January, 2011.

Vaccine-derived poliovirus:

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Road routes) those shares with India i.e. Pakistan, Bangladesh, Bhutan, Nepal and Myanmar.

Travel advisory has been issued for Polio vaccination of international travelers between India and 11 other countries i.e. Pakistan, Afghanistan, Nigeria, Cameroon, Somalia, Syria, Malawi, Mozambique, Madagascar, Congo and Dr Congo.

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- AFP rate is the indicator used for monitoring the performance of AFP surveillance.

- AFP rate is 6.1 in 2023.

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- Environmental sewage samples are being collected from 63 sites in 14 States across the country.

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b) Evidence generated through this surveillance helped country to roll out Td vaccine in UIP schedule in place of TT vaccine.

c) During 2015-2023, 19 other bacteriology laboratories from public sector have been strengthened in different parts of the country for testing of diphtheria-pertussis samples.

Measles-Rubella (MR) Surveillance:

India is committed to Measles and Rubella elimination. Key strategies for achieving elimination are described in the National Strategic Plan for Achieving and Sustaining Measles and Rubella Elimination in India, and include:

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

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

- Maintaining an accredited MR laboratory network

- Ensuring adequate outbreak preparedness and responding rapidly to measles and rubella outbreaks

- Strengthening support and linkages to achieve the above strategies

National Immunization Schedule

Age	Vaccines given
Birth	Bacillus Calmette Guerin (BCG), Oral Polio Vaccine (OPV)-0 dose, Hepatitis B birth dose
6 Weeks	OPV-1, Pentavalent-1, Rotavirus Vaccine (RVV)-1, Fractional dose of Inactivated Polio Vaccine (fIPV)-1, Pneumococcal Conjugate Vaccine (PCV) -1
10 weeks	OPV-2, Pentavalent-2, RVV-2
14 weeks	OPV-3, Pentavalent-3, fIPV-2, RVV-3, PCV-2
9-12 months	Measles & Rubella (MR)-1, JE-1*, PCV-Booster, fIPV3
16-24 months	MR-2, JE-2*, Diphtheria, Pertussis & Tetanus (DPT)-Booster-1, OPV-Booster
5-6 years	DPT-Booster-2
10 years	Tetanus & adult Diphtheria (Td)
16 years	Td
Pregnant Mother	Td1, 2 or Td Booster**

* JE in endemic Districts

** One dose if previously vaccinated within 3 years

1.5 FAMILY PLANNING

Improving the maternal and child health and their survival are central to the achievement of national health goals under the National Health Mission (NHM). The Reproductive Maternal Newborn Child Adolescent Health & Nutrition (RMNCAH+N) strategy is built upon the continuum of care concept and is holistic in design, encompassing all interventions aimed at reproductive, maternal, newborn, child, and adolescent health under a broad umbrella, and focusing on the strategic lifecycle approach. With concerted efforts made under RMNCAH+N, India has made unprecedented progress in improving the health status of both mother and children.

1.5.1 INTRODUCTION

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

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

Paradigm Shift under National Family Planning Program:



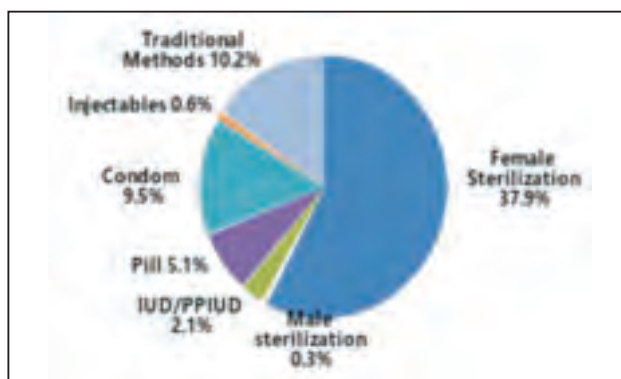
The figure explains how the strategic approach under National Family Planning Program has transformed over the years. An integrated quality service delivery which is client oriented is the mainstay of the program.

The objectives, strategies and activities of the Family Planning Programme have been meticulously designed in line with the goals and objectives of various policies (National Population Policy 2000, National Health Mission 2005 and National Health Policy 2017) and compliments India's commitment at International Forums (viz. International Conference on Population and Development-ICPD, Sustainable Development Goals-SDG, FP2020/2030 and others).

Key reproductive health indicators:

Total Fertility Rate (TFR): As per NFHS-5 (2019-21), India has achieved replacement fertility level (TFR 2.0).

Modern Contraceptive Use: The diagram shows the method mix for the country:



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

Unmet Need for Family Planning: India's Unmet need for Family Planning is 9.4% as per NFHS-5 (2019-21). The data of NFHS-5 (2019-21) show a declining trend in unmet need in 31 States/UTs.

Demand Satisfied by Modern Contraceptives: 'Demand Satisfied' calculates the need satisfied by modern methods out of total demand in the community (includes the cohort using modern contraceptive and traditional method and having unmet need for contraception). India's demand

satisfied shows an increase from 72.0% in NFHS-4 (2015-16) to 74.2% in NFHS-5 (2019-21).

1.5.2 CURRENT FAMILY PLANNING EFFORTS

Services under the Programme- Currently, the Family Planning methods under the program can be broadly classified in two categories viz. Spacing Methods and Limiting/Permanent Methods:

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

- Oral contraceptive pills (Combined oral contraceptive pill (Mala N), Centchroman (Chhaya)
- Condoms (Nirodh)
- Intrauterine Contraceptive Devices (IUCD 380A – effective for 10 years, IUCD 375- effective

for 5 years)

- Contraceptive Injectable MPA (Antara Program)

Permanent Methods: These methods are irreversible in nature

i. Female Sterilization

- Minilap
- Laparoscopic

ii. Male Sterilization

- Conventional
- Non scalpel vasectomy (no incision no stitches)

Emergency Contraceptive Pills- Ezy Pills

ther Commodities-Pregnancy testing kits- Nishchay Kits

Performance under the National Family Planning Programme:

FP Method	2018 -19	2019 -20	2020 -21	2021 -22	2022 -23	2023 -24
Sterilization (lakh)	35.4	34.57	26.98	29.96	33.31	30.60
Total IUCD (lakh)	56.6	58.38	54.72	60.44	66.39	67.57
PPIUCD (lakh)	22.9	25.45	27.43	30.96	34.68	37.51
PPIUCD Acceptance (%)	16.4	16.5	21.0	24.0	25.8	28.2
Injectable MPA(lakh)	9.9	19.53	18.81	23.47	36.14	44.62
Centchroman (lakh)	14.1	34.50	57.11	76.79	108.50	130.04

1.5.3 KEY INITIATIVES UNDER THE FAMILY PLANNING PROGRAMME

A. Expansion of basket of choice

The Government introduced two new contraceptives in 2016. In FY 2022-23, 36.14 lakh doses of Injectable MPA (IM) and 1.08 Crore Centchroman (Chhaya) were reported all over the country. In FY 2023-24, 44.62 lakh doses of Injectable MPA (I.M.) and 130.04 lakh strips Centchroman (Chhaya) were reported all over the country (Table 1). Government of India has further expanded the basket of choice in the year, 2023 to include two new contraceptives viz. Injectable contraceptive MPA (Sub Cutaneous) and Subdermal Contraceptive Implant (single rod) with selected initial introduction in 22 Districts of 10 States respectively.

B. Mission Parivar Vikas (MPV)

The Government launched Mission Parivar Vikas (MPV) in 2016 for substantially increasing access to

family planning services in 146 high fertility Districts with Total Fertility Rate (TFR) of 3 and above in seven high focus States (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam). In November 2021, the Scheme was extended to remaining districts of the seven high focus States and all Districts of six North Eastern States (Arunachal Pradesh, Manipur, Meghalaya, Tripura, Nagaland and Mizoram), where the modern contraceptive usage is low and unmet need for Family Planning is high.

The scheme aims to improve access to contraceptives, generate awareness through promotional schemes like Nayi Pahal Kit, Saas Bahu Sammelan and ensure commodity security. In FY 2023-24, more than 11.70 lakh Nayi Pehel Kits were distributed and 4.70 lakh Saas Bahu Sammelans have been conducted.

C. Strengthening Logistics and Supply Chain Systems for Family Planning

Commodities (FP-LMIS)

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

D. Sterilization Services

33.31 lakh Sterilizations were reported in FY 2022-23. In FY 2023-24, more than 30.21 lakh Female Sterilizations have been reported. Interval Female Sterilization contributes the maximum share in total Sterilization.

E. Post Pregnancy / Abortion Contraception:

- **Post-Partum IUCD (PPIUCD) Services-** The program was initiated in 2010 as a strategy to meet the unmet need of Family Planning in the immediate post-partum period. Acceptance of PPIUCD is on the rise across the country. At present, India is a global leader in PPIUCD services. More than 2.3 crore insertions have been done in the country since inception. In FY 2023-24, more than 37.51 lakh PPIUCDs services have been availed by the beneficiaries.

- **Post-Abortion IUCD Services-** PAIUCD services are available in all States/UTs. Training and orientation of both nurses and doctors is also being carried out. 83,879 PAIUCD insertions were reported across the country in FY 2022-23. In FY 2023-24, total 96,475 PAIUCDs have been reported.

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

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

G. Family Planning Indemnity Scheme- The scheme indemnifies clients with a compensation amount in the unlikely event of death, complications or failure following sterilization. The

providers/accredited institutions are indemnified against litigations in those eventualities. As per Hon'ble Supreme Court's directives, the indemnity coverage has been doubled with the additional amount being paid by State Government funds.

H. ASHA Schemes

- o **Ensuring Spacing at Birth-** The scheme promotes spacing between the birth of first child and between two children through ASHA. The scheme is for ensuring delay in 1st birth and spacing of 2 years after marriage, ensuring spacing of 3 years between 1st and 2nd births and adoption of limiting method after 1st or 2nd child.

- o **Home Delivery of Contraceptives-** The scheme ensures doorstep delivery of contraceptives to eligible couples through ASHA.

- o **Pregnancy Testing Kit-** The PTKs are a part of ASHA drug kit and are distributed free of cost to the beneficiaries by ASHAs.

I. Scheme for ensuring drop back services to sterilization clients- The scheme was launched in 2015 whereby the States provide drop back to sterilization clients.

J. Observation of World Population Fortnight-

- o The World Population Fortnight is organized across all the States/UTs, districts and blocks from 27th June to 24th July. This year, the theme for the campaign was "Parivar niyojan ka apnao upay, Likho tarakki ka naya adhyay".

- o A total of 1.43 lakh Sterilization, 5.92 lakh IUD insertions, 2.52 lakh PPIUCD insertion and 5.15 lakh doses of Injectable MPA were reported during World Population Day 2023.

K. Observation of Vasectomy Fortnight for promotion of male engagement in Family Planning across all the States/UTs, districts and blocks from 21st November to 4th December 2023. The theme for this year fortnight was "Swasth maa, swasth bachcha, Jab pati ka ho parivaar niyojan mein yogdaan achchha"

- o During the Fortnight 2023, total 9,891 Vasectomies were performed, 1.99 lakh Condom boxes were installed, 2.13 crore Condom pieces were distributed and 4,762 Mobile IEC vans / Saarthi vehicles were deployed across the country.

L. Quality assurance in Family Planning- Quality Assurance Committees are functional across all States and districts.

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

- The National Helpline was launched in 2008, under the Jansankhya Sthirata Kosh (JSK) (an erstwhile autonomous body under MoHFW), for providing reliable, confidential and authentic information on reproductive and child health issues. Since September 2020, the Helpline is approved to 'Go Live' under the aegis of the Ministry of Health & Family Welfare.
- The National Family Planning Helpline (1800-11-6555) is operational from 9 am to 6 pm on all days (except national holidays) to provide tele counselling on Family Planning to beneficiaries in the country. The helpline handled 6,52,074 calls in total during FY 2022-23 including both inbound & outbound calls. In FY 2023-24, the helpline handled a total of 8,23,725 calls, including both inbound and outbound.

1.5.4 PROCUREMENT AND SUPPLY OF CONTRA-CEPTIVES

Contraceptives in the National Family Welfare Programme

The Department of Health and Family Welfare is responsible for implementation of the National Family Welfare Programme by, inter-alia, encouraging the utilization of contraceptives and distribution of the same to the States/UTs under Free Supply of Contraceptives Scheme and through Public-Private Partnership (PPP) under Social Marketing of Contraceptives Scheme. Family planning allows people to have desired number of children and determine the spacing of pregnancies which is achieved through use of contraceptive methods.

Procurement procedures: Every year, orders for 75% of the Condom requirement and 55% of requirement for other contraceptives except Injectable contraceptives are placed on HLL Life care Ltd. (a PSU under the Ministry of Health & FW) for procurement of contraceptives being manufactured by them as per captive status awarded to them. For the remaining quantities including Injectable contraceptives, open tenders were floated through GeM portal through the process of National Competitive Bidding (NCB) for procurement from private manufacturers.

Quality Assurance: Manufacturers do in-house testing of stores before offering them for inspection. At the time of acceptance of stores, random samples

from all the manufactured batches are picked up and tested in approved empaneled laboratory and on receipt of positive reports stocks are supplied to the consignees.

Free Supply of Contraceptives Scheme: Under the scheme, contraceptives viz. Condoms (Nirodh), Oral Contraceptive Pills (Mala-N), Intra Uterine Contraceptive Device (Cu-T 380-A and IUD 375), Emergency Contraceptive Pills (Ezy Pill), Tubal Rings, Injectable Contraceptive (under Antara Programme) and Centchroman Weekly Contraceptive Pill (Chhaya) are procured by the Central Govt. and supplied to State/UTs as per their demand and distributed to the clients through the chain of public health facilities viz. Medical College, District Hospital, Sub-divisional Hospital, Community Health Center, Public Health Centers, Urban Health Centers, Sub Centers and ASHA at no cost to the client.

Besides, Pregnancy Testing Kits (in the brand name Nishchay) are also procured by Central Govt. and supplied free of cost to the client for timely and early detection of pregnancy.

The following quantities of contraceptives including PTK are proposed for procurement for the year 2023-24 considering the available stock at GMSSDs, CMSS warehouses and pending deliveries by the Suppliers with a total value of Rs. 1,42,78,04,080/- approximately.

Item	Total Procurement Quantity for FY 2023-24	Allocated Quantity for Procurement for FY 2023-24	
		HLL	CMSS
Condom (Million pcs)	306.00	229.50	76.50
OCP (lakh cycles)	400.00	220.00	180.00
ECP (lakh tabs)	90.00	49.50	40.50
Cu-T 380A (lakh pcs)	40.00	22.00	18.00
IUD 375 (lakh pcs)	29.37	16.15	13.22
Tubal Ring (lakh pairs)	16.98	9.34	7.64
Chhaya (lakh strips)	114.53	62.99	51.54
Antara (lakh doses)	0	0	0
PTK (lakh kits)	181.60	99.88	81.72

Social Marketing of Contraceptives Scheme:

The Social Marketing scheme of condoms was initiated under the National Family Planning Programme in 1968 with the objective of making condoms in the brand name of “Nirodh” available to the beneficiaries of the country at a subsidized rate. On the same line, social marketing of Oral Contraceptive Pills (OCPs) in the name of “Mala D” was launched in 1987.

Under the scheme, the Ministry of Health & Family Welfare procures condoms and OCPs from the indigenous condom manufacturers and supplies to the voluntary organizations called Social Marketing Organization (SMOs) appointed by the Government of India. In addition, the SMOs are also permitted to sell both the contraceptives under their own brand names. The SMOs are provided condoms and OCPs at subsidized rates for sale in the open market. SMOs undertake marketing of condoms through their distributors, wholesalers and retailers at maximum retail prices approved by the Ministry.

Objectives of the Scheme:

- To generate demand and increase the perceived value for reproductive health products and services through an effective Behaviour Change Communication (BCC) approach and interventions.
- To expand access to quality Reproductive Health products and services at affordable prices.
- To complement the free supply distribution and outreach of contraceptives under family planning programme.
- To meet the needs of low and middle income and under-served population groups in rural and urban areas.

The issue price to SMOs and MRP allowed under the scheme are as below: -

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

Presently, six SMOs are registered viz. M/s. HLL Lifecare Ltd., M/s. Population Health Services, (India), M/s. Pashupati Chemicals & Pharmaceuticals Ltd., M/s. Janani, M/s. DKT(I) and M/s. Parivar Seva Sanstha and through them one Government brand (Deluxe Nirodh) and different SMOs brands of condoms (i.e., Rakshak, Ustad, Josh, Mithun, Thrill, Sawan, Kamagni, Masti, Bliss and Zaroor) are sold in the market. Similarly, for Oral Pills, one Government brand (Mala-D) and different SMOs brands of Pills (i.e. Apsara and Smart Cycle) are sold.

The following quantities of contraceptives are proposed for procurement for the FY 2023-24 with a total value of Rs.77,18,57,495/- approximately under the scheme:

Item	Total Procurement Quantity for FY 2023-24	Allocated Quantity for Procurement for FY 2023-24	
		HLL	CMSS
Condom (Million pcs)	322.64	241.98	80.66
OCP (lakh cycles)	118.80	65.34	53.46

Central Medical Services Society (CMSS)

With a view to assure smooth and on time procurement and distribution of supplies of the centrally procured drugs and consumables of MoHFW, an autonomous agency viz. Central Medical Services Society (CMSS) had been set up.

A statement showing the quantities of contraceptives procured from private manufacturers during the FY 2023-24 by CMSS including pending procurement from previous years in respect of Social Marketing of Contraceptive scheme is given below:

Commodities	Free Supply of Contraceptives Scheme	Social Marketing of Contraceptive Scheme
Condom (M.pcs)	76.50	284.63
OCP (lakh cycles)	180.0	126.56

Commodities	Free Supply of Contraceptives Scheme	Social Marketing of Contraceptive Scheme
ECP (lakh tabs)	40.50	
Cu-T-380A (lakh pcs)	18.0	
IUD-375 (lakh pcs)	13.22	
Tubal Ring (lakh pairs)	7.64	
Chhaya (lakh strips)	51.54	
Antara (lakh doses)	0	
PTK (lakh kits)	149.30	

1.5.5 POPULATION STABILIZATION

As per UN estimates, World population grew at annual rate of 1.23 per cent during 2000-2010 with developing countries like India registering a higher growth rate. India is one of the most populous countries in the world which has approx. 17.5 percent of world's population with meagre 2.4% of earth's surface area (135.79 million square kms) and 4% of water resources. In 2011, the population of India at 121 Crore, was almost equal to combined population of USA, Indonesia, Brazil, Pakistan Bangladesh & Japan put together.

As per the Technical Group of Population Projections (July 2020), population of the country is expected to increase from 121.1 crores to 152.2 crores during the period 2011-2036 - an increase of 25.7 percent in twenty- five years at the rate of 1.0 percent annually. Country has considerable State wise variations. Report states that out of the total projected increase in population (approximately 31

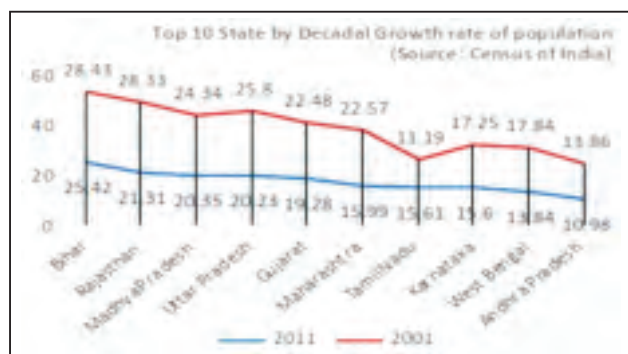
crores) during 2011-36, 50% is likely to occur in the five States of Bihar, Uttar Pradesh, Maharashtra, West Bengal and Madhya Pradesh. 19% of the total population increase in India during the same period is anticipated to occur in Uttar Pradesh alone.

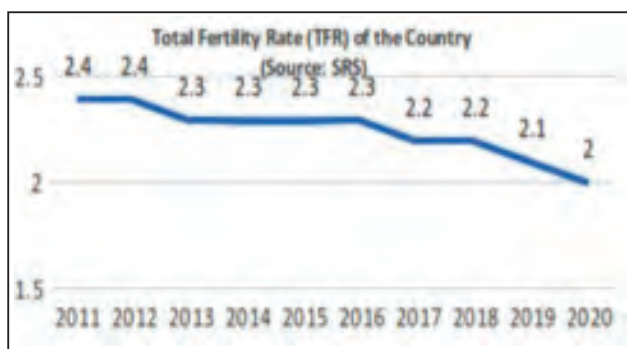
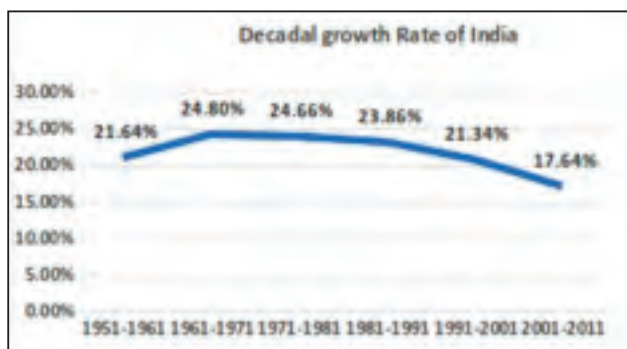
Population Stabilization is a stage when the size of the population remains unchanged. It is also called the stage of zero population growth. There is often a gap of a few decades between achieving replacement level fertility i.e. TFR of 2.1 (two children per couple) and population stabilization.

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

The history of population growth in India has been marked by significant changes over the centuries. It has experienced periods of both rapid population growth and periods of relative stability. Since later stage of 20th century, country has witnessed significant decline in both fertility and mortality and began experiencing a demographic transition, where birth rates started to decline, with better education and healthcare opportunities, urbanization, increased food security after green revolution, changing societal norms, fast pace of economic growth etc. As a result, decadal growth rate of population declined from 21.64 in 1951-1961 to 17.64% in 2001-2011. After 1981, the trend in the population growth rate was reversed. It witnessed a sharp slowdown in population growth in the next two decades and fell by 3.9% in 2001-11 to 2.5% in the previous decade - the sharpest decline since independence.

Recent NFHS-5 (2019-21) report further indicates reduction in the Total Fertility Rate (TFR), the country achieved replacement level fertility (TFR 2.0 in NFHS-5). As per NFHS-5, out of 36 States/UTs, 31 States/UTs have achieved TFR of less than 2.1 but there is a wide variation in the demographic scenario of different Indian states.

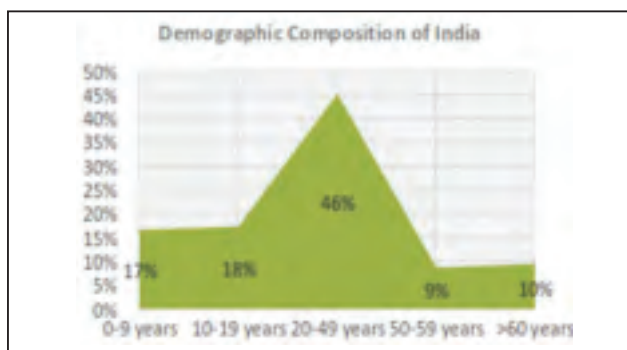




Current Demographic Scenario:

India has 64.2% of its population in the age group of 15-59 years which is still increasing and will be at the peak around 2036 when it will reach approximately 65%.

Country is home to a fifth of the world's youth demographic, with an average age of 29 years. A significant portion of population is in the reproductive age. It means that population will virtually certain to continue to grow for several decades due to young bulge. As a result, due to population momentum, it will take a while for population stabilization measures to produce the intended goal.



Though the government has drawn out several comprehensive policies viz National Population Policy 2000, National Health Policy 2017 and sub-

national level road maps to address the population but still many women continue to have an unmet need for modern contraceptives.

Population-centric approaches and seamless integration of family planning services at all stages of life would be helpful. This is not only the goal of total fertility level at sub-national level but also help ensure the provision of quality reproductive health care in holistic manner.

1.5.6 FACTORS THAT INFLUENCE POPULATION GROWTH

Key indicators that influence population growth are Crude Birth rate, high fertility rate in major states, Unmet need for Family Planning, accessibility of family planning services, variability of contraceptive Use, less spacing between the births, age at marriage, and other Socio cultural & economic aspects etc. The current status of some of the indicators, as per the latest available data, is as follows:

- Unmet need for Family Planning has declined from 12.9% (NFHS-4, 2015-16) to 9.4% (NFHS-5, 2019-21). Country has an unmet need of 4.0% (spacing) and 5.4% (limiting). The urban rural differential is minimal (8.4%-Urban and 9.9%-Rural). The unmet need is highest in Meghalaya (26.9%) and lowest in Andhra Pradesh (4.7%).
- Healthy Spacing between two childbirths (recommended period of 3 years or more) has increased from 42.6% (SRS 2012) to 52.3% (SRS 2020).
- Women married before 18 years declined from 26.8% (NFHS-4, 2015-16) to 23.3% (NFHS 5, 2019-21). Moreover, out of the total births, 6.8% (NFHS 5) are among teenagers (i.e. 15-19 years) which have declined from 7.9% (NFHS-4, 2015-16).
- Modern Contraceptive Use: India's mCPR is 56.5%. The lowest mCPR is in Manipur (18.2%) and highest in Andhra Pradesh (70.8%).
- 29 States have >70% eligible couples in need of contraception (as against 12 states in NFHS-4, 2015-16) which shows that the FP demand generation activities has shown a positive result.

Key Policy Initiatives for Population Stabilization:

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

The National Population Policy (NPP) was devised in the year 2000 with the immediate objective to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care.

The Government of India has been implementing the National Health Mission (NHM) in line with the policy framework of population stabilization as envisaged in NPP-2000, by helping to create a robust service delivery mechanism to address the unmet need for family planning and, also addressing the social determinants of health.

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

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

India adopted Sustainable Development Goals (SDG) to ensure health and well-being for all, aiming to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all. SDG India Index tracks the progress of all the States and Union Territories (UTs) on a set of important National Indicators, measuring their progress on the outcomes of the interventions and schemes of the Government of India.

Demographic Dividend & Challenges:

India's population metrics reveal the presence of a demographic dividend that commenced in 2005-06 and is expected to extend until 2055-56. Notably, the median age of the Indian population remains below 29 years, lowest in the world. Country possesses the potential to emerge as a significant contributor to the global workforce. By harnessing this potential, India could pave a path towards realizing the goal of becoming a 5 trillion-dollar economy.

Comprehensive Health Programs of the Government of India for a Healthy Population:

Government has introduced a wide range of new and comprehensive strategies with the aim of enhancing the well-being of various demographic groups, including adolescents, mothers, children,

urban poor, socioeconomically disadvantaged populations, and the elderly. These efforts encompass the implementation of the RMNCAH+N strategy, which prioritizes Reproductive, Maternal, Child, Adolescent Health, and Nutrition, Mission Parivar Vikas- which targets high fertility states and the north eastern states. There are dedicated programs like RKSK, National Urban Health Mission (NUHM), Pradhan Mantri Aarogya Bhagya (PM-ABHIM), National Program on Non-Communicable Diseases (NCD), National Program for Health Care of the Elderly (NPHCE) etc.

In addition to these initiatives, there is a strong emphasis on promoting health awareness through Ayushman Bhav, all with the overarching goal of improving the overall health outcomes of nation.

Perceptible Decline in Population and related indicators:

The country has witnessed significant improvements in the indicators:

- Crude Birth Rate has declined from 40.8 per 1000 in 1951 to 19.5 in 2020.
- Infant Mortality Rate has decreased from 146 in 1951-61 to 28 in 2020.
- Total Fertility Rate has declined from 6.0 in 1951 to 2.0 in 2020.
- Steepest decline in decadal growth rate was recorded between 2001 and 2011 from 21.54% to 17.64%.
- Decline in 0-6 population by 3.08% compared to 2001.
- 18.14 crore population was added during 2001-2011 as compared to 18.23 crores during 1991-2001.
- After decades of stagnation, there was a 4.1 percentage point fall in the growth rate of population, from 24.99% in 2001 to 20.92% in 2011 among the EAG States of Uttar Pradesh, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Orissa and Uttarakhand.

Government of India's comprehensive endeavors and strategic policies are making significant strides towards realizing population stabilization in the near future. The amalgamation of enhanced healthcare quality and accessibility, along with technologically advanced healthcare, has led to a swift decline in the Crude Birth Rate (CBR), Total Fertility Rate (TFR), and decadal growth rate. Government through its multifaceted programs and

policies, is firmly advancing toward the goal of achieving population stabilization within a reasonable timeframe.

1.6 HEALTH POLICY & HEALTH INSURANCE

1.6.1 AYUSHMAN BHARAT PRADHAN MANTRI – JAN AROGYAYOJANA

Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana (AB PM-JAY) is the world's largest health insurance scheme that intends to minimize the out-of-pocket expenditures arising due to catastrophic expenditures on healthcare. AB PM-JAY was launched as recommended by the National Health Policy 2017, to achieve the SDGs vision of Universal Health Coverage (UHC), subsuming the erstwhile Rashtriya Swasthya Bima Yojana (RSBY) on 23rd September, 2018. The scheme provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 12 crore poor and vulnerable families (approximately 55 crore beneficiaries) that form the bottom 40% of the Indian population. The households included in the scheme are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) and other State schemes that consider similar deprivation criteria as of AB PM-JAY.

With the expanding population coverage under the scheme, AB PM-JAY has demonstrated a model roadmap for Universal Health Coverage not only in India but for all similar economies across the world. As of date, 13 States/UTs have adopted UHC through the PM-JAY ecosystem which is a clear indication of healthcare delivery model propounded by Ayushman Bharat PM-JAY.

1. Salient Features of PM-JAY

- Health Cover of Rs.5 Lakh per family per year for secondary and tertiary care to 12 Crore families
- Completely paperless and cashless services
- No cap on family size, age or gender to ensure that all members of the beneficiary families are covered.
- Provides healthcare services across 27 specialties covering 1949 procedures.
- Includes 3 days of pre-hospitalisation and 15 days of post-hospitalisation expenses.
- All pre-existing conditions are covered from day one.

- The benefits under the scheme are portable across the country i.e. benefits can be availed at Empanelled Healthcare Providers across the Country
- 33 States/UTs currently implementing Ayushman Bharat PM-JAY barring Delhi, Odisha, and West Bengal.

2. Journey of Ayushman Bharat PM-JAY

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) was launched by Hon'ble Prime Minister Shri Narendra Modi on 23rd September 2018 from Ranchi, Jharkhand. The announcement was made in the Union budget of India on February 1st, 2018 and the Hon'ble PM announced the launch of the Scheme on the 71st Independence Day. National Health Authority, entrusted with the responsibility to implement AB PM-JAY was incorporated in May, 2018.

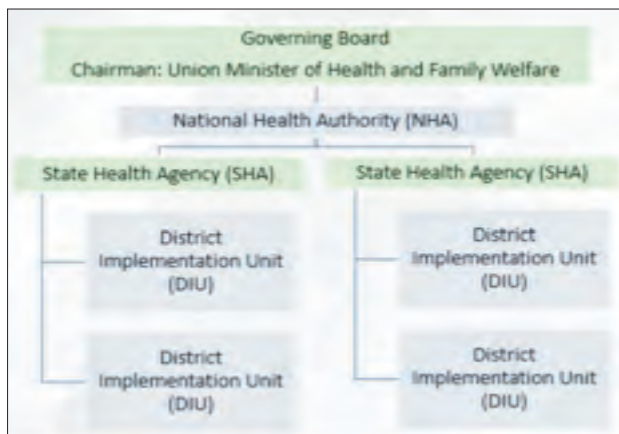
3. Institutional Structure of AB PM-JAY

National Health Authority

The National Health Authority (NHA) has been constituted as the apex body tasked with the implementation of AB PM-JAY. NHA is governed by a Governing Board which is chaired by the Hon'ble Union Minister of Health and Family Welfare. A full-time CEO in the rank of Secretary, appointed by Government of India, oversees the NHA under the guidance of the Governing Board. National Health Authority (NHA) provides the policy directions, central share of funding and monitors the mission across the country.

State Health Agency (SHA)

For effective implementation of PM-JAY, State Governments have set up State Health Agencies (SHA) or delegated the function to an existing agency, trust or society. This entity is the nodal



agency responsible for the implementation of AB PM-JAY in the State and is headed by a Chief Executive Officer. The CEO, SHA is appointed by the State Government and is ex officio Member-Secretary of the Governing Council of the SHA. The SHA can hire additional staff or an Implementation Support Agency (ISA) to perform required tasks for implementation of the Scheme.

District Implementation Unit (DIU)

In addition to the State-level entity, a District Implementation Unit (DIU) has also been established under the closed monitoring and supervision of SHA to support the scheme implementation. The DIU has been set up as an attached office under Chief Medical Officers of the respective districts and is chaired by the officer of the rank of Deputy Commissioner / District Magistrate/Collector of the District. The operation set-up DIU consist of the following resources:

- District Program Coordinator (DPC): Beneficiary identification, IEC, hospital engagement/empanelment
- District Operations Manager (DOM): Grievance redressal, fraud control, capacity building
- District Information System Manager (DISM): Technology readiness, monitoring, reporting

This Unit coordinates with the State, implementing agency (ISA/insurer), network hospitals, beneficiaries and other stakeholders to ensure effective implementation of the scheme.

4. Implementation Modes in States/UTs

States/UTs are using different models for implementing their own health insurance/ assurance schemes. Some of them are using the services of insurance companies while others are directly implementing the schemes in their States. Considering the fact that States/UTs are at different levels of preparedness and have varying capacity to manage such schemes, AB PM-JAY provides them the flexibility to decide on the mode of implementation of the scheme. The States/UTs can implement the scheme through assurance/trust model, insurance model or mixed model.

Trust Model: Also known as the Assurance model, this is the most common implementation model adopted by the States. Under this model, the State Health Agencies directly implement the scheme,

and reimburses the health care providers directly. In the absence of the insurance companies, the SHAs carry out specialized tasks like hospital empanelment, beneficiary identification, claims management, audits and other related tasks. The SHA may also employ the services of an Implementation Support Agency (ISA) to handle their work.



Insurance Model: In this model, an insurance company is selected through a tendering process to implement the scheme. The SHA pays the insurance company a premium per eligible family during the policy period, which is determined according to the market rates. In turn, the insurance company is responsible for settling claims and making payments to service providers and bears the financial risk of implementing the scheme. To prevent the insurance company from making excessive profits, the scheme limits the percentage of premium they can receive for profit and administrative costs.

Hybrid Model: Also known as the Mixed model, both the assurance/trust and insurance models are engaged by the SHA in varying capacities, with the aim of achieving higher efficiency, economy, flexibility and allowing convergence with the state schemes. In this model, initial cover of certain amount is provided through insurance companies and the rest cover is provided through assurance mode.

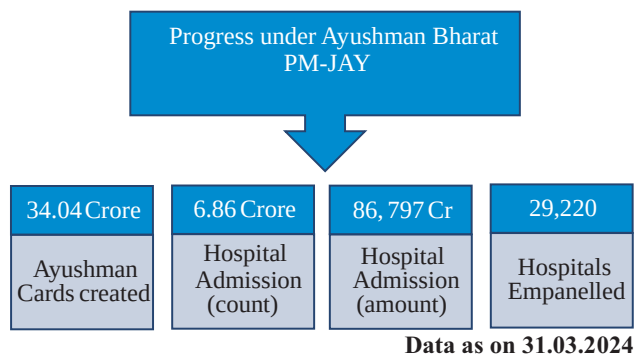
Currently, 24 states/UTs are implementing the scheme in trust mode, 6 States/UTs in insurance

mode and 3 States in Hybrid Mode.

5. Funding Pattern under AB PM-JAY

AB PM-JAY is completely funded by the Government and the costs are shared between Central and State Governments. The ratio of Central share to State share for all States, except North-Eastern States and three Himalayan States and Union Territories with legislature, is 60:40, with the Centre's share being 60 percent and the State's share is 40 percent. For North-Eastern States and 3 Himalayan States/UTs (viz. Jammu and Kashmir, Himachal Pradesh and Uttarakhand), the ratio is 90:10, with the Centre's share being 90 percent and the State's share is 10 percent. For Union Territories without legislatures, the Central Government may provide up to 100% on a case-to-case basis.

6. Progress under Ayushman Bharat PM-JAY



7. Key components of the scheme

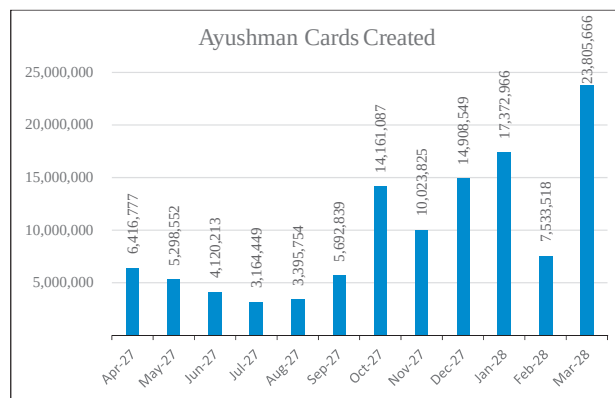
7.1 Ayushman Card Creation

Ayushman card creation is the most fundamental activity under Ayushman Bharat PM-JAY and concerted efforts are being continuously made to saturate Ayushman card creation across the country. For this, NHA has launched Aapke Dwar Ayushman campaign card creation in mission mode. Aapke Dwar Ayushman 1.0 and 2.0 resulted in massive Ayushman card creation with approximately 10 crore Ayushman cards created during 2022-23 only. Now, Aapke Dwar Ayushman 3.0 campaign has been relaunched with Self-verification feature enabling beneficiaries to create Ayushman card for himself/herself along with his/her family. Also, 'Ayushman Bhava' campaign has been launched by Hon'ble President of India on 13th September, 2023 all across the country with the mission to saturate Ayushman card creation in the country. Another campaign i.e. 'Viksit Bharat Sankalp Yatra' has also been launched across the country to ensure

saturation of Ayushman card creation.

As on 31.03.2024, over 34.04 crore Ayushman Cards have been created out of which 15.50 crore cards have been created between Jan' 2023 - December'2024.

Month wise Ayushman card creation across the country is as follows:



7.2 Hospital Empanelment & Engagement

Hospitals lie at the cutting edge of services provided under the scheme. To ensure effective participation of empanelled hospitals, it is imperative to grow and maintain a wide network of hospitals actively participating under the scheme.

A. Expanding the network of hospitals empanelled under PM-JAY:

Public health and hospitals being a State subject, State Health Agencies (SHAs) are mandated with the responsibility of empanelling hospitals under Ayushman Bharat PM-JAY. As of 31st March, 2024, 29,220 hospitals are empanelled across the country for providing benefits under AB PM-JAY.

NHA has actively engaged with various central ministries such as the Ministry of Health and Family Welfare, Ministry of Railways, and Ministry of Home Affairs to identify and empanel hospitals run by these ministries. As on 31st March, 2024, there is a total of 564 hospitals empanelled under AB PM-JAY which are run by Central government ministries. Further, out of the total empanelled hospitals, 260 Medical colleges are also empanelled under AB PM-JAY. In addition to this, NHA has been continuously following up with prominent corporate hospital chains for empanelment under the scheme and as a result 191 top corporate hospitals have been empanelled under the PM-JAY scheme.

Achievement during the period (1st January 2023 to 31st March 2024)

- 4,922 hospitals were empanelled
- 47% of the total hospitals empanelled are private
- Out of 4,922 hospitals, 296 hospitals with more than 100 beds and more have been empanelled.

B. Improving the participation of already empanelled hospitals

In order to improve the participation of already empanelled hospitals, the following steps have been undertaken

- Package rates have been revised under HBP 2022 in which package rates have increased for 350 packages and new packages have been added.
- Claim settlement is being monitored at highest level and it is being ensured that claim is settled within defined turnaround time.
- Virtual and physical capacity building of hospitals are being undertaken.
- NHA has introduced a hospital-specific toll-free number (14413) to address the concerns of hospitals on a real-time basis.
- NHA have issued instructions to SHAs that DIUs should regularly visit empanelled hospitals to understand their concern and review their participation under the scheme

7.3 Health Packages & Quality Assurance

7.3.1 Health Benefit Packages

To ensure that the hospitals do not overcharge, and rates do not vary across hospitals, Empanelled Healthcare Providers (EHCPs) are paid based on specified packages with standardised rates known as Health Benefit Package (HBP). The HBP specifies the range of procedures for which AB PM-JAY entitles eligible households to avail cashless treatment. The HBPs include pre-hospitalization expenses, hospitalization charges, and follow-up care (if any) for up to 15 days under various surgical and medical packages.

Over the course of scheme implementation, the procedures and prices under "Health Benefit Package" have been revised and rationalised. This rationalization of prices is based on evidence related to cost of services, stakeholder consultation, review of scheme utilization, and acceptance of package prices.

To begin with, AB PM-JAY had initially 1393 treatment packages. However, the Health Benefit packages have been reviewed and rationalised over time and the latest HBP 2022 was launched in April 2022 wherein a total of 365 procedures have been added and rates have been revised upwards in case of 832 procedures. Under the HBP 2022, High-end procedures such as bone marrow transplant and cochlear implant surgery has also been included. Significantly, the concept of differential pricing has been introduced to account for regional variation in the costs of healthcare services. Concurrently, States and UTs have been given additional flexibility to further customize the HBP rates to local context i.e., provider expectations, resource availability, and disease burden.

7.3.2 Quality Assurance

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

- Monthly Quality Audit Checklist: This has been developed for periodic assessment and monitoring of the quality of services provided by Empanelled Health Care Providers.
- PM-JAY Quality Certification: NHA has partnered with Quality Council of India (QCI) to develop a portal for online quality certification of empanelled hospitals. These quality certifications include Bronze/Silver/Gold Quality certifications. In this regard, an online portal has also been developed to make the process of application seamless and easy for the EHCPs. An app has also been developed by QCI to ease out the process and also ensure closure of non-Compliance found during assessment process of certification easy for the EHCPs.
- PM-JAY Quality dashboard: This was launched to aid States/UTs to monitor the progress of EHCPs who have applied for PM-JAY quality certification. As of date, a total of 328 empanelled hospitals have been certified under these quality guidelines.
- Value Based Incentive System: In order to encourage the empanelled healthcare providers for provision of quality of care, AB PM-JAY has introduced a new concept wherein the healthcare provider shall be incentivised for the improvement of quality of life of patients being treated under the AB PM-JAY scheme.

7.3.3 Standard Treatment Guidelines (STGs)

A total of 28 sets of 647 Standard Treatment Guidelines (STGs) have been developed by the team covering around 1650 AB PM-JAY procedures, and all these STGs have been integrated into the AB PM-JAY Transaction Management System (TMS) to aid the Pre-authorising Panel Doctor (PPD) and Claims Panel Doctor (CPD) of third party administrators (TPAs), insurance companies and SHAs while processing a pre-authorisation or a claim by specifying the mandatory documentation required and specific information to look for in these documents for the prescribed procedure. Standard Treatment Guidelines (STGs) aims to help in preventing and controlling fraud and abuse too.

“Standard Treatment Guideline (STG) is a systematically developed statement designed to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances”-World Health Organization, 2007

Some of the key highlights of the STG's developed this year are as follows:

- A total of 28 sets of 675 STGs covering 1650 procedures have been released so far.
- Two new sets of STGs for multiple specialties such as High-end drugs, General medicine, General surgery, Mental disorders, Neurosurgery, Obstetrics and Gynaecology, Orthopaedics and Urology were developed and released this year.
- 14 sensitization sessions were conducted wherein 1,301 participants from 31 States/Union Territories participated during January 2023 till March 2024.

7.3.4 Health Financing and Technology Assessment (HeFTA)

National Health Authority (NHA) has established the Health Financing and Technology Assessment

(HeFTA) Unit to facilitate the use of Health Technology Assessment (HTA) evidence in AB PM-JAY decision making. HTA is an established multidisciplinary decision-making tool that provides evidence summary in an understandable format to decision makers after evaluating their clinical, economic, ethical and other operational implications. The HTA supports NHA decisions to ensure value for money in PM-JAY finances through rationalization of health benefits packages, pricing decisions or negotiations, and the formulation of Standard Treatment Guidelines.

To identify the best and most cost-effective technologies for reimbursement under PM-JAY, HeFTA is also working to promote use of HTA at the State Health Authorities (SHAs) level. For incentivisation of providers to deliver quality services through Diagnosis Related Groups (DRG) systems and Value Based Incentives (VBIs) under PM-JAY, HeFTA is facilitating development of cost weights using patient-level costing data.

NHA has introduced an online system to enable submissions by the industry, hospitals, States, pharma companies and other stakeholders, where applications regarding inclusion of new therapies are received for inclusion in Health Benefits Package. NHA has also adopted a practice of proactive exploration of new technologies through a systematic Horizon Scanning process, where periodically interventions are shortlisted and evaluated for adoption in AB PM-JAY through HTA. NHA is working continuously with the Department of Health Research (DHR), through their Health Technology Assessment in India (HTAIn) to facilitate generation of the HTA evidence pertaining to interventions nominated for inclusion in the AB PM-JAY HBP.

The DRG pilot of NHA is running in 5 States in selected hospitals to further optimize payment mechanisms under AB PM-JAY, with the goal of evolving and scaling up the program to cover the entire country if the pilot is successful. The pilot is being closely monitored and evaluated to ensure that it meets its goals of improving the quality of care and making healthcare more affordable for patients.

7.4 Beneficiary Empowerment

Beneficiary empowerment is critical to a scheme like AB PM-JAY. NHA is actively engaged in a mission to not only provide vital healthcare and digital solutions for healthcare but also to empower

its citizens and healthcare providers to actively participate in these initiatives. Some of the key initiatives for beneficiary empowerment are as follows:

Call Centre Operations 'PM-JAY Helpline' (14555): NHA's National Call Centre acts as the primary point of contact for various stakeholders of AB PM-JAY through its toll-free helpline 14555. It provides beneficiaries with information related to their queries and helps them aware about their entitlements under the Scheme. Beneficiaries can also register complaints through the 14555 helpline. As of 31st March 2024, NHA's call centre has answered more than 1.11 crore inbound calls (1,11,38,992 calls) and also connected more than 1.7 crore outbound calls (1,70,41,795 calls) under various AB PM-JAY out-calling campaigns. During the period from January 2023 to March 2024, NHA's call centre has answered more than 22.73 lakh inbound calls and connected more than 10 lakh outbound calls.

Grievance redressal under AB PM-JAY: A robust multi-tier Grievance redressal mechanism has been developed to ensure that uncompromised cashless access to quality care is provided under AB PM-JAY by addressing the grievances from all the stakeholders within a prescribed timeframe based on the principle of natural justice. NHA has developed a bi-lingual web-enabled Central Grievance Redressal Management System which enables an aggrieved party to register their grievance on the designated portal. On the CGRMS portal, more than 99% of the grievances are resolved through efforts made at District, State and National level. NHA has streamlined the process of redressal by developing a web portal and grievance redressal guidelines.

As of 31 March'2024, a total of 5,49,741 grievances have been registered on CGRMS portal and 9,714 grievances registered on CPGRAMS, wherein 99.81% and 93% grievances have been resolved respectively. During the period from 1st Jan'2023 to 31st March'2024, a total of 2,20,086 grievances have been registered on CGRMS portal and 4,364 grievances registered on CPGRAMS, wherein 99.53% and 87% grievances have been resolved respectively.

Quality audit of closed grievances: With the aim to enhance the quality of closed grievances, quality parameter such as action taken report, evidence, resolution within TAT and closure intimation sent to the complainant are defined to assess the quality of closed grievances.

7.5 Service Provider Engagement

Being the largest Public Health Insurance scheme across the globe, the gamut of AB PM-JAY is vast and requires constant improvement and engagement with stakeholders for scheme's success. Thus SPE-IITE (Service Provider Engagement-IC/ISA/TPA Engagement) is an integral element of AB PM-JAY. Some of the key tasks undertaken are:

- For swift disbursal of finances to the EHCP's against their claims, Green Channel Payment was introduced as a pilot in Uttar Pradesh in July 2022. Encouraged by the positive outcomes, the initiative was expanded to include 45 hospitals in January 2023. Subsequently, the scope is being further extended to include 1242 more hospitals. As a result of its success, the pilot for Green Channel payment system is being adopted in other States like Bihar and Assam.
- Model tender document templates made for insurance and trust mode States in order to improve contracting efficiencies.
- With the aim of a building capacity continuously, a National Claim Adjudication Master trainer workshop was conducted on 2-4 May 2023. This was conducted to train and certify the Master trainer from all states who would further train the CPDs and PPDs for effective and accurate claim processing.
- The User Interface of TMS has been revamped and made more user friendly.
- Enhancement of Impact dashboard was carried out with the addition of claim pendency dashboard to get clear status on the stage of pendency and easy access to cases for review on claim pendency.
- To reduce the unnecessary query and selection of appropriate query while adjudicating claims at PPD and CPD level, NHA has revised the query and rejection templates.

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In the implementation of a vast scheme like AB PM-JAY, the Information, Education, and Communication (IEC) has stood as a vital tool for bridging the gap with regard to knowledge and awareness pertaining to healthcare services and its dissemination to the masses. Through targeted communication strategies, innovative awareness and educational campaigns, and community and stakeholder engagement, it strives to empower individuals and families to safeguard their health and financial well-being. Some of the key initiatives undertaken for beneficiary awareness and empowerment are as follows:

2. Ayushman Mitra is another initiative to foster wider societal engagement from stakeholders such as frontline health workers, elected representatives, civil society, etc. under AB PM-JAY with a view to empower beneficiaries in availing healthcare services under the scheme.

- Adhikar Patra will be issued to the beneficiaries during hospital admission to inform them about their entitlements

- beneficiaries at the time of discharge and will contain a feedback form regarding the service received by the beneficiary.

5. A comprehensive media and outreach strategy to spread awareness and empowering the beneficiaries about their entitlements and rights under the scheme has been followed. This included the use of media vehicles such as outdoor media, digital display at ticket counters across various railway stations, announcements at major bus stations, passenger train branding, national and regional press coverage, op-eds and advertorials in print media, radio campaign, telecast of beneficiary testimonials via Doordarshan, mass messaging

7.7 Monitoring and Research (M&R)

In addition to these, twenty-three separate need-based dashboards like Apke Dwar Ayushman Campaign, Central Armed Police Force (CAPF), CGHS, CoWIN, Standard Treatment Guidelines (STG) were developed for various stakeholders. Working papers and policy briefs based on AB PM-JAY packages utilisation and data triangulation with state specific disease patterns are regularly developed based on the important topics identified

at NHA. These working papers and policy briefs are used to disseminate the learning and experience under the scheme with broader audience.

Some of the major initiatives for improved monitoring of the scheme are as follows:

State Scorecard: State Scorecard is a monthly two-page summary report that compares the performance of State/UT with the national average based on KPIs over the past month. It highlights the critical issues or obstacles encountered by the state/UT including delays in processing claims, pending card verification, Information gaps pertaining to hospital empanelment, unresolved grievances-pending and triggers, etc

State at a Glance: State at a Glance works as a background document that displays the schematic details of AB PM-JAY and state-specific insurance schemes in terms of date of joining the scheme, its mode of implementation, total households insured in each of the states and union territories. State at a Glance is available on the website and updated on a quarterly basis.

State Factsheet: State Factsheet is a monitoring tool for tracking the monthly progress of all States/UTs on KPIs which is made publicly available on the website.

State Performance Index: To compare the performance of States/UTs under AB PM-JAY, a performance index framework has been prepared that tracks 8 selected indicators. This report is updated on a quarterly basis to indicate the relative performance of the states on AB PM-JAY implementation. State/UTs ranking over the earlier three quarters can be tracked to understand the States/UTs' progress over time.

Working papers and policy briefs: Working papers and policy briefs based on utilization of AB PM-JAY packages triangulated with State disease patterns are regularly developed at NHA. These working papers and policy briefs are used to disseminate the learning and experience under the scheme analytically to a broader audience. Some of the major working papers published by NHA are as follows:

Policy Brief

- I. The Value-Based Incentive Policy Document
- II. PM-JAY: Projecting Updated Eligibility
- III. Analysing the effectiveness of targeting under PM-JAY in India Policy

IV. An assessment of the trust and insurance models of PM-JAY Policy

Working Papers

- I. Pradhan Mantri Jan Arogya Yojana (PM-JAY): Design Contours, Emerging Patterns and cost to the government.
- II. Impact of COVID-19 Pandemic and Resultant Lockdown on mental Illness and resultant hospitalization across India.
- III. Ayushman Bharat Pradhan Mantri Jan Arogya (AB PM-JAY), Design Contours, Emerging Patterns and Cost to the Government
- IV. A study on the outcome of Coronary Artery Bypass Grafting under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in India.
- V. Pattern of utilization of Neonatal packages under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in India Sept'18-Jan'21.
- VI. Pattern of utilization of Appendicectomy and Cholecystectomy under Pradhan Mantri Jan Arogya Yojana in India, Sept'18 - Mar'21

Report

- I. Evaluation of role and functions of Pradhan Mantri Arogya Mitra (PMAM) in PM-JAY ecosystem for programmatic efficiency: A mixed methods evaluation
- II. An assessment of the trust and insurance models of AB PM-JAY implementation in six states
- III. One year into PM-JAY Implementation (demand side)
- IV. One year into PM-JAY Implementation (supply side)
- V. Does Hospital Empanelment Impact Utilization of PM-JAY

Besides an in-house team of researchers, NHA also actively collaborates with various national and international research institutions, universities and development organizations to conduct studies on identified areas of AB PM-JAY.

All the working papers and policy briefs can be accessed through the AB PM-JAY portal (<https://pmjay.gov.in/data-dissemination-research>).

7.8 Fraud prevention, detection and control

For a programme of the scale and complexity of AB PM-JAY, it is critical to put in place strong anti-fraud mechanisms not only from a financial perspective

but also to safeguard people's health from unethical malpractices. AB PM-JAY is being governed on a zero-tolerance approach towards any kind of fraud, and the anti-fraud framework rests on 3 key pillars:

a) Prevention b) Detection c) Deterrence.

Some of the key activities carried out by NHA's National Anti-Fraud Unit (NAFU) are being mentioned below:

Strengthening the Anti-Fraud Policy Framework: NHA has laid down a comprehensive set of Anti-Fraud Guidelines for prevention, detection, and deterrence of different kinds of fraud that could occur in AB PM-JAY at different stages of its implementation. Anti-Fraud Guidelines for the Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) aims at assisting State governments in designing and managing a robust anti-fraud system for AB PM-JAY.

Monitoring empanelled hospitals: NAFU has also developed IT platforms to monitor the schemes utilization at the hospital/procedure level. One dashboard has been developed for monitoring the scheme in view of irregular trends of variables and other for reporting of fraudulent entities.

Risk Assessment Detection and Analytical Reporting (RADAR): This dashboard has been developed to identify the State-wise/district-wise utilization of schemes benefits and identify the outliers across different features such as Hospitals, Procedures/Packages, Length of stay (LOS), etc. This helps towards trigger development, and further selection of cases for Desk Medical Audits and Field Medical Audits.

Fraud Analytics Control Tracking System (FACTS): This dashboard has been developed for reporting fraudulent entities as well as evaluation of triggers being developed by NAFU, including action taken against suspicious entities, success rates of triggers, and performance of SAFUs.

Trigger Development: Triggers are being developed on a rule-based algorithm with the help of advanced analytics and forensics tools that aims to identify suspicious entities. System-generated emails are sent to SHAs highlighting outlier hospitals/procedures and any aberrant behaviour/pattern. Continuous refinement of triggers is done based on feedback received from the states as well as their performance.

Desk Medical Audits: Desk Medical audits are

being conducted for close monitoring of claims based on outcomes of analytics and forensics reports at the data level. It also helps in the verification of triggers which are being developed by the analytics and forensics team to reduce the false positive cases.

- 9500 plus Desk Medical Audits have been performed across the states and suspicious entities are being shared with the states for further due diligence.
- 5200 plus Audit of Audit have been conducted to identify key challenges faced by SAFU team in handling of developed triggers and also enhance the trigger construct to reduce false positive rate.

Field Medical Audits: Field Medical Audits are being conducted in the States along with State anti-fraud units for close monitoring of empanelled hospitals. It also verifies the facts with respect to the discrepancies or irregularities noted at the desk or data level so as to ensure the scheme benefits to the right beneficiary. NAFU team has conducted around 300 Joint Field Medical audits across states and UT's.

Key achievement of NAFU: Some of the major progress as part of anti-fraud initiatives are as follows:

- Empanelment of Agencies to support states in continuous desk audits and field investigations
 - » 2 agencies have been empanelled for conducting Desk Medical Audits
 - » 8 agencies have been empanelled for conducting Field Investigations
- Development of NHA-III Joint Certification Course and training modules to enhance technical skills of Medical Auditors / Field Investigators:
 - » Medical Audit Certification Course: Facilitated more than 50 Medical Auditors across the states.
 - » Field Investigation Certification Course: Facilitated more than 250 Field Investigators.
 - » Trigger Handling modules for CPDs: Trained around 250 CPDs.
- **Onboarding of multiple vendors for fraud analytics services to mitigate vendor lock-in:** Two vendors have been onboarded by NAFU to provide fraud analytics services using advanced AI and ML techniques. TMS triggers have been started pushing to the States/UTs by multiple vendors.
 - » Claims/Cards are being shared with the

vendors on a real time basis (within 24-48 hours) and screening of all submitted claims / Request of card creation, are being done through logic developed based on clinical rule and AI/ML technologies by them.

» However, suspicious claims/cards are being detected before approval / payment to the respective vendors.

- **National Anti-Fraud Workshop:** A two-day 5th National Anti-Fraud Workshop held in Delhi on 24th and 25th August, 2023. The workshop was held for the purpose of sharing the progress of AB-PMJAY fraud and abuse control activities and NHA's achievements along with the best practices of states.

- **Advisories and OMs:** NAFU regularly issues Advisories to states alerting them on emerging fraud trends and guiding them on measures and actions to be adopted to prevent, detect, and deter fraud. OMs are issued for important compliance matters. Since January 2023, NHA has issued 24 Anti-fraud Advisories and 2 OMs on anti-fraud updates, compliance requirements, deficiencies, formation of various committees in the states, implementation of whistle blower policies, the conduct of mandatory audits, etc.

- **Input to States:**

» More than 9.6 lakh suspicious claims shared with the States for further due diligence

» More than 7.4 lakh suspicious ecards shared with the States for further due diligence

» More than 1.5 lakh fraudulent ecards disabled

» Transaction and Hospital risk scoring model has been developed

Key actions taken by states:

- More than 1053 Hospitals de-empanelled due to involvement in fraudulent activities.

- Around 18,000 PMAM/CSC IDs have been deactivated.

- Penalty levied on more than 1,264 hospitals

7.9 Capacity Building

Capacity-building activities under AB PM-JAY attempt to address training and all aspects of

building and developing sustainable and robust institutions and human resources. Capacity building in AB PM-JAY has three components: a.) Setting up sustainable institutional structures, b.) Building and strengthening the human resource and institutional capacity, and c) sustaining knowledge and skill through knowledge management and the use of appropriate tools.

Some of the key initiatives and achievements under the capacity building are given below:

Annual Training Calendar (ATC): An Annual Training Calendar (ATC) has been prepared from this year onwards based on a comprehensive training need assessment done for all states. The ATC allows for identifying key skill gaps and competencies to be developed in the organization and planning the training accordingly. This ATC is shared with all stakeholders on a monthly as well as quarterly basis.

Promotion of Cascade Model of Training through Training of Trainers (ToT): To decentralise the Capacity Building initiatives under AB PM-JAY, a cascade model of training was developed and approved last year. Under this model, a cadre of master trainers and State/District level trainers will be developed who will systematically train the rest of the stakeholders. The master trainer training for various thematic areas under this initiative has also been undertaken this year. Various ToT sessions are being held for PMAMs, DIUs, and SHAs on BIS 2.0, HEM, TMS, etc.

NHA also entered into an MoU with the National Institute of Health & Family Welfare (NIHFW) to enhance the capacity-building skills of stakeholders in AB PM-JAY and ABDM programs throughout the states.

Training: From January 2023 to March 2024, a total of 124 training sessions (both virtual and physical) were organized and a total of 27,428 participants were trained.

- Residential ToT programmes for nominated officials from the North, East, West, Central, Northeast and Southern States have been organised at the NIHFW campus in New Delhi. A summary of the training programmes is as below:

Training/Workshops	Participants	Master trainers trained (Total: 303)
Master Trainers for PMAMs – Batch 1 (8th, 9th and 10th of August 2023)	Himachal Pradesh, Uttara khand, Punjab, Haryana, Jammu& Kashmir, Ladakh and Chandigarh	27
Master Trainers for PMAMs – Batch 2 (10th, 11th and 12th of October 2023)	Gujarat, Uttar Pradesh, Chhattisgarh, Madhya Pradesh, Jharkhand, Rajasthan and Bihar	33
Master Trainers for PMAMs – Batch 3 (29th – 30th November – 1st December 2023)	Meghalaya, Sikkim, Arunachal Pradesh, Manipur Tripura, Nagaland, and Mizoram	24
Master Trainers for PMAMs – Batch 3 (21st 23rd February 2024)	Kerala, Tamil Nadu, Karnataka, Andhra Pradesh, Telangana, As sam, Puducherry, Goa, Maharashtra	29

- ToTs were also conducted on the Claim adjudication process on May 2-4th 2023 in New Delhi and a total of 77 master trainers from all 33 states were certified.

- ToT was conducted on Anti-Fraud for SAFU officials and TPA's of all States on 24th-25th August at New Delhi. A total of 92 participants were present.

- A detailed training session on the workflow and demonstration of TMS 1.0 was organized for the officials of EHCPs of DNH&DD.

- Orientation workshops on quality accreditation have been organised for non-accredited hospitals in Punjab, Haryana and Bihar. A summary of the workshops is given below:

State/District	Date	The number of participants who attended
Punjab (Amritsar)	15thDecember 2023	143
Bihar (Patna)	20thDecember 2023	84
Haryana (Panchkula)	18thDecember 2023	85

An overview of all the training organized under capacity-building initiatives at NHA during the reporting period is given below:

Thematic Areas	Mode of Training (Virtual/ Physical/ Mixed)	Training Conducted	Participants Attended
Beneficiary Identification System (BIS)	Mixed	34	13,220
Transaction Management System (TMS)	Mixed	14	5918
Induction Programme	Physical	4	135

Thematic Areas	Mode of Training (Virtual/ Physical/ Mixed)	Training Conducted	Participants Attended
Dashboards (Insights, Impact, Radar, FACTS)	Virtual	20	1289
National Anti-Fraud Unit	Mixed	17	1006
Workshops/ ToTs	Physical	10	1299
Grievance Redressal	Virtual	10	789
Health Benefit Packages/ Standard Treatment Guidelines/ Quality	Mixed	30	2786
Hospital Empanelment Module/ Claim Adjudication	Virtual	8	986

Learning Management System (LMS): The National Health Authority has designed a Learning Management System (LMS) known as Arogya Shiksha, which serves as a platform for managing, documenting, tracking, reporting, and delivering training sessions related to PM-JAY. This initiative will help NHA to scale up knowledge dissemination to a large audience through various online modules. Currently, the LMS is in the pilot phase and will be launched shortly.

Content Development: NHA is in the process of developing e-learning content on various thematic areas such as Overview of AB PM-JAY & ABDM, Beneficiary Identification System (BIS), Transaction Management System (TMS), Hospital Empanelment Module (HEM), Standard Treatment Guidelines (STG), Quality, National Anti-Fraud Unit (NAFU), etc. All the stakeholders of the Schemes (AB PM-JAY & ABDM) will be able to access the modules based on their roles defined in the LMS.

Additional resource materials created as part of the Capacity Building Initiatives include:

- Various modules and manuals on all major IT portals have been developed to educate the participants on the same.

NHA, in partnership with the Koita Foundation, has developed educational modules for school teachers providing an overview of the AB PM-JAY scheme.

Internal skilling: Capacity-building efforts have been directed towards the upskilling of NHA resources in areas such as official communications,

procurements, GeM, GFR, and soft skills.

- Capacity Building initiative 'Parichay' was designed to give an orientation to the new employees about the vision, mission, and overview of the activities of NHA and the schemes. A total of 4 batches have been inducted as part of this initiative. The new employees of NHA got an opportunity to interact with the leadership and share their expectations before they embarked on the journey.
- For further enhancement of the skills of its employees, NHA in association with the INGAF organised a two-day session on GFR and procurement rules for the nominated officials of NHA on the 10th and 11th of July 2023. A total of 29 participants attended the session and were certified by the INGAF. In this programme, the participants were trained on the Overview of GFR and Contract Management, Policies, and principles for the procurement of goods, formulation of specifications and procurement planning, procurement and payment through the GeM portal, etc.
- The National Health Authority organized a half-day workshop "Energy @ Synergy" on communications and soft skills for NHA Officials at New Maharashtra Sadan, on May 26, 2023. This workshop was aimed at breaking the silos of inter-departmental communication and providing the participants with a set of skills that can add value to their day-to-day official communication. A total of 41 nominated officials from various divisions of NHA benefited from the programme.
- A 3-day workshop on Public-Health and Data Decision Making was attended by 30 NHA officials.

The workshop was on the aspects related to a comprehensive understanding of Public Health Systems in India, including NHM, Basics of Health Insurance and Data for Decision Making/ Evidence-Based Policy, including practical sessions on the Use of Data. The workshop was held from 26th to 28th February 2024 at the Administrative Staff College of India (ASCI), Hyderabad.

7.10 Scheme Policy & Coordination

Scheme Policy and Coordination serve as the linchpin, connecting the vision of accessible and affordable healthcare for all, as embodied by PM-JAY and ABDM, with the practical strategies and policies required for their successful implementation. Through its multifaceted functions, SP&C plays a pivotal role in advancing India's healthcare landscape and improving the well-being of its citizens.

NHA's Key Task for Scheme Policy and Coordination

In order to smooth the functioning of both schemes AB-PM-JAY and ABDM, NHA focuses on the following three major tasks for Scheme Policy and Coordination with the States:

- i. Scheme implementation
- ii. Inter-ministerial and parliamentary correspondence
- iii. Strategy and policy making
- iv. International co-operation

To maintain the ongoing efficiency of the PM-JAY program, it is crucial to regularly revise policies and strategies. The NHA is consistently developing fresh and inventive policies and strategies to improve the implementation of PM-JAY. Some of the noteworthy initiatives undertaken includes:

Convergence of State Scheme: One of the core principles around which AB PM-JAY has been designed is to ensure appropriate convergence with the existing health insurance/protection schemes of various Central Ministries/ Departments and State Governments. This ensures comprehensive coverage for catastrophic illness, establish national standards for health assurance systems and provide national portability of the care. As of now, 24 States/UTs have converged the State specific schemes with Ayushman Bharat PM-JAY expanding the coverage from 12 crore families to 15.2 crore families. In addition to this, recently the State of Maharashtra, Mizoram and Tripura have

also converged the State scheme with AB PM-JAY where Maharashtra and Tripura have declared near UHC in their States.

Aapke Dwar Ayushman: ADA campaign implemented by NHA since January 2021 enlisted the services of grassroots functionaries such as frontline healthcare workers, Panchayati Raj personnel and village level agents from service providers from CSC and UTITSL for beneficiary mobilization and card creation. This resulted in the verification of more than 4.7 Crore individuals. Subsequently, Aapke Dwar Ayushman 2.0 was launched in 2022 which resulted in approximately 10 crore Ayushman cards created during 2022-23 and 11.58 crore cards during 2023-24. Now, Aapke Dwar Ayushman 3.0 campaign has been relaunched with Self-registration feature enabling beneficiaries to create Ayushman card for himself/herself along with his/her family.

Beneficiary Facilitation Agency: As part of efforts to streamline the implementation of AB PM-JAY at empanelled public hospitals, NHA has developed the concept of beneficiary facilitation agencies (BFA). BFAs are incentivized to increase scheme uptake by attending to the needs of beneficiaries, screening for potential beneficiaries and timely submission of treatment claims.

Madhya Pradesh was the first State in the country to adopt the BFA in December 2021, however, the BFAs are being gradually deployed by other States/UTs. As of date, BFAs are functional in 09 States/UTs. Wider adoption of BFAs has substantially increased utilization of PM-JAY at Government hospitals.

Engagement of Frontline Workers: The engagement of FLWs has been pivotal in mass mobilization at the ground level. As of date, more than 5.4 lakh ASHAs have been onboarded for mass mobilization and Ayushman Card creation.

Intensive participation of hospitals under the scheme: Although, AB PM-JAY intends to strengthen the public health facilities at par with private hospitals, in the current scenario, the beneficiaries being able to reach private hospitals for treatment reflects an encouraging picture of the scheme. In the period of this year, private hospitals are catering to approximately 55% of the total hospital admissions by count.

Uniform Hospital Kiosk: Hospital kiosk/Help-desk/Arogya Mitra Sahayta Kendra are being setup

in all hospitals empanelled under AB PM-JAY. These hospital kiosks have been designed and branded as per the IEC guidelines of NHA. NHA brought this concept with the intent to provide assistance to AB PM-JAY beneficiaries in beneficiary verification and issuance of Ayushman Card, availing treatment or any other support required by the beneficiaries. As of date, more than 9,480 Kiosks have been deployed.

Arogya Manthan: Every year, on 23rd September, NHA along with States/UTs celebrate the journey of both AB PM-JAY and ABDM marking their anniversaries under the aegis of Arogya Manthan 2023. The event brings together experts from healthcare sector along with representatives from academia, think-tanks, industry, and media on a common platform to deliberate, collaborate, share learnings and experiences and ideate on the future evolution of these flagship programs.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) has completed 5 years journey of service, hope, and triumph on 23rd September 2023. Further, the Ayushman Bharat Digital Mission (ABDM) which was launched on 27th September 2021 has also completed the second year of its implementation.

7.11 Scheme Convergence

One of the core principles around which AB PM-

JAY has been designed is to ensure appropriate convergence with the existing health insurance/protection schemes of various Central Ministries/Departments and State Governments. This ensures comprehensive coverage for catastrophic illness, establish national standards for health assurance systems and provide national portability of the care.

The salient benefits of convergence are outlined as below:

Without convergence	With convergence
Duplication of efforts and resources	Optimized & de-duplicated beneficiary base
Decrease in efficiency due to multiple platforms	Expanded set of common service providers
Fragmented health systems & purchasing power	Uniform service standards for beneficiaries
Sub-optimal utilization of healthcare network	Increase in bargaining power
Lack of adequate risk pooling in schemes	Reduced implementation costs

As of now, NHA has onboarded multiple schemes on its platform which include CGHS, Ayushman CAPF, ESIC, BoCW, RAN-HMDG, PM-CARES. Further, efforts are being put up for convergence with various other schemes.

The major achievements under the converged scheme are as follows:

Scheme	Beneficiary Base	Claim Raised	Claim Paid
Central Health Insurance / Assurance schemes			
Ayushman CAPF (Central Armed Police Forces)	~40 Lakh	Count: ~ 10.81 L Amount: ~1621.25 Cr	Count: ~8.54 L Amount: ~960.08 Cr
CGHS (Central Government Health Scheme)	~ 17 Lakh	Count: ~ 99.13 L Amount: ~ 8498.61 Cr	Count: ~ 84.59 L Amount: ~6325.87 Cr
RAN (Rashtriya Arogya Nidhi)	~ 10.74 Cr	Count: 17 Amount: ~73.43 L	Count: 5 Amount: ~20 L

Scheme	Beneficiary Base	Claim Raised	Claim Paid
Central Health Insurance / Assurance schemes			
HMDG (Health Minister's Discretionary Grant)	~ 2.5 Cr	Count: 32 Amount: ~22.97 L	Count: 8 Amount: ~5.21 L
ESIC (Employee State Insurance Scheme)	~ 35 Lakh families	Count: 1436 Amount: ~ 2.73 Cr	Count: 934 Amount: ~1.48 Cr
BoCW (Building and other Construction Workers)	~ 48 Lakh BoCW & their dependents	Count: 2.73 L Amount: ~451.50 Cr	Count: 1.76 L Amount: ~ 273.34 Cr
PM Cares for Children	~5,000 Children	Count: 2 Amount: 36,757	Count: 2 Amount: 32,790

7.12 Information Technology

Since its inception, NHA's IT Vision has been to provide the most advanced, reliable, accountable, effective, and efficient digital health ecosystem to its stakeholders. To enable service delivery under PM-JAY, NHA has developed a comprehensive IT based solutions stack that is designed to help States/UTs rapidly implement PM-JAY Scheme which includes a layer of core IT systems/ platforms that were developed/ made available for integration, for use by States.

The key building blocks of the IT system are:

- BIS:** The BIS is a portal which allows for searching of beneficiaries across various databases, authentication, card creation and card delivery.
- TMS:** The TMS portal allows for capturing of inpatient data on admission, treatments and discharge and onwards to hospital claims and financial settlements. It is integrated with the other State based and external systems through APIs.
- HEM:** It is web-based platform developed for empanelment of healthcare providers.

Over the years of scheme implementation, various measures have been taken to improvise the IT system to meet the growing requirement. Some of the key initiatives taken by NHA related to IT systems are as follows:

- Beneficiary Identification System (BIS 2.0):** NHA has revamped beneficiary Identification system. The new system is called BIS 2.0. It has enabled with features like access to village-wise

data that helps in beneficiary mobilization at ground level, open BIS which allows self / assisted verification and eliminates unnecessary intermediaries.

- Ayushman Mobile Application:** Beneficiary verification and card creation have been enabled on 'Ayushman' mobile application. This mobile application is equipped with face-auth technology that eliminates the dependency on any external authentication device. Mobile application is being leveraged for door to door campaign.

- Transaction Management System (TMS 2.0):** The Transaction Management System (TMS 2.0) is being launched to improve in-patient registration, pre-authorisation, admission, initial diagnosis, follow up, claims management and payments.

- National Portal, Dashboard & Analytical Solution:** NHA has developed analytical dashboards which monitors the status of implementation of AB PM-JAY based on Key Performance Indicators and generate reports for the same. Analytical reports help identify trends with respect to beneficiary identification and claim management, and further feed data for grievance and fraud analysis.

7.13 Nudge & Innovation Unit

The Innovation Unit within the National Health Authority serves as a dynamic hub dedicated to catalyzing transformative changes in healthcare. Its mission is to harness the power of creativity and

cutting-edge technology to drive forward the evolution of healthcare services and systems to make quality healthcare affordable. This unit actively seeks out innovative ideas, fosters collaborations with external partners, and conducts research to identify emerging trends in healthcare.

Policy and Operational Innovations for better service delivery at NHA

Ensuring the continuous enhancement of AB PM-JAY processes to make them more user-friendly and efficient is an ongoing endeavor. Achieving this goal involves several key strategies. First, there is a focus on technological advancements, which entails incorporating more IT-based processes and automating specific functions to minimize the need for manual intervention.



Additionally, the National Implementation Unit (NIU) actively explores global as well as State best practices to seek guidance on resolving internal challenges and implementing solutions.

Randomized Controlled Trial (RCT) - SMS Campaign

The Nudge Unit in partnership with Behavioral Insights Team (BIT), UK supported by the British High Commission worked on designing interventions for the PM-JAY scheme based on the problem statement of "Increasing beneficiary awareness and utilization of the scheme" The objective behind this includes:

- To reach out to beneficiaries who already have PM-JAY cards, to empower them with awareness that would help in utilizing the scheme and monitor the same.
- To conduct this awareness campaign with scientific temper and research to test the levels of awareness of beneficiaries pre and post intervention.

NIU along with consultations of the BIT team and support of the M&R team developed the 1st RCT for NHA. The States viz. Bihar and Chhattisgarh were chosen for pilot. A baseline assessment on around 1 lakh beneficiaries having Ayushman cards from the pilot States of the campaign was conducted. Finally, three behaviorally designed messages were sent to a population of approximate 3 lakh beneficiaries who were part of the trial group. The results will be gazed

over the period of next quarter.

Compiling and Launching the States Best Practices and Innovations Booklet

The NIU team worked on creating a knowledge product that would enable cross-learning of the States with respect to best practices in implementing the PM-JAY scheme. The categories under which best practices were received were; Institution setting, Hospital Operations and Management, IEC, Beneficiary Verification, Audit and Compliance, and Grievance Redressal. The final shortlisted practices were published in the State Best Practices & Innovations Booklet launched during Arogya Manthan 5.0.

8. Key initiatives under the scheme

8.1 Aapke Dwar Ayushman

NHA launched 'Aapke Dwar Ayushman' (ADA) campaign on 1st March, 2021 across 33 States/UTs implementing AB PM-JAY with the intent to expedite Ayushman card creation. Further, taking cue from the experience of running ADA 1.0 and ADA 2.0, NHA has launched ADA 3.0 on 17th September 2023 as part of Aysuhman Bhava campaign, wherein self-verification feature for beneficiaries through Ayushman App has been enabled.

To boost the creation of cards across the country, card distribution and delivery campaigns were launched across the States by Hon'ble Prime minister and Hon'ble Home minister.

State wise Ayushman card delivery campaign

S. No.	State / UT	Date of launch	Card Delivery Announced
1	Assam	14th April, 2023	1.1 Crore
2	Gujarat	17th October, 2022	50 Lakhs
3	Uttar Pradesh	7th July, 2023	1.60 Crore
4	Madhya Pradesh	1st July, 2023	1 Crore
5	Chhattisgarh	7th July, 2023	75 Lakhs
6	Jammu & Kashmir	23rd June, 2023	40 Lakhs
7	Karnataka	27th March, 2023	1.38 Crore

Further, with the intent to achieve saturation of Ayushman card creation, 'Ayushman Bhava' campaign has been launched by Hon'ble President of India on 13th September, 2023 all across the country. This campaign envisages saturation of different health care schemes at village level by reaching out to the last mile beneficiaries. Accordingly, 'Ayushman Bhava' initiative involves a set of interventions that includes 'Aapke Dwar Ayushman 3.0', 'Ayushman Sabhas', 'Ayushman Bharat – Health Melas' and eventually ensuring village to attain the status of 'Ayushman Gram'.

8.2 District Implementation Unit (DIUs)

A three-tier implementation framework under Ayushman Bharat PM-JAY has been setup to operationalize the scheme; National Health Authority at national level, State Health Agencies (SHAs) at States / UTs, and District Implementation Unit at district level. At the national level, National Health Authority (NHA), provides the policy directions, Central share of funding and monitors the mission across the country. At the level of the State / UTs, SHAs are in the pre-eminent position when it comes to implement the scheme. District implementation units (DIUs) are responsible for co-ordinating between various stakeholders at the grass-roots level.

It has been generally observed that cutting edge stakeholders play a pivotal role in the successful implementation of any scheme. Hence, in order to strengthen the District Implementation Unit, the Governing Board of NHA directed for uniform constitution of DIUs

Some of the key points with regard to the implementation of DIU are as follows:

- i. States / UTs to notify rules to setup DIUs across all districts, exceptions for districts with less population
- ii. DIUs to work under guidance of Executive Council with District Collector as Chairman, respective Hon'ble Member of Parliament as patron, Hon'ble MLA as member, CMO as Member Secretary along with DPM (NHM) and DPC (PM-JAY).
- iii. The Chief Medical Officer shall be the administrative head of the operational set-up of the DIU. The operation set-up of DIU shall consist of:

» District Program Coordinator (DPC) (beneficiary identification, IEC, hospital engagement/empanelment)

» District Operations Manager (DOM) (grievance redressal, fraud control, capacity building)

» District information System Manager (DISM) – (technology readiness, monitoring, reporting)

iv. DIU may be housed at District Hospital, or at the office of the Chief Medical Officer or any designated place in the district as stipulated by the SHA. Adequate infrastructure including laptops, printers, office-furniture etc may be provided to DIU.

v. DIUs shall be provided with a revolving fund of Rs. 1 Lakh for operational activities

8.3 Beneficiary Facilitation Agency (BFA)

Deployment of BFAs

NHA has empanelled dedicated beneficiary facilitation agencies (BFAs) to be onboarded by SHAs (it is optional). BFAs shall deploy dedicated Pradhan Mantri Arogya Mitras (PMAM) at public hospitals and ensure that all aspects of scheme – patient registration, preauthorization, claim submissions happen in a streamlined and time-bound manner. These BFAs are proposed to be paid based on the actual claim reimbursed. The implementation of BFAs in few States like Madhya Pradesh, Uttarakhand etc. has shown significant increase in utilization of scheme in public hospitals.

Onboarding of BFA by States

Madhya Pradesh is one of the pioneer States in the country to adopt BFA in December 2021. BFAs are currently functional in 09 States/UTs. Wider adoption of BFAs has led to increased utilization of PM-JAY at Government hospitals in these States.

States having adopted BFAs		
Madhya Pradesh	Uttarakhand	Bihar
Rajasthan	Punjab	Maharashtra
Himachal Pradesh	Gujarat	Uttar Pradesh

Impact of BFAs in Madhya Pradesh

The engagement of BFAs in the State of Madhya Pradesh shown a tremendous improvement in public hospitals. The trend of hospital admission pre and post BFA and claim submission in public and private hospitals in Madhya Pradesh shows a very encouraging picture recording an increase of 256% in public hospitals (from Qtr-1 2021-22 to Qtr-2 FY 2023-24). Such an encouraging result led to wider adoption of the BFA across States.

8.4 Adhikar & Mangal Kamna Patra

NHA has a robust system of beneficiary empowerment and collecting feedback from the beneficiaries. In order to further make the feedback processes more robust and personalized, NHA has brought the concept of Mangal Kamna Patra having the following components:

- i. Adhikar Patra which is given to beneficiaries at the time of hospital admission to make them aware of their entitlements under the scheme
- ii. The second part includes Mangal Kamna Patra which collects feedback from the beneficiaries. The inputs provided by beneficiary would be verified by Call centre.

This is included as part of TMS 2.0

8.5 Green Channel Payment

Timely settlement of claims is one the key component through which the participation of the hospitals empanelled under the scheme is ensured. For this, NHA has launched an initiative called the Green Channel Payments (GCP) under which partial payment of 50% of the claim amount is automatically released to the hospitals at the time of claim submission, while the balance is released after the normal claim adjudication process. GCP is applicable for hospitals with sound credentials.

The Green Channel Payment (GCP) benefit for Empanelled Health Care Providers (EHCPs) under AB PM-JAY is designed to ensure early settlements of claims and incentivise good performing hospitals. The swift disbursement of finances to the EHCPs against their claims will allow them to have better access to funds. It will foster a more conducive environment and empower these facilities to deliver healthcare services efficiently and cater to a larger number of beneficiaries, thus contributing to the overall success of the scheme.

8.6 e-RUPI

An innovative, people and purpose specific cashless e-vouchers known as digital solution – 'e-RUPI'. This digital payment card in the mode of Direct Benefit Transfers will guarantee that the stored money value reaches its beneficiary and can be used for the specific benefit or purpose for which it was intended. It is a QR code or SMS string-based e-Voucher, which is delivered to the mobile of the beneficiaries. This one-time payment mechanism is easy and safe, will enable the beneficiaries to redeem the voucher without a card, digital payments app or internet banking access.

Looking at the far-reaching benefits of e-RUPI, it was decided to use it for the purpose of service delivery under AB PM-JAY. Presently, e-RUPI is being used for payment of diagnostic services in AB PM-JAY. Currently, hospitals are paid based on a defined health benefit package. These packages include the cost of bundled services inclusive of consultancy charges, diagnostic charges and post discharge medicine charges etc. For e-RUPI, the packages have been unbundled to separately create base package, diagnostic test and post discharge medicine. The types and number of diagnostic tests for each of the package/procedure has been pre-defined for e-RUPI as per the standard treatment guideline.

The digital nature of e-RUPI allows for easy tracking and monitoring of payments. This transparency helps authorities ensure that the funds are being utilized efficiently and effectively for healthcare services under AB PM-JAY.

8.7 Revamped IT system

In order to enhance the user experience on these IT platforms, NHA has revamped the existing IT system. Some of the key initiatives undertaken include:

- Ayushman app launched enabling Ayushman card creation through mobile phone.
- New BIS 2.0 enabled with self-registration feature which enables beneficiaries to create Ayushman card for himself/herself along with his/her family.
- Technology of face-auth: The self-verification mode is equipped with the latest technology of face-auth based authentication along with OTP, IRIS, and fingerprint.

8.8 User Management Portal (UMP)

User Management Portal (UMP) is aimed to facilitate the users to access the various PM-JAY application through the single ID and password. User will no longer be required to create separate credentials in each application of PM-JAY IT ecosystem. Instead, a single sign-on facility such that users will be required to login once and all the NHA authorized applications will be accessible under the same screen is made available with UMP.

UMP facilitates users to create Aadhaar mapped unique User ID and Password that can be used across the PM-JAY IT platform.

9. Financial Outlay

National Health Authority receives funds under following broad categories:

- **Grant in Aid for Implementation:** This fund is for core activities of the scheme under PM-JAY, i.e. for paying central share of premium to insurance company and to hospitals. National Health Authority released the due proportionate respective share of premium depending upon the category of State/ UT based on the number of eligible families to the respective State Health Authority.
- **Grant in Aid for Administrative Expenses:** This Fund is the operating fund for State Health agencies. It accounts for all financial resources of the general administration expenses of the State offices to run the scheme smoothly and effectively
- **Grant in Aid for Head Quarter Expenses:** This Fund is the NHA's primary operating fund. It accounts for all financial resources of the NHA Administration expenses for running the scheme smoothly and effectively, except those required to be accounted for in another fund.

The details with regard to fund outlay and utilization under AB PM-JAY is enclosed as Annexure -1.

Annexure-1

Broad details of fund received and utilized under AB PM-JAY

Amount in Crore

Financial Year	BE	RE	Funds Released/ Utilized
2018 -19	2,400	2,160	1,849.5
2019 -20	6,400	3,200	2,992.9
2020 -21	6,400	3,100	2,544.1

Financial Year	BE	RE	Funds Released/ Utilized
2021 -22	6,400	3,199	2,940.6
2022 -23	6,412	6,412	6048.6
2023 -24	7,200	6,789	6,060.4

1.6.2 CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

The Central Government Health Scheme (CGHS) is a health scheme mainly for serving / retired Central Government employees and their families. The scheme was started in Delhi in the year 1954. Over the time it has spread to 80 cities. It serves nearly 15,67,212 primary cardholders and 44,24,969 beneficiaries through a net work of 341 Allopathic Wellness Centres and 106 AYUSH Units.

Salient Features of CGHS/Facilities available to CGHS beneficiaries

- CGHS provides comprehensive OPD facilities and medicines through its large network of Wellness Centres, polyclinics and labs – Details thereof are at Annexure –A
- CGHS has empanelled 1997 Hospitals and Diagnostic Centres in different cities for carrying out investigations and indoor treatment facilities -
- CGHS refers the beneficiaries to Government hospitals /specialists of empanelled Hospitals for expert consultation and on the basis of their recommendation the patients are referred to private hospitals as per their choice for indoor medical treatment.
- CGHS beneficiaries are permitted for seeking OPD consultation from specialists at Private hospitals empanelled under CGHS after being referred by any Medical Officer/CMO of CGHS Wellness Centre.
- Direct Consultation from Specialists at empanelled hospitals in respect of elderly CGHS beneficiaries aged 75 years and above.
- Medicines are issued against the prescription of CGHS doctors and other Government doctors and as per the prescribed formulary and are supplied from the dispensary store. The medicines not available in the dispensary are procured through Authorized Local Chemist and provided to patients.
- CGHS provides specialist consultation through CGHS Specialists at Poly Clinics, Central Government Hospitals and also from Specialists of empanelled hospitals after referral from CGHS. In

addition GDMOs with Specialist qualifications also provide specialist advice.

Subscription rates for CGHS membership

Contribution for CGHS card depends upon the level of Pay of the serving/pensioner beneficiary:

LEVEL	CONTRIBUTION PER MONTH	CONTRIBUTION PER YEAR (PENSIONER)	CONTRIBUTION FOR LIFE TIME (PENSIONER)
LEVEL 1 TO 5	250/-	3000/-	30,000/-
LEVEL 6	450/-	5400/-	54,000/-
LEVEL 7 TO 11	650/-	7800/-	78,000/-
LEVEL 12 & ABOVE	1000/-	12,000/-	1,20,000/-

Details of CGHS hospitals and Wellness Centres:

The Central Government Health Scheme (CGHS) has 447 CGHS Wellness Centres and Units (341 Allopathic and 106 AYUSH) in the country at different locations / cities providing medical care to its members in Allopathic, Homeopathic, Ayurvedic, Unani and siddha systems of medicine.

In addition hospitals functioning under CGHS are as indicated below:-

- (1) Maternity and Gynae Hospital, R.K. Puram, New Delhi - a 40 bedded hospital.
- (2) Ayurvedic Hospital, Lodhi Road, New Delhi - a 25 bedded hospital.

The Ministry has taken following recent initiatives for improvement of CGHS:-

CGHS has signed MoAs with Institutes of National Importance, viz., AIIMS, New Delhi, PGIMER, Chandigarh and JIPMER, Puducherry and AIIMS located at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, Rishikesh, Bilaspur, Rajkot, Kalyani, Bhatinda, Bibinagar and Mangalagiri(14), to facilitate cashless treatment facilities to Pensioner beneficiaries at these premier institutions.

Tele-consultation through C-DAC's E-Sanjeevani Portal:- (<https://esanjeevani.mohfw.gov.in>) is a service that enables beneficiaries, particularly senior citizens, to consult specialists online. CGHS Specialists are available for Internal Medicine, Psychiatry, Orthopedics, Ophthalmology, and ENT from 9.30am to 6.00pm Monday to Friday, and 7.30am to 2.00pm on Saturdays.

Online access to CGHS card: CGHS beneficiaries have the option to download the CGHS beneficiary

card and index card online, which is valid for availing all the CGHS facilities. The CGHS card can be stored in Digilocker, accessed through myCGHS app and can be transferred online on transfer/shifting of residence.

Online appointment system: CGHS beneficiaries can take advantage of the online appointment system (OAS) to book a slot to consult a general OPD doctor or specialist at any Wellness Centre across the country. Half hour time slots are available for booking and the roster of doctors for each month is mapped online.

Mobile Application: CGHS has its own mobile app, 'myCGHS', available on Google Playstore and soon to be available on App Store, to provide access to a digital CGHS card and other information like the history of medicines issued, permissions, details of family, etc. The app also allows the beneficiary to book online appointments to consult a CGHS doctor or specialist, and provides geolocations of CGHS Wellness Centres and AD Offices, including the location of the nearby Wellness Centre.

CGHS own grievance portal:- The Central Government Health Scheme (CGHS) has developed a grievance module, enabling beneficiaries to lodge their complaints online on the web portal.

Linking of CGHS Ben ID with ABHA ID (Ayushman Bharat Health Account): This has been enabled online for portability of health records across health ecosystems once all health organizations on board Ayushman Bharat Digital Mission.

Per capita expenditure on CGHS

Year	Total expenditure (in Crores of Rs.)	No. of beneficiaries (in Crores)	Per Capita Expenditure (in Rs.)
2010 - 11	1,296	0.32	4,050
2011 - 12	1,562	0.34	4,594
2012 - 13	1,691	0.36	4,697
2013 - 14	1,839	0.37	4,970
2014 - 15	1,799	0.28	6,425
2015 - 16	1,977	0.29	6,817
2016 - 17	2,238	0.31	7,219
2017 - 18	2,843	0.32	8,884
2018 - 19	2,983	0.33	9,039
2019 - 20	3,966	0.36	11,331
2020 - 21	4,204	0.38	11,063
2021 - 22	4,334	0.399	10,862
2022 - 23	6,409	0.43	14,905
2023 - 24	6085	0.45	13,522

1.6.3 HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG)

Under Health Minister's Discretionary Grant (HMDG), financial assistance upto a maximum of Rs.1.25 Lakh is provided to poor patients to cover a part of expenditure on hospitalization / treatment of life-threatening diseases in Government hospitals/institutes. During FY 2023-24, financial assistance amounting to Rs.63.50 Lakh has been released for medical treatment of 55 patients.

1.6.4 UMBRELLA SCHEME OF RASHTRIYAAROGYA NIDHI (RAN)

Under the Umbrella Scheme of Rashtriya Arogya Nidhi (RAN), one-time financial assistance is provided to patients living below threshold poverty lines of respective States / Union Territories and suffering from life-threatening diseases for medical treatment at Government hospitals / institutes.

Currently, the Scheme has two components viz. (i) Rashtriya Arogya Nidhi (RAN) - to provide financial assistance to patients suffering from life-threatening diseases other than cancer (maximum financial assistance is Rs.15 Lakh), (ii) Health Minister's Cancer Patients Fund (HMC PF) - to provide financial assistance to patients suffering from cancer (maximum financial assistance is Rs.15 Lakh).

Details of funds released during FY 2023-24 under the two components of Umbrella Scheme of RAN are given below:

Component	Funds Released (Rs. in Crore)	Number of Beneficiaries
Rashtriya Arogya Nidhi (RAN)	12.28	136
Health Minister's Cancer Patients Fund (HMC PF)	2.08	21

1.6.5 NATIONAL POLICY FOR RARE DISEASES (NPRD), 2021

The Government has launched National Policy for Rare Diseases (NPRD), 2021 in March, 2021 for the treatment of rare disease patients. The detailed policy is available at Ministry's website <https://main.mohfw.gov.in/documents/policy>.

As on date 57 rare diseases have been identified and categorized into 3 groups and financial support up to Rs. 50 lakhs is provided to the patients suffering from any category of the Rare Diseases for treatment in any of the Centres of Excellence (CoE) mentioned in NPRD, 2021.

Till date, the MoHFW has identified 12 Government tertiary hospitals as Centres of Excellence (CoEs) for rare diseases:

1. All India Institute of Medical Sciences, New Delhi
2. Maulana Azad Medical College, New Delhi
3. Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow
4. Post Graduate Institute of Medical Education and Research, Chandigarh
5. Centre for DNA Fingerprinting & Diagnostics with Nizam's Institute of Medical Sciences, Hyderabad
6. King Edward Medical Hospital, Mumbai
7. Institute of Post-Graduate Medical Education and Research, Kolkata
8. Center for Human Genetics(CHG) with Indira Gandhi Hospital, Bengaluru
9. Institute of Child Health and Hospital for Children (ICH & CH), Chennai
10. All India Institute of Medical Sciences (AIIMS), Jodhpur
11. Sree Avittam Thirunal Hospital (SAT), Government Medical College, Thiruvananthapuram
12. All India Institute of Medical Sciences (AIIMS), Bhopal

A total of Rs. 34.99 crore and Rs. 74 crore till date have been released to CoEs for treatment of patients suffering from rare diseases for the Financial Years 2022-23 and 2023-24 respectively.

A digital portal for crowd funding and voluntary donations for treatment of the patients suffering from rare diseases has been launched and can be accessed through <https://rarediseases.nhp.gov.in>.

1.6.6 INDIAN RED CROSS SOCIETY (IRCS)

Introduction

The Indian Red Cross is the largest statutory humanitarian organization in India. It has always been at the forefront of humanitarian activities and works tirelessly to alleviate suffering during any man-made or natural disaster. It is a huge family of 26 million volunteers, members and more than 3500 staff. It reaches out to the community through a network of over 1200 branches spread throughout the country. It attempts to reduce vulnerabilities among affected people and empower them and their community to mitigate the impact of disasters.

1. Annual General Meeting at Rashtrapati Bhavan

The Hon'ble President of India and Indian Red Cross Society, Smt. Droupadi Murmu, graced the ceremonial session of the Annual General Meeting (AGM) of the Indian Red Cross Society (IRCS) on 17th July 2023 at the Rashtrapati Bhawan Cultural Centre. More than 300 delegates from across the nation participated. The AGM was held in the physical presence of Governors and Lieutenant Governors from nine states and Union Territories, while several others joined virtually. Hon'ble President of India felicitated the best performing Red Cross State and UT branches and distinguished Red Crossers for their outstanding contribution to the Indian Red Cross Society. A total of seven awards in three different categories were presented.



The Business Session was presided over by Dr. Mansukh Mandaviya, Hon'ble Chairman of IRCS and Hon'ble Minister for Health and Family Welfare and Chemicals & Fertilizers, GoI. He gave merit certificates to 6 distinguished Red Crossers. He stated that IRCS may win the Nobel Peace Prize for its work. He exhorted Red Crossers to work towards it to fulfill this cherished award. He went on to say, "Health is not a commerce in India; it is a service in India," emphasising that service is more than just a phrase; it is our culture, and the Red Cross can do a lot in the sphere of service to mankind.

2. Janaushadhi Kendra: to commemorate the 73rd birthday of the Hon'ble Prime Minister, Shri Narendra Modi, Hon'ble Health and Family Welfare Minister and Chairman of the IRCS, Dr. Mansukh Mandaviya and the Hon'ble Gujarat Health Minister and Vice-President of the Gujarat Red Cross, Shri Rushikesh bhai Patel inaugurated Janaushadhi Kendras in Gujarat on 17th September, 2023. Sh. Ajaybhai H. Patel, Chairman of the Gujarat State Branch of the IRCS, played an important role in obtaining funding for the operation of 73 Pradhan

Mantri Bhartiya Janaushadhi Kendras in various Gujarat government hospitals. These Kendras shall be run by the Indian Red Cross Society.



3. Disaster Management

During the year heavy rainfall, floods, landslides, earthquakes, cyclone, cold waves, train accidents and incidents of fire, riots have affected different parts of the country. State branches namely Uttarakhand, Himachal Pradesh, Manipur, Maharashtra, Andhra Pradesh, Gujarat, Punjab, Delhi, Haryana, Telangana, Karnataka, Assam, Tamil Nadu, Uttar Pradesh, Delhi, Punjab, Bihar, Rajasthan & West Bengal were provided relief materials from existing stocks at different warehouses.



Non-food items released included 23,550 woollen blankets, 13,500 mosquito nets, 12900 kitchen sets, 66970 hygiene kits, 13500 plastic buckets, 12700 tarpaulins, 100 family tents & 158 bed sheets worth Rs. 71, 89,7162.00 approx. were released.

- A total of 13 vehicles (Blood Collection Vans – 11 & Mobile Health Units – 02) had been delivered to the IRCS State/ UT branches during the period 1st April 2023 to 31st March 2024.

- On 12 November 2023, a section of the Silkyara Bend–Barkot tunnel, planned to connect National Highway 134 in the Uttarkashi district of Uttarakhand, India, caved in while under construction. The collapse occurred at around 05:30 IST and trapped 41 workers inside the tunnel. Rescue operations were immediately launched, with a number of government agencies. IRCS supported the local authorities in the rescue operation and provided necessary support to the staff.



4. Blood Program

1. IRCS (NHQ), Blood Centre collected 21344 blood units and conducted over 368 blood donation camps in and around Delhi from 1st April 2023 to 31st March, 2024.
2. 48,769 Blood/Blood components were prepared. A total 27924 units of blood components were issued to the patients admitted in Government Hospitals, Thalassaemic and Hemophilic Patients, Private Hospitals/ Nursing Homes.
3. In Delhi, 900 Thalassaemic patients are registered with Red Cross Blood Centre who get blood regularly from IRCS NHQ Blood Centre.
4. To commemorate Hon'ble Prime Minister Sh. Narendra Modi's birthday the Government of India held Seva Pakhwada 2023 across the country from 17th Sep - 2nd Oct 2023. This initiative involved the public and government institutions in the areas of health, education and sanitation. Indian Red Cross Society held several blood donation camps across the country.
5. IRCS, NHQ Blood Centre participated in the Health Mela organized by Guru Gobind Singh Indraprastha University at Talkatora Stadium from 5th to 10th October, 2023 to mark its Silver Jubilee Year Celebrations. 164 units of blood were collected during the Mela.

6. A blood donation camp was organized by IRCS, blood centre in the Supreme Court of India on the occasion of Swami Vivekananda Jayanti.



The Chief Justice of India, Hon'ble Dhananjaya Y. Chandrachud inaugurated the blood donation camp. 81 people from Supreme Court of India voluntary donated their blood.

7. **Hon'ble President of India and President of Indian Red Cross Society, Smt. Droupadi Murmu visited her native place, Uparbeda in Odisha.** She was given a warm welcome by the Junior & Youth Red Cross volunteers. She also interacted with them. Activities like assistance to poor & needy, first aid demonstration, setting up JRC unit in SLS school were some of the highlights of the occasion.

8. Vice Chairman, IRCS NHQ, Dr. Anant Pandhare accompanied with the Secretary General, IRCS, Sh. R. K Jain called on the Hon'ble President of India and Hon'ble President of IRCS, Smt. Droupadi Murmu on 21st March 2024. Hon'ble President was briefed about the activities of Indian Red Cross Society.



9. Indian Red Cross Society, Telangana State Branch, held a voluntary blood donation camp at Chegur RR district, Telangana. Hon'ble President of India & President of IRCS, Smt. Droupadi Murmu

graced the occasion. Dr. Smt. TAMILISAI Soundaram, Hon'ble Governor of Telangana and IRCS State President was also present.

10. **The National Managing Body Meetings were held on 25th April & 18th Dec, 2023 at IRCS, NHQ.**

Both the Meetings were chaired by Hon'ble Chairman, IRCS, NHQ and Hon'ble Health and Family Welfare Minister, Dr. Mansukh Mandaviya.



Dr. Anant Pandhare, a Presidential nominee on the IRCS NHQ Managing Body, was unanimously elected as the Vice Chairman of the National Managing Body in its meeting held on 18th December 2023.

11. New Initiatives

IRCS, NHQ has been making efforts to streamline the training in first aid being held all through the country by the branches. In this regard several directions & advisories have been issued. One of the initiatives has been to hold online examinations for evaluating the competence of the trainees. The NHQ has hired the services of a PSU to help devise the nitty gritty details. The pilot project for examining & pre testing the system being envisaged is being implemented in Delhi, Haryana & Punjab.

12. Wearable Device Project

Indian Red Cross Society, National Headquarters with the support of Canadian Red Cross handed over wearable device project to IRCS Kerala state branch in the month of December 2023. The details of assets handed over to the IRCS, Kerala state branch after completion of project include; Wearable Device from ECIL – 500 Nos, Clinical Monitoring software license, laptop for project monitoring - 05 nos, office furniture etc. Dr. Betman Bhandari, Canadian Red Cross Country Representative to India, Mr. Ajit Singh Rawat, DM dept. & Mr. Rajesh Chawla, Finance dept. from

IRCS, NHQ visited Kerala State Branch in this connection.

13. Bhutan Red Cross Society team exposure visit to Indian Red Cross Society, NHQ

A team of officers from Bhutan Red Cross Society visited IRCS, NHQ on Friday, 29th September. The objective of the visit was to learn and gain valuable insights into the functioning of the National Societies in this region. Joint Secretary, IRCS NHQ, Dr. Anoop Kumar Puri interacted with the visiting team.



14. Meeting with IFRC Asia Pacific Regional Officials

Secretary General Sh. R.K Jain had a meeting with IFRC Asia Pacific Regional Officials. Deputy Regional Director- Ms Juja Kim and Head, Humanitarian Diplomacy and Regional Liaison- Ms Hanne Mathisen on 11th April, 2023. Mr. Udaya Regmi, Head of Country Cluster Delegation, IFRC, also attended the meeting.

15. Press Institute of India and ICRC Annual Media Awards 2023

Deputy Secretary, IRCS, NHQ Sh. N.K Singh attended 17th edition of the Press Institute of India and ICRC Annual Media Awards at India Habitat Centre, New Delhi on 24th Nov, 2023. The awards were given for the best article and best photograph on a humanitarian subject. The theme for 2023 was stories of resilience in humanitarian disasters, response and challenges. The inaugural address was given by Mr. Kedir Awol Omar, HOD, ICRC. Sh. Rajendra Ratnoo, Executive Director of NIDM was the special guest. The panellists included; Dinesh. C. Sharma, senior journalist and author, Gayatri Ramanathan, Journalist and communications professional, Urvashi Sarkar, Journalist and author, Surinder Oberoi, Senior Journalist, Divya

Pushkarna, Disinformation Advisor, Medecins Sans Frontieres, Marie- Servane Desjonqueres, Senior Communications Advisor, ICRC.



16. TB Project

During the FY 23-24, 712 patients have been covered in the project districts in the states of Punjab and Haryana with the adherence rate of above 91%. The project covered awareness meetings, care and support, patient counseling, IEC activities & discussion sessions at the government health facilities at their TB units & door to door services. Health checkup & TB screening camps were also organized.

17. Project BHISHM

On 5th January the Bheeshma Cube was brought to the Constitution Club, New Delhi. IRCS Vice Chairman, Sh. Anant Pandhare and Managing Body Members; Dr. Senjam Sunil Singh, Sh. Shivdular Singh Dhillon & Dr. Arumalla Sridhar Reddy, Secretary General Sh. R.K Jain, Joint Secretary, Dr. Anoop Kumar Puri, Dr. Vanshree Singh, Director, IRCS Blood Center and officials of IRCS, IFRC & ICRC attended the demo session.

Project BHISHM is a joint project of the Indian Navy and the DRDO (Defence Research and Development Organisation) to develop a world-class hospital in disaster affected areas. The heart of this innovative disaster hospital lies in its 72 cubes, each of which contain an array of essential equipment and supplies.

Among these are an operation theatre, a mini-ICU, ventilators, blood test equipment, an X-ray machine, a cooking station, food, water, shelter, a power generator, and more. These 72 cubes contain almost everything needed for the survival of 100 patients for a period of 48 hours. It can treat more than 200 patients at a time.

1.6.7 ST. JOHN AMBULANCE (INDIA)

Mandate, Governing Structure and Activities of St. John Ambulance (India)

The St. John Ambulance (India) is one of the largest philanthropic, non-sectarian voluntary, charitable and humanitarian organisation engaged in providing relief to the distressed, sick and injured-irrespective of their nationality, race, sex, religion, belief, language and class or political inclinations.

St. John Ambulance (India) has two wings- Association Wing and Brigade Wing. The Association Wing imparts training in First Aid, Home Nursing, Hygiene & Sanitation and Mother Craft & Child Welfare. St. John's first-aid training reaches schools, colleges, airport staff, mines, scouts, NCC, Community Projects, factories, railways, drivers and conductors, Civil Defence and Home guards, Police Personnel, Army personnel, prisons and reformatory schools and the general public. The Brigade Wing is a body of disciplined, dedicated. and trained volunteers who are ready to provide support and help in times of natural calamities and emergencies.

Also, the volunteers provide first aid cover in public congregations, festivals, Republic Day, Independence Day and other such occasions. The services are also provided during emergencies like accidents, fires, floods, earthquakes, and other catastrophic situations. During the FY 23-24, 153,274 Professional Certificates & 22,643 Student Certificates were issued.

1.7 DISEASE CONTROL PROGRAMME (NHM)

1.7.1 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

PREAMBLE

The National Center for Vector Borne Diseases Control (NCVBDC) is an umbrella programme for prevention and control of vector borne diseases namely Malaria, Japanese Encephalitis (JE), Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. Out of these six diseases, three diseases namely Kala-azar, Lymphatic Filariasis and Malaria are targeted for elimination. The States/UTs are responsible for implementation of the programme, whereas NCVBDC provides technical and financial assistance to the States/UTs in the form of cash & commodity, under the overarching umbrella scheme of National Health Mission (NHM).

Malaria, Filariasis, Japanese Encephalitis, Dengue and Chikungunya are transmitted by mosquitoes whereas Kala-azar is transmitted by sand-flies. The transmission of vector borne diseases depends on prevalence of infective vectors and human-vector contact, which is further influenced by vector bionomics, ecological and social factors like climate, sleeping habits of human beings, type of vector, density and biting of vectors, migration of human population and development activities.

Strategies for prevention and control of Vector Borne Diseases (VBDs) under NCVBDC are as follows:

- i. Integrated Vector Management includes Indoor Residual Spraying (IRS) in selected high-risk areas, Long Lasting Insecticidal Nets (LLINs) in high malaria endemic areas, use of larvivorous fish, anti-larval measures in urban areas including bio-larvicides and minor environmental engineering and source reduction for prevention of breeding.
- ii. Disease Management involves early case detection with active, passive and sentinel surveillance followed by complete and effective treatment, strengthening of referral services, epidemic preparedness, and rapid response.
- iii. Supportive Interventions aim at Behavior Change Communication (BCC), Inter- Sectoral Convergence and Human Resource Development through capacity building.
- iv. Vaccination only against Japanese Encephalitis.
- v. Annual Mass Drugs Administration (MDA) against Lymphatic Filariasis.

Malaria:

Malaria is a parasitic disease caused by plasmodium parasites. There are 4 parasite species that infect humans are Plasmodium vivax (P.vivax), Plasmodium falciparum (P.falciparum), Plasmodium malariae (P. malariae) and Plasmodium ovale (P.ovale). It is transmitted by the bite of an infected female Anopheles mosquito. In India, P. vivax and P. falciparum are most commonly reported from India.

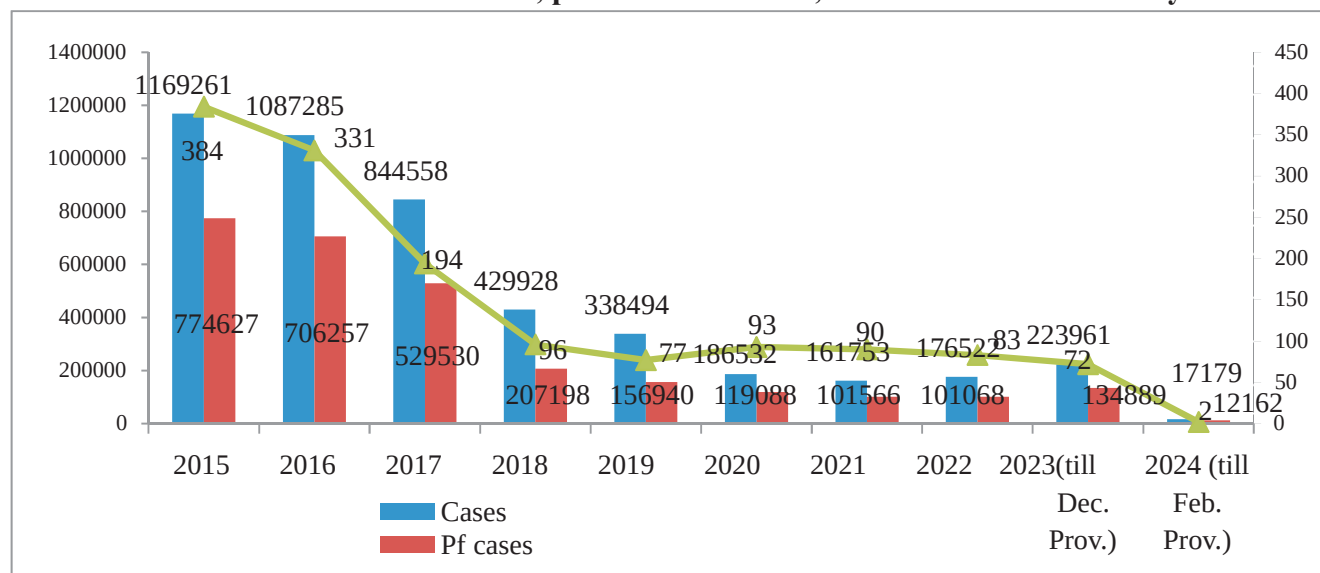
Epidemiological Situation

In 2023, surveillance has increased in 28 States Annual Blood Examination Rate (ABER) of Country is 11.62 and Blood Slide Examination is 16,47,38,643.

In 2023 a total of 2,27,564, cases of malaria with 1,37,945 Plasmodium falciparum cases and 83 deaths have been reported as compared to 1,76,522 cases with 1,01,068 Plasmodium falciparum cases and 83 deaths, amounting to 28.91% and 36.48% increase in malaria cases and Plasmodium

falciparum cases during the same period in 2022. In 2024 till February (Provisional) a total of 17,179 cases of malaria 12,162 cases of Plasmodium falciparum malaria cases and 2 deaths have been reported.

Trend of total malaria cases, pf cases and deaths, 2015 to 2024 till February



Road Map for Malaria Elimination

- Government of India envisages eliminating malaria by 2030 in a phased manner.
- Launch of National Framework for Malaria Elimination (NFME) 2016- 2030 in February, 2016 by Hon'ble Health Minister.
- Dissemination of NFME 2016- 2030 to all States and UTs with instructions to initiate key actions.
- Launch of Operational Manual for Malaria Elimination - April, 2016: The National Strategic Plan (NSP) 2017-2022 for Malaria Elimination was launched in July 2017 by Hon'ble Health Minister.
- Award to the Districts/States for achieving 'Zero indigenous case status' and maintaining it for three consecutive years on attaining sub-national malaria elimination, instituted for Year 1 and Year 3.

The broad strategies under National Framework for Malaria Elimination (2016-2030) are:

- Early diagnosis and complete treatment
- Case-based surveillance and rapid response
- Integrated vector management (IVM)
- Indoor residual spray (IRS)

- Long-lasting insecticidal nets (LLINs) / Insecticide treated bed nets (ITNs)
- Larval source management (LSM)
- Epidemic preparedness and early response
- Monitoring and evaluation, Programme planning and management
- Advocacy, coordination and partnerships, Behavior change communication and community mobilization

Achievements in 2023

- India has made substantial progress in reducing malaria burden. The country has achieved a reduction of 80.53% in malaria morbidity and 78.38% in malaria mortality between 2015 and 2023.
- In 2023, National Annual Parasite Incidence was 0.16 per 1000 population and total 34 States/UTs have achieved and Annual Parasite Incidence less than one except 2 States Tripura (5.69) and Mizoram (14.23).
- In 2023, 122 districts in the country have reported 'zero malaria cases' and only 33 districts have API 1 and above.

- Among 182 tribal districts, there has been 82.29% reduction in malaria morbidity and 78.22% reduction in malaria mortality as compared to 2015.
- Malaria has been made notifiable in 34 States/UTs (except Andaman & Nicobar Islands and Bihar).
- 28 States have constituted the State Task force for Malaria Elimination.
- Malaria microscopy, the gold standard for malaria elimination, has also been strengthened by National Refresher training and certification of a core group of Laboratory Technicians from different States. There are 9 L-1 and 14 L-2 WHO certified Laboratory technicians for strengthening microscopic activity and laboratory capacity building.



- Asia Pacific leaders conclave on Malaria Elimination 2023 chaired by Government of India in partnership with APLMA on 24th April, 2023 at New Delhi.



- World Malaria Day was jointly observed by NCVBDC, NCDC, Indian Council of Medical Research (ICMR) and WHO Country office, on 25th April, 2023 at, NCDC Delhi.

Training activities in 2022-23

- National Centre for Vector Borne Disease Control conducted four batches of National level Malaria Microscopy training at NCVBDC, Delhi

from 17th-28th January, 2023, 3rd-8th July, 2023, 10th-15th July, 2023 and 9th-14th October, 2023

- National Centre for Vector Borne Disease Control conducted External Competency Assessment (ECA) Training on Malaria Microscopy for certification of the LTs from different States w.e.f. 30th January to 3rd February, 2023 and 16th-20th October, 2023.

Review Meetings and Advisories issued during 2023

- A mock TRP workshop organized by the RBM partnership to end Malaria through its Country Regional Support Partner Committee (CRSPC) to prepare and support for the countries submitting their funding application Grant Cycle 7 for 2023-2025 from 2nd-4th May, 2023 at Darkar, Sengal.

- Review meeting to evaluate the progress of the U.P. state in controlling vector-borne diseases was held in BHU Varanasi, Uttar Pradesh on 11th May, 2023 under the chairmanship of JS (VBD).

- Field visit in the Lunglei and Mamit district of Mizoram from 29th May to 31st May and debriefing meeting under Chairmanship of Hon^{ble} Health Minister Mizoram on 1st June, 2023.

- Field visit in Dhalai district of Tripura from 21st to 22nd June, 2023 and debriefing meeting under the Chairmanship of Hon^{ble} Chief Minister Tripura on 23rd June, 2023.

- Hon^{ble} Union Health & Family Welfare Minister, reviewed VBD programme (Virtually) with 22 States on 30th June 2023.

- International Symposium on Public Health and diplomacy in Dhaka, Bangladesh from 11-12 July, 2023.

- Virtual meeting to review the preparedness of states for prevention and control of VBDs in the ensuing monsoon under the chairmanship of DGHS on 13th July, 2023.

- Regional meeting of the National Malaria Programme Managers in Southeast Asia Region and malaria drug resistance monitoring network in Colombo Sri Lanka from 18th-20th July, 2023

- NCVBDC conducted various State Review Meeting to review programme activities for prevention and control of malaria Regional Review meeting of 10 Project States to review the status of the GFATM supported project (IMEP-2) project and

to discuss the road map for Malaria Elimination from 16th-18th March, 2023 at Nagaland.

- Regional Review meeting of 10 Project States to review the status of the GFATM supported project (IMEP-2) project and to discuss the road map for Malaria Elimination from 5th-7th October, 2023 at Ranchi, Jharkhand.
- NCVBDC in collaboration with the WHO organized Training of Trainers (ToT) Workshop on Surveillance and IHIP-VBD Portal from 3rd to 4th November 2023 in Panchkula, Haryana.

Global Fund Supported Malaria Elimination Project

Goal: To reduce malaria morbidity at least 50% and mortality by at least 75% in project areas by 2023 compared to baseline 2018

Objectives:

- Achieve near universal coverage of population at risk of malaria with an appropriate vector control intervention (LLIN).
- Achieve universal coverage of case detection and treatment services (in project areas) to ensure 100% parasitological diagnosis of suspected malaria cases and complete treatment of all confirmed cases.
- Strengthen the surveillance to detect, notify, investigate, classify and respond to all cases and foci in all districts (in project areas) to move towards malaria elimination.
- Achieve near universal coverage in project areas by appropriate BCC activities to improve knowledge, awareness and responsive behavior regarding effective preventive and curative interventions.
- Ensure effective programme management and coordination to deliver a combination of interventions for malaria elimination.

Project Period: The Global Fund to fight AIDS, Tuberculosis & Malaria (GFATM) is supporting malaria control in India since 2005. GF supported Intensified Malaria Control Projects (IMCP) I to III were implemented from July 2005 - December 2017. From January 2018 – March 2021 Intensified Malaria Elimination Project (IMEP) was implemented in 7 North-Eastern States and Madhya Pradesh. From April 2021 onwards Intensified Malaria Elimination Project-2 has been implemented in 10 states {i.e. 7 North-Eastern States (Arunachal Pradesh, Assam, Meghalaya, Mizoram,

Nagaland, Manipur & Tripura), Odisha, Jharkhand and Chhattisgarh} covering 166 million population in 155 districts.

Achievements: Global Fund support is received in the form of LLINs, Human Resource, capacity building, monitoring & supervision including mobility support. Continuous support from Global Fund has helped in substantial reduction in morbidity and mortality in 7 NE States. Till 2023 in comparison to 2015, there was 67.55% reduction in malaria cases, and 79.26% reduction in deaths in NE states.

- Under IMEP-2, total 46,83,239 LLINs have been supplied to Northeastern states.
- 15 Entomological zones have strengthened by providing entomological kits, microscopes & laptops.
- In 2023, Out of 115 districts, 31 districts reported zero malaria cases and 104 districts reported API less than 1.

Kala-azar

Kala-azar or Visceral Leishmaniasis is a complex disease, caused by the parasite *Leishmania donovani* and is transmitted by female sand fly *Phlebotomus argentipes*. The disease is fatal, if not treated timely. In India, Kala-azar cases are mainly reported from 54 districts of 4 States i.e. Bihar (33 districts), West Bengal (11 districts), Uttar Pradesh (6 districts) and Jharkhand (4 districts). Government of India has targeted Kala-azar elimination by reducing the annual KA case incidence to <1 per 10,000 population at block level by 2023.

To achieve this goal, following strategies have been implemented in the programme:

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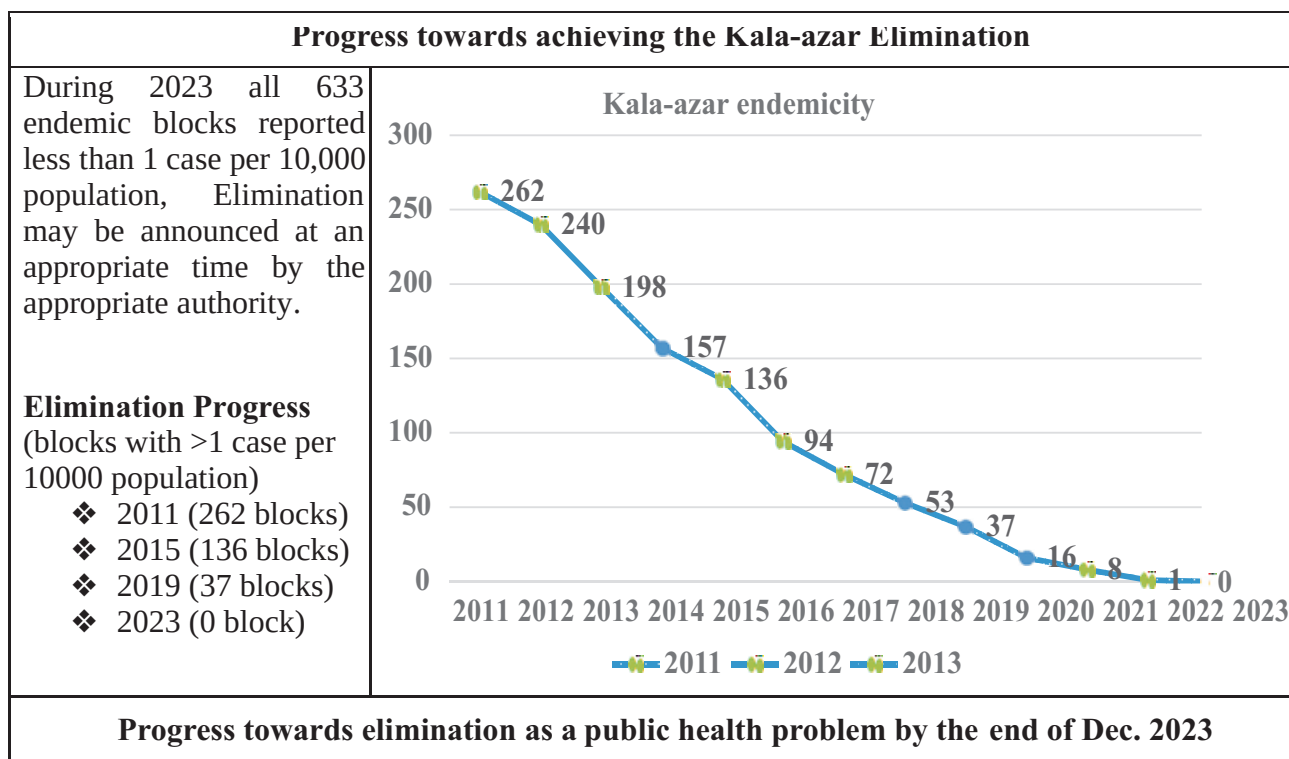
- Early diagnosis & complete case management
- Integrated Vector control and Vector Surveillance
- Supervision, monitoring, surveillance, and evaluation
- Strengthening the capacity of human resource in health
- Advocacy, communication and social mobilization for behavioral impact and inter-sectoral convergence and
- Programme management.

In 2019, an intensified action plan was developed in

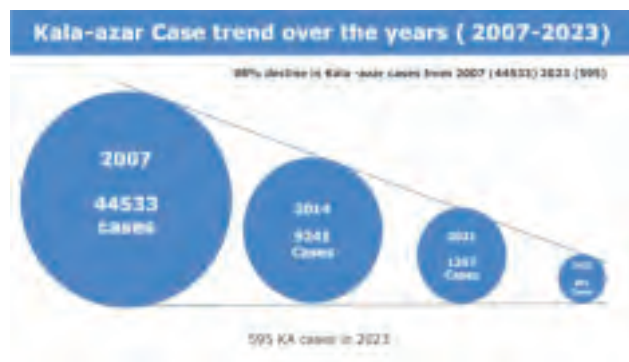
consultation with KA endemic States and other stakeholders. The action plan defined the role and responsibility of all the stakeholders involved in the programme, with a clear timeline for accelerated activities. High focus has been given to strengthening of surveillance activities, six rounds of active case detection to be carried out in endemic areas with special attention on 277 villages persistently reporting KA/PKDL cases over a few years.

Achievements

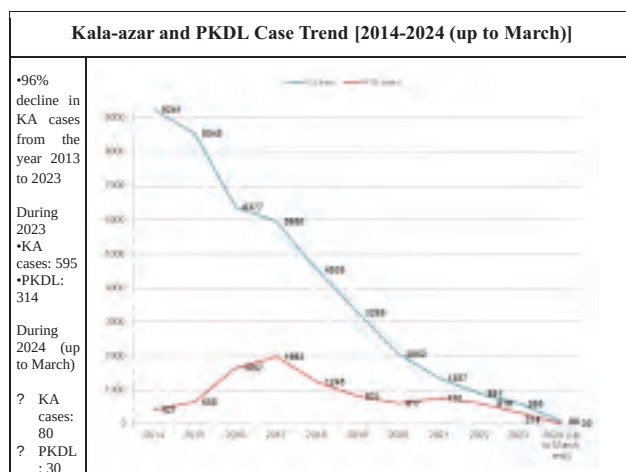
- All 633 endemic blocks have started reporting less than 1 case per 10,000 population, indicating that the benchmark for the elimination of KA as a public health programme stands achieved by the end of 2023. Elimination may be announced at an appropriate time by the appropriate authority.
- The Uttar Pradesh (2019), West Bengal (2017), Bihar (2022) and Jharkhand (2023) States have achieved the elimination target at the block level and are sustaining the progress.



The program brought a significant decline in Kala-azar morbidity. KA cases have decreased by 99.22% (595 cases in 2023) since the start of intensified KA activities in 1992 (77,102 cases).



- During 2023, 595 Kala-azar cases and 314 Post Kala-azar Dermal Leishmaniasis (PKDL) have been reported in Kala-azar endemic states registering a decline of 33.22% in KA cases and 49% in PKDL respectively as compared to the corresponding period of 2022.
- During 2024 up to March (P), 80 Kala-azar cases and 30 Post Kala-azar Dermal Leishmaniasis (PKDL) cases have been reported in Kala-azar endemic States. A reduction of 48.38% in VL cases and 64.28% in PKDL cases have been reported in comparison with the corresponding period of 2023.



Programme Implementation & Initiatives during 2023

- Hon'ble HFM reviewed Kala-azar with Health Ministers of Kala-azar endemic states of Bihar, Jharkhand, Uttar Pradesh and West Bengal on 4th January 2023.
- National Consultant KA visited Dumka and Pakur districts of Jharkhand for monitoring and supervision of Kala-azar Elimination programme from 15th to 20th January 2023.
- 1st G20 Health Working Group meeting held on 18th & 19th January 2023 at Trivandrum, Kerala. Delegates from around 40 countries and international organizations participated in the meeting. Along with the various national health programmes, NCVBDC was also invited for the exhibition to showcase the Visceral Leishmaniasis Elimination in India.



Hon'ble HFM visit during G20 exhibition

- State of West Bengal conducted Annual State Level review meeting of Kala-azar Elimination Programme on 19th & 20th January 2023 under the Chairmanship of Special Secretary.

- Virtual meeting with KAMIS IT team regarding KAMIS credential access status held on 2nd February 2023.
- Meeting under the Chairmanship of DGHS at DGHS Resource Center, Nirman Bhawan, held on 6th February, 2023 regarding study to understand transmission dynamics in KA affected villages by CARE, India.
- A review meeting of the TSC Committee held on 20th February 2023 under the Chairmanship of DGHS at DGHS Resource Centre, Nirman Bhawan, to review / finalize the technical specifications of Rapid Diagnostic Kit for Kala-azar & Synthetic Pyrethroid (wdp) (used for Indoor Residual Spray).
- Virtual review meeting was held with four KA states under the Chairpersonship of Director NCVBDC on 15th March 2023.
- Central Team visited Dumka and Pakur to monitor Kala-azar Elimination Programme and IRS activities in Jharkhand, from 20th to 23rd March 2023.
- Review meeting of VL and LF Programme by JS VBD with NCVBDC Officials held on 21st March 2023.
- The 1st round of IRS has been completed in the state of Bihar and Jharkhand and 99% & 96% population has been covered during 1st round of IRS respectively.
- KA review meeting under the Chairmanship of JS (VBD) held on 26/04/2023.
- Virtual Review Meeting on the progress of Kala-azar Elimination programme under the Chairpersonship of Director, NCVBDC held on 28th April, 2023.
- A Virtual Review Meeting was held on the progress of Kala-azar Elimination programme under the Chairmanship of JS(VBD) on 28th April, 2023.
- JS(VBD) reviewed virtually all VBD programmes on 8th May 2023.
- VBD review meeting held under the Chairmanship of JS(VBD) and Director, NCVBDC on 11th May 2023 at BHU, Varanasi.
- Virtual meeting held on 12th June 2023 under the Chairmanship of Director, NCVBDC, regarding susceptibility test report for Alphacypermethrin against sand fly vector in KA district.
- Introduction of Gerard Process as a local initiative to reduce the density of sandfly in crevices

of Kaccha houses, which has contributed to significant reduction of Kala-azar cases in the community.



- Virtual meeting held on 15th June 2023 with ICMR, Delhi regarding susceptibility status of sand fly against Alphacypermethrin in KA district.
- Debriefing meeting by the WHO team on comprehensive assessment of the kala-azar elimination programme was held at Nirman Bhawan on 12th July 2023 under the Chairmanship of JS, VBD.
- Virtual meeting held on 13th July 2023 under the Chairmanship of DGHS, MoHFW to review the preparedness of States for prevention and control of Vector Borne Diseases in the ensuing Monsoon Season.
- A Hybrid meeting was held to commence the urgent transfer of KAMIS to IHIP to ensure continued operations. The meeting was attended by officials from NCVBDC, KAMIS IT team, and WHO IHIP team on 06th July 2023.
- A follow-up, a virtual meeting held to discuss further on the KAMIS IHIP module for system design, server and code along with demonstration on 24th July 2023.
- NCVBDC participated and showcased the elimination journey of Kala-azar in exhibition at G20 Deputies and Health Ministers Meeting from 17th to 19th August 2023 held in Gandhinagar, Gujarat.
- Virtual review meeting on Kala-azar logistic status was held under the Chairpersonship of Director NCVBDC on 22nd August 2023 with all four KA endemic states.
- A meeting with the Kala-azar programme division and WHO on KAMIS transition process was held on 5th September 2023 at NCVBDC Seminar room.
- Meeting on Cross Border Collaboration for Elimination of Malaria, Kala-azar and Lymphatic Filariasis along the India-Nepal International Border held on 12th-14th September in Lucknow Uttar Pradesh.
- Follow up virtual meeting held on LF and VL data modeling and way forward with IIT Mumbai on 19th September 2023
- Training on PIP process for LF, VL and Malaria division on 25th September 2023 at Seminar Room, NCVBDC.
- A review meeting was held on 7th October 2023 under the Chairmanship of JS (VBD) and Director, NCVBDC at Ranchi on LF and VL situation of Jharkhand.
- Deputy Secretary, VBD reviewed logistics status of VBD drugs & diagnostics including Kala-azar on 9th October 2023.
- JS, VBD reviewed procurement and supply status of VBD drugs & diagnostics including Kala-azar on 11th October 2023.
- Review meeting under the Chairmanship of JS(VBD) held on 18th October 2023 along with CMSS and Bihar State towards balance stock of Synthetic Pyrethroid used in IRS for Kala-azar endemic areas.
- A virtual meeting was held on 23rd October 2023 to discuss the KAMIS dashboard functionality.
- Kala-azar review meeting was held under the Chairpersonship of AS&MD on 25th October 2023 to discuss the issue of reporting of Kala-Azar case in Littipara Block of Pakur District in Jharkhand.
- A meeting was held on 30th October 2023 under the Chairpersonship of Director, NCVBDC with WHO to discuss the KAMIS dashboard functionality.
- Secretary Health reviewed procurement of drugs and diagnostics of VBDs including Kala-azar on 8th November 2023.
- PS to MoS reviewed VBDs on 13th November 2023.

- Jharkhand KA review by Joint Secretary (VBD) with SPO Jharkhand at Nirman Bhawan held on 28th November 2023.
- A meeting was held under the Chairmanship of Joint Secretary (VBD) to discuss the current status and way forward regarding onboarding status of all programmes under IHIP VBD portal on 11th December, 2023
- Additional Secretary (procurement) (VHZ) reviewed the ongoing procurements of NCVBDC including Kala-azar with CMSS in weekly review meeting held on 14th December 2023 and 22nd December 2023.
- Parliamentary Standing Committee Meeting was held on 28th December 2023.
- A review meeting was held on 9th January 2024 by Hon'ble HFM with Senior Officials of MoH&FW wherein Kala-azar Elimination was also discussed.
- Central team from NCVBDC including Malaria Inspector from CCCO (Central Cross-Checking Organization) unit visited the Vaishali and Saran districts of Bihar from 8th to 13th January 2024 for post-IRS vector surveillance and monitoring of Kala-azar Elimination activities.
- Central team from NCVBDC including Malaria Inspector from NCVBDC visited Pakur district of Jharkhand from 21st to 26th January 2024 for post-IRS vector surveillance and monitoring of Kala-azar Elimination activities.
- A meeting with NDMC was held on 22nd January 2024 under the Chairpersonship of the Director, NCVBDC for the requirement of data of Kala-azar and Lymphatic filariasis.
- A virtual review meeting was held on 24th January 2024 under the Chairmanship of JS(VBD) with KA endemic state's Mission Directors, Deputy Commissioners, states and medical colleges to review Kala-azar Elimination programme.
- A virtual review meeting was held on 28th February 2024 under the Chairpersonship of Director NCVBDC to assess the Kala-azar elimination activities with the 4 KA endemic states (Bihar, Jharkhand, Uttar Pradesh, and West Bengal).
- Preparatory activities for 1st round of IRS are under progress by all the KA endemic states.

- Review cum training of trainers for 2024 IRS and active case search was conducted by Jharkhand state in four endemic districts from 28th to 29th February 2024.

- 103rd Meeting of Governing Body (GB) of CMSS, MoH&FW was held on 22.03.2024, in Conference Room, CMSS, HQ, under the Chairpersonship of AS&DG, MoH&FW & Chairperson, GB, CMSS wherein procurement of Synthetic Pyrethroid (WDP) under tolerance clause for NCVBDC was discussed.

- JS(VBD) reviewed VBD programme on 26th and 28th March 2024 for Vikshit Bharat Five Year Action Plan.

Field visits

- Field visit to Pakur district of Jharkhand to monitor KA elimination activities to 11th to 12th April 2023.
- Field visit to Deoria and Khushinagar district of UP for monitoring of IRs and other Kala-azar implementation activities from 17th to 20th April 2023.
- NPO WHO, Kala-azar visited two districts of Sikkim and West Bengal for monitoring and review of KA Elimination programme from 15th to 20th May 2023.
- Consultant Kala-azar, NCVBDC visited Jharkhand from 23rd to 27th May 2023.
- The CCCO team visited district Pakur of Jharkhand from 24-05-2023 to 27-05-2023 for collection of vectors (mosquito & sand fly).
- JS(VBD) visited West Bengal on 2nd & 3rd June 2023 for review of KAE, LF and Leprosy programmes.
- NPO WHO visited Jharkhand for the Kala-azar Elimination Programme from 13th to 16th June 2023.

Trainings/Capacity building

- National Vector Borne Disease Control Programme (NCVBDC) organized a National workshop on Kala-azar programme for the faculties of Medical colleges on 29th March 2023, at Kolkata. Overall, 21 medical college faculty /professors participated in the event.
- Transition of KAMIS dashboard to IHIP initiated.

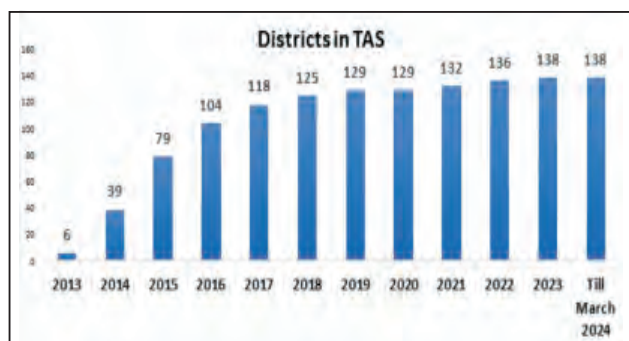


National Workshop for sensitization and engagement of medical colleges in Kala-azar Elimination Programme, Kolkata, West Bengal (29th March 2023)

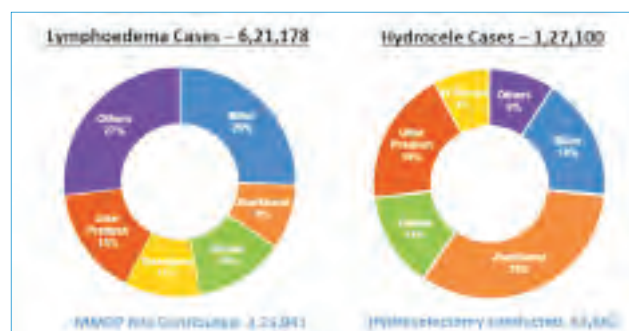
Lymphatic Filariasis

Lymphatic Filariasis (LF) is a serious debilitating and incapacitating disease transmitted through the bite of a culex mosquito. The Government of India has set a target for the elimination of Lymphatic Filariasis by 2027.

The overall estimated population at risk from filaria infection is about 746 million in 345 endemic districts of 20 States and UTs (75% of MDA districts are from 5 states of Bihar, Jharkhand, Uttar Pradesh, Odisha and Telangana). 6 States have stopped MDA (Goa, Puducherry, Dadra & Nagar Haveli and Daman & Diu, Tamil Nadu, Lakshadweep, Andaman & Nicobar Islands). Also, 138 districts (40%) have stopped MDA and have cleared the Transmission Assessment Survey.



The disease burden of Lymphoedema, Hydrocele cases in 2023 is presented below.



- Total Lymphedema cases are 6.21 lakhs and Hydrocele cases are 1.27 Lakhs (cumulative).
- Morbidity Management and Disability Prevention Kits (containing a plastic bucket, mug, soap, towel, and antifungal cream) distributed for lymphedema cases are 3,35,941 kits in 2023.
- Hydrocelectomy surgeries conducted in 2023 are 63,682.

India has taken some key initiatives in the recent past to accelerate the elimination of LF from the country:

- Government of India scaled up the intervention of triple drug therapy over the years across States, with domestic procurement. It started with 1 district of Bihar in 2018 to reach 76 districts in 10 States till March 2024.
- For the enhanced monitoring of MDA and Social Mobilization, a provision of additional Human Resources to the endemic States for achieving better compliance during MDA rounds with additional budget of 13.95 lakh per district (for 10 high endemic high focus blocks) is allocated as per the MSG approval.
- The LF program historically had two pronged strategies of Mass Drug Administration (MDA) and Morbidity Management and Disability Prevention (MMDP). Honorable HFM launched the enhanced five-pronged strategy in January 2023 to accelerate the progress towards LF elimination.



Launch of Enhanced five-pronged strategy for ELF by Hon'ble HFM

The components of Five-Pronged Strategy are:

- Bi-annual MDA Campaign**– Annual MDA campaign strategy shifted to biannual MDA campaign in the months of February and August (kickstart on 10th of both months), which are synchronized with NDD. This enhances the interruption of LF transmission through mass drug

administration (MDA) by the administration of single dose of anti- Filaria drug DEC + Albendazole (DA) & Ivermectin + DEC + Albendazole (IDA).

ii. Morbidity Management and Disability Prevention (MMDP): Home base management of lymphoedema cases and up scaling of hydrocele operations in identified CHCs / district hospitals / medical colleges for alleviation of sufferings in already affected patients. Ensuring availability of at least 1 MMDP clinic per IU (Block) in all endemic states for Lymphedema care with integration of MMDP services at the Primary Health Care level (Health & Wellness Centers).

iii. Vector Control (Surveillance & Management): Intersectoral coordination with other Ministries/Departments e.g. Ministry of Water & Sanitation, Panchayati Raj, HRD, Urban and Rural Development, Municipal Corporation etc. for the control of vector of LF & Integration with Swachh Bharat Mission & Smart City Mission.

iv. High-Level Advocacy- Multisectoral coordinated efforts with allied departments for their continued support towards the LF elimination program.

v. Innovative Approaches- Explore alternative tests for current FTS or Mf detection tools used for both stopping decisions and surveillance and Real-Time Reporting through National LF dashboards.



- Active engagement of allied departments and medical colleges to make it a “Jan Andolan” and lead to LF elimination in all the endemic districts by 2027, This whole movement is further supported with periodic reviews by NITI Aayog .
- The cumulative MDA coverage of the total population has shown increasing trends from the last few MDA campaigns. 171 districts conducted the Mass Drug Administration (MDA) in 2023 with overall coverage of 82%. In the February 2024 MDA Campaign (91 districts) the overall coverage was 84%.
- The State wise details of reported coverage for MDA rounds are given in the table below.

Consolidated MDA states coverage for MDA Round 2023, and Feb 2024.

State MDA coverage in 2023.

S. No.	State	Total Population	Reported Coverage	MDA % overage Achieved Against Total Population
1	Andhra Pradesh	2604957	2024658	78%
2	Assam	693366	456798	66%
3	Bihar	99478524	75632774	76%
4	Chhattisgarh	8460613	7664078	91%
5	Jharkhand	29769563	24378115	82%
6	Karnataka	3468182	3066932	88%
7	Madhya Pradesh	9910262	8479508	86%
8	Maharashtra	6730819	6151055	91%
9	Odisha	31397883	27387467	87%
10	Telangana	4334945	3730586	86%
11	Uttar Pradesh	137851567	115189932	84%
12	West Bengal	6099737	5028708	82%
	Grand Total	340800418	279190611	82%

Feb 2024 - State MDA Coverage

S. No.	State	Total Population	Reported Coverage	MDA % Coverage Achieved Against Total Population
1	Karnataka	1714370	1486077	86.70%
2	Gujarat	552795	486122	87.90%
3	Assam	562043	416442	74.10%
4	Bihar	70351888	58114624	82.60%
5	Jharkhand	24606511	19208677	78.10%
6	Kerala	1023245	865211	84.60%
7	Odisha	4527500	3938925	87.00%
8	Madhya Pradesh	8469134	7226210	85.30%
9	Chhattisgarh	3048100	2642163	86.70%
10	West Bengal	7984762	6580426	82.41%
11	Uttar Pradesh	35569434	31498378	88.60%
	Total	158409782	132463165	83.6%

- High-level engagement by Hon'ble HFM with Hon'ble CMs of Maharashtra, Uttar Pradesh and Assam and Hon'ble HM of Bihar, Jharkhand, Odisha, Telangana, and Chhattisgarh seeking their support during August 2023 MDA campaign.

- A series of intersectoral initiatives were implemented to improve engagement and visibility across allied departments. These efforts included a review meeting led by Hon'ble Member (Health) of NITI Aayog, aimed at fostering intersectoral coordination.

- Joint Secretaries from allied Ministries, encompassing PRI, WCD, Youth Affairs, HRD, and Tribal Departments, engaged in strategic meetings with their state counterparts, reaffirming their support for the MDA campaign. The meetings were conducted on 27th January 2023, 18th July 2023 & 16th January 2024.

- Virtual Sensitization meetings with State officials from the Ministry of Youth, PRI and HRD were conducted in continuation of the meeting with NITI Aayog.

- Secretary(H&FW) subsequently issued advisories to Secretaries of the above-allied ministries for Intersectoral convergence for August 2023 MDA campaign.

- Advisories issued for the engagement of Rotary, IMA, and IAP for upcoming MDA at State and district level.

- Advisories on MDA preparedness shared with the states. IEC and Social media toolkit for the

August 2023 MDA campaign released and shared with the States.

- Central Monitoring Teams were constituted which conducted field visits prior and during the MDA campaign. Sensitization meetings with the faculty of medical colleges were also conducted for coverage evaluation surveys by Director NCVBDC.

- Launch of 2nd Phase of MDA by Hon'ble Health Minister Dr. Mansukh Mandaviya on 10th August 2023.

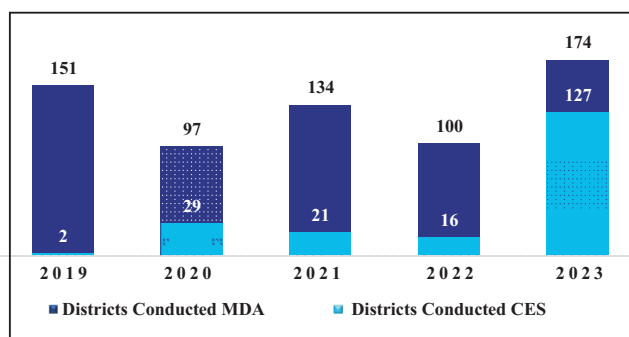
- Furthermore, National level meetings have been regularly conducted by AS&MD (NHM), JS (VBD) and Director NCVBDC prior to and during the MDA campaign with Senior State Leadership to ensure quality MDA campaign covering 9 MDA states.



- Field visits for 2023 MDA Round for monitoring were conducted in States of Andhra

Pradesh, Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Telangana, Uttar Pradesh, and West Bengal

- With improved collaboration, engaged 197 Medical Colleges along with periodic sensitization meetings which resulted in medical colleges conducting Coverage Evaluation Survey (CES) in MDA districts that has increased from 1% in 2019 to 73% in 2023. 127 districts conducted CES out of total of 174 that conducted MDA in 2023.
- More than 70% of the medical colleges completed and shared CES reports within 2 months of completion of the MDA mop up activity in 2023.



- Field visits were conducted for February, 2024 MDA Round for monitoring were conducted in States of Assam, Bihar, Chhattisgarh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, and Uttar Pradesh
- Integration of LF Module in IHIP is under process. Onboarding & piloting of MDA module is done in one block each of 4 districts in Karnataka, during February, 2024 MDA Campaign. The rest of the integration is under development.
- Workshop with Senior Faculties of various AIIMS and other Medical Colleges on 7th December, 2023 for finalizing Early Diagnosis and Treatment Protocol for acute LF cases.
- A meeting to review IDA effectiveness and criteria for IDA was held under the Add. DGHS on December 23, 2023.
- For February, 2024 MDA Round, multiple review meetings under the chairmanship of JS-VBD were held on 20th Dec 2023, 10th January 2024 & 06th February 2024 to review MDA preparedness.
- Virtual intersectoral convergence meeting for the upcoming MDA round in February, 2024 under the chairmanship of Dr. V.K. Paul, Hon'ble Member Niti Ayog held on 16th January, 2024 followed by

meetings with National Rural Livelihood Mission and Ministry of Primary and Secondary Education.

- Light up of “New Delhi Railway Station (NDLS)” event on the 04th World Neglected Tropical Diseases (NTD) Day on 30th January, 2024 was held with JS (VBD), NCVBDC officials, officers from states & partners as participants .
- A virtual review meeting with DMs of 30 aspirational districts on MDA campaign February, 2024 was held under the chairpersonship of Hon'ble member (Health), NITI Ayog on 31st January, 2024.
- A series of virtual meetings were conducted with many allied departments on LF MDA campaign held under the chairmanship of the respected joint secretaries of WCD & Poshan on 6th February, 2024 and NRLM & HRD on 8th February, 2024 for sensitizing their SPOs.
- Launch of Mass Drug Administration (MDA) campaign held on 10th February, 2024 by Hon'ble Minister of State Prof. Shri S.P. Singh Baghel at Nirman Bhawan, New Delhi.
- Joint Secretary VBD, along with the central team visited the districts Saran and Siwan (Bihar - 11th-15th February, 2024) and Lucknow (22nd-24th February, 2024) for MDA monitoring and meeting with the PS Health Uttar Pradesh.
- Review meeting of MDA activities and preparedness for CES with medical colleges held under the chairmanship of Director NCVBDC on 28th February, 2024.



Dengue & Chikungunya

1) Dengue

Dengue is the fast spreading outbreak prone arbo-viral disease. Dengue Fever is transmitted by Aedes mosquito which is a day biting mosquito and prefers to rest in hard to find dark areas inside the houses. Aedes aegypti is the principal vector; however, at present Ae. albopictus, has also been reported to play a role in Southern and NE states. There is no drug available to cure the dengue infection.

Disease Burden

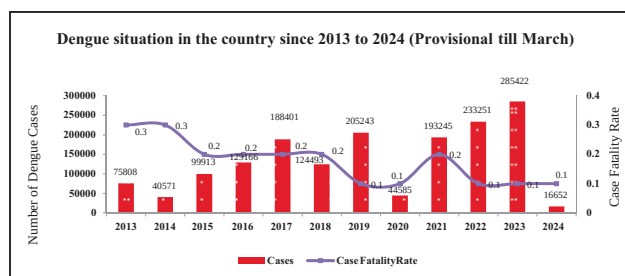
Dengue is endemic in all States/UTs (except Ladakh). Recurring outbreaks of Dengue have been reported from Andhra Pradesh, Assam, Delhi, Goa, Haryana, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Puducherry, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal.

Every year during the period of July-November, there is an upsurge in the cases of Dengue in northern parts of the country. However, in the Southern and Western parts of the country, the disease has become perennial.

During 2021, a total of 1,93,245 cases and 346 deaths were reported from 28 States and 8 UTs, whereas, in 2022, a total of 2,33,251 cases and 303 deaths were reported from 28 States and 7 UTs. During 2023 (Provisional), a total 2,85,422 cases and 339 deaths were reported. Maximum cases were reported from Uttar Pradesh (34,290), followed by West Bengal (30,683), Bihar (20,210) Maharashtra (19,029), Kerala (17,426) Delhi (16,866), Karnataka (16,539), Rajasthan (14,346), Punjab (13,688), Odisha (12,839) and Tamil Nadu (9,121). Deaths are reported from Bihar (74), followed by Kerala (55), Uttar Pradesh (35), Punjab (25), Maharashtra (21), Delhi (19), Uttarakhand (17), Rajasthan (14), Jharkhand (12), Tamil Nadu (10), Jammu & Kashmir (10), Haryana (10), Karnataka (9), Assam (7), Gujarat (6), West Bengal (4), Goa (3), Puducherry (2), Mizoram (2), Nagaland (2), and Daman & Diu (1), Telangana (1). Case Fatality Rate (CFR, deaths per 100 cases) which was 3.3 % in 1996 has come down to 0.3% in 2014, 0.2% in 2015 to 2018, 0.1% in 2019 and 2020. The CFR was 0.2% in 2021 which again came down to 0.1% in 2022 and 2023 because of improved management of Dengue cases.

During 2024 (Provisional till March), a total 16,652 cases and 13 deaths were reported. Maximum cases were reported from Kerala (3,908) followed by

Tamil Nadu (3,804), Karnataka (2,116), Maharashtra (1,220) and Andhra Pradesh (1,133). Deaths are reported from Kerala (11) and Tamil Nadu (2).



2) Chikungunya

Chikungunya is a debilitating viral illness caused by Chikungunya virus. The disease re-emerged in the country after a gap of almost three decades. This disease is also transmitted by Aedes mosquito, both Ae. aegypti and Ae. albopictus can transmit the disease. Symptoms of Chikungunya fever are most often clinically indistinguishable from those observed in dengue fever. It is characterized by fever with severe joint pain (arthralgia) and rashes. Joint pains sometimes persist for a long time even after the disease is cured. There is neither any vaccine nor drugs available to cure the Chikungunya and the cases are managed symptomatically.

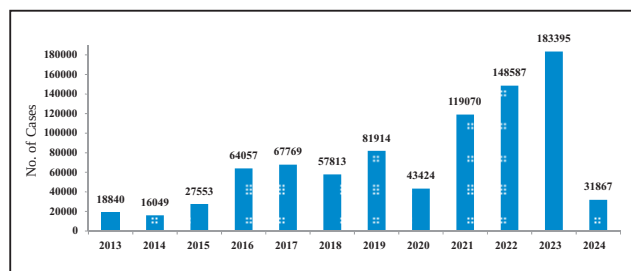
Disease Burden

After the re-emergence of Chikungunya in 2006, the number of clinically suspected Chikungunya cases reported every year gradually declined till the year 2014. However, due to the report of increased numbers of cases by few States, the disease shows an upward trend in 2015 (Karnataka) and 2016 (Delhi and nearby States). Currently, Chikungunya is endemic in all States (except Ladakh). During 2021 a total of 1,19,070 suspected Chikungunya cases were reported from 25 States/UTs, whereas in 2022, a total no. of 1,48,587 clinically suspected Chikungunya cases were reported from 29 States/UTs. During 2023 (Provisional), a total no. of 1,83,395 clinically suspected Chikungunya cases were reported from 32 States/UTs. Maximum cases were reported from Karnataka (67,026) followed by Maharashtra (31,172), Gujarat (23,894), Puducherry (10,363), Haryana (9,472) and Madhya Pradesh (8,740).

During 2024 (Provisional till March), a total of 31,867 Suspected Chikungunya cases were reported

from 26 States/UTs. Maximum cases were reported from Karnataka (11,968) followed by Maharashtra (6,187), Gujarat (4,800), Puducherry (3,012) and Madhya Pradesh (1,763).

Chikungunya situation in the country since 2013 to 2024 (Provisional till March)



Activities carried out by Government of India in 2023 and 2024 (till March)

• Advisory issued :

» Secretary,(H) to Chief Secretaries of all States/UTs on 7th June, 21st July, 18th September and 6th November, 2023

» DGHS, MoH&FW, Government of India to DHS of all States/UTs on 12th April & to CGHS, Delhi on 1st August and 16th October, 2023 to DHS of all States

» JS (VBD) to Principal Secretary (Health)/ Secretary (Health)/ Commissioner (Health) of all States/UTs on 25th April, 2023 and for Zika on 4th November, 2023

» Director, NCVBDC to DHS of all States/UTs on 10th April & 8th May, to CGHS Delhi & CPWD on 10th May and to all SPOs on 13th June, 2023

» Director, NCVBDC to DHS all States on 26th February, 2024

• State specific Advisory

» Secretary, HFW to Chief Secretary of Uttarakhand on 8th November, 2023

• Reviews:

» Parliamentary Standing Committee reviewed VBDs on 9th August, 2023

» Hon'ble HFM virtually reviewed VBDs preparedness ahead of monsoon season with Chief Ministers/Health ministers, MDs of NHM, senior officers on 30th June, 2023 and 27th September, 2023

» Secretary, HFW virtually reviewed with MDs of NHM, senior officers on 21st September, 2023

» AS&MD virtually reviewed with MDs of NHM, senior officers on 5th August and 18th October, 2023

» JS (VBD) virtually reviewed VBDs situation and action plan including Dengue & Chikungunya on 8th May and Delhi on 3rd August, 2023

» DGHS, Government of India virtually reviewed VBDs situation and preparedness including Dengue & Chikungunya of all SPO, RD, DHS & DME on 13th July, 2023

» Additional DGHS, reviewed preparedness of Dengue and Chikungunya on 6th September, 2023

» Additional DG, Government of India reviewed Dengue and Chikungunya situation on 13th February, 2023

» Principal Advisor, NCDC and Dengue Division, NCVBDC reviewed Dengue situation and preparedness in 10 southern States/UTs on 19th & 20th May, 2023

» Officers of NCVBDC virtual reviewed high burden States/UTs on 20th & 21st July, 2023

» JS (VBD) reviewed Dengue situation with CGHS in Delhi on 30th October, 2023

• JS (VBD) reviewed Zika situation in Karnataka and Maharashtra on 4th November, 2023

• JS (VBD) reviewed Dengue situation of 8 States on 25th January, 2024 and 10 States on 27th February, 2024

• Director, NCVBDC reviewed Uttarakhand State on 29th September, 2023

• Joint Director, NCVBDC weekly reviewed Dengue and Chikungunya situation in all States from 21st March, 2024 onwards.

• JS (VBD) virtually sensitized States/UTs for planning & implementation on 16th May, 2023

• **Mid-term review meetings:** Reviewed all States/UTs status of key deliverables FY 2022-23

• **Guidelines:** Hon'ble HFM released updated National Guidelines on 10th August, 2023:

» National Guidelines on clinical management of Dengue fever 2023

» National Guidelines on clinical management of Chikungunya fever 2023

• **Trainings:** Organized National ToT on Clinical management of Dengue & Chikungunya fever on 17th-18th February at Bhubaneswar-inaugurated by DGHS, 14th - 16th September at

Thiruvananthapuram and 16th - 18th November, 2023 at Delhi



- **Workshop Training:** Organized workshop on developing tools for Entomological capacity on 30th and 31st January, 2023 at Delhi and on malaria & other VBDs for 53 entomologists on 9th -13th October, 2023 at Institute of Vector control and Zoonosis, Hosur, Tamil Nadu - Virtually inaugurated by Director, NCVBDC Participant identifying vector specific during training at Hosur, Tamil Nadu, Public Health Entomologist Students from ICMR- RMRC Dibrugarh and ICMR - VCRC in November, 2023 and Tata Steel Foundation from 4th to 7th December, 2023 were trained.
- **Technical Symposium:** Organized a technical symposium under the Chairmanship of Secretary, HFW to develop Strategic framework and roadmap for dengue control in India on 22nd& 23rd March, 2023 at Delhi



- **Technical working group meeting:** Held under Chairmanship of Principal Advisor, NCDC on 24th May on development of guidelines for 'Outbreak preparedness and Response for Aedes borne diseases'



- **Regional Review Meeting:** RRM for Dengue, Chikungunya situation and preparedness of 10 States/UTs (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, West Bengal and A&N Islands) held at Guwahati on 22nd- 24th June, 2023 - inaugurated by JS (VBD)
- **Dengue Conclave:** Organized a Dengue Conclave with special focus on urban settings under the Chairmanship of AS&MD, HFW on 18th March, 2024 at Delhi



- Officers from NCVBDC provided technical support during Zika outbreak in Kolhapur, Maharashtra from 8th - 10th September, 2023.
- **Diagnostic Facilities:** For free diagnosis of Dengue and Chikungunya, 805 Sentinel Surveillance Hospitals (SSHs) with laboratory support and 17 Apex Referral Laboratories (ARLs) with advance diagnostic facility have been identified across country
- **In 2024 (till March) 848 Sentinel Surveillance Hospitals IgM Test Kits Supply (1 kit=96 tests):** In 2023, GoI supplied (SSHs) with laboratory support and 17 Apex Referral Laboratories (ARLs) with 10,877 Dengue and 3,457 Chikungunya and 2024 till March, 1403 Dengue and 519 Chikungunya test kits to hospitals identified advance diagnostic facility have been identified across country laboratories through NIV Pune.

• IEC activities

» '8th National Dengue Day' was observed across the country on 16th May to accelerate the preventive activities and advocacy before the onset of Monsoon

» Messages for awareness disseminated on Doordarshan, AIR, social media

» JS (VBD) participated in a live programme 'Total Health programme' telecasted at DD News Channel and talked on prevention and control of VBDs including Dengue on 22nd July, 2023

» Director, NCVBDC/Officers delivered lectures on observance of '8th National Dengue Day' at ICMR Headquarters and LHMC, Delhi on 16th May, 2023

• Monitoring

» Disease trend through regular reports submitted by the States/UTs

» Logistic availability to avoid any stock out

» Entomological indices to assess the risk of transmission and implementing preventing measures to liquidate any foci

» Ensured uninterrupted supply of IgM kits for Dengue and Chikungunya to all identified laboratories.

Japanese Encephalitis

• Japanese Encephalitis (JE) is an arbo-viral disease caused by JE virus.

• It is transmitted through the bite of infected Culex vishnui group of mosquitoes, mainly by Culex tritaeniorhynchus. These mosquitoes breed in rice fields mainly in rural areas.

• It occurs mainly during the monsoon season in the month of July to September and in the post monsoon season (October and November) and in other months coinciding with the rice cultivating practices

• JE is reported under Acute Encephalitis Syndrome (AES) which may be caused by wide variety of viruses, bacteria, protozoa, etc.

• JE presents in the severe form as the virus infects the brain causing encephalitis. Disease is characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis and ultimately death.

• 30–50% patients who survive have permanent neurologic or psychiatric sequelae which may include permanent behavioural or neurological problems such as paralysis, recurrent seizures or the inability to speak and listen.

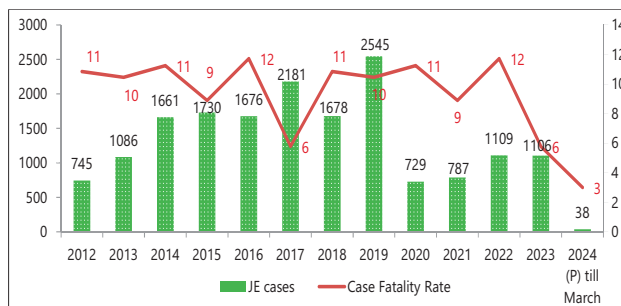
• There is no cure for the disease. Treatment is symptomatic and is focused on relieving clinical signs and supporting the patient to overcome the infection.

• Safe and effective vaccines are available to prevent JE.

Epidemiological Situation:

JE is endemic to 355 districts of 24 States/UTs. During recent years the disease is spreading to newer districts also. Around 50-80% of disease burden is contributed by Assam, Bihar, Jharkhand, Manipur, Meghalaya, Uttar Pradesh and West Bengal. High case fatality and disability are major concerns associated with JE.

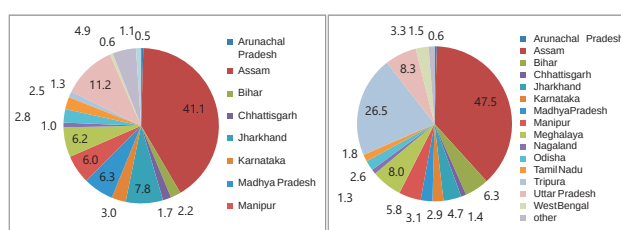
Trends of JE since 2012



• JE presents in the severe form as the virus infects the brain causing encephalitis. Disease is characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis and ultimately death.

• 30–50% patients who survive have permanent neurologic or psychiatric sequelae which may include permanent behavioural or neurological problems such as paralysis, recurrent seizures or the inability to speak and listen.

Graph showing incidence of JE in different States in 2022 & 2023



Strengthening of Diagnostic & Referral Services:

JE test kit (MAC ELISA, 1 kit contents 96 tests) supplied free of cost to the endemic states. Following services have been made in this area:

- JE Sentinel Sites Hospitals (SSHs) for monitoring and surveillance of JE: 161 in number
- Apex Referral Laboratories (ARL) with higher level of diagnostic tests: 15 in number
- Total 668 JE IgM Mc ELISA Kits were supplied in 2023.
- 109 JE IgM Mc ELISA Kits were supplied in 2024 till March 2024.

Early Referral of AES/JE cases: To strengthen early referral services, provisions have been made to incentivize ASHA with Rs.300/- cash for the referral of AES/JE cases to the higher center after confirmation of JE diagnosis.

Review/Training and Advisory:

- Advisory to all endemic States communicated on 19.01.2024 for prevention and control of JE/AES.
- Virtual review meeting on prevention and control of JE/AES held on 7.2.2024.
- The Expert Committee Meeting held under the Chairmanship of Addl. DGHS, MoH&FW, for reviewing the National Guidelines on Clinical Management on 26.03.2024.

Status of VBDs in North East Region

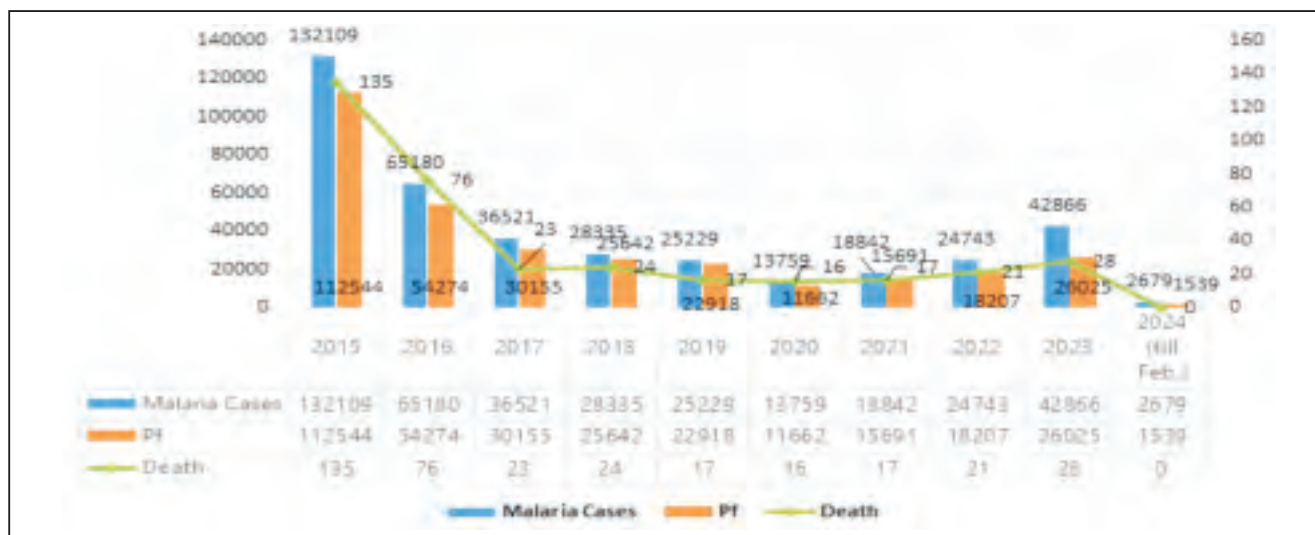
Malaria

The North-Eastern region is prone to malaria disease due to various topography and climatic conditions that largely facilitate perennial malaria transmission.

Malaria Situation in the NE States during 2015 to 2024 (till February)

Year	Cases		API	Deaths
	Total	Pf		
2015	132109	112544	2.74	135
2016	65180	54274	1.36	76
2017	36521	30155	0.75	23
2018	28335	25642	0.58	24
2019	25229	22918	0.51	17
2020	13759	11662	0.28	16
2021	18842	15691	0.38	17
2022	24743	18207	0.49	21
2023	42866	26025	0.85	28
2024	2679	1539		0

Trend of malaria in 7 NE states, 2015 to 2024(till February)



State-wise situation of Malaria in NE States 2022 and 2023

Sl No	State/UT	Cases in 2022	Deaths in 2022	Cases in 2023	Deaths in 2023
1	Arunachal Pradesh	18	0	11	0
2	Assam	280	0	567	0
3	Manipur	30	0	34	0
4	Meghalaya	479	8	1755	14
5	Mizoram	11156	10	18077	13
6	Nagaland	9	0	10	0
7	Tripura	12771	3	22412	1
	Grand Total	24743	21	42866	28

Achievements: Till 2023 in comparison to 2015, there was 67.55% reduction in cases, 76.87% reduction in Pf cases and 79.26% reduction in deaths in NE states. Among 7 NE states, 5 states have achieved state API less than 1 and only 11 districts in NE states have API more than 1 in 2023 (4 in Mizoram, 6 in Tripura and 1 in Meghalaya). From April 2021 onwards, Intensified Malaria Elimination Project-2 has been implemented in all 7 Northeastern States (Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Manipur & Tripura) along with Jharkhand, Chhattisgarh and Odisha States.

Lymphatic Filariasis:

Lymphatic Filariasis is endemic in 7 districts of Assam, whereas other States in NE region are non-endemic for filaria. These 7 districts of Assam were covered under the strategy of Annual Mass drug Administration (MDA) of Di-ethyl-carbamazine citrate (DEC) since 2004. However, since 2009, Albendazole has been co-administered with DEC. All these 7 endemic districts of Assam have successfully completed 1st Transmission Assessment Survey (TAS) and stopped MDA. Out of these 7 districts, 6 have successfully cleared 2nd TAS also and are due to conduct TAS 3 this year. Dibrugarh district had failed in 2nd TAS during 2018 and had to undertake two rounds of MDA; last round was done in the district in December 2020.

In 2023, Assam conducted mapping and identified 4 blocks across 3 districts with ongoing transmission:

1. Tinsukia (Hajpan Block),
2. Sonitpur (Rangapara Block)
3. Biswanath (Biswanath Chariali and Behali Blocks)

MDA with double drugs was conducted in Assam in 4 blocks from 31st August, 2023 till September 9, 2023. The activity was stalled in Biswanath due to reported adverse events and the State decided to postpone the MDA round to February, 2024. The overall coverage of the remaining two districts of Tinsukia and Sonitpur was 66% of the total population.

Dengue:

In recent past Dengue has been spread to various parts of NE States. The state-wise details of dengue cases from 2023 to 2024 (Provisional till March) are as follows:

Sl. No.	Affected States	2023 (Prov.)		2024 (Prov. till March)	
		Cases	Deaths	Cases	Deaths
1	Arunachal Pradesh	128	0	4	0
2	Assam	8204	7	87	0
3	Meghalaya	113	0	7	0
4	Manipur	2548	0	29	0
5	Mizoram	2060	2	91	0
6	Nagaland	4943	0	2	0
7	Sikkim	311	0	23	0
8	Tripura	1447	0	177	0

Chikungunya:

The clinically Suspected Chikungunya cases reported from Assam, Arunachal Pradesh, Meghalaya, Manipur, Mizoram, Sikkim and Tripura from 2023 to 2024 (Provisional till March) are as follows:

Sl. No.	Affected States	2023 (Prov.)	2024 (Prov. till March)
1	Arunachal Pradesh	9	0
2	Assam	100	0
3	Meghalaya	128	18
4	Manipur	0	0

Sl. No.	Affected States	2023 (Prov.)	2024 (Prov. till March)
5	Mizoram	0	94
6	Nagaland	72	6
7.	Sikkim	1316	66
8.	Tripura	1557	733

Japanese Encephalitis:

Japanese Encephalitis is endemic in all North-Eastern States except in Mizoram and Sikkim. The details of AES/JE cases are as follows:

Sl. No	Affected States	2023				2024 (P) (31.03.2024)			
		AES		JE		AES		JE	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Assam	1415	123	525	34	132	6	13	0
2	Manipur	1025	1	64	1	124	0	3	0
3	Nagaland	41	0	14	0	0	0	0	0
4	Arunachal Pradesh	18	1	7	1	9	9	0	0
5	Meghalaya	471	0	89	0	31	0	0	0
6	Tripura	156	0	9	0	23	0	1	0
	Total	3126	125	708	36	319	15	17	0

For Control of JE, Govt. of India has established 47 Sentinel Surveillance Hospitals out of total 161 SSHs in India are situated in Northeastern States for diagnosis of JE cases, of which 34 Sentinel sites in Assam, 5 in Meghalaya, 2 each in Arunachal Pradesh, and Manipur and 1 each in Nagaland, Mizoram and 2 in Tripura. Out of total 15 ARLs, 1 Apex Referral laboratory at Regional Medical Research Centre (ICMR) at Dibrugarh, Assam has also been established.

Total 76 districts have been identified under JE vaccination programme in children aged 1-15 years in NE States. 80 districts have been covered under JE vaccination campaign: 33 districts in Assam, 4 in Arunachal Pradesh, 16 in Manipur, 8 in Tripura, 7 in Nagaland and 12 in Meghalaya. In addition, adult (>15-65 yrs) JE vaccination has been completed in the identified 18 districts of Assam as adult JE is major concern in Assam.

1.7.2 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

National Leprosy Control Programme (NLCP) in India was launched in 1955. NLCP was renamed to National Leprosy Eradication Programme (NLEP) with introduction of Multi Drug Therapy (MDT) in 1983. The strategy of NLEP was based on controlling the disease through reduction in the quantum of infection in the population and reduction in source of infection, thus breaking the chain of disease transmission.

India has achieved enormous success in leprosy control, particularly in the last four decades. India achieved Leprosy elimination at National level in 2005, i.e. Prevalence Rate (PR) <1 case per 10,000 population. The Ministry of Health & Family Welfare (MoHFW) is constantly formulating strategies towards the vision of "Leprosy Free India". Recently, NLEP has introduced "National

Strategic Plan (NSP) & Roadmap for Leprosy 2023-27", which will serve as a guiding document for accelerating and reaching towards the aim of "Interruption of leprosy transmission in India" by 2027.

Key initiatives under NLEP since 2015-16 are as follows:

a) Leprosy Case Detection Campaign (LCDC)- A 14 days' Campaign in high endemic districts:

- o House-to-house visits by team encompassing one ASHA and a male volunteer.
- o Each and every member of the targeted population is to be examined by the search team.

b) ASHA Based Surveillance for Leprosy Suspects (ABSULS)- in low endemic districts

- o Conduct active surveillance of leprosy suspects including NIL reporting every month.
- o Improved monitoring and supervision of leprosy cases detection activities at village level.

c) Focused Leprosy Campaign (FLC) in low endemic districts

- o The village or urban area where Grade 2 Disability (G2D) case is detected, the area is considered a hotspot.
- o FLCs target 300 surrounding households in urban areas or the entire village in rural areas and all the people living in those hamlets should be searched out for new case.

d) Special plans for Hard-to-Reach areas

- o Hard to Reach area is an area where it is difficult to have good surveillance of leprosy.
- o This can be due to geographical, administrative, political or other reasons.

e) Prevention (Globally first started in India)

- o Post Exposure Prophylaxis (administration of Single Dose of Rifampicin): is being administered to all the close contacts of index cases as part of preventive treatment.

f) Monitoring and Supervision

- o Joint Monitoring and Investigation Group (JMIG): Visit to States/UTs by Central teams for supervision
- o Grade 2 Disability Epidemiological Investigation: To find out cause of delay in diagnosis and for further corrective actions.

- o Directory of Leprosy Experts to support programme implementation including private practitioners and medical colleges

- o Provision of certification and award for Districts in following categories:

- o Silver Category

- o Gold Category

g) IEC & Training

- o Sparsh Leprosy Awareness Campaigns (SLAC): In order to address the issue of stigma and discrimination associated with the disease, a year-wise theme-based mass awareness campaign named SLAC is being conducted across the country on Anti-leprosy Day on 30th January, since 2017.

- o National level trainings of SLOs, faculty of Leprosy Institutes, WHO Consultants etc.

h) Convergence of leprosy screening under

- o Comprehensive Primary Health Care under Ayushman Bharat (30+ yrs) through Community Based Assessment Checklist

- o Rashtriya Bal Swasthya Karyakram (RBSK) (0-18 yrs)

- o Rashtriya Kishor Swasthya Karyakram (RKSK) (10-19)

Newer Initiatives/ under NLEP in 2023-24:

- i. Revised classification of Leprosy & treatment regimen for PB & MB Cases in India as adopted by MoHFW, GOI is introduced by Central Leprosy Division on 17th January 2024 & shall be implemented in all States/UTs from 1st April 2025. This treatment Regimen for leprosy patients will mark significant step forward in our collective efforts to eradicate leprosy in India by 2027.

- ii. 25 Seconds AIR media plans for Leprosy campaign was rolled out in Coordination with Central bureau of Communication (CBC) in the seven highly endemic states (Maharashtra, Bihar, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Jharkhand, Odisha) from 16th February, 2024 to 9th March, 2024.

- iii. Implementation of tagging system for PVTGs within Nikusth 2.0 Portal for total of 17 states, as listed in Tribal Cell, which have been identified as having Particularly Vulnerable Tribal Groups (PVTGs) within their states under PM-JANMAN.

Major achievements under the National Leprosy

Eradication Programme (NLEP) during the last 6 years (2018-2024) with respect to March, 2014 are as follows:

i. The number of districts with a prevalence rate of less than 1 per 10,000 population which were 542 (2014-15) and 588 (2018 -19) has increased to 634 districts in 2023-24.

ii. Prevalence Rate (PR) has shown a decline, i.e. PR has reduced from 0.69 in 2014-15 and 0.62 in 2018-19 to 0.60 in 2023-24.

iii. The G2D amongst new cases per million population which was 4.48 in 2014-15 and 2.65 in 2018-19 has decreased to 1.63 in 2023-24.

iv. Child cases percentage in new cases detected was 9.04 in 2014-15 and 7.67 in 2018- 19 has reduced to 5.18 in 2023-24.

v. A total of 1,07,851 new cases were detected during the year 2023-24, which give an Annual New Case Detection Rate (ANCDR) of 7.55 per 1,00,000 population, as against 8.69 per 1,00,000 population in 2017-18 and 9.73 in 2014-15.

Major Indicator-wise, achievements are as under:

Indicators	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19	2019 - 20	2020 - 21	2021 - 22	2022 - 23	2023 - 24
Prevalence Rate	0.69	0.66	0.66	0.67	0.62	0.57	0.4	0.45	0.57	0.60
Percentage of Child Cases	9.04	8.94	8.69	8.15	7.67	6.87	5.76	5.45	5.38	5.18
Grade 2 Disability per Million	4.48	4.46	3.89	3.34	2.65	1.96	1.1	1.36	1.69	1.63
Annual New Case Detection Rate/ 100000	9.73	9.71	10.17	9.27	8.69	8.13	4.56	5.52	7.44	7.55

Major Indicator-wise, achievements are as under:

Year	New cases Detected	ANCDR/100000	PR/10000	Percentage of Child Cases	G2D Cases	G2D%	G2D Per million
2013 -14	126913	9.98	0.68	9.49	5256	4.14	4.13
2014 -15	125785	9.73	0.69	9.04	5794	4.61	4.48
2015 -16	127334	9.71	0.66	8.94	5851	4.60	4.46
2016 -17	135479	10.17	0.66	8.69	5179	3.82	3.89
2017 -18	126164	9.27	0.67	8.15	4552	3.61	3.34
2018 -19	120334	8.69	0.62	7.67	3666	3.05	2.65
2019 -20	114451	8.13	0.57	6.87	2761	2.41	1.96
2020 -21	65147	4.56	0.40	5.76	1572	2.41	1.10
2021 -22	75394	5.52	0.45	5.45	1863	2.47	1.36
2022 -23	103819	7.44	0.57	5.38	2363	2.28	1.69
2023 -24	107851	7.55	0.60	5.18	2335	2.17	1.63

1.7.3 THE NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

The National Tuberculosis Elimination Programme (NTEP), is an ongoing centrally sponsored programme, implemented under the aegis of the National Health Mission, with an ambitious target of achieving the Sustainable Development Goal (SDG) of eliminating Tuberculosis (TB) by 2025, five years ahead of the Global Targets.

The onset of the COVID-19 pandemic triggered lockdowns, restrictions in movement, repurposing of available NTEP and health system resources, infrastructure, diagnostics, treatment centres and manpower to fight this emerging threat, challenged the ongoing TB elimination efforts and services all over the country. NTEP's response plan and mitigation efforts included integrated TB-COVID bi-directional screening, diagnostic and treatment capacity upgrades, and co-located testing for TB (among COVID-19 patient as well as ILI/SARI patients) and testing for COVID-19 (among notified TB patients) apart from a plethora of periodically updated advisories, directives, and guidance documents issued to the states.

Large-scale active TB case-finding campaigns were undertaken with massive screening and testing in communities, health outreach workers and community volunteers were engaged to facilitate surveillance of symptoms within households, doorstep collection of samples and delivery of monthly medicine stock to help patients stick to treatment regimens and teleconsultations with patients. Private sector TB care facilities were reopened, call centres were fully activated, digital tools were rolled out along with support like direct cash transfers and supplementary food provisions were delivered to people's homes.

Also, this period saw a rise to pre-pandemic levels of various programmatic key performance indicators. In addition to the rise in case notifications and the public health action measures, as of December, 2023, 3.15 lakh private health facilities have been registered on Ni-kshay. These health facilities include standalone clinics, hospitals, nursing homes, chemists, and laboratories. Patient Provider Support Agencies (PPSAs) through domestic budgetary resources were approved for a total of 438 districts across 22 States (for the year 2022-24). To support the States for improved private sector engagement, technical support units have been set up in 14 States. In

2023, the private sector contributed notifications amounted to 8.4 lakh patients.

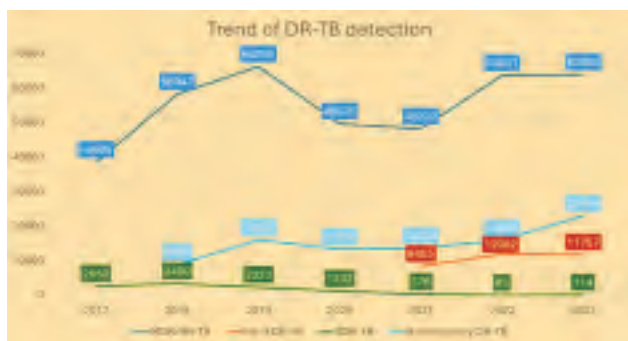
The NTEP has also initiated Sub-National Certification of Districts/States/UTs through the "District Level Annual Survey" for measuring "Progress towards TB Free Status" under bronze, silver, gold and TB Free categories measured with graded milestones of decline in TB incidence compared to 2015 levels. Districts/States/UTs are certified under the categories upon independent verification of their claim for the same by ICMR Institutes in collaboration with World Health Organisation (WHO) India and Indian Association of Preventive and Social Medicine. A total of 14 States/ UTs and another 302 districts across the country had laid claims under various categories in 2022. The verification of these claims was completed in March, 2023. 3 districts (Anantnag and Pulwama of Jammu & Kashmir, The Nilgiris of Tamil Nadu) were certified as TB Free, and 17 districts were certified under Gold category of 60% or more reduction in TB incidence. State of Karnataka and 35 districts across the country achieved silver category certification with 40% or more reduction and UT of Jammu & Kashmir and 48 districts achieved Bronze category certification with 20% or more reduction in TB incidence from 2015 levels.

Molecular diagnostic capacities were swiftly expanded and additional machines for rapid molecular testing for TB and Drug Resistant TB (DR-TB) were deployed in 2021-22. The NTEP has also initiated a transition to replace smear microscopy with upfront molecular testing using NAAT for the diagnosis of TB at 8,000 high-workload DMCs. A total of 6,495 CBNAAT/TrueNat machines are now available under NTEP with at least one rapid molecular diagnostic facility available in each district. The Programme is working diligently to further decentralize this capacity down to block levels. 68.33 lakh molecular tests were performed during 2023 with an additional 4.50 Lakh First Line LPA, 68,046 Second Line LPA, and 3,45,497 liquid culture tests performed in the same period. There are 91 Culture & DST laboratories certified by NTEP for 1st-line LPA and 78 certified for 2nd-line LPA. Liquid culture-based DST for second-line drugs is available across India at 57 laboratories and further extended to Linezolid and Pyrazinamide. Capacity is being built for DST of Bedaquiline and Delamanid at NRLs.

Five Whole Genome Sequencing Platform and one

Pyro-sequencer has been deployed at National and State level TB laboratories to be initially used for sentinel surveillance of drug resistance. Automated solution using Artificial Intelligence for LPA result interpretation through Machine Learning (ML) developed is under evaluation with ICMR.

Across the country, 826 DR-TB centres are functional to offer decentralised Drug Resistant TB (DR-TB) treatment services. This decentralisation empowers districts to minimise the gap between diagnosis and treatment, reduce the cost of travel and expedite early care of MDR/RR-TB patients within their respective districts. The access of injection-free shorter and longer oral regimens for MDR-TB patients with new drugs were expanded in all States/UTs in India. During the year 2023, 63,939 MDR/RR-TB patients were diagnosed including 11,750 Pre-XDR-TB and 114 XDR-TB patients. Total of 23,049 H mono/poly DR-TB patients were diagnosed during 2023. Out of diagnosed 58,527 (92%) MDR/RR-TB and 21,917 (95%) were initiated on treatment.



Five institutes declared as centres of excellence (CoE) in DR-TB care namely:

- [a] National Institute of Tuberculosis and Respiratory Diseases (NITRD), Delhi
- [b] Rajan Babu Institute of Pulmonary Medicine and Tuberculosis (RBIPMT), Delhi
- [c] Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai
- [d] Grant Government Medical College and Sir J.J. Hospitals, Mumbai
- [e] King George's Medical College (KGMC), Lucknow, started working based on their expertise on different thematic areas such as surgical interventions, palliative care, pulmonary rehabilitation, facilitation in difficult-to-treat TB cases, etc. NITRD developed a mobile app "Manage TB India App" to guide clinicians to design/ modify the treatment regimen for DR-TB.

Comorbidities like malnutrition, diabetes, HIV, usage of tobacco-smoking and alcohol increase the chances of an individual progressing from TB infection to TB disease within a shorter time due to weakening of the immune system and can also lead to increase in severity of TB illness and increased chances of mortality. These conditions are important contributors to TB disease burden and poor treatment outcomes. Therefore, it is essential to identify these comorbidities in persons with TB at the time of diagnosis and improving co-management as TB and its treatment can complicate the management of some of these conditions and vice versa. As per the India TB Report 2022, the most important TB-attributable risk factors at the population level are undernutrition, alcohol use disorder, smoking, diabetes, and HIV.

TB Comorbidity Coordination Committees have been constituted at National, State, and District levels as institutional mechanisms for streamlining the process of bi-directional screening, cross-referral, diagnosis and management, monitoring, and training of staff with the involvement of different programs such as NACP, NPCDCS, NTCP, RMNCH+A, RBSK/RKSK.

From January to December 2023, 34,476 TB cases were diagnosed as HIV positive, 1,81,026 were diagnosed with DM, 2,12,658 patients were identified as using tobacco, and 1,32,966 were identified as using alcohol.

As per the National Framework of TB HIV collaborative activities, Intensified TB Case Finding (ICF) activities, TB preventive treatment, and Airborne infection control activities are being focussed under the programme at the facility level. Single-window TB and HIV services are being implemented through existing ART centres. TB screening among ART centre attendees is being done using '4 symptoms screening tool'. Based on the evaluation, they are being offered TB treatment or TB preventive therapy by ART medical officers. For the period Jan to Dec 2023 (as reported by NACP), 97% of PLHIV visiting the ART centres every month are being screened for existing TB symptoms/ signs. Intensified TB Case Finding (ICF) at ICTC saw about 7% of ICTC clients being screened for TB. Molecular diagnostics (CBNAAT or TrueNAAT) are being used for early diagnosis of TB and Rifampicin drug resistance among People living with HIV (PLHIV). Out of the PLHIV tested for TB, 6% were diagnosed with TB (Jan-Dec,

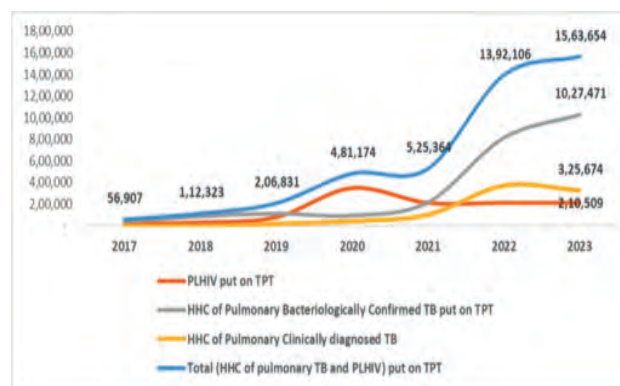
2023). Among the PLHIV co-infected with TB, 94% were initiated on antiretroviral therapy (ART) and 95% were initiated on cotrimoxazole therapy (CPT). Priority areas for 2023-24 include improved linkages of NAAT facilities, notification of all TB cases diagnosed in ART centres including those diagnosed by NAAT, and complete coverage of TB preventive treatment among PLHIV.

The Government of India provides financial support to all TB patients for their nutrition needs under the Ni-kshay Poshan Yojana (NPY) through direct benefit transfers (DBT) into the bank/post office account of the beneficiary from 2018. Till December 2023, the NTEP has cumulatively disbursed ~INR. 2,781 Crores under NPY to over 1 crore beneficiaries. The NTEP is one of the few health programs in India to use DBT to transfer monetary benefits to eligible persons affected with TB, treatment supporters, private practitioners and informants at scale. The National Health Mission also introduced an incentive to achieve 100% bank account linkage for TB patients at the rate of INR 50/- to ASHAs or community health volunteers, for facilitating the seeding of bank account information of notified TB patients in Ni-kshay portal within 15 days of treatment initiation for enabling DBT payments.

NI-KSHAY, the NTEP's online portal for patient-based TB notification and information management system, has been completely integrated with the Public Financial Management System (PFMS). Till December 2023, about 99% of districts have moved to DSC/Electronic Payment advice (ePA)-based approvals in PFMS. Work is ongoing on integrating Ni-kshay with SOCH (Strengthening Overall Care for HIV beneficiaries) and with the Ayushman Bharat HWC-CPHC portals.

To accelerate prevention and as a result, the anticipated decline of TB incidence in the next few years, NTEP has taken a major policy decision in 2021 by expanding the TB Preventive Treatment to all household contacts (HHC) of index pulmonary TB (prioritized in pulmonary bacteriologically confirmed TB [PBCT]) patients and other risk groups beyond the existing policy for PLHIV and HHC children <5 years. Various states have demonstrated unprecedented politico-administrative commitment by the introduction of TPT in the state and UTs after the release of national guidelines in August 2021 by the Hon'ble Union Health Minister. TPT coverage increased

considerably after the policy expansion. The monumental leap in TPT coverage achieved in 2022, was sustained in 2023. More than 15 lakh household contacts of TB patients and PLHIV initiated TPT in 2023.



NTEP has introduced shorter 3 months of weekly Isoniazid and rifapentine (3HP) containing regimen from 2022 with limited courses of 3HP. The intervention and shorter TPT regimen is now scaled up pan-country and procurement of drugs with domestic funding.

It was a felt need under NTEP to develop standard communication materials targeting the community, health workers, medical officers, etc. CTD with support from National Technical Support Unit for Advocacy Communication and Social Mobilization (NTSU-ACSM) developed communication collaterals – a banner and hoarding targeting the community, information book for health workers and a flip book for medical officers.



The National Health Mission (NHM) considered the important role of DOTS and treatment supporters in TPT adherence. Rs. 250/- incentive per treatment completion introduced from the fourth quarter of 2022 to ASHA or community volunteers for treatment adherence and successful completion of TPT.

Under the National Strategic Plan (NSP 2017-25), National TB Elimination Programme (NTEP) has envisaged a community-led response and patient centred approach as one of the key strategies to reach the unreached and to support TB patients through their illness. Through the TB forums, community representatives including those affected by TB share the issues and problems pertaining to TB care services. The forums also provide suggestions and recommendations which are documented and regularly followed up. These forums are effective mechanisms to address local issues at the highest administrative level.

In this regard, NTEP has developed a standardized training module for training TB survivors to become "TB champions" so that they may assist the programme in conducting community awareness activities, help in stigma reduction, etc. A pool of master trainers was created in 2022 following which the cascade training was conducted at State and district levels. Currently, there are more than 3400 TB champions who are trained in-person using the module. In addition to the in-person training mentioned above, TB survivors are also offered self-learning modules using digital platforms of iGOT, Swasthya-e-Gurukul and TB Champion Vani- an IVRS platform. More than 28,000 TB survivors have been enrolled into these modules.

NTEP has also decentralized the community engagement activities to the primary healthcare levels and AB-HWCs across the country identified and selected more than 85,000 TB survivors from their areas to function and support as TB champions in 2023.

The following activities were conducted as part of strengthening the community engagement under NTEP:

- The Central TB Division, MoHFW held the 'Strengthening Community Action for a TB- Mukh Bharat', in New Delhi on 23rd-24th February. The workshop was organised with the aim to provide guidance for meaningful community engagement and strengthen mechanisms for impactful engagement of different stakeholders. It also aimed to update the NTEP about the plans to enhance community engagement components and activities in the respective states. More than 120 participants attended the workshop representing the States/ UT, community representatives, partners, etc.
- The Central TB Division also conducted three Regional Review Roadshows for ACSM and

community engagement during June-August, 2023 at Jaipur, Delhi and Kolkata respectively, wherein State teams reviewed their achievements and prepared their action plans with the support from national level resource persons.

- The Central TB Division held the 'National Consultation on Identification, Capacity Building & Engagement of TB Champions' on 22nd August, 2023, in New Delhi. The main objective was to take technical inputs from the States/UTs, community representatives, partners, WHO consultants, etc., and build their field level experience in these guidance documents to make these documents user-friendly and realistic.

To expand community-based services for prevention and management of TB and to bring services closer to the community, TB has now been integrated with Ayushman Bharat- Health & Wellness Centres. NTEP anchored a 21 days nationwide special campaign titled "TB Mukh Bharat @ AB-HWCs through Jan Arogya Samitis" from 24th March to 13th April 2023, during which all operational AB-HWCs across 32 State/UTs in the country together conducted Active Case Finding among more than 2.86 individuals including those with past history of TB, history of Covid 19 infection, household contacts of individuals undergoing TB treatment and individuals vulnerable to TB. More than 11,000 new TB cases were diagnosed during the campaign. The AB-HWCs also facilitated the orientation on TB Mukh Gram Panchayat to more than 81,424 Gram Sabhas and more than 91,689 VHSNCs & Mahila Arogya Samitis. Nearly 60,000 Jan Arogya Samitis of AB-HWCs were also oriented on TB and their role in addressing the issue at community level.

To address the social determinants of health beyond medical interventions, the NTEP has successfully engaged with other Ministries, departments, PSUs, corporates, industries, professional associations, medical colleges and institutions, private healthcare providers, development partners and the community in critical areas of the TB care cascade like treatment, diagnostics, logistics and supply chains, Surveillance and Monitoring, technology-driven interventions, operational research etc. Improved collaboration amongst different sectors, and establishment of an inter-ministerial coordination committee, are landmark initiatives undertaken by the Programme. These engagements are expected to increase the width and depth of TB services through health facilities present in other

Ministries and reach more vulnerable populations. To formalise partnership and convergence at policy level, MoHFW has collaborated with various Ministries of Government of India and has formalised partnership through by entering into Memorandum of Understanding (MoU) with nine Ministries namely M/o Railways, M/o Defence, M/o Ayush, North Eastern Council (NEC) of M/o Development of Northeastern Region, M/o Labour & Employment, M/o Tribal Affairs, Ministry of Panchayati Raj, Department of Internal Security, Ministry of Home Affairs, National Highway Authority of India, MoRTH and Ministry of Coal. Similar collaborations with the Ministry of Ports Shipping & Waterways and the National Highways Authority of India focus on engaging major ports, PSUs and regional offices for TB awareness, prevention, and control activities.. Besides these, discussions are in progress to collaborate with other key Ministries of Government of India.

To expand the multi sectoral collaborations, the following list of activities were conducted in 2022:

- NTEP in partnership with the Confederation of Indian Industry (CII), launched a 3-year long Pan-India 'TB Free Workplaces Campaign' to engage the business leadership and provide a forum for convergence for the industry's response to TB.
- NTEP, along with the USAID and The Union, launched the "Corporate TB Pledge" (CTP) to provide the private sector an opportunity to join the fight against TB. NTEP has managed to reach out to over 400 organisations and with more than 250 of them signing the CTP.
- NTEP has also initiated the partnership with Associated Chambers of Commerce & Industry of India (ASSOCHAM) for convergent and integrated response across the various offices under the purview of ASSOCHAM and member industries for multi-sectoral and accelerated response towards TB-Free India.
- Discussions are in process to engage various other national chambers of commerce and business associations.

As a part of PSU engagement, Indian Oil Corporation Limited (IOCL) has played a pivotal role in supporting the National Tuberculosis Elimination Programme by generously providing 251 Truenat machines for conducting rapid molecular tests in critical states such as Uttar Pradesh, Chhattisgarh, Maharashtra, and

Uttarakhand, with a specific focus on aspirational and tribal districts. Between April and December 2023, the deployment of these machines facilitated a remarkable accomplishment, with a total of 54,067 tests conducted. This effort proved instrumental in identifying and diagnosing 9,001 TB cases, contributing significantly to the program's mission of early detection and comprehensive management of Tuberculosis in these regions.

The Hon'ble President of India, Smt Droupadi Murmu virtually launched the **Pradhan Mantri TB Mukta Bharat Abhiyaan (PMTBMBA)** on 9th September, 2022. The PMTBMBA has been envisioned to bring together all community stakeholders to support those on TB treatment and accelerate the country's progress towards TB elimination. The virtual event was attended by Union Minister of Health and Family Welfare, Dr. Mansukh Mandaviya, Minister of State for Health and Family Welfare, Dr. Bharati Pravin Pawar, Governors and Lt. Governors of states and UTs, representatives from State and District Health Administration and other stakeholders.

This initiative has three-pronged support including nutritional, additional diagnostic, and vocational support. The donors, called **Ni-kshay Mitras**, could be a wide range of stakeholders from elected representatives, political parties, to corporates, institutions, NGOs, and individuals. The objective of this initiative was not only to provide the much-needed additional support to TB patients, but also to create a sense of ownership in the community in this TB elimination movement. The initiative was expected to complement the efforts being made by the NTEP.



(Honourable President of India is launching Pradhan Mantri TB Mukta Bharat Abhiyaan)

Within one year of its launch, tremendous response has been seen for this initiative with over ~1.5 lakh Ni-kshay Mitras coming forward to support more than 10 lakh consented TB patients. Till date, 15.50 lakh nutrition kits have been distributed. The NMs have come forward to extend support ranging from six months to three years for nutritional, additional diagnostic, and vocational support. The NTEP team is now working towards sustaining the momentum gained and ensuring the actual service delivery at the field level.

There has been commitment by the highest level of political leadership in the States with Hon'ble Governors of 27 State/UTs, Hon'ble Union Ministers, Ministers of State, Chief Ministers, State Health Ministers of many State/UTs coming forward to adopt TB patients. Many young

children/students have come forward to register as Ni-kshay Mitras and are supporting TB patients from their own pocket money. PMTBMBA has become possibly the world's largest crowd-sourcing initiative for nutritional support to TB patients.

The independent external assessment of PMTBMBA has reflected that there is a positive impact on the TB patients in the form of better treatment outcomes, reduction in the out-of-pocket expenditure among the patients along with an increase in the number of visits to health facilities, thereby strengthening patient follow-up.

During **Mann Ki Baat** by Hon'ble Prime Minister of India, the progress PMTBMBA was appreciated and the noble gestures of Ni-kshay Mitras like Sarpanch and young children who have come forward and adopted TB patients was highlighted.



NTEP Performance over 5 years

Indicators	2019	2020	2021	2022	2023
Total TB cases notified (In lakhs)	24.0	18.05	21.47	24.22	25.52
Proportion of patients with known HIV testing	81%	92%	95%	96%	95%
% of TB notified patients tested for Rifampicin sensitivity out of notified	58%	67%	56%	55%	55%
Success Rate	81%	82%	81%	86%	87.6%
Proportion of Children <5 years initiated on IPT	20%	34%	48%	58%	60%

Budgetary Allocation

(Rs. In crores)

Description	2019 -20	2020 -21	2021 -22	2022 -23	2023 -24
Budget Requested	3525.00	3554.00	3628.85	3088.87	3057.42
Budget Estimates/ap proved Budget	3333.21	3109.93	3409.94	1666.33*	1888.82*
Total Releases to States	870.81	629.71	545.78	**	**
Total Expenditure	3130.11	3097.98	2086.82	910.83	1179.68^

*excluding cash grant which is being released by NHM directly to States/ UTs

** Cash grant is being released by NHM directly under RCH Flexible Pool.

^ expenditure as on 31.03.2024

Adult TB Vaccination initiative: In the efforts to accelerate the reduction of TB, the Ministry of Health and Family Welfare has held various meetings under the Chairpersonship of Hon'ble Minister of Health and Family Welfare, Hon'ble Minister of State, MoHFW, Secretary (H) and Secretary DHR and DG (ICMR), Member NITI Aayog under various instances which also involved members of CTD, Immunization Division, ICMR, TB Vaccine Committee and WHO.

A TB vaccine committee was constituted to guide the Programme regarding TB vaccine implementation under the programme. After several deliberations, it was decided that BCG vaccination should be done in adults above 18 years' age in identified vulnerable groups as follows:

1. Individuals with at least one episode of TB in the past 5 years.
2. Individuals aged 60 years or above
3. Individuals with a Body Mass Index of less than 18 kg per sq.mts
4. Close contacts of TB patients
5. Individuals with a history of smoking tobacco (Self-reported).
6. Individuals with a history of Diabetes (Self-reported).

All the States/UTs were oriented regarding the Adult BCG Vaccination study plans by MoHFW and 24 States/UTs have shared their willingness to participate in the Adult BCG vaccination study. The implementation research will be conducted as a

Parallel Arm Cluster randomised study design in the participating States/UTs where 50% of the districts will be assigned to intervention arm and 50% will be comparator/ control.

Study Objectives:

Primary objective: To evaluate the effectiveness of a strategy to vaccinate vulnerable individuals older than 18 years with BCG vaccine under programmatic settings on the occurrence of notified TB cases up to a period of 36 months' post-intervention.

Secondary objective:

- To determine the effectiveness of adult BCG vaccination against active tuberculosis with annual review.
- To determine safety of adult BCG vaccination under programmatic settings in vaccinated individuals with annual review

Study Outcomes:

Primary outcome

Change in notified TB cases from baseline in intervention districts. Net adjusted for decline in control districts, as per Ni-kshay portal during 36 months' post intervention adjusted for other programmatic interventions (to be measured bi-annually)

Secondary outcome

Vaccine effectiveness will be calculated using the following formula: $VE = (1-aOR) \times 100\%$ for

overall adult BCG vaccination against active TB in the nested case-control test negative design.

Capacity building and further planning:

A National Workshop with the Participating States / UTs was held on 26th and 27th of September 2023. The cascade of trainings are being conducted in the participating States/UTs supported by the National facilitation team. The logistics and supplies viz., BCG Vaccine, 0.1ml syringes and Reconstitution syringes are being ensured in the States by CTD. Separate Recording and Reporting formats, IEC materials and resource materials have been designed and supplied to the State

The financial norms for a CBGv have been shared with the States/UTs which were in line with the Revised financial norms for Intensified Mission Indradhanush (IMI) norms.

Digital Recording and Reporting Tools:

TB-WIN software was developed for registering the beneficiaries. SAFEVAC portal is integrated with TB-WIN to enable reporting of Adverse Effect Following Immunization (AEFI). A new module for recording follow-up information is developed in Ni-kshay. TB-WIN and Ni-kshay are integrated to allow information of vaccinated beneficiaries to flow from TB-WIN to Ni-kshay. The follow-up information will be recorded in Ni-kshay.

National Launch:

The National Launch of Adult BCG Vaccination was done on 10th January 2024 at South Goa District, South Goa. Various other States/UTs Viz, Tripura, Haryana, Madhya Pradesh Himachal Pradesh, Andaman and Nicobar Islands have initiated the vaccination. Rest of the States are in various phases of the preparedness.

1.7.4 NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAMME (NIDDCP)

Realizing the magnitude of the problem, the Government of India launched a 100 per cent centrally assisted National Goiter Control Programme (NGCP) in 1962. In August, 1992 the National Goiter Control Programme (NGCP) was renamed as National Iodine Deficiency Disorders Control Programme (NIDDCP) with a view of wide spectrum of Iodine Deficiency Disorders.

The Goal of NIDDCP is to prevent and Control Iodine Deficiency Disorders in the country.

Objectives:

- To bring the prevalence of IDD to below 5% in the entire country.
- To ensure 100% consumption of adequately iodated salt (15ppm) at the household level.

Significant Achievements of NIDDCP

- For effective implementation of National Iodine Deficiency Disorders Control Programme, 34 States/UTs have established Iodine Deficiency Disorders Control Cells in their State Health Directorate.
- The production and supply of Iodized salt in the country during 2020-21 was 78.58 Lakh Tonnes and 75.66 Lakh Tonnes respectively.
- Consumption of Iodated salt at household level has increased to 94.3% as per NFHS - 5 Report (2019-21).

1.8 NATIONAL AIDS CONTROL ORGANISATION (NACO)

Through the National AIDS and STD Control Programme (NACP), NACO provides leadership in prevention and control of Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), and Sexually Transmitted Diseases (STD) in India through 36 State/UT/District AIDS Control Societies (SACS). NACO has successfully implemented four phases of NACP including the NACP-IV extension phase (2017-21). Currently, NACP Phase-V (April 2021- March 2026) is under implementation as a 100% domestically funded Central Sector Scheme.

The NACP's response to the HIV/AIDS epidemic comprises of a comprehensive three-pronged strategy focusing on prevention, testing, and treatment. This strategy is supported by critical enablers such as Information, Education, and Communication (IEC), Laboratory Services, and Strategic Information.

1.8.1 Overview of HIV Epidemic in India:

As per 'India HIV Estimation 2022' report, there were an estimated 24.67 lakh (20.84 lakh – 29.52 lakh) people living with HIV (PLHIV), with an adult (15-49 years) HIV prevalence of 0.20% (0.17%-0.25%) in India. The comprehensive summary of the HIV/AIDS epidemic in 2022 is provided in the table below:

National Summary of the HIV/AIDS Epidemic 2022

Indicators	Disaggregation	Value
Adult (15 -49 years) Prevalence (In %)	Total	0.20 (0.17 -0.25)
	Male	0.22 (0.18-0.27)
	Female	0.19 (0.16 -0.23)
Number of people living with HIV (In Lakh)	Total	24.67 (20.84 -29.52)
	Adult (15+ years)	23.99 (20.29 -28.70)
	Women (15+ years)	10.86 (9.19 -12.94)
	Children (<15 years)	0.68 (0.55-0.85)
	Young people (15 -24)	1.70 (1.31-2.25)
New HIV Infections (In Thousand)	Total	66.41 (41.51 -106.94)
	Adults (15+ years)	62.28 (38.71 -100.63)
	Women (15+ years)	26.11 (16.19 -42.06)
	Children (<15 years)	4.13 (2.53-6.50)
	Young people (15 -24)	15.94 (9.72 -25.71)
AIDS -related deaths (In Thousand)	Total	39.63 (25.79 -61.95)
	Adults (15+ years)	37.44 (24.49 -58.46)
	Women (15+ years)	11.38 (6.18-20.14)
	Children (<15 years)	2.18 (1.13-3.90)
	Young people (15 -24)	1.05 (0.62-1.82)

1.8.2 Financial Management:

Currently, NACP Phase-V is under implementation from 1st April 2021 to 31st March 2026 with an outlay of Rs.15,471.94 crore.

Expenditure 2022-23 (Rs. in crore)

Financial Year	Outlay	Expenditure
2022-23	2,032.00	1,997.55

Against the Budget Allocation (RE) 2023-24 of Rs. 2,318.41 crore, sanctions amounting to Rs.2,313.64 crore have been issued.

1.8.3 Major Achievements from January 2023 to March 2024

Information, Education and Communication (IEC) and Youth Observance of World AIDS Day, 2023

Aligned with the theme of World AIDS Day 2023,

"Let Communities Lead," NACO observed World AIDS Day in Guwahati, Assam. The event was inaugurated by the Hon'ble Minister of State, Ministry of Health and Family Welfare, Government of India, Prof. S. P. Singh Baghel, and Hon'ble Minister of Health and Family Welfare, Government of Assam, Sh. Keshab Mahanta, at the Srimanta Sankaradeva International Auditorium in Guwahati, Assam. Over 2,000 people, including



representatives from various states, PLHIV, NGOs, CSOs, development partners, and youth, attended the event.

Development of IEC Package: NACO maximizes impact through a 360-degree multimedia campaign approach, utilizing diverse materials such as audio-visuals, radio jingles, wall paintings, hoardings, posters, leaflets, GIFs, flyers, flipbooks, comic strips, IPC games, and SMS texts. In 2023, NACO created Social and Behaviour Change Communication (SBCC) packages and IEC materials to address specific needs which are: (i) SBCC Package for Prison Interventions, (ii) SBCC Package for Sampurna Suraksha and (iii) IEC Material on Elimination of Vertical Transmission of HIV and Syphilis (EMTCT)

National Toll-Free AIDS Helpline– 1097: The Helpline offers information on HIV and AIDS, counseling for potential HIV exposure and referrals to service facilities while maintaining caller anonymity and confidentiality. In 2023, it recorded 2,74,803 calls with an increased female participation.



Adolescence Education Programme (AEP): AEP focuses on building life skills in adolescent students of class IX and XI, helping them to cope with negative peer pressure, develop positive behavior, enhance sexual health and prevent HIV infections through a 16-hour curriculum. It is implemented in government schools in collaboration with NCERT, covering students in more than 54,000 schools.

Red Ribbon Club (RRC): RRC target youth aged 15-29 years and focuses on providing them with accurate information to increase awareness of HIV/AIDS, STIs, sexuality, and related topics. Currently, there are over 13,000 operational RRC in colleges.

Out of School Youth (OSY): OSY interventions aim to sensitize school dropouts through Nehru

Yuva Kendra Sangathan (NYKS) and a few NGOs in 22 states

Other key activities done under IEC during January 2023 to March 2024

- The North-East Multi-Media Campaign targets youth in the North-Eastern States, in raising awareness about HIV/AIDS through sports and music. The Grand Finale of the 4th North East Multi Media Campaign was organised by Sikkim SACS in collaboration with NACO, on 5th March 2023 at Manan Kendra, Gangtok, Sikkim.
- Red Fest- North East Multi Media Campaign was organized by Meghalaya SACS in collaboration with NACO on 28th February 2024 in Shillong.
- The Red Ribbon Quiz competition is usually held at college level. Regional level competitions for the 2023 edition were organised with SACS teams from Rajasthan, Puducherry, Assam, and Uttar Pradesh. The Grand Finale was held in Varanasi during January 2023 in collaboration with the Uttar Pradesh SACS where the team from In the 2024 edition of the competition was held at Jaipur in collaboration with the Rajasthan SACS during January 2024 where the team from Mizoram emerged as the winner.

Prevention among High-Risk Groups and Bridge Population

Under NACP Phase-V, prevention efforts target specific high-risk populations, including Female Sex Workers (FSW), Men who have Sex with Men (MSM), Hijra/ Transgender (H/TG) and People Who Inject Drugs (PWID) (referred to as HRGs), inmates in Prisons and Other Closed Settings (P&OCS), and Bridge Populations like Migrants and Long-Distance Truckers. These groups receive services through a network of 1,577 NGOs/CBOs-led Targeted Interventions (TIs), 155 Link Worker Schemes (LWS), 427 Opioid Substitution Therapy (OST) centers including satellite centres, and 1,120 Prison and 837 Other Closed Setting (OCS) interventions.

Performance of TI Activities under NACP (April 2023 to March 2024)

- TI covers more than 95% of the HRGs and Bridge Populations, providing prevention services, including STI treatment, provision of condoms and needles/ syringes, BCC, community engagement, and care and support linkages, based on the risk and vulnerability evidence.

Typology-based TIs and Coverage in India as of March 2024

Sr. No.	Typology	No. of TIs	Coverage (In Lakh)	Coverage against the estimated population (%)
1.	Female Sex Workers	292	10.72	108
2.	Men Having Sex with Men	75	3.89	111
3.	People Who Inject Drugs	197	2.55	89
4.	Transgender/ Hijra	41	0.85	89
5.	Migrants	203	76.55	119
6.	Truckers	77	11.20	111
7.	Core Composite*	692		

Source: Monthly Indicators for TI Reporting (MITR), * Core composite interventions include multiple HRGs and Bridge population groups within a single TI

- HIV testing were conducted every six months, with more than 74% compliance across all typologies.
- Each HRG, specially FSW, MSM, and TG/H, is expected to visit the STI clinic quarterly i.e. four visits per year. Percentages of STI diagnosis and treatment in 2023-24 among different HRGs were as follows: 1.5% for FSW, 0.9% for MSM, 0.3% for PWID, and 1.22% for TG/H.
- Biannual Syphilis screening and treatment aid early diagnosis and management, thereby reducing the overall syphilis burden among HRGs. Syphilis screening rates were 79% for FSW, 79% for MSM, 79% for PWID, and 78% for TG/H. Reactivity was reported at 0.15% overall and the highest in the TG/H population at 0.43%.
- TB-HIV linkage activities ensure screening for HRGs four times per year. Bridge populations are screened at their clinic visits. Approximately 63.65 lakh HRGs and 32.95 lakh bridge populations were screened for TB, resulting in 4% of HRGs and 2% of bridge populations diagnosed with TB and were treated.
- Needle and syringe distribution to PWID reached 87% (947 lakh) of the demand with 79% (741lakh) of needles/syringes returned to TIs for proper disposal.
- Condom distribution met 52% of the demand among the HRGs.
- Percentage of HRG and bridge population living with HIV and on ART ranges from 92% among migrants to 98% among FSWs across all the typologies.

HRG living with HIV under NACP (April 2023to March 2024), India

Typology	No. of HRG living with HIV registered at ART Centers	No. of HRG currently on ART	Achievement (in %)
FSW	13251	13057	98.5
MSM	8798	8516	96.8
PWID	18639	17825	95.6
TG/H	3164	3058	96.8
Migrant	4540	4158	91.6
Trucker	1185	1097	92.6
Total	49577	47711	96.2

Source: MITR

Opioid Substitution Therapy (OST) for PWID

- Under OST, opioid-dependent PWID are administered long-acting opioid agonist medication through sublingual delivery. 96% (54,210) of the active clients are registered at 427 centers as of March 2024.
- Additionally, 164 satellite centers were established in 17 states to alleviate client congestion and extend services to remote areas.

Link Worker Scheme (LWS)- Reaching-out to Rural Populations

- In 2006, NACO initiated the LWS to address rural HIV infection. LWS aims to create demand for HIV/AIDS-related services, connect the target population with existing services, foster a stigma-free environment, and ensures continued access to information and services.
- As of March 2024, 155 LWS have been implemented, across 168 districts in 20 states against the 161 approved in the current financial year. As of March 2024, LWS covered 86,296 FSWs, 13,777 MSMs, 10,355 PWIDs and 1,441 TG/Hs. It also reached out to more than 10 lakh Migrants and Truckers, 18,440 TB cases, 2,26,637 ANC cases and 43,255 PLHIVs.

Intervention in Prisons and other Closed Settings

- NACO, in collaboration with SACS, State Prisons Departments (SPD), and the Department of Women and Child Development, have implemented HIV and TB interventions in prisons and other closed settings across the country since the year 2017.
- Till March 2024, 17,26,336 inmates (Prison-16,67,787 and OCS-58,549) were covered and 14,18,840 (Prison-1,37,2205 and OCS-46,635) received HIV counselling and testing services, with 6,837 inmates (0.48%) diagnosed with HIV, of whom 6,096 (89.16%) were registered at ART centres. Additionally, 895 TB cases and 17,435 STI cases were diagnosed and were successfully treated.

Other key activities done under prevention among HRGs and bridge population during January 2023 to March 2024

- A National Consultation on developing Standard Operating Procedure for TIs to reach HRGs operating at Spa/Massage Parlours through Network Operators and on Web-Based Platforms under NACP was held in New Delhi from June 8th to 9th 2023, under the Chairpersonship of AS & DG, NACO. The consultation aimed to develop an

implementation framework for reaching the unreached population at Spa/Massage parlours through Network Operators and Web-Based Platforms through TIs and LWS.

- NACO, in collaboration with the Ministry of Social Justice and Empowerment (MoSJE), organized a half-day virtual orientation meeting on 5th September 2023, that aimed to orient facility staff and stakeholders from IRCA, ODIC, OST and SACS on the latest guidance document on an integrated package of services for people who use drugs.
- A national consultation, "Community Led Monitoring (CLM) Implementation Framework under Community System Strengthening (CSS)" was held under the Chairpersonship of AS & DG, NACO on 6th October 2023 in New Delhi to develop strategies for the institutionalization of CLM in India, and to develop a Community Led Monitoring Implementation Framework under CSS.
- Continuing with the efforts to scale up the HIV activities among hard to reach and at-risk populations, NACO released the revised Guideline for Interventions among Bridge Population under NACP on 6th December 2023.
- The Bridge Population Training of Master Trainers (TOT) was held in Kolkata from 11th to 13th January 2024 in a hybrid mode. The training was inaugurated by DDGNACO, with a total participation of 38 trainees, including officers from SACS, representatives from Kshamta Kendra, technical support units and TI program managers.
- The documents, including SoP for reaching out to the unreached HRGs operating at Spa/Massage Parlours, through Network Operators, and at Web-based Platforms under NACP, as well as documentation on community system strengthening response in India, were released on 21st February 2024 by AS & DG, NACO.



National Review meeting under NACP Phase-V
(TI, LWS, OST and Prison)



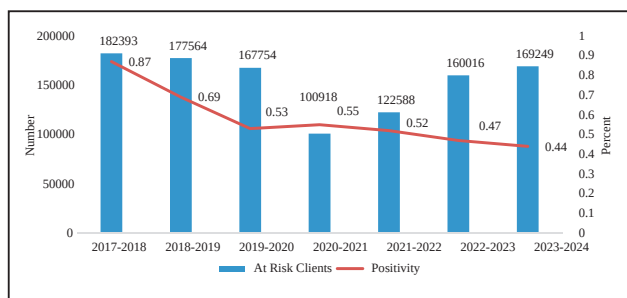
AS& DG, NACO and JS, MoSJE jointly released guidance document on integrated package of services for people who use drugs

1.8.3.3 HIV Counseling and Testing Services

HIV Counselling and Testing Service (HCTS)

Facilities: HIV confirmatory facilities provide targeted counselling and testing services to vulnerable subpopulations, such as FSW, MSMs, TG/H, PWID, truckers, migrant workers, and at-risk clients. As of March 2024, there were 29,087 HCTS facilities, including 4,488 confirmatory facilities, which conducted 4.72 crore HIV tests (excluding pregnant women) from January 2023 to March 2024. During the same period, a total of 2,07,459 HIV positives (excluding HIV positive pregnant women) were identified, with an overall sero-positivity rate of 0.44%. States/UTs reporting higher positivity rate than national average includes Mizoram (2.59%), Assam (2.01%) Arunachal Pradesh (1.87%), Meghalaya (1.62%) Tripura (1.27%), Nagaland (1.26%) Punjab (1.23%), Delhi (0.98%), Telangana (0.95%), Andhra Pradesh (0.78%), Chandigarh (0.73%), Manipur (0.67%), Haryana (0.67%), Mumbai (0.64%), Bihar (0.58%), and Chhattisgarh (0.46%).

HIV sero-positive and positivity (%) FY 2017-18 to 2023-24



Spouse/Partner testing of HIV positives:

Considering the high HIV positivity among spouse/partner, HIV testing among spouse/ partner has been always the priority strategy for NACO. The spouse /partner testing of PLHIV under the

programme increased from 45.58% in FY 2021-22 to 54% in FY 2023-24. The HIV positivity among the spouse/partners tested was 43.11% in FY 2023-24.

1.8.3.4 Sampoorna Suraksha Strategy

The Sampoorna Suraksha Strategy (SSS) is a preventive strategy developed by NACO to reach at-risk populations for HIV and STIs who do not self-identify as HRGs or are not associated with TI/LWS services. SSS provides preventive and comprehensive services for HIV and STI counselling, testing, including but not limited to Hepatitis B, Hepatitis C, and provide other health and social welfare and social protection services through referral and linkages based on client's needs.

- In FY 2023-24, there are 150 functional SSK in 150 districts across 20 States/UTs. From April 2023 to March 2024, a total of 92,790 at-risk negative clients have been registered under SSK.
- Updated Sampoorna Suraksha Strategy Operational Guidelines were released in August 2023, detailing strategy, implementation plan, target population, service delivery, client flow, data flow, M&E framework, and budget. Training material for virtual orientation dedicated to Social and Behavioral Change communication for SSK staff was rolled out in October 2023.

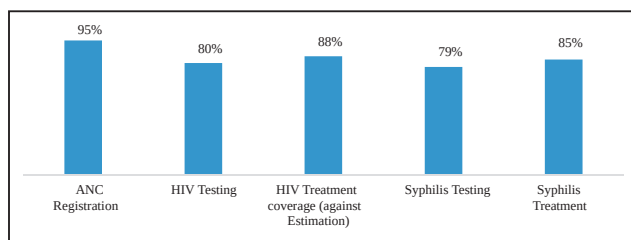
1.8.3.5 Elimination of Vertical Transmission of HIV and Syphilis

Elimination of vertical transmission of HIV and/ or Syphilis (EVTHS) to infants by 2026 is a major goal for the Government of India.

- In April 2023, EVTHS guidelines were updated, and the first phase of EVTHS intervention was initiated in seven high-priority states: Bihar, Karnataka, Maharashtra, Mizoram, Nagaland, Rajasthan, and Uttar Pradesh, using an immersion learning model.
- As of FY 2023-24, HIV and Syphilis screening rates among estimated pregnant women stands at 80% and 79%, respectively.
- HIV positivity among pregnant women varied from 0.01% in Kerala, Puducherry and Himachal Pradesh to 0.73% in Nagaland, with a national average of 0.04%. Similarly, syphilis positivity rates ranged from 0.01% in Andhra Pradesh to 1.39% in Arunachal Pradesh, with a national average of 0.04%.

- In FY 2023-24, a total of 19,137 Pregnant Women Living with HIV (WLHIV) were identified, against the estimated number of 20,710 cases. Additionally, 732 WLHIV were diagnosed with HIV after childbirth or during the breastfeeding period when their child was less than 18 months old.
- HIV and Syphilis treatment coverage for pregnant women includes essential services such as linking pregnant WLHIV to ART centers for prompt ART initiation, providing ART adherence counseling, and referring for plasma viral load testing during weeks 32-36 of pregnancy to assess transmission risk to the baby. 95% of detected pregnant WLHIV were either on ART or had initiated ART.
- For pregnant women who were screened positive for syphilis, immediate treatment is ensured with at least one dose of Benzathine Penicillin G administered at the nearest health facility. Among the 10,975 identified syphilis-infected pregnant women during Jan 2023-Mar 2024, around 85% received treatment.
- Of the 17,078 live births reported in FY 2023-24, 99% of the babies received ARV prophylaxis.
- Early Infant Diagnosis (EID) is conducted at 6 weeks, 6 months, 12 months, and 18 months, or 3 months after breastfeeding cessation. In FY 2023-24, EID testing was offered at various intervals, with a total of 36,644 tests conducted, identifying 661 positive children, of which 92% (609 children) were initiated on ART.

EVTHS 95-95-95 status at national Level, FY 2023-24



1.8.3.6 Prevention, Control and Management of Sexually Transmitted Infections and Reproductive Tract Infections

STI/RTI services are delivered through 1,133 Designated STI/RTI Clinics, known as 'Suraksha Clinics,' located in District/Sub-district Hospitals and Medical Colleges which offer assessment, identification, counseling, and treatment of STI/RTI

under the supervision of trained Medical Officers. Services are also extended to high-risk groups (HRGs) and bridge populations through various TI sites or a network of preferred providers engaged under prevention programme. Moreover, these services are also delivered under Prison Interventions. STI/RTIs are treated using a syndromic approach, providing color-coded drug kits procured under NACO to patients presenting with STI syndromes at DSRC and TI Clinics. Additionally, syphilis screening is conducted for both general clients, high-risk groups and pregnant women using RPR test kits supplied through NACP.

Between January 2023 and March 2024, a total of 84.64 lakh clients managed at 1,133 DSRCs, while 37.80 lakh HRGs were managed at TI sites. Syphilis screening was conducted for 51.34 lakh DSRC clients, with a positivity rate of 0.8%. TI sites screened 28.2 lakh HRGs for syphilis, with a positivity rate of 0.2%.

STI/RTI service delivery under NACP Phase-V across India (January 2023-March 2024)

Facilities	Number
Total number of DSRCs/ Suraksha Clinics	1,133
Total number of TI-Sites providing STI/RTI Services	1,477
Services	
Total number of clients managed for STI/RTIs at DSRCs	84.64lakh
Total number of clients screened for syphilis at DSRCs	51.34lakh
Total number of episodes of STI/RTI managed among HRGs, Bridge Population and through Prison interventions	37.80lakh
Total number of syphilis screening conducted among HRGs, Bridge Population and through Prison interventions	28.28lakh

Under the programme NACO supplies, Injection Benzathine Penicillin G (BPG), which is the only drug for management of syphilis in pregnant women is the choice treatment.

1.8.3.7 Care, Support and Treatment (CST)

Facilities for ART Service Delivery: Currently, HIV care and treatment services are being delivered through a network of Stand-Alone ART Centres (SA-ARTCs), Centres of Excellence (CoEs),

Paediatric Centres of Excellence (pCoEs), Facility Integrated ART Centres (FI-ARTCs), Link ART Centres (LACs), Link ART-Plus Centres (LAC Plus) and Care and Support Centres (CSCs) to approximately 17 lakh PLHIV across the country as on March 2024.

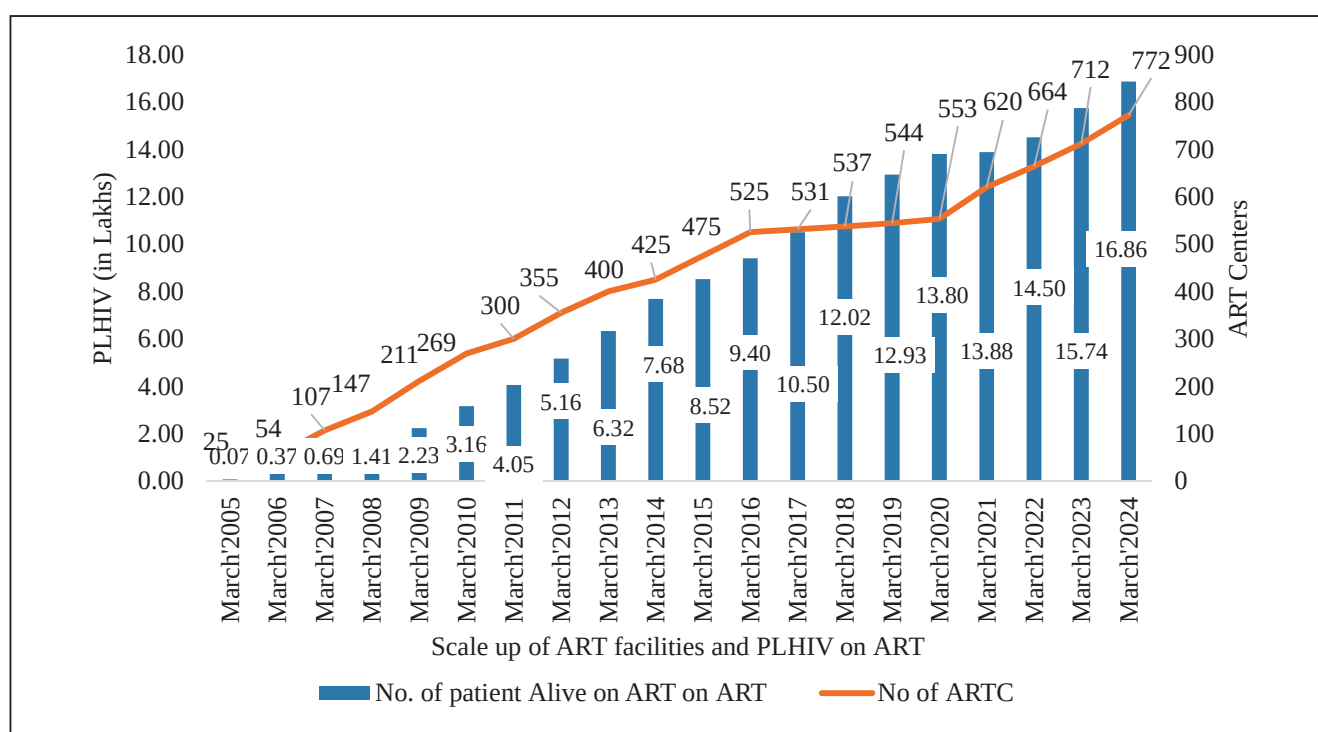
Number of PLHIV alive and on ART, India (as on March 2024)

Beneficiary	Number of PLHIV Alive and on ART
Male	8,29,498
Female	7,68,482
TS/TG	6,631
Children	82,261
Total	16,86,872

Details of service facilities under the Care, Support, and Treatment, India (as on March 2024)

Service facilities	Number
ART Centres (This includes CoE, ART Plus, Fi-ARTC, PPP ARTC and ARTC under NMC)	pCoE, 772
Link ART Centre (includes LAC-Centres)	Plus 1,261
Care and Support Centres	319

Expansion of Facilities and Services (March 2005 - March 2024)



ART Initiation and 12-Month Retention:

ART initiation and retention in treatment for 12 months are very important indicators of measuring the level of performance of the programme at various levels. Percentage of ART initiation during FY 2023-24 97% at the national level and the 12-month retention during the period was 82%.

Current differentiated care models for ART delivery include:

- **Multi-month dispensation (MMD):** Stable PLHIV receive three months of ARV drugs at a time, instead of the usual one month consequently reducing the number of clinic visits from 12-14 times annually to 4-6 times. This eases patient travel

and reduces the ART Centre's patient load, decongesting daily OPD services.

- **Link ART Centres (Decentralized ART service delivery models):** ART is offered at decentralized sites near patients' residences, such as sub-district hospitals, rural hospitals, community health centers, primary health centers, opioid substitution therapy centers, prisons, care and support centers, TI sites, and other locations managed by NGOs, CBOs, and CSOs.

- **Community ART Refill Groups (CARGs):** In difficult terrains, NACP has introduced Community ART Refill Groups (CARG). PLHIV receive their ART refills in a group, managed and facilitated by PLHIV themselves/ PLHIV networks/ CSCs/ CBOs/ TI NGO/, or other formally registered entities at the respective ART Centers.

Other key activities done under CST during January 2023 to March 2024

- NACO organized the National Review meeting for Care, Support, and Treatment services, for all States/UTs in Bhubaneswar, Odisha from April 25 to 28, 2023. The meeting focused on strengthening the existing service delivery and follow-up mechanisms, fast-tracking interventions on HIV case detection and linkages.

- Dolutegravir 10mg for Children living with HIV less than 20 Kg body weight was made available during 2023-24.

- A National Consultation on HIV and Non-Communicable Diseases took place on September 21st and 22nd, 2023, chaired by AS&DG, NACO. The consultation aimed to pilot baseline screenings for diseases like Diabetes Mellitus, Hypertension, oral, breast, and cervical cancers among PLHIV receiving HIV care at ART centers.

- A two days' consultation on "Developing roadmap for improving HIV treatment Cascade" was held under the chairpersonship of AS & DG, NACO in Jaipur, Rajasthan during 11th and 12th March 2024. Key objectives of the consultation were to develop State-wise tailor-Made SOP for bridging gaps in treatment cascade, for intensified tracking of LFU and MIS cases and for conducting death audits as a regular activity at ART centres.

- The 'ECHO hub-and-spoke model for HIV-TB,' implemented through the e-learning initiative 'e-NISCHIT,' is active in 13 states. The goal is to build the capacity of ART Centre staff in HIV-TB management via tele-mentoring. From January 2023 to March 2024, 16 virtual sessions were

conducted, engaging over 2,700 attendees from 178 ART Centres.

- National Distance Learning Seminars (NDLS) sessions were designed to enhance clinical and programmatic excellence at ART Centers, focusing on patient-centered care. Over 13,000 healthcare providers participated.

- Regionally, Regional Distance Learning Seminars (RDLS) disseminated the 'National Guidelines for HIV Care and Treatment' across ART centers. Covering 23 topics through 92 sessions, these seminars reached over 31,500 healthcare providers. Additionally, 37 RDLS sessions focused on improving clinical and programmatic indicators at ART Centers, engaging around 6,200 participants to enhance service delivery and health outcomes.

HIV Comorbidities (Tuberculosis), Hepatitis and Non-Communicable Disease):

HIV-Tuberculosis (TB) is a leading cause of hospitalization and mortality among individuals living with HIV (PLHIV/CLHIV). NACP and NTEP collaborate under the National Framework to focus on Intensified TB Case Finding (ICF), TB preventive treatment, and airborne infection control measures. ICF involves screening PLHIV for TB symptoms at ICTCs, ART Centers, TI, Prison and other closed settings, ensuring early detection and management through referrals to NTEP diagnostic facilities.

During January 2023 to March 2024, 97% (1,58,10,571) of PLHIV attending ART centers were screened for Intensified TB case finding through 4S Screening, with 4% (6,34,144) identified as Presumptive TB cases. Of which, 93 % (5,88,644) presumptive TB cases were referred to NTEP. Out of the presumptive cases referred 95% (5,59,536) were tested for TB of which 35,180 PLHIV were diagnosed with TB. (Source: MPR-Jan23-Mar24).

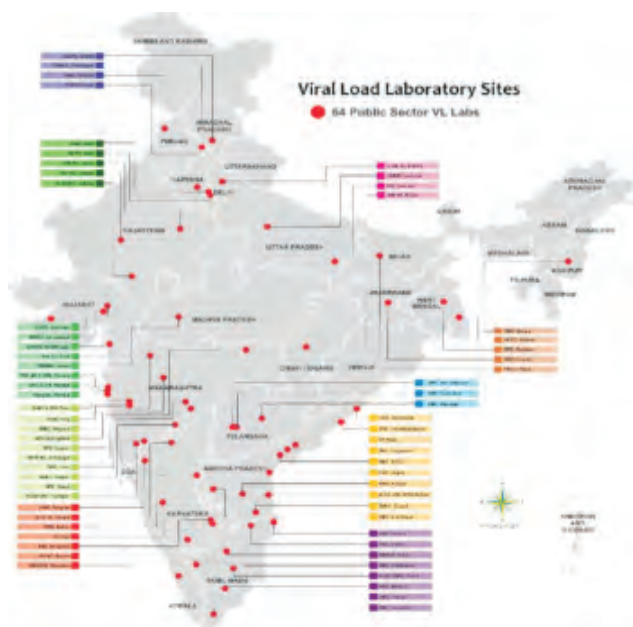
1.8.3.8 Laboratory Services

Under NACP, access to quality assured HIV related laboratory services is made universally available. These testing laboratories undergo performance assessments through External Quality Assurance (EQA) measures.

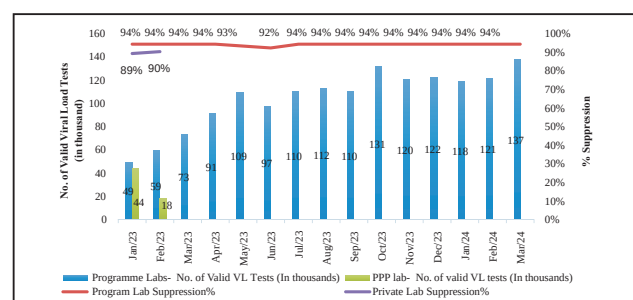
Laboratory services under the NACP includes following components:

Viral Load (VL) Testing: Under NACP Phase-V, there is a concerted effort to strengthen laboratory services. As part of this initiative, 64 viral load

machines were installed (Fig.1). Additionally, two labs are set up on a reagent rental model by the State. Initially, these labs tested samples from co-located Antiretroviral Treatment Centers (ARTCs). However, now, all ARTCs are connected to these viral load labs, ensuring timely sample transportation through hired agencies in all States/UTs. Monthly trends reveal that Programme Labs achieved a 94% suppression rate among 16,22,707 samples tested, and private agencies achieved a 90% suppression rate among 62,850 samples tested.



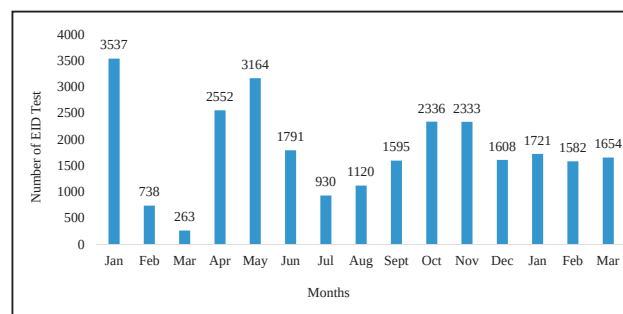
Monthly trends in viral load (VL) testing and suppression rates for both the 66 Viral Load Labs and Private Labs, from January 2023 to March 2024



Early Infant Diagnosis (EID): EID services to diagnose HIV-1 infection in infants and children under 18 months were initiated by Government of India in 2010. A network of six laboratories (AIIMS, New Delhi, ICMR-NARI, Pune, NIMHANS, Bengaluru, NIRT, Chennai, Kasturba, Mumbai, and NICED, Kolkata) plays a pivotal role in conducting

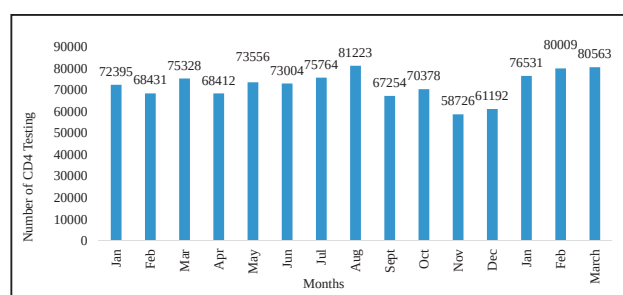
EID tests using the HIV Total nucleic acid-polymerase chain reaction (TNA-PCR). These labs conducted a total of 26,942 EID tests from January 2023 to March 2024.

Monthly trends in EID testing from January 2023 to March 2024



CD4 Testing: CD4 testing remains critical for assessing baseline immune status, detecting treatment failure, and monitoring the emergence of opportunistic infections. As of March 2024, there are 460 operational CD4 testing machines under NACP. A total of 10,82,766 CD4 tests were conducted from January 2023 to March 2024.

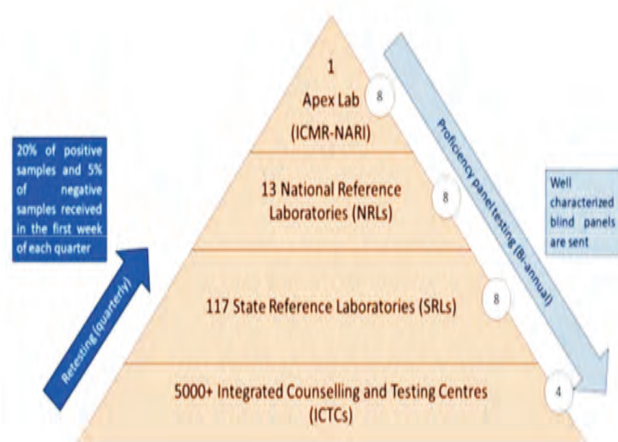
Monthly trends in CD4 testing from January 2023 to March 2024



Quality Assurance (EQA) under NACP: Under NACP Phase-V, maintaining and expanding the laboratory quality assurance system is a key strategy to maintain an robust laboratory system. This includes:

- **HIV Serology:** NACP Phase-V maintains a four-tiered EQA structure for HIV serology (illustrated in Figure 2), which is conducted through two methods: Panel Testing and Re-testing/Reverse Testing. In 2023, NRLs and SRLs achieved 100% participation with no observed discordance in panel sera testing. For Re-testing/reverse testing, 20% of positive samples and 5% of negative samples from ICTCs are sent to linked SRLs for quality assessment.

EQA system for HIV Serology under NACP



Average participation and discordance in panel sera testing for SRLs and ICTCs and ICTCs re-testing in 2023.

EQA System	S. No.	Participation (%)	Discordance (%)
Panel sera testing	NRL	100	0
	SRL	82	0
	ICTC	78.9	0.1
Re -testing	ICTC	94	0.03

- **CD4 EQA:** NACO established CD4 EQA for ART Center-linked laboratories in 2005. In 2023, approximately 68.5% of CD4 machine-equipped labs participated in EQA, achieving an average performance of 75%. Each CD4 EQA panel comprises two samples of varying levels, and labs are required to test them within specified timeframes.

- **HIV-1 Viral Load EQA:** ICMR-NARI-Pune conducts viral load External Quality Assessment (EQA) for all 64 VL laboratories under NACP. In August 2023 VL EQA round, 63 out of 64 labs participated, with discordance observed in three labs, prompting corrective actions.

- **Accreditation of HIV Reference laboratories:** As on March 2024, all NRLs and 93% of SRLs, along with 81% of Viral load labs,

have achieved or applied for ISO 15189 accreditation.

Accreditation Status of HIV Reference and Viral Load Testing Laboratories

S. No.	Type of laboratory	No of laboratories	No. Accredited & applied
1	National Reference laboratory	13	13
2	State Reference laboratory	117	109
3	Viral load laboratory	64	52

Improvement and Implementation of Quality Management System (QMS) at Standalone ICTCs in Cluster districts: To maintain consistent adherence to quality-assured testing practices, a structured Quality Management System (QMS) is being implemented at Standalone Integrated Counseling and Testing Centers (SA-ICTCs). 434 SA-ICTCs have received NACO's 'Certification of Excellence' for their outstanding performance.

1.8.3.9 Strategic Information

Under NACP, Strategic information (SI) includes Surveillance and Epidemiology, Programme Monitoring and Evaluation, Research and Evaluation and Data Analysis and Use.

Programme Monitoring and Evaluation (M&E)

Achievement on key indicators under NACP during FY 2022-23:

There are specific key output and outcome indicators which are frequently monitored for understanding the progress of programme at National and Sub national levels. Progress on these output and outcome indicators are presented in tables below:

Progress on Key Output Indicators under NACP during FY 2023-24:

S.No	Indicators	2023 -24	
		Annual Target	Achievement #
1	No. of Calls received at NACO Helpline No. 1097	6.7 lakh	4.01 lakh
2	No. of HRG, bridge and vulnerable population covered through TI/LWS	109.12 lakh	131.13 lakh
3	No. of PWID on OST	0.48 lakh	0.54 lakh
4	No. of contacts with 'at-risk' population through 'Sampoorna Suraksha'	1.31 lakh	0.93 lakh
5	No. of STI/RTI patients managed as per national protocol	112.1 lakh	105.01 lakh
6	No. of "At risk" individuals/populations tested for HIV (Excluding pregnant women)	278.0 lakh	382.4 lakh
7	No. of pregnant women tested for HIV	278.0 lakh	241.84 lakh**
8	No. of pregnant women tested for Syphilis	205.72 lakh	239.68 lakh
9	No. of PLHIV on ART (Cumulative)	18.25 lakh	17.93 lakh \$
10	No. of viral load test conducted	16.00 lakh	13.78 lakh

\$ Inclusive of 1.06 lakh PLHIV on ART in the private sector, ** Excluding Repeated test

Progress on Key Outcome Indicators during FY 2022-23

S. No.	Indicator	Target 2022-23	Progress 2022-23
1	% of people living with HIV who know their HIV status	82%	79 %
2	% of people who know their HIV Positive status and are on ART	87%	86%
3	Percentage of PLHIV who are on ART and are virally suppressed	87%	93%

Sankalak: Status of National AIDS Response

"Sankalak"-Status of the national AIDS response' is a flagship report of NACO. This report details the achievements of the programme with a brief narrative and states/UTs fact sheet. Fifth edition of Sankalak was published in the December 2023.

SOCH -Strengthening Overall Care for HIV/AIDS

SOCH is a beneficiary-centric web and mobile-based system under NACP. It tracks and records

beneficiary services and inventory transactions, capturing data throughout the HIV care continuum. SOCH creates a centralized Electronic Health Record (EHR) repository and aids in forecasting, inventory planning, and clinical decision support. Integrated with other Ministry of Health and Family Welfare (MoHFW) IT systems (like NIKSHAY TB, RCH, HMIS, CMSS, NPHO, ABDM, etc.), SOCH ensures seamless data flow across programs. Since 2020, SOCH has been a real-time monitoring and evaluation system, continuously updated to meet program needs and guideline changes.

Updates on SOCH:

- **Offline/Online Module for ICTC:** An offline/online module for ICTC was developed in SOCH to facilitate registration for counselling and testing of HIV confirmatory under the circumstances where the internet connectivity is sub-optimum and for the ICTC Centers with high client load.
- **Offline Module for ART Pharmacist:** An offline module for ART Pharmacist was developed in SOCH to facilitate recording and reporting of drug dispensation under the circumstances where the internet connectivity is sub-optimum and for the ART Centers with high client load. The module was launched in July 2023, by Ms Nidhi Kesarwani, Director, NACO.

- **Viral Load (VL):** Integration of VL module with VL machine generated file.
- **ISHTH Mobile app:** ISHTH Mobile app for data management of prison intervention.
- **Index testing:** Index testing features added to ICTC, ART Centre, DSRC and TI modules.
- **Dashboard:** National and State level dashboard for real-time program monitoring.
- **SOCH API Integration with other central schemes:** SOCH portal is integrating with following Schemes through API:
 - (a) Ayushman Bharat Digital Mission (ABHA ID)
 - (b) Reproductive and child health (RCH)
 - (c) NIKSHAY TB
 - (d) HMIS (Health Management Information System)
 - (e) E-Aushadhi of CMSS (Central Medical Services Society)
 - (f) NPHO (National Public health Observatory)

Other key activities done under SI-M&E during January 2023 to March 2024

- **Training on SOCH:** NACO organized the National capacity building workshop on augmenting usage of SOCH software at New Delhi for the SACSOfficers to enhance the data reporting in digital platform under NACP. The objective of the workshop was to create master trainers (ToT) for SOCH software for conducting down-level training for the facility/ reporting unit level users.



- **Global AIDS Monitoring (GAM) Report:** NACO successfully submitted the GAM report 2023 in the month of June 2023 in the UNAIDS GAM Portal. The report includes, Progress of the NACP in data perspectives, reply on the questionnaire of National Commitment and Policy Instrument (NCPI) and funding matrix.

Epidemic Monitoring

- NACO organised a five-day capacity building-cum-consultation workshop on HIV and STI Burden Estimation from 21st to 25th March 2023 in New Delhi. The workshop was attended by senior public health experts, NACO officials and representatives from SACS and regional institutes of Surveillance and Epidemiology. The resource persons included those from UNAIDS Geneva, WHO Geneva and Avenir Health.
- Second and third meeting of the NACO's technical sub-group (HIV Burden Estimations) was convened on 12th to 13th April 2023 and on 29th April respectively through hybrid mode. Methodological updates were reviewed during the second meeting whereas in the third meeting, the sub-group reviewed the State/UT-wise models and provided recommendation for the next step for HIV Burden Estimations 2022.
- Seventh meeting of NACO's Technical Working Group (Surveillance and Epidemiology) was convened on 3rd May 2023 under the Chairpersonship of Dr DCS Reddy (Former HoD, Dept. of Community Medicine, Institute of Medical Sciences, BHU) and Co-Chaired by Dr Shobini Rajan (CMO-SAG, NACO) through hybrid mode. The objective of the meeting was to present the method and findings of HIV burden estimation 2022 under the Integrated and Enhanced Surveillance and Epidemiology (IESE) of NACP.
- Meeting of the Technical Resource Group (Surveillance and Epidemiology) was convened on 16th May 2023 in hybrid mode. The meeting focused on the progress on activities under IESE framework, method and key findings on HIV Estimations 2022, action plan on District-level HIV Estimation 2022 and method and findings on programmatic mapping and population size estimation 2022. TRG approved National and State/UT HIV estimates 2022 and suggested NACO to undertake an internal deep dive to understand the findings in more detail.
- Eighth meeting of the technical working group (TWG) on Surveillance and Epidemiology was convened on 9th June 2023 under the chairpersonship of Dr. DCS Reddy (Former HoD, Department of Community Medicine, Institute of Medical Sciences, BHU). The objective of the meeting was to develop the roadmap for the generation of EVTHS-related input data to inform the estimations of EVTHS needs and vertical transmission rates.

- The second meeting of the technical subgroup (STI Surveillance) was convened on 16th June 2023 under the chairpersonship of Dr Mohammed Shaukat (Senior Public Health Expert to develop a weight framework for evidences for STI estimation. The regional institutes for Surveillance and Epidemiology presented evidences of STI prevalence/incidence in their assigned region.
- The National ToT for Integrated Biological and Behavioural Surveillance (IBBS) 2023 was organized by the National Institute -All India Institute of Medical Sciences, New Delhi in collaboration with NACO and ICMR-NICED, Kolkata at AIIMS, New Delhi from 22nd to 24th June 2023 in Delhi to provide a comprehensive overview of the IBBS and determine the future steps, priorities, and strategies related to the implementation of the IBBS, and to engage with senior public health experts to receive valuable insights, guidance, and recommendations on the IBBS methodology and effective field implementation procedures and to develop a pool of resource persons who possess the necessary knowledge and skills to effectively lead regional training.
- Data collection in six states in mortality surveillance under the IESE framework of NACP has been initiated in six states from 1st July 2023 onward. The objective of the mortality surveillance is to measure the trend of AIDS-related deaths among the total reported deaths among PLHIV registered at ART Centre under NACP and to identify the cause of death among PLHIV registered at ART Centre under NACP.
- A pilot study will be conducted on Programmatic-Mapping and Population Size Estimation(p-MPSE) targeting clients of sex workers at physical locations, individuals recruited through network operators, and MSM and H/TG individuals using virtual applications at various geographical regions in select districts in the first phase of the activity. In this context, NACO has conducted a four-day National Training of Trainers (ToT) from 12-15th July 2023 in Delhi. The objective of the training was to create a pool of field level resource persons who will be engaged during the field training, facilitate the activity in their respective states as well as monitoring and supervision.
- NACO has organized a pre-workshop training on implementation of the AIDS Epidemic Modelling (AEM) tool in the states of Manipur,

Mizoram, and Nagaland with global experts during 27th -28th July 2023 through virtual mode. Discussion points in the meeting were based on introduction to AEM, live walk through AEM workbooks and AEM data input needs, how to extract and analyze AEM input data.

- A model development workshop for district-level estimations 2022 was held on 9th -11th August 2023 at NACO. The objective of the workshop was to fast-track the work related to the district-level estimations for 2022. During the workshop, the teams worked on the State-specific inputs based on their local epidemiological context and updated the model on the demographic, programmatic, and epidemiological data.
- NACO organized a Capacity Building Workshop on AIDS Epidemic Model (AEM) from 21st - 23rd August 2023. The Workshop was inaugurated by Ms V. Hekali Zhimomi (AS & DG, NACO). The workshop was attended by the representatives of the regional institutes for Surveillance and Epidemiology, select SACS, Chairs and Co-Chairs of the National Technical Working Group and Sub-Groups (Surveillance and Epidemiology) and SI Nodal Officers from NACO. International experts from UNAIDS Geneva and East-West Centre (University of Hawaii) were the resource persons for the workshop.
- NACO organised a capacity building-cum-consultation workshop on district-level HIV burden estimations from 25th to 27th September 2023. The workshop was attended by senior experts/representatives of NACO's Technical Working Group (Surveillance and Epidemiology), Technical Sub-Group (HIV Burden Estimations), national and regional institutes (Surveillance and Epidemiology), SACS and partners. During the workshop, the representatives from SACS were capacitated on the method of district-level HIV burden estimations under NACP and their inputs were sought on draft models.

Research and Evaluation

Research and Evaluation: Research and Evaluation is a vital component of Strategic Information Management. Key activities undertaken in the year 2023 are as follows:

- Six (6) research studies have been concluded 2023-24, which included topics such as Airborne Infection Control in NACP facilities, Treatment literacy and adherence, Risk Perception among the youth, reducing discrimination faced by MSMs,

Network dynamics among PWID, Migrants study, Study on Truckers/ Drivers and Allied Population etc.

- Twelve (12) research studies of FY 2023-24 are ongoing to generate evidence through operational research on critical gaps in programme implementation. These areas vary from STI Prevalence Study, Increasing partner testing through partner notification and community-based screening, Treatment adherence study, holistic intervention model for transgender, sexual practices and quality of life among transexuals, Evaluation studies of various programme components under NACP etc.
- Under the Global Fund Grant 2021-2024, a third-party evaluation component has been added to undertake minor and major evaluation of various programme components and intervention under NACP with the objective to conduct concurrent, mid-term and end line evaluations to understand the progress, implementation and gaps under the programme. Evaluation studies on important component of the programme like Link Worker Scheme in India, CSC, 1097 Helpline, Test and Treat, Opioid Substitution Therapy, Counselling under NACP and Study on Stigma and Discrimination are being undertaken by TISS, Mumbai.
- Promoting Operational Research at local levels – Operational research has been institutionalised at SACS level, where the research processes have been streamlined and capacity building has been undertaken on operational research and evaluation at State level. Programme managers from SACS were involved in identifying priority areas, conducting operational research studies for finding localised solutions to programmatic gaps at state and district levels. Funds have been allocated to SACS to conduct Operational Research and Evaluation studies at SACS level.
- Studies for FY 2020-21 have been completed and evidence from these studies are published in a Research Compendium Vol. I from Research studies undertaken by SACS in FY 2021-22. While the research studies undertaken in FY 2022-23 and FY 2023-24 will be brought out in Vol. II and Vol. III of the Research Compendium in December 2024.
- During the Review meeting of Project Directors at Agra, Uttar Pradesh, best posters from the Operational Research studies undertaken by SACS

for FY 2021-22 were put up and awarded. Posters from Mizoram, Rajasthan, Delhi, Puducherry, Madhya Pradesh, Kerala and Goa were awarded.

- With the decentralization of research and evaluation to SACS, a Capacity Building Workshop on Operational Research and Evaluation and National Data Analysis Plan (NDAP) III was organized by NACO, in collaboration with PEPFAR, CDC, and UNAIDS, from March 2-4, 2023, in Gurugram. The workshop was inaugurated by Ms. Nidhi Kesarwani, Director of NACO. The workshop aimed to strengthen the capacities of nodal Strategic Information officers and program managers at national and state levels. Key themes included the National Data Analysis Plan-III, cluster-based approaches under NACP Phase-V, and the monitoring framework for NACP Phase-V.
- To identify gaps in the national programme and generate evidence through studies, projects, pilots, and innovations, NACO's Strategic Information, in collaboration with USAID and Johns Hopkins University under Project ACCELERATE, organized a two-day workshop on 'Development of Technical Briefs from Research Studies and Data Analysis' from September 27-28, 2023, in Visakhapatnam, Andhra Pradesh. The workshop was inaugurated by AS & DG, NACO, Ms. V. HekaliZhimomi. The workshop aimed to consolidate feedback from mentors and program managers on evidence generated from NACO-supported research studies and data analysis. It focused on developing and finalizing technical briefs to inform the program about new learnings and innovations in HIV response, and to strengthen participants' capacity in creating technical briefs.

Exposure visits: To build advocacy for HIV/AIDS research and orient young post graduate medical students on the NACP, NACO facilitated exposure-cum-training visits. In this year, 2 exposure-cum-training visits for Armed Forces Medical College, Pune on 21st March 2023 and 23rd January 2024 and 2 orientation visits for medical officers from NIHFV on 4th December 2023 and 8th February 2024 were conducted. Interactive discussions and presentation on NACO overview, NACP and Research and programme activities were held with the visiting students/faculty and NACO officers at NACO. This was followed by a field visit facilitated by Delhi SACS.



AFMC students' visit to NACO on 23rd January 2024

NACO Internship: NACO has initiated the Internship Programme in 2018 for young students who wish to engage with the Government. The internship programme envisages an opportunity for young students to get familiar with and understand the various dimensions of policy making and implementation of NACP. One (1) intern successfully completed her internship in the year 2023 at NACO and submitted her project report on priority area of Service Uptake and Understanding Barriers among Transgenders (TGs) in Delhi under NACP in the pre- and post-COVID period (2018-2023).

Data Analysis and Use: NACO focuses on NACP data security, quality, analysis and dissemination of results and data management. Key activities undertaken during January 2023 to March 2024:

- Routine programme data analysis is one of the most important activities for measuring programme performance, a source in taking informed decisions and course corrections, if any. During the year 2023, data analyses were done at NACO level: (i) Analysis of programme data and NFHS-5 data of the state of Nagaland, (ii) Analysis of programme data of the state of Haryana and (iii) Report on key findings of National Family Health Survey-5 (2019-21)
- In addition to routine data analysis, the National Data Analysis Plan (NDAP) is undertaken periodically with the objective of systematically analyzing the available programme and related data. Launch workshop of National Data Analysis Plan III (NDAP-III) was held on 3rd March 2023 with the objective to finalize the draft concept notes in consultation with Senior Experts, Mentors, and Analysts. During the workshop two documents were released by the Director, NACO; (i) National Data Analysis Plan: Round II report and (ii) National Data Hub: User Manual and Standard Operating Procedures.

- **State level routine secondary data analysis, data quality monitoring and data security:** On August 9th and 10th, 2023, initial discussion was held with all SACS on state-level routine secondary data analysis. The agenda included initial discussions on 80 state-specific topics chosen for secondary data analysis. In addition to this SACS are involved in data quality management for their respective States/UTs. To strengthen data security, at SACS State Data Management Committee in place.

- Three batches of 'Regional Capacity Building on NACP Data Management' were organized with the main objective to build capacity of SACS officers on different aspects of NACP data management like data quality, data security, data sharing, data archiving, data analysis and dissemination of the findings. The first batch was held in Tamil Nadu for southern states on 19th and 20th February 2024. The second batch was held in Assam for eastern and north-eastern states on 27th and 28th February 2024. The third batch was held in Maharashtra for central, western and northern states on 4th and 5th March 2024.

- NACP status note is the consolidated progress on the key indicators in the financial year, which is used during all review meetings and during visits of NACO officials and other Government Officials to different States/UTs. Status notes for India as well as for all States/UTs was last updated with data as on November 2023.

- Scorecard of SACS provides an overall picture of State/UT performance on NACP implementation across all facilities. It also provides big pictures of areas that need more effort to achieve NACP targets. This is a quarterly activity in a financial year, the first scorecard for the FY 2023-24 was prepared in November 2023 for a mid-year monitoring based on programme data (till September 2023). The second scorecard of the financial year 2023-24 was prepared in March 2024 based on the programme data (till December 2023). The same was used to review the performance of all States/UTs on NACP.

- NACO encourages the use of programme data for evidence-based programme planning at all levels. For ready reference and easily used for policy makers and programme managers, Technical Briefs are being prepared for 10 analysis report during the year 2023.

- NACO reviewed the existing questions related to STI, HIV and AIDS of National Family Health Survey (NFHS) 6 and proposed new indicators

/requested modifications of existing questions/ modification of responses in exiting questions and addition of few responses. NACO is also part of other steps of NFHS 6 including finalization of HIV testing protocols.

- The National Data Management Committee at NACO is the internal committee and the roles and responsibilities of the Committee are (i) to review data requests received at NACO, (ii) to provide inputs on disposal of physical file/ computer equipment containing HIV related information at NACO, (iii) to consider all adverse event related to NACP data reported to the committee, (iv) review of data access and data security at NACO and SACS and any other matter related to NACP data management. From January 2023 to March 2024, four meetings of National Data Management Committee were held.
- National Data Hub (NDH) of NACO is a central digital repository for key reports, documents and all approved data of NACO for internal use. During the year 2023 activities related to NDH have been completed (i) NDH: User Manual and Standard Operating Procedures available on NACO website, and (ii) NDH made live on NIC server and available to all NACO offers for internal use.



Released ofNDAP-II report and National Data Hub: User Manual and SoP

1.8.3.10 Procurement

Under NACP, NACO provides free ARV drugs to approx. 16.8 lakh PLHIV. In addition, approximately 6.4 crore HIV tests were conducted in year 2022-23. NACO does the procurement of ARV Drugs, HIV testing Kits, and equipment etc. Procurements are largely done by NACO through Procurement Agency of M/o Health and Family Welfare viz. Central Medical Services Society (CMSS) and in few cases, through direct contract management by NACO as well. CMSS has been associated with NACO as a Procurement Agency since 2016.

1.8.3.11 Supply Chain Management

Around 90 lakhs of condoms were distributed nationally within a strict timeline of 7 transit days as an emergency distribution process during December 2023. Injection Benzathine penicillin was also distributed nationally with a strict timeline of 10 days as an emergency distribution process during October 2023.

Reduced the time gap between stock report submissions from 1.5 months to a month, leading to a 30% improvement in on-time submissions for BSD and STI, and increased the accuracy and on-time submissions for CST weekly stock reports up to 90%. This change streamlined the process, enhancing efficiency and providing timely insights for decision-making.

Supplied HIV testing kits and ARV drugs to Chaurachandpur, Manipur with an ongoing challenging situation in the territory ensuring un-break supply of the lifesaving drugs and other NACP commodities.

1.8.3.12 Programme Management and Review (PMR)

Key activities done from January 2023 to March 2024

- Regional Annual Action Plan (AAP)-cum-review meeting was held with all SACS/DACS to formulate the Annual Action Plan for the Financial Year 2023-24 under the Chairpersonship of AS& DG (NACO). These meetings were held at Bhopal (3rd to 5th January 2023), Chennai (10th to 12th January 2023), Chandigarh (17th to 19th January 2023) and Guwahati (2nd to 4th February 2023) for Central and West, South, North and East and North East regions respectively.
- Review meeting was held with all SACS/DACS to formulate the Annual Action Plan for the Financial Year 2024-25 under the Chairpersonship of AS& DG (NACO). These meetings were held at Chandigarh (4th to 5th January 2024), NACO HQ (17th to 18th January 2024), Mysore (30th to 31st January 2024) and NACO HQ (22nd to 23rd February 2024) for Northern, East and North East region, Southern and Western region respectively.
- A one-day meeting was conducted virtually on 14th March 2023 under the Chairpersonship of AS& DG, NACO to review the financial expenditure status of the State/District AIDS Control Societies as per the Annual Action Plan for FY 2022-23 and to

have a detailed discussion upon the actionable decided during the regional review cum AAP formulation meetings (held in the month of January and February, 2023).

- NACO has conducted three-day State level training on Programme Management for SACS, District Integrated Strategy for HIV/AIDS (DISHA) Officials, and TSU/SETU Consultants. In addition, NACO also has conducted ToT for Master Trainers of Program Managers, ToT for Master Trainers of Bridge Population and Down training on Programme Management of Bridge Population of

34 States/UTs through 91 batches. One batch of training was conducted for the NACO officials at NIHFW, New Delhi.

- As part of the Programme Management Training, NACO in coordination with Central TB Division (CTD) had convened a one-daysensitisation program on NACP for District TB Officers who are nominated as a District AIDS Control Officers (DTOs/DACOs) on 18th February 2023 at NITRD, New Delhi. In down trainings, 506 DACOs have been trained in the 29 States/UTs.

The details of trainings conducted are given in the below table;

SACS covered	Batches completed	NACO officials	SACS Officials	DISHA Officials	TSU/ SETU	ToT - PM	ToT- BP.	Down training	DACO	Total
34	91	27	484	701	111	71	75	195	506	2170

- The Quarterly review meetings of the Sub Recipients (SRs) of NACO under Global Fund Grant for 2021-24 are being held under the Chairpersonship of Director, NACO.

- The 360-degree field visits to the States/UTs by State Nodal Officers of NACO for reviewing the programme implementation in the State/UTs and financial expenditure in the FY 2022-23. The following States/UTs have been visited by NACO Officials during April – May 2023 viz, A & N Islands, Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chandigarh, Daman, Diu and DNH, Delhi, Goa, Himachal Pradesh, Jammu Kashmir and Ladakh, Karnataka, Maharashtra, Manipur, Meghalaya, Mumbai, Punjab, Rajasthan, Tamil Nadu, Telangana, Uttarakhand, West Bengal.

- The 360-degree review meeting was conducted with Andaman & Nicobar Islands, Chhattisgarh, Goa, Telangana and Uttarakhand SACS under the State Nodal Officer of NACO on March 2024 through virtual platform for reviewing the programme implementation in the State/UTs and financial expenditure in the FY 2023-24.

- A two-day virtual meeting with State Nodal officers to review the implementation status of DISHA in the States was held under the Chairmanship of Dr. U B Das, DDG, NACO on 17th and 18th August 2023.

- A Two-day review meeting with Project Directors of all SACS/DACS was held under the Chairpersonship of Ms. Hekali V Zhimomi, AS & DG, NACO to take up the main issues and challenges at State/ UT level under NACP-V on 24th and 25th August 2023 at Agra, Uttar Pradesh.

- A virtual meeting was held with Project Directors of all SACS/DACS under the Chairpersonship of Ms Nidhi Kesarwani, Director (NACO) to review the expenditure on 29th September 2023 at 6th Floor Committee room, NACO.

- Under the direction of AS & DG, NACO, the Integrated Health Campaign (IHC) was initiated in the State of Arunachal Pradesh as a pilot phase in Namsai district by coordinating with the local Stakeholders to reach the unreached population in the remote areas. It has given the positive results and provided the positive insights and yields to NACO. Based on the learning's from Arunachal Pradesh, the IHC was rolled out in all the NE States in the identified high burden districts.

- A review of the IHC was conducted with all NE States under the Chairmanship of Dr U B Das, DDG, NACO on 19th and 20th September 2023 in virtual platform. Nodal officers and representatives from all the NE States attended this meeting.

- A two day consultation meeting with Project Directors of all SACS/DACS was held under the

Chairpersonship of Ms. V.HekaliZhimomi, AS & DG, NACO to review the status of expenditure and implementation of various programmatic components of NACP V on 6th and 7th December 2023 at New Delhi.

1.8.3.13 Mainstreaming and Partnership

NACO has been actively involved in partnering with key government departments, ministries, private sector, and civil society organizations. following activities done in 2023:

Inter-ministerial Meeting: NACO has partnered with 18 key departments and ministries of the Government of India to raise awareness and take preventive measures against HIV/AIDS through collaborative efforts. An inter-departmental meeting, chaired by AS&DG, NACO took place in June 2023 in New Delhi. The meeting's objectives included reviewing the progress of activities by the departments and ministries, reinforcing collaborative efforts to enhance the reach and coverage of HIV/AIDS prevention activities, and reducing stigma and discrimination.



Training Module Release: NACO has prepared a Training Module for Scaling-up Social Protection for People infected with and affected by HIV/AIDS. This module was released by AS&DG, NACO on June 20, 2023. It is designed to strengthen the capacities of SACS officials and key stakeholders in providing social protection for individuals affected by HIV/AIDS.

Training of Trainers: A Training of Trainers (ToT) was conducted in Delhi in June 2023. Mainstreaming and GIPA officials from SACS attended the ToT program. During the ToT, the participants were oriented on the need of social protection, planning and implementing social protection interventions, partnership and resource mapping and preparation of action plans.

1.8.4 New Initiatives and Success Stories from January 2023 to March 2024

1.8.4.1 Integrated Health Campaign in North East Region

The Integrated Health Campaign (IHC) was initiated to specifically target vulnerable and at-risk populations involved in high-risk behaviors or population that are a part of the injecting/sexual networks. These outreach efforts are geared toward offering a comprehensive range of services, including HIV, Hepatitis B and C and STI/RTI screenings, TB assessments, as well as addressing general health concerns like blood pressure, diabetes etc. for individuals between the ages of 15 and 49 years.

As on March 2024, a total of 40,760 individuals were screened for HIV, and 1,472 individuals were identified as HIV positive through the campaign mode and extended outreach activities.

1.8.4.2 National Red Run:

NACO in collaboration with Goa SACS organized first National Red Run. The objective of the Red Run was to spread awareness through sports which can help the youth to take care of themselves and keep them away from high-risk behaviors that put them at risk of getting infected with HIV and other STIs. All States/ UTs organized district and State level Red Run, and the winners of the State level Red Runs got the opportunity to participate in the National Level Red Run. A total of 147 participants under different categories (male, female and transgender) from different states participated in the 10 km National Red Run-on 8th October 2023 in Goa.

Male Female Transgender



1.8.4.3 Integrated STI, HIV, TB and Hepatitis Campaign (ISHTH)

- In addition to the interventions in Prison and Other Closed Settings (P&OCS), the ISHTH Campaign was launched to rapidly expand the coverage in prisons other closed settings including juvenile homes and drug rehabilitation centers.
- A dissemination and review meeting was conducted on 21st and 22nd March 2024 under the chairpersonship of Additional Secretary & DG, NACO in New Delhi. The objective of the meeting was to disseminate the key findings and learnings of ISHTH, take stock of current progress under P&OCS Intervention and to discuss on increasing the visibility and sustainability of P&OCS Intervention.
- During the campaign, 1190 prisons (90%), 509 OCS (65%), 281 juvenile homes (98%), and 310 drug rehabilitation centres (77%) were covered.

1.8.4.4 HIV Comorbidities (Hepatitis and Non-Communicable Disease):

- **HIV– Hepatitis:** In India, with viral hepatitis increasingly contributing to morbidity and mortality among people living with HIV (PLHIV), including those on ART, a Standard Operating Procedure (SOP) is being developed to provide integrated services for PLHIV and patients with Hepatitis B and C. This SOP will create a framework for accessing services at National AIDS Control Program (NACP) facilities and the general health system. Integrating these health services aims to enhance care, reduce loss to follow-up, and decrease deaths, supporting NACP Phase-V's goal of reducing AIDS-related deaths by 80%
- **HIV-NCD:** PLHIV on ART are living to their full life spans and are experiencing the lifestyle stresses and morbidities experienced by HIV negative persons. Hence, they are increasingly prone to developing non-communicable diseases (NCDs), including mental health issues.

To address this, a Synergy Model between NACP and NP-NCD is being developed, promoting an integrated healthcare approach for PLHIV. This approach focuses on holistic care, including prevention, screening, and management of NCDs alongside antiretroviral therapy (ART).

1.9: OTHER NATIONAL HEALTH PROGRAMMES

1.9.1: NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF NON-

COMMUNICABLE DISEASES (NP-NCD)

India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases (NCD) surpassing the burden of Communicable diseases like water-borne or vector-borne diseases, TB, HIV, etc. The Non-Communicable Diseases like Cardiovascular diseases, Cancer, Chronic Respiratory Diseases, Diabetes and other NCDs are estimated to account for 63% of all deaths, thus making them the leading causes of death. NCDs cause considerable loss in potentially productive years of life. Losses due to premature deaths related to heart diseases, stroke and diabetes are also projected to increase over the years.

In order to prevent and control major NCDs, Government of India has implemented the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) in all States across the country with the focus on strengthening of infrastructure, development of human resource, emphasis on health promotion, population based screening (age 30 years & above), early diagnosis, management and referral. For activities up to district level and below under NP-NCD, States are given financial support under the umbrella of NHM. The funds are being provided to States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 60:40 (except for NE and Hilly States, where the share is 90:10).

Broad Activities permissible under NCD flexi-pool for NP-NCD are as follows: 1) Health promotion including, Information Education and Communication (IEC) / Behavior Change Communication (BCC) / Social and Behavioral Change Communication (SBCC), 2) Screening and case detection including Population based screening, 3) Management of NCDs, 4) Integration with other programmes, 5) Monitoring & Evaluation, 6) Capacity Building and 7) Public Private Partnership

2. Up to District level interventions

2.1 In order to prevent and control major NCDs, the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) is being implemented with focus on strengthening of infrastructure, development of human resource, emphasis on health promotion, population based screening (age 30 years & above), early diagnosis, management and referral. Under the programme, NCD Clinics are being set up at District and CHC

levels, to provide services for common NCDs (Diabetes, Hypertension and common Cancers viz. Oral, Breast and Cervical Cancers). In identified districts, Cardiac Care Units (CCU) and Day Care Centres are also being set up for providing facilities for emergency Cardiac Care and Cancer Chemotherapy respectively. Intervention on COPD, CKD and NAFLD are also included in the programme.

2.2 During the year 2023-24 (up to 31/12/2023): 731 District NCD Cells, 753 District NCD Clinics, 220 District Cardiac Care Units, 356 District Day Care Centre for cancer patients, 6238 CHC NCD Clinics are established.

Comparative Position of infrastructure in past 9 Years is as under:

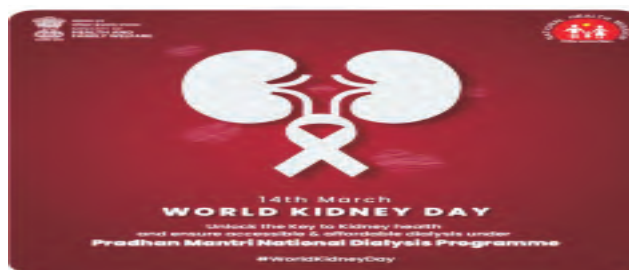
S.N.	Type of facility	Cumulative no. of facilities established	
		As on 31.12.2023	As on 01.04.2014
1	State NCD Cell	21	36
2	District NCD Cells	96	731
3	District NCD Clinics	95	753
4	Cardiac Care Units (CCU)	61	220
5	District Day Care Centres	38	356
6	CHC NCD Clinics	204	6238

2.3 Achievements under NP-NCD:

i. Media Campaigns were organised on special days pertaining to NCDs i.e. World Cancer Day, World Kidney Day, World Stroke Day, World Heart Day, National Cancer Awareness Day, World Diabetes Day, World COPD Day etc. on risk factors, prevention, management of NCDs and promotion of healthy lifestyle through use of social media for continued community awareness .



World Heart Day



World Kidney Day

ii. **Organised Cycling event:** Mega Cyclothon event was organised on 14th February 2023 with the hash tag # Cycle for Health in order to promote cycling as means of physical fitness and mental well-being across the country. A Sub-Committee has also been formed to coordinate cycling for health to promote physical fitness and mental well-being. Several initiatives have been taken to promote cycling as a means of healthy lifestyle and prevention & control of non-communicable diseases such as heart diseases, stroke, diabetes and cancers. Regular physical activity also helps to prevent hypertension, maintain body weight and improves quality of life.

iii. **Organised Walkathon event :** Two mega Walkathon events were organised on 5th March 2023 on the occasion of International Women's Day and 7th April 2023 on World Health Day with the hash tag # WalkforHealth to promote the events on different social media platforms. Union Health Minister Dr. Mansukh Mandaviya and Minister of State for Health & Family Welfare , Dr .Bharati Pravin Pawar led the walkathon . The aim of walkathon was to create awareness about healthy habits not only to keep away NCDs but also for positive effects on well being .



iv. Organised Webinar on World Heart Day: Union Health Secretary, Shri Sudhansh Pant chaired a webinar for Medical Officers, which was organised by the Ministry of Health and Family Welfare on the occasion of the World Heart Day on 29th September 2023. The aim of the webinar was to accelerate people's Movement for Healthy Heart in India. Experts from the Medical Fraternity and in the field of Cardiology along with public health experts participated in the webinar. More than 6,000 Medical Officers participated in this webinar, who are posted at different health facilities across the country.

v. Chronic Obstructive Pulmonary Diseases (COPD): COPD and asthma are major public health problems. Chronic respiratory diseases resulted in 10.8% deaths in India (CMR 2016). Tobacco use, air pollution, allergen, occupational agents, unhealthy diet, physical inactivity, obesity are few of the risk factors. Early detection, management, appropriate referral and continuum of care, the care for COPD patients under the NP-NCD programme is initiated. Main focus of awareness is on indoor air pollution. Support has been provided to the States/UTs for equipment and drugs under NHM.



vi. Non-Alcoholic Fatty Liver Disease (NAFLD) is now a known and leading cause of liver failure globally as well as in India. Various epidemiological studies from India suggest prevalence of NAFLD around 9%-32% of the general population in India. Obesity and Diabetes are the major risk factors for NAFLD. NAFLD interventions have been included within the broad structure of NP-NCD in 2020 to guide a range of strategies including health promotion activities which are crucial to prevent NAFLD. An operational guideline for NAFLD was developed and disseminated to enhance the capacity of the program managers at the state, district and sub-district level to operationalize the introduction

of NAFLD interventions under the overall ambit of NP NCD programme. A webinar was organised on 8th June 2023 on NAFLD to empower Medical Officers posted in Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals. The national webinar was attended by over 7,000 Medical officers from across the country.

3. Population-based Screening Initiative (PBS):

Population based prevention and control, screening and management initiative for common NCDs (Diabetes, Hypertension and cancer viz. Oral,

Breast and Cervical Cancer) is being implemented as a part of comprehensive primary health care under Health Wellness Centre in National Health Mission (NHM). Under this initiative, persons more than 30 years of age are targeted. Prevention, control & screening services are being provided through trained frontline workers (ASHA, ANM & MPWs), and the referral support and continuity of care is ensured through PHC, CHC, District Hospitals and other tertiary care institutions. PBS can help in better management of diseases by way of early stage of detection, follow up, treatment adherence. It will also generate awareness on the risk factors of NCDs. The initiative has linkages with NP-NCD and Tertiary care institutions like SCIs and TCCCs.



3.2 National NCD Portal: National NCD Portal has been rolled out by the Government of India in 2018 under NP NCDs for NCD Screening and management and ensuring continuum of care. This portal enables population enumeration, risk assessment and screening for five common NCDs (Hypertension, Diabetes, Oral, Breast & Cervical Cancer) of 30+ population. The coverage of the NP-NCD IT system is increasing rapidly, covering more of the population. Till 31st March 2024, Pan India, total enrolment (30years+) through NCD application is 35.11 crore and 26.16 crore were screened, and their record is maintained in NCD application (including States using own Application and sending aggregate data). From January 2023 to March 2024, Pan India, total enrolment (30 years +) through NCD application is 14.52 crore and 13.11 crore were screened.

4. Strengthening of Tertiary Cancer Care Centres scheme under NP-NCD.

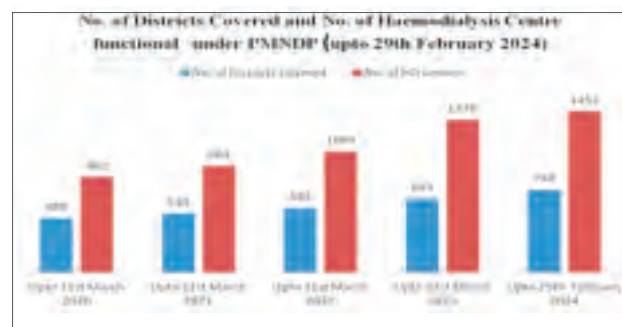
Under the Strengthening of Tertiary Cancer Care Centre (TCCCs) facilities Scheme of NPCDCS, financial assistance is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Cancer Care Centres (TCCCs) in different parts of the country. Under the scheme, there is a provision of providing one time grant up to Rs. 120 crore for SCI and up to Rs. 45 crore for TCCC including State share. This grant is meant for procurement of equipment and building construction. The funds sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10. Under the programme, 19 SCIs and 20 TCCCs were approved in different states/UTs. Funding is completed for 15 projects.

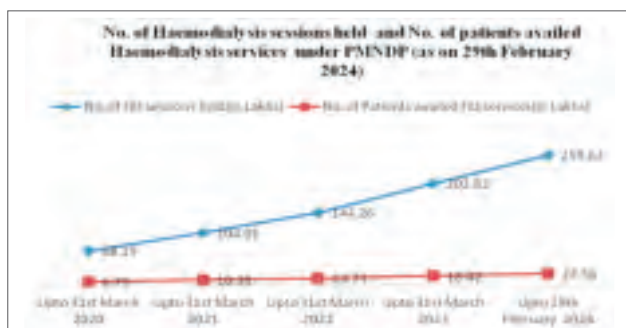
5. Pradhan Mantri National Dialysis Program (PM-NDP)

5.1 Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic kidney disease during year 2016-17 to support in all district hospitals in a Public Private Partnership (PPP) mode under NHM. Haemodialysis services were provided under the program. Peritoneal Dialysis is also included 2020 onwards.

PMNDP portal is integrated with ABHA ID. The portal will integrate all the dialysis centres operational in the States/UTs under NHM with building of registry and facilitating portability of dialysis services across the country.

5.2 PMNDP has been implemented in total 36 States/UT in 748 (54 Linked) Districts at 1452 centres by deploying 9902 hemo-dialysis machines. Total 22.56 lakhs patient availed dialysis services and 259.62 Lakh Hemo-dialysis sessions held -as on 29th February 2024. From January 2023 to February 2024, dialysis services made available in 107 districts, 102 centres by deploying 1031 machines. Total 5.29 lakh patients availed dialysis services and 71.05 lakh hemo-dialysis sessions held from January 2023 to February 2024.





6. G20 co-branded event for “ Accelerating the Prevention and Management of Hypertension and Diabetes ” and revised operational guidelines of National Programme for Prevention and Control of Non-Communicable Diseases issued .

The Union Health Ministry launched an ambitious initiative of screening and putting 75 million people with hypertension and diabetes on Standard Care by 2025, to mark the World Hypertension Day .This was announced at the G20 co-branded event held on 17th May 2023. The event provided opportunities to demonstrate and showcase achievements of the scale-up of prevention and management of NCDs through Ayushman Bharat- Comprehensive Primary Health Care (AB-CPHC) in India and facilitate the cross-learning.



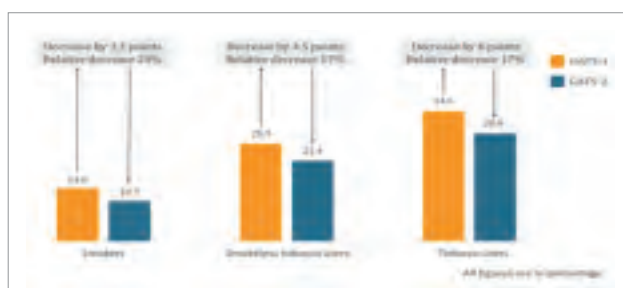
7. World Health Summit:

Dr. Bharati Pravin Pawar, Hon'ble Minister of State (H&FW) delivered keynote address on 15th October 2023 at High Level Panel Discussion on “Scaling up Integration of NCDs in Primary Care”. India firmly emphasizes the need for a comprehensive strategy which includes preventive measures early detection and efficient management with the aim of reducing the prevalence and impact of NCDs on the well being of the people .

1.9.2 NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

National Tobacco Control Programme (NTCP) was launched in 2007-08 with aims to create awareness about the harmful effects of tobacco use & second hand smoke to implement the tobacco control laws and to provide affordable, easily accessible and evidence-based cessation services or treatment to tobacco addicts. NTCP is being implemented through a three-tiered structure i.e., (i) the National Tobacco Control Cell, (ii) the State Tobacco Control Cells and (iii) the District Tobacco Control Cells. The Programme is being implemented in 710 districts across all 36 States/UTs of the Country.

A Chart given below showing the Prevalence of tobacco use and change from Global Adult Tobacco Survey [GATS-1 (2009-10) to GATS-2 (2016-17)



2. Major Achievements during 1st January, 2023 to 31st March 2024:

2.1 Regulation of depiction of tobacco usage on Over-The-To-Media (OTT) platforms : To regulate tobacco use depiction on Over The Top (OTT) media platforms, Government of India has notified Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) [COTP] Amendment Rules, 2023 vide GSR No. 400 (E) dated 31st May, 2023. As per the COTP (Amendment) Rules 2023, every publisher of online curated contents displaying tobacco products or their use will comply with (a) display anti tobacco health spots , of minimum thirty seconds duration each at the beginning and middle of the programme ; (b) display anti tobacco health warning as a prominent static message at the bottom of the screen during the period of display of the tobacco products or their use in the programme ; (c) display an audio visual disclaimer on the ill effects of tobacco use, of minimum twenty seconds duration each, in the beginning and middle of the programme.

2.2 Global commitments : India has been pioneering as the global leader in tobacco control measures .Ministry of Health & Family Welfare , Government of India hosted the Seventh Meeting of the WHO's Global Tobacco Regulators' Forum (GTRF) from 25-27 April, 2023. The meeting led to discussions regarding the regulation of novel and emerging Nicotine and Tobacco products, as well as conventional products and develop specific action points for GTRF members to continue sharing information ,through current and newly identified intersessional priorities]



Tobacco regulators along with Ministry of Health Officials- Smt. V. Hekali Zhimomi, Additional Secretary, MoHFW ; Dr . L . Swasticharan , Additional Deputy Director General Dte GHS Dr . Pulkesh Kumar ,Deputy Secretary ,MoHFW ,Team from WHO Headquarters ,Regional Office and India Office

India as the President for the Bureau of Meeting of Parties (MOP) to the Protocol to Eliminate Illicit Trade in Tobacco Products, has been leading the deliberations through the MoP Bureau Meetings. The Indian delegation from MoHFW and Ministry of Finance participated in the regional meeting from 10-13 October, 2023 in Bengaluru preparations for country as well as regional interventions for the Tenth Session of Conference of Parties (COP10) to WHO FCTC and Third Meeting of Parties (MOP3) to the Protocol to Eliminate Illicit Trade in Tobacco Products.

Indian delegation from MoHFW and Ministry of Finance attended the 10th Session of Conference of Parties (COP 10) to WHO FCTC from 5-10 February ,2024 and 3rd session of Meeting of Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products from 12-15 February 2024. The Ministry led the side event on “Social Secrets: Countering Big Tobacco’s Marketing in a Digital

Age ” and presented India’s regulation on Over-The-Top (OTT) Media platforms for online curated contents. India also deliberated extensively in the COP10 and MOP3 meetings and has been representing as the Bureau Member and Regional Coordinator from South East Asian Region for Meeting of Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products.

2.3 Online Reporting Mechanism :To streamline the quarterly reporting of National Tobacco Control Programme (NTCP) activities a Dashboard of the NTCP MIS was launched on 31st May, 2023 by Hon’ble Union Minister for Health & Family Welfare. This dashboard reflects real-time data on various NTCP activities reported / uploaded by States/UTs .

2.4 World No Tobacco Day’, 31st May, 2023 : This year Ministry of Health and Family Welfare , Government of India organised a hybrid event to observe ‘World No Tobacco Day ‘on 31st of May 2023. The theme of ‘World No Tobacco Day ‘was “We Need Food, Not Tobacco.” The event was presided by Hon’ble Union Minister for Health & Family Welfare, Government of India alongwith Shri S. P. Singh Baghel, Hon’ble Minister of State for Health & Family Welfare and other senior officers of the Ministry of Health & Family Welfare. The activities observed in the event are as follows:



Dr. Mansukh Mandaviya, Hon’ble Union Minister for Health & Family Welfare ;Prof .S P .Singh Baghel ,Hon’ble Minister of State for Health & Family Welfare ;Shri Rajesh Bhushan ,the then Secretary ,DoHFW addressed the WNTD event on 31st May 2023 alongwith Smt. V. Hekali Zhimomi, Additional Secretary, MoHFW; other senior officers of MoHFW; Dr. L. Swasticharan, Additional Deputy Director General, Dte.GHS; Dr.

Pulkesh Kumar ,Deputy Secretary ,MoHFW ,Team from WHO India Office

2.4.1 Released a song “ Aaj Zindagi Jeete Hai ” , aiming to use the universal language of music to engage youth and promote a healthy lifestyle free from tobacco use . The audio music has been developed in collaboration with Bollywood’s music composer duo Salim-Sulaiman and has been written by celebrated lyricist Irfan Siddiqui. Subsequently, a flash mob was carried out at Nirman Bhawan to further amplify the campaign song’s impact.

2.4.2 This year the WHO World No Tobacco Day 2023 Award was presented to State Tobacco Control Cell Meghalaya and Centre for Multi-Disciplinary Development Research (CMDR) , Dharwad .The WHO Regional Director award for 2023 was presented to Department of Health, Government of Himachal Pradesh and Balajee Sewa Sansthan (BSS), Dehradun, Uttarakhand.

2.4.3 The Ministry of Health & Family Welfare on the occasion of WNTD had enabled a provision for taking Online “ No Tobacco Pledge ” ,through MyGov platform .States & Union Territories and all stakeholders have been requested to disseminate the Pledge widely and encourage maximum participation in the “ No Tobacco ” Pledge campaign .

2.4.4 A screening camp was organized by Maulana Azad Institute of Dental Sciences, New Delhi for creating awareness on harmful effects of tobacco use through Oral Health Screening ;Oral Cancer Screening using toluidine blue staining ; Brief Tobacco Cessation Counselling and Nukkad Natak .

2.5 Portal for reporting online violations: Portal (<https://violation-reporting.ntcp.mohfw.gov.in>) to report Online violations under COTPA ,2003 and prohibition of e cigarette Act 2019 was launched to strengthen the enforcement of these Acts. On receipt of the online violation, takedown notices will be served to the intermediaries to remove the unlawful content (as per IT Rules, 2021).

2.6 Tobacco Free Youth Campaign :Tobacco Free Youth Campaign was launched across all States and Union Territories to create intensive awareness on harmful effects of tobacco use,

particularly amongst the youth. The States took forward this 60 days campaign from 31st May to 31st July 2023 for effective enforcement of tobacco control laws ;implementation of guidelines for Tobacco Free Educational Institutions ;Tobacco Free Villages and IEC strategies . The best performing States /UTs were felicitated with a trophy and a certificate in a National Review Meeting held on 20th October, 2023 to the Govt. of Karnataka (Best performer for Monitoring Tobacco control laws), Govt. of Rajasthan (Award for Excellence in Tobacco Control activities) Govt. of Himachal Pradesh (Best performer for creating awareness) Govt. of Punjab (Best performer for ToFEI implementation amongst the big State), Govt. of Odisha (Best performer for Tobacco Free Village initiative)and UT Administration of Dadra and Nagar Haveli & Daman and Diu (Best performer for ToFEI implementation amongst the smaller State) The Awards were received by respective State Nodal Officer of the State for Tobacco Control.



Some glimpses of Felicitation of States with Tobacco Free Youth Campaign Awards

2.7 Implementation of Prohibition of e-Cigarettes Act, 2019 (PECA, 2019) : Effective steps have been undertaken for strengthening the implementation of “The Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019”. Law enforcers workshop was organised in February, 2023 in collaboration with National Law School of India University (NLSIU), Bengaluru to plan concrete steps for effective compliance of the prohibition of such novel products. A Public Notice was published PAN India for effective compliance of the PECA, 2019.

2.8 Strengthening of National Tobacco Testing Laboratories

The establishment of National Tobacco Testing laboratories (NTTLs) is one of the key deliverables under the National Tobacco Control Programme which is envisioned as accredited State of Art laboratories with the purpose of providing world class analytical facilities for tobacco products and generates scientific evidence for decision making. This scientific evidence is to finally lead to tobacco product regulation. For this purpose, to strengthen the existing NTTL capacity, capacity has been built within Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh to increase the capacity as Scientific Support Group and Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER) Puducherry to increase the capacity as National Tobacco Regulators Forum.

2.9 Strengthening of Tobacco Cessation Services: Tobacco cessation efforts contribute significantly to promoting good health, preventing diseases and ensuring well being all of which align with Sustainable Development Goal objectives. Efforts have been taken to strengthen and scale up the tobacco cessation services in India. An expert committee to accelerate tobacco cessation services with three sub groups focusing on the development of National Strategic Action Plan, Training and capacity building and IEC activities has been constituted. Further, another expert group constituted is working and expediting the process on the development of Operational Guidelines to establish Tobacco Cessation Centers in Medical colleges in coordination with Medical Education Division.

2.10 Tobacco Surveillance mechanisms: MoHFW has initiated the Third round of Global Adult Tobacco Survey (GATS - 3rd) and fifth round of Global Youth Tobacco Survey (GYTS-5) which gauge tobacco prevalence among 15 years and above and 13-15 year old school going children respectively.

1.9.3 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

1. District Mental Health Programme (DMHP)

To address the burden of mental disorders, the Government of India is supporting implementation of the District Mental Health Programme (DMHP) under the National Mental Health Programme (NMHP) in 738 districts of the country for detection, management and treatment of mental disorders/illness with the major components of counselling in schools and colleges, work place stress management, life skills training, suicide prevention services and IEC activities for generation of awareness and removal of stigma associated with Mental Illness.

Achievements under District Mental Health Programme 2023-24

- **OPD services:** Approximately 94,95,530 patients were catered in Mental Health OPDs in the districts during April 2023 to March 2024.
- **Inpatients:** The patients admitted for mental health disorders in District Hospitals were approx. 3,19,065.
- **Outreach activities/OPDs conducted by DMHP teams:** Around 45,995 outreach activities were conducted by DMHP Teams in the districts from April 2023 to March 2024.
- **Patients attended through Outreach activities or OPDs:** Approx. 11,90,804 patients/beneficiaries were attended through outreach activities or OPD sessions.

Suicide Prevention Week was observed from 10th September to 16th September 2023 by the States/UTs and the by various medical colleges in India and multiple IEC activities were organized. In the medical colleges, the aim was to create awareness about suicidal behaviours & prevention strategies and to encourage medical students to talk about their problems and seek help. Let's talk campaign was initiated in schools and colleges on occasion of World Suicide Prevention Day on 10th September 2023.

On occasion of **World Mental Health Day** on 10th October 2023, various activities including the health talk sessions, poster making competitions, essay writing competitions and role plays were organised in schools and colleges in all States/UTs. The whole month of October 2023 was observed as mental health promotion and awareness month.



ASHA workers at RHTC, Bommalamaram in Gate Keeper training 'about Suicide-causes, statistics and role of ASHA workers in identification of at risk individuals

2. National Mental Health Programme (NMHP)

Universal access to Mental Health is one of the objectives of the Mental Health Policy 2014. The National Mental Health Program is a part of the Tertiary Care Program. With an aim to achieve the objective of Mental Health Policy 2014, under the Manpower Development Scheme A & Manpower Development Scheme B, support is provided to the Medical Colleges/Institutes for creating/increasing the number of seats in post graduation viz. Psychiatry, Clinical Psychology, Psychiatric Social Worker and Psychiatric Nursing. Increase in the manpower in mental health OPDs is reflected in the footfall of the patients seeking treatment or counseling. Since January 2023 till December 2023 21,60,897 patients were provided treatment at CoEs pan India. 3,40,272 beneficiaries were provided counseling services during the same period. Under the Manpower Development Schemes 10,844 beds are available for admission of patients at the Tertiary Care Hospitals across the Nation, 4,820 and 6,024 beds under the Scheme A and Scheme B respectively. The OPD services provided till March 2024 is 22,51,817 and counseling services is 3,61,077.

3. National Tele Mental Health Programme (NTMHP)

Advocating the use of digital tools for improving the efficiency and outcome of the healthcare system, particularly in the domain of mental health care the National Tele Mental Health Programme, Tele Mental Health Assistance and Networking Across States (Tele MANAS) was launched on 10th October, 2022 in the Union budget 2022-23 as a digital arm of District Mental Health Programme.

Establishing a new milestone in the NTMHP, Logo for the Programme was launched on 10th October, 2023 on the occasion of World Mental Health Day to mark the one year anniversary of National Tele Mental Health Program.



As on 31.03.2024, Tele MANAS is Operational in all 36 States/ UTs through 51 functional Tele MANAS cells along with additional TMC



being set up in collaboration with Aditya Birla Group Empower initiative in Nagpur (Maharashtra). 8,07,517 calls have been handled on the helpline number (14416 & 1-800-891-4416) since launch of the program with Counsellors engaging in 20 different languages.

Another initiative of the Government of India, Azadi Ka Amrit Mahotsav (AKAM) to celebrate and commemorate 75 years of independence and the glorious history of its people, culture and achievements. 'Swasth Man Swasth Tan' was one of the campaigns approved under AKAM with a focus on pan India scale up of Tele MANAS. The District Mental health units acted as a platform to increase community outreach with special focus on one component or demographic every month. Special events were organised one day every month while targeted interventions received extra attention throughout the month. The focus of the various events under the campaign was towards seeking help through Tele MANAS consultations and awareness of services at DMHU. States actively participated in the campaign and organised various events like Cyclathon, Signature campaign, Awareness sessions, talk sessions, Focused Group Discussion (FGD), Counselling Sessions etc to ensure wide publicity of the campaign through

print /audio -visual /social media apart from local promotion by community leaders .States /UTs also actively shared photos of the campaign related events through their social media handles .The experience has been encouraging ,particularly in terms of the reach of services and linking the people reaching out to Tele MANAS to existing DMHP services .

1.9.4 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT(NPCBVI)

National Programme for Control of Blindness and Visual Impairment (NPCBVI) was launched in the year 1976 as a centrally sponsored scheme (now 60:40 in all States and 90:10 in NE States and hilly States) with the goal of reducing the prevalence of blindness. The programme continues to focus on development of comprehensive eye care services targeting common blinding disorders viz., Cataract, Refractive Errors, Glaucoma, Diabetic Retinopathy, Childhood Blindness, Corneal Blindness etc. to combat blindness and visual impairment in the country.

The goal to reduce the prevalence of blindness to 0.25% by 2025.

The following benchmark activities are being marked as key performance deliverable for regular monitoring and evaluation of the NPCBVI program:

Cataract Surgeries

1. Distribution of spectacles to school children
2. Corneal Collection

Each state/UT is given yearly targets in all above - mentioned deliverables.As a newer initiative Mission Mode Cataract Surgeries campaign (Netra JyotiAbhiyan) have been launched for the FY 2022-25 with an aim to finish off any prevailing cataract surgery backlogs and strengthened service delivery.

Achievements of the Programme during last three financial years are as under:

Cataract operations

Year	Target	No. of Cataract operations performed
2020-21	50,00,000	35,50,765
2021-22	55,00,000	61,98,830
2022-23	75,00,000	83,44,824
2023-24	90,00,000	90,29,242

School Eye Screening Programme

Year	No. of free spectacles provided to school children suffering from refractive errors	
	Target	Achievement
2020-21	8,00,000	1,80,723
2021-22	9,00,000	4,21,952
2022-23	15,00,000	8,60,327
2023-24	16,00,000	11,01,472

Collection of donated Eyes for corneal transplantation

Year	No. of donated eyes collected	
	Target	Achievement
2020-21	55,000	17,402
2021-22	60,000	45,356
2022-23	71,000	62,370
2023-24	75,000	66,395

1.9.5 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS(NPPCD)

The National Programme for Prevention and Control of Deafness (NPPCD) is centrally sponsored scheme initially implemented in 25 districts of 11 States/UTs as pilot project in 2007. Now 595 districts in the country have been covered under the program Under the programmescreening , examination and rehabilitation is provided to identified hearing impaired persons without suffering financial hardship. It includes the full spectrum of essential, quality health services from health promotion, prevention, treatment and rehabilitation across the life courses, which are the guiding principles for universal healthcare coverage (UHC). As per National sample survey (2002) hearing disability is 2nd most common disability in the country and as per population based survey (2003) in India the estimated prevalence of hearing impairment was approx 6.3%. An even larger percentage of our population suffers from milder degrees of hearing loss and unilateral (one sided) hearing loss. Hearing aids are provided to identify hearing impaired persons as per terms and conditions of Scheme of Assistance to Disabled persons for Purchasing/ Fitting of aids/ appliances (ADIP Scheme) under Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment.

Objectives of NPPCD

- Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness
- Preventing avoidable hearing loss on account of disease or injury
- Rehabilitation of persons of all age groups suffering with Hearing Impairment
- Developing institutional capacity for ear care services by providing support for equipment, material and trained manpower
- Strengthening inter-sectoral linkages for rehabilitation

Components of the programme

1. Manpower training and development Prevention, Early Identification and Management & Rehabilitation. Capacity building of the HR DH, CHC & PHC for ENT & Audiology Infrastructure upliftment. Awareness generation through IEC/BCC activities to remove Stigma

Strategies undertaken by the program

- To strengthen the service delivery for ear care.
- To develop human resources for ear care services.
- To promote public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.
- To develop institutional capacity of the district hospitals, community health centres and primary health centres selected under the Programme.

Major achievements of the Programme under benchmark activities:

Total number of deafness cases examined

Year	Number of cases examined
2021 -22	601012
2022 -23	702222
2023 -24	239932

Number of person referred for rehabilitation

Year	Number of person referred for rehabilitation
2021 -22	39432
2022 -23	54703
2023 -24	35704

Number of hearing aids fitted

Year	Number of hearing aids fitted
2021 -22	13221
2022 -23	18111
2023 -24	6985

NPPCD Report w.r.t. 2023 (01/01/2023 - 31/12/2023)

S.No.	Activity	Total no. of Patients
1	Active Screening in the community	415488
2	Total No. of Hearing Aids Fitted	11513
3	Total No. of Persons referred for Rehabilitation	49380

Note :-This is a provisional data till 31/12/2023. Monthly Progress Report are still awaited from many states /UTs for the month of December ,2 0 2 3 .

S.No.	Activity	Total no. of Patients
1	Active Screening in the community	104000
2	Total No. of Hearing Aids Fitted	3000
3	Total No. of Persons referred for Rehabilitation	12500

IEC Campaigns:

Under NPPCD program, World Hearing Day on 3rd March every year and World Deafness Week from 20th Sep-26th September every year is celebrated.

1.9.6 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF FLUOROSIS (NPPCF)

Fluorosis, a crippling disease is caused by excess intake of fluoride mainly through drinking water. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis. To tackle the problem, GoI launched the National Programme for Prevention and Control of

Fluorosis (NPPCF) in 2008-09 (11th Five Year Plan) under NHM and the same is now being expanded in a phased manner.

Desirable limit for Fluoride in drinking water, as per BIS standards, is 1.0 mg/litre and the permissible limit is 1.5 mg/litre. As per the Integrated Management Information System from Department of Drinking Water and Sanitation (Ministry of Jal Shakti), with respect to excess fluoride levels in ground water, there are 8,415 habitations which are yet to be provided with safe drinking water. So far, 163 districts of 18 States and one UT have been covered under the Programme.

Programme Objectives:

- To assess and use the baseline survey data of Fluorosis provided by Department of Drinking Water and Sanitation, Ministry of Jal Shakti
- To comprehensively manage Fluorosis in the selected areas
- To undertake capacity building for prevention, diagnosis and management of Fluorosis cases

Intervention Strategies:

- Surveillance in the community to identify cases
- Capacity building and training of human resources to provide manpower support where needed
- Establishing diagnostic facilities in the district
- Providing health education for prevention and control of Fluorosis cases
- Managing Fluorosis cases including supplementation, surgery and rehabilitation

Programme Components:

Programme

Through NPPCF Programme support is being provided at the district level

1. Strengthening manpower:

In endemic districts manpower support is provided for a Consultant (1), Laboratory Technician (2) and Field Investigators (3) for a period of six months.

2. Purchase of equipment: Labs are upgraded with Ion metres for water and urinary analysis of fluoride levels

3. Training and capacity building: Training is being provided to medical and paramedical workers at various levels

4. Health Education and Publicity

5. Treatment: Supplementation with vitamins and minerals are offered as part of treatment protocols including Reconstructive Surgery and Rehabilitation

Key Highlights:

The programme is now being implemented in 163 Districts of 19 States/ UTs.

As part of the IEC strategy, posters on prevention and control of Fluorosis circulated to the States as part of on-going activities.

Number of water samples being tested in fluoride affected districts in FY 2023-24 were 73052.

Number of urine samples being tested in fluoride affected districts in FY 2023-24 were 71459.

List of States / Districts under National Programme for Prevention and Control of Fluorosis (NPPCF)

Sr. No.	State	Total districts in the State	No. of districts under NPPCF	Districts under NPPCF
1.	Andhra Pradesh	13	9	Nellore, Guntur, Prakasam, Ananthapur, Kurnool, Krishna, Chittoor, Visakhapatnam Srikakulam
2.	Assam	27	7	Nagaon, Kamrup, Karbi Anglong, Dhubri, Nalbari, Karimganj, Udalguri
3.	Bihar	38	11	Nawada, Banka, Aurangabad, Bhagalpur, Gaya, Jammui, Nalanda, Shekhpura, Kaimur, Munger, Rohtas
4.	Chattisgarh	27	7	Durg, now shifted to Balod, Kanker, Kondagaon, Korba, Mahasamund, Koriya and Raipur
5.	Gujarat	33	4	Jamnagar, Sabarkantha, Vadodara, Banaskantha,

Sr. No.	State	Total districts in the State	No. of districts under NPPCF	Districts under NPPCF
6.	Haryana	21	4	Mehendragarh, Mewat, Jind and Rewari.
7.	Jammu & Kashmir	22	1	Doda
8	Jharkhand	24	13	Palamu, Garhwa, Chatra, Hazaribagh, Ranchi, Pakur, Sahebgann, Ramgarh, Jamtara, Simdega, Dhanbad, Giridih, Godda
9.	Karnataka	30	19	Ballary, Mysore, Chikballapur, Koppal, Davangere, Tumkur, Bagalkote, Bengaluru (Urban), Bengaluru (Rural), Bijapur, Raichur, Chitradurga, Gadag, Gulbarga, Hassan, Kolar, Mandya, Ramanagara, Shimoga
10.	Kerala	14	2	Palakkad, Alapuzha
11	Madhya Pd.	51	15	Ujjain, Chhindwada, Mandla, Dhar, Seoni, Betul, Jhabua, Raigarh, Sehore, Alirajpur, Dindori, Khargoon, Raisen, Shajapur, Ratlam
12	Maharashtra	34	7	Nanded, Chandrapur, Latur, Washim, Yavatmal. Beed, Nagpur
13.	Odisha	30	3	Nayagarh, Angul, Nuapada
14	Punjab	22	5	Sangrur, Ferozepur, Patiala, Fatehgarh Sahib and Fazilka.
15.	Rajasthan	33	30	Nagaur, Ajmer, Bhilwara, Churu (Ratangarh) Dausa, Dungarpur, Rajsamand, Tonk, Bikaner, Jalore, Jaisalmer, Jodhpur, Jaipur, Pal i, Sikar Udaipur, Swaimadhopur, Banswara, Karauli, Chittaurgarh, Ganganagar, Jhalawar, Jhunjhunu, Barmer, Alwar, Bharatpur, Kota, Sirohi, Bundi, Pratapgarh
16.	Tamil Nadu	31	1	Dharmapuri
17	Telangana	30	9	Mehboobnagar, Nalgonda, Karimnagar, Jagityal, Sircilla, Suryapet, Yadagiri, Wernaparthi, Nagarkurnool
18.	Uttar Pradesh	75	10	Unnao, Rae Bareilly, Pratapgarh, Firozabad, Mathura, Sonbhadra, Ghazipur, Jhansi, Varanasi, Agra
19.	West Bengal	19	6	Bankura, Purulia, Birbhum, Dakshin- Dinajpur, Malda, Uttar- Dinajpur
	TOTAL		163	

1.9.7 NATIONAL PROGRAMME FOR HEALTHCARE OF THE ELDERLY (NPHCE)

The Ministry of Health & Family Welfare had launched the “National Programme for Health Care of the Elderly” (NPHCE) during 2010-11 to address various health related problems of elderly people. The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the international and national commitments of the

Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of “The Maintenance and Welfare of Parents and Senior Citizens Act, 2007” dealing with provisions for medical care of Senior Citizen.

Objectives of the Programme (NPHCE) : To

provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population ;

Creating a new "architecture" for Ageing to build a framework to create an enabling environment for "a Society for all Ages " ;

To promote the concept of Active and Healthy Ageing ;

Convergence with National Rural Health Mission, AYUSH and other line departments like the Ministry of Social Justice and Empowerment.

Components of the Program:

National Health Mission (NHM) Component: Primary & Secondary care service delivery through District Hospitals (DH), Community Health Centres (CHC), Primary Health Centres (PHC), Sub-Centre/Health & Wellness Centres.

Tertiary Component : (Rashtriya Varistha Jan Swasthya Yojana) These services are being provided through Regional Geriatric Centres (RGCs) located at 19 Medical colleges in 18 states of India and two National Centres of Aging (NCAs) one in AIIMS, Ansari Nagar, New Delhi and another in Madras Medical College, Chennai.

NPHCE Achievement Data for FY 2023-24

Data from States/UTs

Services provided	April 2023- March 2024
Number of patients seen in Geriatric OPD	2,62,13,170
Number of patients admitted in Geriatric Ward	10,66,469
Number of elderly patients who received Rehabilitation services	19,97,574
Number of Lab tests performed on Elderly	52,13,483
Number of elderly patients who received Home based care	15,95,663
Number of elderly patients who received Supportive appliances	49,839

Data from Regional Geriatric Centres

Services provided	April 2023- March 2024
Number of patients seen in OPD	1,26,452
Number of patients admitted in Wards	10,425
Number of Lab tests performed on Elderly	1,13,123
Number of elderly patients who received ilitation services	34,928

Inauguration of the National Centres of Ageing (NCAs):

NCA at AIIMS, New Delhi was inaugurated on 13th December 2023. NCA at Madras Medical College, Chennai was inaugurated on 25th February 2024. For the third NCA at BHU ,Varanasi the Foundation Stone Ceremony was held on 23rd February 2004.

Data from National Centres of Ageing-

Services provided	AIIMS New Delhi: October 2023- December 2023	MMC Chennai: Feb.2024- Mar.2024
Number of patients seen in OPD Geriatric Medicine	13,538	9,915
Number of patients seen in Specialty Clinics	1,906	-
Number of patients admitted in Wards	578	946
Number of Lab tests performed on Elderly	13,423	9,946
Number of elderly patients who received Rehabilitation services	4,599	2,867

International Day of the Elderly was celebrated nationwide on 1st October 2023. The States and UTs organised various IEC activities on this day. Many states had organised health camps for elderly on this day.



Celebration of International Day of the Elderly in BHU Varanasi.

1.9.8 NATIONAL ORAL HEALTH PROGRAMME (NOHP)

The National Oral Health Programme was initiated in 2014-15 to strengthen the public health facilities of the country for an accessible, affordable & quality oral health care delivery. Support under the programme is provided to States/UTs for establishing dental care units at the level of District Hospital and below. Support is provided for equipment including dental chairs, consumables, training and IEC activities and for contractual appointment of dental surgeons, dental hygienists, dental assistants, dental technicians. Under the central component of the Program, activities like IEC creation for generating awareness about oral diseases, capacity building, review meetings, drafting Guidelines and training manuals are being carried out. The programme is operational across 36 States/UTs. Total of 9587 dental care units have been supported since 2014-15 either partially or fully.

The Centre for Dental Education and Research at AIIMS, New Delhi is identified as the National Center of Excellence for implementation of NOHP. The following National Resource Centres have been established under the Program: -

1. National Resource Centre for Oral Potentially Malignant Disorders at LHMC, New Delhi,
2. National Resource Centre for Oral Health and Tobacco Cessation at MAIDS, New Delhi
3. National Resource Centre for Oral Health of Children and Elderly at PGIMER, Chandigarh

DantSeva, an interactive website and mobile application for oral health has been developed.

The details of the activities conducted under the Programme during FY 2023-2024 are as follows:-

1. The Programme is functional in all 36 States/UTs. Total of 4039 new dental care units have been supported either partially or fully.
2. Felicitation of best performing States/UTs, Dental Colleges and IDA branches for observing World Oral Health Day 2023
3. Celebration/Observance of World No Tobacco Day 2023 in all States/UTs and Dental Colleges
4. Capacity Building Workshop of Nursing Professionals in Tobacco Cessation at MAIDS, Delhi.
5. Brainstorming workshop to develop a framework for promoting oral health through schools in India. at PGIMER Chandigarh.
6. Brainstorming meeting on Optimising antibiotic prescriptions in treatment of Oro-dental infections with CDER, AIIMS.
7. Workshop on "Revolutionising Tobacco Cessation Through Technological Interventions" in India" and felicitation of best performers for observing World No Tobacco Day 2023 at MAIDS, Delhi.
8. 3rd National Steering Group Meeting under the National Oral Health Programme and felicitation of best performers for Observing World Oral Health Day 2023 at CDER, AIIMS.
9. Training program "National Level Training and Capacity Building of Dental Professionals in Tobacco Cessation" in February 2024.
10. National review of National Oral Health Program with State Nodal Officers of NOHP in March 2024.
11. Celebration/Observance of World Oral Health Day 2024 in all State/UTs and Dental colleges
12. Inauguration of National Resource Centre for Oral Potentially Malignant Disorder at Lady Hardinge Medical College, Delhi in March 2024
13. Release of Reference Manual on Oral Potentially Malignant Disorder for Dental Professionals
14. Brainstorming meeting with ICMR, Delhi on Operational Research on prioritised topics in Oral health

1.9.9 NATIONAL PROGRAMME ON PREVENTION AND MANAGEMENT OF BURN & TRAUMA INJURIES (NPPMT &BI)

A. Trauma Care component:

1. Background and Introduction:

1.1 The programme for trauma care started during 9th and 10th Five Year Plans as “Pilot Project for Strengthening Emergency Facilities along the Highways”. During the 11th FYP, the programme was approved as “Assistance for Capacity Building for Developing Trauma Care Facilities in Government Hospitals on National Highways” for developing a network of trauma care facilities (TCFs) in the Government Hospitals along the Golden Quadrilateral highway corridor as well as North-South & East-West Corridors wherein 116 TCFs were approved in 17 States on these corridors on 100% Central assistance.

1.2 The scheme was further extended during 11th FYP as “Capacity Building for Developing Trauma Care Facilities in Govt. Hospitals on National Highways” wherein 80 Hospitals/ Medical Colleges were approved for financial assistance in addition to other interventions. The scheme is being extended since then and presently is approved from 1.4.2021 to 31.3.2026 by Cabinet Committee of Economic Affairs (CCEA) for continuing support to already approved TCFs as per the new norms of the programme approved under the “National Tertiary Health Care programmes” and undertaking parallel activities for capacity building of human resource involved in providing critical care, developing a database for injuries / accidents, burden of emergency care at public health facilities, developing standard guidelines, performance indicators for trauma care facilities and continue working towards awareness generation etc.

B. Burn Injuries component:

1.1 Globally, burns are a serious public health problem. India has one of the largest burdens of burns. Death and disability due to burn injury are preventable to a great extent provided timely and appropriate treatment is provided by trained healthcare professionals.

1.2 Keeping in view the magnitude of the problem a

pilot programme on burn care was initiated in the year 2010 by the Ministry of Health & Family Welfare in the name of “Pilot Programme for Prevention of Burn Injuries” (PPPBI). This was initiated in three Medical Colleges and six Districts Hospitals. The goal of PPPBI was to ensure prevention of Burn Injuries, provide timely and adequate treatment in case of burn injuries so as to reduce mortality, complications and ensuing disabilities and to provide effective rehabilitative interventions if disability has set in.

1.3 The pilot project continued as a full fledged programme for tertiary care level during the 12th Five Year Plan period. The financial assistance towards the District Hospital component was undertaken under National Health Mission (NHM). The scheme is being extended since then and presently is approved from 1.4.2021 to 31.3.2026 by Cabinet Committee of Economic Affairs (CCEA) for continuing support to already approved Burn Units as per the new norms of the programme approved under the “National Tertiary Health Care programmes” along with other activities of the programme.

2. Objectives of the programme are as follows:

To reduce the mortality and morbidities occurring due to injuries (including trauma and burns), by developing a system of services at pre-hospital & hospital level and continuum of care through rehabilitation.

To promote Training and Research in the field of Emergency, Trauma and Burn Care.

To generate awareness about prevention and first aid for emergency & trauma care among the general masses and vulnerable age groups by developing and disseminating IEC material.

To develop linkages with other Stakeholders for coordinated efforts in preventing injuries.

To provide technical support & knowledge assistance to create a centre of excellence from trauma and Burn Care in existing Government Medical Colleges by undertaking needs assessment and providing guidance.

To develop a model of Integrating Emergency Departments & Trauma Care Facilities for optimal utilisation of available resources.

Key Highlights and Achievements (up to 31.03.2024) are:

1. Out of 196 Hospitals/Medical Colleges supported for setting up of Trauma Care Facilities and 50 Burns Units, so far, 138 TCFs and 11 Burn Units have become functional and are providing services to trauma/burn victims respectively
2. Celebrated Injury Prevention Week in September 2023.
3. Technical Consultations were organised on Trauma and Burns for the State Nodal Officers in August 2023.
4. Organised various virtual technical consultations under programme on:
 - Post-traumatic stress disorder (PTSD) following Trauma in April 2023.
 - Role of rehabilitation following trauma in May 2023.
 - Orientation to National Programme for Prevention of Trauma and Burn. Injuries for Regional Offices of Health and Family Welfare in June 2023.
 - Technical Consultation on Antimicrobial resistance in August 2023.
5. Workshop on Epidemiology and data analysis was conducted in September 2023.
6. Prevention in India were released in December 2023.
7. Financial support has sanctioned a total of Rs 8.0 crores . Kerala (Rs 5.3784 crores) Meghalaya (Rs. 1.6938 crores) effectively utilised 7.0722 crores in March 2024.



(Prof S P. Singh Baghel and Dr. Bharti Pravin Pawar, Ministers of State, Ministry of Health and Family Welfare unveiled the 'Strategic Framework for Drowning Prevention')

1.9.10 NATIONAL ORGAN TRANSPLANT PROGRAM (NOTP) NATIONAL ORGAN AND TISSUE TRANSPLANT ORGANIZATION (NOTTO) AND TRANSPLANTATION OF HUMAN ORGANS AND TISSUES ACT (THOTA), 1994

Organ Donation and Transplantation is a Government-regulated activity in India as per the provisions of the Transplantation of Human Organs and Tissues Act, 1994 (THOTA 1994) (as amended in 2011) and Rules made thereunder. The main purpose of the Act is to regulate the removal, storage, and transplantation of human organs and tissues for therapeutic purposes and for the prevention of commercial dealing in human organs and tissues. Brain stem death has been recognized as legal death in India under THOTA since 1994.

In pursuance of the amended Act, the Transplantation of Human Organs and Tissues Rules were notified on 27.03.2014. The amended Act and revised rules have many provisions for the promotion of organ donation from deceased donors.

The Government of India is implementing the National Organ Transplant Program (NOTP) to carry out activities as per THOTA 1994, improving awareness about healthy lifestyle and the prevention of organ failure, raising awareness on the donation of organs and tissues from deceased persons, augmenting infrastructure for transplantation especially in Government institutions, providing training to manpower and research. For implementing the program activities, the Government has established the National Organ and Tissue Transplant Organization (NOTTO), an apex organization at the national level and similar organizations at the regional and state levels to provide an efficient and organised system of organ procurement and distribution in the country and to maintain a national registry of donors and recipients of organs and tissues. The National Human Organs and Tissues Removal and Storage Network consists of one NOTTO located at Safdarjung Hospital campus in New Delhi, 5 Regional Organ and Tissue Transplant Organizations (ROTO), and 21 State Organ and Tissue Transplant Organizations (SOTTO) have been sanctioned so far which network with 860 hospitals/institutions, including 656 organ transplant centers, 133 organ retrieval centers, and the remaining 71 are tissue centers. NOTTO also serves as SOTTO for Delhi and the

National Capital Region (NCR), and each ROTTO also acts as SOTTO in the state where it is located.

ROTTOS and SOTTOs are established in the following institutions in their respective states:

ROTTTO: Regional Organ and Tissue Transplant Organization:

1. Seth GS Medical College and KEM Hospital, Mumbai, (Maharashtra) - ROTTO West.
2. Govt. Multispecialty Hospital, Omnadurar, Chennai, (Tamil Nadu) - ROTTO South
3. Institute of PG Medical Education and Research, Kolkata, (West Bengal) - ROTTO East
4. PGIMER Chandigarh, (UT of Chandigarh) - ROTTO North
5. Guwahati Medical College, (Assam) - ROTTO North East

SOTTO: State Organ and Tissue Transplant Organization

It is envisaged to establish one SOTTO in each state. So far, grants for the following 21 SOTTOs have been sanctioned:

1. Government Medical College, Thiruvananthapuram, Kerala
2. Sawai Man Singh Medical College (SMS), Jaipur, Rajasthan
3. Mahatma Gandhi Medical College (MGMC), Indore, Madhya Pradesh
4. Goa Medical College (GMC), Bambolim, Goa
5. Government Medical College (GMC), Jammu, Jammu & Kashmir
6. Pandit Bhagwat Dayal Sharma PGIMS, Rohtak, Haryana
7. Sriram Chand Bhanj Medical College (SCB), Cuttack, Odisha
8. Institute of Kidney Diseases and Research Centre (IKDRC), Ahmedabad, Gujarat
9. Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow, UP
10. Indira Gandhi Institute of Medical Sciences (IGIMS), Patna, Bihar
11. Government Medical College, Patiala, Punjab
12. Rajendra Institute of Medical Sciences, Ranchi, Jharkhand
13. Jeevandan, Old Government General Hospital, Hanumanpet, Vijayawada, Andhra Pradesh-225003

14. Jeevandan Telangana – NIMS Hyderabad
15. Karnataka – Jeevasarthakathe Bangalore
16. Chhattisgarh – DKS Super Speciality Hospital , Raipur
17. Mizoram – Zoram Medical College ,Aizawl , Mizoram
18. Puducherry – IGGGH and PGI Puducherry
19. Himachal Pradesh - IGMCI, Shimla
20. Dadra & Nagar Haveli and Daman & Diu - Shri Vinoba Bhave Civil Hospital, Silvassa
21. Government Doon Medical College, Uttarakhand

Presently, India ranks third in the world in terms of Organ Transplantation and second in terms of Corneal Transplantation. Recently, India has achieved the milestone of more than 1,000 deceased organ donors for the first time in the country in the year 2023.

Networking is important for the efficient retrieval and distribution of organs in a transparent manner. NOTTO disseminates information about organ donation and transplantation through its dedicated website www.notto.mohfw.gov.in and a 24x7 functional Toll free Helpline No .1800114770 .To facilitate pledging for organ donation ,a new web portal <https://notto.abdm.gov.in> has been developed in collaboration with the National Health Authority (NHA), which was launched on 17th September , 2023. The newly launched national pledge registry is Aadhaar authenticated and enables the registration of organ donation pledges through QR Code also .



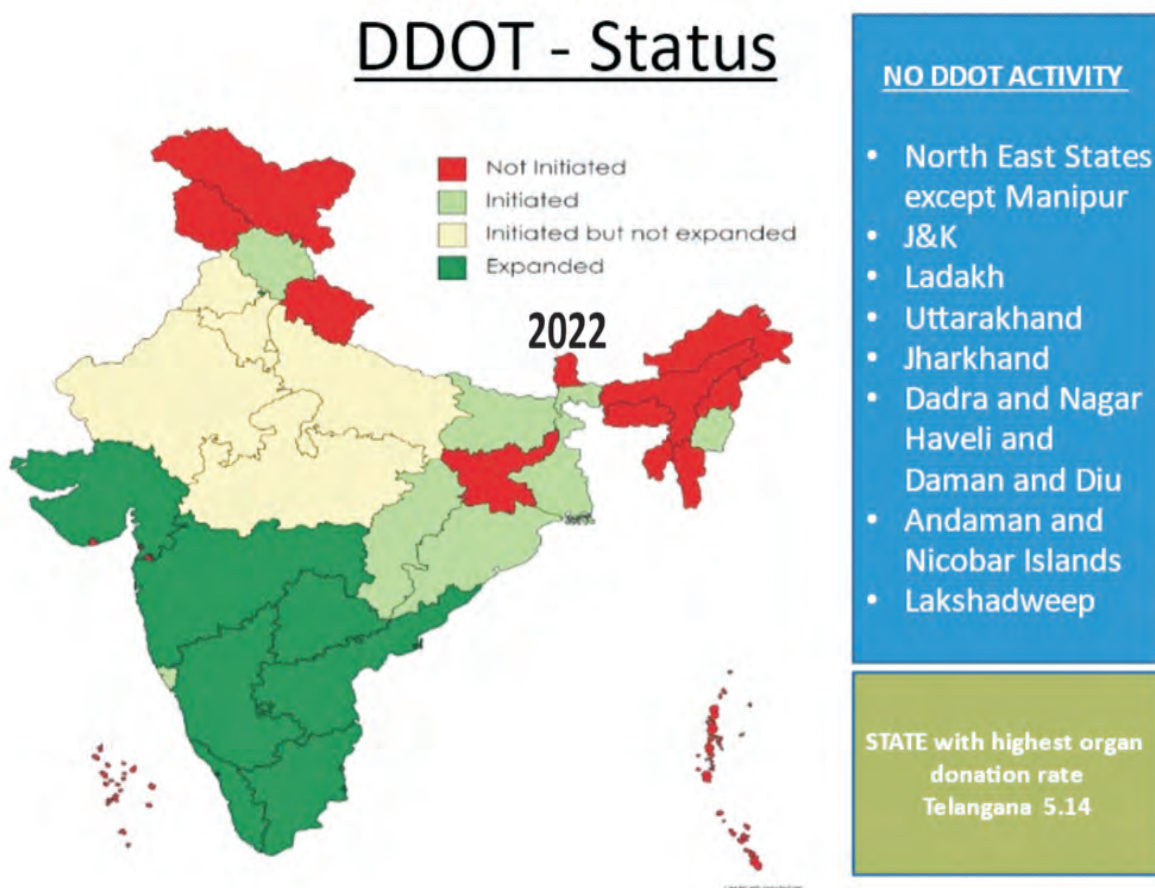
QR Code for Scanning and Pledging.

NOTTO has issued various guidelines, Standard Operating Procedures, and organ allocation policies/criteria, which are available on the website. (www.notto.abdm.gov.in)

With the efforts of the Government of India, the total number of organ transplants done per year in the country has increased from 4,990 in the year 2013 to 17,168 in the year 2023 (data for Organ Donation and Transplantation from 2013 to 2023 is given in Table No. -1). However, the organ donation rate in our country still continues to be less than 1 per million population.

As a part of “ Azadi ka Amrit Mahotsav ” ,organ donation is being promoted as a “ JanAndolan ” .

There is a need to promote organ donation from deceased persons to take care of the huge organ requirement due to increasing burden of non - communicable and lifestyle diseases leading to a high number of patients suffering from end stage organ failure disease .Organs are best donated from brain stem dead persons before the heart stops beating .There are many myths and misconceptions regarding organ donation which need to be taken care of .



A living donor after the age of 18 years or above can donate either one kidney or part of liver only, whereas one brain stem dead donor of any age can donate up to 8 vital organs namely Heart ,Liver, 2 Kidneys, 2 Lungs ,Pancreas and Small intestine & many tissues like Cornea ,Bone ,Skin ,Heart valves , etc .A donor after natural cardiac death can also donate tissues like Cornea , Bone , Skin , Blood vessels etc usually within 6 hours after death, but

organ donation is not possible after natural death as per the current medical practices.

The Hon ble Prime Minister Shri Narendra Modi has highlighted the importance of organ donation in various episodes of his “Mann ki Baat”, including in the recent 109th episode on 28.04.2024.

Moving towards “One Nation One Policy” in consultation with the States ,the following reforms

have been informed to the States for implementation :

- Condition of State domicile for registration of recipients to receive deceased donor organ for transplantation has been removed.
- Upper age limit for registration of recipients for receiving deceased donor organ, which earlier was 65 years has been removed i.e. Now, a person of any age can register for receiving deceased donor organ.
- No fee is to be charged for registration of patient for receiving deceased donor organ.

The Ministry of Health and Family Welfare has also issued a circular that, for facilitating organ donation in medico legal cases, facility for round the clock

post mortem may be made available in the hospitals, having adequate infrastructure.

To develop Uniform Organ Transport Policy for the country, consultations were held with following 7 Ministries coordinated by NITI Ayog: M β Civil Aviation , M β Housing and Urban Affairs M β Railways , M β Transport and Highways, M β Ports Shipping & Waterways , M β Home Affairs and M β Defense Standard Operative Procedures have been drafted which prescribe that every concerned Ministry will have a Nodal Officer and SOTTO will coordinate with Nodal Officer for facilitating organ transport. No screening of organ will be done at the airport. Further Metro Rules were modified to allow transport of organs (29-05-2023).

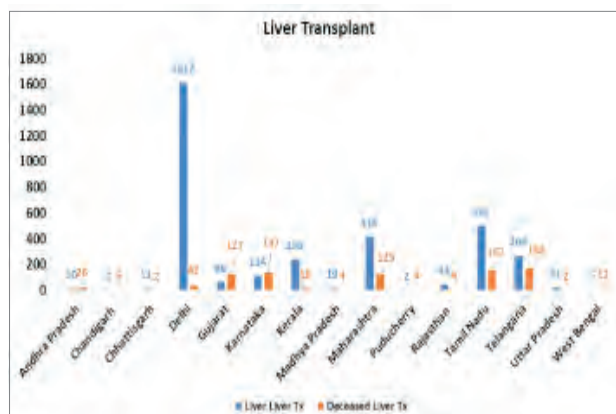
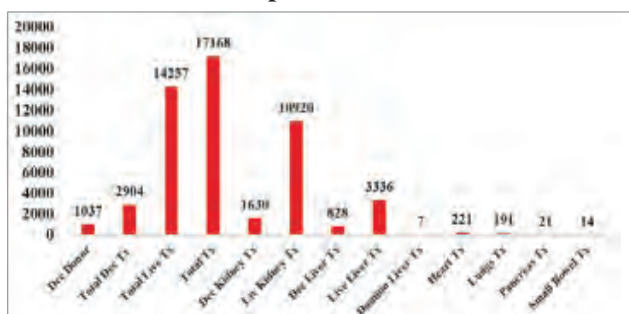
The Government of India under NOTP provides the following financial grants to the States/UTs and Institutions:

Component	Amount
ROTO: 1 No -Recurring Grant	Rs.68 lakh
2. Recurring Grant per annum	Rs.1.05 Crore
SOTTO: 1. Non -Recurring Grant for setting up of SOTTOs	Rs.36 lakh
2. Recurring Grant for Manpower	Rs.48 lakh
Retrieval Centre : For setting up	Rs.75 lakh
Transplant Centre : For setting up	Rs.1.50 Crore
Upgradation of existing retrieval / transplant Centre	Rs.75 lakh
Bio-material Centre (only for ROTO)	Rs.1.0 Crore
Transplant coordinators: • Government institutions (Transplant Centre) - 2 TCs • PVT. Centres (good performing retrieval hospital) – 1 TC • Identified Government Trauma Centres - 1 TC	Rs. 35,000/ - per month per Transplant Coordinator
Immuno -suppressant therapy to bpl transplant Recipients in Government hospitals	Rs.10,000/ - per month
Dignified funeral of deceased donor	Rs.10,000/ - per deceased person
Maintenance of bodies of deceased donor	Rs.10,000/ - per dona tion
IEC activities and training & capacity building	As per proposal

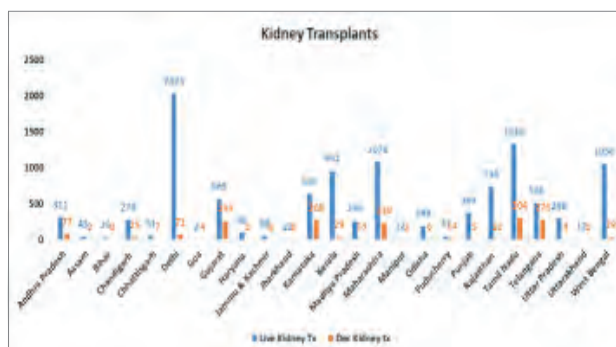
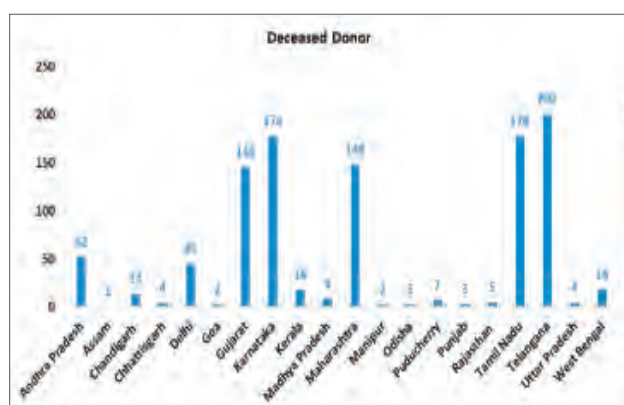
The key statistics of organ donation for the year 2023 as reported by States/UTs upto date is given below:

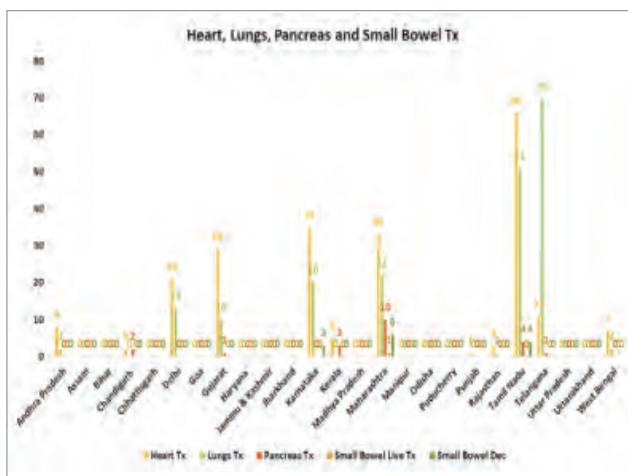
Jan-Dec2023		
Deceased Donors		1037
Kidney	Living	10920
	Deceased	1630
	Total	12550
Liver	Living	3336
	Deceased	828
	Domino	7
	Total	4171
Heart Transplants		221
Lung Transplants		191
Pancreas Transplants		21
Small Bowel Transplants		14 (out of 14, one living donor transplant)
Organ Transplants	Deceased Donor Organ Transplants	2904
	Living Donor Organ Transplants	14257
	Domino Organ Transplants	7
	Total Organ Transplants	17,168

Donation and Transplants data



State-Wise Donation and Transplantation Data





NOTTO organized Annual **Scientific Workshop Dialogue 2023** at New Delhi on 19.02.2023 to bring all the stakeholders under one roof to brainstorm ideas about Challenges & way forward and interventions and best practices in the field of organ and tissue transplant which can be taken up for saving lives. The event was graced by the presence of Shri Rajesh Bhusan, the then Union Health Secretary during the event, three priority areas i.e. programmatic restructuring, communication strategy and skilling of professionals were underlined.



NOTTO participated in 3rd G20 Health Working Group Meeting & Exhibition at Hyderabad on 5th to 7th June 2023 and G20 Deputies and Health Ministers Meeting and Exhibition at Gandhinagar, Gujarat from 17th to 19th August, 2023 by setting up an information kiosk. The Hon'ble Minister of State for Health and Family Welfare, Prof. S.P. Singh Baghel visited the information kiosk of NOTTO during the exhibition. The information kiosk of NOTTO also witnessed visits by various foreign delegates including the Health Minister of the Netherlands, Ernst Kuipers and Japanese Health

Minister, H.E. Katsunobu Katô. The Health Minister of the Netherlands showed keen interest in India's model of organ donation and transplantation. The G20 Exhibitions of Hyderabad and Gandhinagar helped NOTTO in showcasing India's achievements and reforms in the field of organ and tissue donation and transplant to the world.

NOTTO Angdaan Mahotsav: Key activities

NOTTO spearheaded the "Angdaan Mahotsav" campaign as a Jan Andolan to promote organ donation among citizens (from 1st July, 2023). As part of the campaign, the month of July 2023 was observed as the Organ Donation month. Various activities towards promotion of organ and tissue donation namely National Webinar, Cyclothon, Walkathon, Organ donation pledging and National Slogan competition through Government of India's digital platform, MyGov have been initiated.

To kick start the campaign from Doctor's Day (1st July, 2023), NOTTO organized Walkathon on the theme of Organ Donation in collaboration with VMMC and Safdarjung Hospital, New Delhi. Further, various national level competitions namely Slogan Writing, Poster Making, Jingle Writing and Mascot Designing were organised throughout the year through MyGov platform as part of the Angdaan Mahotsav campaign to spread awareness on organ donation.

National Webinar on Organ and Tissue Donation was organized under the Chairmanship of DGHS on 22nd July, 2023. Around 3,000 participants from across the country attended the webinar which threw light on various aspects of explored ways to boost deceased organ donation and prevention of organ failures.

Angdaan Mahotsav has been observed all over the country reaching from city to village level with involvement of Central Government



MyGov Competitions
Ministries, State/UT Government/Hospitals/Institutions and Medical Colleges, NGOs and other stakeholders.

13th Indian Organ Donation Day :

To mark the first successful deceased organ transplant in India, 13th Indian Organ Donation Day at Manekshaw Centre, Dhola Kuan, Delhi on 03.08.2023 was organised by NOTTO to felicitate the families of deceased organ donors for their brave decision of donating the organs of their loved ones to spread awareness on deceased organ donation and to recognize the contribution of medical professionals working in the field of organ donation and transplantation by awarding them.

The Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya was the Chief Guest of the event while the Hon'ble Ministers of State for Health and Family Welfare, Prof. S. P. Singh Baghel and Dr. Bharati Pravin Pawar graced the event as the Guests of Honor.

An e-Newsletter of NOTTO, Transplant Manual and National Curriculum for Transplant Coordinator Course were also released on the occasion. Best State award was given to the State of Tamil Nadu and award for the State with the highest number of deceased donors was given to State of Telangana.



Felicitating organ donors on 13th Indian Organ Donation Day

Ayushman Bhava and Sewa Pakhwada Activities :

Sewa Pakhwada, a period of 15 days was observed from 17th September to 2nd October, 2023 under the theme adopted by the Ministry of Health and Family Welfare, Ayushman Bhava. During the period, various activities were organized to maximize awareness on organ donation.

To augment deceased organ donation in the country, a conclave on Non-Transplant Organ Transplant Retrieval centres was organised in collaboration

with IIM Bangalore.

As organ donation itself is a service to humanity, NOTTO held a meeting with Non-Government Organisations working in the field of organ donation on 03.09.2023. The agenda of the meeting was to amplify organ donation pledges through the newly launched pledge registry. Administration of organ donation pledge registration was also given by the representatives of the National Health Authority.

For maximizing the organ and tissue donation pledging, training of states, SOTTO, ROTTO and other stakeholders like medical students in the digital online pledging has been conducted.

On the eve of the Sewa Pakhwada, NOTTO organised Mega Organ Donation Pledging Camp at Agra, Uttar Pradesh on 16th September, 2023 which was graced by the presence of Hon'ble Minister of Health and Family Welfare and Chemical and Fertilizers, Dr. Mansukh Mandaviya as Chief Guest and Hon'ble Minister of State for Health and Family Welfare, Prof. S. P. Singh Baghel. More than 8 thousand people registered their organ donation pledges through the platform during the event. The Hon'ble Prime Minister Shri. Narendra Modi appreciated the event through a letter.

A webinar on Organ Donation and Transplantation was organised for CGHS beneficiaries on 26 September, 2023, addressed by Dr. Anil Kumar, Director, NOTTO.

Mega Organ Donation Pledging Camp



Awareness on organ donation through television and social media:

Union Health Secretary, Shri- Sudhansh Pant, discussed various aspects and relevance of Ayushman Bhava campaign in Samvad Exclusive

program of Sansad TV on 2nd October, 2023. The demand and supply gap in organ transplant and called for pledging for organ donation was highlighted .

In order to raise awareness on organ donation through television and radio, NOTTO's Director, Dr. Anil Kumar and Joint Director, Dr. Shiny Suman Pradhan participated in discussions and interacted with people in Total Health, a call-in programme on DD News on 12th August, 2023.

Dr. Anil Kumar, Director NOTTO, participated as an expert in half an hour show 'Total Health' of DD News on 23rd September, 2023 about organ donation and Ayushman Bhava .

Dissemination of information on organ and tissue donation through television talk/panel discussion, print media ad, awareness sessions and social media namely Twitter, Instagram, Facebook and YouTube have been carried out.

Five-day Health Mela:

NOTTO participated in five-day Health Mela organised by the Guru Gobind Singh Indraprastha University from 5th to 10th October, 2023 at Talkatora Stadium, New Delhi. During the event, NOTTO's information kiosk was the centre of attraction for students, faculty and other visitors. Huge number of enthusiastic youngsters registered their pledge to donate organs.



Naman Diwas –SOTTO Goa :

SOTTO Goa successfully organised Naman Diwas to honor the families of deceased organ donors and spread awareness about organ donation on 22nd October, 2023. Goa's Governor H.E. Shri- P. S. Sreedharan Pillai, was the Chief Guest & Shri-Vishwajit P. Rane, Hon ble Minister of Health was

the, Guest of Honour for the event. Dr. Anil Kumar, Director, NOTTO attended the event as special invitee.

ISOT 2023:

Dr. Atul Goel, Director General of Health Services, was Chief Guest in the Annual National Conference of Indian Society of Organ Transplantation (ISOT) held at Kolkata. He chaired NOTTO Session on Empowering for Transplantation during the Conference. Director NOTTO, Dr. Anil Kumar, also attended the ISOT 2023 Conference on 07th October , 2023. The event was marked by the presence of former Board of Control for Cricket in India (BCCI) President and Captain of the Indian National Cricket team Shri Sourabh Ganguly who exhorted people to come forward to pledge for organ donation.



Pledge for Organ Donations

Sensitisation of Doctors and faculty in Safdarjung Hospital:

A sensitization meeting on brain stem death and organization of organ donation & transplant services in India was organised by NOTTO for faculty and residents of the Department of Medicine, Surgery and Gynae of Safdarjung Hospital, Delhi on 20.10.2023 under the chairmanship of Dr. Anil Kumar, Director, NOTTO.

Eye Donation Fortnight (August 25-September 8, 2023):

The 38th National Eye Donation Fortnight (August 25 September 8, 2023) event was organised by the National Eye Bank Dr. Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS, New Delhi on 29.08.2023, to felicitate donor families, give recognition and awards to those who are working in

the field of corneal donation and transplantation.

Director NOTTO made his presence as a Guest of Honor to grace the event and give insights on cornea donation by dispelling common misconceptions to encourage tissue donation.

Police Sensitization Drive

NOTTO organized Sensitization drive for the personnel of Delhi Police on Organ Donation from 7th December 2023 to 29th December 2023.

During the sensitization drive, NOTTO's officials including Dr. Anil Kumar, Director, NOTTO and Joint Directors themselves visited the training units of Delhi Police across Delhi. With total 20 sessions, one each at 20 training units of Delhi Police in various districts of Delhi, NOTTO sensitized more than 2,000 personnel of Delhi Police. The sessions were aimed at:

a. Sensitizing the staff of Delhi Police on organ donation

Highlighting their role in creating green corridor for organ transport

Preventing Organ Trafficking

Highlighting the role of police personnel in Medico-legal cases

The objective behind the Sensitization of the personnel of Delhi Police was to disseminate information on organ donation within Delhi Police and promote seamless organ donation, transportation and transplantation in the national capital in order to give impetus to deceased organ donation.

During the interactive sessions, NOTTO distributed informational pamphlets to the personnel of Delhi Police and showcased various impactful audio/visuals in order to spread awareness on organ donation. Further, the QR code for organ donation pledging was also promoted during the sessions. NOTTO staff gave live demonstration of registration of organ donation pledge through QR code and web portal: notto.abdm.gov.in to encourage Delhi Police personnel to come forward for the noble cause of organ donation. A token of gift was distributed to those who volunteered to register their pledge for organ donation. Further, NOTTO staff addressed the queries and doubts of the Delhi Police staff and tried to dispel prevailing myths on organ donation among them.

Symposium on Legal and Ethical Aspects of Organ Donation and Transplantation

The national-level symposium 'Legal and Ethical Aspects of Organ Donation and Transplantation' was held on Friday, January 19, 2024 at India Habitat Centre, New Delhi, hosted by the National Organ & Tissue Transplant Organization. The theme of the event was Uniform legal and ethical guidelines for organ donation and transplantation across the nation in alignment with the vision of "One Nation, One Policy." Respected Director General of Health Services, Ministry of Health and Family Welfare, Prof. (Dr.) Atul Goel was the Chief Guest of the symposium.

The symposium witnessed the enthusiastic participation of over 170 people, including various legal experts from the Supreme Court and the High Court, medical experts in the field of organ donation & transplantation, and representatives from NOTTOs and SOTTOs. The event was divided into eight sessions, covering the following broad topics including Key Legal Procedures, Brain Stem Death: Challenges and possible solutions, One Nation one SWAP Program, Issues with Organ Donation and transplantation of foreigners in India, Facilitating Organ Donation and Transplantation in General and in Medico Legal Cases & Possible Legal and Ethical Solutions in Organ Transplantation in India.

Mann Ki Baat Programme

Hon'ble Prime Minister Sh. Narendra Modi highlighted the importance of organ donation in saving lives of the people suffering from organ failures in the country during the 109th episode of his radio programme Mann ki Baat on 28th January 2024. Praising the brave decision of the families of deceased donors to donate their organs after death, Prime Minister said this decision is not easy, but this



decision is a saver of multiple lives. He also lauded India's latest achievement of crossing over 1,000 deceased organ donations in the year 2023. Prime Minister Sh. Narendra Modi also appreciated the efforts of people and non-government organizations working to promote organ donation in the country.

School Outreach Programme

A poster competition on the theme of organ donation was organised for school children from all over Delhi in collaboration with Pradhan Mantri Sangrahalaya on 4th December 2023.

A School Outreach Programme was organised by Lady Hardinge Medical College in the month of February, 2024. During the outreach programme, the faculty of LHMC & NOTTO staff sensitized the students of schools in Delhi/NCR on organ donation.

Transplant Coordinator Training Course

NOTTO organised two Transplant Coordinator Training Course (9th & 10th Batch) for Transplant Coordinators working in various hospitals in the financial year 2023-24. The trainings were aimed at enhancing the skills and knowledge of transplant coordinators from eminent Transplant Professionals.

The 9th Batch of Transplant Coordinator Training Course was exclusively organised for medical & 7 nursing officers from 22 hospitals of Armed forces from across the country from 28th November to 2nd December 2023.

The 10th Batch of Transplant Coordinator Training Course was organised from 18th-22nd March, 2024 at the office of NOTTO, New Delhi. More than 40 Transplant Coordinators from 10 States/UTs namely Himachal Pradesh, Madhya Pradesh, Uttar Pradesh, Maharashtra, Assam, Chandigarh, West Bengal, Chattisgarh, Rajasthan & Delhi completed



the five day training course which imparted advance knowledge of various aspects of organ donation and transplantation.

Commonwealth Tribute to Life team visited NOTTO

The Commonwealth Tribute to Life team comprising members from UK, Australia, Canada and South Africa led by Dr. Satya V. Sharma, Chair, Tribute to Life Board, NHSBT, UK, visited NOTTO on 26/03/2024. The team held interactions on organ donation and transplantation practices in India and other Commonwealth countries and areas in which the members can support each other for adoption of best practices.

Other Activities undertaken to sensitize people on organ donation are as under:

Various information and Pledging kiosk for organ donation during numerous events namely blood donation camp at, Pitampura, New Delhi on 02.07.2023, workshop to empower students about organ and tissue donation in collaboration with the Lady Harding's Medical College, New Delhi on 08.07.2023; walkathon organised by IMA at Maulana Azad Medical College to IMA HQ on 06.08.2023; awareness and organ donation pledging camp on 26.09.2023 organised by Hindu College, Delhi; awareness session on Organ Donation on 27.08.2023 organised by Bharatiya Jain Sangh, Shalimar Bagh, Delhi National Organ Donation Conclave on 06.08.2023 organised by IMA in New Delhi and Awareness Session on Organ Donation at Bank of Baroda's Connaught Place Branch on 15.07.2023, etc,

A Session on "Awareness and pledging for organ donation, National Organ Transplant Program and NOTTO" during the 99th Training Course in Hospital Administration for Senior Hospital Administrators" on 19.09.2023 at NIHFV, New Delhi was taken by Director, NOTTO.

To foster the culture of saving lives among medical students through organ donation, Director, NOTTO, Dr. Anil Kumar delivered a keynote address during an event organised by Santosh Medical College, Ghaziabad on 9/1/2024.

Dr. Anil Kumar, Director, NOTTO delivered keynote address as a Guest of Honour during organ donation awareness drive organised by AORTA, Army Hospital R&R, at Albert Ekka Institute, Delhi. The Event was graced by Lt. General Bhavnish Kumar VSM, G-O-C Delhi Area as Chief

Guest, Chief of staff, Commandant AHRR, MG (Med) & audience of over 450. In his address, Director, NOTTO underscored the pressing need to raise awareness on organ donation & crucial role of Armed Forces in this.

ROTO/SOTTO ACTIVITIES:

ROTO GUWAHATI:

ROTO Guwahati held a Continuous Medical Education on the topic of Deceased Organ Donation at CN Centre Auditorium, Guwahati Medical College & Hospital. Several awareness activities were carried out during the Angdaan Mahotsav campaign including commemorating Organ Donation month in July 2023, putting up outdoor banners in various locations and distribution of pamphlets.

ROTO NORTH:

Tapping multiple windows of opportunities to embed awareness about organ donation in public conscience, ROTO North collaborated with various sections of society and organised 115 awareness activities through the period from 1st January to 15th October reaching out a very broad spectrum of society and even touching base with adjoining States. Some of key activities are engagement with public during Rose Festival, various awareness activities during Angdaan Mahotsav campaign, a fortnight long campaign covering all the prominent places of the city with infotainment activities and Organ Donation pledging and information kiosks during Navratri Festival.

SOTTO ANDHRA PRADESH:

Several awareness Programmes were conducted to raise awareness on organ donation viz in SV Medical College / Sri Padmavathi Children's Heart Center, Tirupati on 15-02-2023, Walk & Talk on Organ Donation in Vizianagaram on 21-02-2023, at Sr. Audit Officer /Welfare Section, Principal Account General (Audit), M. G. Road, Governorpet, Vijayawada on 03-08-2023 on the eve of "Organ Donation Day" and in Vijayawada by M/s Sri Bhavani Hospital on the eve of Organ Donation Day Awareness Week" under Jeevandan AP.

SOTTO TELANGANA:

Awareness program was organised on 01st Jan 2023, at St. Francis Women's College, Begumpet, Hyderabad on 06th March 2023, at Apollo hospital team with Star Cricketers on 09th May 2023, in

IndiGlobal - 2nd Health Summit on 07th July 2023, at Centre for Cellular and Molecular Biology (CCMB), Hyderabad on 11th Aug 2023 and during Ayushman Bhavah Inauguration Programme at Commissioner, Director of Health & Family Welfare on 13-09-2023.

SOTTO KARNATAKA:

In order to spread awareness on organ donation, SOTTO Karnataka organised Organ Donation Awareness Program at Koppal, Organ Donation Awareness and Felicitation of Unsung Heroes in Transplant at BMST campus at NU Hospital Bangalore, in State Level Youth Festival at Bangalore, Mysore Zone Inauguration at Rani Bahadur Auditorium Mysore, World Kidney Day program at Narayan Hrudayalaya Bangalore, Organ Donation Awareness Training Program at IIM Bangalore and Public Awareness on Organ Donation with a pledge camp & Rally at Gajendragad, Gadag district etc.

SOTTO MADHYA PRADESH:

SOTTO Madhya Pradesh organised Signature drive & Awareness campaign regarding organ donation at the event of Pravasi Bhartiya Sammelan, Indore in collaboration with the Shalby Hospital, Felicitation of Donor Family & Medclaim Policy Distribution to cadaver Organ Donor family Members in collaboration with ISOD Indore & MGM Medical College Indore, 13th Indian Organ Donation Day in collaboration with ISOD Indore & MGM Medical College Indore and Awareness & Donor felicitation program in collaboration with Medanta Hospital Indore, etc.

SOTTO HARYANA:

SOTTO Haryana organized Workshop on Strengthening Organ Donation and Transplant Processes in collaboration with MOHAN Foundation and celebrated Naman Diwas MOHAN Foundation.

SOTTO Jammu & Kashmir:

SOTTO Jammu & Kashmir organised Awareness session for Faculty, PG students & staff on THOTA 1994 at SMGS Hospital, Awareness session on THOTA 1994 at Northern Command Hospital Udhampur for Defense Personnel, medical faculty etc. Meeting for stakeholder Departments for transport of human organs out of Jammu to other hospitals outside and SOP's involved in it, Awareness session on Kidney Health by

Department of Nephrology, SKIMS Soura. 09.03.2023, Awareness session-cum-exhibition on human organ donation was organised in collaboration with the Government Nursing College, Gandhi Nagar, Door to Door awareness campaign in Trikuta Nagar Area, Organ and Tissue Donation Workshop and release of first annual Newsletter "Naman" Rangoli and Slogan writing competition; Meeting with the Principal & Dean, Government Medical College Baramulla, regarding Human Organ Donation & Retrieval; Put awareness banners at various spots of Amarnath Yatri Bhawan, Bagwati Nagar Jammu; Organ Donation Awareness Programme on the occasion of "13th Indian Organ Donation Day (IODD)" at State Cancer Institute and Awareness programme at Government Degree College Jammu City Paloura, etc.

SOTTO BIHAR:

SOTTO Bihar organised Sensitization Programme in College of Nursing, IGIMS; Nukkad Natak in association with the Department of Gastroenterology and Liver Transplant, IGIM; Awareness stall in Annual Health Exhibition, IGIMS; Organ Donation awareness programme as a part of Angdaan Mahotsav 2023; Naman Diwas 2023; Cycle March and Awareness camp during Dussehra Mela at Gyan Bhawan, etc.



SOTTO GOA:

SOTTO Goa conducted Organ Donation Awareness Talkat Super Specialty Block Goa Medical College; Sensitization programme at Carmel College for Women, Nuvem through the Value Education Cell; Organ Donation awareness session in collaboration with Government College Sankhali; Nursing Education Programme on Topic Deceased Donor Organ Transplant Programme; Awareness session on Organ Donation was conducted at Police Training School, Valpoi, as part of Organ Donation

Awareness Month Celebration Organ Donation; Awareness Session in collaboration with Primary Health Centre Ponda for the Anganwadi Workers and PHC Staff; Organ Donation Pledge administered to MBBS and Allied Health Science students of Goa Medical College and Goa Medical College; Celebrated IODD 2023 "Angdaan Mahotsav" etc.

SOTTO RAJASTHAN:

Several initiatives were taken to raise awareness on organ donation namely celebration of the Indian Organ Donation Day. SOTTO Rajasthan organised, organ donation sensitization programs in medical trauma centres and colleges. 3.53 lakh Arogya members of Village Health, Sanitation & Nutrition Committees Samiti were also sensitized on organ donation and organised various competitions, rallies and runs to raise awareness on organ donation.

SOTTO PUDUCHERRY:

SOTTO Puducherry organized lecture on brain death, organ donation and transplantation, role of NOTTO, ROTTO, and SOTTO in NOTP, for final year medical students at Pondicherry Institute of Medical Sciences; sensitized the Forensic Medical students highlighting the THOTA 1994, the amendments, the guidelines and other issues in transplant process; conducted an Organ Donation Awareness Program at Sinnatha Government Girls Higher Secondary School and set up a stall at Health Mela conducted by DHFWS, Puducherry, etc.

1.9.11 NATIONAL VIRAL HEPATITIS CONTROL PROGRAM (NVHCP)

National Viral Hepatitis Control Program (NVHCP) was rolled out in 2018 under the aegis of National Health Mission in line with Sustainable Development Goal (SDG) 3.3. The program envisages prevention through awareness generation and management of viral hepatitis by provisioning free diagnosis and treatment. During 2018– March 24, it benefitted nearly 10.34 crore individuals and treated more than 3.3 lakhs patients of viral hepatitis.

The program aims to achieve elimination of hepatitis C by 2030; achieve significant reduction in the infected population, morbidity and mortality associated with hepatitis B and C, namely cirrhosis and hepatocellular carcinoma (liver cancer); reduce the risk, morbidity, and mortality due to hepatitis A and E. The key strategies adopted under this programme include preventive and promotive

interventions with a focus on awareness generation, increasing access, promoting free diagnosis, and providing free management of viral hepatitis.

Currently, services for the diagnosis and treatment of viral hepatitis are available in all the states and UTs. The program has collaborated with existing programs such as the National Program for Surveillance of Viral Hepatitis (NPVSH), Reproductive Maternal Newborn Child Adolescent Health plus Nutrition (RMNCAH+N), Universal Immunization Program (UIP), National AIDS Control Program (NACP) etc. for effective implementation of the program. The program has paperless data recording & reporting on NVHCP Management Information System (NVHCP-MIS) for robust monitoring & evaluation.

S. No.	Indicator	Achievements (January-March 2024) (approx.)
1.	Serological tests done for diagnosis of viral hepatitis C	1,49,00,000
2.	New patients initiated on treatment of hepatitis C	96,000
3.	Patients who have completed the treatment of HCV (end of treatment)	59,000
4	Serological tests done for diagnosis of viral hepatitis B	3,55,00,000
5.	New patients initiated on treatment of hepatitis B	36,000
6.	Patients put on Hepatitis B treatment continuing on treatment	51,000

Source: NVHCP MIS portal

2.1 DISASTER MANAGEMENT CELL (DMC)

A Disaster Management Cell was established in MoHFW in December 2020 with the mandate of planning for prevention, mitigation and to remain prepared to manage public health emergencies (of international and national concern), major epidemics and pandemics. It has also been tasked with response to public health emergencies (major epidemics and pandemics) as well as addressing the health consequences of natural and manmade disasters.

Response to disasters:

(i) Cyclonic storms:

Disaster Management Cell has maintained a situational awareness regarding various cyclonic storms that occurred in the year 2023 including:

- Extremely Severe Cyclonic Storm "BIPARJOY" over the Arabian Sea that affected Gujarat, Rajasthan and Madhya Pradesh during June 2023.
- Severe Cyclonic Storm "MICHAUNG" over the Bay of Bengal that affected Tamil Nadu and Andhra Pradesh during December 2023.

Quick response medical teams and public health teams were kept ready for deployment. Advisories were issued to States/UTs likely to be impacted by the cyclones and resulting floods to take necessary public health actions to avoid the risk of an outbreak of communicable diseases.

(ii) Uttarkashi tunnel accident:

In November 2023, there were 41 labourers were trapped in a tunnel in Uttarkashi, Uttarakhand.



Daily situational update and step-to-step monitoring was done about the health condition/ailments of the victims in the tunnel and progressive approach towards the rescue plan of labourers was made. Central teams were kept ready for deployment and advisories regarding evacuation plans, clinical SOP's along with the PMO approved post rescue response plan were provided.

Response to disease outbreaks:

(i) Avian Influenza disease outbreak:

Following the outbreak of Avian Influenza (H5N1) reported from the Bokaro district of Jharkhand in February, a Central multi-disciplinary team was sent to the State to support the State Government of Jharkhand in the implementation of the contingency plan for Avian Influenza.

(ii) Zika virus disease outbreak:

In view of the report of confirmation of Zika Virus disease from Kolhapur district of Maharashtra in September 2023, a Central multi-disciplinary team was deployed to support the State Government of Maharashtra in implementing requisite public health measures. The team undertook capacity building for vector control and supported the district/State in the successful implementation of the National Zika Action Plan of Ministry of Health and Family Welfare.



(iii) Nipah virus disease outbreak:

There are six laboratory-confirmed cases of Nipah virus disease in Kozhikode, Kerala as of 19th September 2023. Two deaths also have been reported during this outbreak. To support State

Health Departments in control and containment measures, a multi-disciplinary Central team was deployed to implement requisite public health measures.

(iv) Scrub Typhus outbreak:

Following the surge in the Scrub Typhus disease in September 2023, Central multi-disciplinary teams were deployed in Odisha to support the State Government in implementing requisite control and the containment measures. The Central team supported the State in containment of Scrub typhus through early detection, testing, case isolation, and early treatment.

Ten deaths were reported in the duration of 2 months (August-September 2023).



Preparedness for international health emergencies:

(i) Morocco earthquake:

On 8 September 2023, a powerful earthquake of magnitude 6.8 struck Morocco. In this regard, the Disaster Management Cell had coordinated with Union Ministry of External Affairs to ensure that teams for providing medical care relief to earthquake-affected persons in Morocco were kept ready for deployment.

(ii) Nepal Earthquake:

A strong earthquake of 6.4 magnitude hit Nepal on 3rd November, 2023 in which more than 382 aftershocks were reported. Given this, quick response medical teams and public health teams were kept ready by the disaster management cell, MoHFW for deployment.

Department of Health and Family Welfare's Screening Committee for Research Proposals (SCRCP)

A Department of Health and Family Welfare (DoHFW's) Screening Committee for Research Proposals (SCRCP) was constituted to undertake a review of research proposals on life sciences (including research studies in humans, animals, plants and environment) by Government entities involving foreign collaboration/funding.

The Disaster Management Cell under the Ministry of Health & Family Welfare, as Secretariat to the SCRCP, receives proposals through the Department of Biotechnology's BIORRAP portal and undertakes the process for review in terms of **National safety and security, Potential benefits for the country, sharing of equitable benefits, Ethical sharing of data and samples, Benefit to Indian researchers** in aspects beyond mere data collection and scrutinize the research proposals (for necessary approvals) before presenting the same during SCRCP meetings.

The Screening Committee for Research Proposals (SCRCP) reviewed 110 research proposals received through the BIORRAP portal.

Programme areas: The division implements two Central Sector Schemes

(i) Human Resource Development for Emergency Medical Services (HRDEMS): The scheme has provisions for setting up and equipping of National Emergency Life Support (NELS) Skill Centres at Government (Central/State) Medical Colleges across all States and UTs for imparting skill-based trainings to doctors, nurses and paramedics in emergency life support.

As on 07th May 2024, 95 NELS Skill Centres are being set up at Government Medical Colleges across the country and Training of Trainers (ToTs) for doctors, nurses and paramedics in NELS course have been initiated at the established centres on a Pan-India basis.

(ii) Health Sector Disaster Preparedness and Response (HSDPR): The scheme aims to strengthen capacities of the health sector to prevent, mitigate and remain prepared to respond to the adverse outcome of disasters.

This includes capacity building of specialized manpower in various facets of disaster management like public health preparedness for district level health officers, hospital preparedness for hospital managers, hospital safety for hospital administrators and hospital engineers, psychosocial care in disaster settings for psychiatrists,

psychologists and social workers, training on medical management of radio-nuclear emergencies. Course curricula and training modules for these courses have been prepared and trainings have been initiated on a Pan-India level for said programmes.

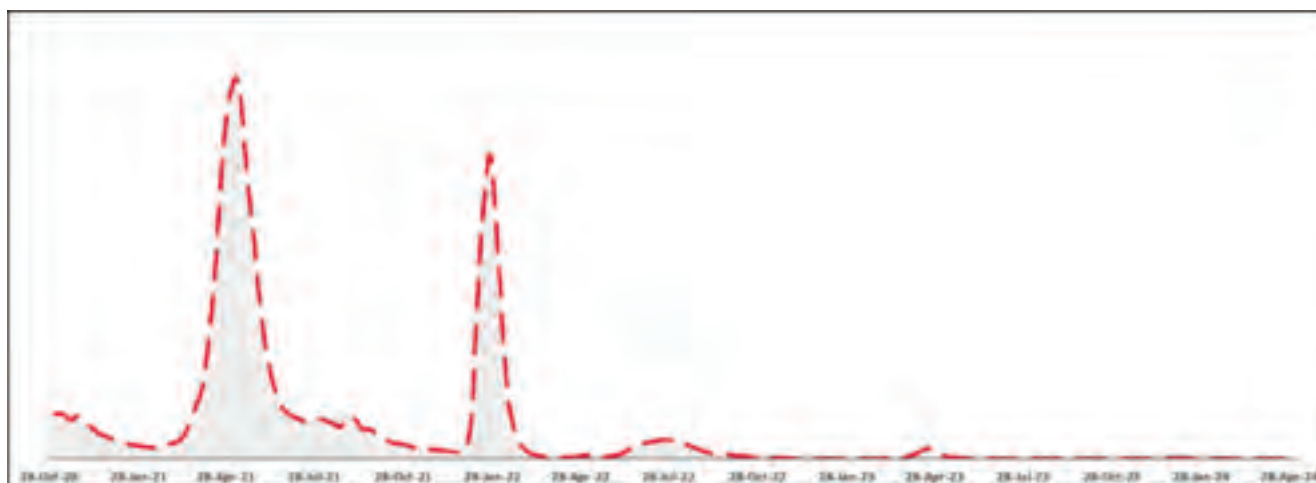
2.2 MANAGEMENT OF COVID-19 PANDEMIC

India's Health Response to the COVID-19 Pandemic

The World Health Organization (WHO) on 5th May 2023, declared that in light of the decreasing trend in

COVID-19 deaths; decline in COVID-19 related hospitalizations and intensive care unit admissions, and the high levels of population immunity to SARS-CoV-2, COVID-19 no longer constitutes a public health emergency of international concern (PHEIC).

As on 07th May 2024, as reported by States/UTs, a cumulative total of 4,50,37,860 confirmed cases, with 5,33,589 deaths due to COVID-19 have been reported in the country so far. The COVID-19 trajectory has registered a sustained and significant decline since December, 2023.



(COVID-19 case trajectory in India)

The Indian SARS-CoV-2 Genomics Consortium (INSACOG), jointly initiated by the Union Health Ministry of Health and Department of Biotechnology (DBT) to track mutations in COVID-19 virus continues to be expanded. As per Indian SARS-CoV-2 Genomics Consortium (INSACOG), since its first detection in November 2023, JN.1 sub-lineages continue to be the dominant variant in India.

In light of declining trajectory of COVID-19 cases across the world, the guidelines for International arrivals were last updated on 19th July 2023, and uploaded on website of Ministry of Health & Family Welfare.

Guidelines on Clinical management of COVID-19 continues to be updated with emerging scientific evidence. The treatment protocol for adults was last updated on 28th March 2023 and has been widely circulated.

Union Ministry of Health has provided requisite financial assistance to States/UTs to enhance preparedness and response capacities against COVID-19. Funding support has provided to States/UTs for health system strengthening to meet any exigency due to resurgence of cases in the country through National Health Mission, State Disaster Response Funds (SDRF), Emergency COVID-19 Response and Preparedness packages I & II and PM - Ayushman Bharat Health Infrastructure Mission.

A sustained low incidence level of mild clinical severity and very low rates of hospitalization due to various factors such as enhanced surveillance, focus on case management and high vaccination coverage has supported country's COVID-19 management efforts.

Pan-India mock drills were conducted on 10-11 April, 2023 and again on 13-17 December 2023, to assess preparedness and operational readiness of

health facilities to meet any exigencies due to COVID-19.

Union Ministry of Health & Family Welfare continues to monitor the situation closely and advocates use of fivefold strategy of test-track-treat-COVID-19 vaccination and adherence to COVID-19 appropriate behaviours to curb any spurt in cases.

2.3 COVID - 19 VACCINATION PROGRAMME

Background:

- The National COVID-19 Vaccination Programme began on 16th January 2021, initially with the aim of covering the adult population of the country in the shortest possible time. India has been able to administer more than 220.68 crore vaccine doses using mainly three indigenously manufactured vaccines, Covishield manufactured by M/s Serum Institute of India, Covaxin manufactured by M/s Bharat Biotech International Limited and Corbevax by Biological E Ltd.
- A system of prioritization was followed globally by all countries in light of limited availability of vaccines. The National Expert Group on Vaccine Administration for COVID-19 (NEGVAC), constituted in August 2020, identified the priority groups in the country with an aim to protect the country's Healthcare & Pandemic Response System and control the vulnerability and mortality risk for COVID-19 disease. Prioritization of Beneficiaries was done to protect healthcare workers and to reduce mortality and morbidity in high-risk group populations.
- India's National COVID-19 Vaccination Programme was launched by Hon'ble Prime Minister of India on 16th January 2021 which started initially with Health Care Workers, which included service providers & other workers in health facilities of both government & private sector. This was subsequently expanded to include more population group like Front Line Workers, persons above 60 years of age, persons aged 18 years and

above, adolescents aged 15 to 18 years and finally to age group of 12-14 years of age.

- Similarly, a precautionary dose was made available to all persons 18 years and above 26 weeks (6 months) after the date of administration of 2nd dose.
- A Cold chain across the country was assessed and strengthened to accommodate the supply line for COVID-19 vaccines. Existing Universal Immunization Programme (UIP) cold chain points were augmented for this purpose.
- A unique digital platform- Co-WIN portal was developed to support vaccination activity. The CoWIN portal has enabled real time monitoring of the status of vaccination drive, vaccine availability and utilization. It helps in registration, tracking of every beneficiary for second dose, generation of digital certificates etc. This has served as a single source of truth for all data related to beneficiaries and vaccination.
- A targeted communication strategy has been put in place to address prevalent reasons for vaccine hesitancy thereby aiding vaccine demand.
- Innovative approaches like workplace vaccination for employees, near-to-home vaccination for elderly and differently-abled citizens, and vaccination at place of residence for persons who are bedridden or have extremely restricted mobility or disability and/or special needs were taken up in the programme to reach out to all beneficiaries.

Performance of Vaccination Drive:

- As on 15th May 2024, more than 220.68 crore vaccine doses have been administered under National COVID-19 vaccination programme across the country, 97% of the population aged 12 years and above have received at least one dose of COVID vaccine while 90% of this population is fully vaccinated against covid-19. A total of 22.89 crore precautionary dose has been administered across the country.

3.1 TRAINING INSTITUTIONS

3.1.1 National Institute of Health and Family Welfare

The National Institute of Health and Family Welfare (NIHFW), an autonomous organization of the Union Ministry of Health and Family Welfare, works towards promotion of health and family welfare programmes in the country. The core focus areas of the Institute is Post-graduate education, in-service training of medical and para-medical personnel, research and evaluation, consultancy and advisory services, specialized projects and specialized services in the field of health and family welfare.

1). Education, Training & Research Development

The Institute conducts three full time Post-graduate education courses as given below-

i) Three-year M.D. in Community Health Administration (CHA)-During 2021-24, 2022-25 and 2023-26, 28 students attended the course including 8 in the third year, 10 in the second year and 10 in the first year. (ii) Two-year Post-Graduate Diploma in Health Administration (DHA): During 2022-2024, 14 students attended the course including 4 in the second year and three in the first year. Hitherto, a total of 62 students have passed out this course, 5 students are enrolled for the year 2022-24 and 6 students enrolled for the year 2023-25. (iii) One-Year Post-Graduate Diploma in Public Health Management (PGDPHM) In 2022-23, 24 students were enrolled, out of these 8 students were international. In 2023-24, 9 students were enrolled; 5 are self-sponsored and 4 are sponsored by the Government of Uttarakhand.

2). The Institute started New Education Programmes/ courses as below-

(i) Ph.D. Programme at the NIHFW: The Institute started Ph.D. Programme from the year 2023-24. Total of 15 candidates including 7 JRF candidates; 5 external In-service candidates; and 3 In-service candidates from NIHFW were enrolled in the PhD programme in Public Health at the NIHFW.

The faculty of the NIHFW has been recognized by the JNU as Ph. D. supervisor(s). (ii) MPH Programme at the NIHFW: The MPH Programme will be started in affiliation with Faculty of Medical Science, University of Delhi through CUET conducted by the University of Delhi from July 2024. (iii) Distance Learning Courses: During the year (2023-24) 532 candidates got enrolled in 6 Post-Graduate Diploma in Management (Executive) courses of 15-month duration each in 'Health and Family Welfare Management', 'Hospital Management', 'Health Promotion', 'Health Communication', 'Applied Epidemiology' and 'Public Health Nutrition' through distance learning affiliation with AICTE. (iv) Convocation: The First convocation/ graduation ceremony of the NIHFW was held on 24th February 2024. A total of 124 students enrolled under MD (CHA), PGDPHM and Distance Learning Courses attended the convocation and were felicitated with degree certificates and awards.



1st Convocation of the NIHFW held on 24th February, 2024.

Training Courses

During the year under review, ninety-eight training courses were organized for various categories of health personnel at the NIHFW. There were 3141 participants from states and UTs.

Research Work

During the year under review, the faculty supervised 55 dissertations/ research work of the MD, DHA and PGDPHM students. Institute is also pursuing three new and six ongoing research studies approved by

the 'Programme Advisory committee' of the Institute.

Student Development Programme

(i) Educational Visits-In all 893 students were provided perspective in the field of Public Health & allied areas and the Programmes / projects organized by the Govt. of India by the various faculty/research staff of the NIHFV. (ii) Summer training /Internship programme- The Institute also provided an opportunity to the MPH /MBA students (66) to pursue their summer training and dissertation projects for the period of one to three months under the guidance of our faculty and senior Research Officers from different Institutes/ Universities from all over India.

Official Publications - (i) Health and Population: Perspectives and Issues- A Quarterly Journal of Institute since 1978. During the period under review all the issues of HPPI for 2022 (Vol. No. 45 (2, 3 & 4) and 2023 (Vol. No. 46 (1) have been published; Now the Journal is UGC enlisted. (ii)Jan Swasthya Dhaarna – On the occasion of the Annual Day function of the Institute on 9th March 2024, the 29th Issue of Jan Swasthya Dhaarna, a Hindi peer-reviewed magazine was released by Ms. Hekali Zhimomi (IAS), Additional Secretary, Ministry of Health and Family Welfare, Government of India.

MoUs/Collaborations

The Institute collaborated and signed MoU with different Institutes/Organizations during the academic year 2023-24 as follows:

S. No.	Memorandum of Understanding (MOU) Between		Subject
1.	National Institute of Health and Family Welfare	Central Government Health Scheme (CGHS)	Foundation Training Programme (FTP) for Newly Recruited CHS Medical Officers signed on 4th May, 2023
2.		ICMR Advanced Centre for Evidence Based Child Health (ACEBCH), PGIMER Chandigarh	In furtherance of their mutual interest in the fields of education and research and as a contribution to increased national cooperation signed on 17th May, 2023
3.		All India Institute of Ayurveda Sarita Vihar, Delhi- 76	Collaborative work in the domain of Traditional and Complementary Medicine and other allied areas of Public Health signed on 20th Oct., 2023
4.		Translational Health Science and Technology Institute (THSTI) Faridabad	Joint Academic Prog., Research projects, Seminars, Lectures, Exchange of Publications, Faculty & Students, Visit of MD(CHA) and all fields and disciplines of common interests signed on 3rd June, 2023
5.		Babu Jag Jeevan Ram Memorial Hospital (BJRMH), Jahangirpuri, Delhi- 110033	Implementation of District Residency Programme (DRP) as per instructions of the Nodal Officer of the DRP, DHS govt. of Delhi as mandated by the NMC signed on 8th Nov., 2023

S. No.	Memorandum of Understanding (MOU) Between	Subject
6.	ICMR	collaboration in academic, research, training and mutually agreed activities of both the organizations signed on 14th March 2023
6.	Rural Health Training Center, Nazaf garh, Delhi- 110043	For strengthening the Public Health Education, Research and Training Activities signed on 1st Jan., 2024

John Hopkins University (JHU), MoHFW & the NIHF

The Memorandum of Understanding (MoU) has been signed between John Hopkins University (JHU) and NIHF to strengthen public health and nursing training and education, technical guidance on immunization, collaborative research and other activities. The first activity of this collaboration was to strengthen the nursing leadership in infection, prevention and control in this context, the Institute trained the nursing professionals (nurse educators and infection control nurses) during ToTs. During the year under reporting as next the step the TOT trainers across in West Bengal-2; Kerala-1; Manipur-1; Tripura-1 and Karnataka-1, in all 6 different states & UTs. conducted the training programmes under online monitoring by the Institute. In each batch, thirty participants were trained.

Specialized Services – (i) Clinic Facility- The NIHF Clinic provides Clinical services including management of infertility, management of reproductive endocrinological and gynaecological disorders, antenatal care, immunization of antenatal patients, infants & children and contraceptive services free of any charges i.e. Registration fee, laboratory services to the poor patients. In the afternoon, the Adolescent & Youth and Well-Women Clinic are also run. Total patients treated in review year 2023-24 are as follows: Infertility cases - 529 new couple registration, Female follow-up cases - 3084 and Male follow-up cases - 1996; Reproductive Endocrinology & Gynaecology - 516 new cases and 567 follow-up cases; ANC new cases - 144 and 264 follow-up cases; General - 325 new cases and 267 follow-up cases; Immunization (Children) 390 new cases and 403 follow-up cases. (ii) National Documentation Centre (NDC)- Over a

period of two decades, the NDC has developed a well-balanced and up-to-date collection of over 62000 documents in the field of health, population and family welfare and allied areas carrying worldwide information. NDC is an active member of NML-ERMED India Consortium to provide free electronic journals access to 258 journals on <http://www.nihfw.org/ERMEDConsortiumJournals.html>.

Different Projects/ Programmes At The Nihfw

The MoHFW from time to time gave us the opportunity to work in areas of specialization with broader spectrum. Under these initiatives like Center for Health Informatics (CHI); National Cold Chain and Vaccine Management Resource Center (NCCVMRC); National Technical & Advisory Group on Immunization (NTAGI); Skills Labs; Learning Management Information System (LMIS). The detail of each programme is given as below-

Centre for Health Informatics (CHI)-Centre for Health Informatics (CHI) was established by the Ministry of Health and Family Welfare at the National Institute of Health and Family Welfare (NIHF) to manage the activities of the National Health Portal (NHP) which provides single point of access of authenticated health information to citizens, students, healthcare professionals and researchers and is also involved in development, management and maintenance of various activities such as Portals, Dashboards, and Social media. During the current year CHI has implemented various important projects/ initiatives toward digitization of the health sector for Universal Health Coverage and to enhance health literacy among citizen across the country.

National Cold Chain and Vaccine Management Resource Center (NCCVMRC) The NCCVMRC works in the domains of training, MIS and EVM coordination, immunization supply chain, research, monitoring and equity. The activities conducted as (i) For Capacity building two training courses namely (a) Training on Vaccine and Cold Chain Management (T-VaCC)- Five National batches of T-VaCC trained 110 mid and senior-level Immunization Programme Managers from 30 states, and (b) Training of Cold Chain Technicians in maintenance and repair of Cold Chain Equipment- Five batches having 93 Cold Chain Technicians (CCTs) from 27 states were trained. One batch of repair and maintenance of Ice Lined Refrigerator is planned for March 2024. (ii) National Effective Vaccine Management Assessment: In total 327 sites across all states /UTs except Lakshadweep were sampled and 69 teams with 138 assessors from various Medical Colleges, Partner Organizations, MoHFW officials & NCCVMRC officials participated in the assessment. (iii) EVM Improvement Plan (CIP): The activity was done by NCCVMRC under the guidance of MoHFW from 31st October to 01st November 2023 for the Northeastern States. (iv) Temperature Monitoring Study: WHO recommended temperature monitoring study was conducted by NCCVMRC under the guidance of MoHFW & Support of UNICEF. (v) National Cold Chain Management Information System (NCCMIS) Review: In 2023-24 NCCVMRC conducted total of 7 workshops (6 in offline mode and 1 workshop in online mode) at the state level wherein 660 officials were trained. Apart from this NCCVMRC also conducted 2 National level NCCMIS review workshops at NIHFw wherein 37 state officials were trained. (vi) National Technical Advisory Body (NTAB) on Cold Chain and Logistics and Other Technical Committees: The National Technical Advisory Body (NTAB) on Cold Chain Logistics is constituted by MoHFW for providing evidence and technical inputs on the specification of cold chain equipment, immunization logistics other than vaccine and strengthening cold chain system for the universal immunization program in India. NCCVMRC is designated as the secretariat for NTAB under the chairmanship of the Director, NIHFw. (vii) International UNICEF LTA for EVM assessment: A Long-Term Arrangement (LTA) for services has

been awarded to NCCVMRC- NIHFw for the procurement of Effective Vaccine Management (EVM) scale-up for eastern and southern African region, regional office for South Asia, West & Central African region by UNICEF. NCCVMRC has won the bid to conduct quality EVM assessments across 40 countries in the world. (viii) GAVI Visit: The GAVI officials with the Additional Commissioner, Immunization from MoHFW visited the National Cold Chain and Vaccine Management Resource Centre (NCCVMRC)- NIHFw, during the GAVI Joint Appraisal-India, 10-14 December 2023. (ix) Temperature Mapping Study: (NCCVMRC)- NIHFw team conducted temperature mapping exercises in cold rooms at Govt. Medical Store Depots (GMSD), to identify areas of temperature diversion (hot spots or cold spots) that may not be suitable for vaccine storage. (x) WHO Team Visit NCCVMRC to scale up iTMIS: As directed by the Immunization Division, WHO visited NCCVMRC on 16th January 2024 to get the overview of the application to further scale up the iTMIS, a dynamic training Registration tool developed by NCCVMRC under the guidance of MoHFW enables Immunization programme managers /Trainers to register and capture the data of participants trained in various Immunization training at the center / state/ district and block level.

3. The National Technical Advisory Group on Immunization (NTAGI): The NTAGI Secretariat is responsible for organizing two NTAGI and four STSC meetings in a year. In the year of review, the meetings held were: INTAGI meeting-1; STSC Meeting-1; SWG-Immunization and Capacity Building-2; SWG-Vaccine Preventable Disease Surveillance-2; COVID-19 Working Group-4; Code of Practice Working Group-1; HPV Working Group-1; Japanese Encephalitis Working Group-1; PCV for SCD Working Group-4; Working Group on RSV Vaccine-2; Vaccine CEA Working Group-2; for all these activities NTAGI Secretariat provided techno-managerial support.

4. National Skills Lab - DAKSH: Established on 9 March 2015 by the Government of India, LSTM, UK, and the Maternal Health Division of MOHFW to upgrade the skills of healthcare providers. Since its inception in March 2015 till February 2024, 1000, healthcare professionals have been trained in 109 batches. From January 2023 till date, 114 trainees have been trained in 11 different batches at the NIHFw.

5. PC & PNDT Nodal Agency: Established in February 2017 at the National Institute of Health and Family Welfare under the Ministry of Health and Family Welfare. The agency monitors e-advertisements related to pre-conception and prenatal determination of sex or sexselection, prohibited under Section 22 of the PC & PNDT Act, 1994. Since its establishment, the agency has received over 59 complaints & prepared 339 suo moto complaints, identifying 6100+ URLs that violate section 22 of the PC & PNDT Act.

6. SAKSHAM: A portal offering more than 200 public health and clinical courses for capacity building of health professionals. More than 20,000 health professionals are using this portal. In 2024, under the QUAD presidency, India is offering SAKSHAM as a digital public good to the Indo-Pacific Countries. An MoU between Govt. of India and the Republic of Nauru is in the final stage for using SAKSHAM.

7. MISSION-KARAMYOGI: The Annual Capacity Building Plan (ACBP) of MoHFW was launched on 17th May 2023. NIHFW has been given the responsibility to implement the annual capacity building plan through conducting and coordinating online and offline training and capacity building of government officials.

Extra Mural Special Activities

Republic Day Celebration Republic Day was celebrated on 26 January 2023. Ms. Nidhi Kesarwani, IAS, Director (Additional Charge) of the NIHFW unfurled the National Flag and greeted the staff. He addressed the gathering and urged everyone to carry out their responsibilities towards the nation.

19th Veda Prakasha Memorial Oration: The nineteenth Veda Prakasha Memorial Oration was given on 23 January 2023 by Prof. (Dr.) Atul Goel, DGHS, MoHFW, New Delhi on the topic "Population Health – A Technical Perspective ". Eminent public health persons and development partners were invited for the deliberation.

Celebration of 46th Annual Day- The Institute celebrated its 46th Annual Day on 9th March 2023 in the Laws of the NIHFW. The Chief Guest Dr. Vinod Paul, Hon'ble Member, NITI Ayog and Shri Rajesh Bhushan, Hon'ble Secretary, Ministry of Health and Family Welfare, Government of India was the Guest of Honour. All faculty and staff

members participated in the Event. Showcasing an exhibition of various activities throughout the year was featured for the Guests from National and International organizations, alumni and retired Faculty and staff of the Institute.

Second PP Talwar Oration- In the series of P.P. Talwar oration the second edition of Lecture was organized on April 26th 2023 in the auditorium of NIHFW. The Lecture was delivered by Dr. Vinod K. Paul, Hon'ble Member (Health), NITI Aayog, titled 'The India Covid-19 Vaccination Story' Atma - Nirbharta Aatmavishwas'.

Independence Day Celebration- Independence Day celebrations were observed on August 15, 2023 at the National Institute of Health and Family Welfare. On this occasion, the Director, NIHFW of the institute hoisted the flag and addressed the attendees.

Under "**SWACHHTA ABHIYAN SPECIAL DRIVE**", Swachhata Pakhwada Swachhata Hi Seva (SHS) 2023, a massive cleanliness drive led by NIHFW faculty, staff and students was conducted on 1st October 2023, at NIHFW campus and surrounding areas as a tribute to Mahatma Gandhi on the eve of his birth anniversary on 2nd Oct '23.

Vigilance Awareness Week: The activities were held from 31st October to 06th November, 2023 at NIHFW like Oath ceremony; Slogan competition; Poster competition; Written quiz competition; Slogan dissemination through rangoli competition; Dissemination of vigilance messages across the institution. This year the theme of Vigilance Awareness Week was 'Say no to corruption; commit to the Nation'.

The World Population Day 2023 was observed and celebrated. The MD (CHA) and DHA 1st year students took part in organizing the event which led to the successful observation of the day.

Celebration of 47th Annual Day- The Institute celebrated its 46th Annual Day on 9th March 2024 in the Lawns of the NIHFW. The Chief Guest on the occasion was Ms. Hekali Zhimomi (IAS), Additional Secretary, Ministry of Health and Family Welfare, Government of India. All faculty and staff members of the NIHFW participated in the Event. Annual Hindi Journal Dharna and Biannual English Journal HPPI was unveiled by the chief guest



Award distribution to Best Employees of the NIHF on 47th Annual Day Function of the NIHF on 9.3.2024

3.1.2 NATIONAL INSTITUTE OF PUBLIC HEALTH TRAINING & RESEARCH (NIPHTR). MUMBAI

INTRODUCTION

National Institute of Public Health Training & Research, NIPHTR (erstwhile Family Welfare Training & Research Centre, Mumbai) is a Central Training Institute of the Ministry of Health & Family Welfare established in June 1957. The institute conducts in-service training for healthcare personnel across the country in key Public Health issues with the aim to enhance the knowledge and skills of health personnel for better delivery of health care services. NIPHTR is also involved in capacity building of Public Health workforce in Primary Health Care, Family Welfare, Reproductive & Child Health, HIV/AIDS and other National Health Programmes.

NIPHTR conducts regular in-service courses namely Diploma in Health Promotion Education (DHPE) and Post Graduate Diploma in Community Health Care (PGDCHC) affiliated with International Institute for Population Sciences (IIPS), Mumbai a deemed University under MoHFW. NIPHTR has started various Skill Development training programmes under the Health Care Sector of MoHFW in 2017 namely i) Sanitary Health inspector ii) Diabetes Educator iii) Home Health Aide iv) General Duty Assistant v) First responder course. It started with i) Master of Public Health (MPH) and ii) Post-Graduate Diploma in Hospital Management (PGDHM) in the academic year 2021-22, to expand the pool of well-trained and competent public health professionals.

A. Training:

Regular courses-

1. Diploma in Health Promotion Education (DHPE): The 37th batch of the Diploma in Health Promotion Education (DHPE) for the Academic Year 2023-24 started on 1st June 2023 and will be completed in May 2024 with a total of 29 trainees from various states like Maharashtra, Madhya Pradesh, Telangana, Odisha, Chhattisgarh and Nagaland.

2. Post-graduate Diploma in Community Health Care (PGDCHC): 14th batch of 09 Trainees for PGDCHC commenced from 1 June 2023 in Campus at NIPHTR, Panvel campus. The students are presently doing internships in their home state. The course will be completed in May 2024.

3. New Public Health Courses- (i) Master's in Public Health (MPH)- The first batch (AY 2022-24) of nine students (sanctioned intake 10), are currently placed in public health organizations. The second batch (AY-2023-25) comprising ten students started in October 2023 and the first examination thereof will be conducted in October 2024. (ii) Post Graduate Diploma in Hospital Management (PGDHM)- The second batch of PGDHM of one-year duration started in October 2023 at the International Institute of Population Sciences (IIPS), Mumbai a deemed university under MoHFW. The course will be completed in May 2024.

4. Skill development training courses- NIPHTR conducts five Skill Development Training Programmes as identified by MoHFW namely – i. Sanitary inspector – 12 months duration, ii. Diabetes Educator - 3 months duration, iii. Home Health Aide - 4 months duration, iv. General Duty Assistant - 4 months duration, v. First responder – 4 days. (i) Sanitary Health Inspector (SHI)- Regular classes for 14 students of the seventh batch commenced from July 2023. The first semester examination was completed in December 2023. The students are presently doing two months internship for hands-on skill-based training in municipal corporations. The course completes in June 2024. (ii) First Responder (FR)- A total of 3 batches and 74 ASHA workers were trained from the rural area of Panvel Block. Whereas 64 Asha workers under Panvel Municipal Corporation (PMC) were trained in two batches. In the coming

year institute has planned to train more than 300 Asha Workers from PMC. This specialized training has equipped ASHA workers with essential skills such as bandaging, CPR, dressing wounds, and more.

5. Mission Karmayogi: NIPHTR has successfully onboarded all 39 faculty and staff members onto the iGOT platform. The Institute has also created content for two online courses, i. National Programme for Elderly Health Care and ii. NHM Architecture. ACBP Orientation Training

under Mission Karmayogi: Capacity Building Planning of MoHFW under Mission Karmayogi took place on December 22, 2022, at NIPHTR New Panvel, Navi Mumbai. Forty-eight participants from various organizations, including NIRRH, APHO, AIIPMR, IIPS, PHO, and NIPHTR, actively engaged in the workshop's enriching sessions and discussions, reflecting a commitment to ongoing learning and capacity building within the government sector.



Dr. Sunil Gitte, Director NIPHTR, Dr. Anil Gour, Director, AIIPMR, with Participants of Annual Capacity Building Planning workshop under Mission Karmayogi organized at NIPHTR Mumbai

6. Special Trainings: Sensitization Workshops for Anganwadi workers on Maternal and Child Health Care. NIPHTR and Satya Sai Sanjeevani Centre for Child Heart Care, Kharghar, jointly organised "Sensitization Workshops on Maternal and Child Health Care" for Anganwadi workers(AWW) from the Panvel Block, in collaboration with the Integrated Child Development Scheme (ICDS), Panvel. During January 2023-24, a total of 3 batches of comprehensive sessions were conducted and a total of 80 AWW has completed the training.

7. Extramural Projects

7.1 Blended Training Programme-GFATM-Phase III: In 2023-24 NIPHTR has completed

training of 170 (15 ORW, 113 PE, 20 M&E, 22 PM) TI service providers from Mumbai district and 77 (55 PE 10 M &E, 12PM) TI service providers from Goa state. The institute has also conducted Training of Master Trainers for the Project Managers (PM) & Monitoring and Evaluation Officers (M&E). NIPHTR trained 15 Master trainers in 1 batch conducted in September 2023.

Training of Masters Trainers for Project Managers and Monitoring and Evaluation officers under the SAATHII project

7.2 ICMR Project on Burn: The Objectives of the project are to determine the prevalence, risk factors, KAP for prevention of Burn, out-of-pocket expenditure, health related quality of life of patients

with burn injuries and the effect of IEC interventions on KAP Regarding prevention and First Aid of Burn. The centre has completed Phase I data collection from 3400 households and awaiting sanction from ICMR for start of Phase II.

8. Intramural Research /Evaluation activities:

8.1. Non-Communicable Disease Screening Camp for Anganwadi Workers (AWWs) of Panvel Taluka- NIPHTR, along with Shree Satya Sai Sanjeevani SC, Kharghar and CDPO, started the non-communicable disease screening for AWWs of Panvel Taluka on every Thursday from June 15, 2023, at the NIPHTR Panvel Campus. A total of 315 AWWs were screened until August 31, 2023, and 49 pap smears were conducted.



Hon'ble Governor of Maharashtra Shri Ramesh Bais has launched the programme on "Non-Communicable disease screening" for Anganwadi workers from Panvel Block

8.2 Research Projects (completed) on (i) Prevalence, trends and associated factors of hypertension in Petrol Pump workers in Panvel City. (ii) Prevalence of Postpartum depression and risk factors in the sub-urban area of Panvel. (iii) Assessment of Antenatal Services in Tribal, Rural Areas of Panvel, Raigarh District Maharashtra. (iv) Assessment of Antenatal Services in Tribal, Rural Areas of Panvel, Raigarh District Maharashtra. (v) Menstrual Hygiene Management Practices, Waste Disposal Awareness and Misconception among Adolescent School Girls in a Rural Area of Ajivali, Raigad, Maharashtra. (vi) Menstrual Health & Health Seeking Behavior among Middle Age Women in Semi - Urban area of Panvel (vii) A cross-sectional study on musculoskeletal and mental health disorders among occupational two-wheeler drivers, in Panvel. (viii) Prevalence of hypertension and association between various factors of hypertension in rural areas of Poyanje village (Rural area) and Poyanje-Wadi (Tribal area) in Raigarh District. (ix) Assessment of a cross-sectional study

on musculoskeletal and mental health disorders among occupational two-wheeler drivers, in Panvel.

8.3 Research Paper presentation- NPHICON 2024 at National center for Disease Control in Delhi on 24th February 2024- (i) Paradigm shift in distribution of leprosy cases in High and Low endemic districts of Maharashtra state, India" under the theme- Neglected Tropical Diseases (ii) Ethics for use of Machine Learning in research: A review of literature.

9. GIS Atlas on Geo Mapping of Distribution and Performance of Public Health Facilities, Geo Mapping of NGO Areas, and Geospatial Analysis of HIV Burden at the Habitat Level in Goa SAC. This comprehensive atlas was collaboratively prepared by NIPHTR and officials from the Goa SAC.

10. Internships- Three interns for master's in public health were placed at this institute for a two-month period during which they were oriented with the different activities at NIPHTR. They were also involved in conducting research, health camps and other institutional activities.

11. MUHS- SIP (Summer Internship Programme): The institute organized a comprehensive two-week program from June 16th to June 30th, 2023, to address three specific learning objectives approved by MUHS, Nasik. These objectives included "GIS (Geographical Information System) in Health", "Health Education" and "Nutrition and Health". The Learning goal was undertaken by a group of twelve students studying in the first to third year of MBBS, BHAMS, AYUSH, etc.

12. National and International Health Days: Important International Health Days were being observed regularly at NIPHTR. Some of the activities done around the year are mentioned below:

12.1 World Health Day observation by DHPE students at Jabalpur- DHPE students in Jabalpur observed World Health Day at Civil Hospital Ranjhi on April 6th, 2023, representing NIPHTR, Mumbai, HFWTC Jabalpur, and Civil Hospital Ranjhi.

12.2 Health Education Program by MPH students at Poyenje- MPH students at Poyenje organized a Health Camp and poster exhibition for school children and antenatal mothers on April 10th, 2023, at Poyenje Sub-centre & Zilla Parishad Poyenje School to observe World Health Day 2023.

12.3 World No Tobacco Day 31 May 2023 organised at New Panvel campus of NIPHTR, Mumbai.

12.4 International Yoga Day on 21st June 2023 at NIPHTR Panvel campus. The team from Arogya Seva Samiti Panvel demonstrated Yoga Asana and the faculty members and trainees of various courses performed them. The Yoga Club for the trainees of the institute was also inaugurated for the year 2023-24.

12.5 World Breastfeeding Week 1st August-7th August 23 with much fervour and enthusiasm as a joint initiative with Sri Sathya Sai Sanjeevani Center Kharghar. During the week-long celebrations the students of DHPE and PGDCHC performed street plays at Satya Sai Sanjeevani Hospital Kharghar, NIPHTR, Panvel, PHC Apta, Arogyavardhini Centre Poyenje subcentre.

12.6 The National Nutrition Week programme with the theme "Healthy diet going affordable for all." was held on 1st September 2023, a health

exhibition and talk were arranged on Nutrition at R S Nimkar UPHC Tardeo, Mumbai.

12.7 World Sanitation Day was organised by Sanitary Health Inspector students in the month of November 2022 at Sandhurst Road Railway station, Mumbai. The students displayed posters on Sanitation and Hygiene and gave awareness talks to the public. A street play was done on the railway station platform on the topic "NO PLASTIC USE".

12.8 Symposium on World Population Day was organised on July 11th as per the year's theme Unleashing the Power of gender equality: Uplifting the Voices of Women and Girls to Unlock our World's Infinite Possibilities. It raised awareness about the challenges and consequences associated with global population growth. Four guest speakers from various esteemed institutions working in the field of population such as the Directorate of Census Maharashtra, Govt of India, IIPS, Mumbai, Grant Medical College and Sir JJ Group of Hospital and TISS, Mumbai were invited.



Symposium on World population Day

12.9 World Mental Health Day: was celebrated on October 10, 2023, centering on the critical message of 'Our Minds, Our Rights' based on the theme 'Mental Health is a Universal Human Right' in Khetwadi and Panvel campus.

12.10. National Leprosy Day: National Leprosy Day was celebrated on 30th January 2024 through various activities. The theme of this year leprosy day was "Beat Leprosy". Total of 37 students of MPH, DHPE and PGDCHC participated in the General knowledge quiz test.

12.11 World AIDS Day: celebrated on December 1st, 2023 by hosting a Health Promotion Exhibition in collaboration with the Maharashtra State Road Transport Corporation, Panvel Depot, and Adhar Parivartan Sanstha at the ST bus stand, aimed to raise awareness about HIV/AIDS prevention. A symposium was scheduled on December 5, 2023, to provide participants with insights into the genesis and evolution of the National AIDS Control Program through its various phases.

12.12 Symposium on 'UNiTE to End the Violence Against Women' was held on December 7th, 2023. It sensitized the audience on gender discrimination, violence against women and rehabilitation. The tenets of the POSH act were also discussed in depth in the symposium

12.13 International Disability Day was celebrated on December 14, 2023, at the Panvel Campus to promote the rights and well-being of persons with disabilities at all levels of society and to raise awareness of their situation in political, social, economic, and cultural life.

13. The Swachhata Mission 3.0 & Swachhata Hi Seva - Shramdaan- Swachhata Mission 3.0 was implemented at the NIPHTR from September to October 2023. The institute actively participated in two events during Swachhata Pakhwada – Swachhata Hi Seva (SHS) 2023, a community led cleanliness drive on 1st October, 2023.

In Dhakta Khanda Village under the Panvel Municipal Corporation, NIPHTR collaborated with local organizations, including Ratnadip Krida and Sanskritik Mandal, Vasundhara Foundation Panvel, and Nach Ga Ghuma group Panvel. Five groups conducted cleaning activities across various areas, such as school premises, railway tracks vicinity, Ganpati Temple surroundings, Main Road, village alleys, Cremation Center, village lake area, and gutters. Around 400 participants, including community leaders and team members, participated.

Arya Seva Mandal in Tulsiwadi, affiliated with the Brihanmumbai Municipal Corporation D Ward, Central (W) Mumbai, organized a successful event in collaboration with the NIPHTR Khetwadi campus team. Approximately 100 attendees joined the Swachhata Hi Seva event at this location.

14. Collaboration with Maharashtra National Law University (MNLU) on Public Health Law, Rights, and Policies.

15. Clinical Services: The Institute provides OPD services through its clinic at Khetwadi and Panvel Campus with an attached laboratory which provides basic investigations. (a) OPD Services at Khetwadi and Panvel Campus - (i) Mother & Child Health services: ANC, PNC, Family Planning services including IUD insertion, RTI/STI management, management of common childhood illness etc. MCH Clinic at Panvel campus. (ii) Counselling to patients and their family members on family welfare. (iii) Adolescent, Reproductive & Sexual Health services. (iv) Health talks in community on various aspects of antenatal & post-natal care, nutrition, personal hygiene, sanitation, and communicable and non-communicable diseases. (v) Laboratory services: Basic laboratory investigations as per primary health care are provided free of cost to community members at Khetwadi and Panvel. (b) Yellow Fever Vaccination Centre: NIPHTR, Mumbai is one of the four authorized Yellow Fever Vaccination Centres in Mumbai identified by MoHFW for yellow fever vaccination to facilitate international travellers visiting yellow fever endemic countries. In the current year more than 2500 travellers have been vaccinated till date on both campuses.

3.1.3 THE GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST (GIRH & FWT), TAMIL NADU

Central Training Institute- Central Unit (CTI) and Regional Health Teachers' Training Institute (RHETTI) conducted various long-term and short-term training programs, which are detailed below.

A. HEALTH AND FAMILY WELFARE TRAINING CENTRE (HFWTC):

During the period from April 2023 to March 2024, the HFWTC, Gandhigram successfully conducted 54 batches of training, covering 19 different types of training as per the Comprehensive Training Plan (2023-24) approved and sanctioned by the NHM-Tamil Nadu through the Office of the Director of Public Health and Preventive Medicine, Chennai. A total of 963 personnel were trained during this period, achieving 71% of the training load target.

Training Performance (Apr 2023 to Mar 2024)

Sl. No.	Name of the Training	No. of batches		Personnel		
		Planned	Conducted	Target Load	Actually trained	%
AS PER COMPREHENSIVE TRAINING PLAN (CTP)						
1	MCH Skill Lab Training to Medical Officer/Staff Nurse & Auxiliary Nurse Midwife	1	1	16	16	100
2	Basic Emergency Obstetrics & Newborn Care for Medical Officer	1	1	5	5	100
3	G-Integrated Management of Neonatal & Childhood Illness (IMNCI) Ref	1	1	24	22	92
4	Navjaat Shishu Suraksha Karyakram (NSSK) – Medical Officer Training	1	2	25	22	88
5	Reproductive Maternal Newborn Child plus Adolescent Health (RMNCH+A)	1	1	20	16	80
6	DAKSHTA Training to doctors from MCH/DH/SDH/CHC	2	2	32	24	75
7	Comprehensive abortion care (MTP) training to female MOs	8	7	40	27	70
8	Infant young child feeding (IYCF – MAA) Training	4	4	150	150	100
9	Managerial skill training to MOs	1	1	30	15	50
10	IRT – Pharmacist	6	6	180	147	82
11	Comprehensive training to Staff Nurses	8	8	240	169	70
12	Comprehensive training to Medical officers	6	2	180	36	20
13	Medical method of abortion training to Female MOs of GPHC	9	8	72	41	57
14	Integrated Refresher Training to female health functionaries	5	4	150	94	63
15	IUCD training to MOs	1	1	20	12	60
16	IUCD training to SNs	1	1	20	17	85
17	Community based vulnerable children care (CBVCC) workshop on finalization training modules for facility and community staff (Chennai)	1	1	60	60	100
18	cKMC– Quality improvement initiative workshop at facility level (Dindigul)	1	1	30	30	100
19	cKMC – Quality improvement initiative workshop at field level (Dindigul)	2	2	60	60	100
Total		60	54	1354	963	71

cKMC PROJECT – CBVCC WORKSHOP FACILITY & FIELD LEVEL



B. REGIONAL HEALTH TEACHERS' TRAINING INSTITUTE (RHTTI):

The 12th batch of Health visitor course [Promotion Training for ANM/ MPH (F)] with 14 trainees was conducted by the Directorate of Public Health & Preventive Medicine, Chennai during the year. Hands-on practical trainings were given in different settings such as Government Hospital and the village for the trainees and also the Trainees were posted for their clinical experience at Dindigul Government Medical College Hospital, Dindigul, for 12 days from 20.11.2023 to 02.12.2023, Concurrent Field Training (CFT) at Rajadhanikottai Village of Ammayanayakkanur Block PHC area from 05.02.2024 to 17.02.2024, Supervisory Field Training (SFT) at Kamala Nehru Urban Primary Health Centre, Dindigul Municipal Corporation, for a period of 6 days from 18.12.2023 to 23.12.2023, Supervisory Field Training (SFT) at Block PHC, Ammayanayakkanur for 6 days of 19.02.2024 to 24.02.2024.

Observation visit by Health Visitor course trainees: (i) The trainees have undergone the observation visit to Sewage Treatment Plant, Avaniyapuram, and the Regional Vaccine storage centre (Walk in Cooler), Viswanathapuram, Madurai on 05.03.2024 and (ii) The trainees also undergone the observation visit to Slow and RAPID sand water filtration plant at Periyakulam on 06.03.2024.

Short-term Training for Middle Level Health Care Provider- Sixteen (16) No of M.Sc.(Nursing) students and 286 No of DGNM, ANM, B.Sc.(N) Final year students trained on Community Health Nursing and 391 No of B.Sc.(Nursing) Final year

students are trained in Induction Training on Middle Level Health Care Providers (MLHP).



Participating Immunization Session at Mavuthampatti Village



Conducting Participatory Learning Method

- Also, the trainees conducted a school health program and Nutrition Exhibition at Rajadhanikottai Village.
- Trainees also participated in the National AIDS Day rally organized by ART & DTC, Dindigul, and attended a skill demonstration session at Govt. Medical College Hospital, Dindigul.

C. CENTRAL UNIT (Media & Management)

Training program:

Training on Communication and Education Technology (3days) was organized with 89 participants conducted from 13.02.23 to 15.02.23 and 14.9.23 to 16.9.23. Training on Communication and Education Technology (6 days) was organized with 97 participants from 10.07.23 to 15.07.23. A five-day workshop on Media production (5 days) was organised with 12 participants from 15.05.23 to 19.05.23. Three days workshop on Preparation of Audio-Visual aids was organized for 74 participants from 05.10.23 to 07.10.23. IEC materials preparation included the one on "Beti Batchao Beti Padhao" scheme for the Social Welfare Department, Dindigul District. Training on Public Health Management was conducted with 225 participants in six batches. Conducted one batch of Short-term course on Public Health Management with HFWTC for 43 Students from 29-1-24 to 2-2-24 from Sri Venkateswara Institute of Medical Sciences, Kazhuthur, Cuddalore. Co-ordinated training of two batches of Communication and Education Technology (CET) from 4-6 Jan 2024 and 8-10 Jan and 24 with 50 students from Nehru College of Nursing, Valliyur. Co-ordinated Demography training for Health & FW official for Govt. of Karnataka from 31.1.24 to 2.2.24 with 20 participants.



Others activities:

- Coordinated state-level Quality Improvement Initiative workshop held at ICH, Egmore on 21.3.24 and facility-level QI Initiative workshop held at Govt. Dindigul Medical College on 23.3.24 related to the Community Kangaroo Mother Care project funded by NHM, Govt. of Tamil Nadu, and Chennai.
- Conducted Health Needs Assessment in

Perumpakkam and Kannaginagar in Chennai for EKAM Foundation supported by HCL Foundation, Chennai and finalization of findings report is under process.

- Attended meeting with Dr. Sabesten, Umea University, Sweden and presented the CU activities on 12.2.24 held at our Institute.
- Attended CKMC conference held in Ahmedabad from 29.11.23 to 5.12.2023 and made a Poster presentation on prevalence and predictors of LBWs in Dindigul and Tamil Nadu.

D. DEPARTMENT OF HEALTH PROMOTION AND EDUCATION:

The Post Graduate Diploma in Health Promotion and Education Course (PGDHPE), affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai, commenced in the year 1964 is a one-year professional, regular and residential course with an intake of 30 students per batch for academic year. 13 students from different States of India from Odisha, Telangana, Andhra Pradesh, Sikkim and Tamil Nadu have successfully completed the course during the year. The 60th batch for the academic year 2023-24 commenced with 17 students from different States/UTs of India.

Special Programs:

- (i) Swachhata Pakhwada – Swacchhata Hi Seva (SHS): The Institute organized a massive cleanliness drive led by staff, Students and the Public as part of Swachhata Pakhwada – Swacchhata Hi Seva (SHS) 2023.
- (ii) Vigilance Awareness Week 2023: As a part of Vigilance Awareness Week our staff and trainees undertook pledge and a three-month campaign (August 16, 2023- November 15, 2023) with the following Preventive Vigilance measures as focus areas: Awareness building about Public Interest Disclosure and Protection of Informers (PIDPI) Resolution.
- (iii) International Yoga Day was celebrated on 21st June 2023 at the institute's auditorium hall and witnessed the presence of staff, students, and esteemed chief guest, Mr. B.K Selvaraj alias B.K Selvam, registered medical practitioner, and his team members.

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3.2 CENTRAL MEDICAL INSTITUTIONS AND AIIMS

3.2.1 AIIMS, New Delhi

1. Introduction

All India Institute of Medical Sciences (AIIMS), New Delhi, established in 1956 by an Act of Parliament is an Institution of National Importance and a Centre of Excellence. AIIMS has discharged its role as patient care provider, research institute and teaching institution with considerable accolades over the past 6 decades. AIIMS has always maintained the high standards of meritocracy and learning.

AIIMS has been empowered to grant medical, dental and nursing degrees/diplomas and other academic distinctions and titles under the AIIMS Act, 1956. AIIMS offers education to the students in various undergraduate and postgraduate courses. The undergraduate courses include MBBS, B.Sc. (Hons.), Medical Technology in Radiography and Ophthalmic Techniques, B.Sc Nursing (Post certificate) and B.Sc. (Hons) Nursing. Post Graduates courses include PhD, DM, M.Ch., MD, and M.Sc. courses in different disciplines.

2. Patient Care

During the period from 01.01.2023 to 31.03.2024 about 5.15 lakh patients visited OPDs, 3,39,245 surgeries were performed and 3,99,005 patients admitted in AIIMS, New Delhi. Details are given in the Table 'A' below:-

Hospital/Centre	Outpatients (including casualty)	Admission	Surgery (Operations/ procedures)	Beds		
				General	Private	Total
Main Hospital@	26,65,204	1,70,125	1,71,960	1472	195	1667
Dr RP Centre	8, 01, 530	65, 517	62,763	288	22	310
Dr BRAIRCH ^	2,36, 312	60, 473	12, 046	174	15	189
Cardiothoracic Centre	3,77,917	25,628	8,030	400	64	464
Neurosciences Centre						
NDDTC*	4, 29, 863	1,695	--	50	--	50
CCM†	4, 93, 583	13,435	1,801	48	--	48
JPNATC †	87,918	9,993	10,375	232	22	254
CDER	3,07,475	1,358	34,397	20	--	20
NCI, Jhajjar+	1,16,026	50, 781	37, 873	710	--	710
Total	55,15,828	3,99,005	3,39,245	3,394	318	3,712

@ (Main hospital includes Surgical B&PS, MCH & NCA Blocks

^7 day care beds increase w.e.f. 22.09.2023

* inclusive of Trilokpuri, Sunder Nagri & Kotla Mubarakpur

†inclusive of PHC Dayalpur, Chhainsa and SDH Ballabgarh, due to demolition & construction of SDH New Ward, bed strength at CRHSP Ballabgarh is curtailed to 24 from 50. + 387 Operationalized Beds, remaining beds are being Operationalized in phases with commensurate staff sanction in phases. † include 60 ICU beds.

3. Medical Research

The Institute has comprehensive state of art facilities for teaching, research and patient care. Research is a very important component of the trinity of this institute. The Institute has always maintained a very competitive research environment. As mandated, the faculty, scientists and students of this Institute have been initiating to conduct basic science, clinical and public health research. The Research Section is the Nodal facilitator and the mandate of the Research Section is to support and strengthen research in the Institute.

4. Extramural Projects

The total fund of Rs. 2,68,61,23,613 was received for 1,272 projects from several agencies viz., ICMR, DST, DBT, DHR, S ERB, Non-Government/Indian Funding Agencies (pvt.), Ministry etc.

5. Intramural Projects

Various new schemes of Intramural Research Grants viz intramural funding scheme for conducting Nursing Research Projects for Nursing Faculty and a new scheme Undergraduate Mentorship Research Skills for students at AIIMS has also been initiated. A new research initiative has also been introduced by the Research Section to foster research temperament amongst medical/dental post graduates and MD/MS/MDS/DM/MCH residents for accomplishing the research objectives in their thesis. Besides, impetus to infrastructure and capacity building exercise was provided through internalisation facilities of Centralised Core Research Facilities (CCRF), Clinical Research Unit (CRU) and Centre for Medical Innovation & Entrepreneurship (CMIE)/BioNEST.

In this regard, total 406 projects were approved under various schemes during the period of 01.01.2023 to 31.03.2024 and total grant received for the projects is Rs. 23,43,10,440/-

6. Budget

A Budgetary Support of Rs. 5420.51 crore under Grant-in-Aid was provided by the Government during 01.01.2023 to 31.03.2024. The major-heads of expenditure include creation of Capital Assets, Salary, General and HEFA loan expenses.

3.2.2 Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh

The Postgraduate Institute of Medical Education and Research, Chandigarh was declared as an Institute of "National Importance" and became an Autonomous Body by an Act of Parliament (Act 51 of 1966), on 1st April, 1967. The Institute is fully funded by the Union Ministry of Health and Family Welfare. The main objectives of the Institute are:-

- To develop patterns of teaching of undergraduate and postgraduate medical education in all its branches so as to demonstrate a high standard of medical education.
- To bring together, as far as may be, in one place educational facilities of the highest order for training of personnel in important branches of health activity; and
- To attain self-sufficiency in postgraduate medical education to meet the country's need for specialists and medical teachers.

Hospital Services

The patient care services in PGIMER have expanded from Nehru Hospital to a number of independent Centres like New OPD Block, Advanced Pediatric Centre, New Emergency Block, Advanced Eye Centre, Drug De-addiction Centre, Advanced Cardiac Centre and Advanced Trauma Centre.

The total bed strength of the PGIMER is 2,233 beds. The number of patients who attended the outpatients' departments and those admitted for treatment during this year is as under:

Patients Attendance (including Emergency)	Year 2023-24 (1 st April 2023 to 24)
Outdoor	27,12,638
Indoor Admissions	1,01,138

The number of minor and major surgeries during this year is as under:

Surgeries	Year 2023-24 (1 st April 2023 to 31 st March, 2024)
Minor	37,678
Major	52,354

Emergency and critical patients were attended to round-the-clock.

Emergency Services

The Emergency Complex and Advanced Trauma Centre provide all medical and surgical emergency services including investigations and operations under one roof.

The details of patients visited, admissions done and surgeries performed during the period are given as under:

Services	Year 2023-24 (1st April, 2023 to 31st March, 2024)
OPD	1,08,509
Admission	47,301
Major Surgeries	18,652
Minor Surgeries	2,184

Academic Activities

PGI has been empowered to grant medical, dental and nursing degrees, diplomas and other academic distinctions and titles under the PGIMER, Chandigarh Act, 1966. The number to pass out candidates of various degree courses 01.04.2023 to 31.03.2024, as under:-

49 Ph.D degrees, 226 MD degrees, 107 MS degrees, 80 DM degrees, 18 M.Ch degrees, 26 M.Sc/M.Sc Medical Lab. Technology degrees, 07 Master of Public Health degree, 18 Fellowship PGI, 08 MDS degree, 147 B.Sc. Nursing (4 year/Post Basic) degree, 27 M.Sc.Nursing degree, 25 Paramedical degree

Information Technology Initiatives/ Activities

- Purchasing & upgrading all hardware of Main Data Centre with state of art technology under the supervision of hardware purchase committee.
- The eOffice instance of PGIMER has also been integrated with MoHFW & communication with MoHFW can be done in digital mode now.
- Computer Section has procured WebEx, a web conferencing and videoconferencing application. Computer section is hosting online meetings, interviews, workshops, examinations as per requirement of departments/sections of the Institute.

- A new website of the Institute was launched on 20th October 2022. The Web Portal of the Institute has been revamped and the public interface of the Web Portal has considerably been improved.

Interface of the web portal is improved for the convenience of users, students, faculty members and others. Now information is categorised w.r.t patients, student and faculty members and all information related to patients i.e. OPD schedule, Doctor details.

- The Computer Section has a state of the art computer lab with a sitting capacity of 40 persons and was set up by Computer Section. Training lab is being used for training in service employees and faculty of the institute as an IT savvy workforce is required for successful implementation of the Computerization Project. The staff members (doctors, nurses, technicians, and administrative staff) are being given basic awareness in Phase-I.

- Information technology has been introduced as a compulsory subject in undergraduate and postgraduate courses of PGIMER and NINE. Around 350 students of B.Sc. Nursing, B.Sc. Medical technology and MD/MS/MCh/DM courses are given compulsory training every year by the Computer Section. The Computer Section staff is conducting theory as well as practical examination of the course of B.Sc students.

- Queue Management has recently been introduced in Advanced Eye Centre (AEC). The patient load is now being handled efficiently. Long queues have been replaced with only those patients who have been issued tokens. The patients can now avail hospital services without standing in long queues.

- MERC is software developed for management of Information related to the research project funded by the Institute. Total administration workflow of the Medical Education & Research Cell has been automated through this software. Previously Research Grant Cell flow has already been computerised now, both RGC and MERC which are under Dean Research, PGIMER has been integrated.

- Dedicated server has been deployed with REDCap web application hosted on it. REDCap is an application specifically geared to support online and offline data capture for research studies and operations. REDCap has been configured to gather and analyse data to complement the research work in the Institute.

Ongoing projects of the Institute:

- Satellite Centre of PGIMER at Sangrur (Punjab)
- 300 Bedded Neuroscience Centre at PGIMER, Chandigarh
- 300 Bedded Mother & Child Centre at PGIMER, Chandigarh
- 300 Bedded Satellite Centre of PGIMER at Una, Himachal Pradesh
- 100 Bedded PGIMER Satellite Centre at Ferozepur (Punjab)
- 150 Bedded Critical Care Block

3.2.3 JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH (JIPMER), PUDUCHERRY

JIPMER traces its origin to the 'Ecole de Medicine de Pondicherry', which was established by the French Government in Puducherry in the 19th century. In 1956, the Government of India decided to replace this with a new medical college, and a new hospital was constructed and was inaugurated in 1964. JIPMER was initially a part of the Directorate General of Health Services under the Ministry of Health, Government of India. In 2008, with the passage of the JIPMER Act, it acquired the status of an autonomous body under the Ministry of Health and Family Welfare, Government of India, and was also declared as an Institution of National Importance.

JIPMER is charged with the responsibility of providing teaching facilities and patient care services of the highest order and of undertaking high-quality research in the field of healthcare. Its main campus is located in Puducherry, and is spread over 192 acres. A second campus, located nearly 150 Km south of the main campus, at Karaikal, a part of the Union Territory of Puducherry, has been functioning since 2016.

JIPMER is one of the few public-sector institutions in the country that provide teaching at undergraduate, post-graduate and superspeciality levels, conducts high quality research and provides specialty care of the highest order in nearly all specialties and subspecialties of medicine.

Overview of Institute Activities 2023:

Academic Activities:

For the year 2023, in the National Institute Ranking

Framework (NIRF) rankings in the medical category, Jawaharlal Institute of Postgraduate Medical Graduate and Research (JIPMER), has obtained the 5th rank.

The Standing Academic Committee has given approval for the starting 6 new courses namely MCh Gynecological Oncology, PDF Interventional Cardiology, PDF Head and Neck Radiation Oncology, PDF Pelvic Radiation oncology, PDF Fetal Medicine, and PDF Pediatric Nephrology. A total of around 40 seats in various DM/MCh/PDF courses in various super-specialty departments have been increased. The BSc Nursing and MSc nursing curricula have been revised and will be implemented from this academic year. An elective posting for MBBS interns in rural centres (as a part of their PSM posting) outside JIPMER has been approved and will be implemented from the next batch of Interns. Examination wing of the academic section has implemented e-scanning of answer sheets and onscreen digital evaluation for internal examination.

In Karaikal campus, a new Girls hostel facility has been inaugurated. The new Academic building is complete and will be opened in a few months. Approval of construction of a dedicated hospital block has been obtained and the work will commence shortly.

In the year 2023, a total of 230 students were admitted both for Puducherry and Karaikal campus in the month of July 2023. Postgraduate admission to MD/MS/MDS/MCh (6 year Integrated course) were admitted through INICET in January and July 2023 session. DM/MCh – Admissions were done through INI-SS examinations in the January 2023 session. BSc Nursing admissions were completed in the month of October.

Research Activities:

A total of 1062 scientific publications were brought out by the faculty during the year 2023. Currently, there are around 150 on-going extramural funded projects with a total sanctioned amount of 60 crores. Total extramural grants received during the Financial year 2023-24 is around INR 18 crores. The institute has sanctioned an intramural grant of about 2.1 crores to junior researchers in the year 2023. Nine workshops were conducted by division of research in the year 2023. A total of 10 workshops were conducted by division of research in the year 2023.

The 8th Annual JIPMER Research Day was conducted from 09.03.2023 to 11.03.2023. This edition of Research day marked several innovations to improve the quality and participation by residents and students. Second JIPMER Advanced Course in Research Methodology (JACRM) was jointly organised by the Department of Medical Education and Research Division. Around 20 faculty have registered for this course which was launched in August 2023.

Patient Care Activities:

Services Provided:

The Hospital Office is responsible for the general administration of the Hospital and Ancillary Units. The Medical Superintendent is the overall in-charge of Hospital and Ancillary Units. All the activities related to the public/patients are managed by this office under the guidance of the Medical Superintendent, Additional Medical Superintendent.

JIPMER has been in the forefront in providing comprehensive health care services to the population of Pondicherry and adjoining north Tamil Nadu districts. The growing attendance of the patients in the OPDs clearly indicates how much the general populace utilise the services of the JIPMER hospital.

Programmes Conducted in JIPMER

Sewa Pakhwada 2023

JIPMER sanitary unit was organised Sewa Pakhwada 2023 from 17.09.2023 to 02.10.2023 under the Ayushman Bhava Programme. During this period several special cleaning activities were carried out in and around the hospital blocks and residential areas.

Swachhata Hi Seva 2023

As a part of 'Swachhata Hi Seva 2023' campaign, the Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) organised a cleanliness drive in Puducherry. The drive at Puducherry took place on Sunday, October 1st, 2023 from 10.00 AM, with participation of around 500 doctors, students, and JIPMER staff in collaboration with the public to clean an approximately 1000 metre stretch each at Rock Beach, Bharathi Park, Puducherry.

Projects:

Advanced Linear Accelerator Equipment for Cancer Treatment

Hon'ble President Droupadi Murmu inaugurated and dedicated the Advanced Linear Accelerator equipment to the nation on 7th August, 2023 (Monday) for treating cancer patients at Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER). The equipment set up at a cost of ₹ 17.01 crore could deliver radiotherapy sessions to around 80 to 100 cancer patients every day.

Projects Inaugurated:

1. Hon'ble Prime Minister Shri. Narendra Modi inaugurated JIPMER Medical College Building, Hostels and Residential Complex at JIPMER Karaikal on 24.02.2024 through virtual mode.
2. Hon'ble Prime Minister Shri. Narendra Modi inaugurated JIPMER Multi-specialty Consulting Unit at JIPMER Yanam on 24.02.2024 through virtual mode.
3. Hon'ble Lt. Governor Dr. Tamilisai Soundararajan inaugurated Pradhan Mantri Bhartiya Jan Aushadhi Kendra outlets in the campus on 12.02.2024.

Ongoing Projects:-

1. Establishment of Animal House at JIPMER, Puducherry
2. Modernization and Upgradation of regional Cancer Centre, JIPMER, Puducherry
3. Construction of 400 bedded boy's hostel building
4. Setting up of a 476 bedded JIPMER Karaikal Hospital
5. Setting up of Institute of Trauma care and Rehabilitation at JIPMER Puducherry
6. Outsourcing contract for CCTV and Integrated Security Surveillance
7. The replacement of an old 2 slide CT machine in EMS Block with a 128 slice CT machine using CSR Funds from Power Grid Corporation of India (PGCI).
8. Construction 150 bedded Critical Care Hospital Block

3.2.4 VARDHMAN MAHAVIR MEDICAL COLLEGE (MVMMC) & SAFDARJUNG HOSPITAL, NEW DELHI

Introduction

Safdarjung Hospital was founded during the Second World War in 1942 as a base hospital for the allied forces. It was taken over by the Government of India. Ministry of Health in 1954. Until the inception of All India Institute of Medical Science in 1956, Safdarjung Hospital was the only tertiary care hospital in South Delhi. Based on the needs and developments in medical care the hospital has been regularly upgrading its facilities from diagnostic and therapeutic angles in all the specialties. The hospital when started in 1942 had only 204 beds.

Safdarjung Hospital is a Central Government Hospital under the Ministry of Health & Family Welfare and receives its budget from the Ministry. Safdarjung Hospital has a Medical College associated with it named Vardhman Mahavir Medical College established in November 2001 and a Sports Injury Centre (SIC) was inaugurated on 26th September 2010.

The hospital has been upgraded under Redevelopment Work (Phase-I). It comprises Super Specialty Block (with 430+125 beds), state of art private block (206+22 ICU beds), Emergency Block (500 beds). Both the blocks are now functional. The bed Strength of SJH has now increased to 2873 beds.

There is a 24 hour laboratory facility besides round the clock ECG, Ultrasound, X-ray & CT Scan services. The hospital also provides the services for cardiac catheterisation, lithotripsy, sleep studies, endoscopies, arthroscopies, video EEG, spiral CT, MRI, colour Doppler, mammography and BAC T ALERT microbiology rapid diagnostic system. The hospital has added a new cobalt radiotherapy unit for the department of Radiotherapy.

Point No. 2. The major achievements of the hospital in brief are as under:

I. Accomplishments:

- Ist IVF baby delivered in Jan' 23.,
- First Heart Transplant done on 3rd May '23,
- first time treatment of cancer with cold gas on 09.06.23

II. Patient Related services :

- Online Registration system started in OPD, SSB and additional counter at skin, paediatric etc
- Toll free No. 1800114770 started for NOTTO
- Mera Aspatal
- Facilities for Divyanjan like Ramp, Separate Toilets, Counter at OPD provided
- Water ATM introduced for patients

III. Infrastructure :

- Expansion of Sports Injury Centre completed and shall be operational soon
- Construction of Dwarka Project has been started.
- Project for Construction of Lecture Theater and Auditorium in VMMC and Boys Hostel Building at West Kidwai Nagar, New Delhi has been approved.

IV. New Initiatives:

- SJH became the first Central Govt. Hospital to inaugurate a State of Art Hemodialysis unit equipped with online Hemodiafiltration Machines.
- 1st Bone Marrow Transplant started in August 2023.
- MoU signed between All India Institute of Ayurveda (AIIA) New Delhi and VMMC & Safdarjung Hospital New Delhi, regarding Establishing of Integrated Medicine Department at NEB, VMMC & Safdarjung Hospital.
- Mother-Newborn Intensive Care Unit for outborn babies inaugurated on 05.08.2023
- Next generation Sequencing facility inaugurated on 06.07.2023
- Inauguration of Skin Bank in June 2023.

V. Cadre Review: Ist Cadre Review of Administrative staff finalised in April 2022 & Physiotherapist cadre finalised in October 2023 since inception of the hospital.

VI. Creation of Posts on regular basis: 933 posts for Faculty, Nursing, Tenure, Technical, Paramedical, Administrative have been created on regular basis during 2023-24.

Point No. 3. To Provide the material for Annual Report 2023-24 reflecting actual data from 1st January to 31st December 2023.

a. Status of Admission/Operations: -

Total number of In-patients (admitted) and operations conducted in this hospital in January 2023 to March 2024: -

Admission January to March 2024	Admission January to March 2024	Admission January to March 2024-	Admission January to March 2024
227269	58123	20263	78386

b. Statistics (X-Ray Examinations)

Year	No. of X ray Examinations
Admission January to March 2024-	753829

Point No. 3 (a). The Details of projections/ estimates for the period January to March, 2024.

Reply:- NIL

d). The data on percentage employment of Persons with Disabilities (PwDs) for inclusion in the Annual Report 2023-24.

S.No.	Name of the Post	Group	Mode of Recruitment	Number of Posts
1	Sr. Physiotherapist	Group B	Promotion	1
2	Medical Physicist	Group A Non-Medical	Direct	01
3	Pharmacist	C	Direct	2
4	Assistant	B-NZ	Promotion	1
5	Medical Lab Technologist	B- NZ	Direct	46
6	Optometrist	B-NZ	Direct	1
7	Medical Photographer	Group C	Direct	1
8	O.T Assistant	Group C	Direct	11
9	Junior Medical Laboratory Technologist	Group C	Direct	3
10	House keeper	Group C	Direct	1

c. Statistics Deliveries in Department of Obs & Gynae :-

Year	Number of deliveries
Admission January to March 2024-	28431

d. OPD Attendance: -

Year	Number of OPD Patients
Admission January to March 2024-	3726410

e. Sports Injury Center:- Patients attendance/ surgeries

S. No.	Year	OPD	Physiotherapy OPD	IPD	O.T
1	Admission January to March 2024-	133692	81872	5162	5898

Reply:- “This hospital is maintaining a reservation roster for PwBD as per the DoPT guidelines 4% of the total number of vacancies are reserved for PwBD in Group A, B,C Direct/promotion roster”. This office has reported the following PwBD Vacancies for advertisement.

3.2.5 DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

Introduction

- Dr. Ram Manohar Lohia Hospital, formerly Willingdon Hospital, was established by the British for their staff and had only 54 beds.
- The hospital has grown over the years and is currently having about 1532 beds, spread over in 30 acres of land.

Hospital Services:

- This Hospital caters to the population of New Delhi and Central District, apart from patients from other areas and even from outside Delhi.
- It is having 94 beds in a Nursing Home for the C.G.H.S beneficiaries, including Maternity Nursing Home.
- This hospital has round the clock emergency services in Medicine, Surgery, Orthopedics and Pediatrics.
- The facilities in other specialties are also available on call basis.
- All supportive services like laboratory, X Ray, CT-Scan, Ultrasound, Blood Bank and Ambulances are available round the clock.
- The number of patients who attended the outpatients' departments and those admitted for treatment during this year is as under:

Patients Attendance (including Emergency)	Year 2023-24 (01st Jan. 2023 to 31st March 2024)
Outdoor	2358419
Indoor Admissions	118048

- The number of minor and major surgeries during this year is as under:

Surgeries	Year 2023-24 (01st Jan. 2023 to 31st March 2024)
Major	21094
Minor	68733

New Initiatives:

- Creation of separate Emergency Medicine Department in the year 2023.
- Dte.GHS has given NOC to start DNB

Emergency Medicine Course in ABVIMS & Dr. RML Hospital.

- Transgender OPD; A dedicated OPD (every Friday) has been started for the benefit of transgender community. The initiative is first of its kind anywhere in India. The OPD has proved to be popular as evidenced by a number of patients visiting to the OPD regularly.
- Hematology clinic has been started and runs on every Tuesday in Medicine Department.
- Community outreach program: The institution is also committed towards preventive health care and has organized various community out-reach program on kidney disease, Diabetes, head injury, burn Injury and infection control.
- The hospital has kept pace with the changing health care scenario of the city as well as the national health policy. Special services have been started for patients affected by air pollution and Heat Stroke.
- IMPECTUS project to improve stroke outcomes is running.
- The hospital played a key role in providing health care back up during the G-20 conclave held in New Delhi last year.

Major Celebrations:

- Dietetics Day Celebration (10th January 2023)
- Rashtriya Poshan Maah Celebration (Theme: Malnutrition Free India)
- Annual Paediatric Surgery Day Celebration
- Organized World Plastic Surgery Day and Plastic Surgery awareness programme.

Infrastructure development:

Atal Bihari Vajpayee Institute of Medical Sciences and Dr. RML Hospital Is on a fast track of redevelopment. Various infrastructure projects are underway and some has been completed.

Doctor's Hostel Block:

- The construction of New Hostel block has been completed and named as "Dhanwantary Chhatrawas".
- The Hostel is centrally air-conditioned and has 824 rooms. It is another landmark in the campus and is boon for the Resident doctors and Medical Students curtailing the shortage of accommodation.

Super Specialty Block:

- The upcoming super-specialty block which is going to be commissioned this year, will not only

add 600 beds and 17 OT, but also will have the provision for starting new departments like oncology, GI surgery, nuclear medicine and radiotherapy.

- The block will house linear accelerator for radiotherapy and PET scan also. The commissioning of the block will greatly enhance the services provided by the hospital but also reduce waiting time for operations and procedures.

Medical College:

- Hon'ble Prime Minister Shri Narendra Modi has laid the Foundation stone of New Medical College building in Dr. RML Hospital. An amount of Rs. 472.96 Crores has been sanctioned by Central Government for completion is this Project.
- A land measuring 8.89 Acre has been allotted to Dr. RML Hospital to augment the Hospital Infrastructure and Residential facility for the Hospital staff.

Departmental Achievements:

- The OPD and IPD CT Scan are being done on State of Art Dual Source CT Scan to reduce the waiting period for dates to less than a week.
- 2-3 Advanced Pediatric Cardiac CT Scan and 3-5 Adult coronary CT scan are being done every day.
- Next Gen Sequencing machine added to the Micro lab for sequencing of samples.
- Human Pappiloma virus genotyping-molecular test to identify high to low risk HPV genotype.
- Respiratory Virus Panel- Molecular test for identification of respiratory virus pathogens
- Encephalitis and STD panel molecular test
- Extra OT in ECS started to cater ever increasing patient load and to decrease operative waiting list.
- RIRS Procedure for stone diseases has been started in Department of Urology.
- Started Autoimmune Clinic every Thursday at 2:00 pm.
- Started giving GON block in chronic Migraine
- Integrated Newborn Care Centre inaugurated on September 5, 2023.
- Separate well baby clinic and High-risk baby clinic rooms in OPD.

- Cyber Hub in Neonatal OPD.

Accreditation by NABH:

- The hospital in line with its commitment towards safety and quality has been granted entry level certification of NABH and is taking steps for full accreditation.

Award and Recognition:

- The hospital was awarded the 2nd prize in Kaya Kalp 2024.
- The Hospital has been awarded 1st prize in Swachata Sarvekshan 2024.

IT Achievements:

- Successfully upgraded the E-office to latest version. This institute is fast approaching towards its goal for paperless office and hospital work.
- Successfully implemented biometric attendance system for all staff including outsourced workers.

Funded Projects:

- ICMR funded projects are running in this Hospital in various Departments like Neurology, Nephrology, Paediatric Surgery, Burn & Plastic etc.

3.2.6 LADY HARDING MEDICAL COLLEGE & ASSOCIATED HOSPITALS NEW DELHI

Introduction

The 107 years old Lady Hardinge Medical College is a pioneering institute for medical education especially for girl aspirants at under graduate level and for both male and female students at post graduate and above levels.

LHMC has following establishments:

1. Lady Hardinge Medical College– Academic Wing for MBBS, MD/MS/DM/MCh courses
2. Smt. Sucheta Kriplani Hospital – Hospital for adults
3. Kalawati Saran Children's Hospital– Hospital children
4. Nursing College – For B.Sc. Nursing course

1. LADY HARDING MEDICAL COLLEGE – Academic Wing

- LHMC admits students for undergraduate and postgraduate medical courses annually as detailed below.

Courses	No. of admissions in 2023
MBBS	240
MD / MS	177
DM / MCh	08

- **New Courses** - Application for new courses NBE Fellowship in Maternal and Foetal Medicine in Department of Obstetrics and Gynecology and DNB in Accident and Emergency Medicine were submitted. The fellowship course has been permitted.

- NMC inspection which was pending since last 15 years was done in LHMC.

2. SMT. SUCHETA KRIPLANI HOSPITAL

Smt. Sucheta Kriplani Hospital is a tertiary care hospital providing clinical, laboratory, radiological and rehabilitation services to adult patients.

- **The patient load for the year 2023 is given below:**

OPD attendance	821385
IPD admissions	41874
Radiology investigations X-ray	145511
Special investigation + HSG	745
Ultrasound	58716
Doppler	2938
CT Scan	7190
MRI	3742
Operations	
Major	2391
Minor	350

- **New Initiatives**

- » Screening OPD started in OPD block to screen the newly registered patients to decrease the load in departments where patient footfall is very high.

- » Physical Medicine & Rehabilitation OPD for adult patients was started in SSKH.

- » Provision was made for no surface parking around newly-build blocks in view of fire safety and for smooth access to A&E, and for underground parking.

- » Dedicated Disaster ward of 30 Beds was added.

- » Applied for DNB course in Department of Accident & Emergency to be started in 2024.

- » Twelve beds are dedicated to Thalassemia patients to prevent cross infection in these patients.

- **Major Achievements**

- » Comprehensive Redevelopment Plan phase -1 of Rs. 703 crore has been accomplished.

- » New IPD block and Accident & Emergency block are functioning well.

- » Additional beds were allocated to the department of Medicine, Surgery, Orthopedic and Accident & Emergency in Newly constructed IPD and A&E block. This added more than 600 beds in already existing bed strength of the Smt. Sucheta Kriplani Hospital.

- » Central lab is made functional in the New IPD block. Most of the lab reports are available on phone of the patients through Integrated Lab System. Soon we will achieve 100% lab reporting directly on mobile phone of the patient.

- » Radiology department is made functional in new IPD/A&E block with addition of New 1000 mA digital X-ray Machine. New MRI machine is under installation and will be functional soon. Now 24x7 radio-diagnosis facilities of X-Ray, USG, CT Scan and MRI are available in New IPD/A&E block.

- » NABL Accreditation of HIV Laboratories has been achieved.

- » Installation of New MGPS plant with 10 KL Plus 20 KL LMO TANK able to supply oxygen to patients on approximately 1000 beds in New IPD and A&E block.

- » Accident and Emergency Department was created separately, with 08 beds of triage, 50 beds of observation, 30 beds for disaster and 06 dedicated ICU Beds (Total 94 beds).

- » Water shortage met with the two new 6 inches' pipeline for new hospital buildings

- » Brachytherapy unit under department of Oncology was procured and presently it is under installation.

- » Installation of ICU set-up in Bharat Mandapam in Pragati Maidan for G-20 Summit was done.

- » FNB (Maternal and Fetal Medicine) in Obstetric & Gynecology Department, 02 seats was permitted.

- **Recruitment**

- » Regular posts – 176

- » Tenure posts - 773

3. KALAWATI SARAN CHILDREN'S HOSPITAL (KSCH)

Kalawati Saran Children's Hospital is the oldest premier Institute of our country serving to the need of poorest section of our society. It was established under the leadership of the then Minister of Health and Family Welfare - Ms. Raj Kumari Amrit Kaur in 1956. Financial support for building, machinery and equipment was offered by Mr. Raghubir Saran whose wife's name (Mrs. Kalawati Saran) was given to this hospital. Currently the annual intake of MD Paediatrics is 27 seats recognized by NMC.

- The patient load for the year 2023 is given below:

Bed strength	403
OPD attendance	219605
Casualty attendance	72830
IPD admissions	31369
Bed occupancy	108.98%
Neonatal & Nursery care	2548 (1444 admission + 1104 transfer admission)
Laboratory investigations Pathology	1822508
Biochemistry	3057812
Microbiology	63108
Radiology investigations X-ray	43890
Ultrasound	8395
Doppler	290
Operations Major	1844
Minor	3435
Immunization	71199
ECG	1173
EEG	2085
BERA	1132
NCV	296
Hemodialysis sessions	1165

• New Initiatives

Implemented UWIN portal at Child Health Promotion Centre of Department of Pediatrics, Kalawati Saran Children Hospital, a Govt. of India project, in association with District Immunization Officer, New Delhi district

• Major Achievements

- » Department of Pediatrics has Centres of Excellence for (i) Pediatric HIV, (ii) Pediatric Tuberculosis, (iii) Pediatric Cancer and (iv) Severe Acute Malnutrition (SAM) Management.
- » Collaboration with MOHFW for important National Programs in the current year:
- » Launch of Pediatric Drug Resistant TB guidelines for National TB Eradicating Program (NTEP)
- » Launch of National Orientation of Master Trainers' on Integrated Management of Neonatal & Childhood Illness (IMNCI)
- » Pediatric Nephrology ICU was made fully functional in 2023.
- » Participating in a multi country WHO project on "Possible Serious Bacterial Infection in young infants".
- » Centre for Adolescent Health published a book "Short Textbook on Adolescent Health" on CBME MBBS Curriculum.

Medical Laboratory Technologist	09
Nursing Officer	14

• Training Support to States by NCOE-SAM

Four days training on Integrated Management of Severe Acute Malnutrition in Assam in February 2023.

Training on Under Six Months Infants with Early Growth Failure in Jharkhand in March 2023.

Four days State level TOT on Facility Based Management of Severe Acute Malnutrition in Gujarat in July 2023.

Three days FSAM training in Raipur Chhattisgarh in November 2023.

Four days training on Facility Based Management of Severe Acute Malnutrition in Punjab in December 2023.

4. NURSING COLLEGE

- Nursing College admits students for B.Sc. Nursing courses. The details of faculty and students' intake in 2023 is given below:

Number of faculty	14
Number of students admitted in 2023	70
Number of students completed in 2023	56
Number of students having distinctions	
1st year Semester I/II	01
2nd year Semester III/IV	04
3rd year Semester V/VI	07
Interns Semester VII/VIII	12

5 IT ACHIEVEMENTS

- E- Office was implemented in year 2022 and till date we have created total 6379 e-files and 42129 e-receipt till date. Total 231 of new e-office IDs has been created till date.
- 198 employees have been on boarded through e-HRMS till date.
- Total 412 Gov/NIC mail has been created till date.
- Most of the lab reports are available on phone of the patients through Integrated Lab System. Soon we will achieve 100% lab reporting directly on mobile phone of the patient.

6 COMPREHENSIVE RE-DEVELOPMENT PLAN (CRP) OF LHMC

The OPD and IPD block of the new building has been handed over to the departments and both the blocks are now functional.

Proposed New Building for KSCH and Hostels: DIB note for the construction of new building for Kalawati Saran Children's Hospital, undergraduate hostel and postgraduate hostel was sent to the MOHFW for approval. The capacity of KSCH will be increased to 800 plus beds from the existing 403 beds. The capacity of UG hostel and PG hostel will also be increased so that accommodation can be provided in campus.

7 Horticulture

LHMC began providing through CPWD Horticulture Wing-

Necessary floral and ornamental plants for various academic and celebratory activities conducted in different departments and auditorium.

Maintained the stock of plants while considering the need and helped in upkeep of permanent plants in the campus.

8 LHMC in Social Media

Number of appearances on Twitter

Month	No. of Tweets
January 2023	03
February 2023	09
March 2023	09
April 2023	17
May 2023	11
June 2023	20
July 2023	09
August 2023	15
September 2023	12
October 2023	12
November 2023	08
December 2023	15
Total	140

Collage of social media activities



3.2.7 NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO- SCIENCES, BENGALURU, (NIMHANS)

An enduring vision, an indomitable spirit and an industrious multi-disciplinary team, these possibly best exemplify the character of the National Institute of Mental Health and Neuro Sciences or NIMHANS.

From the lunatic asylum in the nineteenth century to the Mysore Government Mental Hospital in 1936, the All India Institute of Mental Health in 1954 and NIMHANS in 1974 to acquiring the status of a Deemed University in 1994 and being bestowed the status of Institute of National Importance (INI) through a separate act of Parliament in 2013, NIMHANS has grown in stature and made tremendous strides over the decades.

Spread over an area of nearly 135 acres, NIMHANS combines mental health and neurosciences under one roof. Such a unique approach has made NIMHANS a premier institute of international repute. Its priorities include service delivery, training, research and policy formulation. Although intended as a tertiary care referral centre for mental, neurological and neurosurgical disorders, its reputation as a centre of excellence for clinical care attracts people from all parts of India as well as other countries. The therapeutic modalities blend the modern systems of medicine with traditional systems of care and management.

NIMHANS is the leading post-graduate training centre in the country in mental health and neurosciences. Occupying a pre-eminent position, it currently offers about 90 courses including MCh, DM, MD, post-doctoral fellowships, doctoral studies, MPhil, MSc, diplomas and more recently, undergraduate courses in select disciplines.

NIMHANS has emerged as a leader in both behavioural and neurosciences research. At NIMHANS, research occurs in a seamless manner from the bench to the bedside and from the bedside to the community. The institute has made signal contributions in a multitude of areas: from addiction to Alzheimer's; from imaging to intensive care; from brain injury to interventional neuroradiology; from disaster relief to deep brain stimulation; from stroke research to signalling in the brain; from rabies to retroviral infections; from youth mental health to yoga research; from molecular genetics to mindfulness research; from restoration to rehabilitation, the contributions are vast and varied.

NIMHANS plays a pivotal role in national policy and programming and is in the forefront of setting the agenda for mental health in India. The flagship District Mental Health Programme of the Government of India emerged out of the Bellary model of care, piloted by NIMHANS. The Institute continues to provide the impetus to strategize, strengthen and bring in innovation in both institutional and community-based mental health care services across the country. We have contributed to the National Mental Health Policy and also promote/support rights-based mental health care. Recently, NIMHANS has provided leadership for the national Tele MANAS initiative. We actively collaborate and network with several governmental, quasi-governmental and non-governmental agencies.

Activity Report 2023-24

As a preeminent institute in the field of mental health and neurosciences, NIMHANS continues to demonstrate remarkable progress in fulfilling its tripartite mission of patient care, training, and research. NIMHANS' sustained excellence is underscored by its consistent performance in national university rankings. The Institute proudly maintains its position among the top five medical universities, as recognized by both the NIRF Ranking and the India Today-MDRA Survey.

NIMHANS also holds the distinction of being the first NABH accredited hospital among the Institutes of National Importance. These accolades reflect NIMHANS' unwavering commitment to advancing care, knowledge and innovation in mental health and neurosciences.

Patient Care Services

NIMHANS embodies excellence in patient care, blending expertise, technology, and compassion to provide specialised services in mental health and neurosciences. The Institute's unwavering commitment to putting patients first is a guiding principle that permeates every facet of its operations.

NIMHANS has a robust infrastructure with 1096 beds and comprehensive inpatient facilities, making it one of the largest healthcare providers in the country. The hospital houses round-the-clock emergency and neurosurgical units equipped to handle critical head injuries. The recent addition of a seven-floor Sub-Speciality Block, featuring 125 beds and two state-of-the-art operation theatres, has

further enhanced NIMHANS' capabilities in managing complex neurological and neurosurgical cases.

Outpatient services are available on all weekdays, except on major general holidays. The implementation of a first-contact OPD service has improved patient access and convenience. NIMHANS runs nearly 20 specialised clinics, tailoring treatments to specific diseases and patient needs.

NIMHANS is further distinguished by its diverse spectrum of diagnostic and laboratory services catering to both inpatient and outpatient populations. Annually, it conducts over 20 lakh tests spanning various medical domains. The Institute also excels in therapeutic interventional procedures, employing the latest image-guided techniques.

Patient care services primarily reach out to the less privileged sections of the society, with approximately 75 percent of its patients receiving treatment at no cost or highly subsidised rates. This commitment to equitable healthcare access underscores the Institute's pivotal role in addressing the needs of a diverse population. In the year 2023-24, a total of 668504 patients received specialised medical care for psychiatric and neurological issues.

New Initiatives:

- Multimodal Approach to Neuro-Cognition Augmentation Services (MANAS) Centre, a facility dedicated to advancing cognitive remediation for individuals with psychiatric disorders, has been established at the Psychiatric Rehabilitation Services unit. The centre features cutting-edge technology for computerised cognitive remediation, neuro-feedback therapy, and EEG-based event-related recordings.



Multimodal Approach to Neuro-Cognition Augmentation Services (MANAS) Centre

- Next-generation centralised patient monitoring system to enable robust clinical surveillance has been set up with the generous support of HCL Foundation, the CSR arm of HCL technologies. The cloud-based solution helps monitor patients' vital signs simultaneously in real time integrating with electronic patient records and medical devices – facilitating remote review of patient status and streamlining workflows for the clinical staff.

- Visualisation of the vocal cords and intubation can be challenging in patients with difficult airways. To overcome this, video laryngoscopes (Karl Storz C-MAC 8404 ZX) with different-sized blades suitable for adults have been acquired, making intubation procedures more efficient and reducing complications. The inclusion of a fiberoptic bronchoscope allows for better visualisation and manoeuvring in challenging airway cases.

- For patients undergoing emergency surgery, invasive mechanical ventilation is often necessary throughout the procedure. To ensure smooth surgeries and support critically ill patients, two new ventilators (Drager Fabius GS plus) have been installed in the emergency OT complex. The ventilators offer precise control over respiratory parameters, optimising patient outcomes during critical procedures.

- To address the lower ambient temperatures prevalent in these environments, seven patient warming systems (from IOB Medical Inc.) have been procured. The systems use leading-edge warming technology to prevent hypothermia and its associated complications during surgeries.

- To facilitate the assessment of patients' respiratory efforts is essential, particularly in post-operative care, incentive spirometry devices (Easyon PC-Spiromete, Brigade Medical Systems) have been procured. The hand devices measure lung volumes and help patients exercise their lungs, preventing post-operative respiratory complications and promoting quicker recovery.

- The Hospital Information Management System (HIMS) has been upgraded to incorporate the current charting system of operating room records into a module-based format and improve efficiency.

- The development of Echo-Planar Spectroscopic Imaging (EPSI) protocol in collaboration with the University of Minnesota has paved the way for advanced metabolic correlations

in neuroimaging. The protocol, combined with post-processing techniques established in Magnetic Resonance Positron Emission Tomography (MRPET), enables a deeper understanding of brain metabolism and its role in neurological and neuropsychiatric disorders.

- A cost-effective method for synthesising 18F-Fet has been developed, which holds significant promise for PET (Positron Emission Tomography) imaging. Preclinical testing of 18F-AVT-011 radiotracer has been successfully conducted. The radiotracer has consequential potential for enhancing diagnostic accuracy and understanding neurobiological mechanisms underlying certain neurological and neuropsychiatric disorders.

- The Pbr-11C-PBR28 Translocator Protein (TSPO) radiotracer in patients with Amyotrophic Lateral Sclerosis (ALS), Parkinson's Disease (PD), and Progressive Supranuclear Palsy (PSP) has been synthesised and tested. This has important implications for the early diagnosis and monitoring of these neurodegenerative disorders, thereby aiding in the development of more targeted treatment strategies.

- Magnetic Resonance Spectroscopy (MRS) methods for in vivo measurement of neurometabolites such as GABA and Glutamate (Glu) have been optimised. The advancement opens up new avenues for non-invasive assessment of neurological and neuropsychiatric conditions, contributing to more accurate diagnoses and treatment monitoring for patients.

- Remarkable strides have been made in the treatment of complex neurovascular disorders. Three patients with wide-necked bifurcation aneurysms underwent Intracranial Flow Disruption (using the Contour Neurovascular System, Cerus Endovascular). The results showed promising outcomes, presenting an alternative to traditional treatment methods.

- A new approach using Middle Meningeal Artery (MMA) embolization has been performed in cases of recurrent subdural haemorrhage. This minimally invasive technique shows potential in managing this challenging condition and reducing the need for more invasive surgical interventions.

- Organ Retrieval Centre has been established with the support from the Government of Karnataka. Transplants of liver, skin and cornea have been successfully coordinated through the centre in the last few months.

- Mental Health Review Board has been set up by the Government of Karnataka to streamline the oversight of mental health care practices across the state, unifying the efforts of various institutions in ensuring the implementation of the Mental Healthcare Act, 2017. The board took over the functions previously carried out by the Departmental Internal Review Committee constituted in 2018 at NIMHANS to formulate SOPs for consent, treatment and discharge procedures.

- Various new tests have been introduced at the Neuro-oncology Laboratory to meet the increasing demand for molecular testing for most of the brain tumours. The molecular diagnostic tests offered by the lab include: FISH for 1p19q, CDKN2A/B, CMYC, NMYC, EGFR, MN 1, BRAF, EWSR 1; DNA sequencing for IDH and H 3.3/3.1, TERT promoter mutation, BCOR ITD, PCR for BRAF fusion, MGMT promoter methylation; and medulloblastoma molecular panel. This is one of the few labs in the country where the tissue microarray technique for high throughput validation of biomarkers is being carried out. Molecular testing for brain tumour panels, using the next generation sequencing platform will also be initiated soon.

- Serological assay for the detection of anti-Hepatitis C virus (HCV) antibodies has been initiated. By offering a reliable and efficient method for detecting anti-HCV antibodies, this test enables early identification of Hepatitis C infections. Such early detection is vital for timely medical intervention and effective management of the disease.

- The introduction of the Flow Cytometry-based CD19 CD20 B cell phenotyping assay marks a notable progression in monitoring B cells in neurology patients. The test not only aids in diagnosing and managing neurological conditions but also holds broader implications. The service is also extended to other government and private hospitals, ensuring a wider reach and impact.

- Volunteer-based activities in the Child Psychiatric Centre (CPC) and Adolescent Psychiatric Centre (APC) wards have been restarted. Volunteers, trained under the Wellbeing Volunteer program at NCWB, generously offer their time and skills to engage the young patients in a variety of activities.

- NIMHANS has been recognised as the member of Tobacco Laboratory Network (TobLabNet), accredited by the World Health

Organization (WHO). TobLabNet develops standard operating procedures to test nicotine and tobacco products and conducts research, to strengthen testing capacity in countries.

Academic & Research

NIMHANS has established itself as a frontrunner in shaping the academic landscape of mental health and neurosciences. With 30 academic departments, the Institute offers an extensive array of courses including super-specialty MCh and DM courses, post-doctoral fellowships, doctoral studies, MPhil, Master's degrees, diplomas, and select undergraduate programs.

NIMHANS spearheads transformative research dedicated to advancing health by generating knowledge and fostering innovation. The evidence-based approach ensures impactful outcomes, emphasising trailblazing discoveries and translation of existing insights into enhanced healthcare results. The commitment lies in the continuous pursuit of excellence, with the goal of reshaping healthcare paradigms and contributing substantially to the betterment of global well-being. The Institute has forged enduring partnerships with prominent international organisations to broaden research and open up new avenues for learning.

Throughout the 2023-24 period, academics from different disciplines continued to publish their research works in esteemed scholarly outlets. Over 900 scientific articles and communications were disseminated across high-profile journals and other notable publications.

New Initiatives:

- **Clinical Research Centre for Neuromodulation in Psychiatry:** Clinical Research Centre (CRC) for Neuromodulation in Psychiatry has been established at NIMHANS, under the prestigious Clinical/Public Health Research Centre grant from the Department of Biotechnology - Wellcome Trust India Alliance. This multi-institutional research program, led by NIMHANS in collaboration with the Central Institute of Psychiatry (Ranchi) and Kasturba Medical College (Manipal), aims to address several critical requirements concerning neuro-modulatory interventions in psychiatry in India.

- **SURAKSHA Project:** A community-based suicide prevention model titled SURAKSHA (SURveillance system to trAcK suicide and Self-Harm) was launched last year in Channapatna Taluk

of Ramanagara District by NIMHANS in collaboration with the Government of Karnataka and Himalaya Wellness Company. The primary objective of the project is to develop an indigenized pilot model framework for suicide prevention research and surveillance.

- **ENIGMA Initiative:** NIMHANS and the University of Southern California (USC), USA, have launched 'India ENIGMA Initiative for Global Aging and Mental Health' research project. The five-year project aims at bridging the knowledge gap around the various factors influencing the acceleration in brain ageing. It is aimed at studying the factors contributing to brain ageing in the Indian population that can lead to an increased risk for Alzheimer's dementia and other related disorders. The study will involve 400 voluntary participants including healthy older adults and persons with memory impairment.

- **Centre for Brain and Mind:** The Centre for Brain and Mind, a ground-breaking venture was launched in collaboration with National Centre for Biological Sciences (NCBS) and the generous contribution of Rs. 100 crore from Rohini Nilekani Philanthropies. The centre was inaugurated virtually by Dr. Mansukh Mandaviya, Hon'ble Union Minister for Health & Family Welfare and Chemicals & Fertilizers on 10th October 2023 to mark World Mental Health Day 2023. This initiative builds upon the resources and repository generated by the Accelerator program for Discovery in Brain disorders using Stem cells (ADBS project), earlier funded by the Department of Biotechnology (DBT), Government of India. The primary focus of the centre involves a comprehensive investigation into a large cohort of severely mentally ill patients including those diagnosed with schizophrenia, bipolar disorder, obsessive-compulsive disorder, dementia, or addiction within families.



Inauguration of Centre for Brain and Mind by Dr. Mansukh Mandaviya, Hon'ble Union Minister for Health & Family Welfare and Chemicals & Fertilizers on World Mental Health Day 2023.

- **Pact with the University of Liverpool:** NIMHANS and the University of Liverpool, UK signed a new memorandum of understanding (MoU) on 7th November 2023 to reaffirm and expand their long-standing research partnership. To further bolster this initiative, the two institutions gratefully accepted a pledge of £1.5million from Pratiksha Trust, a charitable organisation. The partnership has three core research strands: Brain Infections, Child and Maternal Mental Health, and Neuro-imaging and Epilepsy. The partnership also includes a dual PhD programme, and joint workshops held annually to set research priorities and explore new avenues.

- **MoU with Dementia India Alliance:** NIMHANS entered into a Memorandum of Understanding (MoU) with Dementia India Alliance (DIA), a non-profit family carer-centred national organisation on 22nd January 2024, to collaborate on advocacy, outreach, training, research work and support services for dementia care. The collaboration is aimed at improving the overall quality of life of persons with dementia and their family caregivers through various modalities.

Human Resource Development

NIMHANS plays a pivotal role in empowering a multitude of healthcare professionals, scientists, and scholars – equipping them with the necessary knowledge and skills to make transformative impacts in their respective fields.

The scope of training extends beyond conventional healthcare roles, encompassing administrative medical officers, caregivers, police personnel, and media persons. The Institute promotes continuous learning through seminars, workshops, conferences, and other academic activities conducted by its faculty, staff, and students. These initiatives are designed to enhance the quality of healthcare delivery and create a knowledgeable ecosystem in the country.

NIMHANS Digital Academy (NDA): The academy continued to deliver high-quality digital training in mental health, throughout the year, with a focus on expanding course offerings and reaching a wider audience. The academy now offers 27 different courses, which include specialized diploma and certificate programs in both online and hybrid formats.

In a concerted effort to increase mental health resources across the country, NDA has collaborated

with institutions like Odisha Digital Academy, LGBRIMH Digital Academy, and AIIMS-Deogarh Digital Academy to conduct courses and bolster mental health resources nationwide. The academy is actively working on signing MoUs with states such as Haryana and Jammu and Kashmir to upscale their mental health resources through online training.

NDA, so far, has successfully trained about 10,000 professionals including doctors, psychologists, social workers and nurses.

Goldman Sachs, as part of their Corporate Social Responsibility (CSR) program, has entered into an MoU with NIMHANS, for capacity building in the field of mental healthcare through nationwide training of all cadres of primary healthcare providers, including doctors, nurses/CHOs and field-level workers. In the past year, NIMHANS has successfully trained 3,487 participants, and 135 patients have directly benefited in the states of West Bengal, Maharashtra, and Karnataka. Additionally, plans are in place to extend the training program to the states of Telangana, Uttarakhand, and Jharkhand.

Support, Advocacy & Mental Health Interventions for Children in Vulnerable Circumstances and Distress (SAMVAD): The "National Initiative and Integrated Resource for Child Protection, Mental Health and Psychosocial Care" now known as SAMVAD (Support, Advocacy & Mental Health Interventions for Children in Vulnerable Circumstances and Distress) is a noteworthy project undertaken by the Ministry of Women & Child Development (MoWCD), Government of India. The primary objective of SAMVAD, based at the Department of Child & Adolescent Psychiatry, NIMHANS, is to enhance the psychosocial well-being of children and adolescents, especially those facing challenging circumstances.

The project focuses on promoting integrated approaches to mental health and child protection. In its second phase, SAMVAD organized various programs across 29 states in India, targeting different groups of professionals and stakeholders. These programs were designed for child protection functionaries, health and mental health professionals, education professionals, and judicial personnel, with the objective of equipping them with the knowledge and skills necessary to address the mental health and protection needs of children and adolescents. SAMVAD has successfully trained over five lakh personnel so far, contributing

significantly to the overall well-being and protection of vulnerable children in India.

National Program on Climate Change and Human Health: NIMHANS, as a Centre of Excellence within the National Program on Climate Change and Human Health (NPCCHH) of the Union Ministry of Health and Family Welfare, actively collaborated with the National Centre for Disease Control (NCDC), the nodal agency overseeing NPCCHH implementation. The Institute contributed to the development of critical components such as the National Health Action Plan, training modules, Standard Operating Procedures (SOPs), best practices documentation, monitoring and evaluation frameworks, and Information, Education, and Communication (IEC) materials focusing on climate change and its impact on mental health.

Addiction Rx mobile app: This app is an invaluable guide for qualified physicians, medical doctors, and specialists (MBBS or above) to provide effective care to patients dealing with addiction problems. Based on the "Standard Treatment Guidelines for the Management of Substance Use Disorders and Behavioural Addictions" book, this app is a comprehensive resource that helps physicians understand and manage common addictive disorders.



>1000 downloads internationally. Rating 4.936 out of 5

NIMHANS eLearn: The NIMHANS eLearn app is an innovative platform designed to broaden knowledge and expertise in the field of mental health, neurological, and substance use disorders (MNS). It offers a wide range of expert-led courses and valuable resources for residents, doctors, and individuals pursuing certificate and training programs. With over 10 online courses available, the NIMHANS eLearn app empowers users to stay updated with the latest advancements in the field and contribute to the improvement of mental healthcare.

Infrastructure & Other Facilities

- The POWERGRID Vishram Sadan was

inaugurated on 28th December 2023 by Shri. R. K. Singh, Hon'ble Union Minister for Power, New and Renewable Energy in the virtual presence of Dr. Mansukh Mandaviya, Hon'ble Union Minister for Health & Family Welfare and Chemicals and Fertilizers. Power Grid Corporation of India Limited (POWERGRID) has constructed the Vishram Sadan, under its CSR initiative, at a cost of about Rs. 23 crore. Spanning an area of 6630 square meters, this state-of-the-art facility is designed to provide support to patients and their families during challenging times. The building comprises basement plus ground floor and two upper floors, featuring 43 six-bedded dormitories and 12 single bedded rooms (with a total of 270 beds), ensuring ample accommodation for those in need.



Inauguration of POWERGRID Vishram Sadan

- Platinum Jubilee Auditorium and Academic Facility has been established, in keeping with the substantial surge in the number of students and academic programs across various courses in psychiatry and allied specialties. With an expansive 1630 square meters, the facility- built at a cost of Rs. 13.60 crore- includes a 345-seating capacity auditorium and an academic wing with two committee rooms, and other essential amenities.
- A new Administrative Office Complex has been constructed to facilitate seamless coordination and enhance the efficiency of administrative operations. This project was realised at a cost of Rs. 11.11 crore. Spanning across 2200 square metres and comprising three floors, the complex houses 14 different administrative sections, two committee rooms, and 275 staff workstations.

Awards & Recognitions

NIMHANS has bagged the prestigious Nelson Mandela Award for Health Promotion for 2024 by

the World Health Organisation (WHO). The award was announced by the WHO during the sixteenth meeting of its Executive Board on 27th January 2024.

The Institute was honoured with the 9th FICCI Higher Education Excellence Award for outstanding contributions to research, innovation and entrepreneurship, on 29th November 2023 in New Delhi.



9th FICCI Higher Education Excellence Award ceremony

NIMHANS emerged as the fourth best medical institute in the country in the National Institutional Ranking Framework (NIRF) 2023 Ranking, retaining the spot for the fourth consecutive year.

Placed at the second position in the Education World (EW) India Higher Education Rankings 2022-23, among the government universities listed in the Natural & Life Sciences (Incl. Medicine) category.

Karnataka Health Vision Document, which outlines a long-term plan for the holistic development of the healthcare sector in the State, was released last year. A team of 250 experts led by Dr. G Gururaj, former Director of NIMHANS, has come up with the report 'Advancing People's Health in Karnataka: Vision for Progress', touted as India's first-of-its-kind comprehensive healthcare vision document, with best practices from across the world.

The Department of Epidemiology, NIMHANS has been recognized as WHO Collaborating Centre for Injury Prevention and Safety Promotion.

The Life Skills Training and Counselling Services Program of the Department of Youth Empowerment and Sports, Government of Karnataka – initiated in collaboration with the Department of Epidemiology, NIMHANS – has earned the prestigious SKOCH Award - Sports & Youth Silver

for its outstanding impact and nationwide reach. This recognition underscores the program's invaluable contribution to enhancing essential life skills and providing counselling services, benefiting communities across the country.

3.2.8 CENTRAL INSTITUTE OF PSYCHIATRY (CIP), RANCHI

- Central Institute of Psychiatry (CIP) is a premier institution for mental health care in India. The Institute continues to provide quality clinical services as well as being at the forefront of cutting-edge research in mental health along with training professionals in the field of mental health. The Institute has a current capacity of 643 beds. Inpatient admission in 2023 (from 1st January 2023 to 31st March 2024) was 5,999 and total OPD attendance was 1,38,364

- The Institute also runs Extension Clinics which include the General Psychiatry Clinic at West Bokaro, Hazaribagh; Chandankiyari, Bokaro; School Mental Health Programme at Holy Cross School' West Bokaro, Yuwa School' Ormanjhi, Tender Heart School, Tupudana' Chiranjeevee Concept School & St. Xavier's School, Hazaribagh; Deepshikha and Aastha Cell, Deepatoli Cantonment, Ranchi and Military Hospital, Namkom, Ranchi & Wellness Clinic, IIM, Ranchi.

Regular camps, awareness programmes, workshops with teachers and parents are also conducted at these extension clinics. The case-load in the extension clinics from 1st January 2023 to 31st March 2024 was 2,693.

- A number of special clinics are being run in the Institute, namely, Chronic Schizophrenia Clinic, Epilepsy Clinic, Geriatric Mental Health Clinic, Headache Clinic, Mood Clinic, Neurology Clinic, Obsessive-Compulsive Disorder (OCD) Clinic, Psychodermatology (Skin) Clinic, Psychosexual Clinic, Post-COVID Clinic, Sleep Clinic, Drug De-Addiction Clinic, Suicide Prevention Clinic, Personality Disorders Clinic, Metabolic Disorders Clinic, Tobacco Cessation Clinic, Addictive Behaviours Clinic, Movement Disorders Clinic, Memory Clinic, Chronic Pain Clinic and Staff OPD. In the year 2023 from 1st January 2023 to 31st March 2024, the total attendance of patients in special clinics was 36,593.

- The Clinical Psychology department at the Institute is the oldest independent department in India. In 1962, a teaching course in Clinical Psychology - Diploma in Medical and Social Psychology was begun (this course is now known as M.Phil. in Clinical Psychology). The course of Ph.D. in Clinical Psychology commenced in 1972. At present, there are 21 seats in M. Phil. (Clinical Psychology) and four seats in Ph.D. (Clinical Psychology). The departmental faculty includes three Assistant Professors, one Clinical Psychologist, two Assistant Psychologists, six Clinical Psychology Tutors and one Laboratory Assistant.

- There is a separate outpatient unit of the department which is called the Psycho-Social Unit (PSU). The PSU either gets referrals from the general OPD of the Institute or else individuals can come directly to the PSU and seek help for their psychological problems. The PSU caters to the needs of those patients who suffer from minor psychological problems and who can be managed exclusively by psychological methods such as counselling, psychotherapy, behaviour therapy, biofeedback, relaxation therapy, etc. During the specified period from 1st January 2023 to 31st March 2024, 5,369 patients were assessed and 9,875 therapy sessions were carried out by the department. The clinical psychology laboratory is equipped with various psychological tests, rating scales, instruments and apparatus which aid in the diagnosis and assessment of patients.

- The Department of Psychiatric Social Work came into existence in the 1950s, although family psychiatry can be dated back to 1922 at the Institute. The course of Diploma in Psychiatric Social Work (DPSW) started in the year 1970. In 1985, this course was upgraded to M.Phil. Psychiatric Social Work. Currently, 15 seats are available for M.Phil. trainees. The department is actively engaged in academic and research activities in the field of psychiatric social work and allied fields. The departmental faculty includes two Assistant Professors, one Senior Psychiatric Social Welfare Officer and six Psychiatric Social Work Tutors. During the specified period from 1st January 2023 to 31st March 2024, 9,882 therapy sessions and 16,930 other clinical activities were carried out by the department.

- The Department of Psychiatric Nursing provides quality nursing care to inpatients as well as outpatients. This department of the Institute is responsible for training nurses to obtain the Diploma in Psychiatric Nursing (DPN) and giving clinical nursing experience to visiting nurses.

- The Institute currently offers Occupational Therapy (OT) services to adults as well as child and adolescent inpatients with either acute psychiatric illnesses or severe and enduring mental health problems. Inpatients use OT services daily in both the pre- and post-lunch sessions. They are allocated work in the various sections according to their abilities and aptitude. About 28 male patients and 23 female patients use OT services daily. The OT department is also involved in training medical as well as non-medical professionals such as Psychiatry Residents, Clinical Psychologists, Psychiatric Social Workers and Psychiatric Nurses in various aspects of occupational therapy and rehabilitation.

- The Centre for Cognitive Neurosciences was originally established in 1948, when it was known as the Electroencephalography (EEG) and Clinical Neurophysiology Laboratory. It is now called the Centre for Cognitive Neurosciences. At present, the Centre has two sections- a clinical section and a research section. The clinical section possesses two 32 channel quantitative electro-encephalogram systems and a 40-channel video electro-encephalogram as well as equipment for recording an electromyogram (EMG), nerve conduction velocity (NCV), brainstem auditory evoked response (BAER) and the galvanic skin response (GSR). The research section possesses Dense Array EEG acquisition systems (64, 128, 192

and 256 channels), Evoked Response Potential (ERP) acquisition units (40 channels), a 40 channel polysomnography (PSG) unit, functional Near Infra-Red Spectroscopy (fNIRS) and a full fledged Neuromodulation Department which has facility for Transcranial Magnetic Stimulation (rTMS), Transcranial Direct Current Stimulation (tDCS), HD-tDCS, Quadripulse Stimulation, BiStim System, and Transcranial Alternating Current Stimulation (tACS) unit which has the most advanced technology in the country with neuro-navigation and robotized coil positioning system. The Centre has advanced signal processing software such as Advanced Source Analysis (ASA), Brain Electrical Source Analysis (BESA), MUSIC, LORETA, E-Prime etc. During the specified period from 1st January 2023 to 31st March 2024, the total number of tests done was 16,694.

- The Department of Pathology and Biochemistry is equipped to perform tests of clinical pathology, microbiology, bacteriology, biochemistry, serology and immunology. The Centre performs these tests for both clinical as well as research purposes. During the specified period from 1st January 2023 to 31st March 2024, the total number of investigations done was 3,21,158.

- The Department of fMRI, Neuroimaging and Radiology has 16 slice CT scanner, 300 MA Digital X-ray, Cranial Doppler and Ultrasound Machine. The department possesses a state-of-the-art 3 Tesla functional MRI unit (fMRI). It is the first establishment in the country to have an fMRI integrated with Transcranial Magnetic Stimulation, High Resolution EEG and eye tracking system. This Institute is the first and only exclusive mental health institution in the country to have an fMRI facility with hybrid facilities. During the period under report from 1st January 2023 to 31st March 2024, the total number of investigations done by this department was 8,079.

- A 24 hours emergency service is available in the OPD of the Institute. The bed strength of the Emergency Ward is 16 (8 males and 8 females). A total of 5,576 patients availed emergency services from 1st January 2023 to 31st March 2024.

- The Institute has been running a toll-free telephone counselling service-the CIP Helpline-since 2001. The Institute also provides an e-counseling service. During the period under report from 1st January 2023 to 31st March 2024, 907 general helpline calls, 249 Suicide Prevention

Helpline Calls and 701 e-mails were received and attended.

- Mental Health Helpline facility is being provided to the general public through 24x7 mobile nos. 9334915046, 9334915047, 9334915048, 9334915049, 9334915050, 9334915051, 9334915052, 9334915053, 9334915054, 9334915056, 9334915057, 9334915058, 9334915060, 9334915062. Total 1,378 calls were received, from 1st January 2023 to 31st March 2024 and necessary guidance to the callers were provided.

- The Case Conferences, Seminars, Journal Clubs are held regularly. Forty-one seminars, 42 case conferences and 33 journal clubs/physical club/movie club/book club were held during the period under report from 1st January 2023 to 31st March 2024.

- **CIP Digital Academy:** Service Utilisation in CIP Digital Academy was as follows from 1st January 2023 to 31st December 2023: 17 CIP Digital Academy Live Sessions, 263 Video Consultancy/ Telecommunication, 44 Webinars/ Sessions, 87 Meeting with Ministry/ Training Sessions.

- **Centre for Tele-mental Health:** Tele-consultations have been provided to patients since March, 2020. To coordinate tele-mental health services effectively, the Centre for Tele-mental Health was set up in June, 2020 and has been operational since then. Tele-mental health services have been provided to a total of 24,243 patients during the period under report from 1st January 2023 to 31st March 2024.

Achievements during the period

1. Saheed Diwas was observed on the death anniversary of Mahatama Gandhi on 30th January 2023 & January 2024.
2. World Social Justice Day was organised on 22nd February 2023.
3. "World Sleep Day" was commemorated on 17th March, 2023.
4. "World Social Work Day" was commemorated on 21st March, 2023.
5. "World Down Syndrome Day" was commemorated on 21st March 2023.
6. "World Sleep Day 2023" was commemorated by CME on "Recent Advancements in Sleep Disorders" on 22nd March 2023.

7. "World Bipolar Day" was commemorated on 1st April 2023.
8. "World Autism Awareness Day" was commemorated on 2nd – 3rd April 2023.
9. "World Health Day" was commemorated on 10th April 2023.
10. "World Bipolar Day" was commemorated on 1st May 2023.
11. "International Nurses Day" was commemorated on 12th May 2023.
12. "World Schizophrenia Day" was commemorated on 24th May 2023.
13. "World No Tobacco Day" was commemorated on 31st May 2023.
14. "International Yoga Day" was commemorated on 21st June 2023.
15. "International Day against Drug Abuse and Illicit Trafficking" was commemorated on 26th May 2023.
16. "Post-Traumatic Stress Disorder (PTSD) Awareness Day and Helen Keller's Day" were commemorated on 27th June 2023.
17. "National Statistics Day" was commemorated with the National Seminar on "Statistics for Researchers" on 30th June 2023.
18. CIP & UNICEF had established Sanitary Napkin Production Unit 'MAHIMA' on 14th July 2023.
19. World Brain Day was commemorated on 22nd July 2023.
20. Indian Organ donation day was celebrated on 3rd August 2023.
21. Duchenne Muscular Dystrophy Day was observed on 07th September 2023.
22. Swachhata Pakhwada was observed in the month of October 2023.
23. World Mental Health Day was celebrated on 10th October 2023.
24. Awareness program was held on "Importance of caregiving in dementia management and stressed the significance of early diagnosis for proper treatment" on 13th October 2023.
25. An awareness session in OPD and a Drawing

competition for the patients were organised on the occasion of World Social Work Day on 19th March, 2024.

26. Three Prizes were won at the Torrent Young Scholar Award Eastern Zonal Round on 10th March 2024.

27. "Hindi Karyasala" has been organised by the Rajbhasha Karyanvayan Samiti of the Institute on "Conduct Rules" on 20th March 2024.

28. Three Days Residential Training Programme for Community Health Officers on Geriatric Counselling from 29th – 31st March 2024.

29. Eighty-one admissions took place in various courses run at this Institute during the academic year 2023-2024.

30. Ninety-eight National and International Research papers were presented and published.

3.2.9 PRADHAN MANTRI SWASTHYA SURAKSHAYOJANA (PMSSY)

The Pradhan Mantri Swasthya Swasthya Suraksha Yojana (PMSSY) aims to correct regional imbalances in the availability of affordable/reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. PMSSY is a Central Sector Scheme and, has two components:

- A. Setting up of All India Institute of Medical Sciences (AIIMS) institutions; and
- B. Upgrading existing Government Medical Colleges/Institutions in a phased manner.

The objective is to establish AIIMS as centres of excellence that can provide quality medical education and nursing education along with tertiary health care facilities to the people.

Budgetary provisions

Budget Estimate (BE) and Revised Estimates (RE) for PMSSY for the financial Year (FY) 2023-24 is Rs.10,200.00 Crore and Rs. 8635.00 Crore respectively. From FY 2023-24, the establishment expenditure of new AIIMS has been separated from the PMSSY scheme and placed under the new Head "Establishment expenditure of new AIIMS". Accordingly, the budget of the PMSSY has been divided into 2 components.

New AIIMS Projects approved under PMSSY

Period	Phase	No. of AIIMS	New AIIMS
2003-2013	I	6	Bhopal (Madhya Pradesh), Bhubaneswar (Odisha), Jodhpur (Rajasthan), Patna (Bihar), Raipur (Chhattisgarh) and Rishikesh (Uttarakhand)
	II	1	Raebareli (Uttar Pradesh)
	III	-	
2014-22	IV	4	Mangalagiri (Andhra Pradesh), Nagpur (Maharashtra), Kalyani (West Bengal) and Gorakhpur (Uttar Pradesh)
	V	7	Bathinda (Punjab), Guwahati (Assam), Vijaypur (Jammu), Awantipora (Kashmir), Madurai (Tamil Nadu), Bilaspur (Himachal Pradesh) and Darbhanga (Bihar)
	VI	2	Rajkot (Gujarat), Deoghar (Jharkhand)
	VII	1	Bibinagar (Telangana)
	VIII	1	Majra (Rewari), (Haryana)

Operationalization of AIIMS at a glance

Sl.No.	Fully Functional	MBBS Classes, OPD & IPD Functional	MBBS Classes Started	Work in progress	Others
1	Bhopal	Raebareli	Vijaypur (Jammu)	Awantipora (Kashmir)	Darbhanga (Bihar)
2	Bhubaneswar	Gorakhpur		Majra (Rewari) (Haryana) Madurai	
3	Jodhpur	Mangalagiri			
4	Patna	Nagpur			
5	Raipur	Bathinda			
6	Rishikesh	Bibinagar			
7		Kalyani			
8		Deoghar			
9		Bilaspur			
10		Guwahati			
11		Rajkot			

@ Encumbrance free land yet to be provided by the State Government

Six AIIMS under Phase – I: In Phase-I, a total of six AIIMS (Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh) were set up at an approved cost of Rs. 820.00 crore per AIIMS. These are fully operational.

All key hospital facilities and services such as Emergency, Trauma, Blood bank, ICU, Diagnostic and Pathology are functioning. The total bed

capacity of the six AIIMS is at present 6280. Hospital services in these 6 AIIMS are operating in various Specialities and Super- Specialties Departments. The basket of services has been expanded and presently, approximately 10051620 patients(01.04.2023 to 31.03.2024) visited OPD besides another 500464 patients (01.04.2023 to 31.03.2024) got treatment in IPD.

Status of six functional AIIMS

S. No	AIIMS	Functional Beds (out of 960)	No. of Specialty functional (out of 18)	No. of Super Specialty functional (out of 17)	Total No. of MBBS seats for the year 2023
1	Bhopal	1227	18	17	125
2	Bhubaneswar	960	18	17	125
3	Jodhpur	960	18	17	125
4	Patna	1213	18	13	125
5	Raipur	960	18	16	125
6	Rishikesh	960	18	17	125

Status of Sixteen new AIIMS Phase – II onwards

S. No.	Phase	Location of AIIMS under PMSSY	Date of Cabinet Approval	Approved Outlay (Rs. in Cr.)	No of beds approved	No. of MBBS Seats in the 2023-24
1	II	Raebareli, Uttar Pradesh	05.02.2009	823	610	100
2	IV	Mangalagiri Andhra Pradesh	07.10.2015	1618	960	125
3		Nagpur, Maharashtra	07.10.2015	1577	960	125
4		Kalyani, West Bengal	07.10.2015	1754	960	125
5		Gorakhpur, Uttar Pradesh	20.07.2016	1011	750	125
6		Bathinda, Punjab	27.07.2016	925	750	100
7		Guwahati, Assam	24.05.2017	1123	750	100
8		Bilaspur, Himachal Pradesh	03.01.2018	1471.04	750	100
9	V	Madurai, Tamil Nadu	17.12.2018	2021.51	750	50
10		Darbhanga, Bihar	15.09.2020	1264	750	-
11		Vijaypur, Jammu	10.01.2019	1856	750	62
12		Awantipora, Kashmir	10.01.2019	1828	750	-

S.No.	Phase	Location of AIIMS under PMSSY	Date of Cabinet Approval	Approved Outlay (Rs. in Cr.)	No of beds approved	No. of MBBS Seats in the 2023 -24
13	VI	Deoghar, Jharkhand	16.05.2018	1103	750	125
14		Rajkot, Gujarat	10.01.2019	1195	750	50
15	VII	Bibinagar, Telangana	17.12.2018	1365.95	750	100
16	VIII	Majra (Rewari), Haryana	28.02.2019 (Cabinet Approval for change of location taken on 8.12.2023)	1646.43	750	-

During the year 2023-24 six AIIMS have been dedicated to the Nation/ Inaugurated/dedicated to the nation by Hon'ble Prime Minister. These AIIMS are- AIIMS Guwahati , AIIMS Raebareli, AIIMS Kalyani, AIIMS Bathinda, AIIMS Mangalagiri , AIIMS Rajkot and AIIMS Vijaypur (Jammu) . In addition foundation stone of AIIMS Bibinagar and AIIMS Majra(Rewari) was also laid by Hon'ble Prime Minister during the year 2023-24.

Jan-Aushdhi Kendra has been opened in various AIIMS to ensure access to quality medicines for all sections of the population especially the poor and the deprived ones. 10,000th Jan Aushadhi Kendra was opened at AIIMS Deoghar during the current year.

Upgradation of Existing State Government Medical Colleges/ Institutions (GMCI) under PMSSY

The upgradation programme broadly envisages improving tertiary health infrastructure through construction of Super Specialty Blocks/ Trauma

Care Centres etc. and/or procurement of medical equipment for existing Government Medical Colleges/Institution (GMCIs). Upgradation of GMCIs generally leads to addition of 8-10 Super Specialty Departments and 150-250 hospital beds. The project expenditure is shared between Centre and State. The present (Average) Centre - State sharing ratio is 60:40.

75 Projects for upgradation of GMCIs have been approved under different phases of PMSSY. Out of total 75 GMC upgradation projects approved under PMSSY, 65 Projects have been completed till 31-3-2024 adding about 14700 Super-specialty beds including 2547 ICU beds.

The upgraded facilities in the following GMCs were inaugurated during the Financial Year 2023-24:

1. Government Medical College, Agra
2. Assam Medical College, Dibrugarh
3. GSVM, Kanpur
4. SMS Medical College, Jaipur

Upgradation of all the 19 GMCIs approved under Phase I and II is completed.

S. No	Name of the State	Phase	Name of the GMC/Institute	Status as on 31 st March 2024 (in %)
1	Andhra Pradesh	III	Siddhartha Medical College, Vijayawada	100
2		III	Govt Medical College, Anantapur	100
3	Assam	III	Guwahati Medical College, Guwahati	100
4		III	Assam Medical College, Dibrugarh	100

S. No	Name of the State	Phase	Name of the GMC/Institute	Status as on 31 st March 2024 (in %)
5	Bihar	III	Sri Krishna Medical College, Muzaffarpur	90.48
6		III	Govt Medical College, Darbhanga	98.80
7		IV	Government Medical College, Bhagalpur	100
8		IV	Government Medical College, Gaya	100
9		IV	Patna Medical College & Hospital, Patna	75
10		V	IGIMS, Patna	89
11	Chhattisgarh	IV	Government Medical College, Bilaspur	99.75
12		IV	Government Medical College, Jagdalpur	100
13	Delhi	IV	UCMS -GTB Hospital, Delhi	-
14	Goa	III	Goa Medical College, Panaji	100
15	Gujarat	III	Govt Medical College, Rajkot	100
16		IV	Government Medical College, Surat	65
17		IV	Government Medical College, Bhavnagar	100
18	Himachal Pradesh	III	Indira Gandhi Medical College, Shimla	100
19	Jharkhand	III	Patliputra Medical College, Dhanbad	100
20	Karnataka	III	Vijayanagar Institute of Medical Sciences, Bellary	100
21		III	Karnataka Institute of Medical Sciences, Hubli	100
22	Kerala	III	Kozhikode Medical College, Kozhikode	100
23		III	Govt TD Medical College, Alappuzha	100
24		V	Sree Chitra Tiruna I Institute of Medical Sciences & Technology, Trivandrum	98
25	Madhya Pradesh	III	Shyam Shah Medical College, Rewa	100
26		III	NetajiSubhashCh Bose Medical College, Jabalpur	100
27		III	GR Medical College, Gwalior	100
28		IV	Government Medical College, Indore	100
29	Maharashtra	III	Govt Medical College, Aurangabad	100
30		III	Govt Medical College, Latur	100
30		III	Govt Medical College, Akola	100

Status of 56 GMCs under PMSSY Phase-III, IV and V is as under Critical Care Hospital Block (CCHB) in 06 new AIIMS under Pradhan Mantri - Ayushman Bharat Health infrastructure Mission (PM-ABHIM)

Under Pradhan Mantri - Ayushman Bharat Health infrastructure Mission (PM-ABHIM), setting up of 150 bedded Critical Care Hospital Block (CCHB) has been approved in each of 06 new AIIMS across the country, viz. AIIMS, Bhopal (Madhya Pradesh), AIIMS, Bhubaneswar (Odisha), AIIMS, Jodhpur

(Rajasthan), AIIMS, Patna (Bihar), AIIMS, Rishikesh (Uttarakhand) and AIIMS, Raipur (Chhattisgarh) as well as Institute of Medical Sciences, BHU (Uttar Pradesh). The proposed 150 bedded CCHB is being planned to include emergency complex, intermediate care and HDU, isolation-special category Ward, Intensive Care Unit, Isolation Rooms- Burns ICU & HDU, Operation theatre complex, etc. Foundation stone of CCHB in AIIMS Jodhpur and IMS-BHU Varanasi was laid by the Hon'ble Prime Minister during the current financial year.



Inauguration of AIIMS, Guwahati by Honourable PM on 14 April, 2023



Laying of Foundation Stone of AIIMS Bibinagar by Honourable PM on 08 April 2023



First Convocation Ceremony of AIIMS Patna
(19.10.2023) AIIMS Rebareli



AIIMS, Raipur



Inauguration of Skill Lab in AIIMS Gorakhpur by Shri S.P. Baghel, Ministe of State for Health and Family Welfare



Inauguration of Dialysis Centre in AIIMS Bhopal by Dr. Bharati Pravin Pawar, Hon'ble Minster of State for Health and Family Welfare



Dedication of 150 bedded IPD in
AIIMS Rajkot on 25.2.2024



Hon'ble Prime Minister on 25.02.2024
dedicated AIIMS Rajkot to the Nation



AYUSH Block, AIIMS Mangalagiri



Upgradation of Medical College institution under PMSSY
Phase - III Hospital PMCH, Dhanbad

3.3 OTHER HEALTH INSTITUTIONS

3.3.1 ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION (AIIPMR), MUMBAI

All India Institute of Physical Medicine and Rehabilitation, established in 1955 as a Pilot Project with technical expertise and manpower support from the United Nations Organization, came under the administrative control of the Ministry of Health and Family Welfare, Government of India in October, 1961.

This apex institute of Ministry of Health and Family Welfare in the field of Physical Medicine and Rehabilitation is well recognized for its commitment to provide comprehensive rehabilitation services to persons with chronic illnesses, elderly and persons with locomotor disabilities. Along with this, the Institute conducts training courses. Most of them are post graduate level courses in Physical Medicine & Rehabilitation and allied rehabilitation fields.

The institute is actively involved in disability rehabilitation related research work and is recognized by Department of Science and Technology (DST), Govt. of India as a research institute.

Vision

To be and remain a national and international leader in providing rehabilitation services, training manpower and conducting research in medical rehabilitation, and actualising the functional potential of every person with locomotor disability.

Mission

To optimally enable persons with locomotor

problems with quality interventions, to train manpower in medical rehabilitation & do the research that can help in better rehabilitation.

Objectives

- To create and provide comprehensive medical rehabilitation services for all categories of Neuro-Musculo-Skeletal disorders including chronic disorders.
- To create and provide services through interdisciplinary approach with emphasis on disability prevention and rehabilitation.
- To train rehabilitation professionals through short-term orientation courses and long term graduate and post graduate courses.
- To train Health Functionaries at community level.
- Fabrication of aids and appliances.
- To conduct research in the field of Physical Medicine and Rehabilitation.
- Collaboration and co-ordination with government and NGOs for providing consultative services for formulating improvement and monitoring of rehabilitation services from time to time.

Facilities

The Institute is one of the best equipped Rehabilitation Centres in India. It provides comprehensive rehabilitation services to Persons with Disability (PWDs) with departments that include: Physical Medicine & Rehabilitation, Radiology, Pathology, Anaesthesiology, Physiotherapy, Occupational therapy, Prosthetic & Orthotic, Speech Therapy, Medical Social Work, Vocational Guidance and Vocational Training.

II.	Annual Statistics Actual Data (January, 2023 to March,2024)				
1	Number of Patients / Persons with disabilities attended for Rehabilitation			Outdoor	Indoor
				39698	13468
2	Number of Surgeries performed	Major Surgeries		Minor Surgeries	
		259		4339	
3	Number of patients attended for radiological investigation			6264	
4	Number of patients attended in clinics	P &O Clinic	CP Clinic	Diabetic Foot Clinic	Obesity Clinic
		473	419	28	80

II.	Annual Statistics Actual Data (January, 2023 to March,2024)				
5	Number of Certificates issued	Disability Certificates	Driving Certificates	Railway Concession Cert.	Other Cert.
		259	781	351	69
6	Number of Prosthetic and Orthotic prepared by Prosthetic & Orthotics departments			Prosthetic	Orthotic
				375	2948
7	Number of splints and assistive devices prepared and/or delivered by Occupational Therapy Department				400
8	Number of Seating /Standing appliances and chairs prepared by Vocational Training Department				515
9	Number of assistive products given to Persons with Disabilities by NGOS				119
10	Financial assistance to Persons with Disabilities by Medical Social Work Department.				Rs.76,924/

III. New Services

- An eco-friendly six seater battery operated cart service has been started to carry persons with disabilities from main gate to treatment zone and back from 06.09.2023.

IV. Scientific Research, Publications & Presentations

Sr. No.	Department	Staff Guided Research		
		Papers Presented	Papers Published	Dissertation Completed
1	Medical PMR Deptt.	04	--	04
2	Physiotherapy Department	02	03	02
3	Occupational Therapy	--	--	02
4	Prosthetic & Orthotic	--	03	03
5	Speech Therapy	--	01	--
6	Vocational Guidance	--	--	--

V. Research Projects by Staff - started/ Continuing

i	Comparative Analysis between Thermoplastic Sockets and Carbon-Epoxy Composite Sockets for Trans-Tibial Endoskeletal Prosthesis
ii	A Comparative study of Effect of Desk Top Activity Training in Paraplegics in Sitting Body Position versus Standing Body Position on Standing Wheelchair.
iii	A study to determine Indian Norms from handwriting speed in healthy adults aged 17-25 years using Detailed Assessment of speed of Handwriting – (DASH 17+).
iv	Impact of lower extremity amputation on driving performance of Indian drivers.
v	Comparison between radiofrequency ablation of genicular nerves and intra articular steroids in patients with advanced OA Knee : Prospective Randomized Study.
vi	To compare the efficacies of spinal accessory nerve blockade versus myofascial trigger points (MTrPs) injections in the management of trapezius muscle-related myofascial pain.

vii	Effect of intra-articular platelet rich plasma injection in patients with osteoarthritis with osteochondral lesions of knee: A prospective interventional study.
viii	Assessing Palliative Care concerns in patients with Monophasic Chronic Neurological Conditions undergoing inpatient Comprehensive Rehabilitation: a Pilot Study.
ix	Effectiveness of Dextrose Prolotherapy for treatment of Trigger Finger in comparison to corticosteroid injection: A randomised double blind placebo controlled non inferiority trial.
x	A study of Autonomic function in patients with type 2 Diabetes Mellitus reporting to a tertiary care referral centre
xi	Effect of High Intensity LASER therapy, Extracorporeal Shockwave therapy and Ultrasound therapy in patients with Plantar Fasciitis.
xii	Effect of core muscle strengthening on trunk proprioception and functional mobility in persons with chronic stroke.
xiii	Effect of trunk muscle strengthening by isokinetic exercises on trunk strength, endurance, proprioception and sitting balance in adult males with chronic spinal cord injury between D6 to D12.
xiv	Dual mode powered wheelchair for persons with locomotor disabilities.
xv	Diagnostic test development for Aphasia.
xvi	To determine the Clinical utility of Foam Pressure Relieving Cushion using X-Sensor pressure mapping technology for wheelchair users with SCI patients.
xvii	Reliability and responsiveness of hand function tests on patients with Incomplete Spinal Cord Injury (Quadriplegics).
xviii	Home program intervention for children with Autism Spectrum Disorder to facilitate child participation and quality of life of family: A Pre-post study.
xix	A study to find out the effect of music therapy on visual perceptual skill of cerebral palsy.
xx	To evaluate the effectiveness of robotic arm therapy as an adjunct to conventional cognitive rehabilitation in patient with mild cognitive impairment using LOTCA.

VI. Data of Person with disabilities in the Institute

<u>Staff Strength</u>	<u>No. of PWD's employed</u>	<u>% of PWDs</u>
Group 'A' - 55	01	2%
Group 'B' - 51	00	0%
Group 'C' - 150	07	4.66%
Total <u>256</u>	<u>08</u>	<u>3.13%</u>

One PWD has been appointed on 19.01.2024 during the period.

VII. Academic Activities

Details of Students for the year 2023-24

Sr. No	Name of Course	Recognized by/ Course affiliated to	Duration (yrs)	Intake Capacity (A/Y) April 23-March 24	Student on Roll		Passed out students
1	MD (PMR)	MUHS, Nashik	3	04	1 st yr	02	02
					2 nd yr	02	
					3 rd yr	02	
2	MPTh	MUHS, Nashik	2	06	1 st yr	05	06
					2 nd yr	06	
3	MOTH	MUHS, Nashik	3	06	1 st yr	00	02
					2 nd yr	02	
					3 rd yr	01	
4	MPO	MUHS, Nashik/ RCI	2	04	1 st yr	02	03
					2 nd yr	04	
5	BPO	MUHS, Nashik/ RCI	4 ½	16	1 st yr	09	20
					2 nd yr	06	
					3 rd yr	08	
					4 th yr	11	
					Internee	29	
6	FCR PT	MUHS, Nashik	1	10	1 st	2	00
7	FCR OT	MUHS, Nashik	1	10	1 st yr	--	--
8	FCR Surgery	MUHS, Nashik	1	03	1 st yr	--	--
9	DHLS	(AYJNIHH)/ RCI	1	28	00	05	07

VIII Gender issues

Female members are included in selection committees for recruitments and admission to academic courses. All the special facilities admissible to women employees are provided by the Institute. A sexual harassment committee is constituted with a senior women officer as chairperson.

IX Other activities of staff and students

- Yoga day was celebrated on 21st June, 2023.
- Blood Donation Camp was organized on 5th July, 2023 in collaboration of BYL Nair CH. Hospital.
- Hindi Pakhawada was celebrated by staff and students in September, 2023.
- Celebrated International day of Persons with Disabilities on 02nd December, 2023.

- Organized a wheelchair donation programme on 9th March 2024 in collaboration with Shanta Siddhi Charitable Trust, Honourable Governor of Maharashtra was the Chief Guest of the programme.



Wheelchair donation programme on 9th March 2024 in collaboration with Shanta Siddhi Charitable Trust, Honourable Governor of Maharashtra was the Chief Guest of the programme.



International Yoga Day 21st June, 2023

3.3.2 ALL INDIA INSTITUTE OF SPEECH AND HEARING (AIISH), MYSURU

The All India Institute of Speech and Hearing (AIISH) is a premier educational organisation in the country on communication and its disorders. It was founded in 1965 as an autonomous organization. Started as an institute to train postgraduate students in speech and hearing, today AIISH has grown into the largest Institute in the country, offering various diploma, graduate, postgraduate, doctoral, and postdoctoral programs in the field, in addition to conducting multi-faceted research to find solutions to the challenges of communication disorders, rendering clinical services to thousands of persons with communication disorders and providing public education on various aspects of communication disorders.

The activities carried out by the Institute from 1st January 2023 to 31st March 2024 are given below.

2 Important events and achievements

2.1 Academic

- **MoU with the University of Mysore:** The Institute signed a Memorandum of Understanding with the University of Mysore, Mysuru, towards knowledge support, academic collaboration, and development and delivery of content for broadcasting and transmission at Radio Manasa 89.6, the FM channel of the Mysore University, on 3rd February 2023.
- **Graduation Day 2022:** The 'Graduation Day 2022' was celebrated at the Institute on 25th February 2023. Prof. Niranjana Vanalli, Hon'ble Vice-Chancellor, Bangalore North University, Kolar was the chief guest of the function, and Prof. Roopa Nagarajan, Registrar, Sri Ramachandra Institute of Higher Education and Research,

Chennai, graced the occasion. Awards, honors, and endowment cash prizes were presented to the AIISH students who bagged ranks and gold medals in the University examinations.

2.2 Administrative

- **53rd Standing Finance Committee Meeting:** The 53rd Standing Finance Committee meeting of the Institute was conducted at the Ministry of Health and Family Welfare, Govt. of India, New Delhi, under the chairmanship of Ms. Roli Singh, IAS, Additional Secretary & Mission Director, National Health Mission, Govt. of India on 5th January 2023.
- **59th Executive Council Meeting:** The 59th meeting of the Executive Council was held under the chairmanship of Dr. Mansukh L. Mandaviya, Hon'ble Minister for Health & Family Welfare, Government of India, on 12th January 2023.
- **Rozgar Mela:** The Institute hosted three Rozgar Melas of the Government of India on 13th June, 16th May and 26th September 2023 in collaboration with the Department of Post and Canara Bank. Smt. Shobha Karandlaje, Minister of State, Agriculture and Farmers Welfare, Government of India, distributed the appointment letters to the recruits during the events.

2.3 Clinical care

- **Auditory-Verbal Therapy Centre:** The Institute has been selected as one of the Auditory-Verbal Therapy and Training Centres for hearing-impaired children undergoing surgery or cochlear implantation under the Cochlear Implant Scheme of the Health and Family Welfare Department, Govt. of Karnataka. The scheme has been implemented as a part of the National Health Mission through the Rashtriya Bal Swasthya Karyakram (RBSK), Govt. of India and Suvama Arogya Suraksha Trust, Govt. of Karnataka. The Institute signed MOUs with four medical institutions in Karnataka in this regard.
- **Preschool Graduation:** The Institute honoured the special children who graduated from its preschool in a graduation ceremony on 28th April 2023. Eighty-six children completed the preschool training successfully; 78 were mainstreamed, and the remaining eight recommended partial integration with support services.
- **One-Month Summer Camp:** The Institute organised a one-month summer camp for children with special needs and for typically developing children to promote inclusion from 1st to 31st May 2023. Eighty-nine special children and ten typically developing children attended the camp.

- **Health Camp for Special Children:** A two-day free health camp was conducted for the children availing different educational services at the Department of Special Education of the Institute from 21st to 22nd November 2023. Approximately, 438 children with communication disorders benefitted from the program. A team of doctors from SGS Hospital, Swami Narahari Teertha Medical Mission Trust, Mysuru carried out the medical checkup in the camp.

2.4 Infrastructure

a. Patient Accommodation Building: The Institute initiated the construction of a multi-storied accommodation building for those visiting the Institute to avail of clinical services. The building will have three dormitories and 37 double rooms, accommodating 107 persons.

b. Learning Management System: The Institute launched an indigenously developed Learning Management System (LMS) based on Moodle open-source software.

c. AIISH like Institute in Kanpur: Dr. Mansukh L. Mandaviya, Minister of Health and Family Welfare, Govt. of India, laid the foundation for AIISH like Institute in Kanpur, UP, on 24th January 2024. It will be the first State-of-the-Art Centre of the Institute in North India to provide education and training in speech and hearing and clinical care to people suffering from various communication disorders.

2.5 Special Events and Commemorative Days

d. Inter-college Cultural Festival: AIISH Aawaaz, the annual inter-college cultural festival, was held on 4th and 5th of February 2023. The theme of the event was 'Neurodiversity'. Students from ten speech and hearing institutions and 21 other institutions participated in various competitions organised as a part of the event.

e. World Hearing Day: The Institute commemorated 'World Hearing Day 2023' to raise awareness of the significance of ear and hearing health care among the general public from 1st February to 3rd March 2023. The activities carried out include a national-level workshop on newborn hearing, hearing screening camps, distribution of hearing aids, orientation programs through radio talks, publication of newspaper articles, live phone-in programs, walkathons, public education jingles in community radio channels, distributing public education pamphlets and dissemination of video messages of celebrities.

f. Autism Awareness Month: Autism Awareness Month was observed in April 2023 by organising various activities and training program for the public, parents and professionals.

g. World Voice Day: The World Voice Day was observed at the Institute on 10th April 2023. An interactive talk on 'Voice Problems in Professional Voice Users' was conducted at the Radio Manasa FM radio, and a digital poster-making competition was also carried out.

h. Annual Day: The Institute celebrated its 58th Annual Day on 9th August 2023. Dr. C.N. Manjunath, Director, Sri Jayadeva Institute of Cardiovascular Sciences and Research, Bengaluru, served as the chief guest, and the noted playback singer, Shree Harsha, was the Guest of Honour of the inaugural function. Dr. Sridevi Annapurna Singh, Director, CFTRI, was the chief guest and Shri. Narendra Narayanan, Founder and Managing Director, of Vinyas Innovative Technologies, the guest of honour for the evening cultural program.

i. International Day of Sign Languages: As part of the International Day of Sign Languages, a one-day workshop on basic sign language for postmen and postwomen was held on 24th September 2023.

j. Speech Sound Disorders Awareness Month: A half-day workshop and orientation programs were conducted as part of Speech Sound Disorders Awareness Month in September 2023.

k. International AAC Awareness Month: To commemorate the International AAC Awareness Month, the Centre for AAC & Sign Language, jointly with Mysuru Postal Division, organised a Workshop on Basics of Indian Sign Language for Staff of Mysuru Postal Division on 29th October 2023.

l. Learning Disability Awareness Month: The Learning Disability Awareness Month was observed in October 2023 by organising an orientation program for parents and special educators.

m. World Cerebral Palsy Awareness Month: The World Cerebral Palsy day was commemorated in October 2023. Orientation programs, a digital display on 'Cerebral Palsy-Myths and Facts', and games and activities for children with cerebral palsy were carried out and a handbook on 'Activities to improve chewing' was developed.

n. International Stuttering Awareness Day: As part of the International Stuttering Awareness Day, a Seminar on "Role of Teachers in the Early Identification and Management of Persons with Stuttering" was organised on 3rd November 2023.

o. International Day for Persons with Disabilities: A public function for the caregivers and their children attending therapy and preschool was organised as a part of the International Day for Persons with Disabilities on 5th December 2023.

2.6 Workshops and Seminars

- **National Workshop:** A National Workshop on 'Strategies to implement the universal newborn hearing program in India' was organised on 24th February 2023 for audiologists, ENT surgeons, pediatricians, gynecologists, and administrators. The workshop developed an action plan to implement universal newborn hearing in India.

- **Faculty Development Program on E-content Creation:** A Faculty Development Program (FDP) on E-content Creation was held for the Institute faculty and staff members from 27th to 28th March 2023, and the second phase from 27th to 28th March 2024.

- **Faculty Development Program in Intellectual Property Rights:** A Faculty Development Program in Intellectual Property Rights was organised for the Institute faculty members on 26th April 2023.

- **National Seminar:** A two-day National Seminar on Early Identification and Intervention of Communication Disorders in Children was organised from 25th to 26th September 2023.

- **2nd AIISH International Audiology Convention 2023:** The 2nd AIISH International Audiology Convention 2023 was held from 7th to 8th December 2023.

- **National Conference:** The 4th National Conference of the International Society For Augmentative And Alternative Communication (ISAAC) India Chapter was organised from 11th to 12th January 2024.

- **National Workshop:** A National Workshop on Demystifying brain and behaviour relationships across the life span: SLP perspectives, was conducted from 22nd to 23rd February 2024.

3 Learning and Teaching

The Institute offered 14 long-term academic programs, including one postdoctoral, five doctoral,

three postgraduate, two undergraduate, and three diploma programs. Admissions to the B.ASLP, M.Sc. (Audiology) and M.Sc. (SLP) programs were conducted through national-level entrance examinations. In addition to the long-term training programs, the Institute conducted 712 short-term training/orientation programs and 41 workshops/seminars on various aspects of communication disorders. Further, guest lectures by eminent personalities, departmental peer evaluation, journal club and clinical conference presentations were organised.

4 Research Accomplishments

The Institute promotes research related to communication and its disorders by giving special emphasis to clinically relevant applied research on causes, control and prevention of communication disorders, assessment and treatment issues, and the testing and refinement of new technologies for speech and hearing impairment. Nineteen funded research projects were completed, and 54 were progressing in different departments of the Institute. The Govt. of India funding agencies like the Department of Science and Technology and the Indian Council of Medical Research sponsored the projects in addition to the grant given by the Institute.

In total, 149 scientific papers were published in various national and international journals, 203 presentations were made at international and national scientific conferences and 15 books/ book chapters were written by the academic community during the reporting period.

5. Clinical Care

The Institute offers clinical evaluation for communication disorders to clients nationwide and abroad. In total, 29236 persons registered newly for clinical care during the period. A wide range of rehabilitation services were provided for the persons identified with speech, language and hearing disorders and related ailments like psychological and otorhinolaryngological issues. Specialized clinical services were rendered on augmentative and alternative communication, autism spectrum disorders, cleft lip palate and other craniofacial anomalies, fluency, learning disability, listening training, motor speech disorders, neuropsychological disorders, swallowing disorders, voice disorders and vertigo.

6. Public Education and Outreach Services

The Institute carried out the following public education and outreach activities for the early identification and prevention of communication disorders during the reporting period.

- Neonatal and pediatric screening of 76030 neonates and infants at the hospitals/ immunization centres in Mysuru, the outreach service centres and newborn screening centres of the Institute located in different parts of the country.
- Screening of 3509 children for communication disorders in schools, preschools and anganwadis and industrial screening of 920 employees were done. In addition, bedside screening and elderly screening were carried out.
- Speech and hearing diagnostic and therapeutic services at the outreach service centres of the Institute.
- Preparation and distribution of communication disorders-related public education resources like manuals, brochures and pamphlets both in print and electronic formats, development of videos, organising TV and radio programs, and dissemination of resources on social media sites of the Institute.
- Organisation of public orientation programs by experts on various issues in disabilities to create awareness among the general public.
- Tele-diagnostic and rehabilitation services for clients with disabilities from across the country.

7 Other Activities and Events

Hearing Aid Trial and Distribution: In total, 7543 clients were evaluated for hearing aids, and 3240 hearing aids were distributed at the Institute. In addition, partnered with the Bank of Baroda and distributed nearly 40 hearing aids to the children on 9th November 2023. Further, partnered with Frauschere Sensor Technology India Pvt. Ltd., Mysuru distributed 117 hearing aids to 97 children and older adults on 22nd February 2024. Frauschere Sensor Technology India Pvt. Ltd., Mysuru also provided 10 desktop computers to Special Education Department for the parent empowerment program.

Educational Rehabilitation of Special Children:

The Preschool attached to the Department of the Special Education of the Institute provided training for 244 children with hearing impairment, cerebral palsy and mental retardation.

The key statistics of the Institute from 1st January 2023 to 31st March 2024 are given in Table 1.

Category	Figures (1st January 2023- 31st March 2024)
Academic programmes offered	14
Orientation / short-term training	712
Workshops / Seminars	41
Invited talk by faculty & staff	190
Research	
Completed funded projects	19
New/Ongoing funded projects	54
Conference presentations	203
Journal publications	149
Books/book chapters	15
Clinical Activities	
Patient Registration -New	29236
Speech & language assessment	7703
Speech & language therapy	10332
Hearing evaluation	21304
Hearing aid trial	7543
Hearing aids distribution	3240
Psychological assessment	8250
ENT assessment	50636
ENT surgery (major & minor)	269
Specialized clinical services	17
Preschool children trained	244
Public Education	
Dissemination of public education videos on social media	56
Social media posts	
Facebook	160
Instagram	148
Youtube	62
Twitter	59
Live phone-in program	5
Public orientation	
Number of programs	562
Number of participants	17822
Radio-based public education programs	31

Category	Figures (1st January 2023- 31st March 2024)
Extension activities	
Newborn screening	76030
Industrial screening	920
School /Anganavadi screening	3509
Communication disorder screening camps	37
Clinical Services at OSCs	
• No. of clients evaluated	7154
• Rehabilitation provided	
1. Hearing aid distribution	94
2. Speech-language therapy	13651
3. Medical treatment	2185
Tele assessment (Cases)	243
Tele-speech language therapy (Cases)	479

Percentage of Employment of Persons with Benchmark Disabilities (PwBD) (As of 31.03.2024)

Group	A	B	C	Average % of PwBD employment at AIISH, Mysore
PwBD (3%)	Nil.	1.25%	6.97%	2.74%

3.3.3 ALL INDIA INSTITUTE OF HYGIENE & PUBLIC HEALTH (AIIHPH) KOLKATA

All India Institute of Hygiene & Public Health (AIIHPH) Kolkata was established in 1932 as SE Asia's 1st multidisciplinary public health teaching, training & research institute having two field practice laboratories at Rural Health Unit & Training Centre (RHU&TC), Singur, Hooghly and Urban Health Unit & Training Centre (UHU&TC), Chetla, Kolkata. The Institute has given the nation its 1st Blood Bank (1942), the concept of primary health care through PHCs & SCs (Sir Joseph Bhore Committee Report 1946), the Pour-flush toilet which is the precursor of the Sulabh Shauchalaya movement, the modern Arsenic treatment plant, and many other pioneering aspects of public health.

Teaching, training & research: AIIHPH runs over a dozen post-graduate public health courses for various cadres including two NMC recognized courses (MD Community Medicine & MD MPH Epidemiology). Total PG Students enrolled in 2023-24 was 258. The Institute also conducts various Short Courses/Training Programmes/ Internship for Capacity Building in public health - 22 Short Trainings for 440 participants and 62 Field Trainings for 1258 participants, were conducted in 2023-24. Prominent trainings include PH Emergencies Management on behalf of Disaster Management Cell of MoHFW (3 rounds), Mothers Absolute Affection (MAA) for Child Health Division of MoHFW (2 rounds) for 6 Eastern/ NE States, PH Nursing Training for Nursing Colleges across the country (10 rounds), and also on Research Methodology, Systematic Review & Meta-analysis, Operations Research, Scientific Writing, Foundation Course on Occupational Health, One Health, etc. Faculty and Residents of AIIHPH have published 48 Research Papers in reputed International and National Journals and presented papers in over a dozen International, National and Regional Conferences with 15 being credited with Best Paper/ Poster/ Other Awards.

National Health Programmes and Health Care Delivery: Various National Health Programmes viz. RMNCH+A, NTEP, NVBDCP, etc. were implemented for 68 villages through the RHU&TC, Singur and slum population of Chetla through UHU&TC, Chetla in addition to the provision of General Health Services in these areas. Department of PSM initiated the Village Adoption Programme at Khosalpur village, Singur Block, Distt. Hooghly, WB. AIIHPH faculty members also participated as Central Team members for investigation, control & containment of several disease outbreaks across the country. The institute hosted the Annual Review Meeting 2023 of the Regional Offices of MoHFW (22 to 24 Feb. 2023). The Institute is represented in many national level Expert Committees viz. Scrutiny Committee of Research Proposals, Stem Cell Therapy Guidelines, Fluoridation Expert group, Point of Entry guidelines, etc.

Newer initiatives: Prominent newer initiatives undertaken by AIIHPH during the year being: i) Foundation Stone laid for West Bengal State Branch of NCDC, ii) Rotational posting of Junior Residents to PH institutions of DGHS, MoHFW (Airport & Port Health Organization, Medical Stores Organization, Regional Office of MoHFW,

Regional Leprosy Training & Research Institute, Institute of Serology Kolkata, etc.) iii) Use of Drone Technology for delivery of Healthcare Services (28 flights conducted successfully), iv) Launch of Online Training using Spoke & Hub Model of ECHO India platform v) Occupational Health Department Laboratory functionalized & MOU signed with Regional Labour Institute Kolkata, Ministry of Labour, GOI, for AFIH Course vi) Upgradation process of Computer Laboratory of Statistics Department on – 20 new machines procured and in process of installation and proposal sent to WBUHS for up-gradation of existing Diploma to Biostatistics & Data Analytics.

Future Vision: i) Associate Fellow of Industrial Hygiene (AFIH) course approved by DGFASLI, Ministry of Labour for launching from July 2024, ii) MoUs signed with University of New South Wales, Australia, and also with International Health Division of MoHFW and National Centre for Disease Control of MoHFW and new Courses, Fellowships and Trainings are being worked out, iii) Upgradation proposal for RHU&TC being prepared.

General Administration: AIHHPH is in final stages of full implementation of e-office, upgradation of website involving CDAC, and has issued appointments to 136 candidates to fill up vacant posts of various categories under Mission Recruitment Drive 2023. Administrative training has been provided to Faculty & Staff at reputed institutions like ISTM. The Institute has prepared and submitted two Courses i.e. Diabetes: “Prevention & Management” and “Best Practices in Medical Education” for iGot platform of MoHFW while three more courses are in process of preparation. Several events organised for Azadi Ka Amrit Mahotsav (AKAM) including International Yoga Day, One Health Workshop, Blood Donation Camp, World Environment Day, etc.

3.3.4 CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE, CHENGALPATTU

1. INTRODUCTION

Central Leprosy Teaching and Research Institute (CLT&RI), is the apex and one among four leprosy institutes established under the Directorate General of Health Services (DGHS), and situated at Chengalpattu in Tamil Nadu State. The institution was constituted in the year 1955 under a Governing Body by taking over the Lady Wellington Leprosy

Sanatorium set up in 1924, and was subsequently made a Subordinate Office of the DGHS in 1974. The key objectives of the institute are to provide diagnostic, treatment and referral services to Persons affected with leprosy (PAL), train manpower for the National Leprosy Eradication Programme (NLEP), Monitor & Evaluation of NLEP, and conduct basic and operational research. The Institute has a 124 bed hospital catering to both indoor and outdoor patients with four technical divisions: - Clinical, Surgical, Laboratory and Epidemiology & Statistics.

The significant activities carried out by the institute from January 2023 to March 2024, are described in brief under separate headings:

2. TRAINING ACTIVITIES

The training/capacity building of the healthcare workers involved in the National Leprosy Eradication Programme (NLEP) remains the core activity of the institute, for the effective implementation of NLEP activities and sustaining the public services. The institute provides resource persons for various training activities of Medical Officers and paramedical staff as requested by the States. The training particulars from Jan 2023 – March 2024 are given below:

After COVID- 19, necessary efforts and actions are made to regain the training activities with priority given for trainings to participants nominated by State Governments and thereby build the capacity of healthcare workers to achieve the vision of Leprosy Free India. Training is given for human resources involved in active case detection activities for leprosy.

The faculty participated as resource persons in technical Workshops, continuing Medical Education and training programmes conducted by the State of Karnataka and Medical Colleges in Tamil Nadu.

3. PATIENT CARE SERVICES

3.1 Clinical Services

The institute provides quality health care services to the persons affected with leprosy from all over the country for diagnosis, treatment and management of complications with round the clock services. The patient attendance had seen an increase after the COVID-19 pandemic. The Out-patient and In-patient services from January 2023 to March 2024 are given below:

3.2 Surgical Services:

The Institute is a referral centre for Re-Constructive Surgery (RCS) for persons having deformities. During the period, a total of 20 RCS were performed, along with 50 major and 258 minor surgeries. The list of surgeries done is given below:

S. No.	Type of Surgeries	Particulars	Total No.
	Reconstructive Surgery	Hand	16
		Foot	04
	Major surgery & Special procedures	Amputation	02
		Arthrodesis	03
		Skin grafting	09
		MTH resection	18
		Nerve decompression	04
		Secondary Suturing	06
		Callus excision	06
		Epicondylectomy and others	02
	Minor surgery	Ulcer curettage, biopsy, resection, Debridement, sequestrectomy, intra-articular injection & others	258

3.3 Disability Prevention and Medical Rehabilitation (DPMR) services:

DPMR services like Physiotherapy, provision of Micro Cellular Rubber (MCR) footwear and orthotic appliances were provided to the benefit of persons affected with leprosy. The institute has a manufacturing unit for Micro Cellular Rubber (MCR) sheets and a dedicated footwear unit to make different types of footwear as per the requirement of beneficiaries with necessary modifications and given free of cost. Further, the institute conducts outreach camps and supports the rehabilitation services provided by the State governments.

S. No.	Services	Particulars	Total No.
1	Physiotherapy services	New case assessment	247
		Follow up assessment	107
		Hand & Foot Exercises	1870
		Wax Therapy	1254

2	MCR & Footwear	Electro-therapy/radiation	920
		Splints & Slabs	358
		MCR Sheet Production (Sheets)	680
		CLTRI use (Footwear section)	400
		Supply to other Govt. & Non Govt. organizations	120
		Total MCR Foot wear provided (pairs)	671
		No. of Orthosis and Prosthesis produced	08

3.4 Laboratory Services:

The Laboratory division in the institute is well equipped with essential facilities ranging from basic services to molecular biology, including PCR to support clinical and research activities. A separate Animal House with mice colonies is also available for testing purposes. The total number of investigations done is provided in the table below

S. No	Sections		Total No. of investigations
1.	Clinical Pathology	Skin Smear for M. leprae	3016
		Nasal Smear for M. leprae	06
2.	Biochemistry		12535
3.	Haematology / Serology		9456
4.	Bacteriology & Mycobacteriology		1677
5.	Histopathology & Molecular biology		2161

4. RESEARCH PROJECTS (Ongoing & proposed):

- Feasibility study of Surveillance of drug-resistant leprosy among new and retreatment cases in Tamil Nadu – Ongoing project
- Active case detection among contacts of persons affected with leprosy in Chengalpattu district – Proposed
- Molecular determination of M. Leprae viability using real time PCR – Study initiated and under process.

- High resolution melt curve analysis for drug resistance detection in *M. leprae* – under process
- QOL after lower limb amputations for leprosy patients with gross deformity /malignancies – IEC approval pending
- Post-operative follow up of foot drop patients undergone TP transfer surgery – IEC approval pending

5. MONITORING AND EVALUATION (M & E) OF NLEP ACTIVITIES

CLTRI is involved in the Monitoring and Evaluation of NLEP activities at the district level in the States/UTs of Tamil Nadu, Karnataka, Kerala, Maharashtra, Gujarat, Delhi, Puducherry, Andaman & Nicobar Islands and Lakshadweep. The institute supports the technical supervision and monitoring of NLEP activities in the States as per directions from Central Leprosy Division, DGHS. During the period, monitoring of Leprosy Case Detection Campaign (LCDC) was done in the States of Telangana, Chhattisgarh, Karnataka and Tamil Nadu along with routine monitoring in the district of Erode, Tamil Nadu during August 2023.

6. FIELD/OUTREACH ACTIVITIES

The institute carries out various outreach activities in the field practice area, like case detection surveys, contact screening, hot spot survey of clusters, case holding activities, field trials and field training activities. The Special activities like Medical / Skin camps and Prevention of deformity camps are conducted in collaboration with State agencies.

During the year, a screening programme for contacts of leprosy cases reported to CLTRI OPD is taken up. As part of field training programme, the trainees were taken to Guduvancherry and Sadras PHC and adjoining areas for demonstration of NLEP activities.

7. IMPORTANT DAYS / EVENTS CELEBRATION

Anti-leprosy Day and Fortnight activities / SPARSH Leprosy Awareness Campaign (SLAC) are held from 30th January to 13th February every year. During the fortnight, various activities are conducted to create mass awareness about leprosy, treatment options and reduce stigma and discrimination among the general public, school and college students along with involvement of community members and persons affected with leprosy. The theme for the year 2023 was focused on

"Let's Fight Leprosy & Make Leprosy a History" and for 2024 is "Ending Stigma, Embracing Dignity".

Various activities are conducted as part of the campaign and include:

- SPARSH pledge taking ceremony among the general public, students, PAL and staff members.
- Grama Sabha Meeting at Grama Panchayat levels in Chengalpattu district.
- Recreation and Sports activity for Persons affected with leprosy.
- Large scale leprosy awareness programme for school and college children.
- Conduction competitions like Quiz, Essay, Slogan and Short films with distribution of prizes.
 - Skin Camp for conservancy staff and general public in municipal and town Panchayat locality.
 - Prevention of Deformity camps in association with District Leprosy Office, Tiruvallur and local Non-Government Organizations working for rehabilitation of leprosy affected.
 - Massive Human chain programme on the theme.
 - Distribution of aids and appliances/ welfare materials to Persons affected with Leprosy.
 - Participation of CLTRI faculty as guest speakers in Continuing Medical Education, Webinar and in technical sessions.
 - Selfie counter in the institute spreading the year's theme and awareness on leprosy.

Vigilance Awareness Week was observed during 30th October 2023 – 05th November 2023, Integrity pledge was taken on 30/10/2023 and a quiz competition was organised on 02/11/2023.

8. ACHIEVEMENTS / NEW INITIATIVES

- Under Mission Recruitment process, 54 posts were revived out of 106 posts in Abolished / Deemed Abolished category. A total of 29 posts were reported to the recruitment agency under DGHS and 20 new recruits had joined as of 31.03.2024.
- Received one electric mobility vehicle (Buggy) costing around 10 lakhs as sponsorship from a donor for the benefit of transport of persons affected with leprosy in the hospital.
- Training of participants nominated by State Govt. is increased with Lab Technician training happening after more than 7 – 8 years.

4. Coordination with District Mental Health Programme for provision of Mental Health services to patients in the hospital.

5. Linkage with State health programme for provision of patient care services to the facility level and patients residing in blocks.

6. Procured and installed PCR Machine for Drug Resistance Testing for Leprosy at National level as per guidelines and Semi Auto Analyzer in Lab. Division

7. CLTRI was nominated as Nodal agency for use of Drones in Healthcare. Drone services transporting medicine, blood samples and other logistics were started between CLTRI and State Government Health facilities – Community Health Centre Nandivaram, Guduvancherry and Government rehabilitation home, Paranur.

9. EMPLOYMENT OF PERSONS WITH DISABILITIES (PwD)

Three persons with disability are in position, out of 119 person in-position at Gr 'A', Gr. 'B' and Gr. 'C' level. (2.5%)

10. BUDGETARY ALLOCATION

The total Budget Estimate (BE) for the year 2023-24 is 29.2 Cr and Revised Estimate (RE) is 18 Cr.

3.3.5 REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE (RLTRI), RAIPUR

Introduction:

Regional Leprosy Training and Research Institute (RLTRI), Raipur established in the year 1979, is one of the 3 RLTRIs established with the aim to provide specialized care to the leprosy cases undertake research in the field of leprosy and develop specialized manpower by imparting training to vertical leprosy staff deployed all over the country mainly from the Central Region.

After the integration of leprosy services into General Health System in the year 2005, institute assumed role of referral institution to provide support and specialised quality services to difficult to manage complicated cases of leprosy. The Institute also imparts training to various health functionaries viz. Regional Directors, State Leprosy Officer, District Leprosy Officers, Block Medical Officers, and Para Medical Personnel, Laboratory staff, Physiotherapist and other categories of staff from general health care system of various states. Institute also undertakes operational and need based research in the field of leprosy.

The Institute has a hospital including - OPD, 50 bedded indoor wards, a laboratory to undertake Microscopy confirmation of M Leprae by skin smear examination and an OT to undertake reconstructive surgeries for leprosy related deformities.

The institute has been assigned additional responsibility as Regional Office of Health and Family Welfare for the State of Chhattisgarh and has been given responsibility of monitoring various National Health programmes in the state. Thus at present the Institute is holding dual responsibility of RLTRI and ROHFW (Chhattisgarh) with the existing manpower of RLTRI, Raipur. It is under the administrative control of Central Leprosy Division of DGHS.

Undertake field visits for Supervision & Monitoring of NLEP & also other National Health Programmes of public health importance & feedback to the state.

OPD from 01/01/2023 to 31/03/2024	5669
IPD from 01/01/2023 to 31/03/2024	431
RCS from 01/01/2023 to 31/03/2024	98
Physiotherapy service 01/01/2023 to 31/03/2024	1279
Wax therapy 01/01/2023 to 31/03/2024	184
Splint apply 01/01/2023 to 31/03/2024	363
MCR footwear issued 01/01/2023 to 31/03/2024	81 Pairs
Foot drop belts issued 01/01/2023 to 31/03/2024	21
Goggles for lag ophthalmus issued 01/01/2023 to 31/03/2024	09
Field visits 01/01/2023 to 31/03/2024	1. NLEP- 09 (Districts- Balod, Korea, Dantewada, Sukuma, Baster, Narayanpur, Surajpur,

Trainings	Saranggarh, Mungeli) 2. RD visits- 04 (Districts- Bastar, Narayanpur, Dantewada, Sukuma) • Other-05 MDA (Districts- Baloda bazar, Gariyabandh, Raigarh, Baster, Durg) • Medical officers – Total batches 11, Total participants-177 • Physiotherapist- Total batches- 04, Total participants–58 • District Leprosy officers- Total batches- 01, Participants- 15 • Lab technicians- Batch- 03, Participants – 45 • MBBS students three day training- Batch 01, Participants- 14 • MBBS students one day training- Batches –04 • One day Reorientation training of MLT on Filaria Night Blood Survey and slide examination- Batch 01, Participants- 25

3.3.6 REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE, ASKA, ODISHA.

Introduction:

This Institute was established in the year 1977. At present, there are 23 (Gr.-A-2, Gr.B, C-11 & Gr.C (MTS)-10) staff in position out of 62 sanctioned posts. It has a 50 bed hospital and average bed occupancy is about 30.68 % in 1st January 2023 to 31st March 2024. The Institute provides both outdoor and in-door services to leprosy patients. The Institute also works as a referral center for management of difficult to diagnose leprosy cases and problematic, complicated cases of reaction and ulcers. Thalidomide is also given to recurrent ENL reaction cases. Physiotherapy measures and MCR chappals are provided to needy patients. It also works as a nodal training and research center for the cause of leprosy elimination.

Brief activities performed by this Institution :- (1st January 23 to 31st Mar. 23)

1. OPD Attendance- 2181 (Leprosy-1629, Non-leprosy -552) among which 21 New cases of Leprosy (MB-17, PB-05)
2. In-door- Total admissions : 219
3. Reaction cases managed (OPD) - 464 episodes of reaction (Type I- 336 & Type II -128) among 27 cases (Type-I:- 19 and Type-II :-08).
4. PMR- MCR Chappals –New-111 and Repair - 174.
5. No. of patients attended for Physiotherapy :-269 (IPD) out of which POP has been given to 27 patients and Physio treatment given to 1629 OPD patients.
6. No. of slit skin smear done -19 out of which "+ve" -05 and "-ve" -14.
7. Training Faculty of this Institute participating as resource person in NLEP training to doctors of Odisha.

The Director of the institute participated as a Resource person in

- a. "Integrated Mental Health Services to Leprosy patients in NLEP" at Ranchi on 12-01-23 & 13-01-2023.
- b. "National workshop for capacity building of SLOs & ILEP consultants on ILEP, NSP Implementation and Nikustha 2.0 at Faridabad on 31st March-1st April 2023 (about 50 participants)
- c. As central monitor for LCDC of Jharkhand from 25th -29th June 2023.
- d. NLEP Review meeting & training workshop of DLOs of MP at Indore from 6th-7th July 2023 (53 DLOs, DLC)
- e. National consultative workshop for development training modules for promotion of Mental well-being of Leprosy patients at Pune : 10-11th August 2023 (about 55 participants).
- f. Participated in National review meeting cum workshop for state leprosy officers of 15 high priority states/UTS in New Delhi during 23-24 November 2023 being organised by CLD/DGHS and WHO. About 80 participants participated in the meeting.
- g. Participated in 2 days NLEP training for Medical Officers and Review Meeting in Dadra Nagar Haveli (DNH) and Daman Diu on 23-24 January 2024 at Silvassa. The meeting conducted by

DGHS, about 50 MOs & SLOs participated in the meeting.

h. Participated physically in the "Technical Committee Meeting for State Strategic Plan on NLEP" on 01-03-2024 at DHS, Odisha, Bhubaneswar.

i. Participated as a Resource person in the state level TOT of Lab. Technicians of Odisha for Slit Skin Smear test at Bhubaneswar on 13-14 March 2024 in two batches. A total of 38 LTs of Odisha were participated.

Virtual meeting chaired by Secretary, H.F.W/CLD/DGHS

a) Participated as a member of the TRG Group for finalization of NSP & AMR documents on 9-01-23.

b) Member of Research group on study proposal submitted by PGI, Chandigarh-11th May 23.

c) Filling of vacant posts by DGHS:-12-5-23.

d) Mission Review chaired by Secretary :27-4-23 and 11-09-23.

e) Expert member to "Leprosy as Notifiable diseases" by CLD: 01-08-2023 & 16-11-23.

f) Proposal for Nodal centre for priority(neglected) tropical disease at RLTRI Gouripur; 18-07-23.

g) Restructuring of CLTRI/RLTRI's by DGHS 14/08/23

h) D-SOM (Directorate senior officers meeting) chaired by DGHS -18-8-23, 25-10-23, 18-01-2024 & 28-02-2024.

i) NLEP Objective, Target and Achievement chaired by DGHS:- 22-09-23.

j) Mission Rozgar Mela on 2-10-23, 28-10-2023, 10-11-23, 02-12-2023, 09-12-2023, 16-12-2023 & 23-12-2023.

k) NLEP training meeting regarding revised classification of MB/PB cases. And its treatment regimen on 6-11-2023.

l) As a member Technical Resource Group on 18-12-23, 19-12-2023 & 20-12-23 for finalization of Draft Training Modules of Medical Officers, Nurses and Ashas for "Integration of Mental Health Services for Leprosy Patients" being chaired by DGHS.

m) Review meeting of "Leprosy Institute" by Jt. Secretary cum Economic Advisor on 06/12/2023.

n) Meeting under chairmanship of DGHS to discuss regarding "Engagement of vertical

laboratory network of NTEP for NLEP on 20/02/2024.

o) Participated in the Knowledge series discussion by ILEP :- (I) 1st session on 14th Feb.-2024 (3PM to 4PM) :- Issue of Migration in Leprosy. (II) 2nd Session on 13th March -2024 (3PM to 4PM):- Improvement of Ulcer case of leprosy patients.

3.3.7 REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE, GOURIPUR, BANKURA, W.B.

Introduction:

Regional Leprosy Training and Research Institute, Gouripur, Bankura, in short, RLTRI, Gouripur, a 30 bedded leprosy hospital, was set up by Govt. of India in 1984 with the objectives as mentioned below:-

- 1) To create sufficient trained workforce of different categories including Medical Officers, for the best implementation of NLEP in different Indian states, especially, in the North-Eastern States of India to eradicate/eliminate leprosy and
- 2) To carry out operational research on leprosy towards a better understanding of the disease.

In the changing scenario of NLEP management, presently, the institute has been conducting 'Training of Trainers' course for DLOs & BMOs. It also conducts Medical Officers' course of three days and Para Medical Worker course of five days duration throughout the year as per schedule for state Govt. sponsored participants to develop requisite skills as required towards better implementation of NLEP. This institute, also, arranges one day orientation training on leprosy (NLEP), on request, for M.Sc./B.Sc./GNM Nursing students and AYUSH students from different Govt. /Non-Govt. institutes. Besides, the institute offers regular OPD services, from Monday to Saturday, mainly referral, & running an Indoor ward of 30 beds at present, as a tertiary center, for management of complicated ulcer and reaction cases. Furthermore, towards diagnosis and quality care, the institute runs one laboratory, one X-ray unit and one physiotherapy unit. It is pertinent to mention here, that during the year a few important activities have been carried out in the institute.

Special Achievements & activities during this year are given below:

- a) Renovation of ladies' hostel with attached bath and Air conditioning works are going on and will be completed soon.

b) The institute has an ideal infrastructure for clinico-epidemiological studies towards evaluation of leprosy considering its' location and resources.

c) The institute is trying its level best to achieve its aims and objectives despite severe constraints of staff strength (Sanctioned posts – 100 nos., filled up posts – 31 nos, vacant-69) as of date.

d) Through this year 09 MTS are posted to the institute through 2023 SSC but among this 06 MTS are joined. 7 technical staff are posted through 2023 HLL among them only 03(01 Asst. physiotherapist & 02 cook –cum kitchen assistants) are joined till date.

e) One MTS is joined through compassionate appointment on October 2023. One employee was promoted from MTS post to Paramedical worker (PMW) in October 2023. The institute may function in a better way, provided key vacant posts are filled up and sufficient sponsored participants (trainees) from the concerned state Governments are made available through specific initiatives taken by the higher authority towards achieving Leprosy Free India in future, by the year 2030.

f) Training and teaching activities: The institute is actively involved in training of Medical Officers, faculty of medical colleges, undergraduate & postgraduate medical students and other paramedical staff.

g) Out-patient & In-patient services: Early case detection and treatment is the core objective of NLEP, leading to the arrest of transmission of leprosy and further reduction of case load in the community with prevention of disability. Ophthalmology OPD services on Wednesday are available round the clock for persons in need.

h) Physiotherapy services and lab & x-ray services

Services

1. **Indoor:-** Admission- 107 nos., Discharge – 120 nos, Bed Occupancy Rate – 71.79%, Bed Turn Over Rate 4.00

2. **O.P.D:-** New Case detected – 04 nos. , Other Cases –01, Old leprosy patients attended- 472, MDT given – 06 blisters packs, Referral Patients attended – 944, General Patients attended – 624, RFT made –00 Nos., Relapse –01

3. **Laboratory Unit:-** Slit Skin Smear done – 508 nos., (Included referred cases from other hospitals for smear also.) Bio- chemistry done - 466 nos., Clinical Pathology –362 nos.

4. **Physio. Unit :-** Plaster – 10, Exercise – 2835,

Muscle stimulation – 00, Infra Ray – 785, Wax Therapy -1554. , DPMR – 293.

5. Training Imparted:-

1. PMW Training on NLEP 03 batches (05 days) (18.09.2023 to 22.09.2023), (09.10.2023 to 13.10.2023) & (26.02.2024 to 01.03.2024) – (02+30+27)=59 nos.

2. NLEP Training of MOs 01 batch (03 days) – 13 nos.

3. NTD Training for MD – PGT/ MD-CHA students 02 batches – (04.09.2023 to 06.09.2023) & (07.02.2024 to 09.02.2024) (16+13)=29 nos.

4. NLEP Training of Staff Nurses 01 batch (02 days) (12.07.2023 & 13.07.2023) – 25 nos.

5. Training of Lab. Tech. on NLEP & SSS 01 batch (03 days) (12.12.2023 to 14.12.2023) – 27 nos.

6. One day orientation training for Homeopathy students 02 batches (13.09.2023) & (06.03.2024) – (10+21)=31 nos.

7. One day orientation training M.sc Nursing students 01 batch (08.11.2023) – 03 nos.

h) One day orientation training of third year GNM students 02 batches (21.02.2024 & 22.02.2024) (46+46)=92 nos.

3.3.8 THE VALLABHBHAI PATEL CHEST INSTITUTE (VPCI)

The Vallabhbhai Patel Chest Institute (VPCI) is a unique research institution devoted to the study of Chest Diseases and allied sciences. The VPCI is funded by the Ministry of Health & Family Welfare, Government of India, New Delhi. This is a maintained Institution of the University of Delhi under Ordinance XX (2) and administered by a Governing Body constituted by the Executive Council, University of Delhi.

VPCI continued its 'education', 'research' and 'patient care' activities. Conducted postgraduate medical courses viz MD, DM and PhD in chest medicine, allied disciplines and also short-term training to post-graduate students of various prestigious institutions. VPCI is an empaneled hospital under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY). The hospital wing registered 13,111 new patients and 60,969 follow-up patients. Indoor General Ward admitted 16,032 patients and Emergency Ward provided treatment to 28,573 patients. The RICU admitted 2,231 patients for intensive care. No. of diagnostic tests done were: 10,433 Spirometry, 746 Complete

Pulmonary Function Tests, 35,978 X Rays, 10,661 Biochemistry tests, 19,078 Pathology tests, 7,399 Immunology tests, 4,229 Virology tests, 11,122 Microbiology tests, 322 RT-PCR tests and over 200 polysomnograms. Patient Education Centre provided services to 5,900 patients. Cardio-Pulmonary Rehabilitation Clinic enrolled over 130 patients for breathing retraining & education and 30 patients for supervised rehabilitation. Tobacco Cessation Clinic registered 220 new and 60 follow-up cases. Over 500 patients availed Telemedicine services offered by VPCI. At the Pollen Count Station, a total of 730 slides were mounted and analyzed. At the National Tobacco Quit Line Service over 3.0 lakh IVR inbound tele-calls were answered by counsellors of which 17,550 users quit successfully with success rate being 20.16%.

The Institute had 19 ongoing research projects funded by MOHFW, DHR, ICMR, DST, NCDC, etc which received grants over Rs. 10.21 Crores. VPCI has been awarded NABH EL accreditation in May 2023. The DHR MRU at VPCI is actively involved in various research activities since its inception. In 2023-2024, 8 projects are functional and 1 completed. An MoA was signed for establishment of a Viral Research Diagnostic Laboratory (VRDL), between Vallabhbhai Patel Chest Institute, DU and Department of Health Research, Ministry of Health & Family Welfare, Govt. of India for "Setting Up Nation-Wide Network Of Laboratories For Managing Epidemics And National Calamities".

A total of 08 MD and 02 DM students passed out during the period. The statistics of students on rolls during the period were: MD(2021-24): 07, MD(2022-25): 09; MD(2023-26): 10; DM(2021-24): 02, DM(2022-25): 02 and 05 PhD students. The first batch of M.Sc. Course in Respiratory Therapy was started from current year's session and 14 short-term courses were introduced. The faculty and students of the Institute have published over 100 research papers in national and international peer-reviewed journals. They also delivered / presented lectures/papers at various seminars, conferences and webinars.

The Institute continued to publish reputed and indexed quarterly publication "The Indian Journal of Chest Diseases & Allied Sciences", in collaboration with NCCP (I). The Institute has one of the best libraries in the field of Pulmonary Disease and Allied Sciences having 10134 Books, 25025 bound Journals, 177 CD's, 587 Thesis and 31 National and International Reports.

The Institute also organised several Orations, Conferences, Workshops, Short-term Training Programmes for technicians, Some important events include – 70th Institute's Day 12th January 2023; Public Lectures on different topics 21.02.2023, 27.03.2023, 27.04.2023, 28.06.2023, 23.11.2023; Training Programme for Non-Teaching Staff 01-07.03.2023; Foundation Day 06.04.2023; International Nurses Day 12.05.2023; National Tobacco Quit Line Services (NTQLS) felicitated best counsellors 19.05.2023; World No Tobacco Day 30.05.2023; World Environment Day 02.06.2023; International Day of Yoga 21.06.2023; Short Term Courses on Basic and Molecular Virology 05.06.2023 to 05.07.2023; 2-days fungal AMR hands on training workshop 31.07.2023 to 01.08.2023; World Idiopathic Pulmonary Fibrosis (IPF) Awareness week 17-24.09.2023; CME on "Boosting Public Confidence in Pharmacovigilance" 22.09.2023; Prof. AS Paintal Memorial Oration 27.09.2023; Swachhata Hi Sewa 15.09.2023 – 02.10.2023, 7th Dr. V K Vijayan Oration 26.10.2023; Smoking Cessation cum Contact Programme of Certificate Course 27.10.2023; World AIDS Day 01.12.2023; Certificate Course on Diagnosis of Respiratory Allergy & Immunotherapy 14t-16.12.2023; 71st Institute's Day with 8th Prof. HS Randhawa Oration 12.01.2024; Republic Day was celebrated 26.01.2024.

Approved Budget during the year 2022-23 & 2023-24

Year	Approved Budget (Rs. in Crores)
2022-23	70.09
2023-24	72.00

3.3.9 NATIONAL INSTITUTE OF TUBERCULOSIS AND RESPIRATORY DISEASES (NITRD), NEW DELHI

National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi, an autonomous Institute of Ministry of Health and Family Welfare, began its journey as a TB Sanatorium in 1952 and risen to the level of an Institute in 1991 followed by national recognition in 2013 The Institute is a tertiary care centre which provides high quality preventive, diagnostic curative and rehabilitative services to the patients with respiratory diseases especially Tuberculosis. The total number of

patients attending the Institute is more than 3 lakhs (average total number per day being 1053). NITRD also continues to support the National Tuberculosis Elimination Programme in framing policies and guidelines as per the need of the country and to carry out the academic in the form of teaching, training and research in the field of TB, as well as, non-tubercular respiratory diseases.

The Institute runs a daily OPD for diagnosis of TB and Respiratory Diseases. Special Clinics like Sleep Clinic, Lung Cancer Clinic, Thoracic Surgery Clinic, Allergy Clinic, Tobacco Cessation Clinic, Pulmonary Rehabilitation Clinic, Laser Therapy Clinic and Pre-Anaesthesia Check-up Clinic focus on various Non-Tubercular Respiratory Diseases. The Institute provides indoor treatment to the seriously ill patients of Tuberculosis and Respiratory Diseases through 470 beds in various wards, Emergency and ICU. Institute runs Post-Graduate DNB (Respiratory Medicine) Degree Course since 1999 and is now admitting 19 DNB students per year. In addition, two students per year are being admitted each to DNB (Thoracic Surgery-Super-speciality course) and DNB (Microbiology) courses.

Twelve new research projects by the Institute faculty were initiated during the period in addition to the ongoing projects. Various scientific publications of the Institute Faculty were published in various journals and books during the period. The Institute continues to publish its 3-monthly Newsletter regularly. Many of the senior faculty members represented the Institute in various Technical/Expert Committees on TB and Respiratory Diseases and contributed towards defining the policies of TB Programme at National Level. As reviewers of the reputed National and international journals, the faculty also fulfilled its editorial responsibilities.

During 2023-2024, 67881 new patients attended OPD averaging 226 per day. Total OPD attendance was 315934 averaging 1053 patients daily. 11,116 TB cases were diagnosed and referred to the respective DOTS Centres for treatment. A total of 71,536 microscopy tests, 11,080 pulmonary and 6864 extra-pulmonary MGIT liquid cultures, 11827 CB-NAAT tests, 7659 line probe assays and 993 MGIT DST were done. Other investigations carried out were 191344 haematology tests, 424535 biochemistry tests, 4438 cytology tests, 468 histopathology tests, 102129 X-Rays, 2927 Ultrasounds, 2718 CT Scan, 9695 PFT, 635

Bronchoscopies, 15307 ECGs and 109 Sleep studies. There were 6151 Indoor admissions, 65387 Emergency patient visits, 727 ICU admissions, 486 Major Thoracic surgeries, and 12562 patients visited ART centre.

The Institute has conducted a number of Training of Trainers (ToTs) for NTEP. The details are as under:-

- 9/1/2023 to 19/1/2023 –Training of DTOs
- 6/2/2023 to 18/2/2023 –Training of DTOs
- 27/2/2023 to 4/3/2023 –ToT for STS and STLS
- 14/3/2023 to 16/3/2023 –ToT for STS and STLS
- 1/5/2023 to 2/5/2023 – Facilitator workshop on Modernized training system
- 8/5/2023 to 19/5/2023 –Training of DTOs
- 3/7/2023 to 15/7/2023 –Training of DTOs
- 31/7/2023 to 12/8/2023 –Training of DTOs
- 28/8/2023 to 2/9/2023 – National Operational Research Training by UNION
- 11/9/2023 to 23/9/2023 –Training of DTOs
- 25/9/2023 to 29/9/2023 – Program Monitoring Training by CTD/UNION
- 12/2/2024 to 24/2/2024 –Training of DTOs

The Institute has also conducted many e-learning sessions on ECHO platform as under: -

	No. of sessions	Average Participation per session
• Difficult to treat TB	12	452
• TB-HIV	12	203
• Thoracic Surgery	3	27
• Nursing	12	113
• Miscellaneous	12	42
Total	51	

Achievements of Institute

- A Robotic Surgery Unit was installed in the Department of Thoracic Surgery in April, 2023. Dr Ravindra Kumar Dewan, Director, successfully performed the first robotic surgery case in the institute in June, 2023.
- The “Department Related Parliamentary Standing Committee (DRPSC)” on Health and

Family Welfare, chaired by Shri Bhubaneswar Kalita MP (Rajya Sabha) visited the Institute on 9th May, 2023 as part of examination of the subject "Implementation of Pradhan Mantri TB Mukh Bharat Abhiyan (MTBMBA)".

- Inspection of this Institute by the Manniya Sansadiya Rajbhasha Samiti ki Teesri up-samiti ki Nirikshan Baithak and an exhibition was held on 26/5/2023 at Vigyan Bhavan in this regard.

- "Angdaan Mahotsav" was observed from 01/07/2023 to 31/07/2023 in the Institute and various activities were performed during this period in the Institute Campus.

- 33rd meeting of Standing Finance Committee (SFC) of the Institute was held under the Chairship of the Additional Secretary & MD (NHM), on 16/02/2023.

- 30th meeting of Governing Body (GB) of the Institute was held under the Chairship of the Secretary & Family Welfare, Govt. of India on 28/04/2023.

- A JAC Team from Guru Gobind Singh IP University visited this Institute on 21.04.2023 for inspection regarding affiliation of NITRD with GGSIP University for Post Graduate Course in MD (Respiratory Medicine) and MD (Microbiology) for the Academic Session 2023-24.

- This Institute organised an "ENT & General Health Checkup Camp" for Jail Inmates at Central Jail No. 12, Mandoli, Delhi-110093 on 12/04/2023.

- The Institute organised a public lecture and panel discussion on "World No Tobacco Day" theme "Grow Food Not Tobacco" on 31st May 2023.

- International Yoga Day was celebrated on 21/06/2023 in the Institute.

- Institute organised Hindi Pakhwada from 14.09.2023 to 29.09.2023 and celebrated Hindi Diwas on 14.09.2023.

- Workplace based clinical assessment for formative assessment test (FAT) of DNB students was conducted from 19.9.2023.

- Vigilance Awareness week is being observed from 30/10/2023 to 05/11.2023. All employees took vigilance pledge on 30.10.2023.

- Special Campaign 3.0 regarding institutionalizing Swachhata and minimizing pendency in Government offices from 2nd October, 2023 to 31st October, 2023 has been observed in the Institute.

- Massive Cleanliness Drive and Shramdan Activity performed with Additional Secretary, Ms. L.S. Changsan, FA, Shri. Jaideep Kumar Mishra, JS, Dr. P. Ashok Babu, 200 NITRD staff & NGO Volunteers on 1st October 2023 from 10:00 AM to 11:00 AM at Qutub Minar.

- CTD, MoHFW and NITRD organised AYUSH-NTEP training/sensitization of around 200 AYUSH doctors in four batches from 18/12/2023 to 21/12/2023 at NITRD.

- Peer Assessment of the Institute under Kaya Kalp award scheme 2023-24 was done on 13th January, 2024 by the AIIMS New Delhi team.

- A Workshop on "PFT in Clinical Practice" was organised on 25/01/2024 in the Institute for the faculty and resident doctors.

- NITRD team carried out the Peer Assessment of AIIMS, Jodhpur.

- Republic Day function was held in the Institute campus on 26/01/2024. All staff and their family members attended the function.

- The trainees of 5th Foundation Training programme (2nd Batch) of the Medical Officers under CHS visited the Institute from NIHFV on 3.2.2024.

- The external assessment of the Institute for the Kaya Kalp award scheme 2023-24 was done by team from National Institute of Health and Family Welfare (NIHFV), New Delhi on 26th-27th February, 2024.

- A Review Meeting and Cross-Learning Workshop of the Centre of Excellence for DR-TB Care was held from 10.03.2024 to 12/03/2023 in the Institute.

- The Foundation Day of the Institute celebrated on 16th March, 2024.

- "TBCON 2024" conference was organised in the Institute from 17th and 18th March, 2024, along with Pediatric Respiratory society. All faculty members of the Institute participated in the conference and delivered lectures and chaired various sessions. A large number of delegates from other institutions attended the conference.

- 24th March, 2024 was observed as World TB Day in this Institute and various activities were carried out by Health education section for the awareness of TB.

- Dr. Ajoy Kumar, Specialist (Microbiology) SAG, organised TB Bacteriology & Immunology Webinar: New Insight on Non-tuberculous

Mycobacteria on 22.03.2024 CET under International Union of Tuberculosis and Lung Diseases.

- One-month Sleep Lab Training at NITRD w.e.f. 1st to 31st March 2024 on “Operation of Sleep Lab” for 5 trainees was carried out (One from Medanta Medicity, 2 ECG technicians from NITRD and 2 nursing officers from NITRD).

The Institute continues to get global recognition and is functioning as a WHO Collaborating Centre for carrying out TB training and research and conducted specialized courses for South East Asia Region countries. Doctors, technicians and health workers from across the world approach the Institute for trainings and interactions, facilitating mutual collaborations. Institute endeavours to reach greater heights towards global excellence through high quality patient care, teaching, training and path breaking research. In order to support this effort, the expansion and the Master Plan of the Institute is already underway.

3.3.10 NATIONAL TUBERCULOSIS INSTITUTE (NTI), BENGALURU

National Tuberculosis Institute (NTI), Bangalore is an organization under Ministry of Health and Family Welfare, Government of India, established in 1959. This is a premier Institute in the field of Tuberculosis control in South East Asia, which caters to the human resource needs for TB control and elimination, conduct large-scale epidemiological studies as well as operational research with the ultimate aim of improving the effectiveness of National TB Elimination Programme besides building research capacity in the country. Since 1985, the Institute has also been functioning as a WHO Collaborating Centre. The Laboratory of the Institute is an NABL accredited and functions as National Reference Laboratory for TB bacteriology. It also facilitate support in establishing Intermediate Reference Laboratories (IRLs), Culture and DST Laboratories, across the country to support Programmatic Management of Drug Sensitive and Drug Resistant TB. NTI faculty members are also involved in providing expertise technical inputs in formulation and updating of various policy/ guideline documents of NTEP.

Some of the major activities carried out by its Divisions/Units during the year 2023-2024 are as given below:

1) HRD and Documentation Division

The Division shoulders the responsibility to build capacity of TB programme managers, medical officers and paramedical personnel from across the country to strengthen their skills in effective implementation of Tuberculosis control and elimination strategies. The various facets of training include quality assured diagnosis of drug sensitive and drug resistant TB, its treatment, management of co-morbidities such as TB-HIV, diabetes, undernutrition, monitoring & analysing of case-based electronic data, supply chain management, patients' support systems, collaboration with private healthcare providers and other stakeholders.

During 1st January, 2023 to 31st March, 2024 the institute conducted Modular training for district and state level programme managers -6 batches; training in TB preventive treatment -3 batches; Workshop on program monitoring in NTEP for District & State/STDC level programme managers -4 Batches; training in TB laboratory diagnostics (22 batches) viz C&DST for 1st and 2nd line drugs, Line Probe Assay (LPA), Nucleic Acid Amplification Test (NAAT) & EQA; Hands on Ni-kshay & LIMS Training. In addition, conducted NABL QMS workshop-2 batches, pre-NTF workshop during NTF meeting, ToT for STF members & medical college task force member/faculty, Training cum workshop on Quality Improvement & building Health System Resilience during disasters in TB care settings, training in research methods & protocol development, Training on TB epidemiology, Academic meetings & guest lectures and conducted orientation programmes for nursing & medical postgraduates. Grossly 767 participants were imparted training on the above activities.

2) Laboratory Division

Laboratory division of the institute is an NABL accredited National Reference Laboratory, which facilitates the capacity building of TB laboratory network and conducts quality assurance of NAAT in country and EQA of sputum smear microscopy and provided clinical diagnostic services by phenotypic and genotypic methods. Following activities were carried out during the year 2023-2024 in the Laboratory Division:

A. Diagnostic tests performed on clinical specimens referred to NTI in Jan 2023-Mar

Total Samples	AFB Microscopy	Gene Xpert	Truenat	FL LPA	SLLPA	MGIT culture	MGIT DST
8457	8083	1077	300	6497	1086	4237	417
2137	1473	442	87	1279	159	1484	124
10594	9556	1519	387	7776	1245	5721	541

A. EQA conducted by NTI for NAAT machines in 2023-Mar 2024

	Public sector	Private sector	Total
Gene Xpert	1591	23	1614
Gene Xpert Ultra	NA	74	74
Truenat	3967	NA	3967
Total NAAT	5558	97	5655

(1) Renewal of NABL Accreditation Certification of NTI Laboratory.

(2) Certified by WHO SNRL Antwerp, Belgium for newer drugs DST (Bedaquiline, Clofazamine, Delamanid, Linezolid). Lab is providing referral services for newer drugs DST to patients for programmatic management of drug resistant TB.

(3) Participated in LPA annotations for validation of AI based LPA interpretation tool (2200 LPA strips).

(4) Capacity Building of TB Lab network in Bangalore, Telangana and Mumbai through series of virtual CMEs, Trainings and meetings.

(5) Whole genome sequencing of 92 samples.

(6) Hands-on training in Ni-kshay for NTEP-NRLs at NTI in 6 batches.

(7) Provided technical support in completion of lab infrastructure of newly established TB containment & TB diagnosis molecular facilities at Kasturba Hospital, Mumbai.

3) Epidemiology and Research Division

The Division conducts epidemiological & operational research and provides mentorship and technical support to other Organizations /Institutions in conducting such studies; and disseminates findings to advocate policy modifications and improve programme performance. The research activities undertaken during the year are as under:

A Phase III, Randomized, Double-blind, three arm Placebo controlled Trial to Evaluate the Efficacy and Safety of two vaccines VPM1002 and Immuvac (Mw) in Preventing Tuberculosis (TB) in Healthy Household Contacts of Newly Diagnosed Sputum Positive Pulmonary TB Patients

NTI is one of the Principal Implementing sites of this multi-centric study with ICMR HQ as the nodal centre.

Status: Ongoing (enrolment & followups completed). NTI site trial technical audit was carried out by the sponsors, ICMR in February 2024, and all the queries were resolved. The follow-up of the participants was completed by March 2024.

TB Modelling: India TB Modelling group is constituted to identify TB modeling research questions and to undertake TB Modelling Research in collaboration with Department of Mathematics and Computer Science, SSSIHL, Puttaparti.

Status: The model structure of the Project titled 'Reduction in incidence of TB among household contacts treated for malnutrition and diabetes in addition to PMTPT after ruling out TB: A model-based approach' has been finalized.

Another paper- Predictive Analysis of Tuberculosis Treatment Outcomes Using Machine Learning: A Karnataka TB Data Study at

a Scale manuscript submitted to the Journal 'Computers in Biology and Medicine'.

A Quality Improvement project 'Health Education and Counselling by **Health Workers during Initial Home Visit of TB Patients**' using the PDSA (Plan-Do-Study-Act) in Tumakuru district of Karnataka.

Results: We found a 40% improvement in initial home visits within one week of treatment initiation, a 75% improvement in > 20 minutes spent with patients during home visits and a 57% improvement in coverage of health education and counselling of TB patients. The report was presented to the CETI iDefeat Team.

“DLSS: Sentinel Surveillance for tuberculosis burden in India 2022-2024” under the Project Strengthening the monitoring of Tuberculosis Elimination in India

Status: Initial preparations under progress. A few DLSS project staff were recruited and are being trained on the DLSS protocol and standard operating procedures. CEB maps of the survey clusters were obtained from the Census Department for Desk and fieldwork planning. Regular weekly coordination meetings with sponsors, NIRT, Chennai are being held every Friday.

5. 'INDEX guidelines for extra pulmonary tuberculosis: Knowledge and practice among physicians' published in the International Journal of Community Medicine and Public Health.

6. NTI faculty published 5 scientific papers as main author/co-author

4) Monitoring & Evaluation Division

The division supports the NTEP (Central TB Division) in conducting Joint Supportive Supervision of NTEP and supervision & monitoring of NTEP activities. The Division provided training on Nikshay to programme managers. The relevant statistical support was provided for other activities and research carried out in the institute.

5) ACSM Division

The core objective of the division is to develop and disseminate Information, Education, Communication (IEC) and advocacy skills

among specific target groups to combat the TB disease. The division sensitizes medical and paramedical students, schoolchildren and teachers, PU College students, Self Help Groups and various professional groups regarding TB Control activities.

6) Sensitization Programme

- Sensitization/training on TB & NTEP for paramedical and basic life science students are regularly conducted by ACSM division as and when requested by the respective colleges. During the period January 2023-March 2024, a total of 967 students were sensitized on TB and NTEP, among them 671 students sensitized virtually in 6 batches and 296 students in 6 batches were sensitized at NTI.

• Sensitization of tribal community on of Jan Jatiya Gaurav Diwas 2023

- A sensitization programme was organised on 23rd November 2023 at Anganwadi Kendra, Gowripura near Bidadi, to sensitize the tribal community regarding TB disease, to utilize government schemes and steps to be taken by them to control/ eliminate the disease. Around 25-30 people participated.

- **Sensitization on TB using mass media and social media:** Mass media and social media were used for creating awareness about TB to general public.

- Dr. N. Somashekar, Director, NTI participated in a Health talk on TB in DD Chandana which was telecasted on World TB Day

- A live broadcast programme on Youtube and Facebook was organised in association with Department of Health and Family Welfare, Karnataka on 23.03.23 to create TB awareness among public. Dr. N. Somashekar, Director NTI, Dr Poornima A. Division Head, ACSM and Dr II. Mamatha.H.G. participated in the webinar.

- PRESS note regarding World TB Day commemoration at NTI was published in the newspaper 'The Hindu'.

- Awareness on Tuberculosis: as part of International Women's Day a talk was done at Mahalakshmi Ammanni College for Women to 200 students (Comprising of Arts, Commerce & Science).

Commemoration of World TB Day

World TB Day 2023 was celebrated in association with R.V. College of Nursing, Bengaluru and Acharya College of Nursing, Bengaluru. Following events were organised for World TB Day:

- Essay writing competition for nursing students on the topic “Role of nursing staff in elimination of TB” was organized at their respective colleges, students from R.V. College and Acharya College participated (92 participants).
- Rally by NTI officials, nursing faculty and students for creating TB awareness among the general public was undertaken on World TB Day. NTI officials, 101 nursing students and faculties from R.V. College and Acharya nursing College participated in the rally.
- Technical presentations on “NTI history and its current activities” and “Recent Developments and Newer Initiatives” were presented .
- Additional virtual sensitization on TB and NTEP for nursing students of Vishwa Sai College of Nursing, Bengaluru and MVJ College of Nursing, Bengaluru was conducted on World TB Day.

World Tuberculosis Day 2024 was celebrated at NTI in collaboration with Indian Chest Society (ICS), Karnataka State Chapter. Following events were organised on World TB Day:

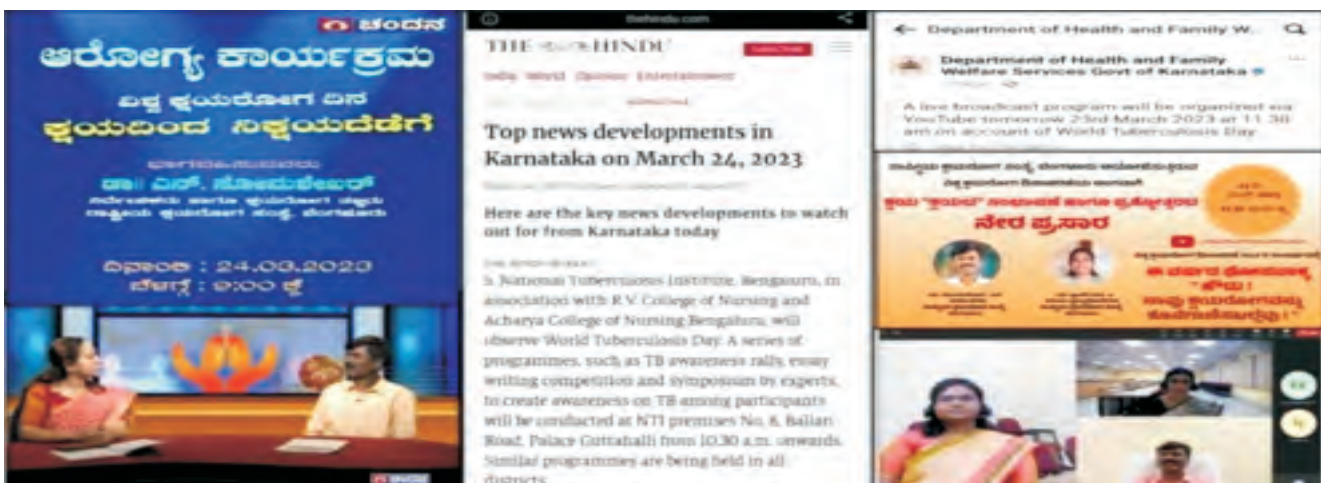
- The CME was focused on challenges and management of EPTB. About, 113 PG medical students and faculty members/pulmonologists participated in the CME and a Quiz competition was also organised.
- Capacity Building in TB diagnosis of Respiratory Medicine Post graduates in online CME during World TB Day 2024.
- CME on EPTB for pulmonologists/ residents of respiratory medicine were conducted.
- Sensitization at MVJ College of Nursing for with the theme, “Yes we can end TB”. 200 students and 6 faculties were sensitized.

7) Administration Division

The Administration Division of NTI caters to all the administrative requirements of the Institute. The five units under this Division are Establishment, Accounts, Hostel, Stores and Transport Units. Details of expenditure for the year 2023-24 are as follows:

	Expenditures (Rs.)			FY (2023 - 2024)
	January 2023 to March 2023	April 2023 to December 2023	January 2024 to March 2024	
Revenue	3,37,95,179.00	12,74,39,365.00	3,68,33,635.00	16,42,73,000.00
Capital	00.00	2,12,00,000.00	16,39,000.00	2,28,39,000.00

Sensitization on TB using mass media and social media



3.3.11 NEW DELHI TUBERCULOSIS (NDTB) CENTRE

Started from a humble beginning as a 'Model TB Clinic' providing supportive treatment to TB patients in year 1940 (when no drug was available for treatment of TB), New Delhi Tuberculosis Centre has grown up to the status of an institute of national repute, not only providing diagnosis and treatment of any case of TB and respiratory diseases, it is involved in TB control and monitoring activities also. The Centre is also functioning as State TB Training & Demonstration centre (STDC) and Intermediate Reference Laboratory for Delhi State.

At diagnostic front, all diagnostic tests are available for TB, from sputum smear microscopy to molecular tests and even latest technique of whole-genome sequencing are available in the laboratory of the Centre which are used for patients as well as research, training and surveillance purpose. The clinical department is providing treatment to all referred and difficult to treat cases of TB and respiratory disease from Delhi and neighbouring states. Epidemiological section supervises and monitors TB control activities and is engaged in operational research activities. The analysis of monthly and quarterly data at state level is an important activity at the Centre as STDC and suggest remedial action to district TB officers in the areas where their programme is lacking. Training section is providing NTEP training to medical and para medical staff of Delhi and neighbouring states.

The Centre was involved in the following activities:

Clinical: A total of 28,434 patients attended the OPD of which 13,846 were new outpatients. A total of 1,013 patients were enrolled and followed up in COAD clinic.

Laboratory: Laboratory of the Centre is equipped with all diagnostic facilities starting from microscopy to whole genome sequencing. This year more than 71,905 tests were done in the laboratory. The laboratory not only provided diagnostic facility for COVID-19 cases, but also trained microbiologists and laboratory technician of both public and private sector laboratory to set up COVID-19 diagnostic facility.

Teaching and training: During the year, Centre has trained 3,178 personnel; both by physical and virtual (ECHO) session. Round the year, Difficult to Treat TB Clinic (D3T) session held every month

where interesting case are presented by DTO / MO which is discussed in the presence of state level expert and recommendations are given for managing the case. Efforts are on to make use of e-module and frequent use of ECHO platform so as to reduce the time and POL expenses for personally attending the training and review sessions.

Supervision and monitoring: All the 25 chest clinics were supervised and monitored as per NTEP guidelines.

Research Activities: The faculty of the Centre is actively involved in conducting research activities in programme related aspects. During the year, 8 research papers were published in Indian and International journals.

Summary of Activities of New Delhi TB Centre

An insight on New Delhi TB Centre's activities during FY 2023-2024

A. Outpatient attendance

Parameters	During the F.Y. 2022-23	April, 2023 to March, 2024
New patient	15079	13846
Revisits	14654	13305
Total	29733	27151

B. Patients attendance for utilizing various diagnostic / treatment facilities available at New Delhi TB Centre

Parameters	During the F.Y.2022 -23	April, 2023 to March, 2024
Laboratory tests	52315	71905
Attending for Mantoux test	13158	12207
Taking treatment under DOT Centre of NDTB Centre	259	270
Radiological Examinations	3545	2634
Attending special clinics (COAD)	1067	1013

C. Training/IRL Visits/Publications

Parameters	During FY2022-23	April, 2023 to March, 2024
Personnel trained	3502	3178
IRL Visits for EQA	21	21
Supervision & monitoring of chest clinics including internal evaluations	06	9
Research and publications	09	8

3.3.12 NATIONAL CENTRE FOR DISEASE CONTROL (NCDC)

1. NPMU - establishment and strengthening of NCDC branches

The NCDC is the nodal agency in the country for disease surveillance facilitating prevention and control of communicable diseases with its headquarters at Delhi. To upgrade and strengthen the public health infrastructure and to deal with certain situations i.e. increase in population, emerging and re-emerging communicable/infectious diseases, natural and other disasters, outbreaks, epidemic etc., a scheme for establishment & strengthening of NCDC branches was approved by SFC for the FY 2021-2026 under PM-ABHIM for establishing 30 branches (including strengthening of 8 existing branches) of NCDC in all 28 States and 2 UTs".

These branches will serve for better disease surveillance, monitoring and for outbreak/s response and will make India more capable and equipped in the real of public health, strengthen public health capacity and infrastructure at State level and enable NCDC expertise to effectively cover the entire country. The branches will be networked with one another and NCDC headquarters.

Achievements(2023-24)

- Establishment of NCDC branch (permanent)
- Land identified in the States of Mizoram, Chhattisgarh and Rajasthan
- MoU has been signed with Karnataka, West Bengal, and Rajasthan
- Lease deed has been signed with Karnataka.
- Construction/Renovation work is ongoing in 8 states of Jharkhand, Bihar, Madhya Pradesh,

Nagaland, Kerala, Manipur, Tripura, and Andhra Pradesh.

- Establishment of NCDC branch (temporary)
- MoU for setting of NCDC branch (on temporary basis) has been signed with Meghalaya.
- Renovation work has been initiated at Ambala, Haryana for temporary branch.
- Foundation stone ceremony
 - » Foundation stone ceremony has been done in 7 states for permanent branch of NCDC—Chhattisgarh, Haryana, Odisha, Tamil Nadu, Karnataka, Mizoram, West Bengal.
 - » Foundation stone ceremony has been done in 3 States for establishment of BSL-3 labs—Andhra Pradesh, Himachal Pradesh and Jharkhand.
 - » Foundation stone ceremony has been done in Assam for establishment of Regional Centre of NCDC.

- Inauguration ceremony: Inauguration has been done in Bhopal, Madhya Pradesh for regional centre of NCDC (temporary).
- Co-location of NCDC branch with ROHFW:
- Co-location of NCDC branch with ROHFW has been done in 3 states - Karnataka, Chhattisgarh and Rajasthan.
- Financial progress for the FY 2023-24:
 - » Budget: Rs. 30Cr
 - » Total fund released to the States (LOA): Rs. 30 Cr
 - » Total expenditure till 31st March 24: Rs. 24.83 Cr (82 %)

Achievements under the scheme (till date)

- MoU has been signed with 16 states - Jharkhand, Arunachal Pradesh, Andhra Pradesh, Tripura, Manipur, Kerala, Bihar, Nagaland, Maharashtra, Haryana, Karnataka, Odisha, Tamil Nadu, West Bengal, Himachal Pradesh and Rajasthan.
- MoU for setting up NCDC branch (on temporary basis) has been signed with 4 states—Madhya Pradesh, Uttarakhand, Kashmir, and Meghalaya.
- Lease deed has been signed with 8 states—Tripura, Kerala, Nagaland, Bihar, Haryana, Telangana, Karnataka, and Odisha.
- Land transferred in the name of Director, NCDC in 4 states - Manipur, Arunachal Pradesh, Tamil Nadu, and Jharkhand.

- Foundation stone ceremony has been done in the 14 States-Manipur, Arunachal Pradesh, Andhra Pradesh, Kerala, Tripura, Maharashtra, Uttar Pradesh, Chhattisgarh, Haryana, Karnataka, Mizoram, Odisha, Tamil Nadu and West Bengal.
- Construction/Renovation work is on-going in 8 states-Jharkhand, Bihar, Nagaland, Kerala, Manipur, Tripura, Madhya Pradesh and Andhra Pradesh.
- Land identified in 6 states- Uttar Pradesh (Varanasi), Andaman & Nicobar (Port Blair), Chhattisgarh (Raipur), Jammu & Kashmir (Jammu), Mizoram, Sikkim.



Foundation stone laying Ceremony of NCDC branches at Ambala (Haryana), Bengaluru (Karnataka), Khorda (Odisha), Chennai (Tamil Nadu), AIIH&PH, Kolkata (West Bengal), RIPANS, (Mizoram), Guwahati (Assam) on 2nd January 2024



Foundation stone laying Ceremony of BSL-3 Lab at Mangalgiri, Andhra Pradesh on 29th Dec 2023

2. DIVISION OF PUBLIC HEALTH PREPAREDNESS & NCD

To strengthen the public health system of the country towards resilience for all hazard preparedness and response under International Health Regulations (IHR 2005), the Centre for Non-

Communicable Diseases was renamed as Division of Public Health Preparedness and Non-Communicable Diseases in May 2023, which also includes the First Aid Wellness Centre and the Division of Biochemistry & Toxicology.

Activities

Activities done by the Division during the period of April 2023 to March 2024 are as follows:

A. Capacity Building:

Sector Connect: Enhancing Preparedness for Integrated Response – Sector Connect - Field Epidemiology Program in One Health (FEP-OH) is a three-month, on-the-job, multisectoral capacity building programme for professionals at district and state-level for human, animal and environment health sectors. Stakeholder engagement workshops have been conducted for curriculum development from July -Sept 2023. First batch has successfully been piloted for 35 district-level officers from 9 districts under Narmada division, Gujarat from Dec 2023 - Feb 2024 followed by batch-2 (on-going) in Gujarat, where two contact sessions were conducted from Jan to Feb 2024.

B. International Health Regulations (IHR, 2005) implementation- Two-day National Stakeholder Consultation on IHR was held from 22 - 23 Sep 2023 at NCDC with the primary objective to review the progress made in implementation of core capacities, monitoring & evaluation tools under IHR and to deliberate on the draft SoPs for IHR stakeholders. A total of 65 participants from different core capacities attended the meeting.

C. Newer initiatives:

Development of "National Biomonitoring Programme for Chemical Toxicants" for setting up of a National Surveillance System to assess and report exposure to heavy metals and other chemical toxicants in collaboration with Governmental and Non-Governmental stakeholders like AIIMS, CSIR, ICMR, CGWB, MoEF&CC, DCPC, WHO, etc. Technical Working Group meetings and meeting with stakeholder laboratories were held in the months of Oct - Nov 2023 followed by a two-day Stakeholder Engagement Workshop at NCDC, Delhi from 14 - 15 March 2024 to explore opportunities for linkages.

D. As the "National Reference Centre" for National Iodine Deficiency Disorders Control Programme (NIDDCP): Validation of Iodine

content was performed in edible salt samples received from Uttar Pradesh and Karnataka in Jan, Aug and Nov 2023.

E. Clinical Biochemistry Test Facility: Clinical Biochemistry test facility is available for 36 biochemical parameters, including blood sugar, lipid profile, liver function, kidney function, pancreatic function, thyroid function, electrolytes and micronutrients, urinary Iodine and serum & urinary Fluoride for officers and staff of NCDC, NCVBDC and Dte.GHS., MoHFW. Division is also in process of setting up of Biomonitoring Laboratory for chemical toxicants.

F. Observance of events of public health importance:

1. **World Blood Donor Day, 2023** - A voluntary blood donation camp was organised in collaboration with the National Blood Transfusion Council and Blood Transfusion Services Division, Dte. GHS collected 50 units of blood by the blood mobile bus facility on 23 May 2023.

2. **9th International Day of Yoga - 2023** was organised on 23 June 2023 for the officers and staff of NCDC with a message to integrate Yoga into lifestyle for improved health and well-being.

3. **World Mental Health Day 2023** was observed at Indraprastha College for Women, DU, Delhi on 10 Oct 2023 and at NCDC in collaboration with NCVBDC on 10 Nov 2023.

4. **Participation in NPHICON 2024-** Abstract on "Sector Connect: Transition from Frontline Field Epidemiology Training Programme (FETP) to Fellowship in One Health, a multisectoral Intermediate FETP in India" was presented during NPHICON, 23 - 25 Feb 2024 at NCDC, Delhi.



Debate competition on the topic "Community Dogs Feeding in Public Places on 29.09.2023 at CSH, NCDC Delhi



Clinical Biochemistry Laboratory

3. EPIDEMIOLOGY DIVISION

Public Health Capacity building:

FETPs:

- Field Epidemiology Training Programme for Medical Personnel of South East Asia Region was organised from 17th July to 13th October, 2023 in which 6 participants were trained.
- Currently 30 EIS Officers are undergoing training in two cohorts. Cohort 8 with 11 officers graduated in November 2023.
- India EIS programme received FETP accreditation by TEPHINET in September 2023.
- Training of Regional Health Officers in Epidemiology and National Health Programmes was organised on 12th and 13th July 2023.

Outbreak investigations:

- Officers under Epidemiology division participated in central teams deployed for outbreak investigations.
- EIS officers carried out 23 outbreaks investigations related to various disease and suggested containment measures to the authorities.
- EIS officers undertook 14 surveillance system evaluations of diseases or health programmes.

AMR:

- NAC-NET sites were supported in carrying out antimicrobial consumption surveillance and feedback was sent on the antimicrobial consumption surveillance data to 33 sites.

Preparation of technical documents-

- CD Alert for diseases Nipah Virus Disease, Ebola Virus Disease, Meningococcal Meningitis, Marburg Virus, Yellow fever Disease and CCHF prepared and released.

- Four Quarterly NCDC Newsletters published
- Technical Report on antibiotic consumption at 10 NAC-NET sites from 2017-2021
- Technical report on Point Prevalence Survey on antibiotic use at 20 NAC-NET sites

Proposed activities:

- 3rd batch of MAE-EIS in collaboration with HNBME University, Dehradun
- Online/Offline trainings will be conducted for the NAC-NET sites
- Point Prevalence Survey on antimicrobial use at NAC-NET sites
- Proposal to initiate Intermediate FETP

4. INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

Integrated Disease Surveillance Program (IDSP) is a disease surveillance program under National Health Mission that does the disease surveillance in the country. It was initiated in 2004, with the objective-

- to strengthen and maintain decentralized laboratory-based IT enabled disease surveillance system for epidemic prone diseases
- to monitor disease trends
- to detect and respond to outbreaks in the early rising phase
- creation of trained cadre of Rapid Response Team (RRTs) at the District, State & National levels

Under this program there is a Central surveillance Unit (CSU) at Central level, State Surveillance Unit (SSU) at the State/UTs level and District Surveillance Unit (DSU) at district level. The program is responsible for the surveillance of 37 epidemic prone diseases along with special surveillance of ILI/SARI, COVID-19 and Mass gatherings.

In the year 2021, the programme has shifted from a paper-based, aggregate, weekly reporting to a paperless, case based, near real time reporting through Integrated Health Information Platform (IHIP) where all the 36 states/UTs are reporting. IHIP provides Geotagging of the individual cases reported in outbreaks for visual geospatial analysis, along with heat map.

Achievements/Outputs:

1. IHIP Implementation- On average 77.37%, 80.04% and 77.92% Reporting Units have reported

in (Syndromic) form, P (Presumptive) form and L (Laboratory Confirmed) form respectively under IDSP-IHIP Portal (1st April 2023 to 31st March 2024).

2. Outbreak Investigations- A total of 1942 outbreaks have been reported during the period 3rd March 2024 (Week 9). A Central team comprising of Officer-in-charge, IDSP visited to Kerala to assist the state government in managing the outbreak of NIPAH (13th September 2023 to 19th September 2023).

Recently Central teams comprising of Officers from IDSP visited to Rourkela, Sundergarh, Odisha (Acute Diarrheal Diseases Outbreak from 29th December 2023 to 5th January 2024) and Nagpur, Maharashtra (Avian Influenza Outbreak, 8th March 2024 to 18th March 2024) to assist the State governments in managing the outbreaks.

3. Media Scanning and Verification Cell- IDSP performs media scanning & verification of print and electronic media to strengthen the event-based surveillance. IDSP also uses Artificial Intelligence in Media Scanning and Verification to detect early warning signals and generating alerts for timely management of the potential outbreaks. A total of 1,099 media alerts were generated (1st April 2023 to 31st March 2024).

4. A Regional Review Meeting of Eastern States (Bihar, Chhattisgarh, Jharkhand, Odisha and West Bengal) for IDSP-IHIP Expansion was held from 21st March to 22nd March 2024 in Patna, Bihar.

5. A National Consultation for IDSP-IHIP Expansion and Annual review meeting of IDSP 2023 was conducted from 24th August to 26th August held in Vishakhapatnam, Andhra Pradesh.

6. To improve the reporting on IDSP-IHIP from private and tertiary care Government health facilities, Stakeholder Consultations has been organized in Bihar (13th May 2023, Patna) and Rajasthan (14th July 2023, Jaipur).

7. District Public Health Laboratories (DPHLs)- Strengthening of public health labs is an important component of IDSP that focuses on developing lab capacity in India. Till March 2024, 428 district public Health labs in 36 States/ UTs have been approved for strengthening out of which 365 (85%) labs are performing as per tests recommended by IDSP as on 29th February 2024.

8. Metropolitan Surveillance Units- Under PM-ABHIM, 20 Metropolitan Surveillance Units

(MSUs) are proposed to be established. In this regard, MoUs have been signed with 16 sites and the process is underway for rest of sites. Process of recruitment of human resource and other modalities regarding functionalization is being initiated at 16 sites where MoUs have been finalized. Induction cum sensitization training for the newly recruited MSU team of Mumbai (Maharashtra) was conducted from 22nd to 25th Nov 2023.

9. National Consultative Workshop on "National Pandemic Preparedness Plan for Respiratory Viruses" was organised on 8th and 9th Dec 2023 to finalize 'National Preparedness plan for Respiratory viruses of pandemic potential'.

5. DEPARTMENT OF PARASITIC DISEASES

Activities related to Soil Transmitted Helminthiasis (STH): Being the nodal agency, NCDC supports the Child Health Division, MoHFW for prevention and control of STH in the country. In the year 2023-24, NCDC has completed the STH prevalence resurveys activity in seven States/UTs: Tamil Nadu, Andaman& Nicobar Islands, Puducherry, Madhya Pradesh, Mizoram, Nagaland and Arunachal Pradesh. During these surveys, 1744 students of age group 9-11 years were examined for STH in 85 schools at 25 sentinel sites in the above 7 States/UTs.

Activities related to Guinea Worm Eradication Programme: DPD has activated Guinea worm surveillance on the IHIP portal to ensure regular and timely reporting from all erstwhile endemic states. The programme information is uploaded on the portal and 3 states have already initiated the person of reporting on the IHIP portal. The NCDC is also in process of procurement of target specific primers, synthetic DNA and tissue DNA isolation kit for standardizing the molecular methods for identification of suspect Guinea worm disease samples. The reported worm rumours, suspected to be due to Guinea worm are investigated epidemiologically as well as at laboratory.

Activities related to Lymphatic Filariasis: DPD laboratory provides referral diagnostic facility for detection of filaria antigen and antibody through rapid diagnostic test kits. About 100 patients availed these services in the preceding year. Also, the division supported the Filaria elimination programme activities through cross checking of 602 slides of Night blood smears for Lymphatic

Filariasis as referred by the programme division (NCVBDC).

In addition, NCDC branches at Kozhikode, Rajahmundry and Varanasi contributed towards efforts for filaria Elimination through:

- Treatment of filaria patients at filaria clinics & IEC activities: A total of 12008 patients were treated at filaria Day/Night clinics at the three branches and 1754 patients were provided lymphedema management services at two NCDC branches: Rajahmundry and Varanasi.
- Capacity building of medical officers/technicians/ filaria inspectors through training programmes on filariology: Total 10 training sessions were organised at the three branches and 194 health personnel from different States/UTs of the country were trained.
- Also, supported the Filaria elimination programme activities through cross checking of 5452 slides of Night blood smears from different state/UTs of the country.

ELISA testing for parasitic disease: DPD laboratory has initiated diagnostic support from December 2023 to referred patients from hospitals of Delhi NCR for four more parasitic diseases of public health importance namely *Entamoeba histolytica*, *Trichinella spiralis*, *Toxocara* and *Strongyloides* sp through ELISA test. Accordingly, till now seven referral patients for *Entamoeba histolytica* and one patient each for *Trichinella spiralis*, *Toxocara* and *Strongyloides* ELISA test availed the diagnostic support facility.

Activities related to Malariology: DPD laboratory provides facility for referral diagnosis of Malaria to patients referred from Government Hospitals. Blood smear examination as well as Antigen detection kit-based diagnosis is done for falciparum and vivax species. Also, the division supported the National Malaria Elimination programme activities through cross checking of 519 slides received from RoHFW, Bhubaneswar.

Coordination Section: DPD coordinated educational cum orientation visit to NCDC for a total of 575 under-graduate/post-graduate students from 13 nursing/medical colleges across the country. Through structured lectures, the visiting students are oriented about the activities of NCDC and their relevance in public health initiatives of the country. The students also visit various laboratories, library and museum of the Institute.

6. ENTEROVIRUS DIVISION

1. National Polio Laboratory (WHO accredited)

- The laboratory is WHO accredited National Polio lab of the Global Polio Laboratory network, WHO and carries out Acute Flaccid Paralysis (AFP) Surveillance and Environmental Surveillance for Polioviruses (EPS)
- Stool specimens from acute flaccid paralysis (AFP) cases are received from Delhi, Haryana, Uttarakhand, some parts of Uttar Pradesh and rarely from Madhya Pradesh and Rajasthan. A total of 11,237 stool specimens have been received for testing of Polio from AFP cases from April 2023 to March 2024
- Sewage samples are received for Environmental Surveillance of Polio from (Delhi, parts of Uttar Pradesh. A total of 460 sewage specimens have been received for testing of polio viruses from April 2023 to March 2024
- Virus isolation and Real time PCR for identification of wild polio viruses, vaccine derived polio viruses and other enteroviruses is done on all AFP specimens and EPS specimens
- This Surveillance activity provides evidence required for Polio-free certification of the country

2. National Measles Laboratory (WHO accredited)

- The laboratory is WHO accredited for testing of Measles and Rubella samples (IgM antibody detection by ELISA).
- Blood/ Serum samples are received from Delhi, parts of Haryana, parts of Himachal Pradesh, and Western Uttar Pradesh. A total of 6239 serum specimens have been tested for Measles and 4,903 specimens for Rubella have been tested and reported.
- The Measles diagnostic capacity has been extended beyond ELISA, to establish Molecular Testing (The Laboratory has been trained by WHO in January 2022 for the same and started Molecular Testing since March 2022). A total of 509 molecular sample (throat swab, urine) for Measles and 254 samples for Rubella have been tested by conventional RT-PCR and gel electrophoresis.

3. Quality Control

The Laboratory has participated in Proficiency Testing on Panels received from WHO for the following

- a. The Laboratory has scored 100% in Proficiency panels for Virus Isolation for polioviruses
- b. The Laboratory has scored 100% in Proficiency panels for Real-time PCR for polioviruses (ITD and VDPV)
- c. The Laboratory has scored 100% in Proficiency panels for Measles and Rubella ELISA testing
- d. The Laboratory has scored 100% in Revalidation for Measles and Rubella Serology testing
- e. The Laboratory has also passed the Molecular EQAS PT panel for Measles and Rubella received from CDC/WHO

The on-site Accreditation review of the Measles and Rubella Laboratories was done in July 2023 and Laboratory has achieved complete accreditation for Serology and Molecular Testing.

The National Polio Laboratory also continues to have the accreditation status based on submission of the GPLN Report.

4. Diagnostic Support for Other viruses such as Epstein Barr Virus, Parvo Virus B-19, Varicella Zoster Virus, Mumps virus. A total of 506 serum specimens have been tested for these viruses.

5. Environmental Surveillance for COVID-19

- Laboratory for Environmental Surveillance of COVID-19 has been established in May 2020
- The Division has standardized the methodology for Environmental Surveillance of COVID-19.
- Weekly Surveillance for seven sites in Delhi started since November 2022 and is ongoing
- A total of 364 sewage samples have been tested for the Environmental Surveillance of COVID-19 from seven sites of Delhi from April 2023 to March 2024.

6. Hospital Surveillance of Sewage sample

The Division has recently started Wastewater Surveillance for Safdarjung Hospital and Hospitals attached to Lady Harding Medical College

7. Aircraft Waste-water Surveillance

The Division has also been given the mandate of standardizing the protocol for Aircraft Waste-water Surveillance. The same is in progress and several meetings and visit to the Indira Gandhi International Airport have been conducted for the same.

8. Center for AIDS and related Diseases

• Referral Diagnostic and Surveillance activities

» HIV pre and post-test Counseling services provided to walk-in and referred clients attending the Integrated Counseling and Testing Centre (ICTC).

» All patients tested positive for HIV and Syphilis were referred to ART and STI clinics for further treatment and management. Regular follow-ups done by the counsellor.

» Testing for HIV, Syphilis & CD4 was performed on samples of walk-in clients as well as referred from ART centers and hospitals. Total 3229 tests performed.

» As part of the National Family Health Survey (NFHS-6) activity, 48,927 Dried blood spot (DBS) samples will be tested for HIV, and out of these 15,410 have been received from the states of Himachal Pradesh, Uttar Pradesh, Ladakh and Jammu & Kashmir. These samples are checked, segregated and properly stored.

» Under HIV Sentinel Surveillance (HSS 2023 Plus), 27,176 tests of HIV, HBV, HCV and Syphilis have been performed on 7472 serum samples received from 11 sites located in medical colleges and blood banks across 4 states.

» As part of HSS HRG 2024, 1767 Dried Blood Spot (DBS) samples have been received from sites in Jammu & Kashmir and Delhi. These samples were checked, segregated and properly stored.

» The National Reference Lab (NRL) confirmed the HIV serostatus of 58 samples referred from State Reference Laboratories (SRLs) and ICTCs.

» HIV-2 status confirmation of 07 patients suspected of HIV 1 & 2 or HIV-2 referred from ART centres of Delhi and Punjab.

• Quality Assurance and Quality Control activities

» The National Reference Laboratory (NRL) for HIV prepared and distributed Proficiency testing (PT) panels for HIV serology to linked 13 SRLs in the medical colleges of Jammu & Kashmir, Rajasthan, Haryana and Delhi, along with their associated 432 ICTCs under “External Quality Assessment Scheme” (EQAS) activity in August 2023 and again in March 2024.

» 81 Blood bags were collected from various

blood banks and tested for HIV, HCV, HBV and Syphilis as part of panel preparation for EQAS activity. 112 positive and negative panels were provided to NARI Pune for kit evaluation.

» The Centre successfully participated in EQAS for HIV serology, EQAS for Syphilis serology and EQAS along with ILC for CD4 Count and the results were satisfactory.

» 01 Batch of HCV Rapid Test kits were evaluated as part of Quality control testing of kits under “Consortium of NRLs for Kit Quality” testing activity. Approximately 500 panel aliquots were tested.

• NABL Accreditation related activities

» The Centre has undergone an audit of “Consortium of NRLs for Kit Quality” testing activity by auditor from NICED, Kolkata on 24.08.2023.

» The Centre has undergone an internal audit by ISO 15189 trained auditor on 17.10.2023, Management review meeting on 07.11.2023 and successfully submitted application for renewal of NABL accreditation.

» SOPs were prepared and documents and records were reviewed as part of continuous quality improvement activity as per ISO 15189.

• Capacity building activities

» The centre organised an on-the spot poster making competition, on World AIDS Day, 1st December, 2023 to encourage staff members of NCDC and NCVBDC to express their views and thoughts about HIV/AIDS by making posters that attract attention, with an interesting design and with a clearly structured message. The aim of this activity was to inspire the participants to think and work creatively to enhance awareness and generate conversation about HIV-AIDS.

» The centre conducted one day workshop on “External Quality Assessment Scheme (EQAS) for HIV testing” for Technical Officers of State Reference Laboratories (SRLs) on 29th February 2024 and one day workshop for Laboratory Technicians of linked SRLs on 1st March 2024.

• Achievements

» The National Reference Laboratory for HIV at CA&RD has been recognized by CDSCO as a laboratory for performance evaluation of in vitro diagnostic kits for HIV.

7. CENTRE FOR ARBOVIRAL AND ZONOTIC DISEASES

A. Referral Diagnostic Services: Centre for Arboviral and Zoonotic Diseases comprises of referral diagnostic services/surveillance laboratories of national importance dealing with Zoonotic diseases of public health importance including outbreak prone and emerging infectious diseases. The role of the division is primarily to provide laboratory evidence by conducting special and reference level test which are not available at many/most institutes or medical colleges in India. The work has been carried out on following Zoonotic diseases: Plague, Rabies, Kala Azar, Arboviral infections (Dengue, JE, Chikungunya, Zika virus & CCHF) Toxoplasmosis, Brucellosis, Leptospirosis, Rickettsiosis, Hydatidosis, Neurocysticercosis and Anthrax etc. and approximately 12300 samples were tested for various zoonotic diseases from April 2023 to March 2024.

B. Outbreak investigations/Surveillance activities: Support was provided to various states as a part of the Rapid Response Team/Expert/ by conducting laboratory investigation in the year 2023 for the Scrub Typhus, Rabies, Anthrax, Yellow Fever, CCHF, and dengue (including serotyping of the circulating strains). JE from various states for outbreak management.

C. Capacity Building (Conferences/ workshops, Training organised/ attended): CAZD undertook the following activities for capacity building.

1. Attended a meeting "Hands-on training on various Zoonotic Disease Diagnostics" for Sentinel Surveillance Sites from 25th to 28th April 2023 at STM, Kolkata.
2. Attended XIV Annual Conference of ISMOCD 2023 in Thiruvananthapuram, Kerala, from 18th May 2023 to 22nd May 2023 and presented Abstract on "Detection of IgM Antibodies for JE & Scrub Typhus in AES cases: An Experience of National laboratory.
3. Faculty delivered a lecture on "Optimization, validation, and standardization of Diagnostic kits: through virtual mode during "National hands-on Training for Zoonotic Diseases diagnostic for sentinel surveillance sites organised by the School of Tropical Medicine, Kolkata under the aegis of NCDC, MOH&FW on 21st June 2023 and 23rd June 2023.

4. Delivered lecture on Lab Diagnosis of Zoonotic Vector Borne Diseases to Vector Control officers to Municipal Corp of Kolkata at CSR on 4th July 2023.
5. Attended the G20 Technical Workshop on "One Health: Opportunities & Challenges " in Bengaluru, Karnataka during 29-31 August 2023.
6. Attended the meeting held on 12th September 2023 regarding Plague Surveillance Issues and Challenges with DRDE Gwalior.
7. Attended a Joint Monitoring Group meeting to review the Nipah Virus situation in the country on 17th September 2023 at Resource Centre, Nirman Bhawan.
8. Attended the 2-day Training Programme on "Transition to IS/ISO 15189:2022" to be held during 18-19 September 2023 at NITS, Noida.
9. Conducted a Debate competition on the topic "Community Dogs Feeding in Public Places on 29th September .2023 at CSH, NCDC Delhi"
10. Attended a Webinar as a speaker to APCRI - WRD 2023 on 30th Sept. 2023 towards Elimination of Rabies from our country.
11. Delivered a talk of Quality Control of Mol-Diagnostic 5th Annual Conference AMUCON - 2023 at Udaipur, Rajasthan on 6th - 8th October 2023 on topic of Diagnostic and Therapeutic Advancements in Cancer.
12. Attended a meeting of "National Conclave for Augmented Zoonotic Diseases Surveillance at Human Wildlife Interface"-on 17th and 18th October 2023 at Samaratha Hall, Dr. Ambedkar Intern Centre and participated as panellist.
13. Attended National Conclave on "Augmented Zoonotic Diseases Surveillance at Human Wildlife Interface on 18th October at Dr Ambedkar International Centre New Delhi.
14. Attended a meeting of the experts to discuss the matter related to Medicolegal aspects of Rabies on 20th Oct, 2023 at NCDC, Delhi.
15. Attended a meeting with District Health Nodal Officers appointed by MoHFW under the Chairpersonship of JS (Policy), NHM on 13th November 2023 to discuss the progress of Viksit Bharat Sankalp Yatra with all District Health Nodal Officers.
16. Visited to district of Uttarakhand viz. Dehradun for Viksit Bharat Vikas Yatra from 15th Nov 2023 to 17th Nov 2023

17. Attended the conference for Microcon 2023, Nov 23rd - 26th Lucknow U.P., India and delivered a talk on New & Emerging Viral Zoonosis.

18. Attended the 11th National Conference of Consortium against Rabies at D Y Patil University, Navi Mumbai, scheduled for the 8th and 9th of December 2023 and delivered a talk on Animal Bite Consultation Services and Diagnostic Stewardship in Rabies.

19. Visited to various districts of Uttarakhand Dehradun viz. Tehri Garhwal, Haridwar, Uttarkashi for Viksit Bharat Vikas Yatra from 22nd Dec 2023 to 27th Dec 2023

20. Orientation of veterinary officers on various zoonotic diseases on 17th Jan 2024 at CAZD seminar room.

21. Visited Institute of Vector Control and Zoonosis at Hosur for reviewing plague surveillance activities on 31st Jan, 2024.

22. Participated as Panelist in One Health Winter Symposium 2024 held from 1st to 3rd Feb 2024 at CMC, Vellore.

23. Organizing Committee for NPHICON- 2024 and Chairman of Souvenir Committee from 23-24 Feb 2024

24. Attended meeting for reviewing the national guidelines on clinical management for JE on 26th March 2024 held under chairmanship of additional DG sir & Director NVBDCP.

25. Training/ Observership provided to students in CAZD:

- Supervised MD (Microbiology) Student of UCMS on the Thesis Titled " Prevalence of Scrub Typhus and Leptospirosis in Patients of Acute Febrile Illness at a Tertiary Care Hospital in Delhi
- Supervising ongoing MSc Dissertation on the Title "Study of Sero-conversion status & Clinical outcomes in Animal Bite victims after post-exposure prophylaxis"

D. Collaboration. The division participated in the following activities in collaboration with various other institutes/ organizations.

- Interlaboratory comparison of samples received from AIIMS for Rickettsial serology (n=10) Delhi. for IgM ELISA scrub typhus in August 2023 and One Sample from Arunachal Pradesh for RDT IgM/IgG Scrub Typhus.
- CAZD participated in External Quality

Assessment for World Health Organization-Monkeypox virus detection by molecular method. The overall concordance of CAZD is of 100%.

- Rodents Samples from Arunachal Pradesh/ Odisha tested for WFT for Rickettsial diseases.
- Conducted Demonstration on Zoonotic Disease of Public Health Importance to Medical professional, Veterinary professionals and Wildlife Professionals State representatives in CAZD on 20.12.2023.
- 3 Projects guided on Leptospirosis for MD(Microbiology)/ DNB (Medicine)

E. Publications:

- Jayaprakasam M, Chatterjee N, Chanda MM, Shahabuddin SM, Singhai M, Tiwari S, Panda S. Human anthrax in India in recent times: A systematic review & risk mapping. One Health. Volume 16, June 2023, 100564. <https://doi.org/10.1016/j.onehlt.2023.100564>
- Mathachan SR, Khurana A, Bansal A, Singhai M, Kumari R, et al. An Atypical Case of Post-Kala-Azar Dermal Leishmaniasis with Ulcers and Verrucous Lesions: Clinical and Therapeutic Implications. Am J Trop Med Hyg. 2023 Nov 27;110(1):40-43.
- Jain S, Singhai M, Chadha V, Somashekar N. Resilience strengthening of tuberculosis diagnostic services under national tuberculosis program to withstand pandemic situations. Indian J Med Sci 2023;155:94-9
- Sood V, Singhai M. Letter to the editor. Indian J Med Microbiol. 2023 Nov-Dec; 46:100474. doi: 10.1016/j.ijmmb. 2023.100174. Epub 2023 Sep 13, PMID: 37713778.



G20 Technical Workshop on "One Health: Opportunities & Challenges" in Bengaluru, Karnataka during 29-31 August, 2023



G20 Technical Workshop on "One Health: Opportunities & Challenges" in Bengaluru, Karnataka during 29-31 August, 2023

8. CENTRE FOR BACTERIAL DISEASES AND DRUG RESISTANCE (CBDDR) & NATIONAL PROGRAMME ON AMR CONTAINMENT

A. CBDDR division has various laboratories that provides support as a reference laboratory for pathogen confirmation during outbreak investigations which conducts operational research and capacity building of the manpower for the identification of pathogens of bacterial disease. The laboratories in the division also carry out testing of clinical samples referred from adjacent government hospitals. The bacteriology laboratory in the division of CBDDR conducted bacteriological and serological tests for samples received from various healthcare facilities. This includes testing for blood, urine and other body fluids. Stool samples were processed in diarrheal disease lab. Identification and antimicrobial sensitivity testing (AST) of bacterial pathogens was performed by conventional and automated culture methods. Water bacteriology laboratory tested water samples submitted to the lab. The media room located at CBDDR has provided all the required media to all the labs in the division.

B. The CBDDR division coordinates the "National Programme on Antimicrobial Resistance Containment" which was initiated in 2013 (during the 12th five-year plan) and is currently one of the sub-schemes under the NCDC umbrella Central Sector Scheme. Under the programme, state medical college labs are being strengthened in a phased manner for AMR surveillance and containment activities.

1. National AMR Surveillance Network (NARS-Net): NARS-Net has been expanded from 40 govt. medical institutions to 50 govt. medical

institutions in 33 states/ UTs in the year 2023-2024.

2. AMR National Reference Laboratory for bacterial pathogens:

i. AMR National Reference Laboratory (NRL) for bacterial pathogens at NCDC established under the National Programme on AMR Containment conducted EQAS and AMR Alert confirmation for approx. 2000 and 300 isolates respectively as submitted by the sites. Reports of EQAS and confirmed Alerts were communicated back to the respective sites.

ii. Genome sequencing facility established at AMR-NRL at NCDC has confirmed emerging AMR pathogens received from the sites in the country.

iii. Monthly AMR data submitted by the programme sites have been analyzed for quality and feedbacks were provided to all the programme sites.

iv. Semi-annual bulletin on AMR surveillance for the period of 1st January 2023 to 30 June 2023 was published in October 2023 and is available in the public domain.

3. AMR-NRL for fungal pathogen established in Vallabhbhai Patel Chest Institute, Delhi for surveillance of AMR in *Candida* sp. has carried out confirmatory tests for more than 400 isolates from bloodstream infections submitted by network sites.

4. Annual AMR surveillance data for 2022 from 36 network labs has been analyzed and AMR annual report 2023 has been developed. The same data has been submitted to Global AMR Surveillance System (GLASS).

5. Training / workshops / meetings conducted under the programme:

i. Meeting of Technical expert group for Fungal Infectious Diseases held in July 2023.

ii. The AMR-NRL for fungal pathogen established in Vallabhbhai Patel Chest Institute, Delhi for surveillance of AMR in *Candida*. conducted hands on training workshop on *Candida* species identification and performing Antifungal susceptibility testing for 15 network sites held in August 2023.

iii. National Sensitization workshop conducted in coordination with National Medical Council to finalize modules to strengthen education on AMR and to develop an action plan for implementation of the modules, held in August 2023.

iv. Sensitization and induction training on activities of the National Program on AMR containment and AMR data management held in August 2023 for faculty from 10 new labs included under the program.

v. Meeting of Technical Expert Group for developing National antimicrobial stewardship guidelines held in August 2023 and in January 2024.

vi. Trainings in specialized laboratory testing including need-based hands-on training on broth micro dilution for Minimum Inhibitory Concentration (MIC) determination of Vancomycin and Colistin was conducted for 12 program sites in December 2023.

vii. Sensitization workshop on HAI surveillance for 15 sites under the National Program on AMR Containment held in January 2024.

viii. Review meeting and workshop for development of antibiogram for 23 sites included under National Programme on AMR Containment held in March 2024.

ix. Onsite support visits to AMR programme sites were undertaken by the officers of CBDDR.

6. Establishing/strengthening state-level AMR surveillance networks: Review meetings have been held in 3 states for existing state-level AMR networks i.e. Kerala, Delhi, and Maharashtra. During 2023-24, 6 additional states have been supported for initiating State level AMR surveillance networks namely Gujarat, Rajasthan, Telangana, Assam, Karnataka and Madhya Pradesh have been supported for conducting sensitization and induction trainings for the respective state-level networks.

7. Surveillance of Healthcare-associated infections: HAI surveillance has been initiated in 25 programme sites in 2022-23, and 15 more sites are being supported for HAI surveillance during 2023-24. Local trainings have been held for doctors and nurses for strengthening infection prevention and control (IPC) by programme sites with support from NCDC.

8. IEC activities for AMR: Sites under National Programme on AMR Containment have conducted various activities at the respective institutes for improving awareness on AMR during the World AMR Awareness Week (WAAW) 2023.

9. Training of trainers has been completed for 36 states and UTs on Infection Prevention and Control

based on National Guidelines.

10. The division has also participated in various International collaborations: WHO, CDC, USAID, the UK Fleming Fund project.



Hands-on training on broth microdilution for Minimum Inhibitory Concentration (MIC) determination of Vancomycin and Colistin conducted for NARS-Net sites held on 5-6 December 2023 at AMR-NRL, NCDC.

9. RESPIRATORY & TERATOGENIC VIRUSES DIVISION

Brief Description:

Respiratory & Teratogenic Viruses Laboratory, Microbiology Division NCDC is involved in the following main activities:

- Routine and Referral testing of samples for Respiratory Viruses and Teratogenic Viruses.
- Providing support to Outbreak investigation and research on Respiratory Viruses.
- Surveillance testing of suspected cases of Influenza as Nodal lab under the Influenza Surveillance network program of IDSP.

Activities carried out by Respiratory Viruses Lab (RV Lab) in 2023-2024:

- **Lab tests performed:**
 - o RV Lab has been involved in regular testing

work for SARS-CoV-2 as a designated government COVID-19 testing laboratory since the beginning of the COVID-19 pandemic. In this period, molecular diagnosis of SARS-CoV-2 by Real time RT-PCR was carried out on more than 2000 samples received from Public Health team of NCDC with the provision of testing even during weekends.

- o RV lab provided a 24-hour testing facility for COVID-19 testing for 4 days during G-20 leaders summit held in New Delhi on 9-10 September 2023. RV lab officers and staff have been awarded certificates of appreciation by the Secretary, Health & Family Welfare and DGHS in recognition of her/his valuable services for medical arrangements during G-20 leaders Summit.

- o Molecular testing for Seasonal Influenza on 483 respiratory samples including typing & subtyping of Influenza A i.e. Pandemic H1N1, Seasonal H3N2 and Influenza B was carried out on samples received from Delhi and neighbouring areas e.g. Hissar (Haryana). The lab also has provisions for testing other respiratory viruses i.e. H5N1 (Bird flu), H7N9, Respiratory Syncytial Virus (RSV), Adenovirus, MERS-CoV, etc.

- o The laboratory has standardized additional test protocols by conventional PCR and Real Time PCR for various influenza virus segments, subtypes and types and other viruses i.e. Adenovirus, RSV, CMV to boost the ability to detect the same during surveillance and submission for further sequencing. It is planned to establish Mycoplasma pneumoniae testing facility for which procurement is under process.

- o The lab has also established Cytomegalovirus (CMV) PCR testing facility which is being carried out on referred samples on regular basis.

Surveillance activities:

? Influenza sentinel surveillance testing under IDSP influenza surveillance network was carried out by RV lab on samples collected from the designated sentinel hospital site at Safdarjang Hospital, New Delhi. Data compilation and analysis for data received from 12 network labs under IDSP Influenza Network Program was being done.

? RSV and Adenovirus testing was carried out as passive surveillance on residual samples which had been received and tested for influenza.

- RV Laboratory participated in both components of WHO GISRS External Quality Assurance Programme i.e. a) Detection of Influenza Viruses in RT-PCR and b) Detection of SARS-CoV-2 by RT

PCR in month of August 2023 thereby ensuring quality testing in the laboratory. RV lab, Microbiology division has been awarded certificate of completion on 15th December 2023 for participation in WHO GISRS External Quality Assurance Programme with attainment of full score in both the components.

- Lab provided logistic support for sample collection to public health teams of NCDC for SARS-CoV-2 surveillance testing.

- **Teaching & Training:** Faculty of RV lab participated throughout the year in introductory lectures/ Orientation classes to MD /BSc/ MSc. Nursing students/veterinary students coming from various institutions/medical colleges during their scheduled educational visits for imparting comprehensive knowledge on lab activities in Respiratory Viruses Laboratory (Microbiology Division).

- Participation in National and International conferences/ meetings/ video conferences including “Sixteenth Bi-regional meeting of National Influenza Centres and Influenza Surveillance in the WHO’s South-East Asia and Western Pacific Regions”, from 31st July to 3rd August 2023 in Dhaka, Bangladesh participation as Panelist during 2nd quarter of IAMM Delhi Chapter, National Consultative workshop on 'National Pandemic Preparedness Plan 2023' held on 8th and 9th Dec 2023, Regional meeting on Pandemic Influenza Preparedness (PIP) partnership contributions (PC) and WHO’s Preparedness and Resilience for Emerging Threats (PRET) framework, 10-13 October 2023, New Delhi, India, participation in WHO meeting on Advancing GISRS on 9th to 11th December 2023 in Abu Dhabi, UAE.

- Laboratory participated in National Public Health India Conference (NPHICON 2024) organised in NCDC in Feb 2024.

- Officers of RV lab have undertaken following Visits and official tours in 2023:-

- » Visit to Districts Kamrup, Darrang, Sonitpur, and Lakhimpur, Assam to monitor the specific activities allotted to districts under Viksit Bharat Sankalp Yatra (VBSY) by Ministry of Health & Family Welfare.

- » Visit to Districts Siddharthnagar, Hardoi, Sitapur, Bahraich, and Gonda, Uttar Pradesh to monitor the specific activities allotted to districts under Viksit Bharat Sankalp Yatra (VBSY) by Ministry of Health & Family Welfare.

- **Participation of officers in several committees as Chairperson/ members including-** Biomedical waste management committee & Biosafety committee, Equipment Maintenance committee, Technical specification and Bid evaluation committee, House Allotment committee, Beautification and Artwork committee, Committee for developing linkages between proposed NCDC BSL-3 labs and existing health institutes in respective States, laboratory expert group committee for strengthening of laboratories under the National Programmes for Prevention and Control of Zoonotic diseases, BSL-3 third party validation committee.

10. DIVISION OF BIOTECHNOLOGY

The division provides molecular diagnostic services, molecular epidemiology, specialized training and applied research on various important epidemic-prone diseases of public health importance.

COVID-19 Pandemic Response

- The Division served as a HUB laboratory in INSACOG (Indian SARS-CoV-2 Genomics Consortium) and performed whole genome sequencing of 1011 positive samples of SARS-CoV-2 using next generation sequencer during the period for the purpose of detecting the variant of concern.

Molecular diagnostic support

- The Laboratory functions as reference diagnostic laboratory and has capacities to perform viral load estimation and molecular diagnosis for hepatitis. The division performed molecular detection of Hepatitis virus samples of total 3266 collected by Viral Hepatitis Division as a part of surveillance activity and samples received from other healthcare facility under the National Viral Hepatitis Surveillance Program (NVHSP). The Division analyzed the total of 2937 samples for Hepatitis C Virus (HCV) and 329 samples for Hepatitis B Virus (HBV) during the period.

Sequencing support to other divisions

- The division provided sequencing support to other divisions and performed targeted sequencing of Hepatitis B virus, Leishmania, Chikungunya, Dengue, Toxoplasma, Rabies pathogens using sanger sequencer for molecular characterization.

Training Activities and Capacity Building

- The division imparts training and demonstration on Next Generation Sequencing platform, workflow of sequencing methods and advanced molecular techniques to faculty members of Government Institute of Medical Sciences, Greater Noida as a part of capacity building. The division also provided dissertation training to eight students from different universities during this period.

Projection to the future

- Scaling up molecular diagnostic services on various important epidemic-prone diseases of public health importance as part of the mandate.
- Whole genome sequencing of pathogens with known and unknown aetiology for understanding the molecular epidemiology during outbreak investigations.
- Developing other molecular diagnostics methods either by PCR or by sequencing methods to detect various pathogens of both known and unknown etiology for providing support to other division within the institute.

11. VIRAL HEPATITIS DIVISION

A. Routine sample testing

A total 1562 of samples were received and tested for viral hepatitis markers for Hepatitis A, Hepatitis B, Hepatitis C and Hepatitis E in the viral hepatitis laboratory, NCDC. Samples were tested by different methodologies i.e. ELISA, Rapid diagnostic test and by Chemiluminescence immunoassay (CLIA).

B. Surveillance activity

The Laboratory functions as a reference diagnostic laboratory and has capacities to perform viral load testing for hepatitis. A total of 1380 samples were received from MMG Hospital, Ghaziabad, Uttar Pradesh. Samples were screened for Hepatitis-B and Hepatitis-C using Rapid diagnostics kits. Further positive detected samples were tested for viral load estimation by the Biotechnology Division, NCDC.

C. External Quality assurance scheme (EQAS)

Division participated in the three cycles of External Quality Assurance scheme for hepatitis B and C serology & molecular panel.

D. NABLAccreditation

Viral hepatitis laboratory has been assessed and NABL accredited in accordance with the standard ISO 15189:2012.

12. NATIONAL PROGRAM FOR SURVEILLANCE OF VIRAL HEPATITIS

National Program for Surveillance of Viral Hepatitis is a central sector scheme under the Umbrella Scheme of National Centre for Disease Control (NCDC), DteGHS, MoHFW with the objective of strengthening the existing infrastructure for establishing surveillance of viral hepatitis and estimating burden of viral hepatitis infection in India.

Achievements

Laboratories of 29 medical colleges/institutions strengthened across the country to carry out surveillance of viral hepatitis with Viral Hepatitis Laboratory at NCDC as Centre of Excellence.

A) Surveillance of Acute Viral Hepatitis: Surveillance of acute viral hepatitis ongoing in the network of laboratories based on Operational Guidelines developed with inputs of Technical Resource Group on Surveillance of Viral Hepatitis.

B) Surveillance of Chronic Viral Hepatitis-Integration with population level surveys/ programs for carrying out surveillance of chronic viral hepatitis

a. National Family Health Survey- integrated with round 5 & round 6 for estimation of seroprevalence of hepatitis B and hepatitis C.

b. HIV Sentinel Surveillance (HSS) of National AIDS Control Program (NACP) for inclusion of bio-markers of hepatitis B and C in HSS utilizing existing machinery of HSS with minimum financial implications. Report on estimation of seroprevalence of hepatitis B and hepatitis C was developed based on the data of round 17 of HSS held in 2021. Seroprevalence of hepatitis B and hepatitis C was found to be 0.85% and 0.29% respectively. The biomarkers of hepatitis B and hepatitis C have also been included in the 18th round of HSS.

C) The program has also integrated with National Viral Hepatitis Control Program (NVHCP) for establishing linkages and mechanisms for follow-up of individuals screened positive for further management

13. CENTRE FOR ONE HEALTH

Centre for One Health coordinates Implementation of following National Programs

- a. National Rabies Control Program (NRCP)
- b. National One Health Program for Prevention & Control of Zoonoses (NOHPCZ)
- c. Program Prevention & Control of Leptospirosis (PPCL)
- d. National Programme for Prevention and Control of Snakebite Envenoming (NPSE)

Divisions Achievements in Year 2023-24

I. MoHFW has approved re-designation of Division of Zoonotic Disease Control Programmes at NCDC to Centre for One Health.

II. National Rabies Control Program

a. Training of Master Trainers (ToT) under National Rabies Control Program 14 & 15 February 2023. Total of 20 participants trained.

b. On 18th and 19th May 2023 conducted regional workshop for North-east States (Meghalaya, Assam, Arunachal Pradesh, Sikkim, Mizoram, Tripura and Nagaland) to develop State Action Plan for Dog Mediated Rabies Elimination by 2030 by One Health Approach.

c. First Meeting of "National Joint Steering Committee on Rabies Elimination" was organised on 28th July 2023 under the Chairpersonship of Secretary (Health), MoH&FW.

d. Two State/UT i.e., Puducherry and Rajasthan have launched their own State Action Plan for Dog Mediated Rabies Elimination by 2030 in September 2023.

e. 20 Laboratory professionals trained for Laboratory Diagnosis of Human Rabies. Training was conducted in collaboration with NIMHANS Bengaluru from 17 to 19th October 2023.

f. Pilot for Rabies Helpline launched by Secretary H & FW on 17th October 2023.



g. Rabies free cities initiative has been started in a phase wise manner. In Tier I. 17 Cities of 6 States have been targeted and in Tier II 103 cities in 25 states has been targeted for Rabies and preparation of action plan is under process.

h. As on date, 22 States had made Rabies as a notifiable disease.

i. Workshop for State Action Plan for Dog Medicated Rabies Elimination was conducted for Meghalaya was conducted on 4th& 5th December 2023.

j. Workshop for State Action Plan for Dog Medicated Rabies Elimination was conducted for Mizoram was conducted on 17 & 18 January 2024.

k. Workshop for State Action Plan for Dog Medicated Rabies Elimination was conducted for Telangana was conducted on 22nd and 23rd January 2024

l. On 12th March 2024 the NRCP Website was launched by Ms. L.S. Changsan, AS&MD, MoH&FW and Prof. (Dr.) Atul Goel, DGHS, MoH&FW.



III. National One Health Program for Prevention & Control of Zoonoses (NOHPCZ):

a. On 12th March 2024, the Onboarding of National One Health Programme for Prevention and Control of Zoonoses on Integrated Health Initiative Platform was launched by Ms. L.S. Changsan, AS&MD, MoH&FW and Prof. (Dr.) Atul Goel, DGHS, MoH&FW.

b. A network of 11 Regional Coordinators of One health established and strengthened 4 AIIMS institute as regional Coordinator.

c. Hands-on training for Zoonotic Diseases Diagnostic for sentinel surveillance sites conducted in two batches in April-June 2023. Total 60

Laboratory professionals trained.

d. National Conclave on "Uniting for One Health" on 6 and 7 July 2023 on the occasion of world Zoonoses Day.

e. National Conclave on Augmented Zoonotic Disease Surveillance at Human Wild Life interface was conducted on 17th& 18th October 2023.

f. A National Joint Orientation Training on Zoonotic Diseases for master trainers was conducted on 19th& 20th December 2023 for state nodal officers in 22 states.

g. On 17th October 2023 Technical Guidance on Zoonotic Disease Prevention Preparedness & response using One Health Approach developed in collaboration with WHO India.

h. Multi stakeholder consultation for Developing State Action Plan for Prevention & Control of Zoonotic Diseases for Rajasthan (12 & 13 October 2023) and Odisha (21 & 22 November 2023).

IV. Program for Prevention & Control of Leptospirosis:

a. A Hands-on training for Laboratory professional for Diagnosis of Leptospirosis was conducted on 9th to 13th October 2023 by NIVEDI Bangalore.

b. A Hands-on training for Laboratory professional for Diagnosis of Leptospirosis was conducted on 19-24th February 2024 by RMRC Port Blair. Total of 12 participants were trained.

V. National Programme for Prevention and Control of Snakebite Envenoming (NPSE):

a. 12th March 2024 Programme division has launched "National Action Plan for Prevention and Control of Snakebite envenoming in India" (NAPSE) with participation from Key stakeholders.

b. Launch of an array of IEC materials on snakebite

- Booklet on Snakebite - Let's put an end to snakebite deaths. The booklet will be used for creating awareness in the general community.

- Posters on Do's and Don'ts for general community.

- Video on Snakebite awareness (7 Minutes) for General Community.

c. A National conclave on endorsement of "National Action Plan for Prevention and Control of

Snakebite envenoming in India" by stakeholders was conducted on 18th&19th October 2023.

d. Protocol on management of Snake bite at PHC level has also been prepared and shared with States and Districts.

14. NATIONAL PROGRAMME ON CLIMATE CHANGE AND HUMAN HEALTH

Under the MoHFW, National Program on Climate Change and Human Health (NPCCHH) at NCDC, is working with objectives of awareness generation, capacity building, health sector preparedness and response, partnerships and research related activities on the climate sensitive health issues to develop a climate resilient health sector in the country. Now the Programme has expanded in its implementation to all 36 State/UTs with having State Nodal Officer identified for the programme and activities are being conducted in the form of training on Climate Sensitive Diseases/Issues, Surveillance on Acute Respiratory Illnesses in context of Air Pollution and Heat related Illnesses, generation & dissemination of IEC on Air Pollution & Heat and its health impacts on health. National Action Plan on Climate Change and Human Health is revised with addition of subject specific health action plan on climate sensitive diseases and State Action Plan on Climate Change and Human Health is being drafted by the States/UTs.

Activities related to key NPCCHH objectives are in four main areas:

I. To create awareness among general population (vulnerable community), health care providers and policymakers regarding impacts of climate change on human health.

1. Seasonal health advisories issuance to States and IEC campaigns on Climate Sensitive Health issues (air pollution, heat, etc.)

2. Heat wave advisories for State health departments and public health on Heat wave session 2024 were issued.

3. Nationwide Public Awareness Campaigns are organised in coordination with States annually for World Water Day (March), World Health Day (April), World Environment Day (June), International Day of Clean Air for Blue Skies (September).

4. National Level Workshops on the subject of 'Energy Efficiencies in Health Facility

Infrastructure on the 'World Environment Day' and Workshop on the International Day of Clean Air for Blue Skies' were conducted in coordination with States.

5. Observed the 'National Pollution Control Day 2023' on 'Impact of Air Pollution on Child Health' at NCDC Delhi (November 2023).

6. A video/reel competition on air pollution of the school children was organised on National Pollution Day (December 2023).

II. To strengthen capacity of healthcare system to reduce illnesses/ diseases due to variability in climate.

1. Conducted District level trainings on Air Pollution related illnesses and surveillance (Sep 2023) and DNOs capacity Building Workshop (July 2023).

2. State level trainings supported by NCDC were conducted in 2023 in Assam, Telangana, Delhi, in the areas of Heat Related Illnesses and Surveillance, Air Pollution related illnesses and surveillance, Extreme weather events, Green & Climate Resilient Infrastructure, Climate Change and Vector Borne Disease.

3. Organised National Review Meetings with State Program Officers (June 2023)

4. National Guidelines were developed in the areas of Green and Climate Resilient Health Care Facilities, Guidelines for Solar Powering Health Facilities, Guidelines on Emergency cooling for severe heat related illnesses.

5. Conducted 6 (Six) National level Capacity Building workshops for the state and district officers under NPCCHH on the domain areas of Air Pollution, Heat wave, Vector Borne disease, Mental health, Green climate resilient infrastructure, extreme weather events.

III. To strengthen health preparedness and response by performing situational analysis at National/ state/ district/ below district levels.

1. Green/Low carbon emission measures in Government Healthcare Facilities are adopted in 24 States funded through NHM which includes installation of Solar Panels, conversion of lighting with LED, rain water harvesting system and Energy Auditing for Energy Efficiency.

2. In regards to the State organizational structure, 30 Governing Body on Climate Change and Human

Health under Hon'ble Health Minister (State), 32 Multi-Sectoral Task Force on Climate Change and Human Health under Secretary (Health), 36 State Nodal Officers (NPCCHH), 30 State Level Environment Health Cell, 34 State Action Plan on Climate Change and Human Health (Approved by MoHFW).

3. 80 Sentinel Hospitals (17 States) reporting for Air Pollution related illnesses and health care facilities are reporting Heat Related illnesses in all States through IHIP.

4. Early warning alerts on Air Quality, Heat wave (March-July), Floods are shared with States.

IV. To develop partnerships and create synchrony/synergy with other missions and ensure that health is adequately represented in the climate change agenda in the country.

1. Coordinating with other organizations for technical support/ integration including Ministries (MoEFCC, MoES, Ministry of Jal Shakti) and Departments (IMD, CPCB, NDMA, ICMR, NHSRC).

2. Report on "Towards Climate Smart Hospitals insights from a National Hospital Energy Consumption Survey released by MoHFW Sep 2023.

15. CENTRE FOR MEDICAL ENTOMOLOGY AND VECTOR MANAGEMENT

Centre for Medical Entomology and Vector Management is mandated with undertaking operational research, providing technical support and developing trained manpower in the field of vector-borne diseases and their control. The centre provides technical guidance, support and advice to various states and organizations on outbreak investigations and entomological surveillance of vector-borne diseases and their control.

Major achievements are highlighted below (2023-24):

- Provided online classes on "Visceral Leishmaniasis and its vectors" for MPHE students, RMRC Dibrugarh from 01.03.2023 to 03.03.2023.
- Provided Hands on training to three Vector Control Programme officers from Kolkata Municipal Corporation on "Vector Biology and Vector Management" from 26.06.2023 to 07.07.2023.

- Provided sensitization training to thirty four Insect Collectors working at NCDC (Hq.) and its branches on "Vector collections methods & different preservation techniques" from 26.09.2023 to 27.09.2023.

- Provided entomological investigation support to Arunachal Pradesh for managing the outbreaks of Scrub Typhus.

- On November 22, 2023, a field demonstration of rodent trap collection was conducted at Dhobi Ghat, located near to the civil line in Delhi.

- Routine Dengue Vector surveillance activities in selected high incidence areas of Delhi.

- Demonstrated lab, museum, and insectary to Armed force Medical college, Pune, and SGT University Community Medicine students' visit on January 23, 2024.

- Demonstrated Lab, museum and insectary to WHO SEARO, delegates and consultants on February 21st, 2024.

- Demonstrated lab, museum and insectary to Nursing students from the Regional institute of Paramedical and Nursing science in Mizoram at March 15th, 2024.

Support Entomological Surveillance for International Health Regulations compliance at Points of Entry:

The centre conducted entomological surveillance in ten International Airports and seven seaports in the pre and post-monsoon period. The findings are shared with the IH division of Directorate General of Health Services, Govt. of India and the health offices at the points of entry for public health action.

As per International Health Regulations (IHR) 2005, all the International Airports/Seaports and peripherals areas up to 400 metres should be made free from vectors.

National Reference Entomological Museum:

It has 1,08, 757 specimens (89,464 Mosquitoes belonging to 31 genera and 539 species). Additionally it contains many species of insects (Diptera, Coleoptera, Lepidoptera, Hymenoptera, Odonata, Hemiptera & Orthoptera) and few arachnids. The oldest specimen is from United Kingdom collected in 1902, and the oldest collection from India is of malaria vector *Anopheles culicifacies* collected, in 1905 from Karnal, Haryana State. Collections also include *An. sondaicus* (Car Nicobar, India in 2005), *An. stephensi*, *An.*

subpictus, *Culex quinquefasciatus*, *Ae. aegypti* (Alwar & Jaipur, India in 2017), *Ae. aegypti* (Ahmedabad, India in 2017). More than 150 visitors from educational institutions and scientists visited the national reference entomological museum in 2023-24. Eight (*Ae. aegypti* and *Ae. albopictus*) mosquitoes were recently pinned and collected during 2024 for vector surveillance in Varanasi.

Mosquito and Sandfly colonies:

The centre maintains a facility for the arthropods of medical importance and mosquito larvivorous fishes for different research activities.

The insectary facility is maintaining both adults and larval stages of the Anopheline and Culicine mosquitoes and *Phlebotomus* spp. which can be used for different bioassays, adulticide tests, repellent tests, susceptibility assessment towards insecticides, etc.

- Mosquito colonies: *Anopheles stephensi*, *Culex quinquefasciatus* and *Aedes aegypti*.
- Sandfly colony: *Phlebotomus argentipes*.
- Laboratory Culture of *Gambusia affinis*: Mosquito larvivorous fish, *Gambusia affinis* is established in the CME & VM for demonstration purpose for training students.



Various activities carried out during Training on “Vector Biology and Vector Management” for Vector Control programme officers from Kolkata Municipal Corporation from 26.06.2023 to 07.07.2023.

Training activities and Capacity building

- Attended the meeting held on February 6, 2024, to discuss the module developed by the National Environmental Engineering Research Institute (NEERI), Nehru Marg, Nagpur, 440 020, for the development and promotion of non-POP alternatives to DDT, with Dr. Jitendra Prashad assisting as chairperson of the Additional DGHS, Nirman Bhawan, New Delhi.
- Faculty delivered a lecture on vectors of vector borne diseases to B. Sc. (H) Nursing students, College of Nursing, AVBIMS & Dr. RML Hospital, and New Delhi on 14.02.2024.
- Faculty delivered a lecture on vectors of vector borne diseases to Nursing students from the Regional Institute of Paramedical and Nursing Science in Mizoram on 15.03.2024.
- Visited to IIT, Hauz Khas, Delhi on 08.01.2024 and discussed with Head Mechanical Engineering Department, Indian Institute of Technology, for modification of NICD Cooler.
- Submission of material to M/s International Journal of Mosquito Research for publication of book on "An Inventory of mounted specimens of public health importance in "Entomology Museum " of National Centre for Disease Control , Delhi (India) .
- Officers and staff members from the CME & VM division attended a training session at ICMR-NIMR on February 26th to 1st March, 2024, on virus and parasite detection using molecular techniques to detect vector-borne diseases.

Proposed activities during (Jan-Mar 2024):

- Entomological survey for rodents and their ectoparasites in Delhi.
- Initiation of molecular work on KFD at the VAD lab of the CME&VM Division.
- Xenomonitoring of ticks for KFD virus with initial phase of surveillance in Shimoga, Karnataka.

3.3.13 CENTRAL RESEARCH INSTITUTE (CRI), KASauli

Central Research Institute (CRI), Kasauli was established on 3rd May, 1905. It is a Subordinate Office of Directorate General of Health Services under the Ministry of Health & Family Welfare, Government of India. The institute has a comple, which is divided into seven Sub-Sections i.e. Establishment, Academic, Auxiliary Facilities, Production, Quality Control, Animal House and

Research & Surveillance Divisions. It has a network of large number of laboratories engaged in manufacturing of vaccines / sera and research activities.

CRI is engaged in the following activities:

- Production of Vaccines & Sera
- Production & Supply of diagnostic reagents
- Research and Development in the field of immunology and Vaccinology
- Teaching and Training in Vaccinology and Microbiology
- Quality Control of Immunological.

CRI has a sanctioned strength of 606 and is headed by a Director. The numbers of sanctioned posts of Group A, B & C are 43, 73 & 490 respectively. At present, the total staff in position is 386.

There presentation of SC/ST/OBC category in the Central Research Institute Kasauli are given below:-

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Other
Central Research Institute, Kasauli (Subordinate office)	386	92	30	100	12	152
Central Health Services (All Group 'A' posts)	22	5	1	5	11	

The Representations of Persons with Disabilities (PwD) category (as on 31.03.2024) are as under:-

Group of Post	Total Strength	Type of Disability					
		Total	A	B	C	D	E
A	43	2	0	0	2	0	0
B	73	0	0	0	0	0	0
C	490	7	1	1	5	0	0
Total	606	9	1	1	7	0	0
Percentage		1.48	0.16	0.16	1.15	0	0

Where,

SC: Scheduled Caste, ST: Scheduled Tribe, OBC: Other Backward Class,

EWS: Economically Weaker Section Others: Neither SC/ST/OBC

A: Blindness and Low Vision, B: Deaf and Hard of Hearing,

C: Locomotor Disabilities including Cerebral Palsy, Leprosy cured, dwarfism, acid attack victims and muscular dystrophy

D: Autism, Intellectual disability, specific learning disability and mental illness; E: Multiple disabilities from amongst A to D including deaf-blindness

Budget of Central Research Institute, Kasauli for FY 2023-24

	Revised Estimate 2023 -24 (Rs.in Crores)	Actual Expenditure (Rs.in Crores)	(% of Actual Expenditure)
Revenue	55.83	51.54	92.32
Capital	1.23	0.66	53.71
Total	57.06	52.20	91.49

Manufacturing and Supply of Vaccines and Anti-sera:

During FY 2023-24 (as on 31.03.2024), CRI has supplied different lifesaving productive sera and vaccine manufactured in the Institute are as under:

(Figures in Number)

Sl. No.	Name of Vaccine	Opening balance	Demand	Production	Supply	Lab use
A	B	C	D	E	F	G
1	DPT Doses (UIP)	0	1,19,50,000	1,45,82,620	1,35,68,520	0
2	ARS (Vials)	348	54,257	51,246	40,927	100
3	ARS (Liq Vials)	1,226	803	1,453	803	0
4	DATS Liq Vials	123	200	1,655	200	0
5	NHS (Vials)	48	25	218	25	16
6	DIAG. AG (ML)	11,100	25,050	74,350	25,050	40,450
7	Yellow Fever Vaccine (Doses)*	12,946	2,49,334	2,86,000	2,49,334	622
8	Salmonella Antisera (ML)	449	1064	994	1064	18
9	Vibrio Cholerae (ML)	175	442	480	442	0

** Imported through WHO.*

Other activities of the Institute:

In addition to manufacturing of vaccines and anti-sera, CRI is also engaged in other important activities such as:

7 Quality Assurance and Quality Control activities

8. National Salmonella and Escherichia Coli Centre

9. National Influenza Surveillance Centre

10. Rabies Research Centre

11. National Polio Laboratory for Surveillance

12. Experimental Animal House

13. Medical Treatment Centre & Diagnostic Laboratory

14. Academic & Research Activities

15. M.Sc. (Microbiology) classes are running under Himachal Pradesh University, Shimla.

16. Certificate course in Production of Immunologicals and Animal Care is running in this Institute and at present 50 candidates are undergoing training under skill development programme of the Government of India. At present, 50 candidates are undergoing training under skill development programme of the Government of India.

17. Post Graduate Diploma in Vaccinology and Immunobiologicals has already been started in the Institute.

18. COVID testing laboratory has been established in the Institute with the help of Indian Council of Medical Research (ICMR).

3.3.14 NATIONAL INSTITUTE OF BIOLOGICALS (NIB), NOIDA (1 Jan 2023-31

The National Institute of Biologicals (NIB) under the administrative control of the Ministry of Health & Family Welfare is making concerted efforts to ensure quality service in the country's Healthcare Sector in the area of biologicals. NIB continues to strive to fulfil its mandates viz.

1. To develop and validate standards for quality control testing procedures for biological and immunobiological products.
2. To develop linkages with other National/ International Institutions and keep abreast with worldwide scientific research and technological developments in production and quality control of biologicals and immunobiologicals to advise on the suitability of their adoption.
3. To provide training facilities in quality control for personnel of related Institutions including Testing and Manufacturing units.
4. To assess from time to time the availability of qualified manpower to meet the needs of quality control and manufacture of biologicals and immunobiologicals to advise the Government on appropriate measures and the scope of upgrading existing testing facilities in the country.

To implement and coordinate activities of the Haemovigilance Programme of India.

NIB organised the first National Summit on Quality of Biologicals on 27 January 2023, on its 31st Foundation day at Vigyan Bhawan, New Delhi. The Summit was virtually inaugurated by Dr Mansukh Mandaviya, Hon'ble Union Minister of Health & Family Welfare. Dr Bharati Pravin Pawar, Union Minister of State for Health & Family Welfare also addressed the Summit through a video message. The Summit provided an integrated platform to different stakeholders, regulators, industries, academia and researchers for the exchange of ideas that can potentially circumvent the present bottlenecks of the Quality regulation of Biologicals. A Coffee

Table Book about NIB was also launched by the dignitaries at the event.

Notification and Accreditation

Under the provisions of the Drugs & Cosmetics Act 1940 and Rule 1945 amended from time to time and Medical Device Rule 2017, the Institute is notified Central Drugs Laboratory (CDL) and Central Medical Device Testing Laboratory (CMDTL) by the Government of India for the listed class of Drugs and kits in the Gazette of India issued from time to time.

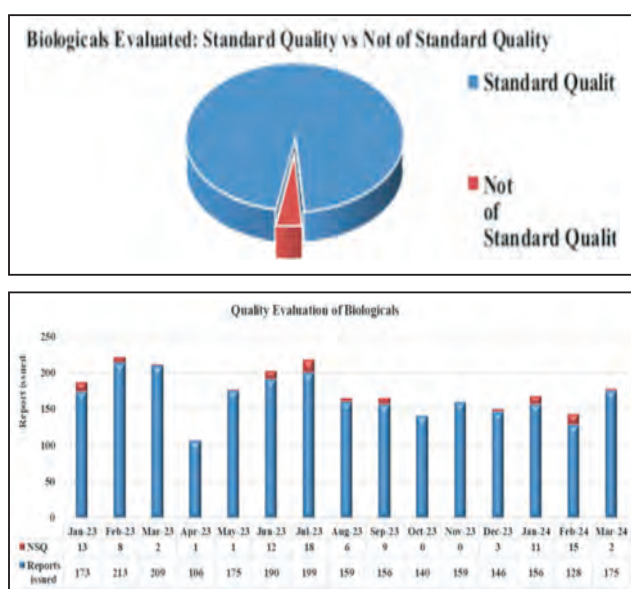
A few NIB scientists are also notified Government Analysts and Medical Device Testing Officers by the Government of India as per statutory norms for the listed class of Drugs and kits in the Gazette of India issued from time to time.

The Institute is NABL accredited for ISO/IEC 17025:2017 as per the scope defined for Biological testing and Chemical testing in Biological products. To assess and strengthen the laboratory's testing performance and comply with the ISO/ IEC 17025 clause 7.7.2 a) and b) NIB participates in various International/ National EQAAS/ PT and Collaborative studies in the field of diagnostics, Blood products, Therapeutic Monoclonal antibodies by various external agencies like the European Directorate for the Quality of Medicines (EDQM) - France, WHO- NIBSC, National Serology Reference Laboratory (NSRL) - Australia, Christian Medical College- Vellore, Indian Red Cross Society- New Delhi.

Quality Evaluation of Biologicals

NIB is performing its primary statutory function of Quality Control of a wide spectrum of indigenous and imported life-saving Biologicals in its State-of-the-art laboratories e.g. insulin, erythropoietin, blood products, diagnostic kits e.g. HIV, HBV, HCV, therapeutic monoclonal antibodies like Trastuzumab and Rituximab used in cancer treatment etc. In accordance to standards laid down in Indian Pharmacopoeia or relevant Pharmacopoeia or international norms. The samples are forwarded to NIB from the office(s) of CDSCO and its zonal/ port office(s) and government procurement agencies throughout the country. The reporting of Not of Standard Quality (NSQ) biological samples to the National Regulatory Authority highlights the role of the Institute in protecting and promoting public health.

From 1 Jan 2023- 31 March 2024, NIB evaluated 2484 batches of different types of indigenous and imported biologicals & biotherapeutic products viz. Albumin, normal and specific immunoglobulin, coagulation factor VIII & IX, insulin and its analogues, erythropoietin, Filgrastim, Interferon, Streptokinase, Follicle Stimulating hormones, Growth Hormone, Glucose Test strip, Immunodiagnostic kits (HIV-Ab, HCV- Ab, HBsAg, Syphilis) and Blood grouping reagents. Out of the total samples tested, 4.1% (i.e. 101 batches out of 2484) were found to be of Not of Standard Quality (NSQ) thus highlighting the role of the Institute in protecting and promoting public health by reporting Not of Standard Quality (NSQ) to the National Regulatory Authority- CDSCO.



To keep themselves up to date with scientific developments, NIB scientists are associated with several scientific institutes and agencies. Through these associations, they share their technical domain skills and knowledge. Developing new pharmacopoeial monographs or updating the ones that already exist is something that NIB scientists are contributing to. Scientists have been disseminating their expertise by providing technical inputs on invitations to expert committee meetings of WHO, CDSCO, IPC, DBT, AIIMS, ICMR, BIS, NABL, BIRAC technical committee(s), CCSEA, and participating as Technical experts in Joint inspections of the manufacturing facilities for grant of license etc. They have also been invited to speak at various scientific organizations.

Haemo vigilance Programme of India (HvPI)

NIB has been contributing towards blood transfusion safety as the National Coordinating Centre for HvPI. HvPI is a member of the International Haemovigilance Network. Till Sep 2023, NIB organised three CMEs/ workshops for 425 blood centre officials, clinicians, nurses, blood donor motivators and blood centre technical staff to create awareness of the importance of reporting adverse transfusion and donor reactions. Haemovigilance Division of NIB organised Two Days Residential Training cum Workshop for the Blood Centre officials of the Reporting Centres under Haemovigilance Programme of India on 29-30 May 2023 at NIB wherein About 38 participants including blood centre officials, technical officials from 14 states of the country and 07 experts participated.

Training and Academic activities

- i) The institute provided the opportunity for Hands-on Training in Quality Control of Biologicals in various NIB laboratories to carry out
 - a. 6 months' project work for Post Graduate Students
 - b. 6 weeks of summer training for Post Graduate Students and Institutes
 - c. National Skill Development in line with "Pradhan Mantri Kaushal Vikas Yojna" for Post Graduate Students from North Eastern States, Himalayan/ Hill and LWE affected States.
- ii) Structured training courses in a variety of techniques and method validation, internal QC involved in the QC testing of biologicals for Students/ Industry Professionals/ Medical Professionals/ Clinical laboratory personnel/ Researchers/ Personnel of the testing and manufacturing Unit.
- iii) 6-day residential Hands-on training programmes on "Training of Trainers for Strengthening of Blood Services" for Blood Bank Officials (including Doctors and Lab Technicians) from different states in collaboration with the Blood Cell-National Health Mission, (Government of India)
- iv) Hands-on training on Quality Control testing of Blood Grouping Reagents, Immunodiagnostic kits and Biochemical Kits was imparted to Two officials from the National Drug Authority, Uganda on "Testing of Medical Devices" for a period of two weeks at NIB.



v) NIB has 13 scholars enrolled in the Ph.D. programme with the Academy of Scientific and Innovative Research (AcSIR).

vi) NIB is carrying out intramural and extramural research projects which help in improving the Quality Control Testing of Biologicals.

vii) Publications: Based on empirical scientific analysis of the QC work undertaken on a variety of biological products NIB scientists continued to publish 37 scientific papers including posters, Abstract and WHO Technical document have been published.

viii) Patent: NIB filed its first patent on a system and method for the detection of dengue virus serotypes. Application no: 202311008402 dt.09.02.2023

Percentage employment of Persons with Disabilities (PwDs)

NIB is committed to fostering an inclusive work environment and ensuring equal opportunities for all individuals, including those with disabilities.

Out of the existing regular staff strength of 109 at NIB, 03 staff personnel belong to the Person with Disabilities (PwDs) category and 01 post in the

PwDs category is to be filled up shortly. This brings the total percentage of employment of PwDs in NIB to slightly more than 3%, in conformity with DoPT O. M's No. 36022/01/2014-Estt. (Res) dated 20.08.2014 and thereby aligning with the government policy of 3% reservation in Government jobs for PwDs.

With the unwavering support & guidance from the Ministry and the perseverance & commitment of Employees, NIB plans to continuously excel in the field of Quality Control of Biologicals and strengthen blood transfusion services through Haemovigilance with the ultimate goal of safeguarding public health.

3.3.15 BCG VACCINE LABORATORY (BCGVL), GUINDY, CHENNAI

BCG Vaccine Laboratory (BCGVL), Chennai is a Subordinate Office of the Directorate General of Health Services under the Ministry of Health & Family Welfare, Government of India. It was established on 1st May, 1948.

The Institute is involved in manufacture and supply of freeze dried BCG Vaccine I.P. to Universal Immunization Programme (UIP) of the Government of India for control of childhood tuberculosis.

GMP facility:

As a part of revival project of BCG vaccine laboratory, a new cGMP facility for manufacture of the vaccine was established in 2016. Since July 2020, the vaccine manufactured from cGMP facility is being supplied to UIP.

Supply of BCG vaccine from new cGMP facility to UIP is as follows:

Sl. No.	Year	Doses Supplied (in Lakhs)	States/GMSDs Supplied
1.	2020 (July to Dec)	61.4	Tamil Nadu, Maharashtra, Andhra Pradesh, Madhya Pradesh, Chhattisgarh, Gujarat, GMSD Mumbai, GMSD Chennai and GMSD Kolkata
2.	2021 (Jan to Dec)	250.5	Tamil Nadu, Maharashtra, Andhra Pradesh, Telangana, Karnataka, Madhya Pradesh, Gujarat, Uttar Pradesh, Chhattisgarh, GMSD Mumbai, GMSD Chennai, GMSD Karnal and GMSD Kolkata
3.	2022 (Jan to Dec)	166.1	Tamil Nadu, Maharashtra, Madhya Pradesh, Uttar Pradesh, Andhra Pradesh, Telangana, Karnataka, Chhattisgarh, GMSD Mumbai, GMSD Chennai, GMSD Karnal and GMSD Kolkata

Sl. No.	Year	Doses Supplied (in Lakhs)	States/GMSDs Supplied
4.	2023 (Jan to Dec)	139	GMSD Mumbai, GMSD Chennai, GMSD Karnal and GMSD Kolkata
5.	2024 (Jan to Mar)	99	GMSD Mumbai, GMSD Chennai, GMSD Karnal and GMSD Kolkata

Further, BCGVL has received supply order for 180 lakh doses from Vaccine Procurement Cell in October 2023 (for Financial Year 2023-24).

The representations of SC/ST/OBC category in the B.C.G. Vaccine Laboratory, Chennai are given below:-

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Other
BCG Vaccine Laboratory, Chennai, Subordinate Office	74	14	6	51	1	2
Central Health Services (All Group - A Posts)	2	-	-	1	-	1

The representations of Persons with Disabilities (PwD) category (as on 31.03.2024) in BCG Vaccine Laboratory, Chennai.

Group of Post	Total Strength	Total	Type of Disability				
			A	B	C	D	E
A	3	-	-	-	-	-	-
B	8	-	-	-	-	-	-
C (Sweepers)	65	1	-	1	-	-	-
C	-	-	-	-	-	-	-
Total	76	1	-	1	-	-	-
Percentage		1.31	-	1.31	-	-	-

Budget of B.C.G. Vaccine Laboratory, Chennai for FY 2023 - 24

Revised Estimate (Rs.in Crores)	Actual Expenditure (Rs. in Crores)	(% of Actual Expenditure)
31.44	27.83	88.52%

Other Activities

- BCGVL's upgraded website as per GIGW norms was launched on 1st May, 2023.
- Additional new walk in cold room has been commissioned for storage of packed vaccine before supply.

- Renovation of Laboratory Animal House is being carried out by CPWD in FY 2023-24.

3.3.16 PASTEUR INSTITUTE OF INDIA (PII), COONOR

Pasteur Institute of India (PII), Coonoor started functioning as Pasteur Institute of Southern India,

on 6th April, 1907 as a Registered Society under the Societies Registration Act, 1860. It started functioning as an autonomous body under the Ministry of Health and Family Welfare, Government of India from 10th February, 1977 as the Pasteur Institute of India, Coonoor. The affairs of the Institute are governed by a Governing Body under the Chairmanship of Secretary of Health and Family Welfare. The Institute has been involved in production of DPT group of vaccines and Tissue Culture Anti Rabies (TCARV) vaccines.

PRESENT ACTIVITIES

Trial batches and Process Validation batches of DPT group of vaccines are under progress in the newly created and qualified GMP facilities.

Since 1907, PII, Coonoor has been running an Anti Rabies Clinic for rabies prophylaxis and treatment. About 530 patients from various parts of Tamil Nadu, Kerala and Karnataka visited to the clinic for anti rabies treatment and for prophylaxis.

The Rabies diagnostic lab is equipped with

diagnosis of Rabies virus from suspected cases and Anti-rabies antibodies in serum. During the financial year 2023-24 (01.04.2023 to 31.03.2024), the Institute received 112 samples for estimation of rabies antibodies.

The Institute is also conducting Ph.D. programmes for Microbiology, Biochemistry and Biotechnology (Part time & Full time) in a liaison with the Bharathiar University, Coimbatore and Tamil Nadu. The Institute is also affiliated with Dr. M.G.R. Medical University, Chennai for M.D Microbiology.

ACADEMIC ACTIVITIES

Currently, 8 scholars are pursuing Ph.D. course affiliated to the Bharathiar University, Coimbatore.

Facilities for Scheduled Caste and Scheduled Tribes

A Liaison Officer has been appointed to look after the service interest of SC/ST category employees.

There presentations of SC/ST/OBC category in the Pasteur Institute of India, Coonoor

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Others
Pasteur Institute of India, Coonoor	72	33	1	12	0	26

There presentations of Persons with Disabilities (PwD) category (as on 31.03.2024) in the Pasteur Institute of India, Coonoor

Group of Post	Total Strength	Type of Disability					
		Total	A	B	C	D	E
A	15+5*=20	0	0	0	0	0	0
B	42+30*=72	1	0	0	1	0	0
C	59	1	0	0	1	0	0
Total	151	2	0	0	2	0	0
Percentage		1.32	0	0	1.32	0	0

*Newly created posts (recruitment yet to be initiated)

Budget of Pasteur Institute of India, Coonoor for FY 2023-24

Revised Estimates (2023-2024) (Rs. in Crores)	Actual Expenditures as on 31.03.2024 (Rs. in Crores)	% age as per Revised
67.88	66.56	98.05

MILESTONES

The land parcel of 30 acres in the Government of India Press at Coimbatore was taken over by PII, Coonoor from Land & Development Office on 19.05.2023 for creation of new viral, rDNA, bacterial and conjugate vaccines manufacturing facilities.

- The following activities in connection with GMP facility for production of DPT group of vaccines have been completed:
- Facility qualification for all the 9 Blocks have been completed and currently under routine monitoring as per regulatory requirements.
- Media fill activity for seed preparation has been completed for Diphtheria, Tetanus & Pertussis.
- Seed preparation for manufacturing of Process Validation and commercial batches for Diphtheria, Pertussis & Tetanus has been completed.
- Characterization for Diphtheria, Pertussis & Tetanus seeds has been completed.
- Media fill activities for critical manufacturing steps for batch fermentation for Diphtheria, Pertussis & Tetanus Bunks are completed.
- Process Validation protocols for bulk antigens are prepared and under review.
- Protocol preparation for analytical method validation & cleaning validation studies are under progress.
- Time bound re-qualification activities for area, equipment & utilities are being carried out.
- Aluminium Gel preparation is optimized and ready for Process Validation batches manufacturing.
- Process validation for upstream process in respect of Diphtheria toxin manufacturing (1 Batch) is completed

PII, Coonoor had obtained permission to manufacture new drug or investigational new drug for examination, test and analysis (Pre-clinical Toxicological studies) for which license in Form-29 was issued by the Central and State Drug authorities upto the period of December, 2025.

3.3.17 INSTITUTE OF SEROLOGY (IOS), KOLKATA

Institute of Serology (IoS), Kolkata is a Subordinate Office of the Directorate General of Health Services under the Ministry of Health & Family Welfare, Government of India. It was established in 1912.

Main activities of the Institutes are as under:

- Production of various diagnostic reagents like VDRL Antigen, Species specific Antisera and Anti H Lectin and supply to different Government Institutions all over India.
- Determination of blood group serology and to give expert opinion on different types of medico-legal exhibits or biological materials sent to this Laboratory. Regional STD Reference Centre which functions in collaboration with NACO and West Bengal State AIDS Prevention & Control Society (WBSAP & CS) provide laboratory support to STI/RTI program of the Government of India.
- Polio virus isolation from stool samples of suspected polio cases from West Bengal, Bihar, Odisha, Jharkhand, North-East States and Andaman & Nicobar Islands.
- Sewage water from different site of Kolkata and Guwahati are analyzed as a part of National Polio Surveillance Program.
- National Measles Laboratory determines measles and rubella serologically in West Bengal and Eastern Region and reports it to WHO.
- VDRL section conducts VDRL tests on blood samples collected from different Medical Colleges and Hospitals in Kolkata.
- Quality Control Section is involved in assessing quality assurance to different diagnostic reagents produced by the Institute.
- National Measles Laboratory has initiated molecular testing of Measles and Rubella samples.

Forensic Serology

	Jan 2023 to Mar 2024
Total No. of cases received	185
Total No. of exhibits received	761
Total No. of cases analyzed and reported	186
Total No. of items tested for species determination	814
Total No. of cases examined for Blood grouping and semen examination	66

Duration	No. of samples received	No. of samples tested	No. of samples Positive
Jan 2023 to Mar 2024	4907	4907	330

V. D. Serology

Duration	No. of samples received	No. of samples tested	No. of samples Positive
Jan 2023 to Mar 2024	4907	4907	330

V. D. Serology

Duration	No. of samples received	No. of samples tested	No. of samples Positive
Jan 2023 to Mar 2024	4907	4907	330

Antibody section

Month	Production of Antisera (ml)	Supply of Antisera (ml)	Production of Anti H-Lectin (ml)	Supply of Anti H Lectin (ml)
Jan 2023 to Mar2024	5000		ml 1383	ml 727

Quality Control & Diagnostic Laboratory

	Jan 2023 to Mar 2024
Examination Performed	No. of Samples
Standardization of Anti H Lectin	34 Lots
Standardization of Species Antiserum	14
Standardization of VDRL Antigen	02

Measles laboratory

Jan 2023 to Mar 2024	
Measles	
Total sample tested	9722 Nos.
Total sample positive	2387 Nos.
Total sample negative	7244 Nos.
Total sample equivocal	91 Nos.
Rubella	
Total sample tested	7374 Nos.
Total sample positive	498 Nos.
Total sample negative	6833 Nos.
Total sample equivocal	43 Nos.

Antigen Production section

	Antigen Production Section from Jan 2023 to Mar 2024 (0.5ml/amp.)
Total VDRL Antigen Production	4150 Amps
Total Supply of VDRL Antigen	3850 Amps

National Polio laboratory

	National Polio Laboratory from Jan 2023 to Mar 2024
Total AFP cases tested	5664
Total AFP samples tested	11328
NPEV reported	1409
L20 B Positive	124
Wild virus	0
Environmental total sample	420
L20 B Positive in ES	146
VDPV detected in ES	0
ES samples reported as NPEV	240
ES samples reported as NEV	0
ES samples Negative	34

RSTRRL (STI Laboratory)

Duration	Total STI samples tested	Positive
Jan 2023 to Mar 2024	21030	856

The representations of SC/ST/OBC category in the Institute of Serology, Kolkata

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Others
Institute of Serology, Kolkata-700016	53	09	03	09	02	30
Central Health Services (All Group 'A' posts)	07	0	0	02	01	04

The representations of Persons with Disabilities (PwD) category (as on 31.03.2024) in the Institute of Serology, Kolkata

Group of Post	Total Strength	Type of Disability					
		Total	A	B	C (Orthopedic)	D	E
A	11	0	0	0	0	0	0
B	06	0	0	0	0	0	0
C	76	1	0	0	1	0	0
Total	93	1	0	0	1	0	0
Percentage		1.07	0	0	1.07	0	0

Budget of Institute of Serology, Kolkata for FY 2023-24

Revised Estimate	Actual Expenditure	(% of Actual Expenditure)
8.51	8.08	94.89

deemed to be university status as per the UGC regulations. The Institute has completed 67 years of its glorious existence and 37 years as a "Deemed to be University".



Inauguration of two new departments of IIPS by Hon'ble Union Minister for Health and Family Welfare & Chemicals and Fertilizers Dr. Mansukh Mandaviya Ji and Hon'ble Minister of State for Health and Family Welfare Dr. Bharati Pravin Pawar Ji on February 20, 2022.

3.3.18 INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS), MUMBAI

International Institute for Population Sciences, established in 1956 as a demographic training centre and subsequently declared as a 'Deemed to be University' in 1985, has grown, over the period, as a research-intensive university with over 500 students pursuing graduate programs in the broader area of Population Sciences. IIPS occupies a unique position in the world today as a leading academic centre for teaching and research in the discipline of population sciences and allied areas. It is an autonomous institute under the Ministry of Health and Family Welfare, Government of India, with a

The teaching programme of the Institute has expanded significantly in the last one decade. Currently, IIPS offers three master's degree programmes in the regular mode and another programme through distance mode. The Ph.D programme of IIPS has been unique with strong emphasis on research methods with empirical enquiry. The Institute also offers a post doctoral programme with a motive to sharpen the individual research ability on topics of relevance to policies and programmes. In addition, IIPS conducts three diploma programmes through the National Institute of Public Health Training and Research, Mumbai.

IIPS has been at the forefront of conducting high quality research that contributes directly towards robust policies and better implementation of programmes. The nationally relevant studies like NFHS, LASI, GYTS, Gender equality and health are examples of such high impact and policy relevant studies that address India's 21st century challenges in the fields of population and health. The Institute disseminates the findings of the studies through various high impact publications, through journals, reports as well as through conferences, seminars and workshops.

IIPS has also undertaken a restructuring of its academic departments with an aim to improve the quality of research, teaching and training of the institute.

Academic Departments and Centres

IIPS has seven regular departments. They are:

1. Department of Family and Generations
2. Department of Survey Research and Data Analytics.
3. Department of Bio-Statistics and Epidemiology
4. Department of Fertility and Social Demography
5. Department of Public Health and Mortality Studies
6. Department of Migration and Urban Studies
7. Department of Population and Development

IIPS also has three regular research centres and one ad-hoc research centre. They are:

1. Centre of Demography of Gender
2. Centre for Ageing Studies
3. Centre for Distance and Online Education

4. South Asian Centre for Labour Mobility and
5. Migrants (SALAM)

Teaching Programme

The Institute offered the following regular courses. The table below provides a summary of the courses offered, number of students awarded diploma/degree in 2023.

Degree/Diploma	No. of Students Awarded degree in 2023.
Ph.D. Degree in Population Studies/ Bio-Statistics and Demography	33
Master of Arts/Science (M.A./M.Sc.) in Population Studies (Duration- 2 Years)	33
Master of Science in Biostatistics and Demography (MBD) (Duration- 2 Years)	32
Diploma in Health Promotion Education (DHPE) (Duration- 1 Year)	21
Post Graduate Diploma in Community Health Care (PGDCHC) (Duration- 1 Year)	15
Master of Arts (M.A.) in Population Studies (Distance -Mode) (Duration- 2 Years)	23
Post-doctoral-Fellowship (Non- degree)	3

Research Studies

IIPS is conducting many nationally important research studies at the behest of the MoHFW, GOI as well as other International Organizations. Some of the nationally important research studies underway in the Institutes are given below:

- i. National Family Health Survey-5
- ii. National Family Health Survey-6
- iii. Longitudinal Ageing Study in India (LASI)

iv. Study of Global Ageing and Adult Health (SAGE) India- 2 and

v. Global Youth Tobacco Survey-4 (GYTS-4), India, 2019

Training Programs/ Symposium/ Memorial Lectures/ Seminars & Workshops

IIPS has a well-established Short-Term Training Program (STTP) Unit. The unit periodically organizes training programs for the professionals, teachers from universities/colleges, research scholars, NGOs, Government officials and students from India and abroad. The training programs are usually one to two weeks in duration addressing contemporary and relevant themes related to population, health, development, methods of data collection, analysis of large survey data, application of statistical software etc. This academic year, the unit has organised three training programs.

The following training programmes/ symposium/workshops were organised during the academic year 2023.

i. Two-week Demographic Training for Nepal Census Officials – September 11-21, 2023

ii. World Population Day 2023 Symposium

iii. Hands-on Workshop on “Use of Gridded Population Data”

iv. Workshop on “Harmonization of Ageing Data around the World”

v. Workshop on “Health Programmes and Impact Evaluation Methods”

vi. Workshop on “Introduction to Python programming”

vii. PRC Scientific & Advisory Committee Meeting & Workshop on Large Scale Data Analysis

viii. Workshop on “Nutrition, Health and Hygiene in Mess & Hostel”

ix. Workshop on “Ethics and Integrity in Social Sciences and Health Research”

x. Workshop on Qualitative Research and Data Analysis

xi. Workshop on “Data Visualization and Interactive Dashboards using Microsoft Power BI”

xii. Workshop on “Communication in Public Organisation”

xiii. Workshop titled "A Hands-on Training of SPSS: Basics to Advanced"

xiv. Workshop on “Selected Open Access Tools for Researchers”

xv. Workshop on “Basics to Advanced Analysis in Excel”

xvi. Faculty Development Program and Workshop on Design and Analysis of National Family Health Survey

xvii. The Hindi Pakhwada was successfully organised from 14 September to 29 September 2023.

xviii. 12th Prof. Asha A. Bhende Memorial Lecture

xix. 21st Prof. C. Chandrasekharan Memorial Lecture

xx. 15th Prof. P. N. Mari Bhat Memorial Lecture

xxi. Dr. B. R. Ambedkar Memorial Lecture

January to March, 2024

i. Interaction of Officials from the MoHFW with the Faculty, Staff, and Students of the IIPS, Mumbai on January 11-12, 2024.

ii. IIPS has organised a one-week training program for the 45th batch of 27 officer trainees of the ISS from January 22nd to 27th, 2024.

iii. 13th Prof. Asha A. Bhende Memorial Lecture

iv. XXVIII IIPS National Seminar 2024 from 12-13 Feb at BHU, Varanasi

v. 22st Prof. C. Chandrasekharan Memorial Lecture

vi. 16th Prof. P. N. Mari Bhat Memorial Lecture

vii. IIPS conducted an IQAC meeting with external experts on March 07, 2024

IIPS NATIONAL SEMINAR 2023

75 Years of India's Demographic Changes: Process and Consequences

In celebration of India's 75th year of independence, the International Institute for Population Sciences (IIPS) and the Institute for Social and Economic Change (ISEC) co-hosted the XXVII IIPS National Seminar 2023 from 23-25 Feb at ISEC, Bengaluru. The theme was "75 years of India's Demographic Changes: Process and Consequences." The seminar was inaugurated by Shri T.K. Anil Kumar, with sessions and chaired by notable figures like Padma Shri Prof. Sukhadeo Thorat, Prof. K. Srinivasan, the 2023 IUSSP Laureate Award recipient, was

honoured during the event. The seminar featured 4 plenary sessions, 15 technical sessions, and 2 poster sessions, covering a wide range of demographic topics. In total, 84 papers were presented, and 55 papers were showcased in poster sessions, with awards given for the best posters. The event concluded on 25th February and was organised under the leadership of Prof. K.S. James and Prof. D. Rajasekhar, with a team of coordinators from both IIPS and ISEC.

PROJECT RELATED ACTIVITIES

1) National Family Health Survey-6 (NFHS-6)

National Family Health Survey-6 (NFHS-6)- Main Survey ToT

As a part of the ongoing National Family Health Survey-6, IIPS conducted the Main Survey ToT from 31 March – 19 April, 2023 at Hotel Baywatch, Goa, for core team members of the various Field Agencies of Phase I, states/groups /UTs. During the training, questions included in the paper-pencil format were explained in detail after which CAPI questionnaires were introduced and hands-on training on mini laptops was provided. A separate CAB training for Health Coordinators was held simultaneously. Guest lectures by experts in the field were organised on various topics like family planning, immunization, etc. Also, field practice in rural and urban PSUs was organised for a complete understanding of the entire data collection process and also testing of the procedures and CAPI program. On the last day of training, a debriefing session was held where the participants from each FA shared their experiences and feedback in terms of conducting interviews, CAPI flow, assigning and synching of data, etc. During the debriefing session, PIs and officials from MoHFW were present and shared their valuable inputs during the deliberations. All changes that were finalized on the basis of the suggestions that came up during the debriefing were incorporated in the NFHS-6 tools. During the ToT, on 18 April, 2023 a TAC meeting under the Chairmanship of DG (Stats.), MoHFW was held to review the progress of NFHS-6 activities and the way forward.

ii) Fourth Technical Advisory Committee (TAC) meeting

The Fourth Technical Advisory Committee (TAC) meeting for the National Family Health Survey-6 (NFHS-6) took place on April 18, 2023, in Goa.

During this meeting, officials from the MoHFW discussed the current status of progress, the implementation protocols, and strategies to tackle potential challenges related to NFHS-6 in the 2023-24 period.

3) Longitudinal Ageing Study in India (LASI)

Longitudinal Ageing Study in India (LASI), Wave 2 - TAC Meeting

The second meeting of the Technical Advisory Committee (TAC) for LASI Wave-2 was held on 5th April 2023 under the Chairmanship of Prof. Arvind Pandey, Former Director, ICMR-NIMS and Co-chairpersonship of Prof. Sulabha Parasuraman, Former Professor, IIPS to discuss the LASI questionnaires, biomarkers and other aspects of the conduction of wave-2 survey. Ms. Reena Singh, Chief Director (Stat.), MoHFW, while welcoming



the TAC members, briefed them about the discussions and deliberations of both the sub-group meetings (one on Questionnaires and another on Biomarkers) of TAC. The agenda for this meeting was to finalize the questionnaires, coverage of eligible individuals during the revisit of households, and the coverage of individuals for collecting DBS samples. Shri. S.K. Meena, Director General (Stat.), MoHFW, in his opening remarks, appraised the TAC about the importance of LASI, as empirical evidence on the socio-economic and health conditions of India's growing elderly population. Prof. T.V. Sekher, PI of LASI, made a brief presentation about the activities carried out during the preparatory phase of the wave 2 survey. After this, the members offered their suggestions and comments on the LASI survey instruments and

biomarkers. TAC also recommended to initiate the wave 2 survey activities as soon as possible.

4) South Asia Centre for Labour Mobility and Migrants (SALAM)

International Conference on the theme “Labour Migration and Sustainable Development in Asia: Opportunities, Challenges, and Way Forward” June 1-3, 2023

SALAM organised an International Conference on the theme, “Labour Migration and Sustainable Development in Asia: Opportunities, Challenges, and Way Forward” from June 1-3, 2023 at IIPS, Mumbai, India. The inaugural session of the International Conference on “Labour Migration and Sustainable Development in Asia: Opportunities, Challenges and Way Forward” commenced with a warm welcome from Director & Senior Professor, IIPS, Mumbai, India. Director & Senior Professor delivered the welcome address and formally inaugurated the event. Shri. J. K. Banthia, IAS, Former Chief Secretary, Govt. of Maharashtra, was the chief guest for the event, Mr. Dino Corell, Labour Migration Specialist, ILO served as the keynote speaker and Prof. K. C. Das, Convenor of this Conference, facilitated the Inaugural session.

Review Meeting of IIPS Activity by Hon'ble Secretary Health and Family Welfare

Shri. Sudhansh Pant, Honorable Secretary to the Government of India, Ministry of Health and Family Welfare, conducted the review meeting of activities of all MoHFW-sponsored institutes on 5th September 2023, at the All India Institute of Physical Medicine and Rehabilitation (AIIPMR)}, Mumbai. Prof S.K. Singh, Director (Additional charge), presented in brief on “IIPS at a glance” focusing on teaching, training, research, and governance and future plans for the expansion of the institute to implement the New Education Policy 2020 effectively. It was categorically highlighted that the institute has been a significant contributor to strengthening the Demographic and Health data ecosystem in the country by providing valid and reliable estimates of several SDG indicators, which are extensively used in policy-making and tracking the progress of flagship programs. Hon'ble Secretary reviewed and appreciated the activities of the Institute and advised to expedite the New Infrastructure Development Plan (Phase I). He also emphasized

the need for collaboration in healthcare-related activities, functionalities, and administrative aspects of these institutions.



Publications of the Institute

The **IIPS Newsletter** provides information about various ongoing activities of the institute. Two issues of the IIPS Newsletter were published during the academic year 2023. The publication of “**Research Brief Series**” was started in 2007, to provide an opportunity to the faculty, Ph.D. students and visiting fellows to quickly disseminate the important findings of their research studies before being published as research reports or in a scientific journal. So far 23 research briefs have been published under this series. The '**Working Paper Series**' was started during 2009-10 with an objective of disseminating new research ideas, the theoretical development and methodological insights. The papers published under this series are peer-reviewed by two external experts working in the areas of Population, Health and Development. So far 27 Working papers have been published.



IIPS Activities for the period January to March, 2024.

1) Review Meeting cum Interaction with the Faculty, Staff and Students of the International Institute for Population Sciences (IIPS), Mumbai, and Officials from the Ministry of Health and Family Welfare

A Review Meeting cum Interaction with the faculty, staff, and students was conducted in person on January 11-12, 2024. Shri Sukh Ram Meena, Director General (Stats) from the Ministry of Health and Family Welfare, Government of India, presided over the session. Smt Reena Singh, CD (Stats), and Shri Amrit Lal Jangid, JD (Stats), officials from MOHFW also attended the meeting..

2) The International Institute for Population Sciences (IIPS) organised a one-week training program for the 45th batch of 27 officer trainees of the Indian Statistical Services (ISS) on Population and Demographic Statistics from January 22nd to 27th, 2024.

The International Institute for Population Sciences (IIPS) has conducted a specialized one-week training program for the 45th batch comprising 27 officer trainees of the Indian Statistical Services (ISS). This intensive training, scheduled to take place from January 22nd to 27th, 2024, delves into the intricacies of Population and Demographic Statistics. The program aims to equip the trainees with comprehensive knowledge and practical skills essential for their roles in the field of statistical services. Through a combination of theoretical insights and hands-on learning experiences, IIPS continues its commitment to foster expertise and excellence in the domain of population sciences.

3) 13th Prof. Asha A Bhende Memorial Lecture, IIPS

International Institute for Population Sciences (IIPS) organised the 13th Prof. Asha A. Bhende Memorial Lecture on 31st January 2024. The Memorial Lecture series is held annually in the memory of Prof. Asha A. Bhende, former Director of IIPS. **Dr. Aparna Hegde** (Urogynecologist, Researcher, Social Entrepreneur, Founder, and Managing Trustee of ARMMAN) well known in the field of reproductive health, delivered the lecture on the topic “Leveraging Technology for Scalable Solutions to Improve Maternal and Child Health in India”. She explained on how technology can be utilized effectively to empower, inform and help

women and children to bridge the gap in health infrastructure in the country.

4) The International Institute for Population Sciences has organised XXVIII IIPS National Seminar 2024 on Tracking the progress of Sustainable Development Goals with a focus on Uttar Pradesh in collaboration with the Department of Statistics, Institute of Science, Banaras Hindu University (BHU), Varanasi on February 12-13, 2024.

The International Institute for Population Sciences (IIPS) has organised its national seminar with the theme, "Tracking Progress of Sustainable Development Goals with a Focus on Uttar Pradesh" in collaboration with the Department of Statistics, Banaras Hindu University (BHU). Envisioned in 2015, the Sustainable Development Goals (SDGs) list a set of 17 interconnected goals in a wide range of social, economic, and environmental spectrum. In India, the SDGs indicators have been integrated into national and state planning frameworks. However, the progress in achieving the SDGs is largely uneven across the states and socio-economic groups. Demographic changes in the Northern States of India may act as catalysts in realizing the SDGs. The primary objective of this national seminar is to deliberate on India's progress in realizing the SDGs with a special emphasis on Uttar Pradesh.

Uttar Pradesh, India's most populous state in India, accounting for nearly 16 percent of the country's population, has been undergoing a fast demographic transition. The state is characterized by large variations in fertility and mortality levels across districts and sub-populations. The state is also experiencing fast economic growth and a reduction in multidimensional poverty. These demographic and economic changes may accelerate the journey of Uttar Pradesh towards achieving the SDGs. Its contribution to India's population may reflect the state's commitment to population, development, and inclusive growth. To ensure that no one is left behind, the state needs to remain dedicated to addressing the complex challenges it faces on the path to sustainable development.

This national seminar offers a valuable platform to academia, researchers, development sector professionals, and policymakers. It will serve as an ideal forum for these diverse stakeholders to engage in meaningful dialogues and deliberations regarding the future trajectory of Uttar Pradesh's development. The collaborative efforts can address

the state's unique challenges and harness its potential for inclusive and sustainable development.

22nd Prof. C. Chandrasekaran Memorial Lecture International Institute for Population Sciences (IIPS) organised the 22st Prof. C. Chandrasekaran Memorial Lecture on 21st February 2024. The Memorial Lecture series is held annually in the memory of Prof. C. Chandrasekaran, former Director of IIPS a pioneer in Indian demography. Prof. Arni S.R. Srinivasa Rao, Professor and Director, Laboratory for Theory and Mathematical Modeling, Medical College of Georgia, U.S.A. and Department of Mathematics, Augusta University, U.S.A delivered the lecture. Prof. Arni S.R. Srinivasa Rao is a well-known researcher in the field of Mathematical Demography and Demographic Modelling and he delivered the lecture on the topic “Stochastic Modeling in Cardiology Research”, where he explained a stochastic modeling framework for understanding cardiology-related data.

5) 16th Prof. P. N. Mari Bhat Memorial Lecture

International Institute for Population Sciences (IIPS) organised the 16th Prof. P. N. Mari Bhat Memorial Lecture at IIPS on **23rd February 2024**. The Memorial Lecture series is held annually in the memory of Prof. P. N. Mari Bhat, former Director of IIPS. **Dr. Shalini Singh**, Director, ICMR-National Institute of Cancer Prevention and Research (NICPR) and an expert with extensive research knowledge in the field of epidemiology of cancer and public health research in cancer delivered the lecture on the topic “New Insights in Understanding Cancer”. The talk shed light on emerging perspectives in understanding cancer, emphasizing on the importance of continued research in the field.

6) The International Institute for Population Sciences conducted an Internal Quality Assurance Cell meeting on the submission of the Annual Quality Assurance Report (AQAR) with external experts on March 07, 2024.

On March 07, 2024, the International Institute for Population Sciences conducted an important meeting about the Annual Quality Assurance Report (AQAR) with the Internal Quality Assurance Cell. External experts joined the discussion to talk about various aspects. This meeting shows that IIPS is serious about keeping high-quality standards in academics and administration. Involving external experts highlights the institute's dedication to

always getting better and maintaining top-notch quality in everything it does.

LIBRARY

The library has a huge collection of resources taking into consideration of the course contents and research needs of the Institute. It holds about 87,928 books, 19,531 bound volumes of periodicals, 17,209 reprints and 642 audio-visual materials and subscribes to over 320 (Print + Online) journals. There are 28,496 research articles made available through OPAC. The library has a collection on population studies and its allied subjects, and it has a special collection of census volumes which published in the pre-independence period i.e. (Census 1872 to 1945) to till 2011 in softy copy / hard copy. It provides remote access to it users for various types of services and also publish acquisition list (half yearly). The IIPS library has an institutional membership with several organizations for exploring maximum services to the benefit of the Institute. Library uses RFID (Radio Frequency Identification) technology for circulation system. The Institute is an active member of INFLIBNET and provides Plagiarism check. It has a reading hall equipped with comfortable furniture, air-condition and Wi-Fi facility. The working hours of the library are 8.30 am to 12.00 am (Mon-Fri) and 9.30 am to 12.00 am on Saturdays.

Information, Communication and Technology Unit

The ICT unit provides effective and developmental ICT services and plays a critical role in enabling the institute to deliver high-quality education, training, and cutting-edge research. The ICT unit has two computer labs equipped with 48 and 16 high-configuration computers with all modern audio-visual devices. Moreover, necessary advanced statistical and demographic software, such as SPSS Version 28, STATA Version 16, SAS 9.4, and ArcGIS Pro 2.x, NVIVO required to analyze demographic datasets are installed with multiuser-licenses. The other important softwares are MORTPAK, Spectrum, Endnote X7, and ATLAS.ti. The unit provides webmail service enabling remote access to its users, and technical support to the e-Governance (e-Office) application. The institute uses ICT services like video conferencing and learning management systems to deliver online courses, provide access to course materials, and dissemination of large-scale demographic datasets including Census data. A web portal for online

databases of surveys conducted by the Institute is also disseminated to the registered users.

On 3rd April 2023, the Office of the Registrar General, India (ORGI) and IIPS have signed a Memorandum of Understanding to set up a Census Data Research Workstation in the ICT unit in order to provide researchers with secure access to anonymized one percent of microdata.

Placement Cell

The placement cell is actively engaged in enhancing the placement opportunities for students graduating from IIPS. Students undergoing each course at IIPS nominate two of their representatives to the placement cell. Placement cell activities are largely planned and executed by these 12 student representatives with some guidance from the two placement cell coordinators. The placement cell conducted 8 training/ skill-building activities in 2022-23. IIPS recruited a placement officer mainly to liaise between potential employers and the placement cell. The placement cell assisted no. of students in identifying suitable summer-internship opportunities in public and private sector.

3.3.19 MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES (MGIMS), SEVAGRAM, MAHARASHTRA

The Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram is India's first rural medical college. Kasturba Hospital has the distinction of being the only hospital in the country which was started by the Father of the Nation himself. Nestled in the karmbhoomi of Mahatma Gandhi, in Sevagram, MGIMS was founded by Dr Sushila Nayar in 1969 in the Gandhi centenary year.

Mission Statement

In the spirit of its Founder, the Mahatma Gandhi Institute of Medical Sciences, Sevagram is committed to pursuit of exemplary standards of professional excellence in medical education, research and clinical care by evolving a pattern of integrating value-based medical education with accessible and affordable health care, especially to underprivileged rural communities.

History

When Mahatma Gandhi left Sabarmati Ashram and set up his ashram at Sevagram in 1936, the epicenter of India's independence struggle shifted to this obscure village in Maharashtra. In 1938, attracted by Gandhiji's leadership in the Indian freedom

struggle, a young graduate from Delhi's Lady Hardinge Medical College, Dr Sushila Nayar, arrived in Sevagram. Her selfless service to the community endeared her to the local people.

The enthusiasm and hard work put in by Dr Sushila Nayar and her dedicated colleagues made it possible to start India's first rural medical college by admitting the first batch of 60 students in August 1969. It was started as a Gandhi Centenary Project. The Mahatma Gandhi Institute of Medical College, Sevagram was started as an experimental model institute where medical education was reoriented to meet the needs of the rural areas. The expenditure of MGIMS is shared by the Govt of India, Govt of Maharashtra and the Kasturba Health Society in the proportion of 50:25:25.

Quality Medical Education

The institute strives to produce doctors of high clinical competence, professional attitudes and ethical behavior. The Institute believes that Gandhian values and principles are relevant even today and it displays a fierce commitment to advancement of medical education without losing the humane touch.

The students at MGIMS are drawn from all parts of the country and come from all kinds of social backgrounds. Our approach to medical education with the spotlight on rural community-oriented education makes our doctors sensitive to the felt needs of the people they would be serving in their future. Our students are expected to adhere to professional norms which include altruism, compassion, empathy, accountability, honesty and integrity.

Curricular Innovations

At MGIMS, every effort is made to acquaint the medical student to the real rural India. The spotlight on community oriented medical education focuses on attempts to make our graduates sensitive to the felt needs of the people they would be serving in their future. During the MBBS course, students experience living in rural settings on three occasions. Immediately after admission, a fortnight long Orientation Camp is held in the Gandhi ashram to help acquaint them to the profession and imbibe Gandhian values. Each year a village is adopted by the new MBBS batch and 3-5 families are allotted to each student. For 15 days of the Social Service Camp, all students live in this village and experience rural life. At the end of the fifth semester, the students are again posted at a rural health training

centre of the institute for 15 days in a Reorientation of Medical Education (ROME) camp where they are exposed to the health care delivery system.

The students and staff of the Institute adhere to a unique code of conduct, where they are expected to wear hand-woven khadi, participate in Sharamdan and attend a weekly all-religion prayer.

Since 1991, the Institute had asked all its graduates to serve for two years in rural areas. 80 non-governmental organizations have joined hands with the institute to fulfill this dream. This rural service was mandatory criterion for applying for post-graduation in this Institute. With the introduction of NEET this criterion had to be abandoned.

Research

The focus of the Institute has been on community based medical research. Quality research has been the hallmark of this rural institute and the large number of funded projects awarded to the various departments is ample testimony to the potential of the researchers. We have consistently received funding from the Indian Council of Medical Research, Department of Science and Technology, Department of Biotechnology, WHO, UNICEF, National Institutes of Health (NIH), National Heart Lung Blood Institute (NHLBI) and other such organizations. Being located in Sevagram has never been a hurdle in acquiring either funds or facilities as the enthusiasm and the dedication of the faculty

Cath Lab, coronary and burn) to care for critically ill patients. The institute also runs a 50-bedded Dr Sushila Nayar Hospital, in the tribal areas of Utawali, in Melghat in Amravati district.

The Institute primarily caters to the rural populace. Almost three-fourths of the patients who visit our hospital come from rural backgrounds. The patient load comes to us not only from Vidarbha in Maharashtra, but also from adjoining parts of Andhra Pradesh, Madhya Pradesh and Chhattisgarh. Kasturba Hospital is a rural institute but it does not lack in any of the modern health care amenities and is able to provide health services at affordable costs. Kasturba Hospital offers the benefits of modern technology with compassionate health care.

During the year 804909 patients attended the hospital as outpatients and 46459 patients were admitted for various ailments. The Hospital has state-of-the-art intensive care units in Medicine, Surgery, Obstetrics and Gynecology and Pediatrics which provide excellent critical care. The Institute also has a Linear accelerator which is used for treatment of cancer patients. The Pathology, Microbiology and Biochemistry laboratories have in-house facilities to conduct a battery of diagnostic tests. All departments of the hospital are connected by an advanced Hospital Information System and have wi-fi access. The Institute has also added digital subtraction angiography, brachytherapy and a Cath lab to its armamentarium.

MGIMS: Statistics at a glance	
Teaching and Research Departments	22
Postgraduate specialties offered	20
MCI recognized specialties	20
Teaching faculty	125
Papers published	120
Funded research projects	35
Academic activities organized	49
Undergraduates admitted	100
Postgraduates admitted (Degree, Diploma)	68

Healthcare

Kasturba Hospital has 972 beds: 660 teaching beds, 280 service beds and 32 private rooms including 122 beds in different Intensive Care Units (Neonatal, Pediatric, Medicine, Surgery, OBGY,

Kasturba Hospital: Statistics	
Total Beds	972
OPD attendance 804909	
Outreach patients examined	88045
Indoor patients	46459
Investigations (Pathology, Biochemistry Microbiology & Radiological)	1149586
Surgeries performed	16813
Blood Donation Camps Blood bags issued (Whole blood, PRC, PC, FFP)	51 10797
Health insurance cards issued	109917

Community Service

The Institute's commitment to the community is well known. Community-based programmes have been consistently implemented to enhance health care services. The Department of Community Medicine has adopted four primary health centres and developed a model of decentralized healthcare delivery at village level through Community-based Organizations and the Panchayati Raj Institutions. It has formed 197 Self-help groups, 05 Kisan Vikas Manch and 89 Kishori Panchayats in the adopted villages. Through innovative strategies, family life education is provided to adolescent girls in all the programme villages.

Innovations and Best Practices

The institute is known for its pioneering innovations in community oriented medical education. Our innovations like the village adoption scheme and social service camp, ROME camp, rural health insurance scheme and low-cost drug initiative have now been adopted by other institutes or are part of government guidelines. The Report of the Task Force on Medical Education of the National Rural Health Mission spells out the need to draw upon MGIMS Sewagram's initiatives and experience in curriculum innovation and rural placement of its graduates. It suggests launching a participatory exercise with MGIMS and other like-minded institutions, so that national guidelines can be formulated.

Highlights

Department of Anatomy adds Virtual Dissection Table to its available learning resources :

The Department of Anatomy has added a virtual dissection table to its many teaching-learning resources. Learning anatomy carries the specific challenge of appreciating three-dimensional (3D) relationships between anatomical structures. The use of cadaveric dissection to learn gross anatomy has been a traditional method which has been practiced since the ages. Paucity of cadavers and advancement in technology has now begun a new era of virtual dissection. The virtual dissection table is an immersive, and interactive touch device that offers the best touch interaction and visualization for enhancing the learning process. It allows virtual demonstration of anatomic structures with accurate representations of the muscles, bones, nerves, and internal organs. It allows students to practice dissection procedures repetitively in virtual mode and helps them to

achieve the expected competencies.

Kasturba Hospital receives medical ambulances and dialysis machines from the ICICI foundation as a part of Corporate Social Responsibility :

The ICICI Foundation, the philanthropic arm of the ICICI Group, donated three fully-equipped ambulances and two state-of-the-art dialysis machines to Kasturba Hospital on 7 Apr 2023 as part of its Corporate Social Responsibility (CSR) to support healthcare infrastructure in the community. Shri Ramesh Kolpe (Tehsildar, Wardha, GOM), Shri PL Tapdiya (Vice-President, KHS), Dr BS Garg (Secretary, KHS), Dr AK Shukla (Dean, MGIMS), Dr Poonam Varma Shivkumar (Medical Superintendent, Kasturba Hospital), Mrs Monica Archarya (Zonal Head, ICICI Foundations) and MGIMS faculty were present during the inauguration.

One ambulance, specifically designed for cardiac patients, aims to provide critical support during their golden hours. The other ambulance was given to Dr. Sushila Nayar Hospital in Dharni, which provides its healthcare services to the resource-limited region of Melghat. "The fully equipped and composite mobile blood collection and transportation van shall enable the hospital's blood bank to collect and transport blood safely from various locations to the hospital", informed Dr AK Shukla.

Fourth Annual Conference of the Vidarbha Association of Medical Microbiologists (VAMMCON) held :

The Department of Microbiology hosted a three-day conference - 'VAMMCON 2023'- the 4th Annual Conference of Vidarbha Association of Medical Microbiologists from 24-26 Feb 2023 at MGIMS. The theme of the conference was "Evolving Medical Microbiology - New Horizons". A total of 135 delegates from across the country participated in the conference which involved various learning and interactive sessions on medical microbiology, mycology, and genomics.

Dr Priya Abraham (Former Director of National Institute of Virology) was the chief guest and Dr Arti Kapil (President, Indian Association of Medical Microbiologists) was the guest of honour at the inaugural ceremony. Dr Rajesh Karyakarte (President, State Chapter of IAMM), Dr Umesh Hasani (President, VAMM), Dr Farah Mohammad (Secretary, VAMM) Shri Dhirubhai Mehta (President, KHS), Shri PL Tapdiya (Vice-President,

KHS), Dr BS Garg (Secretary, KHS), Dr AK Shukla (Dean, MGIMS), Dr Poonam Varma Shivkumar (MS, Kasturba Hospital), Dr (Mrs) P Narang (Organizing Chairperson, VAMMCON), Dr Vijayshree Khairkar (Organizing Secretary, VAMMCON), faculty, residents, delegates, and staff were present during the inauguration ceremony

World TB Day celebrated :

On 24 Mar 2023, World Tuberculosis (TB) Day was celebrated at MGIMS, Sevagram. The theme was “Yes! We can end TB!”. Various programmes conducted were focused on sensitizing patients about the characteristics and presentation of the disease, myths associated with TB, and briefing the responsibilities of the patient affected with TB. On this occasion, MGIMS doctors, staff, and nurses participated in the global vision to stop the TB epidemic.

Interaction with the departmental staff regarding the introduction to Pratham project for the prevention of tuberculous infection amongst healthcare workers in MGIMS was also undertaken. The programme was organized by Dr BS Garg (Secretary, KHS), Dr AK Shukla (Dean MGIMS), Dr. Poonam Varma Shivkumar (MS, Kasturba Hospital), Dr(Mrs)P Narang (Emeritus Professor, Department of Microbiology) and the SHARE INDIA team attended the Session.

Diagnostic and Therapeutic Multi-specialty Health Camp held at Melghat :

A two-day Diagnostic and Therapeutic multi-specialty health camp was organized by Kasturba Health Society's Dr. Sushila Nayar Multispecialty Hospital, Utawali, Dharni, Melghat, Amravati on 10-11 Feb 2023. The camp was inaugurated by the chief guest Shri Rajkumar Patel, MLA, Dharni. Guest of Honour Mr Prakash Ghadge (Member of Zilla Parishad, Dharni), Dr BSGarg (Secretary, KHS), Dr AK Shukla (Dean, MGIMS), Dr S Chhabra (OSD), faculty, residents and staff were present at the occasion. Shri Dhirubhai Mehta (President, KLHS) attended the inauguration virtually.

A total of 3009 patients benefitted from the camp, with multispecialty services totaling 4693. The specialty-wise distributions of patients are as follows: Ophthalmology 1330, Medicine 631, Surgery 563, Orthopedics 473, Obstetrics and Gynecology 339, ENT 338, Skin VD 186, Pediatrics 180, Dental 90, Psychiatry 17, and Oncology 3. A total of 81 patients were operated. The workup

included ECG 120, X-rays 145, hematology investigations 250. Medication was given to 2424 patients. Seven surgical cases have been supported by PMJAY and MJPJAY schemes. Complicated cases of surgery, ENT, Orthopedics were referred to Kasturba Hospital, Sevagram.

International Yoga Day celebrated at Sevagram :

On 21 June 2023, MGIMS celebrated the International Yoga Day. Around 85 people were present, including MGIMS faculty, staff, and undergraduate students, making it a packed house. This day is celebrated every year to spread awareness about the benefits of yoga. This year's theme was “Yoga for Humanity”. The day began with the recitation of Gayatri Mantra followed by lighting of the lamp by Dr BS Garg (Secretary KHS).

Growth

Upgradation of treatment facilities in Radiotherapy department :

Following the commissioning of the upgraded linear accelerator, the Department of Radiotherapy is now offering the following state-of-the-art treatment techniques to its patients: Image guided radiotherapy (IGRT), Volumetric Modulated Arc Therapy (VMAT) / Rapid Arc and Adaptive radiotherapy (ART). The newly purchased CT Simulator is functional now.

The brachytherapy services are being upgraded with additional applicators for carrying brachy therapy applications in almost any part of the body. This would be a quantum jump in brachy-therapy facilities in the entire Vidarbha region.

Further, the department has introduced hyperthermia treatment facilities. Hyperthermia is one of the most potent radiosensitizers, chemosensitizers and immunomodulators but devoid of any significant side effects. This could be very helpful to our patients who report to MGIMS with advanced stages of cancer. The department would like to build up this facility by making hyperthermia a standard treatment option at MGIMS. This would be one of the very limited centers in India to have hyperthermia treatment facilities.

New renovated Common Sample Collection Facility started :

Kasturba Hospital has renovated its common sample collection facility premises in the OPD

complex. The new state-of-the-art sample collection facility for outpatients has six phlebotomy counters manned by trained personnel, including one for wheel chair users.

Medical Education Unit moved into its new premises :

The Medical Education Unit moved into its new premises in 2022-23. The MEU seminar room was renovated and revamped with modern audiovisual facilities and furniture as per guidelines of the National Medical Commission.

Central Skills Laboratory upgraded :

Equipment and manikins worth almost Rs 50,00,000 were procured for the Central Skills Laboratory in view of the emphasis on skills teaching in the new competency-based curriculum. These will be used to train undergraduate and postgraduate students in various skills-based competencies.

MGIMS receives Mobile Blood Donation Van and Dialysis machines :

The Blood Centre of MGIMS received a mobile fully-equipped blood donation ambulance. This was donated to Kasturba Health Society's Kasturba Hospital by the ICICI foundation as a part of Corporate Social Responsibility (CSR). This van is fully air-conditioned and consists of two couches for blood donation and a seating capacity for four in the donation area. It is equipped with all the instruments needed for proper blood donation camp. In addition the Foundation also donated two state-of-the-art dialysis machines to Kasturba Hospital

Shape of Things to Come:

Respiratory Medicine facilities to be upgraded :

Respiratory Medicine facilities will be upgraded with the procurement of new equipment and better infrastructure. This will be useful for rural patients who can now avail required treatment at Sevagram instead of travelling to larger cities.

Advanced Centre for Dialysis to be started :

Plans are afoot to establish an Advanced Centre for dialysis and renal disorders at Kasturba Hospital in view of the increasing numbers of patients with kidney ailments.

Emergency Medicine to be upgraded :

There are plans to upgrade the existing

infrastructure and facilities in Emergency Medicine at Kasturba Hospital.

Ultrasonography Centre to be upgraded :

Kasturba Hospital plans to upgrade its ultrasonography centre by procuring new equipment in view of increasing needs of patients.

3.3.20 CENTRAL BUREAU OF HEALTH INTELLIGENCE (CBHI)

Introduction

Central Bureau of Health Intelligence (CBHI) was established in 1961 with the vision to have a strong Health Management Information System in entire country. The mission of CBHI is "To strengthen Health Information system in each of the district in the country up to facility level for evidence based decision making in the Health Sector"

CBHI is one of the division of Directorate General of Health Services in the Ministry which is headed by a HAG / SAG level medical officer with specialization in public health administration of Central Health Services (CHS) and supported by officers from

Indian Statistical Services as well as CHS through its 6 Field Survey Units (Bengaluru, Bhopal, Bhubaneswar, Jaipur, Lucknow and Patna) and 5 Training Centres (Medical Record Department at Safdarjung Hospital, Dr. RML Hospital, New Delhi, JIPMER Puducherry & RIMS, Ranchi and RHSTC, Mohali).

Objectives of CBHI:

- To collect, analyse and disseminate Health Sector related data of the country for evidence-based policy decisions, planning and research activities;
- To develop Human resource for scientifically maintaining medical records & use of family of International Classification Diseases in India;
- To carry out need based research for efficient implementation of Health Information System & Implementation of Family of International Classifications in India;
- To collaborate with National & International Institutes for imparting knowledge & skill development.

Major Activities of CBHI:

- CBHI is responsible for collecting primary as well as secondary data from various Government Organizations/ Departments, maintaining and

disseminating Health Sector information through its annual publication “National Health Profile” highlighting most of the relevant health and health related information under 6 major themes viz. Demographic, Socio-economic, Health Status, Health Finance, Health Infrastructure and Human Resources in Health.

- CBHI conducts long term and short term trainings and sensitization Workshops for the officers and the Para-medicals working in Health

institutions of India for capacity building and human resources development in health sector,

Long Term Trainings: Medical records are an essential component of medical care. For scientific maintenance of Medical Records in Health Institutions following long term Training Programmes are conducted by the CBHI to strengthen and develop human resources & health information system of the country.

S. No	Name of Training	Batch	Duration	Medical Record Department (MRD) & Training Centre (TC)
1	Medical Record Officer(MRO)	02 batches (1 batch at each training centre)	1 Year	MRD & TC at: 1. Safdarjung Hospital, New Delhi 2. JIPMER, Puducherry
2	Medical Record Technician(MRT)	08 batches (2 batches at each training centre)	6 Months	MRD & TC at: 1. Safdarjung Hospital, New Delhi 2. JIPMER, Puducherry 3. Dr. R M L Hospital, New Delhi 4. RIMS, Ranchi

(Note: Training Calendar, Eligibility, Guidelines and Application Forms for all the above courses are available on CBHI official website www.cbhidghs.nic.in)

Short term Training: Short term Training Programmes are conducted for efficient health system management through Six (06) FSUs and RHSTC at Mohali.

S.No	Name of training	Batch	Duration	Training Centre(TC) & Field Survey Unit (FSU)
1	Training course on master trainers on ICD	02	3 days	RHSTC Mohali
2	Training Course on Master Trainers on ICF	02	3 days	RHSTC Mohali
3	Orientation training course on Health Information Management(For Officers)	08	5 days	RHSTC6 Mohali & 6 FSUs
4	Orientation training course on Health Information Management(For Para-medical personnel)	14	5 days	Mohali & 6 RHSTC6 FSUs

S.No	Name of training	Batch	Duration	Training Centre(TC) & Field Survey Unit (FSU)
5	Orientation training course on Family of International classification (ICD & ICF) (For Non-Medical Personnel)	20	5 days	RHSTC6 FSUs Mohali & 6 FSUs
6	Orientation training course on Medical Record & Information Management System (MRIM)	08	5 days	RHSTC6 Mohali & 6 FSUs

CBHI conducts 54 batches of Training Courses every year on regular basis.

Sensitization workshops: CBHI conducts 30 workshops through its 6 FSUs (03 on ICD-10 & 02 on ICF per FSU) in a year in various medical colleges and hospitals.

3.3.21 CENTRAL HEALTH EDUCATION BUREAU (CHEB)

The Central Health Education Bureau (CHEB) was set up in consonance with the recommendation of the Bhole Committee and the Planning Commission in 1956 as a part of Directorate General of Health Services, with a mandate to generate & disseminate health information for creating awareness among the community resulting in desired health behaviour towards "Health Promotion". It develops capacity of medical, paramedical and other non-health personnel to take care of the health needs of the community, enhancing public health capacity to achieve health for all, promote health education and health promotion through development of IEC materials, training and health behavioural research.

1. Training programmes:

- Conducted 36 sensitization/orientations training programme on Health Education & Health Promotion with 1515 MBBS, GNM, ANM, B.Sc Nursing, MD-CHA & DHA students from across the country.
- Actively participated in two meetings on Palliative Care for Nursing Care professionals organized by AIIMS.

2. Workshop/Webinar:

- Conducted two day's workshop on Management of Common Emergencies and Basic Life Support" from 19th and 20th July, 2023

including cardiopulmonary resuscitation (CPR) in collaboration with AIIMS Delhi & Safdarjung Hospital with 25 participants at CHEB

- Organised (Two) two day's workshops on Mixed Method Research Methodology in public health with 62 participants from various institutes/organizations on 19th -20th January, 2023 and 31st July- 1st August, 2023.
- CHEB participated as expert in National Planning meeting on Road safety & road traffic injury amongst youth organized by NIMHANS, Bangalore on 17th - 18th July, 2023.
- Participated in online National webinar on Organ & Tissue Donation organized by NOTTO on 22nd July, 2023.
- Organised three sensitization programme on PoSH (Prevention of Sexual Harassment) at Workplace – A healthy setting approach for Government employees from Central Drugs Standard Control Organisation (CDSCO), FSSAI, Dte. General of Health Services and Pandit Deendayal Upadhyaya National Institute for Persons with Physical Disabilities (Divyangjan) and IPH with 106 participants at CHEB on 23rd August, 2023, 17th and 31st January, 2024.
- Active participation in workshop for proposal Development on ICMR Expression of Interest Multistate implementation Research study on Dental caries prevention for school children on 11th& 12th September, 2023.
- Participated in conference on Accessibility and Assistive devices for Viksit Bharat at ICMT on 27th March, 2027

3. Development of Information Education Communication (IEC) materials/reports:

Print materials:

» Development of following IEC booklets both electronic with QR code and printed;

- Health Promotion for Persons with Disabilities.
- Health Promotion for Youth.
- A guide to Youth Mental Health.
- Understanding Alzheimer's (English and Hindi).
- Cyber Health Promotion.
- Awareness booklet on Assistive Technology.
- Assisted in printing of information booklet of medical care arrangements for G-20 leader summit.

» Developed Calendar for the year 2023 with messages on Non-Communicable Disease as a part of Health Education and Health Promotion and distributed (e copy and hard copies) to 49 Kendriya Vidyalayas; 09 DIETs; SCERT HQ; NCERT HQ in Delhi; Navodaya Vidyalaya Samiti (NVS) HQ in Noida, UP; Mata Sundari College for Women, Delhi and various Schools in Delhi.

» Undertake initiative for adoption of WHO's online Training in Assistive Products (TAP) module in Indian context on **Mobility, Vision and Self-Care** assistive products for development of IEC and training modules.

Electronic materials

» Developed 15 minutes documentary film "Medical Rehabilitation for Individuals Injured after an Earthquake".

4. Social media activities:

» **Twitter handle, Facebook page and Instagram on the occasion of Health Day's:** The following 22 social media post on the occasion of National/International Health Days were posted on CHEB for creating awareness.

World Leprosy Day, 30th January, 2023, World Cancer Day, 4th February, 2023, Happy Doctor's Day, 1st July, 2023; World Population Day, 11th July, 2023; World Brain day 22nd July, 2023; World Hepatitis Day, 28th July, 2023; World ORS Day 29th July, 2023; Celebrated Breastfeeding week 1st to 7th August, 2023; Independence day 15th August 2023; Eye donation week 25th August–8th September 2023; Nutrition week 25th August–8th September 2023; Hindi Pakhwada 14th September–30th September, 2023; World Alzheimer's day, 21st September, 2023, Breast Cancer Awareness Month, October 2023; Cyber Security Awareness Month, October 2023;

World Stroke Day, 29th October 2023; World Leprosy Day, 30th January, 2024; World Cancer Day, 4th February, 2024; National Donor Day, 14th February, 2024; World Hearing Day, 4th March, 2024; World Kidney Day, 14th March, 2024 and World Down Syndrome Day, 21st March, 2024.

- All Health Promotion and Health Education activities undertaken by CHEB like Training programmes, Health mela, India International Trade Fair, 2023 etc posted on Twitter handle, Facebook page and Instagram of CHEB social media platforms.

5. Collaborations / Others activities:

- Collaboration with AIIMS, Safdarjung hospital, FSSAI, ICMR, WHO, Maulana Azad Institute of Dental Sciences (MAIDS, MAMC), RML and Guru Gobind Singh Indraprastha University for health promotion/health communication/ trainings and research etc.

- Collaborated with **ICMR** for development of **NLEAP** (National list of essential assistive products) launched on 13th September, 2023 and National Conference on Sustainable Provision of Assistive Technology (**NConSPAT-23**) on 1st & 2nd November, 2023 at ICMR, New Delhi - participated as a Chairperson for panel discussion on "Improve access to assistive technology within all key development sectors". The purpose of this conference was to develop sets of action plans (white paper) for adoption at various levels to achieve progressively the universal access to assistive technologies.

6. Bharat Parv 2023:

- CHEB participated in Bharat Parv 2023 and coordinated with Safdarjung hospital, National Veteran Business Development Council (NVBDC) and National Health Authority (NHA) for exhibition stall and disseminated information on health and wellness through health education and health promotion. Approx. 600 people reach out to stall for health education.

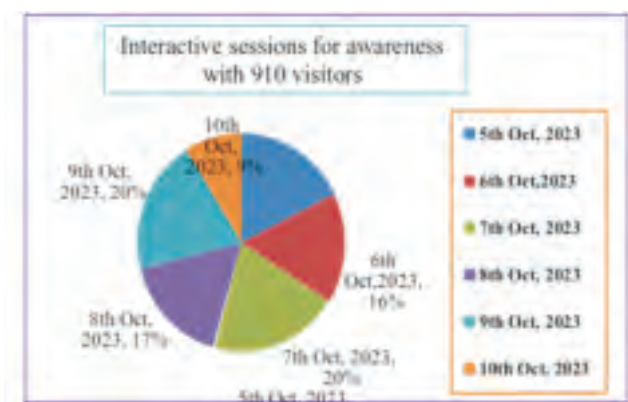
- Organised live demonstration of Basic Life Support (BLS) programme in coordination with Safdarjung hospital and enhanced the skill of 300 people.

7. Guru Gobind Singh Indraprastha University (GGSIPU) Health Mela, 2023: CHEB represented Dte, GHS, MoHFW for Health Promotion and Health Education activities for the youth and general public at Silver Jubilee

celebration of GGSIPU at Talkatora stadium, New Delhi from 5th October to 10th October, 2023. The focus of the activities conducted by CHEB at five various stalls i.e. (i) Health promotion for youth & Geriatric health promotion through intergenerational bonding; (ii) Mental health promotion; (iii) Cyber health promotion; (iv) Person with disability health promotion and (v) Nutrition health promotion. The IPU health mela was attended by approximately 1500 students along with faculty and staffs from 27 colleges.

Stall level activities:

- Conducted awareness sessions with visitors (youth and general public) on all five stalls and addressed their queries.
- Conducted small group discussion with youth and organised activities such as survey, Ear-to-Hear One-on-One Individual Sessions, Burst the Balloon, Anonymous reporting of incidents etc.
- Organised thirteen quiz contests on healthy life style & Health and hygiene practices, Cyber security awareness, Nutrition and youth, Mental health awareness, Person with Disability and gave token of appreciation for correct answer.
- Distributed the IEC materials (booklets, leaflets, developed by CHEB on health promotion



Stage level activities:

- मिले सुने कहेदू एक संवाद: Organised nine talk shows for youth on Cyber security awareness (2 sessions), Healthy and balanced diet for youth, Assistive product for PwD, Importance of physical activity, Health and hygiene practices for youth (2 sessions), Mildfulness and Health promotion for Person with disability
- Conducted four nukkad nataks on Cyber security-Need of the hour, health promotion for

Persons with Disabilities and Life style of today's Youth.

8. India International Trade Fair (IITF), 2023

CHEB participated and organized Health Promotion activities with specific focuses on identified topics i.e. Health promotion for Persons with disabilities, Cyber health promotion, health promotion for youth, Geriatric health promotion and Mental health promotion under the theme of "A step towards -Health Promotion

- CHEB had planned theme based activities at three levels; (i) Exhibition, (ii) Stall level and (iii) Centre stage level activities.

Exhibition panels/standees:

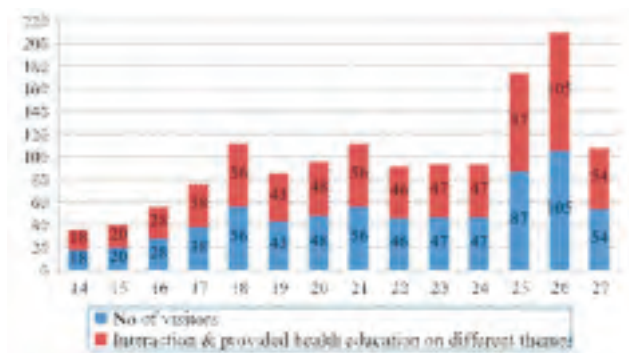
- Digital exhibition panels/standees were developed keeping in mind the target groups like college students, elderly and general public.
- CHEB promoted use of digitized version of all booklets and requested visitors to scan the QR code for down loading the booklets instead of taking hard copies.

Stall level activities:

- Information dissemination through IEC materials
- LCD projection of audio and video spots on various health issues and CHEB activities
- Quiz competitions with different target groups
- Interactive sessions with the visitors on identified theme for awareness
- Digital questionnaire survey on (a) Cyber health promotion and (b) Knowledge, attitude & practices (KAP) on persons with disabilities

Stage level activities:

- Slogan and Poster making competition: Competitions on PwD, Cyber health promotion, Mental health, Healthy life style and assistive technology
- Burst the balloon: Activities to release stress with the visitors
- Quiz contest: Conducted on PwD, Cyber health, Geriatric health and Mental health
- Nukkad Natak: Organised on Health promotion for PwD & Cyber health



9. Indian Association of Preventive and Social Medicine (IAPSMCON), 2024, Mangalore

CHEB was invited by Kasturba Medical College, Mangalore to participate in IAPSMCON, 2024. The following activities were undertaken;

» Three Presentations were made on (i) Overview of Health Promotion & CHEB, (ii) Health promotion for Youth, Persons with Disabilities & Elderly and (iii) Mental & Cyber Health Promotion.

» CHEB Exhibition stall: Display of various IEC materials developed for health education and health promotion at Stall

- Health Promotion booklets on Youth, Persons with Disabilities (PwD), Mental health, Cyber health, Understanding Alzheimer's diseases and Awareness booklet on Assistive Technology along with QR codes of all booklets for scanning of visitors

- Conducted discussion and awareness session on health promotion with visitors and explore the opportunities for collaboration

10. National Public Health India Conference (NPHICON), 2024, National Centre for Disease Control (NCDC), New Delhi

CHEB was actively participated in NPHICON, 2024 organised by National Centre for Disease Control, New Delhi and established two stalls for awareness generation. The following activities were undertaken

» **Presentations:**

- One oral presentation was delivered on Cyber health promotion.

- One poster presentation on Health promotion for youth was presented.

» **IEC materials:** For wider dissemination of

information's on selected themes i.e. Youth, Intergenerational bonding Alzheimer's, Persons with Disabilities (PwD) and Assistive technology.

- Display of standees for awareness generation; all theme based booklets were displayed and distributed to visitors.

- **Stall level activities:** The prime focus of stall level activities was to generate awareness.

- Conducted awareness sessions and discussion with visitors on displayed themes.

- Conducted different activities i.e. Survey on PwD and AI and the other activities were Bingo game and Health promotion activities as per the Ottawa 5 pillars.

- Visitors were awarded with gifts for playing games and for participation at stall level activities.

3.3.22 REGIONAL OFFICES OF HEALTH & FAMILY WELFARE, NEW DELHI

1. Introduction

Regional Co-ordinating Organizations (RCOs) were established in 6 States in 1958 to co-ordinate between the Centre and the States for National Malaria Eradication Programme (NMEP) activities. Another office, named Regional Health Office (RHO) came into being in 1963 to co-ordinate and supervise the Family Welfare activities in 11 States. Later on in 1978, when the need was felt for an office of the Government of India in the States to supervise, monitor and co-ordinate the matters of all Centrally sponsored Health and Family Welfare programmes, the RCOs and RHOs were merged to form 17 Regional Office for Health and Family Welfare (ROHFW). Further, to supplement the activities of Central Bureau of Health Intelligence (CBHI), four (4) Health Information Field Units (HIFUs) were established within ROHFWs in 1981 and two more HIFU units were added in 1986, subsequently making total of 6 HIFUs units. Further, Regional Leprosy Training Institute (RLTRI), Raipur was designated as Regional Directorate of Health & Family Welfare to look after the work of State of Chhattisgarh in 2005. Furthermore the work of ROHFW in the State of Assam was assigned to the Deputy Director, Regional Drug Testing Laboratory (RDTL) in 2005 till August 2020. Thereafter, the charge of ROHFW Guwahati has been assigned to Sr. RD, ROHFW Shillong. Additionally, a new ROHFW has been established at Nagpur. The Sub-units in ROHFWs are as provided in Table 1:

Table 1: Sub-units in ROHFWs

SN	Component	
1	H&FW	Health & Family Welfare (H&FW)
2	NCVBDC	Malaria Section/Entomological Section (NCVBDC)
		Malaria Operation Field Research Scheme (MoFRS)
3	CBHI	Health Information Field Unit (HIFU)
		Regional Evaluation Team (RET)

2. Budget allocation and utilization at ROHFW:**Table 2: Budget allocation and utilization**

S.No	Budget Head	Budget in Rs. (MH 2211, MH 2552, MH 4211, MH 4552)
1	BE 2023-24	54.98 Cr.
2	RE 2023-24	47.63 Cr.
3	Actual Expenditure up to March, 2024	41.10 Cr.
4	% Utilization during FY 2023-24	87 %
5	BE 2024-25	60.00 Cr.

3. Roles and Functions:

The offices have been established with the primary objective of ensuring proper liaison and coordination between the Centre and State Governments in the context of the implementation of National Health and Family Welfare Programmes such as monitoring and evaluation, review and assessment of data, and to provide feedback to the Centre and activities specifically pertaining to National Health Programmes, etc.

ROHFWs are also involved in Family Welfare related activities such as checking of records and registers in respect of family welfare acceptors and family welfare programmes. Centre-State co-ordination activities such as liaison and

coordination, accompanying of VIPs & other dignitaries and inter sectoral co-ordination between different Government departments. ROHFWs are also involved in organizing training for para medical staff for various National Health Programmes (NHPs).

4. Technical Activities: The details of the technical activities undertaken By ROHFW are given below:

Covid and Monkeypox Related activities:

All Sr. RDs/RDs of ROHFWs have been assigned the role of Nodal Officers in their respective States/UTs for assessing and reviewing COVID 19 and Monkeypox situation.

During COVID Pandemic, RDs have been involved extensively in visiting various health facilities for establishing Quarantine Centres and COVID hospitals in their States. ROHFW has also been coordinating the visits from Centre and supporting their States in managing the COVID situation by providing technical support.

Liaison & Coordination

All Regional Directors undertake liaison and coordination activities between the States and National Programme Officers.

4.3 Training activities

NVBDCP and CBHI related trainings are being organised by the ROHFW. These are need based training programmes organised on demand from the states. ROHFW are conducting training in malaria microscopy under NVBDCP and training on ICD-10 and HIS under CBHI.

4.4 Research studies undertaken

Research studies are undertaken by the specialized units created in selected ROHFW. These specialized units are Malaria Operation Falciparum Research Scheme (MOFRS) that undertake therapeutic efficacy studies on the directions of the NVBDCP, Regional Evaluation Teams (RETs) that undertake evaluation studies on eligible couples on the directions of the H&FW programme, and Health Information Field Units (HIFUs) undertake research project on HIS on the directions of the CBHI.

4.5 Monitoring Peripheral Institutions for Indian Public Health Standards (IPHS).

Regional offices are responsible for supervision and monitoring of the centrally sponsored schemes and

the functioning of the peripheral institutes. However, during 2010-11 in a review meeting of the RDs at Srinagar, it was decided that ROHFW should also undertake assessment of the IPHS in the peripheral institutes. DGHS issued instructions that each ROHFW should undertake assessment of the IPHS in at least one District Hospital, one CHC, one PHC and one SHC. All the ROHFW have completed the assessment of IPHS in the given peripheral institutes. ROHFW are regularly visiting the peripheral institutes for monitoring and supervision.

4.6 Review of the National Health Programmes

Traditionally, the ROHFW are responsible for review of the NVBDCP and the H&FW programmes from their very inception. Now, the review of all the National Health Programmes being implemented in the states is also being undertaken. ROHFW are also reviewing the progress in the implementation of the newer initiatives of the MOH&FW. RD Offices are regularly involved in inspection of Medical Colleges/ hospitals for deciding on the suitability of initiating organ/ tissue transplant and subsequent renewal. Additionally, Sr. RDs/RDs of ROHFWs have also been entrusted with the responsibility of holding regular meetings with respective Health Department of the State Governments to undertake joint review of NHPs and other initiatives of the Government.

4.7 Activities of the NCVBDC

An important task undertaken by ROHFW under NCVBDC of cross-checking blood slides and undertaking therapeutic efficacy studies.

4.8 Regional Evaluation Teams - Field Verification

Regional Evaluation Teams are the specialized component of the ROHFW. These units undertake evaluation studies on the genuineness of the clients practicing contraceptive methods under H&FW

programme. In addition, they also field verify the work carried out by the Health workers, children for fully immunization, mothers covered under RCH programme. The teams also conduct satisfaction of work by ANM & ASHA with mothers and PRI.

5. Strengthening of Regional Offices of Health & Family Welfare

The ongoing ambitious proposal for Strengthening of Regional Offices of Health & Family Welfare envisioned for expanding the pan-India presence of ROHFWs has been initiated in co-ordination with National Centre for Disease Control (NCDC) so as to ensure the presence of ROHFWs in all States/UTs without incurring additional expenses on infrastructures and other logistics. The project envisages at co-locating all newly proposed ROHFWs in the existing/upcoming branches of NCDC, resulting in not only resource sharing but also savings on infrastructure to the exchequer.

6. Meetings and training activities organised:

Following meetings/trainings have been organised for ROHFWs:

(i) Annual Review Meeting of ROHFWs held on 23rd and 24th February, 2023 was organised at AIIH&PH Kolkata under the Chairmanship of DGHS for carrying out a comprehensive review of activities/issues pertaining to ROHFWs.

(ii) A Training workshop of 'Epidemiology & National Health Programmes for ROHFWs at NCDC, Delhi on 12th and 13th July, 2023 to orient the newly appointed officers at ROHFWs regarding their roles and responsibilities. The training content included sessions on epidemiology, International Health Regulations (IHR) and National Health Programmes w.r.t. vector borne diseases, non communicable diseases, leprosy, tuberculosis, rabies and IDSP/IHIP.



- (iii) IHIP orientation for ROHFW on 3.2.23
- (iv) Orientation to NPCDCS for ROHFW on 15.3.23
- (v) Orientation to NPPCF for ROHFW on 29.3.23
- (vi) Orientation to NMHP for ROHFW on 11.4.23
- (vii) Review of ROHFW by Addl DG on 26.4.23
- (viii) Orientation to NOHP for ROHFW on 3.5.23
- (ix) Orientation to NOTP for ROHFW on 16.5.23
- (x) Orientation to NPPMTBI for ROHFW on 15.6.23
- (xi) Review: Activities of ROHFW on 16.6.23
- (xii) Orientation to NPCBVI for ROHFW on 30.6.23
- (xiii) Annual Review Meeting 2024 of ROHFWs was held on 5th and 6th March, 2024 to review the performance of ROHFWs during the FY 2023-24.

7. MAJOR ACHIEVEMENTS OF SOME

1 ROHFW, Ahmedabad: Imparted five batches training on Malaria & Filariasis Microscopy for Laboratory Technicians of Gujarat State under NVBDCP. Total 100 Lab. Technicians Trained in these trainings.

2. Reviewed various National Health Programmes (Viz., Malaria, NELF, NTEP, IDSP, NPCDCS, RBSK, RMNCH+A, Ayushman Bharat-H&WC, NPCB& VI, Trauma) implemented in (Vadodara, Navsari, Dahod, Jamnagar, Surat, Valsad, Tapi, Rajkot, Kheda, Botad) the districts of Gujarat & UT of DNH (Silvassa) and reported the identified gaps regularly to the State and National Programme officers.

3. Cross checking of Malaria & Filaria parasite slides referred from NVBDCP Division, Gujarat State was carried. Out of 18036 slides cross checked slides five discrepancies were found which were reported to State Programme Officer and to NCVBDC, Delhi.

4. Field Verification of beneficiaries for child immunization, ANC/PNC services, JSY and for other national health programmes schemes like Nikshay Poshan Yojana under NTEP at the time of district visits.

5. Undertaken assessment of TAS activities under ELF programme in GirSomnath, Surat, Junagadh, Rajkot, Tapi and Morbi districts in Gujarat State.

6. SRD as a member of the Governing body for

Climate Change at State level and participated in the meetings organised regularly. SRD as a member of State Task Force of NVBDCP, attended State meetings regularly.

7. Co-ordinated the Regional Review Meeting on Dengue & other Aedes borne diseases organised jointly by NCVBDC and WHO held at Ahmedabad during August 2022.

8. Conducted Pre Dispatch inspection of insecticide Alpha Cypermethrin (5%) at Bharuch and Vapi districts under NVBDCP programme during 2022.

9. Follow up for the proposal of State NCDC, Regional NCDC & BSL 3 Lab at Ahmedabad with regular meeting with the state stakeholders. In this regard joint Inspection of Land (5.34 at Narol & 2.25 at Vejalapur) with state representative carried out for during Jan 23.

10. Coordinated and contributed as a Central team member for newer schemes/programmes under MOHFW at Gujarat & UT of DNH.

11. Malaria Program Review in districts of Gujarat under NVBDCP along with the central team during the month of April 2022.

12. Random scrutiny of claims filed for Covid-19 ex-gratia compensation in various Ahmedabad, Kheda, Anand, Amreli, Botad and Surendarnagar districts of Gujarat- during March-2022 to June 2022.

13. Joint Supportive Supervision Mission (JSSM) for NTEP Programme at Ahmedabad district Gujarat in the month of August 2022.

14. As a central monitor for Monitoring of Leprosy Case Detection Campaign under NLEP in Maharashtra state during September 2022..

15. Inspection of NELS Skill Centre, being established in Government Medical College Vadodara, Gujarat during Aug.-2022

16. JSSM under NPCDCS – visit of Ambala District of Haryana State & Chandigarh in the month of October 2022.

17. Contributed as an expert in developing the National Strategy Plan 2022-27 for Malaria elimination organised by NCVBDC & WHO during Sep- Oct 2022.

18. Contributed as a central team member during an outbreak investigation: Investigation of Measles outbreak in Ahmedabad Municipal Corporation (AMC) during November 2022, investigation of

upsurge of dengue cases and assist the UT of DNH for preparedness during October 22.

2 ROHFW, Bhubaneswar:

1. Conducted 12 batches of Malaria, Filariasis & Leprosy Microscopy Training & Trained 230 Microscopists of Odisha.
2. Participated in Joint Monitoring Mission of NCD, Malaria & Filariasis as a technical expert.
3. Participated in NSP formulation as a member.
4. Finalization of MoU and lease deal for NCDC Branch at Bhubaneswar.

3 ROHFW, Hyderabad

1. Interacted with Director IPM Narayanaguda, Hyderabad, Telangana regarding shortage of yellow fever vaccines, Elisa and dengue kits.
2. Participated in a meeting with Dr. Preeti Meena, IAS, Director of AIDS Control Society, Telangana regarding strengthening and co-ordination between programmes of AIDS and TB.
3. Participated in various programmes on the occasion of World Blood Donation Day on 14 June 2022 along with Hon'ble Health Minister of Telangana Sri T Harish Rao garu, and other senior health officials like Commissioner of Health & Family Welfare, Director of Medical Education, Director of Public Health & Family Welfare etc. On this occasion a mega blood donation camp was organised at Gandhi Hospital, Secunderabad.
4. Conducted a meeting on preparedness activities, interdepartmental issues solved and suggestions given on raising of Dengue cases to Chief and Senior Entomologists GHMC and Telangana State Nodal Officers, DD Entomology and other officials.
5. Inspected the proposed Yellow Fever Vaccination Centre (YFVC) at Siddhartha Medical College (GGH-SMC), Vijayawada, Andhra Pradesh
6. For studying the lab services in a holistic way and for inspection of the proposed site for establishment of NELS Skill Centre at AIIMS Mangalagiri, Andhra Pradesh.
7. Participated in Tender Committee of NTEP-PPSA, Govt. of Telangana.
8. Participated in Joint Supportive Supervision Mission of NPCDCS in Punjab from 31 October to 04 November 2022. As team leader to Firozpur

district given suggestions and the same were implemented by the State officials immediately. The slogan advised for implementation of low consumption of salt in the State is as "ThodaNamak Jada Swaath"

9. Participated in Joint Supportive Supervision Mission of NTEP in Manipur from 06 to 09 December 2022. As Team Leader for Thoubal district along with other members given many suggestions and interacted with the local MLA and District Collector. Under Pradhan Mantri TB Mukh Bharat Abhiyaan interacted with local MLA Shri Megha Chandra Keisham, Thoubal district, Govt. of Manipur and explained about Ni-kshay Mitra agreed immediately and adopted ten TB patients and supported by cash Rs. 5000/- to TB Patients for nutritional support.

10. In view of COVID scenario, virtual meetings were conducted with DMHOs of districts of Andhra Pradesh and Telangana on implementation of various NHM Programmes in the State.

11. Meeting conducted with Dr. Rajesham, Joint Director, NTEP, Govt. of Telangana and APHO Hyderabad in connection with Medical Care Arrangements for delegates / Participants during the G20 Summit.

12. Conducted Induction and re-orientation training session for APHO Hyderabad Medical Officers and Para Medical staff during 16-17 February 2023 at RGIA, Shamshabad, Hyderabad.

13. Hands-on training imparted to students of DMLT and B.Sc MLT on Diagnostic Malarial Microscopy and Filariasis Microscopy at ROHFW, Hyderabad during 13-16 March 2023.

14. Hyderabad Airport has won two Skytrax Awards in the category of "Best Airport Staff in India/South Asia" and "Best Regional Airport in India/South Asia". APHO Hyderabad is one of the partners in the achievement.

15. Participated in the Half-Yearly Meeting of Town Official Language Implementation Committee (O), Hyderabad held on 28 March 2023 at CSIR-NGRI, Uppal Road, Hyderabad.

4 ROHFW, Lucknow:

1. Field Visits/Survey- Night Blood Survey to examine current situation of Filariasis cases and vector density in CHC, Gosainganj, Lucknow in July 2022, tour to Fatehpur district for FTS- PRE TAS activities in December 2022, dengue survey in

Lucknow in Oct 2022, inspection of POCT Lab services in KGMU AND SGPGI in Oct 2022, inspection of RIO, BHU, Varanasi in Jan 2023, inspection of 04 blood banks in district- Barabanki, Etawah and Mainpuri, U.P. in December 2023, part of CRM team and visit to district-Chitrakoot in November 2022, tour to Sonbhadra for Malaria monitoring and Initial B/S preparation in November 2022, part of JSSM team for NPCDCS in Chindwara district of Madhya Pradesh, part of JSSM team for NTEP in Lucknow, U.P. and Rohtak district of Haryana, monitored MDA activities in Feb 2023 round in 10 districts of U.P. - Mau, Balliya, Sant Ravi das nagar, Jaunpur, Amethi, Chitrakoot, Mahoba, Hamirpur, Pilibhit, and Bareilly, coordination and meetings with the state programme officers for monitoring and supportive supervision of national health programmes, coordination with state and Partners for monitoring of activities of Filaria Elimination in Raibareli and Kanpur Nagar districts in June 2022

2. Outbreak: Field tour to Agra, Etawah, Firozabad for control of Dengue outbreak in October 2022, field tour to Dehradun and Haridwar for control of Dengue outbreak in November 2022.

3. Cross-Check and Initial slides: Malaria- 3959(179 initial) and Filaria- 1920(563 initial)

4. Trainings: district level NBS training given to LTs of 12 districts-Kanpur Nagar, Kanpur Dehat, Mirzapur, Varanasi, Hardoi, Unnao, Fatehpur, Chandauli, Pratapgarh, Prayagraj, Sitapur, LakhimpurKheri. (353 participants) , divisional level FTS training given to LTs of 12 districts-Varanasi, Mirzapur, Lucknow, Prayagraj (107 participants) and Malaria Microscopy training at RoHFW-All 75 districts of U.P (80 participants)

5. Reports and Analysis: Data of 48 district analyzed w.r.t. health indicators, infrastructure etc., data analysis done for cataract surgeries done in the state till Dec2022, targets achieved and % of govt. centres involved, prepared Analytical Reports for-Filaria Elimination Programme, analysis of data of 250 beneficiaries of health camp organised for HTN/BMI, preparation of analytical report of Malaria epidemiological report in districts of Uttar Pradesh.

6. Meetings and Workshops: Participation in National level Workshop and meetings for the coordination of National Health Programmes, participated in meetings with State-NHM and

SPOs, physical review meeting of all POEs (APHOs/PHOs/LBHOs) and ROHFW, RRM on Aedes Borne diseases, Workshop on MCCD by WHO, State Level Workshop on MDA/IDA sensitization of districts.

7 ROHFW, Raipur

1. AB-HWC assessment in Raipur, Dhamtari & Mahasamund districts of Chhattisgarh state along with NHSRC officials, technical monitoring of VBDs in Surajpur district , visit to Rajnandgaon & Balodabazar districts for verification of claim by districts for 'cataract blindness free status certification', monitoring of NLEP, NTEP & VBDs in Dantewada, Sukma, Bastar & Narayanpur districts of Chhattisgarh, NLEP monitoring in Surajpur & Sarangad districts of Chhattisgarh, MDA monitoring in Durg district of Chhattisgarh state.

2. National/state level meetings participated by officers: Session on NMHP, Asia pacific leaders conclave on malaria elimination, World malaria day technical symposium, NLEP review meeting of 10 allocated states conducted by RLTRI, Virtual meeting for nomination from medical colleges to establish national emergency life support skill center in Chhattisgarh state Review of NLEP status in districts of Chhattisgarh state, Webinar on energy efficiency in health care facilities by NPCCHH, National review meeting of NPCCHH, review of programme activities for prevention & control of Japanese encephalitis, pre MDA review meeting, session on NPPMTBI, inter state border meeting on malaria elimination, establishment of NELS skill centres across the country under central sector scheme for emergency medical services, NLEP state co-ordination committee meeting, expert committee members meeting to consider leprosy as a notifiable disease, virtual review meeting to review MDA preparedness in 9 states, meeting of directors of leprosy institutes to present restructuring plan, meeting at state level for Strengthening health care system in state (RoP), National consultation on training modules on mental health under NLEP.

3. Trainings conducted: One batch of refresher training of MLT on night blood survey, 5 batches of medical officer & one batch of physiotherapist NLEP training , one batch of malaria microscopy refresher training, NLEP training for medical officers in Ladakh at two places- Leh & Kargil.

4. Slide cross checking: Cross-checking of 954 malaria slides and Cross-checking of 147 filaria slides completed.

8. ROHFW, Shillong

1. Monitoring the screening of Haj Yatri at LGBI Airport, Guwahati w.e.f. 17th to 21st July & 24th to 29th July, 2022.

2. Participated in Mega Blood Donation camp w.e.f. 17th to 29th September, 2022 at the department of Transfusion Medicine & Blood Centre, NEIGRIHMS with the Naga Student's Union, Shillong & Composite Hospital, BSF, Umpling, Shillong & State Blood Cell, Pasteur Institute, Lawmali, Shillong in the state of Meghalaya.

3. NTEP Joint Supportive Supervision (JSS) Mission-2 towards National Tuberculosis Elimination Programme (NTEP) in the state of Himachal Pradesh (4th to 9th July, 2022), Assam (24th to 27th July, 2022), Delhi (29th August to 7th September, 2022) Telangana (12th to 16th September, 2022) & Meghalaya (11th to 17th September, 2022).

4. Monitoring the training of Eye Surgeon Training under NPCBVI at Shri Sankaradeva Netralaya, Assam in the month of 14th October, 2022 & 1st February, 2023.

5. Monitoring Land port Health organization establishment at Dawki, Meghalaya on 13th August, 2022 & LPHO, Sutarkandi, Assam on 1st, December, 2022.

6. Participated in the 15th Common Review Mission, NHM in the State of Meghalaya w.e.f. 4th to 11th November, 2022.

7. Participated in the debriefing of JMM on Filaria Elimination programme at Guwahati on 22nd November, 2022 & Gurugram, Haryana on 25th November, 2022

8. Inspection of NELS Centre Establishment at Meghalaya (NEIGRIHMS) on 5th May, 2022 & Silchar Medical College, Assam on 13th February 2023.

9. Training on Malaria microscopy at ROHFW, Guwahati for 2 batches w.e.f. 03.01.2023 to 11.01.2023 & 30.01.2023 to 07.02.2023.

10. Participated in IMEP II regarding the Indo-Bhutan & Indo- Bangla district/ local level bilateral face to face meeting for cross border elimination.

11. Finalization of MoU for NCDC Branch at Pasteur Institute, Dept. of Health, Govt. of Meghalaya, Shillong on temporary basis.

12. Malaria microscopy checking of Blood slides at ROH&FW Laboratory, Shillong & Guwahati

13. Attended RRM for Malaria & Leprosy, POE Review Meeting & State Review Meetings in Assam, Arunachal Pradesh & Meghalaya

14. Monitoring & inspection of Trauma care Facility establishment at Shillong, Nongpoh & Tura, Meghalaya.

15. As an interview board member for Selection of candidates for the post of Financial Advisor & Account Officer, Physicist on contractual basis at AIIMS Guwahati.

16. As an interview board member of TCIF consultants in the state of Assam, Arunachal Pradesh & Meghalaya

17. Other field visits in the state of Meghalaya, Assam & Arunachal Pradesh to monitor the other NHPs/Programme.

10. ROHFW, Guwahati

1. Monitoring the screening of Haj Yatri at LGBI Airport, Guwahati w.e.f. 17th to 21st July & 24th to 29th July, 2022.

2. Participated in Mega Blood Donation camp w.e.f. 17th to 29th September, 2022 at the department of Transfusion Medicine & Blood Centre, NEIGRIHMS with the Naga Student's Union, Shillong & Composite Hospital, BSF, Umpling, Shillong & State Blood Cell, Pasteur Institute, Lawmali, Shillong in the state of Meghalaya.

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7. Participated in the debriefing of JMM on Filaria Elimination programme at Guwahati on 22nd November, 2022 & Gurugram, Haryana on 25th November, 2022. Monitoring ELF programme in districts of Assam.

8. Inspection of NELS Centre Establishment at Meghalaya (NEIGRIHMS) on 5th May, 2022 & Silchar Medical College, Assam on 13th February 2023.

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16. As an interview board member of TCIF consultants in the state of Assam, Arunachal Pradesh & Meghalaya

17. Other field visits in the state of Meghalaya, Assam & Arunachal Pradesh to monitor the other NHPs/Programme. ROHFWs.

3.3.23 NATIONAL MEDICAL LIBRARY (NML)

National Medical Library (NML) is the apex body of Directorate General of Health Services (Dte.GHS), Ministry of Health & Family Welfare,

Government of India. One of its greatest strength is being the richest collection of Medical books, journals, reports and electronic databases. NML was established on 7th April, 1966 on the recommendation of Bohre's Committee on Health Survey and Development headed by Sir Joseph Bhore in 1946. It occupies an important position in country's health care information delivery system. It has a huge collection of more than 7 lakhs of books, bound volume of journals, reports etc.

Mission

The National Medical Library has a mission to be a Centre of Excellence in Health Science Information Processing and dissemination. It has core competency in the development of information resources and database creation in the field of health sciences.

Aims and Objectives

- To digitally/ online cater the information needs of the medical fraternity;
- Procure a copy of each costly and infrequently used reading material which is uneconomical for each Medical College Library/Institute to procure;
- Build an Exhaustive collection of Medical and Biomedical Books, Journals, Reports, Databases, etc.;
- Form a Repository Medical Library for the country;
- Provide Expert consultation services to other medical libraries/institutions in the country;
- To train the Health Science Library professionals across the country;
- Maintain and run National level Consortium of the online health science resources.

Activities and Services

Reference and Consultation Services

The NML remains open on 359 days of the year from March-October 08.00 AM –

08.00 PM & November – February, 08.00 AM to 7.00 PM and on holidays & weekends from

9.30 AM to 6.00 PM. The six close days of the NML includes Republic Day, Independence Day, Gandh Jayanti, Holi, Dussehra and Diwali. In addition to this the NML has extended the opening hours of the reading hall from 8.00 AM - 8.00 PM to 8.00 AM - 10.00 PM, w.e.f. 22-03-2023 on all open days in the year for the benefit of students and other members.

The NML provides free access of its resources to all Health Science professionals for reference and consultation. It is one of the heavily used library in Delhi. A large number of users which includes PG students, medical faculties, research scholars, practicing doctors, surgeons, health administrators, drug manufacturers, pharmacists regularly visit the library.

Lending Services

Borrowing facility of the books is allowed to the registered members only. All doctors and faculties working in government hospitals, medical colleges in Delhi and NCR can become borrowing members free of cost. Private practitioners who are residents of Delhi/NCR can also become borrowing member by depositing a refundable security deposit of Rs.7,000/-. One book is issued at a time for the maximum period of 14 days.

OPAC (Online Public Access Catalogue)

The National Medical Library is using e-Granthalaya software for the library automation. This software has been developed and managed by National Informatics Centre (NIC), New Delhi. Most of the data of the NML has been fed into it and accessible round the clock to the information seekers. The library is also providing OPAC facility to the users in its premises.

NML-ERMED Consortium

National Medical Library's Electronic Resources in Medicine (ERMED) Consortium is an initiative taken by Directorate General of Health Services (Dte.GHS) and Ministry of Health and Family Welfare, Government of India to provide nationwide electronic information resources in the field of medicine for delivering effective health care. It was started in the year 2008 with 39 member institutes [28-ICMR + 10 DGHS + AIIMS-Delhi] and presently its access has been extended to 74 state and centrally funded Government Institutions including NML with 14 AIIMS. No fee is charged from the member's institutions as Ministry of Health & Family Welfare provides funds to subscribe 221 + high quality electronic journals under the NML-ERMED Consortium from five eminent leading publisher. Following table provides a glimpse of state wise beneficiary institutions:

1.	Andaman & Nicobar (1)
2.	Andhra Pradesh (4)
3.	Assam (6)
4.	Bihar (1)
5.	Chandigarh (1)
6.	Chhattisgarh (2)
7.	Delhi (11)
8.	Gujarat (2)
9.	Haryana (1)
10.	Himachal Pradesh (1)
11.	Jammu & Kashmir (1)
12.	Jharkhand (2)
13.	Karnataka (1)
14.	Kerala (2)
15.	Madhya Pradesh (2)
16.	Maharashtra (7)
17.	Manipur (1)
18.	Meghalaya (1)
19.	Mizoram (1)
20.	Orissa (2)
21.	Puducherry (1)
22.	Punjab (1)
23.	Rajasthan (3)
24.	Tamil Nadu (2)
25.	Telengana (3)
26.	Uttar Pradesh (8)
27.	Uttarakhand (1)
28.	West Bengal (5)

The members of the institutions are making full use of this ERMED Consortium facility. During the reporting period i.e. January to 31st December 2023, the users downloaded 10,81,610 (Ten lakh eighty one thousand and six hundred ten) articles from the e-resources of ERMED Consortium.

Access Medicine Database

The NML has added one more strong database i.e. Access Medicine Database developed by McGraw Hill to NML - ERMED Consortium. The access of this database has been extended to all NML members of the library and 64 member institutes under NML-ERMED Consortium from March 2023. The Access Medicine Database supports medical education and clinical practice with the following collections:

1. 176 + Book Title
2. 2129 + Clinical Cases
3. 37900 + Self-assessment Questions
4. 2921 + Videos, Audio and Multimedia Resources
5. 600 + Infographic
6. 7300 + Patient Education Guides
7. 259950 + High-Resolution Images
8. 130 + Audio podcasts
9. 6500 + Drug Monographs
10. 5949 + Tables and Spreadsheets

It has a very good response from the member institutes. During the reporting period i.e. from 1st April 2023 to 31st March 2024, the users downloaded 3,44,263 (three lakhs forty four thousand two hundred and sixty three) chapters/texts of Access Medicine Database.

Medical Books

NML regularly purchase quality medical books for the benefit of users. During the reporting period, the NML has added 573 new books in its collection.

Remote Access Facility through – MyLOFT Software

The NML has also started providing remote access facility to its members existing in Delhi and NCR from the month of March 2023. To provide this facility, the NML has subscribed MyLOFT (My Library On Fingertips). The library has so far

extended this facility to more than 300 registered members of NML. It allows users to download content and save for offline reading.

Key features of this app are:

1. Save content and access it offline
2. Access library subscribed e-resources
3. Read/follow RSS feeds
4. Tag and organize content
5. Highlight & play your content
6. The auto-play and listen features
7. Accessible via laptop/mobile phone

Document Delivery/Online article request Services

The National Medical Library also provides “Articles on Request Service” to the members and other information seeker of NML. During the reporting period, more than 850 articles were forwarded to the information seekers on their e-mail IDs.

Photocopy Service

NML also provides photocopy service to all information seekers at a cost of Re.1/- per copy.

NML Publication

*NML has started a Quarterly Newsletter from 1st April 2023. It was released by **Dr. Bharati Pravin Pawar**, Hon'ble Union Minister of State for Health & Family Welfare, Government of India, on the occasion of 4th National Conference of NML ERMED Consortium, which was held on 11th August 2023. The third issue of the same is under print.*

Library Training

The NML provides hands on training to the students pursuing B. Lib Science, Certificate/ Diploma in Library Science from different Universities and Colleges with the sole aim to give them an exposure of technical works and environment of a medical library. They are provided practical experience of different functions of a medical library.

NML-ERMED WhatsApp Group: A Hub of Information Exchange

In 2018, the National Medical Library (NML) took the initiative to create a WhatsApp group titled “NML - ERMED” with the primary aim of fostering

seamless communication and collaboration among ERMED members, publishers, and NML staff. Over the years, this group has evolved into a vital platform for exchanging information and resolving day-to-day information needs and issues.

The group serves as a dynamic hub where members actively share not only ERMED-related matters but also their requirements for articles and information beyond the scope of the ERMED Consortium. The collaborative spirit of the group comes to the forefront as members who have access to specific articles or information readily extend their assistance to others in need.

Moreover, the NML actively contributes to the group by disseminating notifications, requests, and valuable information pertaining to ERMED. This proactive engagement from the NML further enriches the exchange of knowledge and enhances the overall effectiveness of the group in serving the interests of all stakeholders.

Training, Webinars, Conferences and user awareness programmes

Webinars

The National Medical Library (NML) is successfully managing the ERMED Consortium and Access Medicine database, catering to the information needs of its widespread members across India. For its hassle free access, the NML makes it sure that the publishers whose online journals have been included in Consortium must organize webinars and physical meets to train the trainer and users. During the reporting period the publishers and vendors organized 11 (twelve) webinars on dated 5th April, 17th May, 19th May, 6th July, 7th July, 13th July, 14th July, 15th July, 21st July, 14th September and 8th November 2023. More than 1200 users from member institutes joined in these webinars and benefited.

Regional Awareness-cum-Training Programs

The NML also organized following 15 regional awareness-cum-training programs with the sole objective to enhance the usage of ERMED Consortium among the medical community, including students, researchers, faculties and other information seekers. In these programs more than 1000 participants attended the training program. The details of the same is as under:

Institution	Date
National Institute of Virology (ICMR), Pune	29th May 2023
All India Institute of Medical Sciences, Nagpur	7th June 2023
All India Institute of Medical Science, Mangalagiri	21st June 2023
JIPMER, Puducherry	23rd June 2023
All India Institute of Medical Sciences, Bathinda	27th Jun 2023
All India Institute of Medical Science, Guwahati	3rd July 2023
All India Institute of Medical Sciences, Kalyani	4th July 2023
All India Institute of Medical Sciences, Deoghar	5th July 2023
SGPGI of Medical Sciences, Lucknow	2nd Aug 2023
All India Institute of Medical Sciences, Raebareli	3rd Aug 2023
All India Institute of Medical Sciences, Gorakhpur	4th Aug 2023
All India Institute of Medical Sciences, Jodhpur	1st Sep 2023
Madras Medical College, Chennai	06.11.2023
AIIMS, Mangalagiri	06.11.2023
King Goerge's Medical College, Lucknow	06.11.2023

The NML also organized 7 Regional Training programmes for the hassle free access of Access Medicine Database as per details given below:

Zone	Date
NML, Delhi	11th August 2023
AIIMS Mangalagiri	6th Nov 2023
Madras Medical College	6th Nov 2023
KGMU, Lucknow	6th Nov 2023
VMMC, New Delhi	9th Nov 2023
AIIMS Guwahati	11th Dec 2023
AIIMS Nagpur	13th Dec 2023



User awareness programme of Access Medicine Database held at Madras Medical College, Chennai on 6th November 2023

Conference

Conference: 4th National Conference on ERMED Consortium: Empowering Libraries for Digital Health Transformation

The National Medical Library organized a one day National Conference on ERMED Consortium, themed "Empowering Libraries for Digital Health Transformation," on August 11th, 2023, at National Academy of Medical Sciences (NAMS), New Delhi. It marked a significant milestone in the calendar of the National Medical Library, Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India.

Dr. Bharati Pravin Pawar, Hon'ble Union Minister of State for Health & Family Welfare, Government of India inaugurated the conference and was pleased to know the contribution of NML in catering the information need of medical fraternity at national and international level.



In addition to the Hon'ble Union Minister other distinguished guests who graced the occasion includes Dr. Atul Goel, Director General, DteGHS; Dr. Jitendra Prasad, Additional Director General, DteGHS; Dr. Jaideep Kumar Misra, AS & FA, Ministry of Health & Family Welfare; and Dr. Daisy

Thomas, Vice Principal of Raj Kumari Amrit Kaur Nursing College, New Delhi.

A total of 277 delegates from various Government institutions including esteemed faculties, distinguished doctors, proficient library professionals, and aspiring students attended the conference.

Panel Discussion

The NML organized a Panel Discussion on **"Influence of Artificial Intelligence (AI), Chat GPT and Machine Learning Technologies on Health Science Publishing"** in coordination of M/s Karger on 18th December 2023 at 2.30 PM at NML, New Delhi.



In this panel discussion Mr. Daniel Ebnetter, CEO of Karger, Dr. Minu Bajpai, Executive Director, National Board of Examinations in Medical Sciences (NBEMS), New Delhi, Dr. Sangeeta Kaul, Director, Development of Library Network (DELNET), New Delhi and Dr. B. Srinivas, Director, National Medical Library participated. The library professionals, physicians, faculties and students from many government's institutions attended the panel discussion and benefited. The vote of thanks was proposed by Mr. Syed Shuaib Ahmad, ALIO, on behalf of the NML.

Branch Library at Nirman Bhavan:

NML maintains a Branch Library in Nirman Bhavan, New Delhi to cater the information needs of the staff and officers of Dte.GHS and MoHFW. Books, magazines and newspapers are issued to the officers of DteGHS and MoHFW. Reading room facility is also available.

3.3.24 RURAL HEALTH TRAINING CENTRE, NAJAFGARH, NEW DELHI

Rural Health Training Centre, Najafgarh, New Delhi was set up as a health unit in 1937 for rendering primary health care services through

dispensary. The activities of the centre were expanded with addition of Primary Health Centre, Ujwa (1955) and Primary Health Centre, Palam (1957). To strengthen the rural health services, an ANM School was started in 1985. Today, the Centre provides healthcare services to 73 villages through its three Primary Health Centres and 16 sub-centres.

A 183 (20 observational beds) bedded RHTC Hospital has been partially operationalised with commencement of OPD and Emergency Services with effect from 15th March, 2023.

A Budget of Rs. 40 crores has been sanctioned for the financial year 2023-24 wherein Rs. 31.84 crores i.e.79.6% has been utilized till 31st March, 2024.

Training Activities

The Centre imparts training to Medical Interns, Community Health Nursing Training to BSc, MSc, GNM students from various Institutions. Around 479 unpaid Medical Interns were imparted training in rural health from 1st January, 2023 to 31st March, 2024.

Trainings for employees were also conducted in Basic Life Support (BLS) and Compression-only Life Support (COLS). Self Defense Training was imparted to ANM Students and female employees in collaboration with Delhi Police.

Activities Under National Rural Health Mission (NRHM)

RHTC, Najafgarh has implemented the NRHM in collaboration with CDMO (South-West), GNCTD. The programmes such as RCH Camps, Village Health Nutrition Days, Janani Suraksha Yojana, Integrated Mission Indradhanush etc. were organised during the year.

Activities in Coordination with GNCT/MCD

The All India Pulse Polio Programme is being run in coordination with GNCT. Besides, DOTS Centre, ICTC Centre and Malaria Clinic have also been functioning at the Centre.

Commencement and Inauguration of RHTC Hospital

The newly built RHTC Hospital has been made partially operational with commencement of Out-patient Department including Dental and AYUSH and Emergency Services from 15th March, 2023.

The Hospital was inaugurated by Hon'ble Union Minister for Health and Family Welfare, Dr. Mansukh Mandaviya on 25.10.2023. The RHTC Hospital is expected to fully operationalise in phase manner by April, 2025.

The 183 (20 observational beds) Bedded RHTC Hospital will have facilities such as OPD, 24x7 Emergency, Radiology, Medicine Ward, Gynaecology Ward, Pediatric Ward, Surgery and ICU, Laboratory, NICU-PICU and Blood Storage. It will also provide specialist services like psychiatry, AYUSH, Dental, Pediatrics, Ophthalmology, Dermatology, ENT and Orthopedics.



Performance of RHTC, Najafgarh from 1st January, 2023 to 31st March, 2024

S.No.	Contents	Performance (1st Jan, 2023 to 31st Mar, 2024)
1	No. OPD Patients	2,59,617
2	No. of Emergency Patients	72,546
3	No. of Admission	2,060

Future Vision and Mission

A proposal for starting BSc. (Nursing) College with intake capacity of 60 students and provision for 500 bedded hostel at RHTC, Najafgarh has been taken up with Ministry of Health & Family Welfare.

3.3.25 HLL LIFECARE LIMITED (HLL)

I. Performance and Achievements of various units of HLL (From January 2023 to March 2024) Achievements of Akkulam Factory Thiruvananthapuram (AFT) for FY 2023-24 (From January 2023 to March 2024)

1. Developed Triple 100 ml bag system for PRP

treatment in tie up with Trivandrum Medical college. This Bag is utilized for autologous transfusion and treatment using PRP.

2. Introduced Double filter quadruple bag system with PRP and LD RBC filters for Saudi Arabia customer by replacing F Kabi variant.

3. Import substitution-Indigenous vendor for Blood bag sheet rolls. M/s Marayur Polyforms qualified vendor for this project.

4. Developed new design needle through domestic manufacturer for Blood bag with improved sharpness and lubrication for enhancing donor comfort.

PRODUCTION DETAILS FY 2023-24 Q4 (JAN 24 – MAR 24)

Products	UoM	Govt	Dom	Exp	Total
Blood Bag	MPCS	-	1.79	0.62	2.41
Suture	Lk Dzn	-	0.34	0.00	0.34
Mesh	Nos	-	2,845.00	-	2,845.00
Copper T	MPCS	0.47	0.00	0.02	0.49
Tubal Ring	MPAIRS	-	-	-	-
Emily	Nos	-	1,703.00	-	1,703.00
Mcup	Nos	-	3,02,488.00	3,003.00	3,05,491.00

PRODUCTION DETAILS FY 2022-23 Q4 (JAN 23 – MAR 23)

Products	UoM	Govt	Dom	Exp	Total
Blood Bag	MPCS	-	1.94	0.64	2.58
Suture	Lk Dzn	-	0.22	-	0.22
Mesh	Nos	-	-	-	-
Copper T	MPCS	2.11	0.06	0.77	2.93
Tubal Ring	MPAIRS	0.44	-	-	0.44
Emily	Nos	-	615.00	-	615.00
Mcup	Nos	-	2,46,942.00	-	2,46,942.00

Achievements-Peroorkada Factory From January 2023 to March 2024

- Installation of 1 MW solar power plant in PFT
- Installation of BLDC and LED lightings at all possible area for minimizing energy consumption.

Detailed air audit conducted at all production areas to eliminate loss of compressed air thereby reducing the energy cost for operation of compressor.

- Installation of rainwater harvesting system.

- SCADA system installed in electrical department for electricity consumption monitoring
- Installation, commissioning and validation of online monitoring of treated effluent at the discharge point in ETP
- Launched Moods Graphene series condoms
- Launched Moods Xtasy series condoms
- Launched Moods Grape and Bubble gum condoms in domestic market
- Launched Moods Lube 60 ml bottle and 5ml lube sachet in domestic market

- Developed community incinerator and obtained certification from NIIST which satisfies the norms specified as per Solid waste management 2016 rules.
- Developed Horizontal type Napkin vending m/c which can vend napkins of any size available in the market
- Introduced new product variant –M-Cup vending machine with UPI mode payment
- Developed Double chamber Incinerator for used Napkin as per SWM 2016 rules
- Production taken for dotted condoms with heart motif.
- Production of caramel coloured and flavoured female condom
- Highest yearly production of 17.28 Mpcs of female condom.
- Completed the production of 1205.59 Mpcs of condoms.
- Dust extraction system established in Electronic Testing Department for a better work environment.
- Cost reduction of Rs. 16.87 Crs achieved by completing 46 projects in various departments.
- Diamond mark certification received for orders to Kenya from KEBS.
- ABHINANDAN PATRA for outstanding safety performance in very large categories other than Chemical & Engineering from National Safety council (Kerala Chapter)
- HLL Peroorkada Factory received BEST SAFETY COMMITTEE AWARD in very large categories other than Chemical & Engineering from National Safety council (Kerala Chapter)
- Shri. Rajagopalan C (Card No: 101468) Mechanical Section, received BEST SAFETY WORKER Award from both Department of Factories & Boilers, Govt of Kerala and National Safety council (Kerala Chapter)
- Shri. Rajkiran.D, officer -3(CEPD) received Second Prize for BEST SAFETY OBSERVER competition 2024 from National Safety Council (Kerala Chapter)
- HLL Peroorkada factory received BEST QUALITY SYSTEM AND INNOVATION AWARD in very large industry category conducted

by the safety and Quality forum of Institution of Engineers (India) Delhi on 11.03.2024 at Gandhinagar, Gujarat

- Installed and commissioned 6 TPH boiler at PFT
- Installed and commissioned homogenizer at primary production for improving quality of compounded latex used for condom production.

Government Business Development Division (GBDD)

During the year 2023-24, HLL supply Free Supply Condoms Nirodh to the State Family Welfare Departments and Social Marketing Brand Condoms – Deluxe, Zaroor, Sawan, Bliss, Ahsaas, Masti, Kamagni, Thrill, Mithun- to the organisations such as M/s Population Health Services India, M/s JANANI, M/s Parivar Seva Sanstha, M/s DKT International, etc. and SMO Brands Ustad, Rakshak, Josh for HLL distribution in a phased manner.

Retail Business Division (RBD)

During the year 2023-24, HLL Retail Business Division opened 19 AMRIT Pharmacy outlets and 3 Janaushadi Pharmacy Outlets. During the same year, RBD Pharmacy outlets of HLL together served about 72.7 lakh customers. The aggregate MRP of medicines etc. sold through HLL RBD outlets is Rs. 1968 Cr. with sales value of approximately Rs. 1000 Cr. resulting in a savings of Rs. 968 Cr. to the customers.

Corporate Quality Assurance (CQA) Department

Received product registration in Myanmar (Moods, HL Haemopack), Srilanka (Gold Moods, Moods All Night), Ghana (No Logo condoms), Kazakhstan (Kamex Male Condoms, Philippines (Protec Pills), Bhutan (Levo 1.5 mg Pills), Saudi Arabia (Moods & Gold Moods), Australia (Blood Bags), Kenya (Blood Bags, Oral Contraceptive Pills), Indonesia (Moods Condoms), Chile (Female Condoms), Brazil (Female Condoms) & Mauritius (Levo 1.5 mg Pills)

Kanagala Factory Belgaum (KFB)

The total orders of KFB for FY 2023-24 was worth Rs.14,848.02 lakhs. The total orders executed of KFB for FY 2023-24 was worth Rs.15,026.72 lakhs. The production figures of KFB from April 2023 to March 2024 is as per the following table

KFB PROJECTED PRODUCTION FOR THE YEAR 2023-24			
Segment	Unit	Uom	Produced up to Dec -2023
GOVT.	Condom	Mpcs	234.71
	OCP - Steroidal	L.Cy	376.24
	ECP	L.Cy	49.57
	CHHAYA - Non Steroidal Ocp	L.Pac	63.00
DOMESTIC	Saheli Plus	L.St	5.40
	Sanitary Napkin	Mpcs	10.18
EXPORT	OCP & ECP	L.St	28.50

The production figures of KFB for the quarter January 2024 to March 2024 and the quarter January 2023 to March 2023 are as follows:

KFB - PRODUCTION FOR THE Q4 2022 -23			
Segment	Unit	Uom	Produced during January 2023 to March 2023
GOVT.	Condom	Mpcs	59.01
	OCP - Steroidal	L.Cy	1.82
	ECP	L.Cy	22.35
	CHHAYA - Non Steroidal Ocp	L.Pac	5.60
DOMESTIC	Saheli/Saheli Plus	L.St	18.59
	Sanitary Napkin	Mpcs	2.87
EXPORT	OCP & ECP	L.St	18.01

Health care Services Division (HCS)

Hindlabs

1. Achieved Rs.887.37 Cr Against the Revenue Target of Rs.383.87 Cr for the FY 2023-24(till December 2023).
2. Achieved Rs.54.98 Cr Against the Profitability Target of Rs.25.22 Cr for the FY 2023-24(till December 2023).
3. Collected Rs.704.05 Cr during the FY 2023-24 (till December 2023).
4. Established Medical Labs at AIIMS Bhopal & NIH Kolkata.
5. Established 05 new medical imaging facilities under NHM UP Project and 01 in Kerala.
6. Commencement of TB Screening with NHM Meghalaya.
7. HLL signed MoU with AIIMS Bibinagar, AIIMS Raipur & AIIMS Guwahati.

HLL Pharma Division

1. Director Ayush, Haryana Ayush product supply for Rs 3.55 Crs
2. Karnataka Ayushdept Unnani medicine supply completed for Rs 1.60 Crs
3. Aarogya Maitri cubes is a highly mobile and comprehensive solution which can provide medical support to at least 200 persons. The Aarogya Maitri Cubes were presented to the Health Ministers in the presence of Honourable Minister for Health & Family Welfare, GOI, at the G20 Health Ministers Meet held at Gandhinagar, Gujarat 17 – 19th August 2023.
4. Strengthening of facilities at Airport Health Organisation in 33 airports by infrastructure development including Video Conferencing & Supply of essential medicines and equipment. Supply to all locations completed.
5. Launch of two new brands Hilcal XT & Mgcyne D3 in WHD prescription business

6. Supply of Ayush medicines to All India Institute of Ayurveda for Rs 2.88 Crs

7. Assam Ayush order supply completed for Rs 84.00 Lakhs

Consumer Business Division

The Consumer Business Division has enhanced its product range and also range of the flagship brand MOODS and non steroidal pills with new launches as follows:

1. MOODS GRAPHENE – HLL's R & D developed condom made of natural latex and enriched with graphene which gives it enhanced properties such as an increased and natural sensation for the Ultimate feel

2. MOODS XTASY range, a super premium range consisting of highly functional variants with a combination of textures – HOTSPOTS(1500 dots), EUPHORIA(dots and ribs), TRANCE(dots arranged in diamond motifs) and ULTIMA(dots and ribs with enhanced climax delay effect)

3. MOODS Natural Lubes – Water based personal lubricants developed by HLL were introduced in the Kerala market.

1. Saheli Plus – HLL's new brand of nonsteroidal oral contraceptive pill, Centchroman was launched at a consumer price of Rs 80/- for a strip of 10 ? MOODS has reached out to more than 2 million consumers through its social media handles and Saheli Plus to more than 5 Lac consumers.

Performance and Achievements of Kakkanad Factory Cochin (KFC)

Performance and achievements during January 2023 to Dec. 2023

1. Successfully implemented online washing in Kendek moulding machines with an annual savings of Rs.14 lakhs

2. New product developed- Female condom- Maxima Caramel scented brown colour condoms for South Africa.

3. Installation and Commissioning of precision dozing system in Female condom production in order to optimize the silicon oil lubricant quantity in product.

4. Installation, testing and commissioning of automatic foil web aligner system in BRT packing machine for reducing foil overlap and reducing exposure of sealant in sealing roller.

5. Import procurement of Pre-Vulcanized latex for

conducting lab trials and plant trials as quality improvement and cost reduction initiative.

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8. Installation, testing and commissioning of automatic foil web aligner system in BRT packing machine for reducing foil overlap and reducing exposure of sealant in sealing roller.

9. Import procurement of Pre-Vulcanized latex for conducting lab trials and plant trials as quality improvement and cost reduction initiative.

Performance of production from Jan to Mar-23

Segment	Unit	Uom	Qty
EXPORT	Female Condoms	Mpcs	0.96
	Male Condoms	Mpcs	52.01

Performance and achievements during Jan. to Mar. 2024

- Convert V-belt to flat belt and drive to VFD in second air compressor and thereby achieving a savings of Rs.1,50,000 per annum.
- Replace 20 number 72W CFL light fixtures in the administrative building to energy efficient 40W LED fixtures.
- New product development of Male condom - Max variants (regular, banana, grape and strawberry) for South Africa.
- Reduced manpower for semi-automatic male condom packing machine by operating 2 machines with one operator.
- Introduced new automatic web aligning system in male condom semi-automatic packing machine.
- Condom average weight reduced from 1.70 gm to 1.68gm (Apr'23-Jul'23)
- Use of Pilcure S instead of Setsit in Compounding (Apr'23-Jul'23)

Production Performance from Apr to Dec-23

Segment	Unit	Uom	Qty
EXPORT	Female Condoms	Mpcs	4.51
	Male Condoms	Mpcs	77.83

Corporate Head Office

1. Offered jobs to 217 candidates to fill up 6 permanent and 211 Fixed Term Contract Positions.
2. A total of 1128 man days of training was imparted for the employees by conducting 41 training programmes.
3. As part of the Mission Recruitment programme of MoHFW, HLL was able to complete the recruitment process by conducting CBT Examinations for the Group B & C posts in the central hospitals in Delhi & North Eastern States and also the associate Institutes under Dte.GHS. A total of 1800 vacancies were filled up as part of the mission recruitment drive.
4. Offered jobs to 357 candidates to fill up 6 permanent and 351 Fixed Term Contract Positions.
5. A total of 2315 man days of training was imparted for the staff by conducting 129 training programmes.
6. As part of Swachh Bharat HLL has initiated a massive cleanliness drive across all the units/departments and in public places.
7. As part of World Environment Day on 5th June 2023, about 500 saplings were planted across different units of HLL
8. Offered jobs to 199 candidates to fill up 7 permanent and 192 Fixed Term Contract Positions.
9. A total of 870 man days of training was imparted for the employees by conducting 28 training programmes.

HLL Pharma Division

Strengthens the of facilities at Airport Health Organisation in 33 airports by infrastructure development including Video Conferencing, supply of essential medicines and equipment. Project will be completed by March 2024.

Defence Pharma Division

AAROGYA MAITRI CUBES- A made in India product for the World

“ VasudahivaKutumbakam” – The World is one Family -is our profound philosophy of embracing Oneness of all living beings, transcending borders cultures and religions. Based on this philosophy, the AarogyaMaitri initiative of the Honourable Prime Minister of India is constantly supporting the world in the form of supplying COVID vaccines and other critical medical aid.

Natural disasters have affected 220 million people in 2020-21 . 45000 people die from natural disasters every year globally. Conflict related deaths are at a 28 year high. Disaster management cycle involves Preparation, Response, recovery and mitigation. The concept of Golden Hour is critical by providing First aid on the spot and appropriate treatment in the emergency room.

Current Solutions for HDAR are difficult to deploy, limited mobility, high wastage, restricted scope and requires specialised rescuers. In order to provide an appropriate solution in HADR, AarogyaMaitri cubes have been developed.

AarogyaMaitri Cubes- Bhishm Modular Trauma kit combines the principles of Sahayog, Hita&Maitri. AarogyaMaitri cubes is a highly mobile and comprehensive solution which can provide medical support to at least 200 persons.

336 items including Ayurveda products, in 130 Kits are packed in Aluminium Cubes. 36 Cubes are packed into a specially designed Mother Cube frame. Two Mother cubes forms the complete AarogyaMaitri Cube – Bhishm Trauma kit. The kit encompasses highly advances medical equipment like portable ventilator, Multi parameter monitor, Blood warmer, highrate infusion device and portable X-Ray.

The kit includes unique Make in India products like Kavach Washer sheets for laundering cloths and a multi utility 60 w foldable Solar charger.

The kit is designed on globally approved trauma protocols like TCCC- Tactical Combat casualty care, MARCH- M- massive haemorrhage, A- airway, R-respiratory, C-circulation and H- hypothermia, ATLS- Advanced Trauma life support.

Master Cube 1 is a self-sufficient unit equipped with Survival, TCCC and basic ATLS tools. It can support a crew of 5 for minimum 48 hours. Master Cube 2 includes an arsenal of advanced surgical tools, featuring an on field OT for surgical interventions. A surgical team of 5 can perform 10-15 basic surgeries per day, rendering critical medical aid.

Cutting edge technology is deployed through BHISHM App which are made available in an Electronic Tablet supplied along with the cube. The Tab and App helps in location of specific cubes, its contents. By utilising RFID technology, the RFID reader provides critical logistical linkage on the field.

Highly mobile cubes can be transported by individuals or quadcopters and the entire Bhishm Kit can also be winched by helicopter.

AarogyaMaitri Cubes are being supplied through HLL Lifecare Limited, a mini ratna public sector enterprise under the Ministry of Health & Family Welfare, Govt. of India.

The AarogyaMaitri Cubes were presented to the Health Ministers in the presence of Honourable Minister for Health & Family Welfare, GOI, at the G20 Health Ministers Meet held at Gandhinagar, Gujarat 17 – 19th August 2023.

Hi-Care Division

1. HCD-BCT achieved a significant milestone by providing safe blood through the successful entry into premium customer segments for LD filter bags at Safdarjung, LNJP, AIIMS Delhi, and Aligarh Muslim University (AMU).

Projects & Services Division

2. P&S's pivotal role in collaborating with NHM across 15 states stands as a significant achievement, fostering the development of crucial medical infrastructure.

3. Recognition as the Technical/ Procurement Management Consultant by Power Grid Corporation of India and APMDC for executing CSR activities highlights P&S's expertise and trust in managing and implementing socially responsible initiatives.

4. P&S achieved a remarkable milestone by forging collaborations with esteemed institutions such as AIIMS, JIPMER, ESIC, and PGI, facilitating the advancement of medical infrastructure and the provision of critical equipment.

Vending Business Division

Activities

1. Introduction and sale of Sanitary Napkin Incinerators complying the norms of Kerala State Pollution Control Board.

2. Design, testing and Validation of Community Incinerators for Sanitary Waste (Sanitary Napkins and Adult Diapers). We have successfully tested a prototype in Care Home Pulyanarkotta and received excellent feedback.

3. Received order for supply of Sanitary Napkin Vending Machines and Sanitary Napkin

Incinerators in 4008 schools from Government of Rajasthan using funds of MHRD

4. CSR Partnership – Based on the successful implementation of Project Garima in 2022-23, the second phase of the project was executed in 2023-24. We are receiving repeat orders from CSR partners like IOCL, ECIL etc..

5. New CSR partners – We are partnering with new CPSEs like CMPDIL, BSES in this financial year.

6. We have received G.O from Government of Kerala for supply of Sanitary Napkin Vending Machines, Sanitary Napkin Incinerators and Sanitary Napkins in the state of Kerala without tender process. We are partnering with Kerala State Women's Development Corporation for supply of Sanitary Napkins, Incinerators and conducting Menstrual Hygiene Awareness program in Schools in Kerala.

7. We have received repeat order from Kolkata Police for supply of Sanitary Napkin Vending Machines and Sanitary Napkin Incinerators in Schools in Kolkata under Nirbhaya Funds.

Awareness Campaign:

1. We have conducted awareness program in more than 300 schools in Kerala in partnership

2. with KSWDC.

3. We have conducted awareness program in 24 schools as part of Project Garima in partnership with IOCL in North Region.

4. Participating and exhibited VBD products in an exhibition conducted by DPE in PragathiMaidan, New Delhi.

5. Participated and exhibited VBD products in a exhibition conducted by Greater Visakhapatnam Municipal Corporation, Vishakhapatnam

January – March 2024

1. Turn Over during the period mentioned above is Rs 15.94 Cr

2. Launch and sale of Community Incinerators for Sanitary Waste (Sanitary Napkins and Diapers).

3. Community Incinerators for Sanitary Napkins was approved by Suchitwa Mission as Institutional Incinerators for Sanitary Napkins. The work for receiving approval for Community Incinerators for Diapers from Kerala State Pollution Control Board is under progress.

4. Partnership with KSWDC and Directorate of Panchayats in implementing SHEPAD program in the state of Kerala.

5. A letter from Directorate of Panchayats has been issued to all Panchayats and Municipalities advising the bodies to keep the SHEPAD project under their respective plan fund.

7. Accreditation / Empanelment of new variants of Incinerators.

8. The specification and design of new variants of Incinerators identified and identification of suitable vendor to be done by PFT in Qtr II of FY 24-25

9. Design and Plan for higher capacity Community Incinerators

10. The model and partners for higher capacity Community Incinerators have been identified and collaboration arrangements will be taken forward in Qtr II of FY 24-25.

11. Design MHM Awareness programs like innovative sports activity for adolescent girls.

12. MHM Awareness programs for innovative sports activity has been designed and implementation will take place in Qtr III/Qtr IV of FY 24-25.

Additional points:

We implemented CSR projects through HMA and we have received new CSR partners like CMPDIL, BSES, DTL, BPCL. We have also received repeat orders in FY 23-24 from existing CSR partners and other government institutions like ECIL, NCL, IOCL, MDA, ALIMCO, Kolkata Police, KSWDC.

We conducted MHM events in colleges in Tamil Nadu with CSR support of BPCL. BPCL also supported us in supplying Menstrual Hygiene and Sanitation products to Prison Department, Tamilnadu through their CSR initiative. VBD supported the program by supplying products as per the requirement of the Prison Department to ensure support to the end beneficiary.

VBD continued to execute MHM programs in schools in Kerala in association with KSWDC. VBD expanded the programs to Delhi, Haryana, UP and Jharkhand with CSR support from IOCL and CMPDIL.

January 2023 to March 2023

Turnover during the period from January – March 2023 is Rs 6.83 Cr

Activities during the period

Approval of Sanitary Napkin Incinerators by Kerala State Pollution Control Board

VBD had introduced Sanitary Napkin Incinerators with double Chamber complying the norms of KSPCB. The machine has got approval from Kerala State Pollution Control Board and received the first work order from Chalachitra Academy, Kerala.

Extension of Contract of SHEPAD with KSWDC for 2 more years

HLL signed agreement with KSWDC for SHEPAD program for 2 more years for supply of Sanitary Napkins, Sanitary Napkin Incinerators and Awareness programs.

New order from Delhi Tourism & Transportation Development Corporation Limited

HLL received a CSR order amounting Rs 53.95 lacs from Delhi Tourism for the supply of 96 sets of sanitary napkin vending machine and incinerators. The machines are being installed in various child care homes in Delhi.

CSR Projects

Indian Oil Corporation Limited, NRPL, Panipat, Haryana:

A MoU was signed with IOCL in Dec'22 for the supply of 150 vending machines, 50 incinerators and 81,000 packs of sanitary napkins in 41 selected schools of Uttar Pradesh, Haryana, Rajasthan and Delhi. HLL completed Phase 1 of Project Garima with the supply and installation of 42 vending machines, 10 incinerators and conduction of 5 menstrual hygiene awareness programs.

National Scheduled Castes Finance and Development Corporation:

Letter of Intent was received from NSFDC for the supply of 20 sets of vending machines and incinerator sets in 20 government schools spread in 10 states namely Rajasthan, Madhya Pradesh, Uttar Pradesh, Punjab, Haryana, Chhattisgarh, Uttarakhand, Himachal Pradesh, Tripura and West Bengal.

Solar Energy Corporation of India Limited, New Delhi:

A CSR order was received for the supply and installation of 44 sets of vending machine and incinerator in various government hospitals of

Delhi like AIIMS, Safdarjung Hospital, Lady Harding Medical College Hospital, Delhi and Dr. Ram Manohar Lohia Hospital, Delhi

Electronic Corporation of India, Hyderabad:

A CSR order was received for the supply and installation of Sanitary Napkins, Sanitary Napkin Vending Machines, Sanitary Napkin Incinerators in Bhupalpally District, Telangana to be distributed in Schools.

Tribal Welfare Development Department, Telangana

We have received order for 254 Sanitary Napkins Incinerators from Tribal Welfare Department in continuance to the orders received in 2017 and 2018.

Women & Child Development Department Karimnagar

We have received work order from Women & Child Development Department Karimnagar as part of Women's Day Celebration on 8th March.

School Education Department, Karimnagar

We have received order from School Education Department, Karimnagar as part of SSA funds of the Central Government. This opens opportunities to us in other districts also from SSA funds.

BC Development Office, Sangareddy

We have received order from BC Development Office, Sangareddy district. We had added a new key customer which has potential to provide us more orders in subsequent years.

Consumer Business Division

1. The Consumer Business Division has enhanced its product range and also range of the flagship brand MOODS and non steroidal pills with new launches as follows:

1. MOODS GRAPHENE – HLL's R & D developed condom made of natural latex and enriched with graphene which gives it enhanced properties such as an increased and natural sensation for the Ultimate feel

2. MOODS XTASY range, a super premium range consisting of highly functional variants with a combination of textures – HOTSPOTS(1500 dots), EUPHORIA(dots and ribs), TRANCE(dots arranged in diamond motifs) and ULTIMA(dots and ribs with enhanced climax delay effect)

3. MOODS Natural Lubes – Water based personal lubricants developed by HLL were introduced in the Kerala market.

4. Saheli Plus – HLL's new brand of nonsteroidal oral contraceptive pill, Centchroman

5. was launched at a consumer price of Rs 80/- for a strip of 10 MOODS has reached out to more than 2 million consumers through its social media handles and Saheli Plus to more than 5 Lac consumers.

I. Achievements of Subsidiary Companies of HLL (From January 2023 to March 2024)

Goa Antibiotics and Pharmaceuticals Limited (GAPL)

1) Launched 16 products as own Brands of Goa Antibiotics & Pharmaceuticals Limited.

2) Received significant order of Rs.10 Cr for Ayurveda & Unani Medicines after 6 years.

3) New Customers like Kerala State Medical Services Corporation, Maa Care Surgicals and Pioneer Pharmaceuticals and orders worth 1.05 Crores are received against the new customers.

HLL Infra Tech Services Limited (HITES)

1. Foundation Stone of New AIIMS at Bibinagar laid by Hon'ble Prime Minister.

2. Inauguration of AIIMS Guwahati by Hon'ble Prime Minister.

3. HITES appointed EA for establishment of New AIIMS at Rewari, Haryana.

4. HITES expands its business areas and enters in HMIS solutions, e- Library, Telemedicine and Establishment and operation of EV Charging Stations.

5. Inauguration of GMC Konni, Phase-I by Hon'ble Chief Minister of Kerala.

6. MoU signed with MoHFW for facility management services.

7. MoU signed with Govt. of Maharashtra for GMC at Nandurbar and Alibagh.

8. MoU signed with AIIMS Jammu for procurement of medical equipment.

9. MoU signed with BEL (Bharat Electronics Ltd.) for projects w.r.t networking and cybersecurity solutions in health care domain.

10. MoA signed with MoHFW for Construction of NCA at IMS, BHU.

11. MoU signed with 09 GMCs., M.P. for providing facility management services.

HLLBiotech Limited Chengalpattu

1. Incorporated in the year March 2012 under the 100% Subsidiary company of HLL Lifecare Limited.
2. HBL demerged from HLL and taken over by the Government in April 2021.
3. 100% GoI owned
4. Project declared as “A Project of National Importance” by Government of India.
5. First of its kind in Public Sector units.
6. State of Art cGMP Vaccine manufacturing facility located in Chengalpattu, TamilNadu.
7. Major vaccine products envisaged for Manufacturing include Rabies, JE, ROTA & MRV & HPV Vaccines.
8. It has about 60 regular employees on roll & 21 employees on Deputation & 16 employees on SLWP.
9. The Operations will commence shortly and the first vaccine will roll out in 4 Years of time & subsequently it shall launch one vaccine in every two years.

Capital Structure

Government of India had conveyed to our Holding company, HLL Lifecare Limited, equity infusion of Rs. 285 Cr. for the Integrated Vaccine Complex (IVC) project, Chengalpattu, out of which Rs.274.88 Cr. would be in cash and Rs.10.12Cr. in kind towards the cost of transfer of 100 acres of GoI Land. The Authorized Share capital of the Company stood at Rs.285 Cr as the same of previous year. During the year, the paid up Capital of the Company has been Rs.274.89 Cr. There is no change in paid up capital during the year 2022-23.

Financial Performance 2023-24.

	Rs in Crs
Heads	2023-24 (Provisional)
Net Worth	618.06
Net Profit / Loss	-6.75
Revenue	17.14
Total Assets	675.98
Liabilities (other CSR)	57.92
CSR to be spent by the company	
2021-22	3.76
2022-23	4.25
2023-24	4.40
Bank Balance	216.82

Medical Education Policy And Medical Education

CHAPTER

04

4.1 INTRODUCTION

The Central Government has set up regulatory bodies for monitoring the standard of medical, Dental and nursing education, promoting training and research activities. This is being done with a view to sustain the production of medical and allied healthcare manpower to meet the requirement of healthcare delivery system at the primary, secondary and tertiary levels in the country. This chapter successses the status of these sectors and various reforms therein.

4.2 NATIONAL MEDICAL COMMISSION (NMC)

The National Medical Commission Act, 2019, for setting up a National Medical Commission (NMC) and to repeal the Indian Medical Council Act 1956 received assent of the President on 08.08.2019. The NMC was constituted with effect from 25.09.2022. The Act provided for constitution of four autonomous boards namely: Under Graduate Medical Education Board (UGMEB), Post Graduate Medical Board (PGMEB), Medical Assessment and Rating Board (MARB) and Ethics and Medical Registration Board (EMRB). This is a historic reform aimed to steer the direction of medical education towards a transparent, qualitative and accountable system. The basic premise and principled change that has occurred is that the Regulator is now 'selected' on merit, as opposed to an 'elected' Regulator. Professionals with impeccable integrity, experience and stature have been now placed at the helm to steer the medical education reforms further. Constitution of the NMC paves the way for continuation and deepening of reforms.

The Act provides for holding of an Exit Exam namely- the National Exit Test (NEXT) for medical graduates that will also serve as a licentiate exam, Screening Test for foreign medical graduate and also an exam for entry to post graduation. The NEXT would be an outcome based assessment of

medical colleges that will ensure common standards for medical education. To promote affordable education, the Act empowers the Commission to frame guidelines for determination of fee and all other charges in respect of 50% seats being charged by private medical colleges and deemed universities. The said Act also provides for rating of medical colleges which would help the students aspiring to pursue medical education to choose the college in a better-informed manner. Further, to boost the primary and preventive healthcare in the country, the Act provides for creation of a cadre of Community Health Providers who would have limited prescribing authority at the primary and preventive health care level to correct the regional imbalance and enable an efficient utilization of level to correct the regional imbalance and enable an efficient utilization of health care resources.

NMC has made significant steps towards framing of following regulations:-

- a) Teachers Eligibility Qualifications in Medical Institutions Regulations, (Amendment), 2023
- b) Registration of Medical Practitioners and License to Practice Medicine Regulations, 2023
- c) Graduate Medical Education Regulations, 2023
- d) Establishment of Medical Institutions, Assessment & Rating Regulations, 2023
- e) Graduate Medical Education Regulations, (Amendment), 2023
- f) NMC, National Exit Test Regulations, 2023
- g) National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2023
- h) National Medical Commission (minimum standard requirements) for Establishment of New Medical College/Increase of seats in MBBS Course) Guidelines, 2023

- i) Maintenance of standards of Medical Education Regulation, 2023
- j) Post-Graduate Medical Education Regulations, 2023
- k) National Medical Commission (Recognition of Medical Qualification) Regulations, 2023

District Residency Programme

District Residency Programme (DRP) provides for compulsory three months training of PG medical students at District Hospitals. NMC constituted National Steering Committee (NSC) to oversee the implementation of DRP. NMC/MoHFW requested all States/ UTs to take necessary action for implementation of DRP from 2023. Many States have issued directions for the implementation of the DRP and the Programme has been implemented. Further, the Ministry has also requested NMC to hold consultations with the states to obtain more clarity in the matter of Uniform Bond Policy and DRP.

Advisory issued regarding the mental health issues of PG medical students by reviewing seat leaving bond policy of State Governments:

National Medical Commission taking into consideration the case studies which underscore the challenges faced by students, particularly in terms of mental health issues and the payment of seat leaving bonds. Elimination of seat leaving bonds was considered as a strategic move to prioritize the well-being of resident doctors, empowering them to provide optimal patient care. National Medical Commission's Anti Ragging Committee recommended to State and UT Governments to review the seat leaving policy in medical colleges/institutions and do away the same. The Committee also recommended that instead of imposing a heavy seat leaving bond, States may consider debarring the student from admission in their State for the next one year. In response to this, NMC vide its letter dated 19.01.24 requested all States/UTs to review the seat leaving bond policy in Medical colleges and do away with the seat leaving Bond.

4.3 NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES (NBEMS)

The National Board of Examinations in Medical Sciences is an autonomous organization under the Ministry of Health & Family Welfare, Government of India, established under the Societies Registration Act, 1860 with effect from 01.03.1982. Its objective is to conduct high-standard post-graduate examinations in the field of modern science on an all-India basis, formulate basic training requirements for eligibility and develop patterns of teaching in post-graduate medical education.

NBEMS at present conducts postgraduate and postdoctoral examinations in approved specialties leading to the award of Diplomate of National Board (DNB), Doctorate of National Board (DrNB) and Fellow National Board (FNB) qualifications. The DNB, DrNB and FNB qualifications awarded by NBEMS are duly recognized as per provisions of the NMC Act, 2019. A recent notification in this regard was published in the Gazette of India on November 14, 2022.

The NBEMS has been entrusted with the responsibility of conducting the National Eligibility cum Entrance Test-PG (NEET-PG) for admission to MD/MS & Post-graduate Diploma Courses, National Eligibility cum Entrance Test (NEET-MDS) for admission to Post-Graduate Dental Courses and National Eligibility cum Entrance Test (NEET-SS) for admission to Super Specialty Courses. NBEMS also conducts Screening Test i.e. Foreign Medical Graduate Examination (FMGE) for candidates who have undergone medical training abroad.

Examinations conducted by NBEMS

The Examinations conducted by NBEMS provide a common standard and mechanism of evaluation of minimum level of attainment of the knowledge and competencies of medical specialties. The following examinations have been conducted by NBEMS since January 2023:-

Name of Examination	Examination held on	Number of Candidates Registered
DRE MRE Jan 2023	13-Jan-23	130
FDST 2022 for BDS	20-Jan-23	22
FMGE December Session	20-Jan-23	33001
FET 2022	10-Feb-23	1723
NEET MDS 2023	01-Mar-23	24606
NEET PG 2023	05-Mar-23	209030
PDCET 2023	23-Apr-23	1434
DNB Hybrid (DNB Final April 2023)	24-04-2023 to 27 -04-2023	5140
FNB Exit Examination 2022 Session	April 2023 to May 2023	167
FDST 2022 for MDS and PG Diploma	30-Apr-23	11
FMGE June Session	30-Jul-23	24804
DRE MRE September 2023	06-Sep-23	80
NEET SS 2023	29-09-2023 to 30 -09-2023	20589
DNB Hybrid (DNB Final October 2023)	12-10-2023 to 15 -10-2023	7757
NBEMS Diploma Final Examination December 2023	15-12-2023 to 17 -12-2023	1376
FMGE December 2023	20-Jan-24	39277
FDST 2023 for BDS	20-Jan-24	33
FET 2023	03-Mar-24	2478
FDST 2023 (MDS and PG Diploma)	16-Mar-24	5
NEET MDS 2024	18-Mar-24	29129

All of the above examinations were conducted successfully by NBEMS. NBEMS declared the result of NEET-PG 2023 in a record 9 days, which was well appreciated by all the stakeholders.

Courses offered by NBEMS and accredited seats:

The various category of courses offered by NBEMS are tabulated below: -

Course type	Nomenclature	Number of courses
Broad Specialty	Diplomate of National Board-DNB	29
Super Specialty	Doctorate of National Board-DrNB	32
Fellowship	Fellow of National Board-FNB	41
Post MBBS Diploma Courses	Diploma of National Board	09
	Total	111

Course wise break up of NBEMS seats is tabulated below:

DNB Seats					
Post MBBS DNB	Post Diploma DNB	DrNB Seats	FNB Seats	Post MBBS Diploma	Total Seats
5291	2782	2758	515	3063	14409

The distribution of NBEMS seats across various Government and Private hospitals is tabulated below:

Government		Private		Total	
Hospitals	Seats	Hospitals	Seats	Hospitals	Seats
444	4439	940	9970	1384	14409

New initiatives of NBEMS inaugurated on 42nd Foundation Day Celebrations of NBEMS

The National Board of Examinations in Medical Sciences celebrated its 42nd Foundation Day and NEET-PG & NEET-MDS toppers felicitation programme on 28.06.2023. Dr. Mansukh Mandaviya, Hon'ble Minister of Health & Family Welfare and Chemicals & Fertilizers, Government of India graced the occasion with his presence as the Chief Guest.



The following new initiatives of NBEMS were inaugurated by the Hon'ble HFM: -

• 11 new fellowship courses were launched:

Addiction	Paediatric Cardio	Colorectal
Psychiatry,	Thoracic and	Surgery,
Child and	Vascular	Paediatric
Adolescent	Surgery,	Emergency
Psychiatry,	Paediatric	Medicine
Minimally	Endocrinology,	Paediatric
Invasive	Sleep Medicine,	Radiology
Gynaecologic	Stroke Medicine,	
Surgery		
Paediatric Orthopaedics,		

- Diploma in Emergency Medicine was launched
- NBEMS Command centre for Examinations & NBEMS Computer Based Examinations Test centre were inaugurated
- NBEMS Medical library was inaugurated
- Good Clinical Practice Guidelines (2nd Edition) was launched: This book is an attempt to provide the guiding points to all DNB/DrNB/FNB

residents to follow the principles of ethical and professional conduct expected from a medical professional aimed at safety of doctors and patients alike.

- Joint Accreditation Programme was launched: This will increase the number of PG seats and allow hospitals to club their faculty, case load and infrastructure to get themselves accredited.
- Accreditation of Standalone Labs and Diagnostic Centres was launched: This will increase the number of PG seats and allow PG teaching & training at Standalone labs and diagnostic centres.
- NBEMS Skill & Virtual Training Programme was launched: NBEMS will empanel premier Government and private simulation labs for sending NBEMS trainees for upgradation of their skills.
- Trainees in District and Sub-District hospitals will get an opportunity to upgrade their skills through advanced Simulation Labs.
- Grant of Faculty Title to NBEMS teachers was launched

ISO Certification

NBEMS entrusted the National Board for Quality Promotion (NBQP), a constituent Board of Quality Council of India (QCI) to obtain technical support for implementing the requirements of ISO 9001:2015 standards at NBEMS, New Delhi. Further, an Independent Certification Body, BSCIC, carried out the Certification Process in two stages: Stage-1 (Desktop Audit) and Stage-2 (Witness Audit). Based on the demonstration of the Quality Management System by NBEMS, the audit team recommended NBEMS for ISO 9001:2015 Certification.

Accordingly, on 9th January 2023, NBEMS was conferred with the ISO 9001:2015 certificate.

Other initiatives undertaken by NBEMS

A. Faculty Development programmes: In order to strengthen the young faculty in the field of medical education and improve the training and teaching in modern medicine, NBEMS has started Faculty Development programmes in the year 2023. Faculty Development Programmes were conducted in Delhi, Hyderabad and Gandhinagar on 24.03.2023, 24.06.2023 & 28.10.2023 respectively.

B. **Communication in Healthcare Workshops:** Majority of the unpleasant instances between the healthcare professionals and the patients or their relatives is mainly due to lack of effective communication between them. Patients have to be communicated with in a way that they can understand. The role of effective communication has assumed greater importance in the Covid-19 pandemic when the available healthcare facilities were tested to their maximum. In view of the above, NBEMS has been conducting the communication workshops for trainees & the trainers. Recently, NBEMS organized a communication workshop on 23.09.2023 at Government Dental College & Hospital, Srinagar

C. **Webinar classes:** NBEMS has pioneered the successful launch of massive web-based learning programmes (webinars) in 60+ specialties. This is the first of its kind in the country in the field of medical education where an organization conducts web-based classes in almost all the specialties of modern medicine benefiting thousands of medical trainees. More than 4000 lectures / presentations have been conducted by NBEMS. This provides an effective learning mechanism for trainees in district and smaller hospitals.

4.4 MEDICAL COLLEGES AND UG/PG SEATS

There are 389 Government MBBS Colleges with an intake of 56,300 MBBS students and 317 Private MBBS Colleges with an intake of 52,640 MBBS students. There is total of 29,199 Government Medical PG seats and 20,226 Private Medical PG seats. With regard to Super Specialty Courses (DM/MCH), there are 4,217 Government Medical seats and 1,192 Private Medical seats.

4.5 SCHEMES FOR MEDICAL EDUCATION

With a view to upgrade and further strengthen medical education institutions in the country, the Ministry administers the following schemes-

i) Schemes for strengthening and upgradation of State Government Medical Colleges for Increase of PG Seats (Phase I & II):-

(a) **Phase-I :** The Phase-I of the scheme was launched in XIth Five Year Plan with the objective

to strengthen and upgrade State Government Medical Colleges to create new PG seats. A total of 72 Government Medical Colleges in 21 States/UTs have been approved under the scheme for increasing 4058 PG seats.

(b) **Phase-II :** The scheme was launched in February, 2018 with the objective of increasing 4000 more postgraduate seats in Government medical colleges in the country. The Ministry of Health & Family Welfare is implementing Phase-II of the Centrally Sponsored Scheme for Upgradation of existing State Government medical colleges to increase PG seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special Category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crore per seat. A total of 65 Government Medical Colleges have been approved under the scheme for increasing 4,000 PG seats till date. Funds to the tune of Rs.1249.48 Crore have been released under the scheme till date.

ii) Scheme for Establishment of New Medical Colleges Attached with Existing District/Referral Hospitals (Phase I, II & III):

(a) **Phase-I:** Under the scheme, it was proposed to establish 58 medical colleges in underserved areas of the country with intake capacity of 100 MBBS seats in each medical college to create an additional annual intake capacity of 5800 seats at undergraduate level in Government sector. The objective is to utilize the existing infrastructure of district hospitals for increasing additional undergraduate seats in a cost effective manner by attachment of new medical college with existing district/referral hospitals. Fund sharing between the Central Government and States is in the ratio of 90:10 for NE/special category States and 60:40 for other States. The total cost of establishment of one Medical College under the scheme is Rs.189 Crore. (58 Districts in 20 States/UT have been identified and approved under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals). Funds to the tune of Rs.7541.10 Crore have been released to the State/UT Governments for the approved districts under the Scheme. Out of 58 approved Medical Colleges, 54 have become functional.

(b) Phase-II: With the objective to ensure the availability of one medical college for every 3 Parliamentary Constituencies and at least one Government Medical College in every State of the country, the requirement of 24 new medical colleges in 8 States have been identified under Phase-II of the Scheme with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 60:40 for other states. The total cost of establishment of one Medical College under the scheme is Rs.250 Crore, 24 new medical colleges in 8 States have been identified under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. All 24 Medical Colleges have been approved. Funds to the tune of Rs.3675.00 Crore have been released to the State Governments for the approved medical colleges under the Scheme, 15 Medical Colleges have become functional.

(c) Phase-III: With an objective to provide at least one medical college or an Institute with facilities for Post Graduate medical education in each district of the country in a phased manner through public or private participation, phase III of the scheme for establishment of 75 new medical colleges attached with district/referral hospitals has been approved by the Union Cabinet on 28.8.2019. The medical colleges would be established at an estimated cost of Rs 325 Crore per medical college. Under Phase III, all 75 medical colleges have been approved. Fund in tune of Rs.11420.57 Crore have been released to the State Governments. 39 Medical Colleges have become functional.

iii) Strengthening and Up-Gradation of State Government Medical Colleges for Increase in Intake Capacity of MBBS Seats.

With the objective of creating 10,000 MBBS seats in Government Colleges in the country, the Ministry of Health & Family Welfare is implementing Centrally Sponsored Scheme for Up-gradation of existing State Government/ Central Government medical colleges to increase MBBS seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special Category States and 60:40 for other States with the upper ceiling cost pegged at Rs. 1.20

crore per seat. 85 Colleges have been approved under the scheme to increase 4,977 UG seats. Funds to the tune of Rs.2749.74 Crore have been released to the State Governments till date under the Scheme.

4.6 COUNSELLING FOR ADMISSION TO MEDICAL/DENTAL SEATS

Introduction

Medical Examination Cell (ME Cell) is a Programme Division of the Directorate General of Health Services (DGHS) dealing with works relating to medical examinations. The Medical Counseling Committee (MCC) of Medical Examination Cell (MEC) was constituted in 2012 to function under the aegis of the Directorate General of Health Services in the Ministry of Health and Family Welfare to conduct online counselling for allotment of All India Quota Seats to Under Graduate (UG) and Post Graduate (PG) Medical Courses across the country. However, in later years, other medical courses like Super Specialty (SS) and DNB SS Courses have also been added to it. At present, the Medical Counseling Committee (MCC) of DGHS is conducting online counselling for 15% All India Quota UG Seats for MBBS/BDS/B.Sc Nursing, 50% All India Quota PG Seats for MD/MS/Diploma & MDS and 100% SS Seats for DM/MCh and DNB SS Courses for participating Government Colleges /(100% UG & PG Seats) Central /(100% UG & PG Seats) Deemed Universities and Trust /Societies run Private Medical Colleges in terms of directions of the Hon'ble Supreme Court of India and in accordance with rules and regulations of the National Medical Commission (NMC) promulgated. MCC also conducts counselling for 100% seats of PG DNB and DNB SS courses.

Aim and Objective

The aim and objective of the Medical Counselling Committee (MCC) of DGHS is to conduct online counselling for allotment of medical/dental seats to the eligible and qualified candidates in a transparent manner within specified time frame as approved by the Hon'ble Supreme Court of India and National Medical Commission (NMC).

Important Achievement during the year 2023-24

That till date, the following counselling has been conducted by MCC of DGHS:-

- i) PG Counselling 2023: For 50% All India Quota and 100% PG seats of Central/ Deemed Universities. Also 100% seats of PG DNB courses. 04 Rounds (Round-1, Round-2, Round 3 and Stray Vacancy Round) were conducted. After counselling, 281 MD/MS seats and 55 DNB seats are vacant.
- ii) UG Counselling 2023: For 15% All India Quota and 100% UG seats of Central/ Deemed

Universities for MBBS/BDS/ B.Sc. Nursing Courses. Also 100% seats of AIIMS Institutes/JIPMER. 04 Rounds (Round-1, Round-2, Round 3, Stray Vacancy Round and special stray vacancy round) have been conducted so far. After counselling, 14 MBBS seats are vacant.

- iii) SS Counselling 2023: MCC has conducted 03 Rounds for 100% D.M/M.CH/DNB SS seats. After counselling, 390 DNB seats and 264 DM/MCh seats are vacant.

The details of data furnished by these agencies are given here in tabular form:-

Details of Examinations				
Particulars	NEET-PG 2023	NEET-MDS 2023	NEET-SS 2023	NEET-UG 2023
Date of Examinations	05.03.2023	01.03.2023	29th and 30th September 2023	07.05.2023 and 06.06.2023
No. of Cities where Entrance the Examination held across the country	281	78	35	499 (including 14 cities outside India)
Total Number of Candidates Appeared	200517	23847	19947	2046415
Total Number of Candidates Qualified (AFTER REVISION)	200517	20810	19947	1149484
Date of Declaration of FIRST RESULT	14.03.2023	10.03.2023	15.10.2023	13.06.2023

4.7 ALLOCATION OF MEDICAL/ DENTAL SEATS FROM CENTRAL POOL

(i) MBBS and BDS Seats:

A Central Pool of MBBS and BDS is maintained by the Ministry of Health and Family Welfare through voluntary contributions from various States having

medical colleges and certain other medical education institutions. In the academic session 2023-24, 248 MBBS and 38 BDS seats were contributed by the State/UTs and medical institutions. These seats were allocated to the beneficiaries of the Central Pool, viz. States/Union Territories, which do not have medical/dental colleges of their own, Ministry of Defence (for the

wards of Defence Personnel), Ministry of Home Affairs (for the children of para-military personnel and civilian terrorist victims), Cabinet Secretariat, Ministry of External Affairs (for meeting diplomatic/bilateral commitments and for the children of Indian staff serving in Indian missions abroad) and Ministry of Human Resource Development (for Tibetan Refugees).

4.8 DENTAL COUNCIL OF INDIA

The Dental Council of India (DCI) was established as a statutory body under the provisions of the Dentists Act, 1948 (XVI of 1948) with the main objective of regulating the standards of dental education, dental profession and dental ethics in the country and making recommendations to the Central Government for opening of new dental colleges, starting of new or higher courses of studies and increase in admission capacity. For this purpose, the Council periodically carries out inspections to ascertain the adequacy of course and facilities available for the teaching of dentistry.

DENTAL COLLEGES

At present, there are 323 dental colleges in the country, out of which 56 are in Government Sector and 267 in private sector with annual admission capacity of about 28088 under-graduate seats. Moreover, there are 7199 post-graduate seats in 282 colleges (277 dental college + 5 Medical college running MDS course). Under EWS* scheme promulgated under 103rd constitutional amendment, 2019, the DCI has recommended 9 additional seats at 2 Government Dental Colleges from the academic session 2023-24 so as to effectively implement the mandate of the Parliament.

*under EWS category total 468 additional seats at UG level in 31 Government Dental Colleges and 56 additional seats at PG level in 18 Government Dental Colleges are running/permitted since 2019.

OTHER ACTIVITIES

Competency Based Undergraduate and Post Graduate Curriculum for BDS & MDS by the team of Subject Experts in various dental specialities and medical subjects

The Dental Council of India (DCI) has taken steps to re-structure the curriculum that capitalizes on dental

students' competence to perform the defined tasks at the expected level to serve as a skilled general Dental practitioner as an outcome. The most important need for redesigning the undergraduate Dental curriculum is to improve the quality of Dental education to match the changing needs at national as well as global level. Twelve teams of subject experts for dental specialities and one team of subject experts for medical subjects have been constituted in this regard.

DCI's Digital Library (Central E-Consortium)

The DCI is in a process of preparing an E-consortium (Digital Library) containing renowned journals (National and International) to provide it to all the dental colleges in a cost effective manner with an aim to raise the standards of dental education in the country. It would be beneficial for both students and faculty members of the dental colleges. A proposal in this regard has been forwarded to the Government of India for its approval.

Further, free trial access of the online journals is being provided to all the dental colleges in the country by the Publishers which are part of DCI's Digital Library (Central E-Consortium)'.

Digital DCI

The DCI has started its Digital DCI Project in which the DCI HQ will be a prominent user of the application and will be provided with a dedicated window/module and workflows to process various applications which will be 100% paperless. Relevant certificates and overall monitoring of the DCI and associated dental colleges/institutions will also be managed. Various applications shall be forwarded online by the DCI after internal processing, generate various reports and dashboards. Designated administrative staffs of the DCI HQ will be use the system for the performing various administrative related activities like HR payroll, attendance monitoring, time table scheduling, generate various reports and dashboards etc.

Online Faculty and Students Attendance Monitoring Systems (OFSAMS)

The DCI has implemented OFSAMS wherein the DCI has started Aadhar linked and facial

recognition biometric machine at dental colleges for their faculties and PG students for monitor their day to day attendance.

ONE NATION AND ONE REGISTRATION

The DCI is under process to create a digital network for keeping/providing latest real time data of all the registered dentists in India by providing a unique registration ID to all the dentists. The DCI is working to create a platform where all the States can keep and update their data of dentists in one place, with various aims in mind, such as tracing the dentists' location, eradicating duplicity, tracking their employment status, etc. The database will not only help the Government to make policy decisions but also benefit the Dentists and the general public at large.

PRIMARY HEALTH CENTRE

The DCI has recommended that the Government of India allow Dentists to serve as Healthcare Providers in Primary Health Centres as they study the basic medical subjects like anatomy, biochemistry and physiology in first three years of their education. This would help cater to the need of medical practitioners in the country with the world's fastest growing population. Additionally, Dentists have worked as frontline warriors during COVID-19 pandemic.

JOB OPPORTUNITIES

The DCI has proposed in its draft BDS Course Regulations, 2022 to increase the requirement of teaching faculty both at Professor and Reader levels. This will not only help uplift the standard of dental education but also create more job opportunities which would be beneficial for society.

Regulation/Amendments

1. Draft BDS Course Regulations, 2022

Various new features/provisions have been incorporated in the draft 'BDS Course Regulations, 2020' that will not only help in the improvement of standard of dental education in India but also will create more job opportunities. Various new provisions have been added which were missing in previous regulations that used to make it difficult to resolve certain issues. Apart from this, various new features have been incorporated keeping in mind the

present scenario as well as to cater future needs. Some of the key features are:- Faculty Requirement, Inclusion of advanced subjects in the curriculum, Recognition of M.Sc. Qualification with BDS for teaching in basic medical subjects, Digital Library/E-Consortium, Bio-metric attendance, Teaching Hours, Requirement of Publications/Journals for teaching faculty like existing MDS Regulations, Migration of Students, Shifting of Students, Grace Marks, CCTV Installation, TCC and CDE.

4.9 PHARMACY COUNCIL OF INDIA

The Pharmacy Council of India (PCI) is a body constituted under Section 3 of the Pharmacy Act, 1948 to regulate the profession and practice of Pharmacy. The objective of the Council is to prescribe minimum standards of education required for qualification as a pharmacist, uniform implementation of educational standards, approval of course of study and examination for pharmacists, withdrawal of approval, approval of qualifications granted outside India and maintenance of the Central Register of pharmacists.

2. Activities of the Council during 2023

- Inspections arranged: The Council arranged 2407 inspections of diploma, degree, Pharm.D., M.Pharm and B.Pharm (Practice) institutions during the period under report.
- Approval of 1135 Diploma and Degree institutions were extended u/s 12 of the Pharmacy Act, 1948.
- 1020 new Diploma and Degree institutions were granted approval u/s 12 of the Pharmacy Act, 1948.
- 56 New Pharm.D institutions were granted approval for the conduct of course.

Present Status of approved pharmacy institutions in the country

Courses	Approved institutions	Admission capacity
Diploma in Pharmacy	4315	258900
Degree in Pharmacy	3422	205320

3. One of the major achievements in respect of the Pharmacy Act, 1948 is the Pharmacy (Amendment) Bill, 2023 which was notified on 15-08-2023 as Act 29 of 2023. Vide the Act, Section 32C has been inserted in the Pharmacy Act, 1948. This section addresses the issues which arose from the MHA's adoption orders dated 05-10-2020 and 23-10-2020, which adopted the Pharmacy Act, 1948 in the UT of Jammu and Kashmir and the UT of Ladakh respectively, after the enactment of J&K Re-organization Act, 2019.

4.10 ALLIED HEALTH SERVICES.

The National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021 was notified on 28th March, 2021. Rules for the National Commission for Allied and Healthcare Professions (2021) were notified on 27th May, 2021. National Commission for Allied and Healthcare Profession (NCAHP) has been constituted on 08.01.2024.

2. The Ministry has written to all the States and UTs regarding the early establishment/ notification for State Allied and Healthcare Councils. Six virtual meetings and two physical meetings have been convened with the State Nodal authorities and consequently, 14 States (viz. Andhra Pradesh, Assam, Sikkim, Kerala, Mizoram, West Bengal, Odisha, Arunachal Pradesh, Telangana, Tripura, Himachal Pradesh, Nagaland, Ladakh and Meghalaya) have already notified their State Councils till date.

3. Further the Appointment Committee of the Cabinet (ACC) has appointed Dr. Yagna Unmesh Shukla to the post of chairperson and Shri Arvind Kumar to the post of Secretary of the NCAHP. Memorandum of Understanding (MoU) has been signed for the Office of NCAHP for establishing the office in the premises of National Institute of Health and Family Welfare (NIHFW). Domain name for the website has been approved. The portals for self-registration of Allied Health Professionals and Allied Health Institutes are being developed. The National Commission will provide regulation for 56 allied and healthcare professions working in collaboration with corresponding State councils. 10 professional councils, one for each of the ten broad categories under the schedule of the NCAHP Act, 2021 will be constituted to guide and support the

work of the NCAHP. The NCAHP will ensure due recognition and utilization of lakhs of allied and healthcare workforce and will prove to be a boon for the health system strengthening in the country.

4.11 NURSING EDUCATION

In order to enhance the quality of nursing services, 718 faculty members have been trained in Master Training programmes in simulation to increase the level of competencies of individual skills, decision making and managing cases with simulation scenarios. Additionally, 529 nursing personnel have been trained in Midwifery Simulation Training skills focusing on standardization and simulation based education, as well as selected midwifery skills.

4.12 INDIAN NURSING COUNCIL

The Indian Nursing Council (INC) is an autonomous body under the Ministry of Health & Family Welfare, Government of India,. The Indian Nursing Council Act, 1947 was enacted to provide statutory powers for maintaining uniform standards and regulations of nursing education all over the country. The prime responsibility is to establish norms and standards for education, training, research and practice within the ambit of the relevant legislative framework.

(a) Inspections

A total of 3281 inspections under Section 13 of the Indian Nursing Council Act, 1947 were conducted during financial year 2023-24.

(b) Institutions recognized by Indian Nursing Council

The course wise number of Nursing Institutions that were found suitable by the Council under

S.No.	Programme	Total
1.	ANM	1910
2.	GNM	3093
3.	B.Sc(Nursing)	2306
4.	P.B.B.Sc(Nursing)	778
5.	M.Sc (Nursing)	723
6.	Post Basic Diploma Programme (PBDP)	222
7.	Nurse Practitioner in Critical Care (NPCC)	58

(c) Activities that have been undertaken by the Indian Nursing Council.

(i) Live Register of Nurses

To achieve a Live Register of Nurses, Indian Nursing Council launched the Nurses Registration and Tracking System (NRTS) in 2016-17. After verification and approval of the nurses data by concerned Registrar of the State Nursing Councils, each nurse is issued a Nurse Unique Identification Number (NUID) card and Nurse Passbook indicating a Nurse Profile. A total of 11,88,391 nurses have been enrolled in NRTS till 31st March, 2024.

(ii) Nurse Practitioners in Midwifery

The Government of India is implementing the "Midwifery initiative" in the country in order to improve the quality of care and ensure respectful care to pregnant women and newborns. This initiative aims to create a new cadre of midwives titled "Nurse Practitioners in Midwifery" (NPM) who are skilled in accordance with ICM competencies, knowledgeable and capable of providing compassionate women-centered, reproductive, maternal and newborn child health services (RMNCH). The duration of Nurse Practitioner programme is 18 months.

(iii) National Consortium for Ph.D. in Nursing

National Consortium for Ph.D. in Nursing has been constituted by Indian Nursing Council to promote research activities, in various fields of Nursing in collaboration with Rajiv Gandhi University of Health Sciences. A total number of 199 students were awarded the doctorate degree.

(b) Income

An amount of Rs.19.00 lakhs has been allocated for Indian Nursing Council under BE 2023-24. The Council had an internal receipt of an amount of Rs. 27, 31,34,729.86 from the nursing education institutions towards inspection /affiliation fee and publication sales during the year 2023-24.

4.13 RAJKUMARI AMRIT KAUR COLLEGE OF NURSING

The Rajkumari Amrit Kaur College of Nursing is a pioneer Institute for nursing education in India and

South-East Asian region, established 72 years ago with the objective to develop model programmes in nursing education. The college offers regular programmes in B.Sc. (Hons.) Nursing and Master of Nursing. Besides these, the college also conducts short-term continuing education courses. 29 Post-Graduate nursing students and 82 graduate nursing students passed out in 2022- 23.

SCHOLARSHIP AND FINANCIAL AIDS

55 B.Sc. (Hons) Nursing students and one M.Sc Nursing student, on the basis of merit, received scholarship by the Department of Welfare for SC/ST/OBC & Minority, Government of N.C.T of Delhi. Ms. Ashwathy M.U., M.Sc Student was awarded president Gold Medal from Delhi University for the year 2022-23.

CONTINUING EDUCATION:

Two national level short-term workshops were conducted on "Bicentenary: A period of transformation in Nursing" and on "Patient safety, A Global Health Agenda". A total of 59 nursing personnel participated in these workshops. Additionally trainings and webinars have been organized for faculty and students on COVID 19.

RURAL FIELD TEACHING CENTRE, CHHAWLA:

The Rural Field Teaching Centre was established in 1950 for the purpose of providing objective oriented rural community health experience to the students. It covers a population of 22,000 and is situated 35 kms away from the college. Special emphasis is given on MCH services, family planning, immunization, family welfare services, nutrition, adolescent girl's health and health education programme by the students and staff of rural unit in collaboration with the staff of RHTC, Najafgarh.

4.14 LADY READING HEALTH SCHOOL, DELHI

Lady Reading Health School, Delhi established in 1918 is considered as one of the pioneer institutions and first of its kind for training health visitors. The School has now been merged with Rajkumari Amrit Kaur College of Nursing. The school offers training facilities to various categories of Nursing Personal in community

health as well as M.C.H. and family welfare services through the attached Ram Chand Lohia MCH and Family Welfare Centre.

The institution is imparting the following courses at present:

(i) **Auxiliary Nurse-Cum-Midwife Course:** 41 students were admitted in August, 2023 for the batch 2023-25. 39 students of ANM 2nd (batch 2021-23) and 43 students (batch 2022-24) appeared in final examination in October, 2023. All the students passed out in December, 2023.

(ii) **Certificate Course for Health Workers (Female) under Multipurpose Workers Scheme:** This course is of six months duration. 42 students completed training in December, 2023.

Budget: The total budget allocation for the year 2023-24 for the institution and welfare of staff is Rs. 4,73,00,000 (Rs. Four crore seventy three lakh only).

4.15 NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA) (NAMS)

1. Introduction

The Academy has been recognized by the Government of India as a Nodal Agency for promoting the Continuing Medical Education (CME) for medical and allied health professionals and is advising the Government of India in several matters of National Health Policy and Planning. National Academy of Medical Sciences encourages and sponsors nation-wide CME programmes, Symposia and Workshops in basic sciences and applied clinical disciplines.

The Academy has a council of 18 members, elected by the Fellows of the Academy. NAMS President is the Head of the Council. The Academy confers the Fellowship and Memberships, selected through a rigorous peer review process.

2. CME Activity

2.1 NAMS has supported 29 CME in Medical Colleges in different parts of the country.

2.2 Joint AIIMS-NAMS Navigate-Medico-CME Programme-NAMS in collaboration with 16 (sixteen) All India Institute of Medical Sciences and Institution of National Importance, has organized 12 CME during FY 2023-24 as a Joint AIIMS-

NAMS Navigate-Medico-CME Program for Postgraduate Medical students.

2.3 NAMS Navigate-Medico-CME - During FY 2023-24, 41 sessions have been held for the PG Students covering themes of management of emergencies, research methods and biostatistics, common psychiatric diseases, common hematological diseases, diabetes management, common neurological and autoimmune disorders and common disorders in gastroenterology.

2.4 NAMS Lead Programme - NAMS has launched an important initiative of Leadership Development (LEAD) for Directors, Deans and Head of the Departments and senior faculty members in the AIIMS/medical colleges, institutions of National Importance to impart skills such as leadership, effective communication, emotional competencies, time management, work life balance, to help them to become visionaries leaders and an agents of change.

2.5 API-NAMS Online CME - National Academy of Medical Sciences (India) (NAMS) and Association of Physicians of India (API) have started joint online CME sessions from 8th December, 2023.

2.6 **NAMS Faculty Mentors** -For promoting the academic activities 84 faculty members from medical colleges/institutions have volunteered to act as NAMS Faculty Mentors.

3. **NAMS National Quiz “MEDI_QUEST”** - A total of 308 participants from 111 medical colleges/institutions from 23 States and Union Territories registered for the preliminary round of the NAMS National Quiz.

4. **Establishment of NAMS CME units in Medical Colleges/institutions** - 35 NAMS Cells have been established in Medical colleges/Institutions for joint academic activities with National Academy of Medical Sciences. These are acting as the points of contact for promoting academic activities of NAMS.

5. **NAMS International Fellowship and International Membership** - NAMS Council awarded 4 International Fellowships and 1 International Membership during the year 2023-2024.

6. NAMS Statistical Helpline for Postgraduate Students - To support postgraduate students in research thesis project in designing and analyzing their research, the academy has been working to establish a Statistical helpline.

(NAMS Family consists of Fellow, Member, Associate, Fellow and Member after DNB). During the period under report 60 eminent scientists were conferred with NAMS Fellowship, 104 medical/biomedical scientists were conferred with NAMS Membership, 45 medical/biomedical scientists were conferred with NAMS Associate Fellowship, 607 medical scientists who successfully completed their DNB Examination were recognized as MNAMS and 11 NAMS Orations & 6 NAMS Awards have been bestowed upon medical and bio-medical scientists.

7. NAMS Annals - The Annals of NAMS is a high quality multi-specialty journal published in 4 volumes each year and is being sent to all the Government Medical Colleges besides Fellows.

8. Foundation Day - The 63rd Foundation day of National Academy of Medical Sciences (India) was celebrated on 21st April 2023. Union Minister of Defence, Shri Rajnath Singh was the Chief Guest while Principal Scientific Adviser to the Government of India, Prof Ajay Kumar Sood was the Guest of Honor. The event was attended by galaxy of medical professionals, Fellows, DGAFMS and number of Army Medical doctors.

Union Minister of Defence appreciated the rich heritage & contributions made by the NAMS and its illustrious fellows like Dr. APJ Abdul Kalam, Dr. BC Roy and Dr. CP Thakur. He lauded the role of academy in the last 6 decades in the field of medical education, research and training. He emphasized the need of a holistic approach in management of health issues in the future, considering physical, mental and social issues having effect on the health communities.

Prof Ajay Kumar Sood in his address appreciated the efforts of the academy in development of human resource and policy research papers for the

Government of India. He emphasized on the role of Artificial Intelligence in health especially in the diagnostics, development of treatment modalities, data storage and management.

9. NAMS Task Forces - Out of 22 Task Forces in different national health priority areas, 13 (thirteen) Task Forces have been submitted the reports.

10. Technical Support to MoHFW - NAMS provides exerts in various disciplines to MoHFW/DGHS as per their requirements. During the period, several of NAMS fellows provided technical/professional inputs to DGHS in various experts group meetings.

11. NAMS Annual Conference - Shri Thawar Chand Gehlot, Hon'ble Governor of Karnataka, was the chief guest while Dr Jitendra Singh, Hon'ble Union Minister of State, Ministry of Science and Technology, Ministry of State for PMO and Prof. S. P. Singh Baghel, Hon'ble Union Minister of State for Health and Family Welfare were Guests of Honor on the occasion of 63rd NAMS Annual conference held on 7th October 2023.

The Chief Guest congratulated the newly elected Fellows, Associate Fellows, members and Emeritus Professor and appreciated the contribution of the Academy for skill development and providing the policy guidelines for government.

Dr Jitendra Singh appreciated the new initiatives taken by the academy.

Prof S.P, Singh Baghel emphasized on the role of health professionals for the welfare of the society and improvement in health that will contribute towards the government efforts for making India a developed nation by 2047.

Way forward: Collective efforts of the Council Members, Fellows and Members of the Academy, NAMS will achieve meaningful transformation in healthcare, medical education, research and ethics in the country. NAMS constantly takes guidance from the Ministry of Health and Family Welfare for its academic activities

5.1 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA

The Food Safety and Standards Authority of India (FSSAI), referred to as the “Food Authority”, was established in September 2008 under the Food Safety and Standards (FSS) Act, 2006, to lay down science-based standards for articles of food and to regulate their manufacture, storage, distribution, sale, and import to ensure the availability of safe and wholesome food for human consumption. The Act was operationalized with the notification of the Food Safety and Standards Rules, 2011, and six Principal Regulations, effective from the 5th of August, 2011. Since then, FSSAI has made considerable progress in meeting its mandate.

1. Major activities of FSSAI in 2023-24:

- FSSAI conducted Global Millets (Shree Anna) Conference on 18.03.2023 and 19.03.2023. Hon'ble Prime Minister launched a book titled "Shree Anna-A Holistic Overview," which comprises standards set for different varieties of Millets formulated by FSSAI.
- FSSAI conducted more than 250 Eat Right Millets Melas and 150 Cyclothon/Walkathon/ Yoga sessions, engaging 7.5 lakh participants promoting millets.
- The maiden Global Food Regulators Summit, conducted on 20.07.2023 & 21.07.2023 was inaugurated by the Hon'ble Union Minister for Health and Family Welfare and was attended by food regulators from over 40 countries along with representatives from 30 international organizations and 25 international research institutions / universities. Interaction with more than 200 members Scientific Committees, Scientific panels and representatives of food industry on World Food Safety Day was held on 07.06. 2023.
- FSSAI collaborated with the World Food Programme for millet promotion in 100 Anganwadi centres, while the Eat Right Millets Quiz and

PMO-approved millets TVC further enhanced millet awareness.

- A national-level training institute, "National Training Centre for Food Safety and Standards," was set up at Indirapuram, Ghaziabad, in 2023. The FoSTaC e-learning App was launched by the Honourable Union Minister for Health & Family Welfare, Dr. Mansukh Mandaviya, on 31.05.2023 at the National Training Centre for Food Safety and Standards Authority of India. 6233 training sessions under the Food Safety Training and Certification (FoSTaC) program were conducted for the Food Business Operators, wherein 2,01,586 persons were trained and certified as Food Safety Supervisors. A total of 312 Regulatory Officials were trained in 06 training programs.
- 1344 Eat Right Campuses, 1345 Eat Right Schools, 97 Eat Right Stations, 168 Eat Right Fruits and Vegetable Markets, 156 Eat Right Street Food Hubs, and 375 Eat Right Places of Worship achieved Eat Right certifications under the Eat Right India Program.
- The total number of food testing laboratories for primary analysis of food products is 239, and the total number of referral laboratories is 22. A total of 1035 laboratory personnel were trained in 62 hands-on training programs/workshops.
- During the period from January 2023 to March 2024, 03 Manuals of Methods of Analysis of Foods were released. They include standardized methods for testing fortificants in Fortified Rice, Fortified Rice Kernels (FRK), and premix for FRK.
- The Report of Pan India Surveillance on Jaggery and Milk was published on the FSSAI website in Jan'23. A surveillance drive on Fortified Rice Kernel (FRK) was conducted in May 2023. In August 2023, FSSAI initiated surveillance activities on Milk & Milk Products by QCI and NDDB-CALF.

2. Science & Standards

- (a) **Overview of the scientific structure of FSSAI:** FSSAI's Scientific Committee (SC) and

Scientific Panels (SP) are two statutory bodies that play a critical role in providing scientific opinion and assisting in the development of standards through a well-defined process. These bodies are composed of renowned scientists, experts, and stakeholders from various fields related to food safety, nutrition, toxicology, microbiology, genetics, among others. In addition to these two scientific entities, the Food Authority has also established some non-statutory bodies such as NetSCoFAN, which interface with the SC and SPs.

(b) **Scientific Committee: Section 14** of the FSS Act, 2006, provides for the constitution of the Scientific Committee comprising the Chairpersons of the Scientific Panels and six independent scientific experts not belonging to any of the Scientific Panels. The Committee is responsible for providing scientific opinion to the Food Authority and sets up working groups on issues that do not fall within the competence of any of the Scientific Panels. The Scientific Committee chooses a Chairperson from amongst its members.

(c) **Meetings of Scientific Committee for the time period 01.01.2023 to 31.03.2024:** During this time period, the 45th, 46th, and 47th Scientific Committee Meetings (SCM) were held on 02.05.2023, 22.07.2023, and 02.11.2023, respectively.

(d) **Scientific Panels :**

(i) Section 13 of the FSS Act, 2006, provides for establishment of subject-specific Scientific Panels which consist of independent scientific experts to act as the risk assessment bodies and give their considered scientific opinion. Currently, there are 21 Scientific Panels that comprise 11 vertical and 10 horizontal panels.

(ii) The Food Authority has been empowered to create and reconstitute the Scientific Panels by adding new members or by omitting the existing members or by changing the name of the Panel as the case may be. The Scientific Panels choose a Chairperson from amongst its members.

(iii) The details of the Scientific Panels and the meetings conducted during the period are placed below:

Scientific Panels	Number of meetings of the panel
Food additives, Flavourings, Processing aids & Materials in contact with food	05
Pesticides Residues	07
Antibiotic Residues	02
Genetically Modified Organisms and Foods	03
Functional foods, Nutraceuticals, Dietetic Products and Others similar products	02
Biological Hazards	02
Contaminants in the Food Chain	03
Labelling and Claims/Advertisements	03
Method of Sampling and Analysis	03
Fish and Fisheries Products	03
Cereals, Pulses & Legume and their products (including Bakery)	04
Fruits & Vegetables and their products (including dried fruits and nuts)	03
Meat & Meat Products, including poultry	04
Milk & Milk Products	03
Oils & Fats	02
Sweets, Confectionery, Sweeteners Sugar & Honey	03
Water (including flavoured water) & Beverages (non-alcoholic)	06
Nutrition and Fortification	06
Spices and Culinary Herbs	02

(e) **Approval of Non-Specified Food/ Food Ingredients:** The Food Safety and Standards (Approval for Non-Specified Food and Food Ingredients) Regulations, 2017 enables the Food Authority to approve any non-specified food (other than proprietary food) and food ingredients including novel foods, new food additives, and new processing aids and food ingredients consisting of or isolated from microorganisms, bacteria, yeast, fungi or algae. The Expert Committee (EC) is constituted as per this regulation and examines the applications (complete with scientific inputs about the product under consideration which shall be provided by the applicant) in accordance with provisions of the above said regulations. As an initiative of ease of doing business, to speed up the process of approval of non- specified food, at present there are six Expert Committees to hasten the scrutiny and assessment of the applications received under FSS (Approval for Non-specified food and Food ingredients) Regulations, 2017. Also, to bring transparency in the approval system, the Authority has launched ePAAS (electronic Product and Claim Applications Approval System) portal. The portal facilitates the applicants to file their applications and fee and to check the status of their applications.

During the said period, a total of 30 meetings of Expert Committees were conducted, and in which 83 applications were approved and 49 applications were rejected under the Food Safety and Standards (Approval for Non-Specified Food and Food Ingredients) Regulations, 2017.

(f) **Approval of claims:** The Food Safety and Standards (Advertising and Claims) Regulations, 2018 were notified to establish fairness in claims and advertisements of food products and make food businesses accountable for such claims/advertisements in order to protect consumer interests. The regulations consist of its various schedules, which clearly list claims that are permitted to be made by FBOs without seeking prior approval of the Food Authority.

However, for non-standardized claims, an expert committee exists under FSSAI for approval of claims and examines those applications (and scientific evidence provided therein) that seek prior approval of a non- standardised claim either related to health and/or nutritional benefit. During the time period 01.01.2023 to 31.03.2024, six applications were received seeking approval of a non-standardised claim either related to health and/or nutritional benefit.

(g) **Approval of Vegan Products:** During the time period 01.01.2023 to 31.03.2024, a total of 106 vegan applications were received wherein 57 vegan products were approved for the endorsement of the Vegan Logo.

(h) **New Regulations/Amendment notifications/draft amendment notifications published during the time period 01.01.2023 to 31.03.2024:**

WTO-SPS/TBT notification: India is a signatory to the World Trade Organisation (WTO) and, in turn, to the Sanitary and Phyto-sanitary (SPS) and Technical Barrier to Trade (TBT) agreements. As required under these agreements, FSSAI has been constantly notifying its standards and regulations on the WTO platform seeking comments and suggestions from the member countries. Three WTO notifications (SPS and TBT) have been notified during the said time period. Further, FSSAI continued to provide its technical inputs for framing India's responses to various SPS/TBT notifications of other countries under the WTO system. During the period 01.01.2023 to 31.03.2024, three draft notifications and two amendments in Food Safety and Standards (FSS) Rules have been issued

- Draft Food Safety and Standards (Foods for Infant Nutrition) Amendment Regulations, 2023;
- Draft Notification of Food Safety and Standards (Prohibition and Restrictions on Sales) Amendment Regulations, 2023
- Draft Food Safety and Standards (Alcoholic Beverages) Amendment Regulations, 2023.
- Amendment in regulation with respect to Qualification of Designated Officer, Duties of Food Safety Officer, Forms etc.
- Amendment in regulation with respect to Qualification for the post of Food Safety Officer.

(i) FSSAI celebrated World Food Safety Day 2023 by conducting an interactive session with Hon'ble Union Minister of Health and Family Welfare and members of scientific panels of FSSAI. This helped in promoting and sensitising the scientific community regarding the priorities of the Government on food safety and meeting future challenges in the food safety ecosystem.

(j) FSSAI launched Food-'O'-copoeia in the Global Food Regulators Summit 2023 held on 20–21.07.2023 at Manekshaw Centre, Parade Road,

Delhi Cantt, Delhi-110010. Food-'O'-copoeia is a collection of food category-wise monographs which is a single point reference for all applicable standards for a specific product category specifying quality & food safety standards, labelling and claim requirements, specific packaging requirements and many more.

(k) FSSAI conducted two meetings of the Expert Committee for the approval of Ayurveda Aahara during the financial year of 2023-24 wherein FSSAI has finalised the procedure of prior approval of Ayurveda.

(l) Issued Frequently Asked Questions (FAQs): Following Frequently Asked Questions (FAQs) on the different regulations were prepared and uploaded on FSSAI website:

(i) Revised Frequently Asked Questions (FAQs) on the application for Vegan logo endorsement published on FSSAI website on 27.02.2023.

(ii) Updated Frequently Asked Questions (FAQs) on FSS (Labelling & Display) Regulations, 2020 published on FSSAI website on 01.11.2023.

3. Regulatory Compliance

(a) Licensing and Registration of FBOs

I. All Food Business Operators (FBOs) in the country are required to be licensed or registered under Section 31 of the Food Safety & Standards Act, 2006 to commence or carry on any food business. The process for applying and issuance of licenses and registration of Food Business Operators (FBOs) is completely online through the Food Safety Compliance System called FoSCoS.

II. As on 31.03.2024, the number of active licences/registrations are as follows: Central Licences [including Airport/Seaports and Railway Stations] 74,553; State Licences- 10,26,549; Registrations - 47,07,990. Hence, the cumulative figures for the active licences and registrations as of 31.03.2024 are 58.09 lakhs for the entire country.

III. Steps are being taken continually to simplify the procedure of licensing and registration of food businesses and digitization of enforcement activities. Steps taken since 01.01.2023 in this regard are as below:

- To bridge the Gender Gap and to foster equal opportunities by facilitating the participation of Women and Transgender entrepreneurs in the food business sector, FSSAI has created the

provision in FoSCoS for the categorization of their applications for licence/registration under the 'Special Category' and directed authorities to process such applications in 1:1 ratio with 'General Category' applications. [Order dated 21.09.2023]

- Ease of doing business: Self-reactivation of Auto-Rejected Applications by the FBOs which get rejected due to non-response to the queries of licence/registration authority within the specified timeline [Order dated 04.12.2023]

- Provision in FoSCoS to file Updated/Revised Annual Return order has been introduced [Order dated 08.01.2024]

(b) Strengthening the quality control mechanism for Fortified Rice: In order to ensure transparency, quality control, and traceability in Rice Fortification, FSSAI, vide order dated 08.11.2023 directed manufacturers of FRK and Premix for FRK to upload batch wise lab test report for every batch of their production. Further, FSSAI has debarred the manufacturing of FRK and Premix of FRK under Registration Certificate to ensure a higher amount of compliance by the food businesses. In the same direction, FSSAI has seamlessly integrated the IT application, Fortified Rice Traceability [FoRTrace] with the Food Safety Compliance System (FoSCoS). This application aims to bring together various stakeholders engaged in rice fortification onto a single platform, promoting transparency in record-keeping regarding production, raw material utilization and sales, thereby facilitating end-to-end traceability in the value chain.

(c) Enforcement- The Food Authority, through its Regional Offices (ROs) & State Food Authority (State/UT Governments) are primarily responsible for the enforcement of the FSS Act, 2006 in their respective jurisdictions through the institution of the Commissioner of Food Safety. The team under the Commissioner of Food Safety includes Central Licensing Authority (CLA)/Designated Officers (DOs) and Central Food Safety Officers (CFSOs)/Food Safety Officers (FSOs). Central Government and State Food Safety Authorities undertake the task of licensing /registrations, enforcement and surveillance through CLAs/DOs and CFSOs/FSOs. The Judicial machinery includes Adjudicating Officers (AOs), Appellate Tribunals for adjudication/civil cases and Special Courts, Ordinary Civil Courts for prosecution/criminal cases in respective jurisdictions of States/UTs. In

this regard, regular reviews are done through quarterly Central Advisory Committee (CAC) meetings.

(d) Special enforcement activities/surveillance campaigns undertaken:

On the directions and advisories issued by FSSAI, Commissioners of Food Safety of States/UTs and Regional Directors of FSSAI have undertaken several special enforcement /surveillance drives related to food safety compliance as described below:

(i) Request for action against unauthorised use of artificial fruit ripening agents [vide Letter dated 03.04.2023]

(ii) Enforcement of FSSA, 2006 & Rules/Regulations made thereunder, in respect of the FBOs having Central Licences [vide Letter dated 12.05.2023]

(iii) Enforcement of Plastic Waste Management Rules, 2016 [vide Letter dated 16.06.2023]

(iv) Monitoring the sale of Fresh Fruits and Vegetables in the market to limit excessive use of pesticides [vide Letter dated 24.07.2023]

(v) Standard Operating Procedure (SOP) for obtaining the endorsement of Vegan logo [vide Letter dated 24.07.2023]

(vi) Enforcement Action in respect of products with the ingredient S-Adenosyl-L-Methionine (SAME) under FSSAI licence [vide Letter dated 12.10.2023]

(vii) Special enforcement drives to check adulteration of various flours, sweets, savouries, milk and milk products like Ghee, Khoya, Paneer etc. during the festive season [vide Letter dated 30.10.2023]

(viii) Monitoring of activities of temporary food businesses, esp. during festivities/seasonal events [vide Letter dated 30.10.2023]

(ix) Directions regarding display of “Best Before date” in case of non-packaged/loose sweets [vide Letter dated 07.11.2023]

(x) Strengthening the Quality Control Mechanism of Fortified Rice, Fortified Rice Kernels [FRK], and Premix for FRK [vide Letter dated 08.11.2023]

(xi) Monitoring the sale of fresh fruits & vegetables for presence of pesticides residues, non-permitted wax coating, non-permitted artificial ripner and artificial colours in the market [vide Letter dated 21.11.2023]

(xii) Enforcement w.r.t. to use of Steviol glycoside (stevia) in 'cocoa and chocolate products' and 'imitation chocolate' [vide Letter dated 23.11.2023]

(xiii) Request for conducting market surveillance to check the adulteration of Cassia (Taj) in Cinnamon (Dalchini) and misbranding of such products [vide Letter dated 23.11.2023]

(xiv) Guidelines w.r.t. Usage of the term “ORS” along with brand names [vide Letter dated 02.02.2024]

(xv) Implementation of Fortified Rice Traceability [FoRTrace] Application within FoSCoS based on the performance of States/UTs on six significant parameters, namely (i) Human Resource and Institutional Data; (ii) Compliance; (iii) Food Testing Infrastructure and Surveillance; (iv) Training and Capacity Building; (v) Consumer empowerment; and (vi) Improvement vide Letter dated 08.03.2024]

(xvi) Monitoring the sale of food items during festival season [vide Letter dated 21.03.2024]

(xvii) Special drives to check adulteration of milk and milk products like Khoya, sweets etc. during the festive season [vide Letter dated 21.03.2024]

(e) MoU with States/UTs- In order to address the gaps in the food safety ecosystem of States/UTs and to promote the culture of safe and wholesome food through pooling of technical knowledge and best practices, as a shared responsibility, a scheme was introduced in 2020-21 whereby funds are released upon signing of Memorandums of Understanding (MoUs) between FSSAI and States/UTs for undertaking specific activities aimed at strengthening the enforcement and compliance system; strengthening the food testing system and implementation of various initiatives under the Eat Right India movement in a focused manner; and also undertaking any other matter consequential to ensuring food safety. Under the MoU framework, financial and technical assistance is being provided

to the States/UTs as per the approved work-plan proposals. During the year 2023-24, an amount of Rs. 357.43 Crores was released to 31 State/UTs.

(f) Food Safety Index- FSSAI has developed the State Food Safety Index to measure the performance of states and union territories on various parameters of Food Safety and to gain insight into the food safety mechanisms in the country. Appropriate weightages are assigned to these parameters. The 5th State Food Safety Index for the year 2022 -2023 was released on 07.06.2023, on the occasion of World Food Safety Day. The States/UTs are classified into 3 categories namely Large States, Small States and UTs for the evaluation and assessment. Among larger States, Kerala secured the first rank followed by Punjab and Tamil Nadu. Among Smaller States, Goa secured the first rank followed by Manipur and Sikkim. Among the UTs, Jammu and Kashmir got the first rank followed by Delhi and Chandigarh.

(g) Central Advisory Committee – Section 11 of the FSS Act, 2006 provides for establishment of the Central Advisory Committee (CAC) and Section 12 delineates its functions. The primary mandate of the Committee is to advise the Authority on the work programme, prioritisation of work, identification of potential risks and knowledge management. Central Advisory Committee was re-constituted vide Notification dated 27.07.2022 for 3 years under Section 11 of Food Safety and Standards Act, 2006. During the year 2023-24, four meetings of CAC were conducted wherein besides officials from FSSAI, Food Safety Commissioners and other officials of States/UTs and representatives of various Ministries and Departments etc., participated and discussed food safety related issues.

(h) Repurpose Used Cooking Oil (RUCO): Repeated frying of vegetable oil(s) generates harmful compounds, called Total Polar Compounds (TPCs), which are associated with several diseases such as hypertension, atherosclerosis, Alzheimer's disease, liver diseases, etc. Consumption of Used Cooking Oils (UCO) i.e. the oil above 25 percent TPC is harmful to human health. In order to prevent the UCO from entering into the food value chain, the RUCO initiative was implemented. Under this initiative, FSSAI has been enrolling biodiesel and soap manufacturers. Till 31.03.2023, a total of 34 Biodiesel manufacturers, 6 Soap manufacturers, and

1 Biodiesel & Soap manufacturer were enrolled. As of 31.03.2024, there are a total of 41 Biodiesel manufacturers, 7 Soap manufacturers, and 1 Biodiesel & Soap manufacturer. During 2023-24, 10411.55 kilolitres of UCO was collected.

(i) Third Party Audit: To strengthen the food safety surveillance system, FSSAI has envisaged audits of Food Business Operators through Private Auditing Agencies. Food Safety and Standards (Food Safety Auditing) Regulations, 2018 were notified on 28th August 2018 for the same. This will strengthen the food safety surveillance system and encourage self-compliance while at the same time ensuring safe food to the consumers. Till 31.03.2023, FSSAI has empaneled 32 Food Safety Auditing Agencies. As on 31.03.2024, there are a total of 35 Food Safety Auditing Agencies. During 2023-24, 5527 third party audits were conducted.

(g) Hygiene Rating Audits: FSSAI's Hygiene Rating Scheme is an online, transparent scoring and rating process that certifies food businesses on the basis of their food safety compliance and allows consumers to make informed choices. Till 31.03.2023, FSSAI has enrolled 30 auditing agencies for Hygiene Rating. As of 31.03.2024, there are a total of 37 auditing agencies for Hygiene Rating. During 2023-24, 15075 hygiene rating audits have been conducted.

4. Quality Assurance:

(a) Notification of Food Testing Laboratories: As provided for in the Food Safety and Standards Act, 2006 and the Food Safety and Standards (Recognition and Notification of Laboratories) Regulations, 2018, FSSAI has notified laboratories for primary and referral testing of food products, which are accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL) based on their assessment in accordance with the provisions of the International Standards ISO/IEC 17025:2017 (General requirements for the competence of testing and calibration laboratories). These laboratories have well trained and qualified food analysts and are equipped with basic and precision equipment and follow internationally established protocols to facilitate accurate and precise testing. These laboratories are used by the regulators, consumers and food business operators

to assess compliance of food products with the specified standards at all levels. Since Jan, 2023 the strength of notified primary food testing laboratories recognised/notified under Section 43(1) of Food Safety and Standards Act, 2006 by FSSAI has increased from 231 to 239. The total number of notified Referral Food Laboratories under Section 43 (2) of Food Safety and Standards Act, 2006 is 22.

- FSSAI has granted approval to 11 food laboratories as National Reference Laboratories (NRL) in accordance with Regulation 3 of the Food Safety and Standards (Recognition and Notification of Laboratories) Regulations, 2018, for specified areas and one ancillary facility for the National Reference Laboratory (ANRL). FSSAI's own Referral labs are State of the Art labs at Ghaziabad, Kolkata, Mumbai and at Chennai. This also includes one extension centre of Kolkata's National Food Laboratory, at Raxaul for analysis of different food products being imported into India from Nepal.

(b) Strengthening of Food Testing System in the Country including Provision of Mobile Food Testing Lab (SOFTeL): FSSAI is implementing the Scheme "Strengthening of Food Testing System in the Country Including provision of Mobile Food Testing Labs" (SoFTeL) since 2016-17, initially for a period of three years viz., 2016-17 to 2018-19. Subsequently, it was extended for two years viz., 2019-20 & 2020-21 and again thereafter till 31.03.2024 without cost overrun. A total grant of Rs. 613.67 crores has been released to the States/UTs during 2016-17 to 2022-23.

Under this scheme FSSAI has released a grant of Rs. 73.91 crores for setting up 34 Microbiology laboratories in 25 number of States/UTs during the month of March, 2023. Total number of Microbiology Laboratories inaugurated till 31.03.2024 is 12.

To address the deficiency of food testing facilities in remote regions and to enhance consumer accessibility, the Food Safety and Standards Authority of India (FSSAI) is allocating funds to States/Union Territories (UTs) for the procurement of fully equipped Mobile Food Testing Labs, known as Food Safety on Wheels (FSWs). These mobile laboratories are designed to conduct various tests,

including simple assessments for common adulterants present in milk, water, edible oil, and other everyday food items, facilitating easy sample testing for consumers. The objective is to deploy at least one FSW in each district by 2026. Funds have been allocated for the procurement of an additional 50 FSWs, thereby increasing the total sanctioned FSWs from 363 to 413, covering 36 States/UTs. As of 31st March 2024, 261 FSWs are operational. The FSW portal enables real-time monitoring of State activities conducted through FSWs, including tracking their movements via GPS devices installed within FSW. From Jan 2023 to March 2024, FSWs have facilitated 231,144 food testing procedures, alongside conducting 9,616 awareness campaigns and 5,289 training sessions. Moreover, FSWs have been upgraded with additional functionalities, such as the Pesticide kit, and MBS HACCP & Water Easy Test, enhancing their testing capabilities and efficiency.

10 New microbiology laboratories established across 8 State Food Testing Laboratories 1. Uttar Pradesh (Lucknow, Meerut), 2. Kerala (Ernakulam, Kozhikode), 3. Maharashtra (Mumbai), 4. Chhattisgarh (Raipur), 5. Assam (Guwahati), 6. Delhi (North West Delhi), 7. Andhra Pradesh (Visakhapatnam) and 8. Tamil Nadu (Coimbatore)}. Additionally, 53 FSWs in different States/UTs have been inaugurated, which include Assam (17), Andhra Pradesh (4), Chandigarh (1), Himachal Pradesh (3), Jammu & Kashmir (6{Jammu (3) & Srinagar (3)}), Meghalaya (2), Uttar Pradesh (18) and Uttarakhand (2) have been inaugurated virtually by Honourable Prime Minister Shri. Narendra Modi on 25th February 2024





(c) **Capacity building of Laboratory Professionals:** QA Division of FSSAI has initiated a comprehensive training program. These training programs are designed to empower officials (eg. Food Analysts, Chemist, Lab Technician, Technical Officer, Technical Assistant, Research Officer, Microbiologist etc.) with topics such as safety parameters in different food categories, Measurement of Uncertainty, Handling of High-End Equipment, Proficiency Testing, FSS Regulations, Report writing and opinion formation.

An amount of Rs. 5.78 crore has been released in the FY 2023-24 under the SoFTeL scheme for organising different training programs/workshops to the 11 referral laboratories, which are as follows:

- Food Safety and Analytical Quality Control Laboratory, C/o CFTRI, Mysuru, Karnataka
- Indian Institute of Horticultural Research (IIHR) Bangalore, Karnataka
- Indian Institute of Chemical Technology (IICT) Hyderabad, Telangana
- ICAR-Central Institute of Fisheries Technology (CIFT) Kochi, Kerala
- Centre for Analysis and Learning in Livestock in Food, C/o NDDB Anand, Gujarat
- National Referral Centre for Grapes (ICAR-NRCG), Pune
- CSIR-Indian Institute of Toxicology Research (CSIR-IITR), Lucknow
- Punjab Biotechnology Incubator (PBTI), Mohali
- ICAR- National Research Centre on Meat (ICAR-NRCM), Hyderabad

- National Institute of Food Technology, Entrepreneurship and Management, Thanjavur (NIFTEM-T)

- National Institute of Food Technology, Entrepreneurship and Management (NIFTEM, Kundli)

During the period i.e. August 2023 till March 2024, 62 physical training programs/workshops have been conducted in 11 referral laboratories wherein 1,035 participants from the state food testing laboratories and FSSAI-notified private laboratories have been trained.

(d) **Food Analyst Examination:** FSSAI has successfully conducted Computer Based Test (CBT) for the 9th Food Analyst Examination (FAE) and the 6th Junior Analyst Examination (JAE) 2023 at 22 different locations across India on 3rd September 2023. The total number of candidates who appeared for the 9th FAE CBT is 706, and for the 6th JAE CBT is **1,728**. Results of the 9th FAE CBT and 6th JAE CBT were released on the FSSAI website on 10.11.2023. The Practical Examination of the 9th FAE 2023 was successfully conducted in two batches on 27 & 28.01.2024 (Batch I), and 03 & 04.02.2024 (Batch II) and a total of 135 candidates appeared for the examination at the following six designated centres: (i) NFL Ghaziabad (ii) NFL Kolkata (iii) NFL Mumbai (iv) NFL Chennai (v) CFTRI Mysore (vi) NDDB CALF LTD., Anand. The results of the 9th FAE 2023 were published on 22.03.2024, with a total of 109 candidates qualifying the examination. The total number of FAE-qualified candidates is 688 and the total number of JAE-qualified candidates is 709. As of now, the total number of Gazette-Notified Food Analysts is 166.

(e) **Surveillance activities:** Pan-India Surveillance on Food products especially on staple foods and commodities that are prone to adulteration is an on-going activity of FSSAI. It is conducted in a structured manner to understand the spectrum of food safety, timely identification of food safety hazards and to collate data for food safety monitoring, risk assessment and standards setting. The report of the Pan India Surveillance on Jaggery & Milk was published on FSSAI website in Jan '23. FSSAI has conducted Fortified Rice Kernel surveillance drive in May 2023 in selected 201 districts of 23 States/UT's; PAN India Surveillance of Milk and milk products such as Khoa, Chenna, Paneer, Ghee, Butter, Dahi /Yoghurt, ice-cream, etc.

through QCI and NDDDB-CALF in Aug 2023 in all the districts of the 36 States/ UTs and Flash Tea surveillance in Oct 2023 across four regions (Delhi NCR, Chennai, Mumbai & Kolkata to assess the safety of the tea samples. A Flash Surveillance of Coffee across the 4 major cities (Delhi-NCR, Mumbai, Kolkata, Chennai) of India to assess the coffee samples for compliance of Safety and quality Parameters as per FSSR is under process.

(f) Rapid Analytical Food Testing (RAFT) Kit/Equipment/Method

(i) Under the RAFT Scheme, FSSAI approves Rapid Analytical Food Testing Kit, Equipment or Method to facilitate carrying out on the spot field testing by Mobile Testing Labs or Food Safety Officers (FSOs) or to improve speed and reduce testing costs in food laboratories. Since the inception of the RAFT Scheme in 2019, FSSAI has approved 80 rapid food testing kits/equipment/methods till March 2024. Five applications for Rapid testing kits were approved from 01.01.2023 to 31.03.2024. FSSAI has developed a Handbook on Rapid Analytical Food testing Volume 1.0 (Guidelines for the Verification of RAFT Kits/Equipment/Methods), which shall act as ready reference for rapid kit manufacturers for verification of their kits to support and promote their manufacture and facilitate approval under RAFT scheme of FSSAI.

(ii) Since the inception of the RAFT scheme, the whole procedure for approval of RAFT applications was offline and through mail electronically. For ease of operations of the RAFT Scheme, a dedicated online portal for the RAFT scheme was operationalized on 31.10.2023 for ensuring transparency and accountability. All the steps from processing of application to issuance of certificate and its renewal are carried out on the online portal enabling paper-less operation of RAFT scheme. The portal can be accessed at <https://raft.fssai.gov.in/>.

(iii) Also, the RAFT logo, embodying the essence of the RAFT scheme, has been developed by FSSAI for giving unique identifications to approvals under RAFT scheme. The RAFT logo can be displayed on the approved rapid kit/equipment/method signifying that it meets the standards of testing of food products and has been approved by FSSAI for its intended purpose.

(g) Rice Fortification: Following measures were taken by QA Division for effective monitoring

of rice fortification:

- FSSAI issued instructions to FSSAI notified labs involved in the testing of fortificants regarding homogenization of samples, intermediate checks of CRMs, retention of remnant samples and retesting in case of complaints.

- An orientation workshop was convened on 23.08.2023, for sensitising the lab personnel on sample preparation, homogenization of the sample, test method to be followed, reporting of results etc.

- FSSAI conducted Surprise Audits of the laboratories testing fortificants and issued clarification letters/punitive actions accordingly. Out of the 5 surprise audits conducted, major gaps were observed in 2 labs, which were later removed from the list of laboratories involved in testing of fortified vide order date 19.10.2023.

- Orders were issued to FR, FRK and Premix manufacturers for mandatory uploading of the test reports on the INFoLNET portal and sharing monthly reports of the analysis carried out by them for FR, FRK and premix.

- Orders were issued to labs regarding mandatorily mentioning source of iron on the test reports of FR, FRK and Premix for FRK; and to provide QR code on test reports to authenticate and reproduce the test report.

- Guidelines on sampling of Fortified Rice (FR), Fortified Rice Kernels (FRK) and vitamin-mineral premix for FRK was published vide order dated 17.11.2023. In the period April, 2023- March, 2024, the number of food testing laboratories for testing of fortificants increased to:

44 labs for Fortified Rice (FR)

22 labs for Fortified Rice Kernel (FRK)

10 labs for Vitamin-Mineral Premix for FRK

- FSSAI also published a list of Referral Food Laboratories for testing of micronutrients FR, FRK and Premix for FRK vide order dated 02.11.2023. There are 4 referral labs for FR, 3 referral labs for FRK and 2 referral labs for vitamin-mineral premix.

- FSSAI in association with AOAC conducted **5 Proficiency Testing programme** for Micronutrient in FR/FRK/Vitamin mineral premix, *Salmonella* in Shrimps and Aflatoxin M1 in Milk powder.

(h) **Activities of Scientific Panel on Methods of Sampling and Analysis (SP-09)** during 01.01.2023 to 31.03.2024 are as follows:

- i. Number of meetings of SP on Methods of Sampling and Analysis conducted - 4
- ii. Based on the recommendations of the Scientific Panel on Methods of Sampling & Analysis and Scientific Committee, following Manuals & Methods of Analysis have been approved by the Food Authority during 2023-2024:

Methods:

Methods for testing of Iron, Folic Acid and Vitamin B12 in Fortified Rice Kernel (FRK)

Methods for testing of Iron, Folic Acid and Vitamin B12 in Vitamin Mineral Premix for Fortified Rice Kernel (FRK) and Iron in FRK by AAS

Manuals:

- Manual of Methods of Analysis of Foods – Fish and Fish Products
- Manual of Methods of Analysis of Foods-Beverages: Tea, Coffee and Chicory
- Manual of Methods of Analysis of Foods – Cereal and Cereal Products -2nd edition

(i) **Working Group on Microbiological Sampling and Analysis**

A Working Group on Microbiological Sampling and Analysis has been constituted under the Panel on 23.11.2023 with the following Terms of Reference (ToR):

- To conduct a comprehensive review of methods of analysis and sampling guidelines related to microbiology and update the same accordingly.
- To review the gaps existing in Appendix B related to sampling plan and test methods.
- To Prepare the Manual on Microbiological examination of various food categories.
- To identify research priorities and promote research initiatives aimed at advancing the field of microbiology sampling and analysis.
- Any other relevant arising issues.

The 1st meeting of the Working Group was held on 15.12.2023.

5. Food Imports:

As per Section 25 of the Food Safety and Standards

Act, 2006, all imports of articles of food are subject to the provisions of the Act. It stipulates that no person shall import into India any article of food in contravention of the Act or any rules and regulations made thereunder. Exercising the power conferred under the Food Safety and Standards Act, the Food Safety and Standards Authority of India notified the FSS (Import) Regulations, 2017 on 09.03.2017 to regulate food imports.

(a) Food imports in the country are being regulated at 155 rationalised points of entry. Earlier, FSSAI had its presence only at 22 points of entry in six locations: Chennai, Kolkata, Mumbai, Delhi, Kochi, and Tuticorin. However, during 2021 and 2022, FSSAI has brought under direct control new food import entry points and operationalized offices at Delhi, Mumbai, Kolkata, Chennai, Tuticorin, Hyderabad, Bangalore, Krishnapatnam, Visakhapatnam, Kandla, Mundra, Kochi, Ahmedabad, Mangalore, and Guwahati. With this, a total of 76 points of entry of food imports are now under the direct control of FSSAI officials. For the rest of the 79 points of entry, customs officers have been notified as authorised officers to regulate the clearance of food consignments as per the norms prescribed by FSSAI, for which they are provided the requisite training. An online training portal (FICTAC) has been developed for customs officers, which can be accessed 24x7.

(b) FSSAI has its own food import clearance system (FICS), which is an online system, integrated with the Customs' ICE-GATE (Indian Customs Electronic Commerce/Electronic Data Interchange (EC/EDI) Gateway) under SWIFT (Single Window Interface for Facilitating Trade). CBIC (Customs) implements the Risk Management System (RMS), i.e., selective sampling and testing of food articles, under SWIFT on recommendation by FSSAI. FSSAI has set the parameters for RMS to be applicable to imported food items. FSSAI conducts a 3-tier system of examination: document scrutiny, visual inspection, and food sample testing in FSSAI notified labs before issuing a No Objection Certificate or Non-Conformance Report for the imported food consignment.

(c) To regulate imports, some important instructions issued during the period include:

(i) Restricted entry of high-risk food items under specific ports: In continuation of FSSAI public notice 17.10.2022, wherein FSSAI invited comments and representation from stakeholders

with respect to the restriction of the import of high-risk food products through designated 61 ports only, further, considering the comments received from stake holders, FSSAI notified a total of 79 designated POEs for the import of high-risk products vide order dated 11.01.2023 and the said order was effective from 01.03.2023.

(ii) Clearance of Imported Consignments of Food Grains, including Pulses and Crude Oil (Edible Grade): FSSAI dated 07.03.2023 issued directions to authorised officers to facilitate timely processing and clearance for the imported consignment of Food Grains, including Pulses and Crude Oil (Edible Grade).

(iii) Advisory regarding the import of food consignment for 100% export/re-export purposes: FSSAI, vide order dated October 16, 2023, issued an advisory wherein food importers, manufacturers, or processors for their captive use or production of value-added products for 100% export or re-export may avail themselves of exemption from the FSSAI NOC by making a declaration to the Customs in the prescribed Form No. 8 specified in the Food Safety and Standards (Import) Regulations, 2017 at the time of filing the Bill of Entry in ICEGATE. In case any BoE is filed by the importer availing of the above-referred provision and the BoE is still transmitted by ICEGATE to FSSAI's Food Import Clearance System (FICS), the concerned FSSAI official may issue a "Not in Scope" certificate after verification of the documents with due diligence and without the usual requirement of visual inspection, sampling, and testing.

(iv) Rectifiable labelling information for imported food consignments: Under Section 25 of the Food Safety and Standards Act, 2006, read with Regulation 6 (4)(e) of the Food Safety and Standards (Import) Regulation, 2017, FSSAI issued an order dated November 28, 2023, permitting the rectification of all labelling deficiencies on imported food consignments in the custom bonded warehouse, except Lot No./Code No./Batch identification, Date Marking [Date of manufacture or packaging], "Expiry/Use by/Best Before," and Country of Origin for Imported Foods.

(v) Notification of Authorised Officer: As per Section 25 read with Section 47(5) of the FSS Act 2006, FSSAI vide order dated March 7, 2024, has notified the authorised officer at 155 specified points of entry for food import. Accordingly, FSSAI officials and customs officials (any official of rank

superintendent, appraiser, inspector, or examiner) at all airports, ports, ICDs, SEZs, and LCS are notified as authorised officers under the said provisions of the Act for the jurisdiction mentioned against each airport, port, ICD, or LCS for food import clearance until further orders.

(vi) Extension of timeline for the requirement of a health certificate with the import of food consignments: FSSAI, vide order dated March 19, 2024, notified that the timeline for the implementation of an integrated veterinary health certificate has been extended until June 30, 2024.

(vii) Under the scheme for Risk-Based Food Import Clearance of Food Safety and Standards (Import) Regulation, 2017, a revision of the categorization of high-, medium-, and low-risk HSN codes for food import clearance has been done to ensure trade facilitation.

6. Training and capacity building

(a) Training of Food Business Operators-Food Safety Training and Certification (FoSTaC)-FSSAI introduced the Food Safety Training and Certification (FoSTaC) Programme in July 2017 with 19 short-duration programmes of 4–12 hours for various food businesses with a focus on good hygiene and manufacturing practices based on Schedule 4 of the Food Safety and Standards (Licensing and Registration) Regulations, 2011. Courses are classified into Basic, Advance, and Awareness Courses, with a total of 25 courses. The courses are delivered through a wide network of training partners, trainers, and assessors. It is expected that all food handlers, irrespective of the size of the business, will undergo training and implement good hygiene practices (GHP) and good manufacturing practices (GMP) at their respective workstations. One-hour mandatory COVID training has also been incorporated into regular FoSTaC courses in addition to the stand-alone COVID-19 guidelines course.

Training is conducted in a cascading mode. The empaneled National Resource Persons (NRPs) train the trainers, and then the trained trainers train hundreds of food safety supervisors. These food safety supervisors, in turn, train food handlers on their food business premises. At present, there are 256 active training partners and more than 2300 trainers working for the FoSTaC programme. The training is mainly being conducted offline. During the period from January 1, 2023, to March 31, 2024, 15269 trainings of food safety supervisors have been

conducted, and more than 5.49 lakh food handlers have been trained and assessed under the FoSTaC program. More than 16 lakh food handlers have been trained under this FoSTaC programme during the last six years.

The Food Business Training Unit conducted the following programmes:

- (i) The Training Division of FSSAI conducted the 34 Training of Trainers (ToT) programme from January 2023 to March 2024. During this period, 530 trainees from across India attended, out of whom 214 were selected as trainers or assessors.
- (ii) Conducted a special TOT programme for 137 Food Safety Officers (FSO) and Designated Officers (DO) of the State of West Bengal in the months of June 2023 and July 2023.
- (iii) conducted a special TOT programme for 53 FSOs and DOs of the State of Andhra Pradesh.
- (iv) Conducted a special FoSTaC training programme for canteen staff at FDA Bhawan, New Delhi. Food handlers in canteens were trained in good hygiene and sanitary practices.
- (v) Conducted training programmes for food handlers working in Bihar, Maharashtra, Manipur, Karnataka, Sikkim, J&K, Madhya Pradesh, Goa, Nagaland, and Rajasthan Bhawans, and 308 food handlers were trained in good hygiene and sanitary practices.
- (vi) Conducted workshops for the newly appointed training partners under the FoSTaC programme of FSSAI. 57 new training partners were appointed during the period from January 2023 to March 2024.

(b) Training of regulatory staff

FSSAI conducts induction and refresher training for regulatory officials (FSOs and DOs) at regular intervals. During the period, FSSAI has conducted 11 Induction/Refresher Training Programmes wherein 474 officers, which include Food Safety Officers, Designated Officers of Assam, Andhra Pradesh, Chhattisgarh, Haryana, Uttarakhand, Uttar Pradesh, Kerala, Rajasthan, Manipur, Meghalaya, West Bengal, Jammu & Kashmir, Maharashtra, Tripura, Odisha, Telangana, Punjab, and Central Designated Officers/Central Food Safety Officers (FSSAI) Indian Railway, Airport Health Organisation/Port Health Organisation, have been trained. Further, FSSAI has also conducted 06 Need-Based Training, wherein 312 Regulatory

Officials of Andhra Pradesh, Assam, Rajasthan, and Jammu & Kashmir have been trained through online and offline modes as per their requirements. FSSAI has also conducted the Training of Trainers (ToT) programme (Phase-I) during the month of September 2023, in which 45 individuals across India participated. The glimpses of these training programmers are appended below:



(c) Training of FSSAI officials

The Staff Training Unit of the Training Division aims to create and promote a robust culture of continuous learning and development for officers and officials at FSSAI. To give impetus to the capacity-building initiative in FSSAI, the Staff Training Policy-2023 has been formulated and launched on June 26, 2023, to provide FSSAI's employees with the requisite training and development opportunities.

From January 1, 2023, to date, 1107 officials have undergone various training, workshops, and certificate courses.

The Staff Training Unit has successfully organised four induction training programmes titled Nurturing Individual Potential and Unleashing Networking (NIPUN) for the newly recruited officials and officers to acquaint them with the organisational procedures and workflow.

In addition to the above, several need-based workshops and trainings were also conducted.

(i) Training on e-office on the MAC operating systems was organised on February 27, 2023, for the private secretary and personal assistant at FSSAI, MMU Building, New Delhi, covering 14 participants.

(ii) Training on recent developments in licensing and FoSCoS was organised on February 15, 2023, at FSSAI, MMU Building, New Delhi, covering 95 participants.

(iii) Two officials were nominated to attend a training on the right to information-Appellate Authority organised on March 3, 2023, by ISTM, New Delhi.

(iv) In four batches, training on Laboratory Quality Management Systems (LQMS) and Internal Audit as per IS/ISO/IEC 17025:2017 was organised from 09.01.2023 to 24.03.2023, covering 7 participants.

(v) Two officials were nominated to attend a certificate course on "Regulatory Governance" in online mode from March 18, 2023, to June 18, 2023, organised by the Forum of Indian Regulators (FOIR).

(vi) One-day Workshop on RTI and Public Grievances for All the CPIOs, FAAs, and Nodal Officers Posted at Headquarters and NFLs/Regional Offices (Mumbai, Kolkata, Chennai, and Ghaziabad) was organised on October 17, 2023, covering 32 participants at FDA Bhawan, New Delhi.

(vii) Two officials were nominated to attend the sixth batch of the four-month certificate course on regulatory governance (in hybrid mode) through online mode.

(viii) A Half-Day Workshop on "Prevention of Sexual Harassment on Women at Workplace (PoSH) Act, 2013" for all the Officials/Officers Posted at Headquarters and NFLs/Regional Offices (Mumbai, Kolkata, Chennai, and Ghaziabad) at FDA Bhawan, New Delhi, covering 172 officials through online and offline mode.

(ix) Two officials were nominated to attend the capacity-building programme on "Navigating Regulatory Governance: Balancing Compliance and Innovation in a VUCA Landscape" through physical mode in Goa.

(x) A half-day workshop on "E-Office" for the

Officials and Officers Posted at regional offices (Kolkata and Ghaziabad), covering 59 officials at regional offices (Kolkata and Ghaziabad) through online and offline modes.

(xi) Agro-Industrial Attachment for 4 students of SRM CAS FDA Bhawan, New Delhi, and Regional Office (Ghaziabad).

(xii) Workshop on GeM/e-Procurement at FDA Bhawan, New Delhi, for all the employees stationed at Headquarters and NFLs/Regional Offices (Mumbai, Kolkata, Chennai, and Ghaziabad), and a total of 150 officials attended through online and offline modes.

(xiii) One-Day Workshop on Noting, Drafting, and Office Procedures at FDA Bhawan, New Delhi, for all the employees stationed at Headquarters and NFLs/Regional Offices (Mumbai, Kolkata, Chennai, and Ghaziabad), and a total of 142 officials attended through online and offline modes.

(xiv) Workshop on eHRMS at FDA Bhawan, New Delhi, for all the employees stationed at Headquarters and NFLs/Regional Offices (Mumbai, Kolkata, Chennai, and Ghaziabad), and a total of 167 officials attended through online and offline modes.

7. Codex:

The Codex Alimentarius Commission (CAC) is a joint inter-governmental body of the Food and Agriculture Organisation (FAO) and World Health Organisation (WHO) of the United Nations with 189 members [188 member countries and one member organisation (EU)]. Codex has worked since 1963 to create harmonised international food standards to protect the health of consumers and ensure fair trade practices. India has been a member of the Codex Alimentarius Commission since 1964 and contributes to the international food standards development process. The Food Safety and Standards Authority of India (FSSAI) is the National Codex Contact Point for India.

During 2023–24, India participated actively in the Codex work for the development of international standards that are fundamental to ensuring safety and fair practices in the international trade of food products. The meetings of the subsidiary bodies of the Codex Alimentarius Commission took place both in virtual and physical modes. The Indian delegation attended various meetings as indicated in Table, and India made specific proposals and/or ensured that India's concerns were addressed.

Codex meetings held during the year 2023-24 and India's contribution

S. No.	Date(s) of Meeting	Meeting Title/Code	Outcome of the Meeting
1	13.02.2023 to 17.02.2023	26 th Session of the Codex Committee on Residues of Veterinary Drugs in Foods (CCRVDF26) at Portland, Oregon, USA	India confirmed the availability of toxicology and residue data of ethoxyquin and moved ethoxyquin to part I: Veterinary drugs for inclusion in the Priority List for JECFA evaluation / re-evaluation
2	07.03.2023 to 10.03.2023	43rd Session of the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU43) at Dusseldorf, Germany	India participated in discussions on standard for Follow-up Formula, general principles for establishing Nutrient Reference Values (NRVs -R) for persons aged 6 to 36 months, harmonized probiotic guidelines and other issues during the session
3	27.03.2023 to 31.03.2023	53rd Session of the Codex Committee on Food Additives (CCFA53) at Hong Kong, SAR, China	(i) India supported the adoption of the full specification for benzoic acid and its salts in Annexure 1, in view of the noted changes to the ADI, which was further supported by CCFA53. (ii) CCFA53 endorsed the recommendation of food additive provisions forwarded by CCPFV29 in standards for Mango Chutney (CXS 160 1987). India initiated and successfully prepared standards for Mango Chutney through CCPFV. (iii) India participated in discussions on amendments in various additives in different food categories.
4	18.04.2023 to 21.04.2023	16th Session of the Codex Committee on Contaminants in Foods (CCCF16) at Utrecht, Netherlands	India agreed to chair the three Electronic Working Groups (EWGs) to develop standards of contaminants for the following critical areas: (i) Maximum level for total aflatoxins in ready-to-eat peanuts (ii) Sampling plans for certain mycotoxins in selected spices (iii) Acrylamide in foods

S. No.	Date(s) of Meeting	Meeting Title/Code	Outcome of the Meeting
			(iv) India also actively contributed in the in discussions on amendments in Maximum level for total aflatoxins in ready-to-eat peanuts and associated sampling plans , Code of practice for the prevention and reduction of mycotoxin contamination in cassava and cassava-based products, Maximum levels for lead in certain food categories
5	01.05.2023 to 05.05.2023	26th Session of the Codex Committee on Food Import and Export Inspection and Certification Systems (CCFICS26) at Hobart, Tasmania, Australia	India participated in the discussion focused around maintenance of Equivalence of National Food Control Systems, Prevention and control of Food Fraud. The concerns related to India were addressed during the meeting
6	15.05.2023 to 19.05.2023	47th Session of the Committee on Food Labelling (CCFL) at Gatineau (Ottawa), Québec, Canada	India participated in the discussion focused around critical aspects of food labelling, such as allergen information, e-commerce food information provision, technology utilization in food information dissemination, sustainability labelling claims, etc. India also agreed to co-chair the following EWGs : I.Guidelines on the use of technology to provide information on food II. Proposed Draft Guidelines on the Provision of Food Information for Prepackaged Foods offered via E-commerce.
7	26.06.2023 to 01.07.2023	54th Session of the Codex Committee on Pesticide Residues (CCPR54) at Beijing, China	India chaired the in-session working group regarding the proposal of Guidance for monitoring the purity and stability for reference material of multiclass pesticide during prolonged storage. India presented a revised project document for new work in this regard which was agreed by CCPR. An EWG (chaired by India) in this regard has been established by CCPR

S. No.	Date(s) of Meeting	Meeting Title/Code	Outcome of the Meeting
			India participated in the discussion of various agenda items such as proposed MRLs for pesticide in food and feed, priority lists of pesticides for evaluation by JMPR, etc.
8	02.10.2023 to 06.10.2023	33rd Session of the Codex Committee on General Principles (CCGP33) at Bordeaux, France	India contributed in the amendment of the 28th edition of the Procedural Manual regarding new format, codex standards and related texts
9	20.11.2023 to 24.11.2023	85th Meeting of Executive Committee of the Codex Alimentarius Commission (CCEXEC85) at Rome, Italy	India became member (elected on the geographic basis) of the Executive Committee of Codex Alimentarius Commission.
10	27.11.2023 to 02.12.2023	46th Session of Codex Alimentarius Commission(CAC46) at Rome, Italy	India put forward a proposal for the development of global standards for millets, particularly for Finger millet, Barnyard millet, Kodo millet, Proso millet and Little millet as group standards as in case of pulses. India established maximum limit for total aflatoxin in dried chilli and nutmeg and ochratoxin in dried chilli, paprika and Nutmeg.
11	29.01.2024 to 02.02.2024	7th Session of Codex Committee on Spices and Culinary Herbs (CCSCH7) at Kochi, Kerala	India hosted the 7th session for CCSCH held at Kochi, Kerala. India agreed to Chair the EWG to prepare a proposed draft standard for dried seeds-coriander India also agreed to participate as co - chair in the following EWGs (i) EWG for proposed draft standard for Large Cardamom (ii) EWG established for proposed draft standard for spices in the form of dried or dehydrated fruits and berries: part B – requirements for vanilla.

S. No.	Date(s) of Meeting	Meeting Title/Code	Outcome of the Meeting
12	19.02.2024 to 23.02.2024	28th Session of Codex Committee on Fats and Oils (CCFO28) at Kuala Lumpur, Malaysia	1. India proposed to develop a new work proposal for standards for Virgin Coconut Oil 2. India supported the adoption of Standard for Named Vegetable Oils (CXS 210 -1999) for inclusion of Avocado oil, Camellia seed oil, Sacha Inchi oil, High oleic acid soya bean oil. 3. India proposed changes and supported the discussion paper on possible work that CCFO could undertake to reduce TFAs or eliminate PHOs.
13	11.03.2024 to 15.03.2024	54th Session of Codex Committee on Food Hygiene (CCFH54) at Nairobi, Kenya	India agreed to co -chair the following EWGs i. EWG established to Revise Annex II on Fish and Fishery products and further develop Annex IV related to water fit-for-purpose assessment as per the terms of reference decided by the committee. ii. EWG established to prepare the proposed draft Revision of Guidelines for the Control of Campylobacter and Salmonella in Chicken Meat (CXG 78 - 2011) for circulation for comments at step 3 and consideration at CCFH55 as per the terms of reference decided by the committee.

8. International Cooperation:

IC Division is regularly working to explore the possibilities of developing interactions and collaborations with various countries, which will help in formulating technical standards of food, sanitation, safety, etc. as per international norms by conducting or participating in meetings with various countries at different levels, discussing potential areas of collaboration, and understanding and implementing the best practices. Further, the bilateral meetings and interfaces are helping the countries better understand the Food Safety and Standards Authority of India (FSSAI) mandate.

(a) A brief of important activities carried out by the Division in 2023–24:

(i) The FSSAI delegation visited New Zealand to hold the Third Consultative Forum meeting under the Food Safety Cooperation Arrangement held at MPI, Wellington, New Zealand, from January 16–20, 2023, to discuss progressing food safety cooperation activities.

(ii) A meeting between the Inspector General (Head of Agency) of the Dutch Food and Consumer Product Authority (NVWA) and the CEO of FSSAI on the revitalization of the collaboration between the FSSAI and the NVWA was held on February 3, 2023, at FSSAI, New Delhi.

(iii) A meeting between the CEO of FSSAI and the Ambassador of the Federal Republic of Germany to India was held at FSSAI on March 2, 2023, to discuss ongoing engagements and future areas of collaboration with Germany in food safety and standards.

(iv) A meeting between the CEO of FSSAI and the Ambassador of Nepal to India was held on March 14, 2023, at FSSAI, New Delhi, to discuss future collaboration between India and Nepal in food safety.

(v) The FSSAI delegation participated in an EU-funded regulatory food safety visit to Europe from April 17–28, 2023, to understand the EU food regulatory ecosystem, food standards, regulations, enforcement, audits of establishments, and the Rapid Alert System for food and feed.

(vi) A meeting between the CEO of FSSAI and the Delegation of the European Union to India (DG SANTE) was held on May 30, 2023, at FSSAI, New Delhi, to discuss the opportunities for the exchange of good practices, capacity building, and cooperation on food standards.

(vii) An FSSAI official took part in the visit to South Korea along with an APEDA delegation for assessment of the Korean organic system from July 24–28, 2023.

(viii) An FSSAI official participated in the 3rd Bi-regional Advocacy Meeting on Risk Mitigation in Traditional Food Markets in the Asia Pacific Region, Siem Reap, Cambodia, from September 19–21, 2023.

(ix) CEO FSSAI met the Ambassador of Brazil to India on September 21, 2023, wherein discussions were held on the potential collaboration between the two countries in the area of food safety.

(x) A meeting was held between the CEO of FSSAI and the Australian High Commissioner to India at FSSAI, New Delhi, on October 4, 2023, as part of expanding bilateral cooperation efforts in the area of food safety.

(xi) An FSSAI official participated in the Micronutrient Forum Annual Conference 2023 held in the Netherlands virtually as an esteemed panel member for the symposium titled “LSFF: Strengthening Nutritious, Resilient, and Sustainable Food Systems” held on October 16, 2023.

(xii) An FSSAI official participated virtually in the Micronutrient Forum Annual Conference 2023 held in the Netherlands as an esteemed panel member for

the symposium titled “LSFF: Strengthening Nutritious, Resilient, and Sustainable Food Systems” held on October 16, 2023.

(xiii) Officials of FSSAI participated in the 5th Asia Regulatory Forum from November 1 to November 2, 2023, in Singapore.

(xiv) FSSAI officials participated in the SASEC 2023 Trade Facilitation Working Group meeting from November 21–22, 2023.

(xv) An FSSAI official participated in the Inter-Government Sub-Committee (IGSC) Meeting on Trade, Transit, and Cooperation to Control Unauthorised Trade between India and Nepal on January 12–13, 2024.

(xvi) An FSSAI official attended the Second Session of the India and Italy Joint Working Group Meeting on Food Processing in Italy from February 14–16, 2024.

(xvii) 4th Consultation Forum under the aegis of the Food Safety Cooperation Arrangement between the FSSAI and MPI, New Zealand, from February 26, 2024, to March 1, 2024.

(xviii) Meeting between FSSAI officials and Mr. David Sutherland, Regional AMR One-Health Coordinator and Coordinator for the Regional Tripartite AMR Project with the EU and FAO on March 20, 2024.

(b) Training/Courses/Seminars

(a) FSSAI officials participated in the EU-funded BTSF training on food safety crisis preparedness in Kuala Lumpur, Malaysia, from June 12 to 16, 2023, and in the regional EU-funded seminar on 'Food Contact Materials and Safety Requirements Applicable to Recycled Plastic' held from June 26–27, 2023, in Bangkok, Thailand.

(b) An FSSAI official participated in the 11th BfR-Summer Academy training on risk assessment and risk communication in food safety, conducted from June 26 to July 7, 2023, in Berlin, Germany.

(c) FSSAI officials attended the EU-funded BTSF training on 'Investigation techniques to be deployed during official controls to deter potential fraud along the agri-food chain and on e-commerce' held from July 11 to 14, 2023, in Bangalore.

(d) FSSAI officials participated in the WHO Acceleration Plan to Stop Obesity: Inter-country Dialogue held in Melbourne, Australia, from July 17–19, 2023.

(e) A FSSAI official was selected for the Werner Baltes Fellowship 2023, which provided the opportunity of a three-month stay (31.07.2023–21.10.2023) as a guest scientist at the Federal Institute for Risk Assessment (BfR), Berlin, Germany, to work on pesticide safety.

(f) FSSAI officials participated in the in-person Singapore Cooperation Training programme on “Assuring Food Safety and Security,” held from August 4–18, 2023, in Singapore.

(g) FSSAI officials attended the WTO Sanitary and Phytosanitary Measures National Workshop held from October 17–19, 2023, at Vanijya Bhawan, New Delhi.

(h) FSSAI officials participated in the EU-funded BTSF training session on the topic of novel foods: EU rules applicable to the authorization and placing on the market of novel foods and traditional foods coming from non-EU countries, which was held from October 31, 2023, to November 3, 2023.

(i) A FSSAI official participated in the Better Training for Safer Food (BTSF) Regional Workshop on 'EU Controls on Food and Feed of Non-Animal Origin from November 20–24, 2023.

(j) FSSAI organised BTSF SPS World-IIIndia STM on Risk Assessment 8–12, January 2024, at FSSAI New Delhi.

(k) FSSAI officials participated in the Regional BTSF Training Workshop on “Prevention, monitoring, and control of antimicrobial resistance with a 'One Health' approach “from February 6–9, 2024, in New Delhi, India.

(l) FSSAI officials participated in the BTSF Training Course on Food Safety Risk Analysis in Kuala Lumpur, Malaysia, from March 4–7, 2024.

(m) FSSAI officials participated in the 4th BTSF Sustained Training Mission on “Risk Assessment of Chemicals in Food in the EU” at the Food Safety and Standards Authority of India, HQ, New Delhi, India, from January 8–12, 2024.

(n) Seven officials of FSSAI participated in a regional workshop on “Prevention and control of Antimicrobial Resistance (AMR) in the context of an overall 'One Health' approach involving both veterinary and human fields” under the “Better Training for Safer Food” initiative of the European Union held in New Delhi from February 6–9, 2024.

(c) Other Meetings and Sessions:

(i) A virtual meeting between officials of FSSAI, EIC, and the Netherlands Food and Consumer Product Safety Authority (NVWA) on January 12, 2023, for discussion on the potential collaboration on matters of food safety.

(ii) CEO FSSAI met a Chilean delegation on 24.01.2023, the agenda of discussion was the requirement of the health certificate G/TBT/N/IND/233 and the requirement for importing freeze-dried maqui berry and blueberry into India. (iii) CEO FSSAI held a discussion with Embassy officials of Azerbaijan on February 23, 2023, on possible areas of mutual recognition of export e-certificates, mutual recognition of other relevant food safety certificates, registration, and approval documents.

(iv) A meeting between the CEO, FSSAI, and the Canadian government . officials took place on February 28, 2023, to explore interest in regular technical engagement bilaterally, including potential bilateral in-person engagement. A technical discussion of FSSAI officials with the Canadian delegation was held on March 1, 2023, on certification requirements for pork, aquatics, and dairy products, registered establishment list requirements, and maple syrup standards.

(v) A meeting was held between the CEO, FSSAI, and US FDA officials on April 20, 2023, to discuss past FDA activities and initiatives, confidentiality commitments, and any future collaboration between the two agencies.

(vi) Meeting between the Ambassador of Sweden and CEO, FSSAI, on April 27, 2023, for discussion on the AMR from the perspective of One Health Approach and future collaborations.

(vii) The CEO of FSSAI met the officials from SARC and ADB on May 11, 2023, wherein discussion was held on the SASEC initiatives, possible collaboration between SASEC members, and the formation of the Food Regulators Forum.

(viii) A meeting of FSSAI officials with the Chile delegation took place on June 19, 2023, wherein discussions were held on the general food safety requirements and regulations of products imported into India from Chile and the certificate of origin.

(ix) The CEO of FSSAI met the delegation of the European Union to India (DG SANTE) on June 21, 2023, and held discussions on the opportunities for

the exchange of good practices, capacity building, and cooperation on food standards.

(x) A meeting between FSSAI, EIC (from the Indian side), and SFA, Singapore, on September 15, 2023, for discussion on the laboratory recognition procedure and potential areas of collaboration in the areas of food safety and laboratory recognition.

(xi) FSSAI officials attended a virtual session organised by the USTR/US FDA on September 20, 2023, on the basic understanding of the standard setting process of India and the US FDA.

(xii) In a meeting between the Nigerian mission and FSSAI officials on September 25, 2023, a discussion was held on the process of standard setting and the role of FSSAI in scaling up rice fortification in the food-based safety nets, the method of analysis of fortified rice, and initiatives of FSSAI in the area of food fortification.

(xiii) Meeting between the Nepal delegation and FSSAI officials on October 6, 2023, wherein discussion was held on mutual lab recognition and capacity-building initiatives such as joint workshops and seminars to understand the regulatory ecosystems of both countries.

(xiv) A virtual meeting between MPI, New Zealand, and FSSAI officials was scheduled for October 17, 2023, wherein discussions were held on the laboratory ecosystem in India and New Zealand and possible areas of cooperation for laboratory recognition.

(d) MoU, MoC, or Agreement

(i) Agreement signed between Bhutan Food and Drug Authority (BFDA), Ministry of Health, Royal Government of Bhutan, and FSSAI on March 21, 2024

(ii) Under renewal

- MoC between the Food Safety and Standards Authority of India (FSSAI) and the European Food Safety Authority (EFSA).

- MoU between the Netherlands Food and Consumer Product Safety Authority (NVWA), the Netherlands, FSSAI, and EIC (tripartite).

(iii) Under the pipeline

- Ministry of Agriculture and Livestock of Brazil regarding cooperation in the area of food safety.

- Singapore Food Agency (SFA), Singapore, for cooperation in the area of food safety.

- The Central Food Authorities of the United Kingdom of Great Britain and Northern Ireland.

- Department of Agriculture, Fisheries, and Forestry (DAFF), Australia.

- Austrian Agency for Health and Food Safety (AGES), Austria

- Signing of Confidentiality Commitment (CC) between FSSAI and USFDA.

- Memorandum of Understanding between the National Office of Food Safety (ONSSA) of the Kingdom of Morocco and the Food Safety and Standards Authority of India (FSSAI).

- Memorandum of Understanding between FSSAI and Russia, Agreement of Understanding and Cooperation between the Federal Service for Surveillance on Consumer Rights Protection and Human Well-Being (Russian Federation).

9. Human Resources and Establishment:

FSSAI has a sanctioned strength of 824. As of March 31, 2024, there are 519 regular employees in FSSAI. Besides, 80 posts on a deputation basis and 30 posts on a deemed deputation basis have been filled up. In addition, 77 people are on a contract basis.

- Recruitment Status: Phase 3 of the recruitment process has been completed, and the results for all the posts have been declared. Further phase IV is also under consideration and is likely to be implemented in 2024 for various positions.

- Persons with Disability: At present, 19 persons with disabilities have been appointed in FSSAI on a direct recruitment basis against the PwBD quota.

E-office: During the year, FSSAI has completely switched over to paperless functioning with the introduction of e-office.

10. Gender Issues:

For the benefit of women employees of FSSAI, following the Hon'ble Supreme Court judgment in the Vishakha and others v. State of Rajasthan (1997) case and the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013, an Internal Complaints Committee (ICC) has been constituted in FSSAI, and it is ensured that the same is effective and functional at all times. The

committee did not receive any complaints during the current year 2023–24.

11. Regulations/Rules:

During the period 01.01.2023 to 31.03.2024, five final notifications of regulations were made:

(a) Gazette Notification of Food Safety and Standards (Food Products Standards and Food Additives).

(b) Second Amendment Regulations, 2023, related to Standards for Sheep Milk, oils, Desiccated Coconut, Wheat Flour or Resultant Wheat Flour, Millets, Mithun (*Bos frontalis*), Dried Sweet Marjoram, Coconut Neera, Liquid Nitrogen Dosing in 'Natural Mineral Water' and 'Packaged Drinking Water', Substances Added to Food, Microbiological Standards, etc.

(c) Gazette notification of food safety and standards (alcoholic beverages). The First Amendment Regulations, 2023, relate to single malt whisky and single grain whisky and the declaration of nutritional information.

(d) Food Safety and Standards Authority of India (Financial) Regulations, 2023.

(e) Food Safety and Standards (Food Products Standards and Food Additives).

12. Expansion Status

(a) Proposal to open a branch office in

Chandigarh has been approved. Office location has been finalised and lease agreement to be signed in this regard is under process.

(b) Proposal to open a branch office in Indore, Madhya Pradesh has been approved and RFP is being prepared and finalization of office location is under process.

(c) A proposal has been raised for set up a new office in GOA on 08.03.2024. This has been made part of the Agenda for Food Authority meeting.

13. Social and Behavioral Change Division

(a) As a part of the celebration of IYoM 2023, the Food Safety and Standards Authority of India (FSSAI) under the aegis of Ministry of Health and Family Welfare (MoHFW), organized the Global Millets (Shree Anna) Conference on 18 and 19.03.2023 on promotion and awareness of Millets. During the inauguration of the Global Millets (Shree Anna) Conference, Hon'ble Prime Minister Shree Narendra Modi digitally launched a book, "Shree Anna - A Holistic Overview," based on standards on millets prepared by FSSAI. After the inaugural session, discussions on different topics were conducted in six different sessions at the AP Shinde Symposium Hall. The conference had 17 international and 23 national keynote speakers who shared their insights and experiences on the benefits of millets and their role in promoting healthy eating habits.



(a) The Millets Calendar prepared by FSSAI was officially launched by Hon'ble Union Minister of Health and Family Welfare, Dr. Mansukh Mandaviya in January 2023. This initiative underscores a concerted effort to promote millets, recognizing their nutritional value and contribution to a balanced and healthy diet.

(c) The Food Safety and Standards Authority of India (FSSAI) participated in the 37th Aahar International Food and Hospitality Fair 2023, organized by the India Trade Promotion Organisation (ITPO) from 14 to 18.03.2023 at Pragati Maidan, New Delhi. FSSAI demonstrated various online platforms like Food Safety



The Food Safety and Standards Authority of India (FSSAI) hosted the 'Eat Right Millets (Shree Anna) Quiz' on the MyGov platform from 3rd April 2023 to 30th June 2023. This quiz was a part of the celebrations for the International Year of Millets (IYOM) 2023, declared by the United Nations General Assembly at the initiative of the Government of India. The primary goal of the quiz was to raise awareness about millets and their health benefits.

The competition witnessed an impressive response with a participation of 50,862 entries. FSSAI appreciates the efforts put in by all the participants and expresses gratitude for their overwhelming interest and enthusiasm to take part in the contest. As a token of appreciation, an e-certificate of participation was awarded to all the participants from FSSAI.

(e) The Eat Right Challenge Phase 3, which commenced on 01.04.2023, and concluded on 31.12.2023, in ongoing efforts to promote healthier dietary practices nationwide. With a paramount focus on enhancing public health, this challenge encourages individuals and communities to prioritize food safety and hygiene, promoting the

Compliance System (FoSCoS), Food Safety Training and Certification (FoSTaC), Food Testing and other programs to ensure compliance of food safety standards in the country.

(d) FSSAI hosted the 'Eat Right Millets (Shree Anna) Quiz' on the MyGov platform from 03.04.2023 to 30.06.2023 as part of the celebrations for the International Year of Millets (IYOM) 2023. The primary goal of the quiz was to raise awareness about millets and their health benefits. The competition witnessed an impressive response with a participation of 50,862 entries. As a token of appreciation, e-certificate of participation was awarded to all the participants from FSSAI.

adoption of healthy and balanced diets. The participation of all districts in this challenge further amplifies FSSAI's efforts to the broader "Eat Right India" movement, ultimately contributing to a healthier and more nutrition-conscious society.

(f) A 4-weeks' Shree Anna (Millets) Challenge was organised for more than 2100 certified Eat Right Campuses from 20.04.2023 to 20.05.2023 to encourage millet-based food products, recipes, and their benefits to people at large. A total 84 Campuses participated in the challenge. Participating Campuses encouraged millets-based food in their canteens, shared recipes and organized awareness sessions on the benefits of millets during the challenge. 5 Eat Right Campuses were awarded with Certificate of Appreciation.



(g) Union Health Minister Dr. Mansukh Mandaviya unveiled the Millet Recipe Book for Canteens and Mess (available in six Indian languages) and a Probiotic Recipe Book during the inauguration of the National Training Centre for Food Safety and Standards Authority of India on 31.05.2023.

(h) The World Food Safety Day was celebrated at Vigyan Bhawan, Delhi on 07.06.2023. The winners of Eat Right Challenge for Districts- Phase 2 were felicitated by the Hon'ble Union Minister of Health and Family Welfare. Certificates of appreciation were awarded to Kerala and Jammu & Kashmir for organizing Eat Right Millets Melas and Eat Right Melas respectively in all the districts.

FSSAI also organized an Interactive session on the occasion, Dr. Mansukh Mandaviya, the Union Health Minister and SP Singh Baghel, Union Minister of States for Health and Family Welfare and members of the Scientific Committee and Scientific Panels of FSSAI participated in this

session. The event served as a platform for scientific experts to engage in thoughtful discussions and deliberations on the impact and future directions of food safety regulations and the standards-setting process.

(i) To promote the use of millets-based food and healthy eating practices among the armed forces and ensure availability of safe and nutritious food, a Memorandum of Understanding (MoU) was signed between the Ministry of Defence (MoD) and the Food Safety and Standards Authority of India (FSSAI) on 13.07.2023 in the presence of Hon'ble Raksha Mantri Shri Rajnath Singh and Hon'ble Union Minister of Health and Family Welfare, Dr Mansukh Mandaviya. A book titled 'Healthy Recipes for Defence' to promote the consumption of Shree Anna (millets) and its health benefits was also unveiled during the occasion. A short awareness video/TVC on millets was developed and released jointly by Hon'ble Raksha Mantri and Hon'ble Union Minister of Health and Family Welfare.



(i) The first ever Global Food Regulators Summit 2023 was organised by FSSAI, under the aegis of Ministry of Health and Family Welfare on 20-21.07.2023. The Summit saw participation of almost 70 speakers, including those from India and 15 other countries apart from senior officials from international organisations like Codex, FAO, WHO, World Food Programme and international research institutions and Universities.

During the event, Hon'ble Union Minister of Health and Family Welfare, Dr. Mansukh Mandaviya

various initiatives including Food-o-Copoeia, a collection of food category-wise monographs and a single point reference for all applicable standards for a specific product. The Hon'ble Union Minister also launched the common regulators platform 'SaNGRAH' - Safe food for Nations: Global food Regulatory Authorities Handbook. It is a database of Food Regulatory Authorities of 76 countries across the world, their mandate, food safety ecosystem, food testing facilities, contact details for food authorities. A Common Digital Dashboard was also

launched during the Summit by the Union Minister of Health and Family Welfare. The Dashboard is a common unified IT-portal that provides comprehensive information on standards, regulations, notifications, advisories, guidelines, contamination limits and the latest developments by Food Regulators in India.

Various technical sessions on different topics including food regulatory systems in different countries, key strategies adopted by food regulators to mitigate various risks associated with foods and challenges faced by the regulators globally were held. Panel discussions on 'Anti-Microbial Resistance (AMR): Challenges and Solutions; Best practices on robust standard setting Framework; Contaminants and Residues- Risk Mitigation and Regulatory Interventions; Organic Foods; Impact of Animal Feed on food Safety and Human Health; Innovation in food Emergency Response, Recall and Analysis were also conducted.

(k) Eat Right Summit 2023 was organized at Vigyan Bhawan, Delhi under the aegis of Food Safety and Standards Authority of India (FSSAI) on 31.10.2023. The theme of this summit was 'Shri Anna' in view of the ongoing International Year of Millets 2023. Shri Sudhansh Pant, Secretary, Ministry of Health and Family Welfare, Government of India and Chairman, FSSAI and Shri G. Kamala Vardhana Rao, Chief Executive Officer, FSSAI and many health and nutrition experts participated and expressed their valuable views in the day-long summit. A total of three sessions on different topics including Eat Right India: Transforming India's Food Ecosystem; Nutrition Interventions towards Sustainability; and Innovations towards Health and Nutrition.

(l) To spread awareness about the health benefits of millets and its usage in daily diet, Eat Right Millets Melas and Walkathons/Cyclothons/Yoga

Sessions are being conducted across the country during the International Year of Millets 2023. From January to March 2024, 251 such melas and cyclothons/walkathons/Yoga sessions have been conducted. The objective of the melas is to educate people about the importance of including millets in their diet and to showcase different ways of using millets in food.

(a) On 04.11.2023, at Pragati Maidan, New Delhi, FSSAI conducted two knowledge sessions as part of the World Food India (WFI) 2023 event, organized by the Ministry of Food Processing Industries from 03 – 05.11.2023. The first session focused on "A Decade of the Food Industry and FSSAI," exploring challenges and global opportunities in food safety. The second session provided insights into "Registration and Licensing for Food Businesses. As a part of the WFI exhibition, FSSAI highlighted online platforms like FoSCoS, FoSTaC, and Food Testing. This emphasized their role in ensuring compliance with food safety standards.

(b) FSSAI participated in the India International Trade Fair held at Pragati Maidan, New Delhi, from 14 – 27.11.2023. The stall set up by FSSAI showcased multiple initiatives such as the Food Safety Compliance System (FoSCoS), Food Safety Training and Certification (FoSTaC), Food Testing and other Eat Right India programs. The deployment of the Food Safety on Wheels (FSW) Van to spread awareness about safety and detect adulteration in food items through simple tests was a proactive approach to reach out to the public and ensure food safety at the grassroots level. The display of the Food Safety Magic Box effectively educated visitors about adulteration and the importance of the Eat Right India campaign.

(c) FSSAI participated in the 7th edition of "Indus Food" which took place from 08.01.2024 to 10.01.2024 at India Exposition Mart, Greater Noida. "Indus Food 2024" was inaugurated by Hon'ble Union Minister of Commerce & Industry, Consumer Affairs, Food & Public Distribution, and Textiles, Shri Piyush Goyal on 08.01.2024 to showcase India's vibrant and diverse food ecosystem. "Indus Food" is the largest food and beverages show in South Asia which was organized by Trade Promotion Council of India with the support of the Department of Commerce.

(d) The Food Safety and Standards Authority of India (FSSAI) participated in the 38th Aahar International Food and Hospitality Fair from from 07.03.2024 to 11.03.2024 at Bharat Mandapam,



Pragati Maidan, New Delhi, organized by the India Trade Promotion Organisation (ITPO). FSSAI demonstrated various online platforms like Food Safety Compliance System (FoSCoS), Food Safety Training and Certification (FoSTaC), Food Testing and other programs to ensure compliance of food safety standards in the country.

14 Information Technology:

Over recent years, FSSAI has been at the forefront of leveraging technology to drive a series of transformative reforms, seamlessly integrating food safety and nutrition initiatives. FSSAI's Information Technology (IT) Division focusing on empowering consumers and facilitating collaboration through various innovative software applications and portals. From ensuring robust infrastructural support to cutting-edge software solutions, IT division addresses a diverse range of requirements to navigate the complexities of modern food governance effectively.

Pillars of Operation for the IT Division:

a) **Design & Development of Websites/Portals & Software Applications** – The transformation from conceptualization to implementation has evolved as a novel application ecosystem and data frameworks providing an array of software solutions for various Food Business Operators (FBOs).

i) **Food Safety Compliance System (FoSCoS)** – Food Safety Compliance System is one of the major software applications of online licensing platform that facilitates Licensing and Registration System of the FSSAI and is now operational Pan India including all 16 zones of the Railway of the country. FoSCoS is accessible at <https://foscoss.fssai.gov.in/>. The system architecture of FoSCoS is based on state-of-the-art technology and uses Micro services that allows it to break into number of independent collaborating component.

Some of the important developments completed in the year 2023-2024:

- 1.) Migration of FoSCoS Application from NIC cloud to Tata GCC Cloud.
- 2.) Document comparison feature (this feature allows officers to compare document/information uploaded/submitted by FBOs in modification of license/registration)
- 3.) Single sign on between Analytics dashboard

and FoSCoS.

Multilingual FoSCoS portal

ii) **Food Import Clearance System (FICS)** – The Food Import Clearance System (FICS) is an Integrated Web based System for the Process of Clearance of Imported Food into India and is also integrated with Customs ICEGATE & SEZ system. The application is available at <https://fics.fssai.gov.in/>

Some of the important developments completed in the year 2023-2024:-

- 1.) Provision for obtaining Provisional NOC for Authorized Economic Operators.
- 2.) FICS payment gateway integration with PAYU (replacing Citrus) with multiple payment options.
- iii) **Food Safety Training and Certification (FoSTaC) Training Portal** - FoSTaC is the food safety training and certification portal for all Food Business Operators (FBOs) across the food value chain. Training and Certification has now become a key function of FSSAI. In addition to the online SNF resources, it has three type of training modules viz. Basic, Advance and Special.

Some of the important developments completed in the year 2023-2024:-

1. Fostac E-learning Mobile App for Street Food Vendors was launched by Hon'ble Minister of Health and family welfare on 31/05/2023.
2. A New category of 'Closed trainings' is introduced in both online & Offline mode.
- iv) **Fortification Of Rice Kernel Tracing System (FoRTrace)** - Fortrace ensures that every batch of fortified rice is traceable and meets quality standards. It's a game-changer for ensuring safer and more nutritious rice for all. The module is integrated with INFOLNET which enables the addition and management of a list of labs capable of testing Fortified Rice (FR), Fortified Rice Kernel (FRK), and Premix for FRK, with seamless API communication between FRQMS and Infolnet.

b) **IT Hardware, Networking & Cloud Infrastructure** - The backbone of FSSAI's digital infrastructure lies in its robust IT hardware, networking, and cloud infrastructure. These foundational elements form the cornerstone of the organization's technological capabilities, enabling seamless connectivity, data storage, and processing.

FSSAI's investment in cutting-edge infrastructure ensures reliable performance and supports the ever-growing demands of its operations.

i) Leased Line

PGCIL for HQ (300 mbps) and Regional office (100 mbps)

Additional 100 mbps NIC Leased Line connection for FSSAI HQ

ii) Cloud Infrastructure – FSSAI utilises the services from Tata Communications(GCC) which is adhere to guidelines issued by Meity. The environment is equipped with Data Recovery sites for business continuity and data loss mitigation.

iii) Government Community Cloud(GCC) Features:-

- Specialized cloud infrastructure designed for government agencies.
- Environment allows government entities to securely store, manage, and access their data.
- Applications hosted adhere to stringent regulatory and compliance standards.
- Standards laid down by MeitY governs GCC management.
- Tailored for Government Workloads, Data Protection and Privacy
- Cost-Effective when compared with Private/Public service provider
- Dedicated Support with Government focused expertise

Annexure

In the year 2023, a total of 9 Eat Right Millet Melas/Walkathons have been successfully conducted in North Eastern states, including five in the state of Assam, three in Sikkim, one in Tripura. The initiative aims to emphasize the significance of integrating millets into our diets.

The Eat Right Places of Worship initiative, designed to ensure the well-being of pilgrims, has certified two places of worship in the State of Nagaland in the year 2023. Simultaneously, the Eat Right Campus program, dedicated to promoting safe, healthy, and sustainable food practices, has acknowledged 13 Eat Right campuses in Nagaland, along with 3 in Assam, 5 in Sikkim, 5 in Manipur, and one in Arunachal Pradesh.

In addressing the nutritional needs of school children, the Eat Right School initiative has successfully integrated essential knowledge about food safety, nutrition, and hygiene into the education system. In the year 2023, four Eat Right schools in Nagaland and one Eat Right School in Manipur have received Eat Right certification.

For easy access to fresh and safe produce at markets, the Eat Right Fruits and Vegetable Markets initiative has certified six markets in the State of Nagaland. Furthermore, the Eat Right Street Food Hub initiative, emphasizing safe and healthy street food options, has certified one hub each in the states of Tripura and Nagaland in 2023. These initiatives collectively contribute to nurturing a culture of safe, healthy, and sustainable food practices across diverse settings, making a positive impact on places of worship, educational institutions, schools, railway stations, markets, and street food hubs.

Under its Food Safety Training & Certification Program, FSSAI conducts various Basic, Advance and Awareness trainings for Food Handlers through empanelled Training partners. During the financial period 2023-2024, FSSAI has conducted 175 Trainings and trained 5759 Food Handlers under FoSTaC program in North Eastern States.

FSSAI has conducted Induction/ Refresher /Need Based Trainings of 319 officers includes Food Safety Officer, Designated Officers of various States / UTs/ Railways, Airport Health Organization /Port Health Organization and Central Food Safety Officers of FSSAI. Out of these programmes 03 Induction Training Programmes have been conducted for officers of North Eastern States wherein 58 officials of Assam, Manipur, Meghalaya and Tripura have participated.

Induction Training Programme conducted from 08th -25th May 2023 for Food Safety Officers of Assam, Haryana, Ladakh and Uttar Pradesh at Assam Staff Administrative College, Guwahati, Assam

Induction Training Programme conducted from 26th June -01st July 2023 for Designated Officers of Manipur, Indian Railway, West Bengal, Assam, Dt.GHS, J&K, Meghalaya, Maharashtra and Tripura at ITC-FSAN, Mumbai.

Induction Training Programme conducted from 09th -10th October 2023 for Food Safety Officers of Karnataka, West Bengal, Meghalaya, Central Food Safety Officers, Indian Railways and Punjab at Indian National Science Academy, New Delhi

In partnership with NACIN Shillong, FSSAI successfully organized a classroom training program focused on enlightening Customs Officials designated as Authorized Officers in **North East India**. The training program specifically addressed the intricacies of food import clearance procedures, aligning with the provisions outlined in the Food Safety and Standards (FSS) Act, 2006, and FSS (Import) Regulations, 2017. The collaborative effort aimed to enhance the understanding and competence of Customs Officials tasked with facilitating food import clearances in the **North East India region**.

The 5th State Food Safety Index for the year 2022-2023 was released on 7th June 2023, on the occasion of World Food Safety Day. Based on the fact that similar States should be compared to ensure comparability among similar entities for the generation of ranks of States/UTs under SFSI, the States/UTs are classified into 3 categories namely Large States, Small States and UTs for the evaluation and assessment. Among larger States, Kerala secured the first rank followed by Punjab and Tamil Nadu. Among Smaller States, Goa secured the first rank followed by **Manipur and Sikkim**.

Picture details

Eat Right Millet Melas conducted at FSSAI ERO Kolkata for the year 2023-24

S. No.	Place of the events	Date
1	MG Marg, Gangtok, Sikkim, Gangtok	2-3 March, 2023
2	Malki Ground, Shillong, Meghalaya	28-29 March, 2023

Training and Awareness programmes conducted at NE for the year 2023-24

S. No	Events	Date
2	Awareness to FSSAI Notified State Labs of ER & NER	06.02.2023
9	Induction Training Programmes for Food Safety Officers of different states at Guwahati, Assam	08.05.2023

ix) Strengthening of Food Testing System in the Country including Provision of Mobile Food Testing Labs” (SOFTeL):

New microbiology laboratories {established across 8 State Food Testing Laboratories 1. Uttar Pradesh (Lucknow, Meerut), 2. Kerala (Ernakulum, Kozhikode), 3. Maharashtra (Mumbai), 4. Chhattisgarh (Raipur), 5. Assam (Guwahati), 6. Delhi (North West Delhi), 7. Andhra Pradesh (Vishakhapatnam) and 8. Tamil Nadu (Coimbatore)} and 53 FSWs in different States/UTs, which include Assam (17), Andhra Pradesh (4), Chandigarh (1), Himachal Pradesh (3), Jammu & Kashmir (6{Jammu (3) & Srinagar (3)}), Meghalaya (2), Uttar Pradesh (18) and Uttarakhand (2) have been inaugurated virtually by Honourable Prime Minister Shri. Narendra Modi on 25th February 2024.

5.2 REGULATORY CONTROL OVER DRUGS

Control over the import, manufacture, distribution and sale of drugs, cosmetics and notified medical devices in the country are regulated under the provisions of the Drugs and Cosmetics Act, 1940 & Rules made thereunder i.e. Drugs Rules, 1945, Medical Devices Rules, 2017, New Drugs & Clinical Trials Rules, 2019 and Cosmetics Rules, 2020. The manufacture, sale and distribution of drugs in the country is primarily regulated by the State Drug Control Authorities appointed by the State Governments while control over drugs imported into the country and approval of new drugs are exercised by the Central Government through CDSCO. The objective of the drug regulatory system is to ensure availability of safe, effective and quality drugs, cosmetics and medical devices based on scientific excellence and best possible regulatory practices.

CENTRAL DRUGS STANDARD CONTROL ORGANIZATION (CDSCO)

The Central Drugs Standard Control Organization (CDSCO) headed by the Drugs Controller General (India) is the Central Authority for regulating the quality of drugs marketed in the country under the Drugs and Cosmetics Act, 1940.

Mission of CDSCO

The mission of Central Drugs Standard Control Organization (CDSCO) has been defined as under:

“To safeguard and enhance the public health by assuring the safety, efficacy and quality of drugs, cosmetics and medical devices”.

Organization

The Drugs Controller General (India) is the head of Central Drugs Standard Control Organisation (CDSCO). The CDSCO with its Headquarters in New Delhi has 08 Zonal offices, 07 Sub-Zonal offices, 08 Central Drugs Testing Laboratories and 09 Air Port & 19 Sea port Offices (Including Inland Container Depots) as given below:

CDSCO (HQ) – DELHI	
ZONAL OFFICES (8) 1.North Zone-Ghaziabad East Zone-Kolkata West Zone-Mumbai South Zone-Chennai Zone-Hyderabad 6.Zone-Ahmedabad Zone-Bangalore Zone-Baddi	SUB- ZONAL OFFICES (7) 1.Sub Zone-Rishikesh Sub Zone- Varanasi Sub Zone-Goa Sub Zone-Jammu Sub Zone-Indore Sub Zone-Guwahati Sub Zone-Vishakhapatnam
LABORATORIES (8) .CDL-Kolkata CDL CRI-Kasauli CDTL-Mumbai CDTL-Chennai CDTL-Hyderabad CDTL-Indore RDTL-Chandigarh · RDTL-Guwahati	SEA PORTS (19) (1)Mumbai Nava Sheva Chennai Tuticorin Cochin Kolkata Kandla Hazira Goa Vishakhapatnam Krishnapatanam 12.Mundra Gandhinagar Kamarajar Tughlkabad (ICD) Patparganj (ICD) (17) Kodhiyar (ICD) Dhannad (ICD) Tihi (ICD)
AIR PORTS (9) 1.Delhi Mumbai Chennai Kolkata Hyderabad Bengaluru Ahmedabad Goa 9.Vishakhapatnam	

REGULATORY FUNCTIONS OF CDSCO

i) Grant of permission/approvals for new drugs and subsequent new drugs in the country

New Drugs and Subsequent New Drugs are

permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that these are safe and efficacious and comply with the requirements of New Drugs and Clinical Trials Rules, 2019. The applicants are required to provide technical data in respect of safety and efficacy before these could be permitted to be marketed in the country. The applications are examined in consultation with the Subject Expert Committees constituted for the purpose.

For New Drugs:

During the year from 01.01.2023 to 31.03.2024, permissions have been granted to import New Drugs Formulations in 10 cases & to manufacture New Drug Formulations in 34 cases and for New Bulk Drug Substance in 23 cases. Also, Clinical trial permissions have been granted in 38 cases.

For Subsequent New Drugs:

During the year from 01.01.2023 to 31.03.2024, permissions/approval have been granted for manufacture & marketing of Drug Product in 86 cases and for Drug substance in 17 cases & for Import & Marketing of Drug Product in 10 cases and for Drug substance in 01 case. Also, permissions have been granted for Clinical trials in 25 cases.

Quality Control over Fixed Dose Combination (FDC)

Fixed Dose Combinations are included as one of the categories under New Drugs which are required to be marketed for the first time in the country and are permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that these are safe and efficacious and comply to the requirements of the New Drug & Clinical Trial Rules, 2019.

During the year from 01.01.2023 to 31.03.2024, permissions have been granted for import and marketing of FDCs in 5 cases; manufacture and marketing of FDCs in 198 cases; Clinical Trial permission in 79 cases and BE permission in 124 cases.

iii) Quality Control over import of drugs

The import of drugs is regulated through registration of overseas manufacturing sites and the drug products (bulk drugs and finished formulations). Import licences are granted to the Indian importers for the import of the drugs from these manufacturers

as provided under the Drugs Rules, 1945. The quality of imported drugs is further monitored at the port offices when the drugs are actually imported.

All applications for Import & Registration are processed through online 'SUGAM' Portal. During the year from 01.01.2023 to 31.03.2024 total numbers of Registration Certificate and Import Licenses issued are 382 and 1895 respectively and post approval changes approved in 169 cases.

iv) Quality Control over import of cosmetics

The import of cosmetics is regulated through registration process. Submission of applications for registration of cosmetics has become completely online from 16.08.2017 through SUGAM portal.

During the year from 01.01.2023 to 31.03.2024, total numbers of approved import Registration Certificates, Registration Numbers and post approval changes have been issued through online portal for 1406 and 56 cases respectively.

Quality Control over import of Biological products

During the from 01.01.2023 to 31.03.2024, for vaccines, New Drug Permission for Human Vaccines in 09 cases, Import Licenses in 10 cases, Registration certificates in 09 cases and Clinical Trial Permissions in 21 cases have been issued.

During the year from 01.01.2023 to 31.03.2024 for r-DNA products, Manufacturing and marketing Permissions in 28 cases, Import and marketing Permissions in 47 cases, Registration certificates in 52 and Clinical Trial Permissions in 40 cases have been issued.

PSUR/PVPI/AEFI Division –

Drugs and Cosmetics Act & Rules is amended vide Gazette notification vide G.S.R No. 227 (E) dated 19th March 2019 mandating all manufacturers and importers of Vaccine for setting up of the Pharmacovigilance system within their organization as per Fifth Schedule of New Drugs and Clinical Trial Rules 2019.

During the year 2023-24, PSURs submitted by the various drug manufacturers/ Importer were reviewed, processed by this division.

CDSCO has started the online SUGAM portal for submission of PSUR's w.r.t Marketing Authorisation (MA) of New Drugs, Subsequent New Drugs, Fixed Dose Combinations, Biologicals

and Veterinary products.

A total of 43 inspections were conducted to assess the pharmacovigilance systems of various Vaccine manufacturers/ Importer and recommendations for compliance in accordance to Fifth Schedule of New Drugs and Clinical Trial Rules 2019 is accomplished.

A total of 9 different types of vaccines were discussed in the PSUR Expert Committee and recommendations are made for updating the safety information of vaccines.

Quality Control over Notified Medical Devices

Medical Devices notified by the Government of India under the Drugs & Cosmetics Act, 1940 are regulated by CDSCO as 'drugs' under the provisions of the Medical Devices Rules, 2017. The quality control over these devices is regulated through the system of registration and import licences.

During the year from 01.01.2023 to 31.03.2024, permissions for Test License in 1670 cases, Import License in 2466 cases, Manufacturing License in 3006 cases (2456 for Class A & B and 550 for Class C & D), Registration certificate for Medical Device Testing Laboratory in 18 cases and permission for Clinical Investigation in 30 cases have been issued.

Quality Control over In-vitro Diagnostic Medical Devices

In-vitro Diagnostic Medical Devices are regulated by CDSCO as 'drugs' under the provisions of the Medical Devices Rules, 2017. Implementation of road map for bringing all risk class of IVD reagents, Instruments, Analyzers including softwares under license regime from 01.10.2023.

During the year from 01.01.2023 to 31.03.2024, permissions for Test License in 1161 cases, Import License in 692 cases, Manufacturing License in 516 cases, Clinical Performance Evaluation in 06 cases, Market Standing Certificate in 231 cases, Non Conviction Certificate in 296 cases, Free Sale Certificate in 291 cases and Post Approval Changes in 830 cases have been issued.

A Memorandum of Understanding (MoU) has been signed between the Indian Council of Medical Research (ICMR) and Central Drugs Standard Control Organization (CDSCO) on 27.02.2024 with key objective to develop cooperation and collaboration between CDSCO and ICMR on establishing testing laboratories for critical IVDs identified by CDSCO and assist in performance

evaluation of critical IVDs in premarket phase in the country.

Providing regulatory facilitation for clinical performance evaluation, and uptake of new IVD through the MedTech Mitra programme which is



**A MOU signed between CDSCO and ICMR on
27.02.2024**

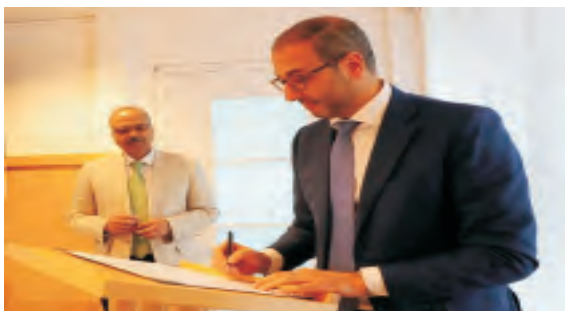
initiated under the guidance of NITI Aayog, ICMR in partnership with CDSCO in the aim to foster development of affordable and accessible indigenous In-vitro diagnosis.

ix) International Cell

International Cell is the focal point of CDSCO for communications with various ministries and International Drug Regulatory Authorities like: US-FDA, UK-MHRA, PMDA-JAPAN, EMA, EU etc. International Cell has issued 132 Written Confirmation Certificate and 24 Special Code NoCs for export purpose from 01.01.2023 to 31.03.2024. The following Memorandum of Understanding signed with CDSCO with other countries for the cooperation in the field of Medical Products Regulation:

S. No.	Country	Name of Drug Regulatory Authority	Agreement Type
1	BRICS	ANVISA-Brazil, Russian Federation, CDSCO-India, NMPA-China, SAHPRA- South Africa	MOU (Feb-2024)
2	Denmark	Danish Medicine Agency (DKMA)	JDI (Feb-2024)
3	Dominican Republic	Directorate General for Medicines, Foods and Sanitary Products, Dominican Republic	MOU (OCT-2023)
4	Ecuador	ARCSA, Ecuador	MOU (Nov-2023)
5	Suriname	Ministry of Health, The Republic of Suriname	MOU (June-2023)
6	Netherlands	The Ministry of Health, Welfare and Sport, Kingdom of The Netherlands	MOI (Nov-2023)

*MOU: Memorandum of Understanding, MOI: Memorandum of Intent, JDI: Joint Declaration of Intent



Various MOU signed by CDSCO with International Drug Regulatory Authorities

ix) Bio Availability/ Bio Equivalence Study

During the year from 01.01.2023 to 31.03.2024, permissions/approval has been granted for conduct of BA/BE studies of New Drugs/Investigational Drugs is 2745 and 24 registration certificate have been issued to BA-BE Study Centre/Bio-analytical facilities.

Clinical Trial

Clinical trials of new drugs or investigational new drugs are systematic studies in human subjects to generate data for discovering or verifying its, clinical or pharmacological including pharmacodynamics, pharmacokinetics or adverse effects with the objective of determining the safety, efficacy or tolerance of such new drug or investigational new drugs.

The New Drugs and Clinical Trials Rules, 2019 provide that clinical trials for new drug, are required to be conducted under and in accordance with the permission granted by the Drugs Controller General (India). During the year from 01.01.2023 to 31.03.2024, permission granted for conduct of Global Clinical Trials of new drug or investigational new drug in 195 cases.

Blood Bank

The licenses for the Blood Banks are approved by the office of DCG (I) as Central License Approving Authority (CLAA) under the Drugs Rules, 1945. Online National Drugs Licensing System (ONDLS) for processing of the Blood Centre License applications have been implemented from 01/11/2023.

During the year from 01.01.2023 to 31.03.2024, number of licenses granted in 374 cases, renewal certificate in 663 cases and the endorsement of blood components in license in 151 cases has been issued.

xiii) DTAB-DCC Division

Drugs Technical Advisory Board (DTAB)

The Drugs Technical Advisory Board is a statutory body under the Drugs and Cosmetics Act, 1940 to advice the Central Government and the State Governments on technical matters arising out of the administration of the said Act and Rules made thereunder.

The Board is headed by the Director General of Health Services and Drugs Controller General (India) acts as Member Secretary. Two meeting of the DTAB was held during the year from 01.01.2023 to 31.03.2024, through Hybrid mode:

- 90th meeting of DTAB was held on 25th January, 2024

89th meeting of DTAB was held on 10th May, 2023

The Board has deliberated various proposals in DTAB meeting relating to streamlining of regulatory control over drugs, cosmetics and medical devices respectively. Based on recommendations of the DTAB, the Central Government have notified various draft notifications, final notifications and Statutory Orders with respect to the Drugs and Cosmetics Act, 1940 and Rules thereunder. The details are as follows:

A. Draft Rules

Draft rules notified vide G.S.R. 686 (E) dated 25.09.2023 for Inclusion of Oseltamivir and Zanamivir in Schedule H1 in the Drugs Rules, 1945.

Draft rules notified vide G.S.R. 687 (E) dated 25.09.2023 for Omission of Glyceryl Trinitrate Sapsules (Long Acting) 25 Isosorbide Dinitrate Sapsules (Long Acting) 25 from Schedule P1 and modification in Rule 105

Draft rules notified vide G.S.R. 371(E) dated 15.05.2023 for Certain amendments in Cosmetics Rule 2020

Draft rules notified vide G.S.R. 364(E) dated 11.05.2023 for Notification for registration of Clinical Research Organisation (CRO)

Draft rules notified in rule 43A in the Drugs Rules, 1945 vide G.S.R. 158(E) dated 01.03.2023 of Notification of Krishnapatnam port as Krishnapatnam and Gangavaram ports

Draft rules notified vide G.S.R. dated 157(E) dated 01.03.2023 of Medical Device Rule 18 and 19 Amendment for State Medical Devices Testing Laboratory and Medical Device Testing Laboratory”

B. Final Notifications

G.S.R. 216(E) 18.03.2024 for Omission of Glyceryl Trinitrate and Isosorbide Dinitrate from Schedule P1 and modification in Rule 105.

G.S.R 95(E) dated 05.02.2024 for Inclusion of Oseltamivir and Zanamivir in Schedule H1 in the Drugs Rules, 1945.

G.S.R. 922(E) dated 28.12.2023 regarding Notification of revised Schedule M of Drugs Rules, 1945.

G.S.R 409(E) dated 02.06.2023 regarding State Medical Devices Testing Laboratory.

G.S.R 175(E) dated 09.03.2023 for Amendment in First Schedule of New Drugs and Clinical Trials Rules regarding non-clinical testing methods to assess the safety and efficacy of a new drug or investigational new drug.

The Jan Vishwas (Amendment of Provisions) Act, 2023 dated 11.08.2023 for decriminalizing and rationalizing certain offences of Drugs and Cosmetics Act.

C. Statutory Order

of Government Analysts for CDTL Indore.

DR G.S.R. 91(E) dated 02.02.2024 regarding Notification of Government Analysts for NIB Noida

d. S.O. 4351(E) dated 05.10.2023 regarding Notification of Government Analyst for Central Drugs Testing Laboratory, Mumbai.

e. S.O. 410(E) dated 02.06.2023 regarding Notification of Krishnapatnam port as Krishnapatnam and Gangavaram ports

S.O. 3448(E) dated 31.07.2023 for Prohibition of Ketoprofen and its formulation and Aceclofenac its Formulation for Animal use.

g. S.O. 2394(E) to 2407(E) dated 02.06.2023 for Banning of 14 FDCs.

h. S.O. 2191(E) dated 15.05.2023 regarding Notification of Government Analysts at the National Institute of Biologicals

S.O. 2177(E) dated 11.05.2023 regarding Government Analyst Notification at CDL, Kolkata

S.O. 1928(E) dated 25.04.2023 regarding

Notification for testing Covid kit NIB Noida

S.O. 627(E) dated 08.02.2023 regarding Government Analyst Notification at Central Drugs Testing Laboratory, Hyderabad.

Drugs Consultative Committee (DCC)

The Drugs Consultative Committee is also a statutory committee under the Act, consisting of Central and State Drug Controllers to advise the Government on matters relating to uniform implementation of the Drugs and Cosmetics Act and Rules made thereunder. Three meeting of the DCC was held during the year from 01.01.2023 to 31.03.2024, through Hybrid mode:

1. 63rd meeting DCC was held on 30th January, 2024

62nd meeting of DCC was held on 26th September, 2023

61st meeting of DCC was held on 01st June, 2023

Additionally meeting of Drug Regulatory Authorities was held on 29th August 2023 in CDSCO HQ, FDA Bhawan, New Delhi under the chairmanship of Secretary Health to increase the coordination between CDSCO & State Drug Regulatory Authorities.

Further a guidance document for submission of application for obtaining Manufacturing License by the Applicant based on Dossier based licensing of Drugs was finalised and circulated to all States/UTs Drugs Controller on 12.02.2024 for achieving the uniform licensing system. Apart from that meetings of various sub-committee of DCC-DTAB are also being conducted time to time.



Meeting chaired by Secretary (HFW) with State/UTs Drug Regulatory Authorities on 29.08.2023

AYUSH Section

During the year from 01.01.2023 to 31.03.2024, WHO-GMP Certificates have been issued in 13 cases and Certificate of Pharmaceutical Product (CoPP) have been issued for 186 cases.

Veterinary Section

During the year from 01.01.2023 to 31.03.2024, Marketing Authorizations have been granted in 20 cases, Registration Certificate & Import License granted in 57 and 159 cases respectively, Manufacturing license granted in 06 cases, Test Licenses granted in 39 cases, permission to obtain Licence to manufacture drugs for purpose of examination, test or analysis is granted in 24 cases and post approval changes approved in 16 case.

Ethics Committee Registration Section

Ethics Committee means for the purpose of Clinical trial, Ethics Committee, constituted under rule 7 and registered under rule 8 of New Drugs and Clinical Trials Rules, 2019, published on 19.03.2019 and for Biomedical and health research, Ethics Committee, constituted under rule 16 and registered under rule 17 of NDCT Rules, 2019.

During the year from 01.01.2023 to 31.03.2024, Registration Certificates have been issued in 275 cases.

xvii) Legal Cell

The Legal Cell renders effective legal assistance in the preparation of legal opinions, reports and correspondence, drafting of affidavit/ reply, review, drafting of legal documents, as required from time to time in consultation with the office concerned with the approval of competent authority. The cases may pertain to filing Counter on behalf of Union of India on the matters arising out of the Drugs and Cosmetics Act, 1940 and Rules made thereunder, administrative rules etc further matter / issue if any on behalf of Central Drugs Standard Control Organization / Ministry of Health and Family Welfare, Government of India in the Supreme Court / High Court / CAT etc.

The cell is responsible for coordinating various issues /activities referred by the Ministry or the Zonal/sub-zonal/ Port Offices/ Laboratories of the CDSCO or issues coming under the purview of functioning and applicability of Drugs and Cosmetics Act, 1940 and rules made thereunder for public health and safety.

Legal Cell is handling more than 143 ongoing cases in various High Court and around 26 cases before the Supreme Court of India.

During the year from 01.01.2023 to 31.03.2024, 20 cases (Various High Courts) have been disposed off.

Medicine Safety Monitoring Division

The Division looks after the matter of 'Compensation' to clinical trial subjects/ nominees in case of Serious Adverse Events which are reported by the sponsor or its representative, who have obtained permission to conduct clinical trial or bioavailability or bioequivalence study and are related to Clinical Trial that occurred during the conduct of Clinical Trial in India only, in compliance to the Chapter VI of the New Drugs and Clinical Trial Rules, 2019.

During the year from 01.01.2023 to 31.03.2024, a total of 441 Serious Adverse Event cases have been reviewed, out of which in 114 cases the SAE is death and 327 cases the SAE is injury. 86 cases in which compensation have been recommended. Also issued around 70 Show cause notices to the different Sponsor/PI/EC for non-submission of responses as per New Drugs and Clinical Trial Rules, 2019 during conduct of clinical trials and SAE reporting.

xix) E-Governance

During year from 01.01.2023 to 31.03.2024, Ministry of Health and Family Welfare and CDSCO has also taken several regulatory measures to streamline the regulatory system in the country through online portals. Details are as under:

SUGAM: CDSCO had earlier launched SUGAM portal for filling of online application for various processes as well as for issuance of online permissions. In the year 2023-24, enhancement is being done in the portal for better performance, addition of new features, etc.

National Drugs Licensing System Portal: A common platform is being developed for submission and processing of applications for grant of license for drugs and cosmetics for all the State/UT Drugs Controlling Authorities in the country to enhance transparency, predictability and ease of doing business. Various forms associated with license for manufacture and sales have been developed in this portal for public use.

Online National Drug Licensing System (ONDLS) portal developed by CDAC in coordination with CDSCO & States has been made functional for testing with effect from 31st March 2021 for validation of the system which can be accessed through <https://statedrugs.gov.in>. Now the ONDLS Portal has been operationalized. So far, 24 States/UTs have been boarded online on the ONDLS Portal. Further, the developmental work is under progress for addition of CLAA items, other Certificate /Post approval Changes, etc. Meanwhile issuance of online licenses for Blood Centres and certain categories of post approval changes have been made Live

Services offered in ONDLS portal include Manufacturing Licenses, Sale Licenses, Test licenses, Issue of certificates like FSC, Capacity Certificate, Performance certificate, GLP, Market and manufacturing certificate, Neutral Code certificate, No conviction certificate, Validity certificate, Production certificate, Market Standing Certificate and Post Approval applications including Change in approved shelf life, change in competent person, Change in director, Change in pharmacopeia reference, etc.

All the States /UTs who are interested in adopting this online portal, are being provided training on the need basis from time to time for boarding them online.

National Single Window System (NSWS) Portal: NSWS is established by the Central Government with the objective to build a genuine Single Window System which act as a one-stop shop for all the approvals required by the investor and facilitates ease of doing business. The scope of NSWS includes all the approvals/ licenses/ registrations/ clearance as applicable. CDSCO in coordination with Invest India has developed NSWS portal and so far 8 Forms have been made Live.

Ease of Doing Business

Public Relation Office: A Public relation office created at CDSCO (HQ) in March 2018 which acts as a single window for disposal of grievances of stake holder and also provide information to the innovator regarding regulatory requirements. This office also provides guidance and assistance to handhold investors in various phases of business life cycle as per existing focus on “Invest India/ Make in India”.

From October 2019, officers from the concerned divisions of CDSCO are also available at Public

relation office in specified day to provide regulatory guidance to the stakeholders.

During the year from 01.01.2023 to 31.03.2024, 4667 No. of visitors attended, 1493 Phone calls and 3663 e-mail communications were attended.

Training and Skill development

After detailed gap analysis, systematic, structured and well-designed training programme for CDSCO and State Drug Regulators was planned for capacity building of Indian drug regulators. CDSCO has prepared annual training calendar for the year 01.01.2023-31.03.2023 & 2023 – 2024 under which 3 & 19 programs were conducted respectively. During the period 01.01.2023-31.03.2024, training has been imparted around 1014 participants out of which 632 were from CDSCO and 382 State Officials. As a part of this residential training program, pre and post assessment tests, syndicate activity, yoga also conducted.

In addition to the annual calendar programme, CDSCO also conducted three regional training programs at Ranchi, Raipur and Guwahati wherein 75, 89 and 75 drugs officials attended respectively. CDSCO has also organized awareness workshop on Revision of Schedule M across India wherein around 3120 members have participated through offline and 18600 members through online mode.



Training Inauguration programme for CDSCO and State Drug Regulators

xxii) Enforcement-RBI & Intelligence Cell, CDSCO (HQ)

The division is responsible for Risk Based Inspections (RBI) of manufacturing firm & private testing laboratories, handling of quality complaint from domestic and international markets, publishing of monthly drug alert on CDSCO website, recommendation of prosecution/ administrative action for Not of Standard Quality

(NSQ) & Spurious drugs matters of CDSCO, handling of Right to Information (RTI), parliament questions & Public grievances (PG) related to this division etc.

During the FY 2023-2024 total 259 manufacturing units and 160 private testing laboratories(PTL) were inspected under risk based inspections. The complaints received from domestic as well as International market were jointly investigated by officers of CDSCO and State Licensing Authority (SLA) and necessary actions were taken. 09 meetings of screening committee were conducted to deliberate 182 cases of NSQ/spurious drugs and accordingly recommendation for prosecution/administrative action were issued to zone & sub zone office of CDSCO. The division received 151 PG and 161 RTIs application and disposed all in timely manner. Various initiative were also taken to ensure the quality of excipient used in Drug Formulations including their supply chain verification and sampling for testing of their quality. The division also coordinated with SLAs and Zonal/sub-zonal offices of CDSCO for necessary actions on Spurious drugs matter.

The Enforcement division became first division at CDSCO for complete implementation of e-office from August 2023 and processed maximum numbers of files at minimum response time. The division also issued guidance documents for stakeholders, in order to streamline and rationalize the sampling procedure of drugs, cosmetics and Medical Devices and maintaining the centralized monthly database of NSQ/Spurious drugs & to publish on CDSCO website a guidance document was finalized and circulated on 09.02.2024 to all the SLA/Zonal & Sub-Zonal offices. Guidance document for procedure of Risk based Inspection of Drug Manufacturing site was also finalized and published on 27.03.2024 to ensure safety, efficacy and quality of the drugs available in the country.

Strengthening the Infrastructure of CDSCO:

Under this scheme, Govt. had approved setting up of 07 New Drugs/Medical Devices/Cosmetics Testing Central Labs and 08 Mini Labs at Airports and Seaports for ensuring the safety, quality and efficacy of drugs, cosmetics and medical devices. The status of new Central Labs is as under:-

Bhubaneswar – A new building for CDSCO's Lab is being constructed through CPWD. The building is likely be completed tentatively on 30.06.2024.

Guwahati – The work for new building at **Guwahati** constructed by CPWD is also in progress and Guwahati building is also likely to be completed on 30.06.2024.

Ghaziabad – The new Office-cum-Lab building which was being constructed by HITES for CDSCO is not likely to be completed shortly. This is because the contractor declared itself as bankrupt and the matter went to NCLT. Now, HITES has selected new contractor to restart the balance work and the building work is likely to be completed by 30.11.2024.

Indore – A new building constructed by CPWD has taken over by Indore Sub-Zone. A number of Lab equipment have since been delivered and installed. The Lab has started functioning in the new premises.



Inauguration of CDSCO Indore Sub-Zonal office new building on 07.01.2024

Baddi - Under the strengthening scheme, Baddi Sub-Zone is upgraded as Zonal office on 06.07.2023. The work for new buildings for Baddi Zone is in progress. The building is constructed by HSCC and is likely to be completed by 31.07.2024.

For enhancing regulatory monitoring for ensuring quality, safety and efficacy of Drugs, Bengaluru Sub-Zonal office upgraded as Zonal office on 24.07.2023 and a new Sub-Zonal Office of CDSCO is created at Visakhapatnam in Andhra Pradesh on 21.07.2023.

A new Sub-Zonal office of CDSCO at AIIMS, Rishikesh in Uttarakhand is also created on 06.07.2023.

Mini Labs (08 Nos.):

Under the scheme of strengthening of CDSCO's infrastructure, Govt. had also approved setting up of 08 Mini Labs at Airports/Seaports out of which 05 Mini Labs at Nhava Sheva (Seaport), Bangalore (Airport), Ahmedabad (Airport), Mumbai (Airport)

and Hyderabad (Airport) are functional. The premises hired at Delhi Airport has been furnished by CPWD and started functioning. For Mini Lab at Chennai (Seaport), furnishing of premises is underway.

For Mini Lab at Kolkata Port, space offered by Estate Manager, Shyama Prasad Mookherjee Port Trust at Nimak Mahal Building, F-Block for setting up of Mini Lab at Kolkata Port in the vicinity of Seaport, Kolkata. The area was found feasible for setting up of Mini Lab. Layout plan has submitted and necessary approval from Estate Manager is awaited from the Port Trust for setting up of the Mini Lab and for Mini Lab at Kolkata (Seaport), no suitable space could become available so far.

5.3 INDIAN PHARMACOPOEIA COMMISSION (IPC)

The Indian Pharmacopoeia Commission (IPC), an autonomous institution under the Ministry of Health & Family Welfare, Government of India, is functioning with the following mandates:

(1) Publication of Indian Pharmacopoeia (IP) and its Addenda at regular intervals

Development of IP Reference Substances (IPRS) and Impurity Standards for supplying to the stakeholders

Publication of National Formulary of India (NFI) for promoting rationale use of medicines

National Coordination Centre (NCC) for Pharmacovigilance Programme of India (PvPI) and Materiovigilance Programme of India (MvPI)

Imparting training to the stakeholders on Pharmacopoeial Standards, Pharmacovigilance and Materiovigilance

Following are the major achievements of the IPC during the index period:

1. Release of IP Addendum 2024

To further strengthen the drug monographs in the IP, IP Addendum 2024 was released by developing new monographs and general chapters along with their revision and harmonization. IP Addendum 2024 has been released by the Hon'ble Union Minister of Health and Family Welfare on 7th January 2024 during a function held at CDSCO Bhawan, Indore. Following monographs and general chapters have been considered by AR&D for their inclusion in the IP Addendum 2024:

Admissions (Annexure I)	Upgradations (Annexure II)
(i) General Reagents (N = 23)	0. General Chapters 1. (N = 37)
(ii) General Chapters (N = 02)	General Monographs (N = 05)
(iii) Monographs on APIs and Dosage forms (N = 79)	1. Monographs on APIs 2. and Dosage forms (N = 328)
(iv) Veterinary Monographs (N = 10)	Veterinary General Chapters (N = 00)
	Veterinary Monographs (N = 00)

2. Pharmacopoeial Discussion Group (PDG) welcomes IPC as a Member

IPC became a pilot member of the PDG in October 2022 for a year. In the one-year pilot for expansion, the current PDG members established a process of examining the impact of the PDG Expansion Pilot on PDG operations. After careful consideration, PDG welcomed the IPC as a member of the PDG, effective from the PDG meeting held on October 5, 2023, at Hyderabad where a formal announcement was made.

3. Signing of MoU with USP

In a demonstration of the continued collaboration between the IPC and USP, a Memorandum of Understanding (MoU) was signed between both organizations on March 14, 2024 at USP's hub in Rockville, Maryland. Dr. Rajeev Singh Raghuvanshi, Secretary-cum-Scientific Director, IPC and Dr. Ronald Piervincenzi, Chief Executive Officer, USP signed the MoU in the presence of the Joint Secretary of the Ministry of Health and Family Welfare, Govt. of India Sh. Rajiv Wadhawan and officials of the Embassy of India to the United States.



1. Global Recognition of IP

In pursuant to sincere efforts and guidance provided by the Hon'ble Union Minister of Health & Family Welfare to get IP recognized in foreign countries, IP has been accepted as a book of standards in Suriname, Bhutan and Nicaragua.

With this development, IP is currently recognized in 7 countries, i.e. Afghanistan, Ghana, Nepal, Mauritius, including above mentioned.

7. IP Reference Substances (IPRS) and Impurity Reference Substances (IMP-RS)\

S. No.	Particulars	Value
1	Development of New Impurity Reference Substances (IMPRS)	147
2	Development of New IP Reference Substances (IPRS)	17
3	IPRS Lot changed	142
4	IMPRS Lot Changed	26
5	Retesting IPRS/IMPRS	570
Testing of Samples		
1	Testing of New Drugs Substances (NDS)	891
2	Testing of CMSS Samples	855
3	Testing of Cough Syrup Samples for Exports	1348

1. Accreditation, Certification, and Proficiency Testing - QA

Renewal of RMP accreditation as per ISO 17034:2016, Desktop Surveillance as per NABL ISO/IEC17025:2017 & ISO/IEC17043:2010 was successfully completed.

Report Reviewed and Released: 891 NDS, 2203 MISC Sample, 570 Retesting IPRS, 68 New IPRS, 568 IPRS Lot Change, 588 New Impurities & 104 Impurity Lot Change.

Activities related to Documentation (QMS): 62 SOP revised, 2 new SOPs, 15 CAPA, 167 Repeat Analysis, 16 Incident, 20 Deviation, 73 Out of Specification (OOS) form & 62 change control had been generated for the implementation of QMS.

Proficiency testing/ILC/IQC:

IPC conducted 04 PT rounds in Chemical & Biological discipline & participated in two PT schemes of green economy Initiatives pvt ltd.

Conducted ILC for Identification by IR /Purity/Assay/LOD or Water Content for APIs Metoprolol tartrate, Enalapril maleate & Acyclovir & participated in 09 ILC schemes of different Gov. labs for various parameters.

3. 14, IQC samples was reported as blind, retesting & replicate Testing.

2. Microbiology Division

01 New Chapter (Guidelines on Bacterial Endotoxin Tests, 2.2.33) added, 02 Chapters revised (Effectiveness of Antimicrobial Preservatives, 2.2.2 & Microbial Contamination in Nonsterile Products, 2.2.9), 06 Monographs revised for IP addendum 2024, 01 New chapter (Disinfectant & Antiseptics) drafted for IP-2026.

b. Total 2450 (IPRS-10, NDS-795, Misc-1645) Drug samples analyzed.

Participated in 02 Pharmacopoeial Discussion Group (PDG) Technical meetings.

Conducted 01 PT & 01 ILC program and participated in 02 ILC programs.

3. Biologics

1. Amendments in monographs/general chapters and general requirements of IP 2022: (N=24)

2. New monographs/general chapters included in IP Addendum 2024 to IP 2022 (N=02)

Restructured Veterinary Vaccines monographs/revised General Chapters/revised General Requirements included in IP Addendum 2024 to IP 2022 (N=08)

Samples analysed (new monograph verification, query related and NDS): (n=13)

Target Animal Batch Safety Test (TABST): By considering the retrospective data submitted by stakeholder Provision for conditional waive-off for

TABST, instruction/note regarding this is included in 'General Requirement-Veterinary vaccines' and same has been published in IP Addendum 2024 to IP 2022.

Skill development:

1. As participants in Trainings/webinar/workshops: (N=20) Training Provided: (N= 17)

4. Mutual cooperation with national and international organizations: (n= 10)

Memorandum of Understanding (MoU) signed between Indian Pharmacopoeia Commission (IPC), Ghaziabad and USP Hyderabad on 6th March 2024.

MoU signed between Indian Pharmacopoeia Commission (IPC), Ghaziabad and Manipal Academy of Higher Education (MAHE) on 26th February 2024.

MoU between Indian Pharmacopoeia Commission (IPC), Ghaziabad and Food Safety and Drug Administration, Government of Uttar Pradesh, Lucknow (27th September 2023).

Extension of MoU between CSIR-Indian Institute of Chemical Technology (IICT), Hyderabad (13th August 2023).

MoU between JSS Academy of Higher Education and Research (JSSAHER) and IPC (04.08.2023).

MoU between National Accreditation Board for Hospitals and Healthcare Providers (NABH) and IPC (5th June 2023).

MoU between IPC and CSIR - Central Institute of Medicinal and Aromatic Plants (CIMAP) (1st June 2023).

MoU between IPC and Ministry of Health and Family welfare (MoHFW) (31st May 2023).

MoU between IPC and National Institute of Pharmaceutical Education and Research (NIPER), Guwahati (23rd May 2023).

j. Extension of MoU between IPC and CSIR-Centre for Cellular & Molecular Biology (CCMB), Hyderabad (22nd April 2023).

5. Pharmacovigilance Programme of India (PvPI)

During the period, NCC-PvPI has submitted 142920 Individual Case Safety Reports (ICSRs) of Medical Products received from Adverse Drug Reaction Monitoring Centres (AMCs)/ Pharmaceutical

industries/Healthcare professionals and non-healthcare professionals in WHO database "VigiBase".

As on date (31.03.2024), NCC-PvPI has submitted a total of 805012 ICSRs and India is the 8th largest contributor in ICSRs reporting as per WHO global database and has highest average completeness score of ICSRs as compared to other countries' score.

The PvPI extended its outreach to common masses by enrolling 258 new AMCs and delisted 15 zero reporting AMCs. There are 895 AMCs under PvPI.

The PvPI has successfully conducted nearly 2616 training programmes and trained 202055 HCPs and consumers. The Training Programme included Induction-cum-Training Programmes, Advanced Level Trainings, Skill Development Programmes, NABH Workshops/Regional Workshop for MAHs, CME etc.

The NCC-PvPI has issued 22 drug safety alerts, 3 signals and 4 changes of Package Insert Leaflet. The PvPI outcomes were circulated to several stakeholders with advice to closely monitor these drug/ADR combinations.

The NCC-PvPI organized 3rd National Pharmacovigilance Week (NPW) with theme "Boosting Public Confidence in Pharmacovigilance" from 17th-23rd September 2023 and sensitized the AMCs under PvPI across the country for organizing the same at their level. The objective of NPW was to create awareness and sensitization of public and healthcare professionals about reporting of adverse drug reaction with the use of medical products to PvPI. During the celebration of 3rd NPW 2023, an over whelming response was observed from across the country. First time, PvPI-sensitized school children and teachers about ADR Reporting to PvPI.

The NCC-PvPI has published 4 PvPI Newsletters (Volume 13, Issues 1-4) highlighting the different themes namely Regulatory pharmacovigilance, India achieved 8th position among WHO PIDM member countries, 3rd National Pharmacovigilance Week-2023 and Importance of proper communications in pharmacovigilance respectively.

Annual Performance Report of PvPI 2022-2023 was also published.

Materiovigilance Programme of India (MvPI)

Materiovigilance Programme of India (MvPI) has expanded its reach pan India by identifying 171 new monitoring centres and at present, total, 451 monitoring centres are functional under the programme.

MvPI has integrated with various National Health Programmes such as National Programme for Control of Blindness and Visual Impairment and National Programme for Family Planning to ensure the safety of medical devices used in such programmes. DGHS has issued an order in this regard on June 6, 2023 to all the Regional Directors, The Mission Directors, NHM and the States Programme Officers for effective integration.

Government of Karnataka has issued an order dated 31 January, 2023 to all the hospital/institutions under Directorate of Medical Education to enroll under MvPI and function as monitoring centres to ensure safe use of medical devices and promote public health.

Kerala University of Health Sciences has instructed all the academia/institute head to participate under MvPI.

On invitation by the Health Ministry, Royal Government of Bhutan, MvPI imparted 05 days (February 26-March 01, 2024) training to Bhutan FDA and healthcare officials on materiovigilance and provided hand-holding support to establish a system for monitoring the quality of medical devices and promoting safety of the natives in Bhutan.

MvPI in its quest to become a certification body successfully faced office assessment by QCI auditors and closed their queries.

IPC has been recognized by the MEA-ITEC to conduct medical products (drugs and medical devices) safety surveillance training in August 2024.

12. Publications (n=6)

06 Nos. of research publications have been published by IPC officials in National and International Journals.

Library and Information Division

The Library & Information Division has an excellent collection of more than 37972 nos. of documents including books, various National and International journals, bound volume of journals, standards and database of DELNET for accessing

huge amount of e-resources for our users.

Library also regularly publishes its publications for the scientists/officers, staff, healthcare professionals and researchers to support R & D and other official work in the organization to enhance the professional knowledge and skill development of users namely Library Catalogue, Article Alert of Journals, Indexing & Abstracting of journals, Current Content of books, Current Holdings, Accession list of books.

Phytopharmaceutical Division

The Division included 03 new PPI monographs and 01 upgrades of existing monographs in the IP addendum 2024. The Division has also introduced quantitative NMR (qNMR) as an optional tool for quantification of phytoconstituents in phytopharmaceutical ingredient monograph. Phytopharmaceuticals Division has also added 02 new General Chapters for inclusion in the IP Addendum 2024.

Important events concerning the Administration Section at IPC

Activities include recruitments, participation in Rozgar Mela, celebration of Independence Day, Hindi Pakhwada, etc. Other work include report creation of MIS, and RTI.

16. Revenue Generation

Total Revenue of **₹ 33,04,79,729/- (Rupees Thirty Three Crore Four Lakhs Seventy Nine Thousand Seven Hundred Twenty Nine Only)** has been generated by the Sale/Distribution of IPRS, IMP-RS and Prednisone Dissolution Calibrator Tablet, IPC Priced Publications, Analytical testing & Proficiency Testing Programmes and various Training Programmes

5.4 DRUG DE-ADDICTION PROGRAMME (DDAP)

As per the provision made under the Constitution of India, under Article 47, the Cabinet Sub-Committee has recommended to set up National 'Drug De-addiction Programme (DDAP)' which came into force in 1988. The objectives of the Programme is to provide affordable, easily accessible and evidence-based treatment for all substance use disorders through the government health care facilities and to build the capacities of health care staff in recognition and management of substance use disorders.

The programme is being implemented through six health institutes of Ministry of Health & Family Welfare namely National Drug Dependence Treatment Centre (NDDTC), AIIMS, New Delhi; PGIMER, Chandigarh; NIMHANS, Bengaluru; Dr.RML Hospital, New Delhi; AIIMS, Bhubaneswar; and CIP, Ranchi. Out of these six institutes, the centre running at NDDTC, AIIMS, New Delhi is functioning as the National Nodal centre and coordinating with other major

component of the DDAP of the “DTC Scheme”. Under this Programme 27 Drug Treatment Clinics are functional in District level Civil Hospitals or in Medical Colleges across the country, which provide OPD Services to the Drug addicted patients.

I. National Drug Dependence Treatment Centre, AIIMS, New Delhi.

Data in respect of the patients treated in OPD at Main Center, 3 Community Outreach Clinics & Mobile Methadone Clinic is tabulate below.

Patient care in NDDTC OPD and community clinics (1st Jan 2023 to 31st March, 2024)			
Facility	New Patients	Old Patients	Total
NDDTC OPD	8287	126928	135215
Trilokpuri Community clinic	264	54354	54618
Sunder Nagri Community clinic	521	206750	207271
Kotla -Mubarakpur Community clinic	294	32515	32809
TOTAL	9366	420547	429913

NDDTC AIIMS is also implementing the Scheme 'Drug Treatment Clinic (DTC)' of DDAP, the MoH&FW at the National level. Under this Scheme 27 DTCs are functioning at present. During the period 2023-24 total 1,86,749 patients have been registered in these clinics.

On the occasion of International Day Against Drug Abuse and Illicit Trafficking, NDDTC has conducted online Training/Workshop/symposium/Congress. They have also organized a public lecture cum panel discussion on Nasha-Mukt Bharat Pakhwada on 26th June, 2023.

The organization has also initiated new psychoactive substances (NPS) for Urine Testing at their laboratory since July 2023.

II. National Institute Of Mental Health And Neuro Sciences (NIMHANS), Centre for Addiction Medicine, Department of Psychiatry, Bengaluru:

CAM, NIMHANS has registered 6139 new patients and follow-up visits of 24193 patient during 2023-24. Also given IPD treatment of 1885 patients during Jan 2023 to March 2024. They also provided after care service to the patient treated under the Center. The Center also have update lab facility for Drug-Toxicology testing. The organization has

introduced Digital course for Virtual Knowledge Network ECHO model and facility of Physician mobile app. This Center has 20 inpatient bed are in operation.

III. Drug De addiction Treatment Centre (DDTC), Postgraduate Institute of Medical Education And Research (PGIMER), Chandigarh:

The DDTC at PGIMER Chandigarh has the facility of 20 inpatient beds are in operational. Of which 2 private rooms are designated for women and adolescent patients. The Center has treated 44,115 (New Registration:4437, Follow up:39,361 & IPD:317) during the year 2023-24.

IV. Drug De-Addiction Program, Department of Psychiatry, AIIMS, Bhubaneswar:

The Drug De-Addiction Center of AIIMS, Bhubaneswar has treated 1638 patients (OPD:1073, IPD:97 & Follow up:468) during Jan., 2023 to March, 2024. The Centers have modern De-Addiction Services like Psycho-education, Motivational Interviewing, Behaviour, Cognitive Behaviour, Dialectical Behaviour, Relapse Prevention, Supportive & Motivational Enhancement Therapies.

V. Drug De-Addiction Program (DDAP) at Central Institute Of Psychiatry (CIP), Ranchi

CIP Ranchi has treated 9458 patients (New Registration:2709, IPD:1167 & Follow up:5582) during Jan., 2023 to March, 2024. The centre has conducted IEC activities including awareness and sensitization programmes for patients, caregivers, schools and communities. The centre have modern equipment for EEG testing. They have conducted an Awareness programme on Drug Abuse and Illicit Drug Trafficking for the in-patients on the occasion of International Day Against Drug Abuse and Illicit Trafficking.

VI. DATC, ABVIMS and Dr. RML Hospital New Delhi

DATC, ABVIMS and Dr. RML Hospital has treated 2623 patients (New Registration:1001, IPD:327 & Follow up:1295) during Jan., 2023 to March, 2024. RML Hospital has developed a Comprehensive Drug De-addiction Patient assessment system for keeping data. They have streamlined the De-addiction services by providing registration on everyday basis. The Centre has also customized SOPs for indoor De-addiction services and introduce the facility of Vocational rehabilitation, Yoga classes and Awareness campaigns for treated patients.

5.5 MEDICAL STORES ORGANIZATION (MSO)

The Medical Stores Organization (MSO) was set up in the year 1942 as a Subordinate Office of Directorate General of Health Services under the Ministry of Health and Family Welfare. MSO has Seven Government Medical Store Depots (GMSDs), in Chennai, Guwahati, Hyderabad, Karnal, Kolkata, Mumbai and New Delhi. These Seven GMSDs not only store & stock essential drugs and vaccines but also provide the Last Mile Logistic Support to approximately 1200 Health Care Units pan India.

b) The GMSDs provide storage and logistic support to National Programs such as Universal Immunization Program, RCN, RNTCP, Family Welfare, NVBDCP, UNICEF etc. Rate Contracts (RC) for 692 Drugs which are used by the various Governments Health Care institutions in the Country have been approved by the Hon'ble HFM.

Para-Military Forces and CGHS Units all over the Country are taking full advantage of these RC's and GMSDs for year-long uninterrupted Drug Supplies. Approximately 1200 Government institutions depend on drug Supplies from GMSDs.

c) Drug and Vaccine Delivery Management System (DVDMS) has been implemented with the help of CDAC. Registration of 1200 indentors, 250 vendors/suppliers and 18 Quality Control Laboratories has been made online through the DVDMS portal. MSO has also poated its website <https://mso-gmsd.in/>. Lease line connections have been provided to all Divisions of MSO and E-O ce has been implemented, where ever possible.

d) MSO has created identities and roles for Senior Officers at eachGMSD at Central Procurement Portal (CPP). E-tendering was done for procurement of about 478 Drugs through CPP for greater accountability & openness in the process of e- tendering. Rate Contracts for 352 drugs have been concluded with the approval of Hon'ble HFM during the ?nancial year 2023-2024. Online orders through DVDMS portal have been placed by various GMSDs on behalf of indenters and regular supplies are being made to the indenters. MSO/GMSDs procured various generic and patented drugs worth Rs.295 Crores. MSO/GMSDs alsohandled the Programme Stores worth approximately Rs.2213.43 Crores.

e) After receipt of emergency demand for procurement of Miltefosine 10 & 50 mg capsules for elimination of Kala Azar from NCVBDC due to inability of CMSS to ?nalize the same, MSO through GMSD Kolkata procured 1.16 crore worth of these drugs in two tranches and distributed the same to the targeted states, without charging any fees for the services provided. NCVBDC has proposed to strengthen its procurement through MSO.

f) The Generic Drugs Formulary of 2022 was recently updated and noti?ed in September 2023 containing 2921 formulations. MSO/GMSDs have made regular and uninterrupted procurement of Generic Drugs and supplies to CGHS and Paramilitary Forces Pan India. Modernisation of Storagefacilities including Strengthening of Cold

Chain has been a major achievement during the hour of need in times of Covid pandemic. A record 25% of all Vaccine Doses and Syringes used in UIP have been routed through Four GMSDs at Chennai, Karnal, Kolkata and Mumbai under MSO.

g) Quantity of 1,96,528 doses of Quadrivalent Meningococcal Meningitis Vaccine (QMMV) had been timely procured at the cost of Rs.21.05 crores and distributed to GMSDs Chennai, Karnal, Kolkata and Mumbai for the Inoculation of Haj Pilgrims during the year 2023-2024. More over, 26,584 doses of Seasonal Influenza Vaccine (SIV) had been timely procured and distributed at the cost of Rs.1.62 crores for the Inoculation of Haj Pilgrims during the year 2023-2024.

h) Information on Citizen Charter, RTI services, Independent External Monitors and all major modules are being updated regularly on website of MSO i.e. mso-gmsd.in.

5.6 CLINICAL ESTABLISHMENTS ACT, 2010 & NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENTS

Background

The Clinical Establishments (Registration and Regulation) Act, 2010 was enacted by the Government of India for registration and regulation of clinical establishments of both therapeutic and diagnostic types belonging to all recognized systems of medicine from both Government and Private sector (except those of Armed Forces) with a view to prescribe minimum standards of facilities and services as may be provided by them.

Key Salient features

As per Section 11 of the Act, no person shall run a clinical establishment unless it is duly registered in accordance with the provisions of the Act. The Act and its Rules require a Clinical Establishment to fulfill the following conditions:

"To display of details of rates charged for each type of services provided and facilities available at a conspicuous place;

"To maintain Electronic Medical Records or Electronic Health Records of every patient;

"To charge the rates for each type of procedures and services within the range of rates determined and issued by the Central Government from time to time in consultation with the State Governments;

"To comply with Standard Treatment guidelines (STGs) as may be determined and issued by the Central or State Government from time to time;

"To maintain information and statistics in accordance with all other applicable laws for the time being in force and the rules made thereunder.

National Council for Clinical Establishments (NCCE)

NCCE is a statutory body under the Act, which is the Apex body for the Act under the Chairpersonship of Director General of Health Service, Ministry of Health and Family Welfare. The Central Government appoints the members of the National Council, which consists of 20 members at present. The National Council compiles and publishes a National Register of clinical establishments. It develops and periodically review the minimum standards for ensuring uniform and proper healthcare by the clinical establishments. It also collects the statistics from the registered clinical establishments.

"Sub-Committees are constituted for drafting Minimum Standards for various clinical establishments. The National Council nominates the Chairperson of each Sub-Committee.

"The experts in a Sub-Committee finalise draft of Minimum Standards, which is then placed before the National Council for consideration.

"After approval from the National Council, further necessary action is taken by the Ministry of Health & Family Welfare for further action and necessary Gazette Notification thereon.

"The Charter of Patients' Rights and Responsibilities (approved by NCCE) is accessible to the public on the website of the Act (Link: <http://www.clinicalestablishments.go.in/WriteReadData/3181.pdf>). The Charter enumerates the rights and responsibilities of a patient..

Benefits of the Act

- The Act mandates a Comprehensive Digital Registry of clinical facilities (both Government and Private), which will aid in policy formation, better surveillance, response / management of outbreaks & public health emergencies and collaboration with private providers.

- The Act ensures uniform standards of healthcare across the country. Compliance to the

minimum standards and Standard Treatment Guidelines will improve the quality of healthcare and will boost confidence of a patient in healthcare system.

- There is multi-stakeholder participation in institutional systems (National and State Councils, District Registration Authority) and decisions are made by consensus.
- The Act also provides for better management of emergency medical conditions.
- The Act also provides a State Council for Clinical Establishments under the Chairpersonship of Secretary (Health and Family Welfare) of the State Government to implement at State level and a registering authority at District level under the Chairpersonship of District Collector/ District Magistrate which is empowered to take action including imposing penalties in respect of violation of provisions of the Act.

Applicability

Currently, the Act is adopted and implemented by 15 (fteen) States/UTs viz. Andaman & Nicobar, Arunachal Pradesh, Assam, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Jammu & Kashmir, Jharkhand, Haryana, Himachal Pradesh, Mizoram, Puducherry, Rajasthan, Sikkim, Uttarakhand and Uttar Pradesh. Four States/UTs viz. Bihar, Ladakh, Lakshadweep and Telangana have adopted the Act but have not yet implemented it.

As on 31.03.2024, total 43,981 Clinical Establishments have provisionally registered through on-line forming the part of digital National register. The details are as under:

State/UT	Allopat hy	Ayurve da	Unani	Siddh a	Homoe o-path y	Yoga	Natura -path hy	Sowa -Rigp a	Total*
Andaman & Nicobar Islands (UT)	117	22	1	1	33	2	2	0	144
Arunachal Pradesh	404	31	1	1	53	13	4	3	429
Assam	7386	931	59	25	327	168	70	2	7724
Chandigarh (UT)	725	101	3	1	37	14	6	2	790
Dadra & Nagar Haveli and Daman & Diu (UT)	595	138	9	0	166	24	6	1	799
Haryana	2457	141	13	9	96	61	32	3	2493
Himachal Pradesh	5726	2917	145	28	255	99	88	26	8093
Jammu & Kashmir	2228	138	85	9	49	20	15	3	2348
Jharkhand	11921	713	109	10	501	135	96	2	12569
Mizoram	37	0	0	0	9	0	0	0	39
Puducherry(UT)	983	45	0	43	39	7	6	0	1048
Rajasthan	3838	299	43	22	217	103	73	11	4018
Uttar Pradesh	1345	159	34	14	65	67	45	9	1361
Uttarakhand	1637	373	47	1	139	96	162	1	2126
Total	39399	6008	549	164	1986	809	605	63	43981

* The difference in total is due to the reason that a clinical establishment may have more than one system of medicine operational.

Besides, 2332 clinical establishments have also registered in offline mode.

The Ministry of Health and Family Welfare, Government of India, recognises the potential of digital health in transforming healthcare delivery, implementing effective monitoring and evaluation platforms, and promoting digital health, i.e., the use of information and communication technology, in the direction of "reaching services to citizens" and "citizen empowerment through information dissemination" to bring about significant improvements in public healthcare delivery.

6.1 DIGITAL HEALTH KEY INITIATIVES:

The Ministry of Health and Family Welfare has envisaged establishing a national digital health ecosystem to ensure and facilitate citizen-centric health services, quality of care, better access, and universal health coverage. This ministry also envisioned the creation of interoperable electronic health records (EHRs) for citizens, made available and accessible online, to facilitate continuity of care, better affordability, better health outcomes, and a better decision-support system. To achieve this goal, the Ministry of Health and Family Welfare has taken the following key initiatives:

National Digital Health Blueprint (NDHB): The **National Health Digital Blueprint** is an architectural framework for digital interventions in health in India. It was released in October 2019 with the following vision:

"To create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely, and safe manner through the provision of a wide range of data, information, and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensuring the security, confidentiality, and privacy of health-related personal information."

For a full report, please visit:

<https://main.mohfw.gov.in/newshighlights/final-report-national-digital-health-blueprint-ndhb>

Ayushman Bharat Digital Mission (ABDM): The Hon'ble Prime Minister announced the

implementation of the Ayushman Bharat Digital Mission (ABDM) in the country with a vision to create a national digital health ecosystem. It supports universal health coverage in an efficient, accessible, inclusive, affordable, timely, and safe manner that provides a wide range of data, information, and infrastructure services by duly leveraging open, interoperable, standards-based digital systems and ensuring the security, confidentiality, and privacy of health-related personal information.

In the first phase, NDHM was implemented in six Union territories: Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Daman and Diu, Ladakh, Lakshadweep, and Puducherry. Services like the issue of a health ID, the creation of registries for doctors and health facilities, and the creation of personal health records have been initiated.

The Hon'ble Prime Minister announced on September 27, 2021, the nationwide rollout of the Ayushman Bharat Digital Mission (ABDM), which will lead to the creation of an interoperable and open network in the health ecosystem. This mission will enable equitable and wider access to healthcare for citizens. This will create employment in the healthcare ecosystem and catalyse innovation. As of date, a total 59,16,63,034 ABHA numbers have been created, along with 36,21,55,156 ABHA-linked health records.

The ABDM is a step towards achieving Universal Health Coverage by digitising and connecting the healthcare system. ABDM focuses on shifting from "illness" to "wellness," "facility-centric" to "patient-centric," and "platform-centric" to "network-centric."

EHR Standards were notified in December 2016. The EHR Standards include standards for disease classification, medicine and clinical terminology, laboratory data exchange, digital imaging and communication, etc. for semantic interoperability. Metadata and Data Standards (MDDS) for Health to enable semantic interoperability among healthcare applications were notified in 2018.

The National Resource Centre for EHR Standards (NRCeS) is set up in order to augment facilitation for adoption of the notified EHR Standards in technical association with C-DAC, Pune, for providing assistance in developing, implementing, and using EHR standards effectively in healthcare IT applications in India.

Hospital Management Information System (HMIS): HMIS is being implemented for computerised registration and capturing the EHR and EMR of patients in public health facilities up to the PHC level. This will also facilitate workflow management, leading to better delivery of services to patients and improvements in the efficiency of processes in these facilities. All the states and UTs are being provided financial assistance for the implementation of HMIS applications.

Various HMIS applications, like eHospital, eSushrut, eUpchaar, GHMIS, IHMS, etc., are operational across the country.

The Online Registration System (ORS) is a framework to link various hospitals for online registration, payment of fees and appointments, online diagnostic reports, enquiring about the availability of blood online, etc. ORS has been implemented in more than 564 hospitals, and more than 91.52 lakh (as of April 9, 2024) appointments have been transacted online.

Mera Aspatal's (My Hospital) application is an IT based feedback system to collect information on patients' level of satisfaction using a multi-channel approach, viz., Short Message Service (SMS), Outbound Dialling (OBD), Web Portal, and Mobile Application. The application automatically contacts the patient (outpatient after the closure of the OPD and inpatient at the time of discharge) using the above tools to collect information on the patient's level of satisfaction.

6.2 TELEMEDICINE

eSanjeevani National Telemedicine Service: eSanjeevani, a cutting-edge cloud-based telemedicine platform, has redefined the landscape of healthcare accessibility in India. This revolutionary platform, designed to transcend geographical limitations, facilitates remote consultations between healthcare providers and patients. Leveraging its comprehensive features and functionalities, eSanjeevani has been implemented nationally for the Ministry of Health and Family Welfare (MoHFW) as the National Telemedicine Service. eSanjeevani has served over 230 million patients as of April 9, 2024. This remarkable

accomplishment underscores this mammoth digital health platform's far-reaching influence and effectiveness, establishing it as a transformative catalyst for delivering accessible and efficient healthcare services throughout the country.

eSanjeevani, India's national telemedicine service, stands as the crown jewel of Digital India, transforming the nation's Primary Health Care system. In just four years, it has provided millions of Indians with easy access to medical services, making it a pioneer in the country's digital healthcare landscape. Its significant impact in resource-limited settings has played a pivotal role in enhancing India's public health outcomes.

eSanjeevani operates in two variants: **a) Provider-to-Provider (assisted) model**, enhancing the reach of specialised healthcare services to rural regions; and **b) "Patient-to-Provider" model**, offering outpatient services to individuals remotely in the confines of their homes.

As of April 9, 2024, eSanjeevani has been the beacon of hope and health for over 230 million patients across the nation. It operates through an impressive network of 1,40,337 Health and Wellness Centres (HWCs) serving as spokes, supported by 19,402 hubs and 342 online OPDs, reaching out to the IT-savvy urban populace. Our ever-growing family of healthcare providers includes 2,10,719 practitioners, ranging from doctors to medical specialists, super-specialists, and dedicated healthcare workers. Together, they actively utilise the platform, ensuring that quality healthcare is just a click away.

The eSanjeevani platform demonstrates notable adoption and growth trends over time.

The National Medical College Network (NMCN) has been established with the purpose of E-education and E-healthcare delivery, wherein 50 government medical colleges are interconnected, riding over the NKN (National Knowledge Network—high speed bandwidth connectivity). A National Resource Centre (NRC) with the required centralised infrastructure and 8 Regional Resource Centres (RRCs) have been established as below

- NRC cum Central RRC - AIIMS, New Delhi
- RRC, North - PGIMER, Chandigarh
- RRC-Central - SGPGIMS, Lucknow
- RRC-South - JIPMER, Puducherry
- RRC-East - IMS, BHU, Varanasi

- RRC-West - KEM, Mumbai
- RRC-North East - NEIGRIHMS, Shillong
- RRC-South II- SCTIMST, Thiruvananthapuram
- RRC-AIIMS, Rishikesh

6.3 WEB-PORTALS & MOBILE APPLICATIONS:

NPHO (National Public Health Observatory):

The National Public Health Observatory (NPHO) is a data-driven platform that integrates health data from various sources, including health IT applications (such as HMIS, HWC, CGHS, NACO, NACP, PMNDP, and IHIP, among others), and national reports (such as the Census, National Health Profile, National Health Accounts, etc.), into a common framework.

It is a comprehensive monitoring of the health system to strengthen existing day-to-day health system monitoring infrastructure and capabilities at the MOHFW for a holistic situation analysis of the health system from top to bottom, leveraging various key indicators around healthcare infrastructure, healthcare resources, public health programmes, disease surveillance, and other key aspects to understand system maturity, enabling policymakers to move towards a "culture of data" in public health for intelligent use of data in planning and addressing complex health system challenges. It holds 30 applications and 1100+ KPIs identified with automated report generation for applications.

Pradhan Mantri National Dialysis Programme (PMNDP): An IT platform is developed for Pradhan Mantri National Dialysis Programme (PMNDP) (<https://pmndp.mohfw.gov.in>) to provide smooth delivery of necessary dialysis services to every patient having a unique 14 digit ABHA number (Health ID) based on their Aadhaar ID. Further, the key KPIs are monitored through the PMNDP Dashboard, which displays a bird-eye view of the program. Pradhan Mantri National Dialysis Programme (PMNDP) is a platform where patients can avail of free dialysis service in any government-based facility with a dialysis center. There are a total of 36 states, 675 districts, and 1423 facilities and centres associated with the PMNDP portal. PMNDP has completed M1 integration (creation of ABHA, verification of ABHA, mapping of PMNDP ID with ABHA), and is on completion for M2 and M3 integration with ABDM.

The programme also supports the PMNDP Mobile

application for the facility and patients (who have been registered with their ABHA in the PMNDP portal). Facilities will be able to schedule dialysis, start dialysis, and end dialysis through mobile apps. Facilities will be able to enter their data in offline mode in case of the unavailability of the Internet.

Patients will be able to download their ABHA and see their dialysis status and nearby facilities by using the PMNDP mobile application. The vacant slot module is also introduced under the mobile application users and patients will be able to book slots from the vacant slot list, and requests will be sent to that particular facility. The PMNDP mobile application was integrated with Aarogya Setu on July 21, 2023.

The COVID-19 Dashboard is a comprehensive, real-time-based IT platform. The 'COVID-19 India Portal' (special surveillance system) has been functional since March 2020 in response to the COVID-19 pandemic, monitoring the situation, preparedness, and management to control COVID in the country. This platform provides business intelligence (BI) tools based on analytics, a fact-based decision support system, data collection up to the facility level, dashboards, reports, and integration with other applications. Surveillance of COVID-related complications, such as Mucor mycosis, is also done by the system.

COVID-19 India Portal

Real-time web platform to analyse, understand, and keep track of the COVID-19 pandemic situation across the country. The CoVID-19 India Portal assists the State/ District/ Facility Nodal Officers designated in India to efficiently carry out their tasks for effective operationalization of the CoVID-19 India Portal for regular and timely updates. Develop a single integrated portal to access information on COVID-19 patients on near-real-time data. It provides the availability of healthcare infrastructure and accessibility to healthcare. Provide a bird-eye visualisation to support data-based decision-making at all levels. The portal has over 20,000 active users at the National, State, District, and facility levels. ICMR Data Integration: The COVID-19 India Portal patient fetches API data from ICMR and manages patient information in the form of reports. It supports role-based registered users with access rights, login to COVID-19 India, and view the modules as per aligned roles. Users can view dashboards and reports and download the documents in Excel and PDF format. Various regular mock drills are conducted to ensure operational readiness for the management of

COVID (including all identified dedicated facilities), with a specific focus on oxygen plants, ventilators, logistics, and human resources. All over India, 37335 facilities participated in the mock drill from the district-level users who filled out the data related to facilities.

Portals: The National Health Portal (NHP) serves as a single point of access for consolidated information about health and health related subjects of public health importance at national and international levels, including various diseases, continuum of care, healthcare services, healthy lifestyle measures, integrated information about national health programmes, state health programmes, health policies, regulatory guidelines, and new developments in the health sector to students, healthcare professionals, researchers, and the general population in different languages (currently available in six languages: English, Hindi, Bangla, Tamil, Gujarati, and Punjabi). NHP also interacts with citizens to disseminate health information.

Intensified Mission Indra Dhanush 4.0 (<https://imi4.nhp.gov.in/>) was created to capture information about targets to be achieved during the IMI vaccination drive 4.0 and the coverage data during the rounds of activity. Data captured from districts, ministries/ departments involved in IMI, along with MOHFW

The Ayushman Bharat-Health and Wellness Centres Portal (AB-HWCs) gives easy access to monitor the expansion of comprehensive primary health care in the country with the creation of health and wellness centers. More than 76,000 HWCs are functional, comprising urban primary health centres, primary health centres, and sub centres under the Ayushman Bharat Programme.

The Digital Portal for Crowdfunding and Voluntary Donations for Patients with Rare Diseases was created to facilitate voluntary donations for the treatment of patients suffering from rare diseases. Information relating to the patients, the diseases from which they are suffering, the estimated cost of treatment, and details of the bank accounts of the treating institutions are available on this portal.

The CPHC-National NCD Programme is an IT system for population based screening, prevention, and control of non-communicable diseases. A huge population has enrolled across 28 states and UTs, with 500+ districts using the system so far. 3.7 crore people over the age of 30 were screened for NCD.

Various other portals and websites, viz., the National Programme for Health Care of the Elderly, Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Surakshit Matritva Aashwasan (SUMAN), Home Based Care of New Born and Young Children, Intensified Mission Indradhanush 3.0, the National Tobacco Control Programme, and the Central Mental Health Authority website, are also active in supporting various programmes.

Several dashboards, including the National Health Policy 2017, Central Dashboard (CD), MoHFW Budget, Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), Medical Education (ME), and Emergency Medical Response (EMR), are working to monitor the various programmes.

mHealth

Ayushman Bharat: Health & Wellness Centres Mobile App, Mera Aspataal are a few mobile applications supporting the national health services.

6.4 GLOBAL AGENDA ON DIGITAL HEALTH

Global Digital Health Partnership (GDHP): GDHP is the world's biggest intergovernmental and multilateral platform on digital health. It has been created to provide an international forum to facilitate global collaboration and cooperation and to share policy insights and evidence of best practices in the implementation of digital health services.

• India was the Chair of GDHP in 2020.

Currently, **33 countries, two international organisations-the** World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD)-and one NGO-IDAIR-are members of GDHP.

1. In 2021, India was the Chair of the BRICS (Brazil, Russia, India, China, and South Africa) Health Working Group.

• Hosted **BRICS Digital Health Summit** in September 2-3, 2021

• Facilitated adoption of the BRICS digital health declaration, "**Digital Health for Achieving Sustainable Health for All.**"

2. Chair of the **Commonwealth Health Working Group** meeting and leading the digital health agenda.

3. **G20 Summit:** India will assume the presidency of the G20 for one year, from December 1, 2022, to November 30, 2023.

International Cooperation & International Health

CHAPTER 07

7.1 INTRODUCTION

The mandate of the International Cooperation and International Health (IC/IH) Division is to foster mutually beneficial partnerships with other countries in multilateral as well as bilateral formats. It also acts as an interface with foreign multilateral agencies, where the Ministry of Health and Family Welfare (MoHFW) is the Nodal Ministry in the Government of India for engagement with other countries on global health agenda items, for contact with the World Health Organisation, the United Nations and its agencies, and other various international organizations. In addition, the Division also coordinates the Ministry's interaction on health matters with other groups of bodies such as the G7, G20, BRICS, SAARC, SCO, QUAD, etc.

The role of the IC/IH Division in bilateral cooperation includes processing proposals for the signing of agreements and Memorandums of Understanding (MoUs) as well as implementing them through the signing of letters of intent, joint work agreements, and work plans; organising joint working group meetings; exchanging visits by subject experts, scientists, officials, relevant organisations, intergovernmental bodies, non-government organisations, etc.; facilitating foreign deputations of Ministers and officials of MoHFW; and attending meetings of visiting foreign dignitaries in India for furthering cooperation in the field of international health.

These activities are performed in coordination with the Ministry of External Affairs and other concerned departments.

7.2 WORLD HEALTH ORGANISATION (WHO)

The World Health Organisation (WHO) is one of the main UN agencies collaborating with the Ministry of Health and Family Welfare (MoHFW), Government of India on health issues. One of the key features of the collaboration of MoHFW with WHO has been that WHO provides the technical skills, science, and evidence to inform practice through setting globally applicable high-quality norms and standards, able to keep pace with rapid

change, even in times of unfolding health crises such as the COVID-19 pandemic. WHO provides support for the development of normative and standard-setting products, tracking their uptake and impact at the country level, and enabling the mechanisms for their review and approval.

Activities under the WHO are funded through two sources; (i) the Country Budget, which comes out of Member States fees contributions to the WHO base programme; and (ii) through the extra-budgetary resources which come from (a) donations from various sources for general or specific aspects of health; and (b) funds routed through the WHO to countries by other member countries or institutes/agencies. India is the largest beneficiary of the country's budget within the Southeast Asia Region. The budget is operated on a biennium basis, calendar-year-wise.

Functions of the WHO

Sessions of the Executive Board of WHO: The Executive Board is composed of 34 Member States elected by the World Health Assembly. Member States are elected for a three-year term. The main functions of the Executive Board are to give effect to the decisions and policies of the Health Assembly, to advise it, and generally to facilitate its work. The Board meets at least twice a year; the main meeting is normally held in January, with a second shorter meeting in May, immediately after the Health Assembly.

The 153rd session of the Executive Board of WHO was held from May 31st to June 1st, 2023, in Geneva, Switzerland. Various agenda items discussed during EB153 included the report of the Standing Committee on Health Emergency Prevention, Preparedness, and Response, matters related to the WHO Agile Member States Task Group, etc.

The 154th session of the Executive Board of WHO was held from January 22 to January 27, 2024, at WHO headquarters in Geneva. Several agenda items, including the Immunisation Agenda 2030, the End TB Strategy, the Road Map for Neglected Tropical Diseases, etc., were taken up during the session.

World Health Assembly: The World Health Assembly (WHA) is the most important annual event of the World Health Organization. The WHA is held once every year to deliberate on various draft resolutions/decisions that are put up for approval by the Executive Board of WHO.

The World Health Assembly is the decision-making body of the World Health Organisation (WHO). It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the organisation, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland. This year's 76th WHA was held from May 21st–30th, 2023. The meeting was attended by a delegation led by the Hon'ble Minister of Health and Family Welfare.

During the Seventy-sixth World Health Assembly, a series of strategic briefings were held. During these sessions, WHA delegates, experts from WHO, partner agencies, and civil society discussed seventy agenda items concerning the current priorities and next solutions on vital issues for global public health. The theme of this year's Health Assembly was WHO at 75: Saving lives, driving health for all. The theme was focused on ongoing health and humanitarian emergencies.

The high-level segment included speeches from the elected Health Assembly President, Heads of State, and special guests. This was followed by observations by the heads of delegation and discussion/decision on various agenda items in two of the committees of the WHA. On the sidelines of the WHA, a number of bilateral meetings were also held with a view to strengthening health sector collaboration. A video message by Shri Narendra Modi, Hon'ble Prime Minister of India, was also presented during the Assembly, emphasising India's vision for good health through 'One Earth, One Health' under the umbrella of the G20 theme of 'One Earth, One Family, One Future'.

India also highlighted the gaps in global health architecture, the need for collective effort in building resilient global systems and boosting global health equity, and the pivotal role to be played by the Global Medical Countermeasures Platform and Global Initiative for Digital Health in reshaping and strengthening global health architecture, as well as building consensus on the

promotion of digital public goods for customisation and democratisation of digital tools.

Regional Committee of WHO for South East Asia Region (SEAR): Ministerial Round-table and Regional Committee (RC) meetings are the most important annual events of WHO-SEARO. These are held once every year in one of the member countries of the WHO-SEA Region. The meetings of the Ministers of Health of the countries in the WHO South-East Asia Region provide a forum to discuss important health issues in the region and to forge bilateral and inter-country cooperation and regional solidarity. These meetings have contributed to enhancing cooperation and reinforced political commitment among member states.

The Seventy-sixth Regional Committee Session (RC76) of WHO South-East Asia was hosted by India from September 30 to November 2, 2023, and it was attended by the Hon'ble Minister of Health and Family Welfare along with senior officers of this Ministry. The meeting was attended by Hon'ble Ministers, Ministers of States, and Heads of Delegations of all Member States of the Region except the Union of Myanmar; representatives of the United Nations and its specialised agencies; regional international organisations; development partners; non-state actors in official relations with WHO, and special invitees as well as observers.

The meeting provided for regional discussion on ending neglected tropical diseases (NTDs), the new Regional Health Security Roadmap 2023–2027, UHC and the health-related SDGs, prevention and control of cardiovascular diseases, data-driven policy-making, the Regional Health Emergency Fund, and the Political Declaration on TB.

The Ministerial Roundtable, hosted by India during RC76, adopted the Delhi Declaration on strengthening primary health care as a key element towards achieving universal health coverage.

Contribution to WHO: As a member country of WHO, India makes regular contributions to WHO for each biennium. A WHO biennium commences in January of the first year of the biennium and ends in December of the second year of the biennium.

The assessed contribution payable by the Government of India to WHO is decided on the basis of the UN Scale of Assessment. India's assessed contribution for the year 2023 stands at USD 24,37,665 + CHF 24,70,191, with a voluntary

contribution of USD 55,000 towards WHO Training in Tropical Diseases Research (TDR) and a voluntary contribution of USD 35,000 towards Research in Human Reproduction (HRP). India remitted Euro 755842 towards the membership fee to the International Agency for Research on Cancer (IARC), Lyon, France, for the year 2023.

The contribution to WHO for the year 2024 stands as an assessed contribution (USD 29,97,255 + CHF 26,82,543) and a voluntary contribution (USD 55,000).

7.3 BRAZIL RUSSIA INDIA CHINA AND SOUTH AFRICA (BRICS) MEETING & WORKSHOP

A. BRICS Meetings and Workshops

BRICS is an association of the five fastest-emerging economies in the world, namely, Brazil, Russia, India, China, and South Africa. The BRICS association comprises 41% of the world population and 24% of the world GDP.

13th BRICS Health Ministers Meeting: The 13th BRICS Health Ministers Meeting was held on August 4, 2023, through virtual mode and was chaired by the Republic of South Africa. Delegates from BRICS countries exchanged in-depth views on topics including Health Systems Strengthening and Universal Health Coverage, the BRICS TB Research Network, the BRICS Early Warning System for Predicting Pandemics, the establishment of Public Health Emergency Operations Centres (PHEOC) in the BRICS countries, the BRICS Working Group on Nuclear Medicine, BRICS Digital Health, and the BRICS Health journal. The meeting agreed to develop a common BRICS platform for developing indicators to track progress in improving the health of the BRICS population and in pursuit of SDG UHC Indicator 3.8.

BRICS countries agreed on the need to identify vulnerable populations (social determinants of health, climate change). The BRICS countries also agreed to the establishment of a network of PHEOCs in BRICS countries for the integration of public health services into an emergency management model for prompt response to public health threats and emergencies. BRICS countries agreed on close collaboration in areas such as knowledge sharing in nuclear medicine applications in clinical settings, research and surveillance, and the production of radiopharmaceuticals and related medical devices.

It was also agreed to hold the XIIV BRICS Health Ministers' Meeting in Russia in 2024.

XVI BRICS Health Ministers' Meeting under Russia's chairship in 2024:

Russia will hold the BRICS chairship in 2024 and has proposed nearly 23 health-related meetings. Till March 2024, meetings held are the 1st Meeting of the Nuclear Medicine Working Group (February 13–14, 2024) and the Meeting on the Formation of the BRICS Integrated Early Warning System for Preventing Infectious Diseases Risk (March 27).

B. Shanghai Cooperation Organisation (SCO) Meetings

The following meetings were organised under India's SCO Presidency 2022–23:

1. Meeting of experts and practitioners of traditional medicine, dated February 3, 2023.
2. Drug Regulators Roundtable and Manufacturer Conference, dated February 17, 2023
3. Roundtable with stakeholders of Medical Value Travel, dated March 17, 2023.
4. Collaborations in developing and manufacturing cost-effective diagnostics and therapeutics, dated May 2, 2023.
5. Meeting of Experts Working Group of SCO Member States in preparation of Sixth Session of Meeting of Ministers of Health of SCO Member States dated March 31, 2023.
6. Sixth Session of the Meeting of Ministers of Health of SCO Member States, dated May 12, 2023.

SCO meetings held during the period from January to March 2024:

SCO expert meeting to discuss and negotiate the Joint Draft Statement on Ensuring Safe Drinking Water and Sanitation was held on 11th January 2024 followed by resumed sessions held on 22nd January, 2024; 19th, 28th and 29th February 2024.

The SCO health expert working group meeting under the chairmanship of Kazakhstan was held on March 7, 2024. The meeting was held in virtual mode, where all the SCO member states negotiated on the **Main Action Plan for cooperation between the SCO Member States in healthcare for 2025–2027.**

The SCO health expert working group meeting under the Chairmanship of Kazakhstan was held on 11th March 2024. The meeting was held in virtual

mode, where all the SCO member states negotiated on the **Health Ministers' SCO Meeting Draft Declaration**.

The **SCO Health Ministers Meeting** under the Chairmanship of Kazakhstan **was held on 14th March 2024** for signing the Ministerial Declaration and the adoption of the Main Action Plan for cooperation between the SCO member states in healthcare for 2024-2027.

The SCO International Medical Forum: “Modern Trends in the Development of Cardiology and Cardiac Surgery” was organised by Kyrgyzstan **from March 27–29, 2024**, in virtual mode.

The SCO International Medical Forum: “Modern Trends In the Development of Cardiology and Cardiac Surgery” was organised by Kyrgyzstan **from 27th – 29th March 2024** in virtual mode.

C. Quadrilateral Security Dialogue (QUAD)

The Quad is a diplomatic network between Australia, India, Japan, and the United States that is maintained by talks between member countries.

As committed in India's quad presidency, Ministry of Health and Family Welfare as its chief deliverable conducted a virtual workshop on 11th December 2023 focusing on Digital Health Initiatives for Indo-Pacific Countries in collaboration with Ministry of External Affairs, to showcase the initiatives undertaken by Government of India in the realm of digital public goods. The workshop was attended by 13 countries and India offered Integrated Health Information Platform, Stimulating Advanced Knowledge for Sustainable Health Management (SAKSHAM), Ayushman Bharat Digital Mission (ABDM), e-Sanjeevani Telemedicine platform and Co-WIN.

India also successfully conducted 2nd round of the QUAD Pandemic Table Top Exercise under the chairpersonship of Dr. Manashvi Kumar, Joint Secretary, MOHFW on 14th December 2023. The following were the agenda items for the meeting:

- o Sharing of information on the current epidemiological situation of major communicable disease challenges in each country;
- o Centre for Disease Control establishment and reform since the COVID-19 pandemic-success and learning; and
- o Any other agenda for discussion on the

structure and frequency of future meetings.

As committed in India's quad presidency, a VC Session was hosted by Ministry of Health and Family Welfare on 10th January 2024 in collaboration with Ministry of External Affairs, with Ministry of Health, Republic of Nauru regarding exploring the possibility of tailor-made programme for Nauru's public health requirements particularly on digital public goods offered by India. A detailed enabling framework to be drafted for offering the DHI's to Nauru's MoHFW (MEA will share sample MoU on Digital Health Initiatives with MoHFW and MoHFW will prepare and submit draft MoU) to Govt. of Nauru, through Indian Mission in Canberra to nominate nodal officers to take the engagements forward.

Subsequently, The **Quad** Regional Pandemic Preparedness and Response Capability Sub- Group meeting was held on **1st February, 2024 which focused on** Update on progress against leaders' commitments; Expert briefing and discussion by (India) on Integrated Health Information platform; Face-to-face meeting of health security experts (Australia). The meeting was followed by the separate discussion on quad health security tracker, the expert briefing and discussion was led by India.

D Voice of the Global South Summit (VoGSS)

The Hon'ble HFM chaired Session-VIII of the 2nd Voice of Global South Summit (VOGSS), i.e., the Health Ministers' virtual session that was held on 17.11.2023, wherein he spoke extensively on the 'Solutions from the Global South for One Health'. During the session, the Hon'ble HFM reiterated to uphold India's commitment to the One Health Approach that is in sync with India's cultural ethos of Vasudhaiva Kutumbakam, signifying "the world as one family" and emphasising the interconnectedness of all lives, which also includes the Global South. At the 2nd Voice of the Global South Summit, the leaders called for a collective focus on enhancing resilience in healthcare systems and infrastructure.

E The 5th Indo-U.S. Health Dialogue

The 5th Indo-US Health Dialogue was held from October 10 to 13, 2023, in Washington, D.C., which was attended by the Indian delegation, led by Shri Sudhansh Pant, Secretary (Health). The 5th Indo-U.S. Health Dialogue touched upon various topics, starting with Multilateral Cooperation; Pandemic, Preparedness and Response; Health Safety and

Security; Universal Health Coverage, Access and Equity; and Communicable and Non-Communicable Diseases. The focus of the entire Indo-U.S. Health Dialogue brought back the emphasis on disease surveillance and strengthening lab networks with an emphasis on One Health and AMR, India's positions on IHR and INB, and emphasising equity, access to biological materials, and benefit sharing.

7.4 WHO FELLOWSHIP

The International Health Division invites applications for the nomination of health professionals from all States/UTs/autonomous institutes of this Ministry for nominations under WHO fellowships in every biennium. Due to COVID-19, this Ministry could not call for nominations from the States/UTs.

7.5 AIRPORT HEALTH ORGANISATIONS, PORT HEALTH ORGANISATIONS, AND LAND PORT HEALTH ORGANISATIONS (APHOS/ PHOS/ LPHOS)

Introduction

The international spread of diseases and agents responsible for various diseases from one country to another is a well-established phenomenon. The Point of Entries (POEs) means the area where any international passenger may enter legally from one country into another country. Health units responsible for undertaking measures for surveillance and response health activities at Airports/Seaports/Land Border in India are known as APHOs (Airport Health Organizations), PHOs (Port Health Organizations), and LPHOs (Land Port Health Organisations).

Airport Health Organisations, Port Health Organisations, and Land Port Health Organisations (APHOs/ PHOs/ LPHOs) are subordinate offices of the Directorate General of Health Services. At present, there are 37 APHOs and 11 PHOs, established at all major International Airports and Ports and 3 Land Port Health Organizations.

India is signatory to and compliant with the International Health Regulations (2005), adopted by the World Health Assembly and implemented in all WHO Member States, accordingly, both Indian Aircraft Public Health Rules and Indian Port Health Rules have been framed in agreement with the International Health Regulations. APHOs/PHOs/

LPHOs are statutory organisations and are discharging their regulatory functions, as delineated under the Indian Aircraft (Public Health) Rules, 1954, and Port Health Rules, 1955, respectively.

Objectives: The main objective of IHR (2005), as implemented through the APHOs/PHOs/LPHOs, is to prevent, protect against, control, and provide a public health response to the international spread of diseases from one country to another with minimum interference to trade and traffic.

WHO notifies a list of Yellow Fever Endemic Countries under IHR (2005), and any passenger coming to India from these notified endemic countries is required to possess a valid Yellow Fever Vaccination Certificate, failing which they will be quarantined for a maximum period of six days by

LIST OF EXISTING POEs (APHOs/PHOs/BORDER CROSSING HEALTH UNIT)		
Name of APHO	Name of PHO	Name of LPHO
APHO Ahmedabad	PHO Chennai	LPHO Agartala
APHO Amritsar	PHO Cochin	LPHO Attari
APHO Bagdogra	PHO JNPT Sheva	LPHO Amritsar
APHO Bangalore	PHO Kandla	
APHO Bhubaneswar	PHO Kolkata	LPHO Petrapole
APHO Calicut	PHO Mangalore	
APHO Chandigarh	PHO Mormugao	
APHO Chennai	PHO Mumbai	
APHO Cochin	PHO Paradip	
APHO Coimbatore	PHO Tuticorin	
APHO Delhi	PHO Visakhapatnam	
APHO Gaya		
APHO Goa		
APHO Guwahati		
APHO Hyderabad		
APHO Indore		
APHO Jaipur		
APHO Kannur		
APHO Kolkata		
APHO Kushinagar		
APHO Lucknow		

LIST OF EXISTING POEs (APHOs/PHOs/BORDER CROSSING HEALTH UNIT)		
Name of APHO	Name of PHO	Name of LPHO
APHO Madurai		
APHO Mangalore		
APHO Mopa (Goa)		
APHO Mumbai		
APHO Nagpur		
APHO Patna		
APHO Port Blair		
APHO Pune		
APHO Srinagar		
APHO Surat		
APHO Tirupati		
APHO Trichy		
APHO Trivandrum		
APHO Varanasi		
APHO Vijayawada		
APHO Visakhapatnam		

Other important functions of these organisations are: Clearance of Human Remains, Supervision of Sanitation, Yellow fever and polio vaccination of International Passengers, Food, Water & Vector surveillance and Control at POE premises, supervision of aircraft disinsection/disinfection, issuance of Ship Sanitation Certificate, training of different categories of staff, etc.

As per the FSSAI Act, APHOs/PHOs/LPHOs have been authorised and are designated officers for registration and licensing of food establishments at POEs.

Key Field Activities at POEs

- Yellow Fever & Polio Vaccination
- Yellow Fever Quarantine of Passengers
- Food and Water surveillance and food inspections
- Attending to medical emergencies on flights
- Training Activities
- Vector surveillance and sanitary Inspection in and around POEs

- Flight Dis-insection & Ship sanitation & disinsection /disinfection of conveyances
- Health Screening & isolation /quarantine activities during Public Health Emergency of International Concern (PHEIC)
- Coordination with stakeholders
- Periodic Review meetings

Activities of APHOs/PHOs/LPHOs (January 2023 to December 2023)

APHOs

- A total of 1,04,198 International Flights inspected at APHOs.
- A total of 199 International Passengers Quarantined at APHOs for Yellow Fever.
- A total of 3,147 Dead Bodies Cleared at APHOs.
- A total of 20,159 Yellow fever Vaccines were given at APHOs.
- A total of 705 Food Establishments inspected at International Airports.

PHOs

- A total of 14,427 Ships were given Health Clearance at PHOs.
- A total of 4,24,511 Passenger and Crew Examined at PHOs.
- A total of 21,805 Yellow fever Vaccines were given at PHOs.
- A total of 23 Dead Bodies were Cleared at PHOs.

LPHOs

- A total of 3600 international on-foot passengers were inspected.
- Achievements of the IH Division of Dte.GHS
- Coordinating with the PoEs for health screening of international inbound passengers.
- Coordinating with the PoE's and Yellow Fever Vaccination Centres on day-to-day work.
- Maintenance of the IHR PoE web portal (<https://www.ihpoe.mohfw.gov.in>)
- Development and maintenance of the e-Clearance for Afterlife Remains (eCARE) portal (<https://ecare.mohfw.gov.in/>)
- Coordination with various stakeholders for health needs during the annual Haj pilgrimage.
- Technical inputs/comments on MoUs between countries, agenda items for the World Health

Assembly, and other relevant technical documents, etc.

- Technical clearance for International Medical Conferences in the country.
- Coordinating with the PoEs for Vector Surveillance and control activities.
- Periodic review meetings and training activities.
- Upgraded medical equipment and technology to enhance surveillance and quarantine of suspected passengers.
- Introduction of Digital IEC Panels
- The preparation of new vector surveillance guidelines is in progress.
- The development of Centralised Integrated Yellow Fever Vaccination is in progress.
- Establishment of new APHOs/PHOs/LPHOs.
- Development of template layout plans for POE health units with revised space requirement guidelines in collaboration with the Central Design Bureau.
- Implementation of EHRMS and e-Office for POEs.
- Mapping of POE target areas for vector surveillance and implementation of digital data collection from the field.
- Three budget schemes (SFC, PM-ABHIM, and ECRP Phase II) have been approved for strengthening, upgrading, and establishing 70 POEs.
- A new yellow fever vaccination centre has been established.
- Research and training activities.

7.6 AGREEMENTS / MOUs (1st January 2023 – 31st March 2024)

The following MoUs/ MoCs were signed during the period of 01st January 2023–31st March 2024:

- Memorandum of Understanding (MoU) between the Government of the Republic of India and the Republic of Peru on cooperation in the field of Health and Medicine (under process for cabinet approval).
- Memorandum of Understanding (MoU) between the Government of the Republic of India and the Republic of Indonesia on cooperation in the field of Health and Medicine (email has been sent to MEA to make necessary arrangements for signing of the MoU).

- Memorandum of Understanding (MoU) between the Government of the Republic of India and the United Republic of Tanzania on cooperation in the field of Health and Medicine (under process for cabinet approval).

- Memorandum of Understanding (MoU) between the Government of the Republic of India and the Republic of Singapore on cooperation in the field of Health and Medicine (under process for cabinet approval).

- A Memorandum of Understanding (MoU) was signed between the Ministry of Health & Family Welfare under the Government of India and the Ministry of Health and Prevention under the Federal Government of UAE on 09th January 2024 on investment cooperation in innovative health care projects.

- A Declaration of Intent document was signed between the Ministry of Health and Family Welfare of the Government of India and the Ministry of Solidarity and Health of the Republic of France in the field of Health and Medicine on 23rd January 2024.

7.7 MEETINGS / CONFERENCES (1st January 2023– 31st March 2024)

The following important events were held during the period of 1st January 2023 – 31st March 2024, where Ministry of Health and Family Welfare actively participated:

- Meeting of Hon'ble MOS with Japanese Delegation on 05.01.2023
- Meeting under the Chairmanship of Sh. Lav Agarwal, Addl. Secretary, MoHFW on upcoming WHO Member State consultations on COVID-19 excess mortality estimates- 09.01.2023.
- 2nd JWG meeting between India and Morocco on 12.01.2023
- Hon'ble HFM attended Voice of Global South Summit (VoSS)- Session VII: Health Minister's Session on 13.01.2023
- Hon'ble HFM attended the World Economic Forum, Davos, Switzerland from 16.01.2023 to 19.01.2023
- The delegation led by Secretary (H) attended the 152nd Session of the WHO Executive Board (EB) from 30.01.2023 to 07.02.2023 in Geneva, Switzerland.
- 2nd International Pandemic Preparedness Secretariat (IPPS) Steering Group Meeting-Internal meeting to discuss Quad issues chairmanship of Dr.

Manashvi Kumar, Joint Secretary (IH) on 07.02.2023 at 3 PM to further discuss the contours of the meeting – 07.02.2023.

- Meeting of Sh. Lav Agarwal, Addl. Secretary, MoHFW with UAE delegation on 13.02.2023
- Meeting of Secretary (H) with US-FDA (United States- Food and Drug Administration) on 15.02.2023
- Meeting of Secretary (H) with Ambassador of Germany on 23.02.2023
- Hon'ble HFM and Secretary (H) attended the Stanford India conference on 24.02.2023
- 1st JWG meeting between India and Oman on 24.02.2023
- Courtesy call between Secretary (H) and Omani Delegation on 24.02.2023
- Meeting of Hon'ble HFM with Vice President of Guyana on 24.02.2023
- Meeting of Hon'ble HFM with Mr. Bill Gates on 01.03.2023
- Meeting of Secretary (H) with Ms. IMOTO Sachiko, Senior Vice President, JICA on 03.03.2023
- Meeting of Hon'ble HFM with Foreign Affairs Minister of Mexico on 03.03.2023
- Meeting of Secretary (H) with Ambassador of Iran to India on 09.03.2023
- Meeting of Secretary (H) with Ambassador of Yemen to India on 10.03.2023
- Meeting of Secretary (H) with Ambassador of Denmark to India on 20.03.2023
- Hon'ble MoS virtually attended the 1st India-Uzbekistan Health Forum on 13.04.2023
- Meeting of Dr.Manashvi Kumar, Joint Secretary (IC) with Delegates of the Ministry of Health, Sweden, and Sweden's AMR Ambassador on 25.04.2023
- Meeting of Hon'ble HFM with Ambassador of Japan to India on 10.05.2023
- Hon'ble MoS attended the 6th Shanghai Cooperation Organisation (SCO) Health Ministers' Meeting on 12.05.2023
- Hon'ble HFM attended the Nagasaki Health Ministers' Meeting in Japan from 13.05.2023 to 14.05.2023
- 2nd Joint Committee Meeting (JCM) with Japan on 15.05.2023
- Indian Delegation led by Hon'ble HFM

attended the G7 Summit 2023 from 19 -21 May 2023 in Japan

- Indian Delegation led by Hon'ble HFM attended the 76th Session of the World Health Assembly (WHA) from 21.05.2023 to 30.05.2023 in Geneva, Switzerland
- 1st Joint Working Group Meeting between India and Kyrgyz Republic on 12.06.2023
- Meeting of Hon'ble HFM with Mr. Hayan Abdul Ghani Al-Swad, Hon'ble Deputy PM for Energy Affairs and Minister of Oil of Iraq on 20.06.2023
- Meeting of Sh. Lav Agarwal, Addl. Secretary, MoHFW with CDA Rodriguez Sierra, Embassy of Colombia on 28.06.2023
- 3rd Joint Working Group Meeting between India and Denmark on 28.06.2023
- 2nd Joint Working Group Meeting between India and Maldives on 05.07.2023
- 1st JWG meeting between India and Kazakhstan 14.07.2023
- Meeting of Secretary (H) with High Commissioner of Singapore on 03.08.2023
- Meeting of Hon'ble HFM with Health Minister of Guyana on 04.08.2023
- Meeting of Hon'ble HFM with Hon'ble Health Minister of Australia on 21.08.2023
- Meeting of Hon'ble HFM with Deputy Minister of Health of Somalia on 22.08.2023
- Meeting of Hon'ble HFM with Ambassador of USA to India on 29.08.2023
- Meeting of Dr.Manashvi Kumar, Joint Secretary (IC) with the delegation from Japan on 05.09.2023
- Secretary (HFW) has attended the Third Meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) from 13-14 September 2023 in Geneva, Switzerland
- Meeting of Hon'ble HFM with State Secretary of Economic Affairs of Switzerland on 20.09.2023
- Meeting of Hon'ble HFM with USFDA commissioner on 21.09.2023
- Meeting of Dr.Manashvi Kumar, Joint Secretary (IC) with the Danish delegation on 03.10.2023
- Courtesy meeting of Hon'ble HFM with Ms. Catherine Russell, Executive Director, UNICEF on 05.10.2023

- 5th Indo-US Health Dialogue in USA-Delegation led by Secretary (H) from 10.10.2023 to 13.10.2023
- Meeting of Dr. Manashvi Kumar, Joint Secretary (IC) with Head Counselor of Netherlands on 18.10.2023
- Seventy-sixth session of the WHO Regional Committee for South-East Asia Region, New Delhi, India, 30.10.2023 - 02.11.2023
- Inter-Ministerial Meeting on 2nd Voice of Global South Summit on 6.11.2023 with an objective to Accelerate multisectoral approach and accountability to ensure equitable high-quality people-centred Health care, and address determinants of Health including Tuberculosis in the context of universal health coverage.
- Meeting of Dr. Manashvi Kumar, Joint Secretary (IC) with Sweden delegation on 24.11.2023
- Meeting of Dr. Manashvi Kumar, Joint Secretary (IC) with Estonia delegation on 24.11.2023
- Meeting of Dr. Manashvi Kumar, Joint Secretary (IC) with Country Head, the COHEN group, USA on 13.12.2023
- WHO Executive Board Technical (virtual) briefing for member states of South East Asia Region on the subjects to be discussed at the 154th Session of the WHO Executive Board, 10-11 January, 2024, New Delhi.
- WHO consultation meeting on the progress of i-MCM Network on 11.01.2024
- As part of a newly signed MoU between the Ministry of Health and Family Welfare Government of India and the Ministry of Health of the Royal Government of Cambodia, the 1st Joint Working Group meeting held virtually on 17th January 2024.
- A physical meeting was held between Dr. Manashvi Kumar, JS (IC) with Sweden and Denmark on 17th January 2024.
- A physical meeting was held between Dr. Kiran Kumar Karlapu, Director (IC) with the Japanese delegation on 18th January 2024.
- A meeting was held by Dr. Manashvi Kumar, JS (IC) with the delegation of the U.S. on 19th January 2024.
- WHO 154th Executive Board meeting 22.01.2024 till 27.01.2024.
- An in-person meeting was held between Dr.

Mansukh Mandaviya, the Hon'ble Minister of Health and Family Welfare, and the Parliamentary State Secretary of Health (MoS) of Germany on 12th February 2024 in Nirman Bhawan.

- As part of an existing signed MoU between the Ministry of Health and Family Welfare Government of India and the Ministry of Health of the Government of Germany, the 2nd Joint Working Group (JWG) meeting was held in Sushma Swaraj Bhawan on 13th February 2024.
- A meeting of Dr. Manashvi Kumar, JS (IC) with the U.S. delegation on 13th February 2024 on the ongoing IHR and INB negotiations.
- A physical meeting was held between Dr. Mansukh Mandaviya, the Hon'ble Minister of Health and Family Welfare, and the Advisor of the Chamber of Commerce of the Republic of Guatemala on 14th February 2024.
- A physical meeting was held between Mr. Apurva Chandra, Secretary of the Ministry of Health and Family Welfare and the Danish delegation to discuss the Indo-Danish Cooperation (AMR and recruiting) on 15th February 2024.
- A hybrid 5th Joint Working Group meeting between India and the Netherlands held at the Embassy of the Netherlands, in New Delhi on 15th February 2024.
- Joint Working Group Meeting on health between India- Netherlands, at Netherlands Embassy at New Delhi, 15 February, 2024.
- Virtual Public Launch of WHO-Global Initiative on Digital Health (GIDH), 20 February, 2024.
- 1st Meeting of Brazil G20 Health Working Group, Virtual, 22 February, 2024.
- An in-person meeting was held between Mr. Apurva Chandra, Secretary of the Ministry of Health and Family Welfare with the delegation of JICA to discuss the R&D centre in Jhajjar, AIIMS on 5th March 2024.
- A meeting held between Mr. Apurva Chandra, Secretary of the Ministry of Health and Family Welfare with the High Commissioner of Sri Lanka on 5th March 2024.
- A physical meeting of Dr. Mansukh Mandaviya, Hon'ble Minister of Health and Family Welfare met with the Minister of Education and Science of the Kingdom of Denmark on 6th March 2024.
- A physical meeting was held between Dr. Kiran Kumar Karlapu, Director (IC) with the Japanese

Delegation about a grant in financial Aid for equipment on 13th March 2024.

- SCO Health Ministers meeting at Astana, Kazakhstan, 14.03.2024, Ms. Roli Singh, Additional Secretary, MoHFW and Dr. Rameshwar Sorokhaibam, Joint Director, NCDC participated in-person.
- A physical meeting was held between Ms. V. Hekali Zhimomi, AS (IC) with USAID members to discuss the visit of Dr. Atul Gawande, Assistant Administrator for Global Health, USAID, on 18th March 2024.
- An in-person meeting was held between Ms. V. Hekali Zhimomi, AS (IC) with Dr. Atul Gawande, Assistant Administrator for Global Health, USAID, on 21st March 2024.
- A courtesy call meeting was held between Ms. V. Hekali Zhimomi, AS (IC), and Mr. Rene Baptiste, Speaker of Parliament, Saint Vincent on 21st March 2024.
- The BRICS experts meeting on the creation of BRICS Integrated Early Warning System, 27.03.2024.
- SCO meeting on International Medical Forum: Modern Trends in the Development of Cardiology and Cardiac Surgery” from 27.03.2024 to 29.03.2024.

7.8 PERMISSION FOR INTERNATIONAL CONFERENCES

During the period 1st January 2023 – 31st March 2024, 102 applications were processed for grant of permissions to Organizations/ Institutions for holding health-related International Conferences in India.

7.9 ISSUE OF STATEMENT OF NEED (SON) CERTIFICATE AND EXCEPTIONAL NEED CERTIFICATE (ENC)

During the period 1st January 2023 – 31st March 2024, 1549 applications for issuance of Statement of Need (SON) Certificate and 28 applications for issuance of Exceptional Need Certificate (ENC) were processed for undergoing higher studies/training in the USA on J-1 visa in medical specialties /super-specialties. 130 No Objection Certificates (NOC) for No Obligation to Return to India (NORI) were issued.

7.10 VISIT ON FELLOWSHIP/ CONFERENCE ABROAD

During the period 1st January 2023 – 31st March

2024, 92 medical personnel/ doctors were permitted to participate in International conferences/symposia etc. abroad.

7.11 G20

The G20 India Health Working Group: A Collaborative Effort to Strengthen Global Health Architecture

Introduction

The G20, or Group of Twenty, represents a multilateral forum for international economic cooperation, primarily focused on economic issues. But recognizing the interdependence between economic stability and public health, in 2017, the German Presidency introduced a Health Working Group to discuss and combine action on health policy and population-level concerns. India is part of the G20 Troika (a grouping of the upcoming, current, and past presidencies) from 2022 to 2024.

India held the Presidency of the G20 from 1st December 2022 to 30th November 2023 wherein it delivered not just historic, but substantial results towards the welfare of global populations. Within the Health Working Group led by the Ministry of Health and Family Welfare (MoHFW), India prioritised the following –

Priority 1: Health Emergencies Prevention, Preparedness and Response [HEPPR] (with focus on One Health and Anti-Microbial Response)

Priority 2: Strengthening Cooperation in the Pharmaceutical Sector with a Focus on Access and Availability to Safe, Effective, Quality, and Affordable Medical Countermeasures

Priority 3: Digital Health Solutions and Innovations to aid Universal Health Coverage and Improve Healthcare Service Delivery

G20 India Health Working Group Agenda

The COVID-19 pandemic had unleashed a worldwide shock wave, resulting in the rapid development of ad-hoc global mechanisms to address the imperative needs to prevent the pandemic from worsening and to plan for future pandemics. India's G20 Presidency has emphasised the need for convergence of these efforts in the HEPPR space as a major priority to aid in creating a converged and agile Global Health Architecture across all three chosen priorities.

The working group brought together health experts, policymakers, and scientists from G20 member

countries to collaborate on key health challenges. Over the course of a year, MoHFW organised three Health Working Group Meetings in Thiruvananthapuram (January 2023), Goa (April 2023), and Hyderabad (June 2023), along with a Deputies'

Meeting and the Health Ministers' Meeting in Gandhinagar, Gujarat (August 2023). The deliberations saw the evolution of the agenda in alignment with the global momentum on health emergency prevention, preparedness, and response.

			
17 th -33120 th January 2023, Thiruvananthapuram, Kerala	17 th -19 th April 2023, Goa	4 th -6 th June 2023 Hyderabad, Telangana	17 th -19 th August 2023 Gandhinagar, Gujarat
Attended by approx. 158 delegates from 18 G20 Members, 9 Invited Countries & 28 International Organizations (IOs)	Attended by approx. 200 Delegates from 18 member Countries, 9 Invited Countries and 20+ IOs.	Attended by 155 Delegates from 18 Member countries; 10 Invited Countries and 21 IOs.	Attended by 29 Health Ministers, over 300 delegates From 30 countries And 20 IOs
Side-event on Medical Value Travel	Side-event on Digital Health along with 4 co-branded events	Side Event on Strengthening Global Collaboration on R&D in MCMS (VTDs)	Side Event on Medical Value Travel along with 4 co-branded events
Over 105 bilateral meetings held	Over 100 bilateral/trilateral meetings held	Over 100 bilateral/ trilateral meetings held	Over 125 bilateral/ trilateral meetings held
Media Coverage through 290+ Articles/ News Reports/ Op- eds across International, National and regional media	Event was reported across 300+ Articles/ News Reports/ Op- eds across International, National and regional media	Event 300+ Articles/ News Reports/ Op- eds across International, National and regional media	Reported across 1200+ Articles/ News Reports/ Op- eds across International, National and regional media

Table 1: Summary statistics

In Priority 1, the experience of battling historic infectious outbreaks such as H5N1 (2005), H1N1 (2009), Ebola (2014), Zika (2016), COVID-19 (2020), and Mpox (2022) was recalled to build upon gaps in our pandemic readiness globally. This priority focused on the three key pillars of Prevention, Preparedness and Response. The meeting brought about due consensus on a whole-of-society Prevention first approach to mitigating future health threats. This necessitates strengthening early warning surveillance systems and tackling the drivers of the emergence of new diseases, notably the triple planetary crisis.

Preparedness was agreed upon as key to mitigating the impact of health threats, which included strengthening primary healthcare, health workforce training, and building comprehensive lab networks. Lastly, Response can be streamlined if our actions are streamlined and converged with WHO at the center of global processes. In addition, Anti-microbial Resistance was acknowledged as the silent pandemic that continues to dilute our prevention and response strategies. It was noted that raising awareness, allocating resources, and reducing the incidence of infections are very crucial.



Dr. Mansukh Mandaviya, Hon'ble Minister of Health and Family Welfare, delivering the Keynote Address



Dr. Mansukh Mandaviya, Hon'ble Minister of Health & Family Welfare led the Health Ministers of the G20 on a Guided tour of the Exhibitions at Gandhinagar Gujarat

In Priority 2, India's G20 Presidency has prioritized the medical countermeasures (MCM) agenda, building on the discussions of previous Italy and Indonesia G20 presidencies and learnings from the ACT-A evaluation report. The COVID-19 pandemic has highlighted the inequity in R&D and manufacturing of MCMs. Thus, India proposed to establish a formalised global end-to-end medical countermeasures coordination mechanism and to create R&D and manufacturing networks of Vaccines, Therapeutics, and Diagnostics (VTD) by adopting a 'network of networks' approach. The overall vision is to strengthen the national, regional, and global capacities of MCMs, facilitating the availability and access to safe, effective, quality, and affordable VTDs while managing health emergencies. This mechanism was designed to complement the ongoing processes of the WHO in the Working Group on Amendments to International Health Regulations (2005) and the Inter governmental Negotiating Body, which also prioritises equitable and affordable access to medical products as a key response strategy against health emergencies.

Under Priority 3, India's G20 Presidency envisioned the establishment of the Global Initiative on Digital Health (GIDH), which aimed to bring all existing and ongoing global digital health efforts under one umbrella, with a lean and fit-for-purpose secretariat at WHO aligned with WHO norms, standards, and guidelines. As a WHO-managed network, GIDH will promote equitable access to Digital Public Goods that can help reduce fragmentation by

providing convergence of quality-assured digital health initiatives and voluntary funds, including through the promotion of interoperable open source, open standard digital solutions as defined in the WHO Global Strategy on Digital Health 2020–2025. The initiative will accelerate the use of digital health technologies by enabling global use of curated solutions through the WHO Digital Health Clearinghouse, which local developers can access and contextualize. This will empower all countries to build local capacity to develop, maintain, and adapt digital health technologies to continuously changing needs.

The India Showcase

The MoHFW attempted to showcase the best of India's digital and pharmaceutical prowess and notable strides in healthcare across themes of medical value travel, traditional medicine, research, and innovation in medical countermeasures. Delegations were taken on field visits to Jan Aushadhi Kendras, Health and Wellness Centres in Kerala, Goa, and Gujarat. They were also shown dedicated hospitals and holistic well-being facilities like Somatheeram Ayurveda village, Bharat Biotech and ICMR Animal Resource Facility in the Genome Valley, Torrent Pharmaceuticals, Zydus Hospital, and UN Mehta Institute of Cardiology and Research Centre. Alongside the meeting, exhibitions were also set up by several divisions of the MoHFW, presenting the innovation and impact created by dedicated initiatives such as the Ayushman Bharat and its 4 pillars, TB, HIV, disease surveillance, Mental Health, and more.

G20 **Exhibitions showcasing India's Initiatives & Achievements**

1 st HWG; Trivandrum	2 nd HWG; Goa	3 rd HWG; Hyderabad	HMM; Gandhinagar
- Main-event exhibition featuring over 25 MoHFW initiatives and success stories, including Jan Aushadhi, Digital Health, COVID management and AB-H&WC - Side-event featuring 28 Exhibitors, 14+ Leading Hospitals, 10 NABH-accredited AYUSH Hospitals, 4 Medical Value Travel (MVT) Facilitators	18 stalls of the Main Event Walkthrough 33 stalls showcasing India's (public+ private sector) Digital Health initiatives	- A total of 82 stalls, among these stalls 34 represent the Program Divisions 48 stalls dedicated to showcasing Indian expertise in the pharma sector	3 Exhibitions organized as part of Co-branded Events: Traditional Medicine (TM) Global Summit, India MedTech Expo and Advantage Healthcare India 2.0 - Massive showcase in 400+ stalls showing Healthcare Initiatives by India and themes of Medical Value Travel, Global practices in TM and Digital Health Innovations & Solutions

Field Visits showcasing India's Health Initiatives

1 st HWG; Trivandrum	2 nd HWG; Goa	3 rd HWG; Hyderabad	HMM; Gandhinagar
 Visits organized to Somatheeram Ayurveda Village, KIIMS Hospital, and a Jan Aushadhi Kendra	- Delegates visited a Jan Aushadhi Kendra and a Health and Wellness Centre in Corlim, Goa. - Along with a tour of India's first mobile BSL-3 laboratory Rapid Action Mobile BSL3+ Advanced Augmented Network (RAMBAAN) 	- Field Visit to Genome Valley, home to Asia's largest life sciences cluster - Delegates visited the Animal Resource Facility of ICMR, and Bharat Biotech 	- Visits organized to Torrent Pharmaceuticals, Zydus Hospital, and U.N. Mehta Institute of Cardiology & Research Centre. - along with a Jan Aushadhi Kendra and Health and Wellness Centre 

Further, the diverse and deep-rooted cultural history and heritage were also highlighted through the dance performances of *Kalaripayattu*, *Ghode Modni*, *Artitika*, *Mahisasur Mardini*, *Kuchipudi*, *Dandiya*, *Kathak*, *Bharatnatyam*, *Garba*, *Dhol-Taasha*, and more. These were accompanied by traditional regional music, such as the *Qawwali* in Hyderabad, *Goan music*, and the *Bamboo Music Symphony* in Kerala.

Cultural Showcase during HWG Meetings

1 st HWG; Trivandrum	2 nd HWG; Goa	3 rd HWG; Hyderabad	HMM; Gandhinagar
 - Live music, including instruments like <i>Edakka</i>, <i>Violin</i>, <i>Flute</i>, <i>Mizhavu</i> (Fusion Music) - Showcased Kerala Martial Art (<i>Kalaripayattu</i>), Classical, Folk & Tribal Dance, Music, Mime, and paintings, on the screen, alongside a <i>Bamboo Music Symphony</i> performance 	- Delegates welcomed with traditional Goan music - and <i>Ghode Modni</i> and <i>Artitika</i> and instrumental serenades. A total of 12 cultural performances  	- Soul-touching <i>Qawwali</i> performance was organized at the Taj Falaknuma Palace <i>Mahishasur Mardini</i>, <i>Kuchipudi</i> & Fusion Dance performances 	 - Welcomed with a Gujarati <i>Garba</i>, <i>Dandiya</i> and <i>Dhol-Taasha</i> performances. - Showcased <i>Yoga Dance</i>, <i>Mallakhamb</i>, <i>Kathak</i> and <i>Bharatnatyam</i> performances; - along with a <i>Fashion Show</i>, focused on the idea of sustainable fashion and emphasizing <i>One Health</i>. 

Excursions and guided tours were curated for delegates to enjoy and appreciate India's handicrafts and local artisans at the Kerala Art and Crafts village and Shilparamam, Hyderabad, and the architectural marvels at the Golconda Fort in Hyderabad and Dandi Kutir in Gandhinagar. The MoHFW, in

partnership with the Food Safety and Standards Authority of India (FSSAI), also treated delegates to millet-based delicacies alongside local and regional cuisines. The Ministry of Ayush further created experiences of morning yoga and cycling to promote a shift towards healthier lifestyles.

Conclusion

The G20 India Health Working Group achieved a historic milestone with the launch of the Global Initiative on Digital Health (GIDH) on August 19, 2023, in Gandhinagar, Gujarat. Housed at WHO, the GIDH will democratize wider usage of quality-assured digital solutions and innovations towards the achievement of Universal Health Coverage (UHC). In addition, the G20 India Health Ministers' Outcome Document and Chair Summary is a testament to India's efforts in bringing together the 20 diverse nations on the crucial agenda that India continues to advocate for. Consensus over the document was brought about by eight virtual consultations and intense discussions at the Deputies Meeting in Gandhinagar, Gujarat.

India has emerged as a critical player in global healthcare, offering valuable lessons on how international cooperation can address health challenges effectively. Its focus on equitable vaccine distribution, strengthening healthcare systems, promoting research and development, data sharing, and surveillance has had a significant impact on responding to the COVID-19 pandemic and preparing for future health crises. The group's achievements underscore the importance of global collaboration in building resilient and responsive healthcare systems that benefit people around the world.

7.11.1 Though the Indian G20 presidency is over, MoHFW is actively engaged in taking the key health sector priorities forward through the various active working groups.

An inter-ministerial meeting chaired by OSD (G20) and Sous Sherpa, Shri Abhay Thakur, was held on January 23, 2024, at Bhaskara, Sushma Swaraj Bhawan, to take stock and follow up on actions related to the G20 New Delhi Leaders' Declaration (NDLD) outcomes and engage with the G20 Brazilian Presidency. The meeting was attended by representatives of line ministries and departments responsible for the G20 Working Groups (WGs) and new G20 initiatives (proposed by the Brazilian Presidency).

The 1st G20 Joint Finance and Health Task Force (Task Force, or JFHTF) meeting under the Brazilian Presidency was held virtually on February 1, 2024. The co-chairs of the JFHTF, Italy and Indonesia, facilitated the meeting.

Virtual Launch of the Global Initiative on Digital Health (GIDH), a WHO Managed Network, February 20, 2024 WHO HQ organized a virtual launch of the Global Initiative on Digital Health, a WHO-managed network, on February 20, 2024, in Geneva, in continuation of the GIDH launch on August 19, 2023, at the Health Ministers' Meeting, Gandhinagar, Gujarat, during India's G20 Presidency.

G20 Brazil Health Working Group Meeting, February 22, 2024: As part of the Brazil G20 Presidency Health Track, the 1st Health Working Group meeting was held virtually with all the G20 member countries, invited countries, and international organizations.

Facilities For Scheduled Castes And Scheduled Tribes

CHAPTER 08

8.1: INTRODUCTION

The Scheduled Caste (SC) and Scheduled Tribe (ST) Cell (SC/ST cell) have been functioning in the Ministry of Health & Family Welfare (MoHFW) to look after the service interest of SC / ST category employees. The Cell assists the Liaison Officers for SC/ST/PwD (Persons with Disabilities)/EWS (Economically Weaker Section) and OBC in the Ministry to ensure that representations from

SC/ST/PwD/OBC/EWS category in establishment/services matters under MoHFW receive proper consideration.

The representations of SC/ST/OBS category in the Department of Health & Family Welfare (DoHFW) and its Attached/Subordinate Offices and the Central Health Services Cadre administered by DoHFW are given below:

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Others
D/o Health & Family Welfare and its Attached /Subordinate Offices	19721	4554	1540	4300	61	9266
Central Health Services (All Group 'A' posts)	3293	549	276	746	1722	

The representations of Persons with Disabilities (PwD) category (as on 01.01.2023) in Department of Health & Family Welfare are as under:

Group of Post	Total	Type of Disability				
		A	B	C	D	E
A	3921	0	0	1	0	0
B	583	0	0	3	0	0
C	2430	4	7	25	0	0
C (Sweeper)	0	0	0	0	0	0
Total	6934	4	7	29	0	0
Percentage		0.06	0.10	0.42	0	0

Where,

SC: Scheduled Caste;

ST: Scheduled Tribe

OBC: Other Backward Class

EWS: Economically Weaker Section

Others: Neither SC / ST / OBC

A: Blindness and Low Vision

B: Deaf and Hard of Hearing

C: Locomotor Disabilities including Cerebral Palsy, Leprosy cured, dwarfism, acid attack victims and muscular dystrophy

D: Autism, Intellectual disability, specific learning disability and mental illness;

E: Multiple disabilities from amongst A to D including deaf-blindness

8.2 NATIONAL HEALTH MISSION

The National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, affordable

and quality health care to the rural population especially the vulnerable sections including Tribals. One of the key features of NRHM included interventions for improving health indicators. In 2013, the NRHM was subsumed under the National Health Mission (NHM) as its Sub-Mission, along with National Urban Health Mission (NUHM) as the other Sub-Mission.

The National Health Mission provides technical and financial support for improvement in the health

Infrastructure, availability of adequate human resources to improve availability and accessibility to quality healthcare especially for the underserved and marginalized groups in rural and tribal areas.

In terms of infrastructure development, thrust has been given to reduce the gap in the availability of facilities, particularly in Tribal areas. Overall, there has been 49.4% increase in Health Facilities available in Tribal areas as compared to 9.1% increase in all India, between 2005 and 2022:

Type of Facility	All India			Tribal Areas		
	RHS 2005	RHS 2022	% Increase	RHS 2005	RHS 2022	% Increase
SHCs	1,46,026	1,57,935	8.1%	16,748	25,383	51.5%
PHCs	23,236	24,935	7.3%	2,809	3,833	36.4%
CHCs	3,346	5,480	63.8%	643	960	49.3%
Total	1,72,608	1,88,350	9.1%	20,200	30,176	49.4%

Under NHM, tribal areas enjoy relaxed norms as under:

- **Health facility:** The population norms for setting up health facilities in tribal areas has been relaxed from 5,000, 30,000, and 1,20,000 to 3000, 20,000 and 80,000 for setting up of Sub Centre, PHC and CHC in tribal and hilly areas.
- **ASHA workers** The States/UTs have been provided with the flexibility of relaxing the norm of one ASHA per 1000 population to one ASHA per habitation in Tribal/hilly and difficult areas.
- **Mobile Medical Units (MMUs)** The provision of single vehicle up to 2 MMUs per district in plain areas is relaxed to 4 MMUs per district in tribal/hilly/inaccessible/remote and hard to reach areas. There is further relaxation up to 10 MMUs per districts in PVTG areas under **"Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan"** (PM JANMAN). For FY 2024-25, a total of 539 MMUs have been approved for PVTG areas under PM JANMAN.
- **ANM:** When Multi-Purpose Centre (MPC) has been established by Ministry of Tribal Affairs, an **additional ANM** will be deployed in these MPCs with basic drugs and diagnostics facilities under PM JANMAN.
- A total number of 39,195 and 28,995 Ayushman Arogya Mandirs are operationalised in 150 Districts with a higher percentage of SC population and 178 Districts with higher tribal population identified by MoTA respectively as on 31.03.2024.

8.3 NATIONAL URBAN HEALTH MISSION (NUHM)-

National Urban Health Mission (NUHM) was approved on 1st May, 2013 as one of the sub-missions under an overarching National Health Mission (NHM).

NUHM envisages strengthening the primary health care delivery systems in urban areas and providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population. It also seeks to decongest secondary and tertiary health care facilities (District Hospitals/Sub-District Hospitals/Community Health Centre) by providing robust comprehensive primary health care services in urban areas. NUHM covers all cities and towns with more than 50,000 populations and district headquarters and State headquarters with more than 30,000 population.

Since the beginning of the Programme in FY 2013-14, 5333 UPHCs and 233 UCHCs are functional across the states. The human resources under the programme in position includes around 4,345 Medical Officers, 331 Specialists, 19,298 ANMs, 8,097 Staff Nurses, 3,30 Pharmacists, 3,606 Lab Technicians and 489 Public Health Managers. About 84,568 ASHAs and 86,045 MAS are also in position for effective community participation activities. (source : Quarterly NHM MIS Report - status as on 30.09.2023). **he services being**

provided through these facilities are available to all sections of the population including SC & ST.

As part of Ayushman Bharat, the existing U-PHCs are being strengthened as urban Ayushman Arogya Mandirs to provide preventive, promotive and curative services in cities closer to the communities. So far, 5087 UPHCs have been converted into urban Ayushman Arogya Mandirs in the States/UTs (except Delhi). 4770 urban Ayushman Arogya Mandirs below UPHC are operationalized (source :HWC Portal, data as on 31.03.2024).

8.4 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

To achieve India's vision of eliminating Tuberculosis (TB), the Ministry of Tribal Affairs (MoTA) and the Ministry of Health and Family Welfare (MoHFW) signed a Joint Action Plan for elimination of TB in October 2020. Following this agreement, Tribal TB Initiative was launched in March 2021. Tribal TB initiative is a unique partnership between the MoHFW and MoTA to improve the cascade of TB care and support services among Tribal Populations in India. Piramal Swasthya is the implementing partner for the initiative through the support of USAID.

Highlights of Tribal TB Initiative 2.0 (2022-23)

To commemorate the glorious milestone of 75 years of Indian independence, Azadi Ka Amrit Mahotsav, and to contribute towards achieving the Sustainable Development Goals set for our country, the Ministry of Health and Family Welfare and Ministry of Tribal Affairs jointly committed to 75 TB-free tribal districts under Tribal TB Initiative.

The chosen 78 districts across 11 states are particularly high-burden and have been selected in consultation with the respective States. The focus is community engagement and mobilization among the tribal population through community influencers like Tribal Healers, PRIs, and tribal youth. Health system strengthening and resource mobilization are also focus areas under the joint initiative. Some of the main activities undertaken are as below:

1. Community empowerment and mobilization

- Sensitization of PRI members, tribal healers, tribal leaders, youth, SHGs, etc. to establish primary TB screening, referral mechanisms through pictorial referral slips and become treatment supporters and are actively involved in talking about TB at various village-level forums and raising

awareness of TB to reduce stigma in their community.

- Created simplified versions of TB-Free Panchayat and TB Champions training modules for the use of trainers (English & Hindi), and it is being rolled out in districts.
- Sensitizing students and staff of Eklavya Model Residential (EMR) Schools operated under MoTA.

2. Health system strengthening

- Training of PRI and VCDC members for TB-Free Gram Panchayat Initiative.
- Identifying resource-sharing areas between the State Tribal Welfare Department and State Health Department based on the block-level needs and the submission of the requirements raised through a proposal for the appraisal of the Project Appraisal Committee of MoTA. Through this process, the Chhattisgarh state PAC proposal for FY 23-24 of 34 TrueNat machines is approved by MoTA and funds have been transferred to the DHS account for procurement.
- Implementation of TB-free action plans that would help to monitor progress towards TB-free district status.
- Leveraging CSR funds to support NTEP in strengthening diagnostics

Achievements from 1st January 2023 to March 2024 in the identified districts

Total number of community influencers sensitized on TB	52,384
PRI Sensitized	29,366
Youth Sensitized	7,157
Tribal Healer Sensitized	4,241
SHG Sensitized	2,941
TB Champion Sensitized	1,933
Faith Leader Sensitized	759
Other Sensitized	9,687
Total number of individuals referred by the community influencers for testing of TB	13,247
Total number of individuals Tested for TB out of those referred	12,964 (98%)
Total number of individuals Diagnosed as TB Positive	376 (3%)

Total number of students and staff sensitized from Eklavya Modal Residential Schools	44,241
Total number of district forums having tribal representation	53

Notable Achievements:

- In Chhattisgarh, 130 Vishesh Gram Sabhas were organized across 9 tribal districts in collaboration with District TB cells with the Panchayati Raj Department to empower TB-Mukt Panchayat Abhiyan. Furthermore, three community-owned ACFs were carried out in support of District TB cells of Gariyabandh, Jashpur, Kanker, and Rajeev Yuva Mitaan Club leading to the identification of multiple TB-positive cases.
- In Meghalaya, through the Ri Bhoi Tribal Healer Association, 108 tribal healers and 61 village headmen were oriented on TB, promoting early detection, and establishing an efficient referral system for suspected TB cases in Ri Bhoi and West Khasi Hills areas. This led to the proposal of integrating community influencer engagement into Meghalaya's PIP.
- Tribal TB Initiative collaborated with Mizoram SRLM for the training of 517 Block Management Staff on TB and inclusion of TB in SHG activities.
- To support PM-TBMBA, in Assam, 550 TB patients were adopted by Power Grid, Dhemaji, 100 TB patients by Tamulpur ADC Office, Baksa, and 6 TB patients by each of the District Agriculture Officers in Dima Hasao.
- PVTG tribes like Dongria Kondh and Bonda residing in hard-to-reach areas of Raygada and Malkangiri, Odisha respectively, were sensitized on TB.
- A total of 577 TB Champions belonging to various tribes like Khasi, Gond, Bhil, Bhilala, etc. have been identified.

8.5: NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP):

National Leprosy Eradication Programme (NLEP), India is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). NLEP programme has focussed its strategies towards the vision of “Leprosy Free India” since its inception. Current NLEP strategies include availability of quality diagnostic & treatment

services, reduction of its transmission and the prevention of deformities and disabilities due to leprosy.

India achieved elimination status of leprosy at the National level in 2005 i.e., Prevalence Rate (PR) less than 1 case/10,000 population. Since then, India has introduced various programmatic strategies to reduce the transmission of leprosy. India continues to contribute to 60% of Global new leprosy cases. (Global Data by WHO 2023).

NLEP has released “National Strategic Plan & Roadmap for Leprosy 2023-27”, which has enlisted strategies towards aim of “Interruption of transmission of leprosy in India by 2027” (3 years ahead of SDG 2030). The key strategies suggested under the NSP & Roadmap for leprosy with focus on Schedule Caste (SC) & Schedule Tribe (ST) population are, as follows:

I. For enhanced Active & Early Case Detection:

- Introduction of active case detection activities in all the endemic regions of the country with special focus on tribal & hard to reach areas, the activities focussed on such areas are:
 - Leprosy Case Detection Campaign (LCDC): Fortnight campaigns focussed on searching for leprosy suspects by conducting house-to-house surveys in all the endemic pockets of the country.
 - Special Plan for Hard to Reach Areas (HTR) plan: Leprosy case search activity with special focus on tribal, difficult to reach and underserved areas.
 - Further, the NLEP activities ensuring screening for early case detection on a regular basis are, Convergence of leprosy screening under Rashtriya Bal Swasthya Karyakram (RBSK) and Rashtriya Kishore Swasthya Karyakram (RKSK) for screening of children (0-18 years).
 - Convergence of leprosy screening under Comprehensive Primary Health Care (CPHC), Ayushman Bharat for population based screening of women and men of age 30 years and above.
- d) Urban Leprosy Screening under NUHM for Peri-Urban and Urban slums area/ colonies' migratory population.

II. To stop discrimination against people suffering from leprosy: Sparsh Leprosy Awareness Campaigns (SLAC) at village level.

III. For prevention of leprosy amongst contacts: Contact Tracing and Post Exposure chemoprophylaxis administration.

IV. Nikusth 2.0 (revamped ICT portal for NLEP): Launched by Hon'ble Union Minister of Health & Family Welfare, Government of India on National Anti-Leprosy Day 2023 (30th January, 2023), a platform for strengthening surveillance under NLEP by case based reporting of all the leprosy cases.

V. National Guidelines launched for improving quality of services under NLEP in 2023 are:

- **National Guidelines for Antimicrobial Resistance (AMR) Surveillance in Leprosy,** Launched by Hon'ble Union Minister of Health & Family Welfare, Government of India for establishing laboratory network for detection & treatment of drug resistant leprosy cases.

- **National Framework for Integration of Mental Health Framework for Leprosy Patients:** This is a step towards NLEP's aim of "Zero Stigma & Discrimination" and will ensure the availability of Mental Health (MH) services to leprosy-affected individuals for better treatment outcomes.

VI. In addition, various services are being provided under the programme for Disability Prevention and Medical Rehabilitation (DPMR) i.e.,

- There is a provision of free self-care kits and counselling/training for persons affected by leprosy for prevention of disability.
- Provision of supply of free of cost specialized Micro-Cellular Rubber (MCR) footwear, Aids & Appliances for cases with disabilities & deformities due to leprosy.

- Referral services for management of cases and Re-Constructive Surgery (RCS) at District Hospitals and Medical Colleges/Central Leprosy Institutions, including welfare allowance of Rs 12,000/RCS as compensation for wage loss.

Under NLEP, all the above-mentioned services are being provided uniformly to all segments of the society, including the Scheduled Tribes and Scheduled Castes population. However, statistics pertaining to the epidemiological status of ST & SC population are separately collected and analysed. The same are briefly presented as follows:-

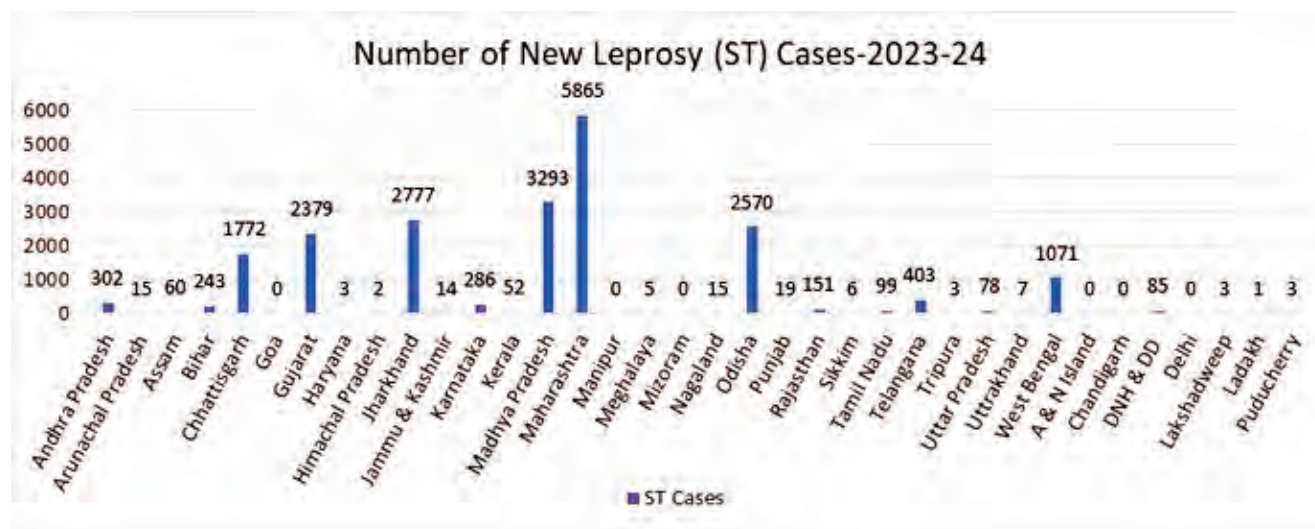
Epidemiological status of Scheduled Tribes and Scheduled Castes population

Under the programme, state wise disaggregated data of tribal population is collected on monthly basis.

In the year 2022-23, out of total 1,03,819 new leprosy cases detected, 19,732 (19%) were ST and 18,204 (17.6%) were SCs. During the year 2023-24, out of total 1,07,851 new leprosy cases detected, 21,582 (20.01%) were STs and 18,625 (17.27%) were SCs.

Financial Year	Total New Cases	% ST	% SC
2022 -2023	1,03,819	19%	17.6%
2023 -24	1,07,851	20.01%	17.27%

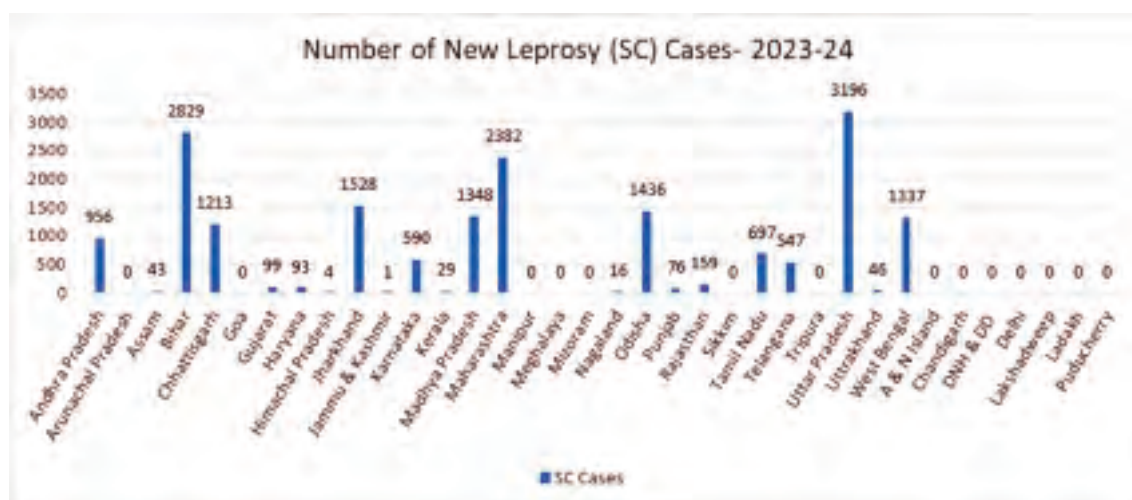
The state-wise graph of number of Schedule Tribes (ST) new leprosy cases among total new leprosy cases for F.Y. 2023-24:



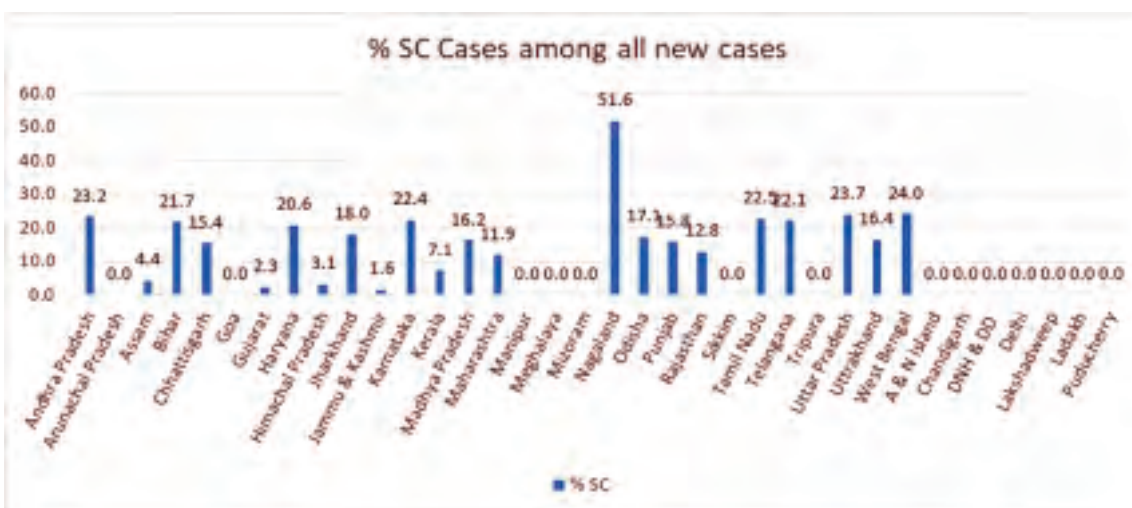
The state-wise graph of proportion Schedule Tribes new leprosy cases among total new leprosy cases for F.Y. 2023-24:



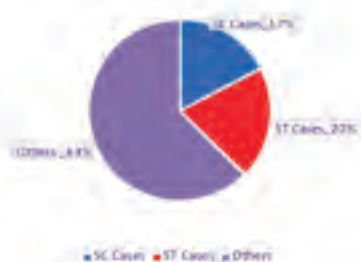
The state-wise graph of number of Scheduled Caste (SC) new leprosy cases among total new leprosy cases for F.Y. 2023-24:



The state-wise graph of proportion Schedule Caste (SC) new leprosy cases among total new leprosy cases for F.Y. 2023-24:



Percentage of Leprosy (SC & ST) cases among new leprosy cases in India during 2023-2024



8.6 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

The National Centre for Vector Borne Diseases Control (NCVBDC) administers an umbrella programme, namely, National Vector Borne Diseases Control Programme (NVBDCP) for prevention and control of vector borne diseases namely Malaria, Japanese Encephalitis, Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis. The States/UTs are responsible for implementation of the programme, whereas NCVBDC provides technical and financial assistance to the States/UTs in the form of cash & commodity, under the overarching umbrella scheme of National Health Mission (NHM).

Under NVBDCP, promotive, preventive, and curative (diagnosis and treatment) services are uniformly made available to all segments of population including SCs and STs in all the States/UTs of the country. Strategies for VBD control are based on the endemicity of diseases.

MALARIA:

The malaria disease burden in India has declined by 80.53% (from 1.16 million to 0.23 million) and malaria deaths by 78.38% (from 384 to 83) in 2023 as compared to 2015. Malaria is more predominant in tribal districts of North-Eastern States, Odisha, Chhattisgarh and Jharkhand. Among 182 tribal and Left-Wing Extremist (LWE) districts, there has been 82.29% reduction in malaria morbidity and 77.01% reduction in malaria mortality in 2023 as compared to 2015.

Under NVBDCP, various anti-malarial interventions such as Early diagnosis and radical treatment, case-based surveillance and rapid response, Integrated Vector Management (IVM), epidemic preparedness and early response,

monitoring and evaluation, advocacy, coordination and partnerships, behaviour change, communication and community mobilization are undertaken. Along with NHM, externally aided Global Fund project is being implemented in high endemic States. A total of 1.13 crores Long-Lasting Insecticidal Nets (LLINs) under GFTAM support are in the distribution process to the community residing in high malaria endemic areas of 7 North Eastern States, Chhattisgarh and Madhya Pradesh in 2023.

LYMPHATIC FILARIASIS:

In India, there are 345 Lymphatic Filariasis (LF) endemic districts spread across 20 States/UTs. As per Tribal Ministry Annual Report 22-23, there are 177 tribal districts. Out of these 177 tribal districts, 70 districts are endemic for LF.

The current Lymphatic Filariasis elimination strategy is implemented uniformly across populations, including SCs and STs, in endemic districts of the country as relevant. There is no special tribal paradigm for filaria transmission in the country.

DENGUE & CHIKUNGUNYA:

Dengue and Chikungunya are endemic in all States/UTs (except Ladakh). NCVBDC provided free diagnosis, through 848 Sentinel Surveillance Hospitals (SSHs) for Dengue and Chikungunya across the country and 17 Apex Referral Laboratories (ARLs) with advance diagnostic facilities. Government of India provided technical guidelines on case management, integrated vector control methods and supplied IgM test kits to all identified SSH across the country so that every section of people get the services.

JAPANESE ENCEPHALITIS:

Under NVBDCP-(JE), promotive, preventive, diagnostic and management services are uniformly made available to all segments of population including SCs and STs in all the States/UTs of the country. Strategies for VBD control are based on the endemicity of diseases.

KALA-AZAR:

Under Kala-azar elimination programme promotive, preventive, and curative (diagnosis and treatment) services are uniformly made available to all segments of the population including SCs and STs in all the States/UTs of the country.

8.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

National Programme for Control of Blindness was launched in the year 1976 as a centrally sponsored scheme (now 60:40 in all States and 90:10 in NE States and other hilly States) with the goal of reducing the prevalence of blindness to 0.25% by the year 2025. The National Blindness & Visual Impairment Survey (2015-19) conducted under the programme showed a reduction in the prevalence of blindness from 1% (2007) to 0.36% (2019).

The programme is being implemented uniformly in all districts of the country. The benefits of the scheme are meant for all including SC/ST population as per the approved schemes. However, the following initiatives have been introduced under the programme keeping in view NE States, which are tribal predominant:

- Vision Centres were opened in distance and geographically difficult districts of North East States.

- Assistance for construction of dedicated Eye Wards & Eye OTs in District Hospitals.
- Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors) in States on contractual basis.
- In addition to Cataract, provision of grant-in-aid to NGOs for management of other Eye diseases other than Cataract like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of childhood blindness, low vision etc.
- Development of Mobile Ophthalmic Units in NE States, Hilly States & Difficult Terrains for diagnosis and medical management of eye diseases.
- Development of tele-ophthalmology units.
- Involvement of Private Practitioners in Sub District, Block and Village level.

Progress report in respect of NPCBVI for the period from January 2023 to March, 2024

Activities	Average Target 2023-24	Achievement January, 2023 to March, 2024
Cataract Operation	90,00,000	11,30,9,620
No. of free spectacles provided to school children suffering from refractive errors	16,00,000	11,85,356
No. of donated eyes collected	75,000	72,348

8.8 AYUSHMAN BHARAT PRADHAN MANTRI - JAN AROGYA YOJANA

Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) is the world's largest health assurance scheme that intends to minimise the out-of-pocket expenditure of the target beneficiaries arising due to catastrophic expenditure on healthcare. The scheme provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 55 crores to poor and vulnerable individuals corresponding to 12 crore families that form the bottom 40% of the Indian population. The households included in the scheme are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC) and other State schemes that consider similar deprivation criterion as of AB-PMJAY. The scheme was launched subsuming the

erstwhile Rashtriya Swasthya Bima Yojana (RSBY) on 23.09.2018 with an aim to improve affordability, accessibility and quality of healthcare for the poor and vulnerable section of the population.

1. Salient Features of AB PM-JAY

- Around 12 Crore poor and vulnerable families (approximately 55 crore individuals) are entitled under AB PM-JAY for cashless and paperless healthcare services of upto Rs.5 lakhs annually which can be accessed at any of the AB-PMJAY empanelled hospitals. Many of the 33 States/UTs have further expanded the beneficiary base to approximately 18 crores.
- The beneficiaries can avail healthcare services across 27 specialities covering 1949 procedures. This health cover includes 3 days of pre-hospitalisation and 15 days of post-hospitalisation expenses.

- There is no cap on family size, age or gender to ensure that all members of the beneficiary families are covered.
- The benefits under the scheme are portable across the country.
- The scheme is implemented in convergence with the State schemes where the State governments have identified other beneficiaries based on similar parameter as of AB PM-JAY.

2. Beneficiary Identification System

The Beneficiary Identification System (BIS) is one of the key components of National Health Authority's (NHA's) information technology. It facilitates verification of eligible beneficiaries through SECC or additional datasets through Application Programme Interface (APIs) and supports Aadhaar based e-KYC (electronic Know Your Customer) for authentication. NHA has launched a mission mode campaign "Aapke Dwar Ayushman" for massive card creation across States UTs. Under this campaign, NHA signed MoUs with leading service providers such as CSC e-Governance Services Ltd. and UTIITSL Ltd. to ensure free issuance of cards to (SECC 2011)

beneficiaries undergoing verification for the 1st time. Along with this, NHA has also empanelled 4 other card creation agencies and 8 card approver agencies to expedite the Ayushman card creation in the States/UTs. In this regard, the State/UTs have also been given flexibility to select any other agency as per their convenience.

Recently, National Health Authority has revamped the card creation process, where a new mobile application viz. 'Ayushman App' has been developed to ensure Ayushman card saturation in a time bound manner. This mobile application has been enabled with self-verification feature whereby beneficiaries can create Ayushman card for himself/herself along with his/her family using a mobile phone. Also, this mobile application is equipped with face-auth technology that restricts dependency on any external device for beneficiary authentication and thus mitigating the field level challenges during card creation. Further, NHA has also actively collaborated with State Health Agencies to establish grassroots network of Health Care Workers (HCWs) and Front-Line Workers (FLWS) to easily mobilize beneficiaries and expedite card creation.

1. Coverage of SC/ST under AB PM- JAY

S N	Parameter	National Cove rage	Total progress for which SC/ST categorisation is available (SECC)	Scheduled Castes	Scheduled Tribes
1	No. of Ayushman cards generated	34.04 Crore	6.70 Crore	1.97 Crore	97.17 Lakhs
2	No. of hospital admission authorized	6.86 Crore	71.38 Lakhs	20.69 Lakhs	10.06 Lakhs
3	Amount of hospital admission authorized	86,797 Crore	9,446.35 Crore	2,711.22 Crore	1,215.05 Crore

Data as on 31st March, 2024

Note: Categorisation of SC & ST is available for SECC database only. Since information related to SC & ST categorisation is not available for non-SECC databases, the extent of beneficiary coverage and healthcare utilization by SC & ST community under AB PM-JAY cannot be fully quantified.

1. Overall Scheme Progress

34.04 Crore	6.86 Crore	86, 797 Cr	29,220
Ayushman Cards created	Hospital Admission (count)	Hospital Admission (amount)	Hospitals Empanelled

***Data as on 3 1.03.2024**

8.9 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (NP- NCD) UNDERNHM:

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

In the last few years, many new diseases or disease-groups/new initiatives have been added to the "National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) such as Non Alcoholic Fatty Liver Disease, Chronic Kidney Disease, STEMI etc. To this effect, 'NPCDCS' has been renamed as "National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).

Under the programme, NCD Clinics are being set up at District and CHC levels, to provide services for common NCDs (Diabetes, Hypertension and common Cancers viz. Oral, Breast and Cervical Cancers). Cardiac Care Units (CCU) and Day Care Centres are also being set up for providing facilities for emergency Cardiac Care and Cancer Chemotherapy respectively.

Intervention on Chronic Obstructive Pulmonary Diseases (COPD), Chronic Kidney Diseases (CKD) and Non- Alcoholic Fatty Liver Disease (NAFLD) are also included in the programme. These services are uniformly made available to all segments of population including SCs and STs in all the states and UTs of the country.

Population based prevention and control, screening and management initiative for common NCDs (Diabetes, Hypertension and cancer viz. Oral, Breast and Cervical Cancer) is being implemented as a part of comprehensive primary health care under Health Wellness Centres in National Health Mission (NHM). Under this initiative, persons over 30 years of age are targeted. Prevention, control & screening services are being provided through trained frontline workers (ASHA, ANM & MPWs), and the referral support and continuity of care is ensured through PHC, CHC, District Hospitals and other tertiary care institutions. The above mentioned services are meant for all including SC/ST population as per the programme guidelines.

Till **31st March 2024**, Pan India, total enrolment (30 years+) through NCD application is 35.11 crore and 26.16 crore were screened and their record is maintained in NCD application (including State using own application and sending aggregate data). From January 2023 to March 2024, Pan India, total enrolment (30 years+) through NCD application is 14.52 crore and 13.11 crore were screened.

Media campaigns were organized on special days pertaining to NCDs i.e. World Cancer Day, World Kidney Day, World Stroke Day, National Cancer Awareness Day, World Diabetes Day, on risk factors, prevention, management of NCDs and promotion of a healthy lifestyle through use of print, electronic and social media for continued community awareness.

Strengthening of Tertiary Care Cancer Centres scheme under NP-NCD: Under the Strengthening of Tertiary Care Cancer Centre (TCCCs) facilities Scheme of NP-NCD, financial assistance is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Cancer Care Centres (TCCCs) in different parts of the country. Under the scheme, there is a provision of providing one time grant up to Rs. 120 crore for SCI and up to Rs. 45 crore for TCCC including State share. This grant is meant for procurement of equipment and building construction. The funds sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10. Under the programme, 19 SCIs and 20 TCCCs were approved in different states/UTs. The tertiary care services are uniformly provided to all including SC/ST population.

Pradhan Mantri National Dialysis Program (PM-NDP): Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic

kidney disease during year 2016-17 to support in all district hospitals in a Public Private Partnership (PPP) mode under NHM. Haemodialysis services were provided under the program. Peritoneal Dialysis has also been included since 2020. PMNDP has been implemented in total 36 States/UT in 748 (54 Linked) Districts at 1452 **centres** by deploying 9902 hemo-dialysis machines. Total **22.56 lakh patient** availed dialysis services and **259.62 Lakh Hemo-dialysis sessions** held-as on 29th February 2024. From January 2023 to February 2024, dialysis services have been made available in 107 districts, 102 centres by deploying 1031 machines. Total 5.29 lakh patients availed dialysis services and 71.05 lakh hemo-dialysis sessions held from January 2023 to February 2024.

8.10 Medical Education

Medical Education Division is administering HRH & ME umbrella scheme which includes the

Centrally Sponsored Schemes for increase in UG and PG seats in existing Government medical colleges. Under the Scheme, funds are provided for infrastructure of new medical colleges and infrastructure upgradation in medical colleges. The support under these schemes is provided only in government institutes and hence reservation policies of the respective State Governments apply in admissions to those increased/newly created seats.

Further, 15% of such seats in UG and 50% of such PG seats are filled by centralized counselling in which reservation policy is applied. These schemes are not individual beneficiary oriented and there is no earmarking of medical services/education for specific categories of population.

8.11 Budget Allocation for SC/ST

(In ₹ crores)
As on 31.03.2024

Schemes/Programme/ Institutes		BE 2023 -24		RE 2023 -24		Expenditure upto 31.03.2024 (as per E-lekha)	
		SCSP	TSP	SCSP	TSP	SCSP	TSP
Transfers to State/UTs							
Centrally Sponsored Schemes							
National Health Mission							
1.	Flexible pool for RCH & Health System Strengthening , National Health Programme and National Urban Health Mission	4518.36	2375.49	4335.52	2158.66	4542.95	2175.40
2.	Infrastructure Maintenance	1696.08	774.53	1933.47	1021.82	1933.47	1021.82
Total -National Health Mission		6214.44	3150.02	6268.99	3180.48	6476.42	3197.22
3.	Strengthening of State Drug Regulatory System	13.00	10.14	6.83	5.06	5.83	4.34
4.	Tertiary Care Programme						
	4.01 National Mental Health Programme	4.95	3.51	4.00	0.50	3.46	1.18

Schemes/Programme/ Institutes			BE 2023-24		RE 2023-24		Expenditure upto 31.03.2024 (as per E-lekha)	
			SCSP	TSP	SCSP	TSP	SCSP	TSP
	4.02	Assistance for Capacity Building for Trauma Centres	0.30	0.30	0.30	0.30		
	4.03	National Programme for Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)	14.61	7.57	6.97	3.85	11.43	5.12
	4.04	Tobacco Control Programme & Drug De - addiction Programme						
		Total -Tertiary Care Programme	19.86	11.38	11.27	4.65	14.89	6.30
5.		Human Resource for Health and Medical Education	1079.00	559.00	169.64	87.89	156.14	82.09
6.		Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM -ABHIM)	821.79	410.90	313.60	165.74	313.08	162.50
7.		Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PMJAY)	1175.72	688.97	1194.45	682.51	1075.28	681.62
Total -Centrally Sponsored Schemes			9323.81	4830.41	7964.78	4126.33	8041.64	4134.07

Activities In North East Region

CHAPTER 09

9.1. INTRODUCTION

North-Eastern Region (NER) has a population of about 45 million in an area of about 2.62 lakh square km covered by 9740 health facilities (20 Medical Colleges, 97 District Hospitals, 32 Sub-District Hospitals, 320 Community Health Centres, 1560 Primary Health Centres and 7711 Sub Health Centres). There are also 03 (three) private medical colleges: one each in Manipur, Sikkim and Tripura.

Although we see significant improvement in the healthcare infrastructure of the NE States in the last decade through substantial investment in health systems strengthening; **including establishing** medical colleges in Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, **Nagaland**, Sikkim & Tripura, the region is still facing shortage of both health infrastructure and adequate manpower (especially specialist / super specialists doctors) conforming to Indian Public Health Standards 2022.

A separate North-East (NE) Division in the Department of Health & Family Welfare and a Regional Resource Centre (RRC) at Guwahati, Assam had been set up to provide capacity-building support to NE States.

9.2. NATIONAL HEALTH MISSION IN NORTH EAST STATES:

Development of the NE States has been the Government of India's focus of attention given the difficult geography and socio-economic profiles of the eight States viz. Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. The Regional Resource Centre for North-East States at Guwahati, Assam was set up in 2005 to provide technical and managerial support to the NE States in planning, implementation, monitoring & supportive supervision of health programmes, capacity building and improved fund absorption under the umbrella of National Rural Health Mission, later known as the National Health Mission (NHM).

Flexibilities have been provided under Reproductive, **Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH-N)** and **Health Systems Strengthening under**

National Rural Health Mission (NRHM) Flexi pools to take care of the specific developmental requirements of the region while ensuring that national priorities are also kept in mind.

Special Provisions/Norms under NHM: The NHM Implementation Framework has relaxed the norms for NE States keeping in mind the difficult geographical terrain and topography which marks the physical and economic scenario of the region.

Weightage for budgetary allocation under NHM for the NE States: The resource allocation of funds under the NHM-RCH Flexible Pool provides an additional weightage to the NE & Hilly States on account of socio-economic backwardness and difficulties in providing healthcare services as compared to other States.

Relaxed population norms for establishment of different health facilities: For Community Health Centres (CHC), it is one per 80,000 population against 1,20,000 in other States; for Primary Health Centres (PHC), it is one per 20,000 population against 30,000 in other States; for Sub-Centre (SC), it is one per 3,000 population against 5,000 in other States. A norm of "Time to Care" for setting up of Sub Centres within 30 minutes by walk from a habitation has been adopted for hilly Districts, considering the **low density and the** wide dispersal of the population.

State's share under NHM: For NE and Hilly States, the fund-sharing pattern under NHM is in the ratio of 90:10 between the Central and State Governments which is 60:40 for the rest of the States.

Budgetary provisions: All Ministries/ Departments are mandated to make provision of at least 10% of the Central Plan allocation for projects /schemes in the NE Region.

ASHAs: Accredited Social Health Activists (ASHA) may be selected for every village with a population of 1000. The NE States have been given the flexibility to relax the population norms as well as the educational qualifications on a case-to-case basis, depending on the local conditions without compromising on quality through capacity building.

As of March 2024, the total number of ASHAs in NE States is 59,329 as per State sources. The following graph shows year wise status of ASHA in position in NE States (Source: State data). The graph shows the increase in the enrollment of ASHAs from 2013-14 to 2023-24 and including the enrollment for the year 2018-19 when Health and Wellness Centres (now Ayushman Arogya Mandirs) scheme was implemented.

9.2.1 Achievements under NHM in respect of NE Region

Health Facilities & Human Resources: As per the Management Information System (MIS) Report for December, 2023, 311 CHCs, 690 PHCs and 151 Centres working as First Referral Units (FRU) were operationalized on a 24x7 basis under NHM. The AYUSH facilities are available in 1326 Health Centres (including 83 DHs, 236 CHCs, 21 other than CHCs at or above Block level but below District level, 654 PHCs and 332 other health facilities above SCs but below Block level). Further, 328 Specialists, 1274 Medical Officers, 1492 Ayush Doctors, 6320 Paramedics, 7315 Staff Nurses and 6768 ANMs have been augmented under NHM. Additionally, more than 59346 ASHAs have been selected under NHM.

Facility-Based Newborn Care: 71 Special New-Born Care Units (SNCUs), 264 New-Born Stabilization Units (NBSUs) and 1921 New-Born Care Corners (NBCCs) had already been commissioned till 31.03.2024 to provide facility-based healthcare to sick children. The State of Assam has 10 Pediatric Intensive Care Units (PICUs) in Medical Colleges and 12 High-Dependency Care Units (HDUs) at District Hospitals.

Referral Mechanisms: This facility is an integrated and comprehensive healthcare management in the States providing high-end ambulatory transportation for appropriate care in hospitals and Mobile Medical Units (MMUs) in remote areas. The system ensures the provision of Quality Patient Transport Care within the shortest possible time and ensures access to the chain of services across the State with a proper management system. There are 179 MMUs and 1441 Ambulances [26 ALS, 992 BLS, 387 PTV and 36 Others] that are operational under NHM in the NE States. Apart from these, the NHM of Assam has also 07 (seven) Boat ambulances to cover the riverine areas. Besides, there are also 497 ambulances [29 ALS, 58 BLS, 360 PTV and 50

others] operational in the NE States deployed through other sources.

Comprehensive Primary Health Care: NE States have initiated the upgrading of existing health facilities into Ayushman Arogya Mandirs (AAMs), formerly Health & Wellness Centres (HWCs). As on 31.03.2024, a total of 6427 SHC-AAMs, 1504 PHC-AAMs and 330 UPHC-AAMs have been made functional.

Boat Clinics as Floating Health & Wellness Centres: Starting in the year 2008, Assam started the services of 15 Boat Clinics which cater to the communities of 14 Districts residing in remote riverine islands (char/saporis) alongside the Brahmaputra River. These boat clinics provide the complete 12 packages of expanded services under Comprehensive Primary Health Care (CPHC) in riverine areas and are staffed by appropriately trained healthcare staff including Doctors, Nurses, Pharmacists, Laboratory Technicians and Community Workers.

Bio-Medical Equipment Maintenance & Management Programme (BEMMP): This programme is being implemented through the support of NHM in 7 NE States (Arunachal Pradesh, Assam, Manipur, Mizoram, Nagaland, Sikkim and Tripura) in Public Private Partnership mode of operation. Meghalaya is functionalizing the BEMMP through in-house mode utilizing the state budget.

Free Diagnostic Services (Pathology): This program has been implemented in Arunachal Pradesh, Assam, Manipur and Tripura through a mixed in-house and outsourced model. On the other hand, in-house model has been adopted by Meghalaya, Mizoram, Nagaland and Sikkim.

Free CT Scan Services: This program has been implemented through Public Private Partnership (PPP) mode in Assam, Sikkim and Tripura. The program is implemented in house mode in Arunachal Pradesh and Mizoram.

Tele Radiology Services: This program has been implemented in Assam, Sikkim and Tripura.

Dialysis Services: The Pradhan Mantri National Dialysis Program (PMNDP) Services is being implemented in 117 out of 120 Districts including 43 linked districts through 82 hemodialysis dialysis centers (operational in 14 Medical Colleges & Hospitals, 57 District Hospitals, 5 Sub District Hospitals and 6 Community Health Centers). The

PMNDP Services are outsourced through PPP mode in Arunachal Pradesh, Assam and Tripura whereas in the states of Manipur, Meghalaya, Mizoram, Nagaland and Sikkim the services are provided through in-house mode. In addition, Assam and Sikkim have also implemented Peritoneal Dialysis services under PMNDP.

9.3 NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES (NEIGRIHMS), SHILLONG

NEIGRIHMS is a super specialty teaching Institute established in 1987 in Shillong under the Meghalaya Societies Regulation Act 1983 with the objective to provide advanced and specialized medical facilities of the highest level in selected specialties, and to serve as a regional referral service centre for comprehensive health care of people in North Eastern States. It was designed as a Tertiary Care Centre for Postgraduate and Post Doctoral Research in the lineage of AIIMS, New Delhi and

PGIMER, Chandigarh. The Institute is under the administrative control of the Ministry of Health & Family Welfare, Government of India.

Presently the Institute has 31 fully functional departments. It offers Super Specialty services in Cardiology, CTVS, Neurology, Neurosurgery, Surgical Oncology, Urology and Burns & Plastic Surgery. The Specialty services in General Surgery, General Medicine, Paediatrics, Obstetrics & Gynaecology, ENT, Orthopaedics, Dentistry, Psychiatry, Radiotherapy, TB & Respiratory Diseases, Dermatology and Ophthalmology. The hospital is supported by the departments of Radiology, Anaesthesiology, Pathology, Microbiology, Forensic Medicine, Biochemistry, Anatomy, Community Medicine, Pharmacology, Hospital Administration, Transfusion Medicine & Blood Centre and Physiology.

The hospital presently has 594 beds including 78 ICU beds. NEIGRIHMS caters to the patients of entire states of NER.

ACADEMIC ACTIVITIES:

The Institute is conducting Post Doctoral (DM) and Post-Graduate (MD/MS) courses in the following departments.

Sl No	DM	No. of Seats	Year of commencement
1	Cardiology	2	2012 -13
2	Neurology	2	2022 -23

Sl No	MD/MS	No. of Seats	Year of commencement
1	Pathology	3	2009 -10
2	Microbiology	3	2009 -10
3	Obstetrics & Gynaecology	2	2009 -10
4	Anatomy	2	2013 -14
5	Radio Diagnosis & Imaging	2	2013 -14
6	General Medicine	2	2013 -14
7	Oto -Rihno Laryngology	2	2019 -20
8	Dermatology	2	2019 -20
9	Forensic Medicine	3	2019 -20
10	Biochemistry	2	2020 -21
11	Ophthalmology	2	2020 -21
12	Pharmacology	2	2020 -21
13	Orthopaedics	2	2023 -24

PG courses for 2 seats in the department of Physiology will be started from the Academic Session 2024-2025. Proposals to start PG courses in the departments of Anaesthesiology, General Surgery and Paediatrics are in the pipeline along

with increase of seats for MBBS course from 50 to 100 seats, DM Cardiology from 2 to 4 seats and Obst&Gyne from 2 to 6 seats are also under process.

The Institute is also conducting Undergraduate (MBBS), M.Sc (Nursing) and B.Sc. (Nursing) courses as follows:

Sl No	Course	No. of Seats	Year of commencement
1	MBBS	50	2008-09
2	M.Sc (Nursing)	10	2016-17
3	B. Sc (Nursing)	50	2006-07

B.Sc Nursing - 8 (eight) Supernumerary seats under Prime Minister's Special Scholarship Scheme for UTs of J&K and Ladakh (PMSS) & 12 (twelve) under 25% Supernumerary seats for Foreign Students have been increased with the approval of the Ministry.

M. Sc Nursing - 2 (two) seats have been increased under 25% Supernumerary seats for Foreign Students with the approval of the Ministry.

RE-DISTRIBUTION OF SEATS FOR UG COURSE

The Ministry vide letter NoU.12012/92/2007-NE dated 21/03/2023 re-distributed the seats in MBBS Course at NEIGRIHMS, Shillong as per details hereunder

State	Existing % of Seat distribution	Existing % of Seat distribution (in No.)	New % of Seat distribution	New Seat distribution (in No.) for a total of 50 seats	New Seat distribution (in No.) for a total of 100 seats
All India	15	8	15	8	15
North East	37	18	37	18	37
Meghalaya	18	9	28.8 (60% of the Remaining 48% seats for states having no medical college)	14	29
Nagaland	15	8	19.2 (40% of the Remaining 48% seats for states having no medical college)	10	19
Arunachal Pradesh	8	4	0	0	0
Mizoram	7	3	0	0	0
Total	100	50	100	50	100

ACADEMIC ACHIEVEMENTS:

The objective of the Institute is to impart quality medical education and has produced several Post Doctoral, Post Graduate, Under Graduate doctors and health care providers. The numbers of students passed out so far are as under:

Courses	Achievement	Remarks
DM (Cardiology)	24 students admitted	17 completed
PG (MD/MS)	15 Batches admitted	12 Batches completed
MBBS	16 Batches admitted	11 Batches completed
M. Sc (Nursing)	8 Batches admitted	6 Batches completed
B. Sc (Nursing)	18 Batches admitted	14 Batches completed

National and International Conferences, symposia, workshops, tele-conferences and tele-medicine workshops are held in collaboration with other institutes in the country, involving various other funding agencies for research, especially ICMR, HRD, DST etc. It has been in the forefront with its research publications of appreciable impact on need-based, indigenous projects.

HEALTH SCHEMES:

NEIGRIHMS has been successfully operating the following Health schemes for the benefit of poor patients.

Courses	Salient features
PMJAY – MHIS (Meghalaya Health Insurance Scheme) - NEIGRIHMS was awarded for "Highest Number of Claims" among smaller States for PMJAY.	AB-PMJAY is a flagship scheme to help poor patients. Ayushman Bharat or the National Health Protection Mission (AB-NHPM) provides cover upto Rs. 5 lakh per family per year. It has no cap on family size. The Scheme is operational since 2013 in NEIGRIHMS
CMAAY- Chief Minister Arunachal Aarogya Yojna	Provides a total of Rs. 5 lakhs annually out of which Rs. 1 lakh is for secondary treatments and Rs 4 lakhs for

Courses	Salient features
	tertiary ones. Eligible members can avail cashless treatment under CMAAY. The Institute entered into an agreement with Government of Arunachal Pradesh for having cashless treatment for the people of Arunachal Pradesh at NEIGRIHMS under the Scheme
RAN – (Rashtriya Aarogya Nidhi) HMDG – Health Minister's Discretionary Grant	Provides on-time assistance to BPL patients with life threatening diseases relating to the heart, kidney, liver etc. Treatment upto Rs. 5 lakhs can be sanctioned from the Revolving Fund placed with NEIGRIHMS Cases beyond Rs. 5 lakhs are referred to Grants Section, MoHFW. Operational since 2007 in NEIGRIHMS
HMDG – Health Minister's Discretionary Grant	Provides on-time assistance to poor and needy patients (non-BPL families) for major surgical interventions/ diseases. Treatment upto Rs. 2 lakhs through Grants Section, MoHFW. Operational since 2014 in NEIGRIHMS

MANAGEMENT OF THE INSTITUTE

The Governing Council of the Institute is the highest authority of the Institute headed by the Union Health Minister as its President with 27 other members. The Executive Committee is chaired by the Secretary, Ministry of Health & Family Welfare, Government of India. The other Committees have also been constituted such as Standing Finance Committee, Standing Selection Committee and Academic Committee, etc.

The Director, NEIGRIHMS is the Chief Executive Officer of the Institute. All administrative and academic activities are under his control. The Dean (Academics) is the overall in charge of the academic

activities of the Institute and the Dean (Research) looks after the research activities. The Medical Superintendent is the overall in-charge of the hospital looking after the day-to-day functioning of the hospital.

The functioning of the different departments is directly under the respective Heads of Department. Key areas such as Casualty, CSSD, Stores, Hospital Waste Management etc. are looked after by designated officers under the Supervision of the Medical Superintendent.

SANCTIONED STRENGTH AND INCUMBENCY POSITION:

Presently the Institute is having a total of 1609 manpower in position including Faculty, Group A, B & C posts against the sanctioned strength of 1981 posts. The Institute has been making efforts to fill up the vacant faculty posts to augment the teaching faculty in different Departments of NEIGRIHMS. The total number of faculty in position is 97 Nos. against the sanctioned strength of 154 posts. The Institute to date has 69 Senior Residents in position out of 127 posts and 93 Junior Residents in position out of 110 posts.

OUTSOURCED SERVICES

The Institute has outsourced manpower services such as cleaning services, security services and vehicles for additional support in its hospital clinical services, academic and research activities.

MAJOR HIGH END EQUIPMENTS:

State of Art Radiology & Imaging Department exist with various radiology equipments including 128 slice CT scan, 1.5 Tesla MRI, Digital Radiography and Digital Radio Fluoroscopy System, various advance Ultrasonography Systems, Mobile DSA system, Mammography, DEXA Scan.

The Institute also has the following high-end medical equipments including Cathlab, Lithotripsy Machine, Trans Esophageal Echocardiography, Stereotactic Navigational System for Neurosurgery, CUSA, ECMO, Holmium LASER, Virtual Dissection Table, Virtual Autopsy System. The hospital has got a Gas Manifold System with centralized pipelines. It has got the following Oxygen supply System:

1.2 units of Liquid Medical Oxygen Plant each having 10 KL capacity.

2.2 units of PSA (Pressure Swing Adsorption) plants each having capacity of 300L/min and 700 L/min respectively

HOSPITAL STATISTICS REPORT (JANUARY 2023 TO FEBRUARY 2024)

STATISTICAL REPORT	
Jan 23 to Feb 2024	
Outpatients (OPD)	401600
Casualty Patients	21033
In Patients (IPD)	17062
Death	877
Birth	1243
Operations (Jan 23 to Feb 2024)	
Major OT	4395
Minor OT	1561
Investigations & Procedures (Jan 23 to Feb 2024)	
Pathology	956693
Microbiology	467963
Biochemistry	1696104
Radiology	143653
Neurology	3799
Cardiology	52553
CTVS	203
Urology	3604
Orthopaedics	1865
Gynaecology	8821
ENT	11100
Dermatology	3655
GM	18735
Blood Bank	37540

GRANT-IN-AID AND BUDGET

The Institute receives Grants-in-Aid from the Ministry as shown in the table below.

Budget Estimate for 2023-24	Allocation for 2023-24	Funds release by MoHFW as on 31st March 2024
662.88 Crs.	528.83 Crs.	416.67 Crs.

MAJOR EXPANSION PROJECTS OF NEIGRIHMS

The Hon'ble Union Minister of Health & Family Welfare and Chemical and Fertilizers inaugurated the following projects at the Institute on 14.10.2023

- (i) Under Graduate Medical College for 100 intakes with 5 (Five) Hostels.
- (ii) Regional Cancer Centre with 252 bed capacity and Patient Guest House
- (iii) New Nursing College for 100 intakes with 2 (Two) Hostels.
- (iv) 8 (Eight) Modular OTs
- (v) Virtual Autopsy
- (vi) Laying of foundation for 150 beds Critical Bedded Hospital Block

Capacity of Buildings etc:-

FACILITY	CAPACITY
Nursing College	100 students/ year
Nursing Hostel-1 136 students	68 Rooms, Capacity
Nursing Hostel-2 174 students	87 Rooms, Capacity
Nursing dining	Capacity-390 seats
Guest House persons	28 Rooms, Capacity 52
UG Hostel-1 students	76 Rooms, Capacity 92
UG Hostel-2 109 students	91 Rooms, Capacity
UG Hostel-3 109 students	91 Rooms, Capacity
UG Hostel-4 students	74 Rooms, Capacity 88
Internee Hostel 100 students	84 Rooms, Capacity

Regional Cancer Centre with 252 bed capacity with Patient Guest House of 28 rooms will have all state of art cancer diagnosis and treatment facilities including Linear Accelerators, Brachy Therapy, CT Simulator, PET CT-Scan, Gamma Camera and various advanced cancer treatment facilities with 6 Modular Operation Theatres. It also has all state of

the are diagnostic radiological equipments including 3 Tesla MRI, 128 slice CT scan, Digital Mammography, DSA, DRF, DR systems and PACS (Picture Archiving and Communication System). There will be Oncology, Onco Surgery, Radiation Therapy and Oncolmaging facilities.

Creation of additional posts for Under Graduate Medical College of 100 intakes, Expansion of Nursing College etc.

As part of the major expansion projects the Institute had submitted proposals for creation of additional faculty and non- faculty posts for the UGMC with 100 intake and for the College of Nursing.

CONSTRUCTION OF CRITICAL CARE BLOCK (CCB) WITH 150 BEDS:

The Ministry has approved the award of work vide F.NO. G-2017/10/2021-NE dated 10th Jan 2023, for Rs 86,52,21,005.16, to M/s SPD Construction Ltd. The Institute conveyed approval to HSCC vide NEIGR/ENGG/30/2022 dated 16th Jan 2023. Notification of Award issued to M/s SPD Construction Ltd vide No. HSCC/NEIGRIHMS /CCB/2023 dated 17.01.2023.

Time of Completion -15 calendar months from date of commencement.

Physical progress is about 16.5% and financial progress is about 12.5% as on 15th March, 2024.

ACQUISITION OF ADDITIONAL LAND:

The District Collector, East Khasi Hills Revenue, has formally handed over the 20 Acres of Additional Land to NEIGRIHMS, on the 23rd November, 2020, for construction of Dwelling Units for Faculty, Group A, B & C categories.

Institute has received the DPR from

- HSCC - for 844 units (Type VI to Type II) = Rs 674.37 Cr + 5% consultancy charges and
- HITES - for 860 Units (Type VI to Type II) = Rs 1023.25 Cr + 3.25 % consultancy charges

The matter was placed in the 1st Estate Committee held on 22-11-2023 and the Committee decided that the Institute should float an Expression of Interest for identifying the consultant. Institute is processing the matter.

- I. Boundary Wall
- II. Public amenities / shopping complexes
- III. Parks, parking

IV. Sports facilities (Tennis courts, basketball, football)

V. Road networks, Internal and external electrification

VI. RCC - Overhead water tank of at least 5.00 lakhs capacity for gravity distribution to all dwelling units along with filters etc.

VII. Effluent treatment plant (ETP) + Sewerage treatment plant (STP)

VIII. Rainwater harvesting, PHE works etc.

Future Plans:

In the next phase, plans are on the anvil for developing:

- Regional Trauma Centre
- Clinical Biological Radiological Nuclear Centre of 150 beds
- Skills Labs for training of faculty and Paramedics of the Region
- Setting up a Dental College, Paramedical College and School for technical courses.
- School and a crèche for children of the faculty and staff.
- Air Ambulance for improving medical tourism
- Upgradation and increasing of Sports facilities within the campus.

h. Construction of multi-level parking etc.

i. Portable water supply from State, PHE Department Govt. of Meghalaya.

j. Enhancement of power supply as additional back up supply to the hospital from MePDCL, Govt. of Meghalaya.

k. Two indoor Badminton Courts with 200 seating capacity.

l. Indoor Synthetic Tennis Court

m. Multi utility playground with galleries with 500 seating capacity.

n. Multi-level parking facility

9.4 REGIONAL INSTITUTE OF PARAMEDICAL & NURSING SCIENCES (RIPANS), AIZAWL

Regional Institute of Paramedical & Nursing Sciences (RIPANS), Aizawl was set up by the Ministry of Home Affairs, Government of India in 1995-1996 to provide Nursing, Pharmacy and Paramedical education to the people of North East including Sikkim and to maintain the pace of Nursing education and Nursing services with other developments in medical and technological services. The Institute was transferred to the Ministry of Health & Family Welfare w.e.f. 01.04.2007.

At present the Institute is conducting the following Courses:

Sl No.	Name of Course	Duration
1	BSc. Nursing	4 years
2	B.MLS (Bachelors in Medical Laboratory Science)	4 years
3	B.Pharm	4 years
4	BSc.RIT (Radio Imaging Technology)	4 years
5	B.Optomety	4 years
6	M.Pharm	2 years
7	MSc. Nursing	2 years
8	M.MLS (Masters in Medical Laboratory Science)	2 years

(a) Achievement during the year 2023-2024 (1st Jan - 31st March, 2024):

(i) Total strength of students in various Courses, student newly admitted and number of passed out students is shown as under:

Sl No	Name of course	Total strength of Students	No. of students newly admitted in 2023-2024	No. of students passed out in 2023
1	BSc. Nursing	183	52	39
2	B.MLS (Bachelors in Medical Laboratory Science)	148	39	29
3	B.Pharm	159	40	34
4	BSc.RIT (Radio Imaging Technology)	143	39	34
5	B.Optomety	130	38	25
6	M.Pharm	42	22	19
7	MSc. Nursing	40	25	-
8	M.MLS (Masters in Medical Laboratory Science)	16	8	8

(i) About 99% of passed out students are getting placement in various Central/ State Government Institutes/ Departments and private establishments such as CSIR Laboratories, AIIMS, Safdarjung Hospital, NEIGRIHMS, RIMS, NIPER, GNRC, AMRI Hospital, Apollo Hospital, Birla Heart Institute, Fortis Hospital, TATA Hospital, NIT, Mizoram University, Assam Downtown University, Assam Technical University, NATCO Pharma Ltd., Torrent Pharmaceuticals Ltd., CIPLA etc. and abroad such as Australia, USA, Canada, Ireland, England, Norway, Singapore etc.

In addition, many students qualified for the All India GPAT examination conducted by National Testing Agency.

(ii) Project of Development of RIPANS: (1st Jan-31st March, 2024)

- Approval for the Project of Development of RIPANS at an estimate cost of Rs 480.12 crore was conveyed by the Ministry on 27.02.2019.
- Approval to award the work to the lowest bidder at Rs 217.97 crore was conveyed by the Ministry on 04.01.2021.
- Civil construction work commenced on 01.03.2021.
- The main components of the projects are as under:-

Sl No	Name of Buildings	Physical Progress (from 1 st Jan- 31 st March, 2024)	Completion Date	Remarks
1	100 bedded Hospital (G+4)	96.60%	March, 2024	Finishing, MEP & external works in progress.
2	Medical Superintendent 's Quarter (G+1)	75.50%	April, 2024	Finishing & MEP works in progress.
3	Resident Doctor's Quarter (G+1)	92%	May, 2024	Finishing & MEP works in progress.
4	Staff/ Nurse Quarters (G+5)	98%	March, 2024	External development works in progress

Sl No	Name of Buildings	Physical Progress (from 1 st Jan- 31 st March, 2024)	Completion Date	Remarks
5	Academic Block -IV (G+5 floors)	87.70%	May, 2024	Finishing & MEP works in progress.
6	Guest House (G+3 floors)	99%	Construction &	Service works completed
7	General Hostel (G+5 floors)	97.80%	March, 2024	External development works in progress
8	Indoor Sports Complex and Auditorium (G+3 floors)	59 %	August, 2024	RCC in superstructure &b/w in progress
9	External Development	66.00%	August, 2024	Work in progress

1. Construction of:

II. Opening of 4 new courses

III. Creation of 133 posts

(b) Financial Position during 1st January – 31st March, 2024

(Rs. in crore)

Sl No	Particulars	BE (In crore)	Unspent Balance of previous year	Amount released by the Ministry	Internal Resources	Total Fund Available	Less: Expenditure as on 29.12.2023	Balance of Fund as on 29.12.2023
1	General (Recurring)	16.00	-	17.50	-	17.50	-	0.44
2	Capital (non-recurring)	93.54	-	84.73	-	84.73	-	15.21
3	Salaries (Recurring)	15.50	--	12.81	-	12.81	-	1.47
	TOTAL	125.04	-	115.04	-	115.04	-	17.12

9.5 REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

Regional Institute of Medical Sciences set up in 1972 has been under the Ministry of Health and Family Welfare since 1st April, 2007. It is an Institute of regional importance catering to the needs of the North Eastern Region in the field of medical education by providing undergraduate and post-

graduate courses. The institute has so far produced 3848 medical graduates and 2357 medical specialists. The institute has also a 1,200 bedded teaching Hospital (RIMS Hospital) equipped with modern state-of-the-art equipment and teaching facilities. The Hospital provides services to many patients both outdoor as well as indoor and admits over forty thousand patients in a year.

2. The courses being run along with intake capacity in the institute are as follows:

Sl. No.	Name of Course	Number of seats	Quotas
1	MBBS	125 seats per annum	15% All India Quota
2	MD/MS/DCP	166 seats per annum	50% All India Quota
3	M. Ch./D.M.	05 seats per annum	100% All India Quota
4	M. Phil.	06 seats per annum	Open Beneficiary states of RIMS
5	B. Sc. Nursing	50 seats per annum	All Beneficiary states of RIMS
6	BDS	50 seats per annum	15% All India Quota
7	BASLP	10 seats per annum	All Beneficiary states of RIMS
8	M.Sc. (Nursing)	10 seats per annum	All Beneficiary states of RIMS & 1 seat earmarked for children of RIMS employee
9	B.Sc (MLT)	15 seats per annum	Open Beneficiary states of RIMS
10	B.Sc. (MRIT)	5 seats per annum	Open Beneficiary states of RIMS

2.1 Allocation of Seats for undergraduate courses:

The number of annual admissions to MBBS course is 125 students. The detail of these seats is as under: -

Sl. No.	Name of State	MBBS	BDS	B.Sc. Nursing
1	All India Quota	19	7	-
2	Arunachal Pradesh	7	4	5
3	Meghalaya	13	7	5
4	Mizoram	7	4	5
5	Manipur	30	13	20*
6	Sikkim	5	3	5
7	Tripura	13	7	5
8	Nagaland	10	5	5
9.	NE Open - All Beneficiary states of RIMS (except Assam)	10	-	-
10.	EWS	11	-	-
Grand Total		125	50	50

* Including 4 seats earmarked for children of RIMS, Imphal employees.

2.2 Distribution of Postgraduate (MD/MS/DCP) - seats 166 seats:

State	No. of seats		Total seats
	Sponsored	Open	
Arunachal Pradesh	8	2	10
Manipur	8	2	10
Meghalaya	8	2	10
Mizoram	8	2	10
Nagaland	8	2	10
Sikkim	8	2	10
Tripura	8	2	10
RIMS AIQ Graduate		2	2
Non -RIMS Graduates of beneficiary States (except Assam)		5	5
NE open (Graduates of beneficiary states of RIMS except Assam)		6	6
Sub total			83
All India quota seat			83
Grand Total			166

2.3 ACADEMIC ACHIEVEMENT

One of the objectives of this premier institute is to impart quality medical education and in fulfilment of this objective, the institute has produced a number of medical doctors/specialists and health care providers. Based on the records maintained by the institute, number of the students passed out so far as on 31.03.2024 is as under:

1	Total no. of MBBS doctors passed out	3848
2	Total no. of MD/MS/DCP passed out	2357
3	Total no, of M.Ch./students passed out	28
4	Total no. of M.Phil. (Clinical psychology)	79
5	Total no. of B.Sc. (Nursing) Passed out	376
6	Total no. of B.D.S. passed out	210
7	B.Sc. (MLT) passed out	5

3. MANAGEMENT OF THE INSTITUTE

The overall management of the institute is entrusted to i) Board of Governor headed by Union Minister of Health and Family Welfare as President and ii) Executive Council headed by the Secretary Ministry of Health and Family Welfare, Government of India as chairman.

The Board of Governors is the highest and ultimate authority of the Institute which has the power to do all necessary acts for the attainment and administration of the objectives of the Institute specified in the Memorandum of Association. The Executive Council is responsible for supervising the overall administration and management of the institute, review of the finance, approval of the academic, scientific and technical programmes, framing byelaws and procedures for conduct of the affairs of the Institute etc. There are other committees such as Standing Finance Committee, Academic Committee etc. for financial and academic matters.

The Director RIMS, Imphal, is the Chief Executive Officer who acts as Head of all academic, scientific and administrative functions of the Institute and is the overall in-charge of the day-to-day affairs of the Institute.

The Medical Superintendent is the overall in-charge of the RIMS hospital, who looks after its day-to-day functioning and supervises key areas such as the Casualty, CSSD, Stores, Hospital Waste Management. The functioning of the different departments is directly under the respective heads of department.

4. STAFF STRENGTH IN RIMS

Sanctioned Posts	Filled
1936	1345

Currently, RIMS, Imphal, has 4 employees appointed under PWDs category. However, the institute is going to reserve PWDs in future vacancies and promotions.

5. NEWLY PROCURED EQUIPMENTS/INSTRUMENTS

The list of newly procured major equipments for RIMS Imphal for the year 2023-2024 is as follows: -

- The Multipurpose Digital Fluoroscopy System (DR-800), a versatile state-of-the-art digital imaging tool offering several benefits such as high-quality imaging, versatility, real-time imaging, dose reduction, ease of use, auto-positioning etc. was commissioned and inaugurated on 20.02.2024 in the Radiodiagnosis department.
- Molecular Testing Platform MALDI (Matrix-Assisted Laser Desorption/Ionization), a powerful and revolutionary tool used in molecular diagnostics, particularly in microbiology, offering rapid and accurate identification of micro-organisms upto species level and useful in deciding appropriate antimicrobial therapy was installed in Microbiology Department.
- Hyperbaric Oxygen Chamber, a revolutionary and novel facility, useful particularly in the management of certain conditions and in enhancement of wound healing, flap and graft survival, radiation injury, infection control etc. was set up in Plastic and Reconstructive Surgery Department.
- ENT Endoscopy Machine, a vital tool that allows detailed and minimally invasive examination of the ear, nose, and throat, leading to more accurate diagnosis and targeted treatment was installed in ENT Department.
- Cranial and Spinal Navigation and High-Speed

Neuro Drills, critical tools that enhance precision, safety, and efficiency and reduce the operating time and minimize the risk of complications, leading to faster recovery in patients undergoing neurosurgery were procured for Neurosurgery unit.

- Vitrectomy Machine, a specialized equipment used in Ophthalmology for vitrectomy surgery, which involves removing the vitreous gel from the middle of the eye and helps to improve outcomes for patients with various vitreoretinal conditions was procured and installed in Department of Ophthalmology.
- Fundas Camera with FFA, used for the screening, diagnosis, documentation and surveillance of retinal, optic nerve and retinal vascular abnormalities and Automated Static Perimetry, an indispensable tool in the diagnosis of glaucoma, were procured and installed at Ophthalmology Department on 19/05/2023.
- Liquid-based Cytology (LBC) and Flow Cytometry, two important tools in the field of Pathology, which play crucial roles in the diagnosis and management of various diseases, providing valuable information about cellular morphology, function, and composition were procured and installed in Department of Pathology.
- HD Bronchoscopy and Stroboscopy Set, used for accurate and precise diagnosis of many lung diseases, including infections from bacteria, viruses, parasites, or tuberculosis and the evaluation of mucosal waves and the pliability of the tissue of the vocal fold cover was procured and installed at ENT Department.
- New Advanced G.I. Laparoscopic Set with accessories was procured for use of the G.I. Surgery Department.
- EMG Based Simulator was installed at Physiology Department.

6. OTHER ACHIEVEMENTS

- Mess Hall for Gents PG Hostel No. 2, RIMS, Imphal was inaugurated on 02/05/2023.
- 30 bedded PG Hostel for Gents, RIMS, Imphal was inaugurated on 02/05/2023
- 100 Bedded Hostels for OBC Girls, RIMS, Imphal was inaugurated on 06/04/2023.
- 100 Bedded Hostels for OBC Boys, RIMS, Imphal was inaugurated on 06/04/2023.
- 12 bedded Intensive Treatment Unit (ITU) ward was reopened on 22/02/2024.

7. BUDGET

Budget Estimate for FY 2022-23	Budget Allocation for FY 2023-24
560.00	629.16

9.6 THE LOKOPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH (LGBRIMH), TEZPUR

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), established in the year 1876 in the Sonitpur district of Assam, is one of the standalone tertiary care institutes in the field of mental health and behavioural sciences in the North East Region of India. This institute is administered and funded by the Government of India and completes 148 years of its existence and service in the field of mental healthcare.

The Institute plays an active role in the augmentation of human resources, service provision and research in the field of mental health and allied sciences. The Institute has established three specialty departments in Mental Health and related areas in the past 5 years and continues to make efforts to expand its services to attain the status of an Institute of National Importance.

The Institute has an active outpatient department and an inpatient care facility with 336 beds. The treatment facilities and services are free of cost. The institute also conducts regular community-based extension programmes.

The Institute offers regular courses in M. D. Psychiatry, M. Sc. Psychiatric Nursing, Master in Medical Laboratory Sciences, M. Phil. in Psychiatric Social Work and M. Phil. in Clinical Psychology and a Post-Basic Diploma course in Psychiatric Nursing. These courses are offered under Guwahati University. Apart from these courses, Ph.D. programmes in Psychiatric Social Work, Psychiatric Nursing and Clinical Psychology are also offered. The Institute also provides exposure training to visiting students from various medical, para-medical and non-medical institutions.

(a) Patient Care Statistics (April 2023 to March, 2024)

Sl. No	Name of Facility	Patients Attended
1	OPD	1,43,853
2	Inpatient	2,221
4	Referral	34,948
5	Laboratory Investigation	3,48,382
6	Radiology Investigation	2,072
7	Community Extension Clinics	6,892
8	EEG	690
	Total	5,38,638

IPD (April, 2023 to March, 2024)

Admission			Discharge		
Male	Female	Total	Male	Female	Total
1602	601	2,221	1568	595	2,163

OPD (April, 2023 to March, 2024)

New Case Registration			Old Case Registration		
Male	Female	Total	Male	Female	Total
13675	10196	23871	72596	47413	119982

Rehabilitation Services:

Services	Number of Activities	April, 2023 to March, 2024
Physiotherapy	Total Number of Clinical Services (Patients)	11145
Occupational Therapy	Total Number of Clinical Services (Patients)	2874
Speech Therapy	Total Number of Clinical Services (Patients)	2684
Special Education	Total Number of Clinical Services (Patients)	3148

Services	Number of Activities	April, 2023 to March, 2024
Wellness Centre	Total Number of Participants	3099
Yoga Session	Total Number of Clinical Services (Patients)	IPD – 5798 (Tele Yoga) IPD & OPD – 6160

Outreach Extension Service: Mental Health Community Extension Service was one of the major initiatives planned & organised by the Department of Psychiatric Social Work, in co-ordination and support from Department of Psychiatric Nursing, Department of Psychiatry and other departments. The first extension service was started in Biswanath Chariali in 2001 and was amalgamated with the Sootea Extension Service, which has an ongoing fortnightly service.

The objective of this service is to make mental health services more accessible to the community. It is primarily meant for the underprivileged and vulnerable segments of society who have limited access to mental health services. All the departments of the institute collaborate to conduct the clinics regularly and Mental Health Professionals form the team attending these services. The team for these community extension clinics consists of a Psychiatric consultant, a Senior Resident, Junior Residents, a Psychiatric Social Work consultant and trainees, a Clinical Psychology Consultant, a Nursing consultant and trainee, and the staff of the hospital. Psychiatric medicines and psychosocial services are provided free of cost for the patients. Apart from therapeutic services, a team also conducts awareness activities for prevention, promotion, and rehabilitation of the psychiatric patients. The team also addresses the caregiver issues like misconceptions regarding illness and treatment compliance, care burden, need of support and issues of expressed emotions. Information regarding process of getting disability certificate and various Government schemes are provided in these group awareness programs. Awareness activities on hygiene, as part of the Swachhata Abhigyan Mission, are also conducted in all Community Mental Health Camp throughout the year. The ongoing regular outreach services are Sootea Extension Clinic, Jakhalabanda Extension Clinic Missionaries of Charity Extension Clinic, NGO Dhula Regional Physically Handicapped Development Association, Darrang and NGO Gram

Vikas Parishad, Rangaloo, Nagaon. A total 6892 patients were received treatment during the period.

Student Intake:

A total 69 number of students were enrolled under different courses such as Clinical Biochemistry- 3 students, Haematology & Blood Banking-4 students, Medical Microbiology-2 students, Post-Doctoral Fellowship in Geriatric Mental Health – 1 student, M. Sc. Nursing (Psychiatric Nursing) – 12 DPN – 3, Ph. D – 3, M. D. (Psychiatry) – 11. M. Phil in Clinical Psychology – 12, Ph. D. in Clinical Psychology – 3, M. Phil in Psychiatric Social Work – 11, Ph. D. in Psychiatric Social Work – 4

Swachh Bharat Mission- As a commitment to Swachh Bharat Mission announced by Hon'ble Prime Minister Mr. Narendra Modi, the Institute celebrated the Special Swachh Drive throughout the year. The institute organised various activities under Swachh Bharat Mission during the session April, 2022 to March, 2023. During April, 2023 to March, 2024 the institute organized various activities in institutes, schools, communities and community extension clinics.

MEET LGBRIMH (Digital Academy) Following the mandate from the Ministry of Health and Family Welfare, Government of India, and in alignment with the inauguration of the NIMHANS Digital Academy, LGBRIMH commenced its digital training initiatives. Mental Health Education & E-Training (MEET) introduced certificate courses in 2019, utilizing the institute's existing workforce. This program adopted a blended learning approach, incorporating synchronous and asynchronous methods within an online driver model and leveraging information and communication technology (ICT). In December 2022, LGBRIMH also signed a Memorandum of Understanding with ECHO (India), a non-profit organization known for its Tele-Mentoring and Distance Learning initiatives aimed at enhancing patient care and workforce capacity building. During the period from April 1, 2023, to March 31, 2024, two new ECHO programs, as well as three new Certificate courses were added to the already existing courses. The focus of these courses were on Geriatric Mental Health, Emergency Psychiatry, Women's Mental Health, and Suicide prevention. During this period, a total of 212 participants enrolled in these said courses. Its YouTube Channel, featuring videos in multiple Indian languages to disseminate mental health knowledge to the public, has approximately 1049 subscribers and 51,000 views.

Telemedicine Center

In early 2020, as the COVID-19 outbreak led to a decrease in hospital visits due to lockdown measures, the TeleMedicine Center was established in April 2020 using staff from the Department of Psychiatry. Its aim was to offer Tele-Health services to patients of LGBRIMH, as well as Registered Medical Practitioners (RMP) and Other Health Care Workers (HCW). A standard operating procedure, aligning with the Tele-Medicine Guidelines issued by the Board of Governors superseding MCI on March 25, 2020, was developed by a faculty team. Services included Tele-Followup for registered LGBRIMH patients and Teleconsultation for new patients via RMP/HCWs. Dedicated email addresses and phone numbers were set up for communication and appointments. From April 1, 2023, to March 31, 2024, a total of 446 appointments were scheduled, resulting in 442 prescriptions being issued.

Email: lgbtelemed@gmail.com. Ph: +91-9531205260. For details: <http://www.lgbrimh.gov.in/telemedicine.html>

Tele-MANAS

LGBRIMH is the Regional coordinating center and mentoring institute for the eight North Eastern states. The team visited the state cells of Assam and Arunachal Pradesh to monitor and train the counselors. Total inbound calls for each state were; Assam- 8461, Arunachal Pradesh - 553, Meghalaya – 399, Manipur - 837, Tripura - 1072, Sikkim - 540, Mizoram – 1114 and Nagaland-144. It has also prepared multiple awareness materials and posted them on its social media handles for wider publicity of the services. On-Site Training for Tele Manas Cell Staff of State Mental Health, Midpu, Arunachal Pradesh, held from September 26-27, 2023, in the conference hall of DHS, Naharlagan, Arunachal Pradesh. Training Program for Tele-MANAS Tier-I Counsellors from March 11 to March 13, 2024, organised by Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH)

Addiction Treatment Facility (ATF)

The Ministry of Social Justice and Empowerment (MOSJE), Government of India has initiated a scheme for establishing Addiction Treatment Facilities (ATFS) in Government Hospitals/ Healthcare settings. The scheme is coordinated and implemented at the national level by the National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New

Delhi. Under this scheme, LGBRIMH, Tezpur is identified to establish an addiction Treatment Facility. On February 9, 2023, Dr. Virendra Kumar, Hon'ble Union Minister of Ministry of Social Justice & Empowerment, Government of India inaugurated the Addiction Treatment Facility Centre at LGBRIMH, Tezpur virtually from the meeting organised at Dr. Ambedkar International Centre, New Delhi.

9.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCBVI)

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

The Programme is being implemented in a decentralized manner through respective State/District Health Societies. Benefits of the scheme are meant for all needy population including tribal population. NE States including Sikkim being tribal predominant and having peculiar geographical conditions and inadequate eye-care infrastructure, is a priority area under NPCB. With the aim to improve eye-care services in these states, the following new initiatives have been introduced under NPCB:

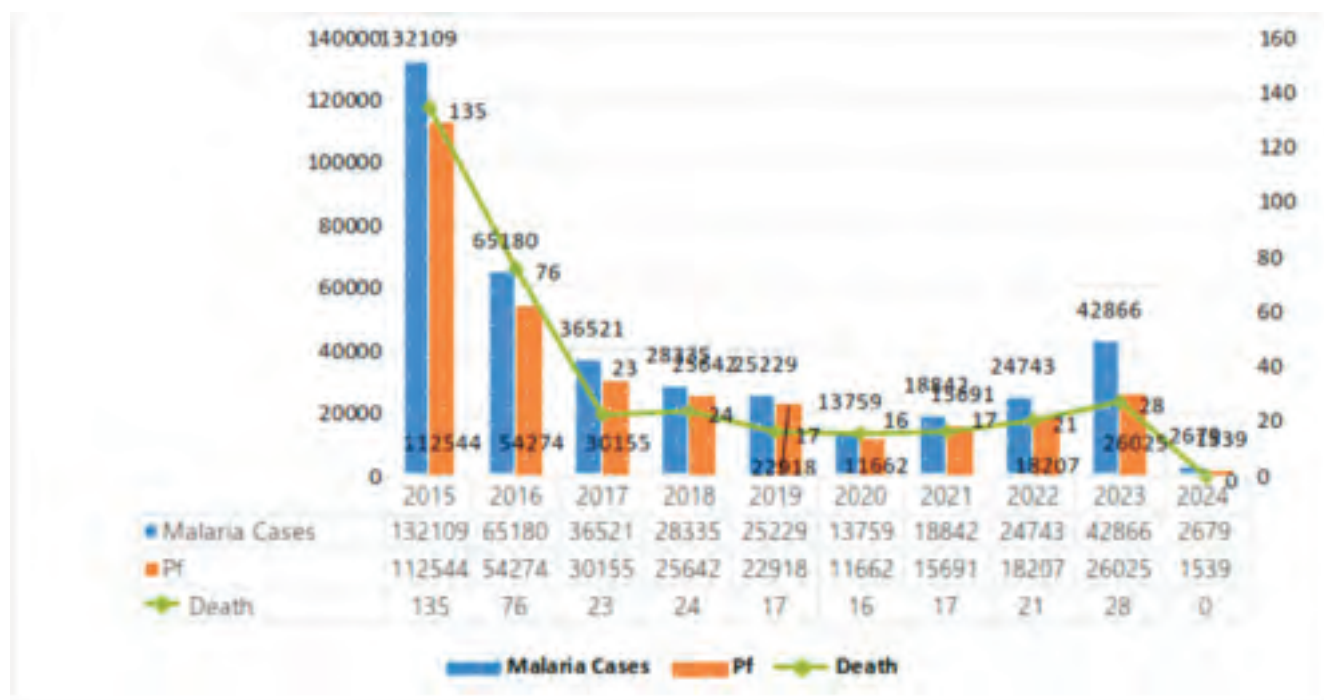
1. Assistance for construction of dedicated Eye Wards & Eye OTs in District Hospitals.
2. Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors) in States on a contractual basis.
3. In addition to Cataract, provision of grant-in-aid to NGOs for management of other Eye diseases other than Cataract like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of childhood blindness etc.
4. Development of Mobile Ophthalmic Units in NE States, Hilly States & difficult Terrains for diagnosis and medical management of eye diseases.
5. Involvement of Private Practitioners in Sub District, Block and Village level.

9.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDP)

A. Malaria: The North-Eastern region is prone to malaria disease due to various topography and climatic conditions that largely facilitate perennial malaria transmission.

Malaria Situation in the NE States during 2015 to 2024 (till February)				
Year	Cases		API	Deaths
	Total	Pf		
2015	132109	112544	2.74	135
2016	65180	54274	1.36	76
2017	36521	30155	0.75	23
2018	28335	25642	0.58	24
2019	25229	22918	0.51	17
2020	13759	11662	0.28	16
2021	18842	15691	0.38	17
2022	24743	18207	0.49	21
2023	42866	26025	0.85	28
2024	2679	1539		0

Trend of malaria in 7 NE states, 2015 to 2024 (till February)



NOTE: NUMBERS IN THE ABOVE IMAGE ARE OVERLAPPING

State-wise situation of Malaria in NE States 2022 and 2023

SI No	State/UT	Cases in 2022	Deaths in 2022	Cases in 2023	Deaths in 2023
1	Arunachal Pradesh	18	0	11	0
2	Assam	280	0	567	0
3	Manipur	30	0	34	0
4	Meghalaya	479	8	1755	14
5	Mizoram	11156	10	18077	13
6	Nagaland	9	0	10	0
7	Tripura	12771	3	22412	1
	Grand Total	24743	21	42866	28

Achievements: Till 2023 in comparison to 2015, there was 67.55% reduction in cases, 76.87% reduction in Pf cases and 79.26% reduction in deaths in NE states. Among 7 NE states, 5 states have achieved state API less than 1 and only 11 districts in NE states have API more than 1 in 2023 (4 in Mizoram, 6 in Tripura and 1 in Meghalaya). From April 2021 onwards, Intensified Malaria Elimination Project-2 has been implemented in all 7 NE States (Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Manipur & Tripura) along with Jharkhand, Chhattisgarh and Odisha States.

Lymphatic Filariasis: Lymphatic Filariasis (LF) is endemic in 7 districts of Assam, whereas other States in NE region are non-endemic for filaria. These 7 districts of Assam were covered under the strategy of Annual Mass Drug Administration (MDA) of Di-ethyl-carbamazine citrate (DEC) since 2004. However, since 2009, Albendazole has been co-administered with DEC. All these 7 endemic districts of Assam have successfully completed the first Transmission Assessment Survey (TAS) and stopped MDA. Out of these 7 districts, 6 have successfully cleared the second

TAS also and are due to conduct the third TAS this year. Dibrugarh district had failed in 2nd TAS during 2018 and had to undertake two rounds of MDA; the last round was conducted in December 2020.

In 2023, Assam conducted mapping and identified 4 blocks across 3 districts with ongoing transmission:

1. Tinsukia (Hajpan Block),
2. Sonitpur (Rangapara Block)
3. Biswanath (Biswanath Chariali and Behali Blocks)

MDA with double drugs was conducted in Assam in 4 blocks from August 31, 2023 till September 9, 2023. The activity was stalled in Biswanath due to reported adverse events and the State decided to postpone the MDA round to Feb 2024. The overall coverage of the remaining two districts of Tinsukia and Sonitpur was 66% of the total population.

Dengue: In recent past Dengue has been spread to various parts of NE States. The state-wise details of dengue cases from 2023 to 2024 (Provisional till March) are as follows:

Sl. No.	Affected States	2023 (Prov.)		2024 (Prov. till March)	
		Cases	Deaths	Cases	Deaths
1	Arunachal Pradesh	128	0	4	0
2	Assam	8204	7	87	0
3	Meghalaya	113	0	7	0
4	Manipur	2548	0	29	0
5	Mizoram	2060	2	91	0
6	Nagaland	4943	0	2	0
7	Sikkim	311	0	23	0
8	Tripura	1447	0	177	0

Chikungunya: The clinically suspected Chikungunya cases reported from Assam, Arunachal Pradesh, Meghalaya, Manipur, Mizoram, Sikkim and Tripura from 2023 to 2024 (Provisional till March) are as follows:

Sl. No.	Affected States	2023 (Prov.)	2024 (Prov. till March)
1	Arunachal Pradesh	9	0
2	Assam	100	0
3	Meghalaya	128	18
4	Manipur	0	0
5	Mizoram	0	94
6	Nagaland	72	6
7.	Sikkim	1316	66
8.	Tripura	1557	733

Japanese Encephalitis: Japanese Encephalitis (JE) is endemic in all North Eastern States except in Mizoram and Sikkim. The details of AES/JE cases are as follows:

Sl. No	Affected States	2023				2024 (P) (31.03.2024)			
		AES		JE		AES		JE	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Assam	1415	123	525	34	132	6	13	0
2	Manipur	1025	1	64	1	124	0	3	0
3	Nagaland	41	0	14	0	0	0	0	0
4	Arunachal Pradesh	18	1	7	1	9	9	0	0
5	Meghalaya	471	0	89	0	31	0	0	0
6	Tripura	156	0	9	0	23	0	1	0
	Total	3126	125	708	36	319	15	17	0

For Control of JE, Government of India has established 47 Sentinel Surveillance Hospitals out of total 161 SSHs in India are situated in North Eastern States for diagnosis of JE cases, of which 34 Sentinel sites in Assam, 5 in Meghalaya, 2 each in Arunachal Pradesh, and Manipur and 1 each in Nagaland, Mizoram and 2 in Tripura. Out of total 15 Apex Referral laboratories (ARLs), 1 ARL has been established at the Regional Medical Research Centre (ICMR) at Dibrugarh, Assam.

Total 76 districts have been identified under JE vaccination programme in children aged between 1-15 years in NE States. 80 districts have been covered under JE vaccination campaign: 33 districts in

Assam, 4 in Arunachal Pradesh, 16 in Manipur, 8 in Tripura, 7 in Nagaland and 12 in Meghalaya. In addition, adults' (15-65 years) JE vaccinations have been completed in the identified 18 districts of Assam as adult JE is major concern in Assam.

9.9 NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAMME (NIDDCP)

Realizing the magnitude of the problem, the Government of India launched a 100 per cent centrally assisted National Goiter Control Programme (NGCP) in 1962. In August, 1992 the National Goiter Control Programme (NGCP) was

renamed as National Iodine Deficiency Disorders Control Programme (NIDDCP) with a view of the wide spectrum of Iodine Deficiency Disorders.

The Goal of NIDDCP is to prevent and Control Iodine Deficiency Disorders in the country.

Objectives:

- To bring the prevalence of IDD to below 5% in the entire country.
- To ensure 100% consumption of adequately iodated salt (15ppm) at the household level.

Significant achievements of NIDDCP

- For effective implementation of National

Iodine Deficiency Disorders Control Programme, 34 States/UTs have established Iodine Deficiency Disorders Control Cells in their State Health Directorate.

- In order to monitor the quality of iodized salt and Urinary Iodine excretion, 34 States/UTs have set up Iodine Deficiency Disorders monitoring laboratories.
- The production and supply of iodized salt in the country during 2020-21 was 78.58 Lakh Tonnes and 75.66 Lakh Tonnes respectively.
- Consumption of iodated salt at household level has increased to 94.3% as per NFHS - 5 Report (2019-21).

9.10 DEVELOPMENT OF MEDICAL EDUCATION (ME) IN NORTH EAST

Comparison in number of Medical Colleges and MBBS & PG seats in the North-Eastern region in 2014 and 2023-24

Year	Govt	Private	Total	Increase in Percent	UG seats	Increase in Percentage	PG seats Total	Increase in Percentage
2013-14	10	01	11	Baseline	1176	Baseline	572	Baseline
2023-24	21*	03	24*	118%	2750	133%	1155	102%

*3 more Government medical colleges sanctioned under the Centrally Sponsored Scheme are currently under construction.

State-Wise details:

The State/UT-wise list of MBBS colleges under Government & Private in North-East Region							
S. No.	Name of the State/UT	Government Colleges	Government Seats	Private Colleges	Private Seats	Total Colleges	Total Seats
1	Arunachal Pradesh	1	50	0	0	1	50
2	Assam	13	1550	0	0	13	1550
3	Manipur	3	375	1	150	4	525
4	Meghalaya	1	50	0	0	1	50
5	Mizoram	1	100	0	0	1	100
6	Nagaland	1	100	0	0	1	100
7	Sikkim	0	0	1	150	1	150
8	Tripura	1	125	1	100	2	225
	Total	21	2350	3	400	24	2750

With a view to upgrade and further strengthen medical education institutions in the country and to provide improved access to tertiary care in underserved areas and increasing the availability of health professionals, the ME-II Section deals with Centrally Sponsored Scheme for Establishment of

new Medical Colleges attached with existing district/referral hospitals.

The first phase of this scheme was approved in January, 2014 (58 colleges), Phase-II (24 colleges) and phase-III (75 colleges) were approved in 2018 and 2019 respectively. A total of 157 medical

colleges have been approved in the three Phases. Out of these, 12 medical colleges have been approved in North East Region. Fund sharing

between the Central Government and States is in the ratio of 90:10 for NE States. The details may be seen in the Annexure

Annexure

Details of the fund released under the Scheme for establishment of new medical colleges

State	S. No.	District/ Constituency	Date of Approval	Total Project Cost	Central Share	State Share	Funds Released till Now	Status	Inauguration/Foundation stone
Arunachal Pradesh	1	Naharlagun	10.03.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble CM in Aug, 2018
Assam	2	Dhubri	27.11.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble President in 2022
	3	Nagaon	27.11.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble PM on 14/04/2023
	4	North Lakhimpur	27.11.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble CM in 2022
	5	Diphu	16.08.2016	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble CM, Functional since 2020-21
	6	Kokrajhar	19.02.2020	325	292.5	32.5	292.50	Functional	Inaugurated by Hon'ble PM on 14/04/2023
Manipur	7	Churachandpur	19.02.2020	325	292.5	32.5	242.50	Functional	Inaugurated by Hon'ble Home Minister in Jan, 2023
Meghalaya	8	West Garo Hills (Tura)	07.06.2017	189	170.1	18.9	170.1	Under Construction, 46% physical progress	Foundation Stone laid by Hon'ble CM in 2018
Mizoram	9	Falkawn	27.11.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble CM in 2018
Nagaland	10	Naga Hospital	29.12.2014	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble HFM in Oct, 2023
	11	Mon	28.07.2020	325	292.5	32.5	242.50	Under Construction, 6% physical progress	Foundation stone laid by Hon'ble HFM in 2021
Sikkim	12	Gangtok	25.06.2018	250	225	25	225	Under Construction, 49% physical progress	Foundation stone laid by Hon'ble CM in 2019
Total				2737	2463.3	273.7	2363.3	9 Functional	

Note: As on date, out of 12, 03 medical colleges are yet to be inaugurated. However, none is ready for the same.

9.11 DEVELOPMENT OF NURSING SERVICES IN NORTH - EAST

An amount of Rs. 13,07,00,000/- has been released under the Scheme of Development of for upgradation of SoN to CoN for the year 2023-24 and amount of Rs.52,55,500/- for Training of Nurses for

conducting seven (23) short term courses for nursing personnel.

9.12 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA (FSSAI)

In the year 2023, a total of 9 Eat Right Millet Melas/Walkathons have been successfully

conducted in North Eastern states, including five in the state of Assam, three in Sikkim and one in Tripura. The initiative aims to emphasize the significance of integrating millets into our diets.

The Eat Right Places of Worship initiative, designed to ensure the well-being of pilgrims, has certified two places of worship in the State of Nagaland in the year 2023. Simultaneously, the Eat Right Campus program, dedicated to promoting safe, healthy, and sustainable food practices, has acknowledged 13 Eat Right campuses in Nagaland, along with 3 in Assam, 5 in Sikkim, 5 in Manipur, and one in Arunachal Pradesh.

In addressing the nutritional needs of school children, the Eat Right School initiative has successfully integrated essential knowledge about food safety, nutrition, and hygiene into the education system. In the year 2023, four Eat Right schools in Nagaland and one Eat Right School in Manipur have received Eat Right certifications.

For easy access to fresh and safe produce at markets, the Eat Right Fruits and Vegetable Markets initiative has certified six markets in the State of Nagaland. Furthermore, the Eat Right Street Food Hub initiative, emphasizing safe and healthy street food options, has certified one hub each in the states of Tripura and Nagaland in 2023. These initiatives collectively contribute to nurturing a culture of safe, healthy, and sustainable food practices across diverse settings, making a positive impact on places of worship, educational institutions, schools, railway stations, markets, and street food hubs.

Under its Food Safety Training & Certification Program, FSSAI conducts various basic, advanced and awareness trainings for Food Handlers through empanelled Training partners. During the financial period 2023-2024, FSSAI has conducted 175 Trainings and trained 5759 Food Handlers under FoSTaC program in North Eastern States.

FSSAI has conducted Induction/ Refresher /Need Based Trainings of 319 officers includes Food Safety Officer, Designated Officers of various States / UTs/ Railways, Airport Health Organization /Port Health Organization and Central Food Safety Officers of FSSAI. Out of these programmes 03 Induction Training Programmes have been conducted for officers of North Eastern States wherein 58 officials of Assam, Manipur, Meghalaya and Tripura have participated.

Induction Training Programme conducted from 08th -25th May 2023 for Food Safety Officers of Assam, Haryana, Ladakh and Uttar Pradesh at Assam Staff Administrative College, Guwahati, Assam

Induction Training Programme conducted from 26th June -01st July 2023 for Designated Officers of Manipur, Indian Railway, West Bengal, Assam, Dt.GHS, J&K, Meghalaya, Maharashtra and Tripura at ITC-FSAN, Mumbai.

Induction Training Programme conducted from 09th -10th October 2023 for Food Safety Officers of Karnataka, West Bengal, Meghalaya, Central Food Safety Officers, Indian Railways and Punjab at Indian National Science Academy, New Delhi

In partnership with NACIN Shillong, FSSAI successfully organized a classroom training program focused on enlightening Customs Officials designated as Authorized Officers in **North East India**. The training program specifically addressed the intricacies of food import clearance procedures, aligning with the provisions outlined in the Food Safety and Standards (FSS) Act, 2006, and FSS (Import) Regulations, 2017. The collaborative effort aimed to enhance the understanding and competence of Customs Officials tasked with facilitating food import clearances in the **North East India region**.

The 5th State Food Safety Index for the year 2022-2023 was released on 7th June 2023, on the occasion of World Food Safety Day. Based on the fact that similar States should be compared to ensure comparability among similar entities for the generation of ranks of States/UTs under SFSI, the States/UTs are classified into 3 categories namely large States, small States and UTs for the evaluation and assessment. Among larger states, Kerala secured the first rank followed by Punjab and Tamil Nadu. Among smaller states, Goa secured the first rank followed by **Manipur and Sikkim**.

Eat Right Millet Melas conducted at FSSAI ERO Kolkata for the year 2023-24

S. No.	Place of the events	Date
1	MG Marg, Gangtok, Sikkim, Gangtok	2-3 March, 2023
2	Malki Ground, Shillong, Meghalaya	28-29 March, 2023

Training and Awareness programmes conducted at NE for the year 2023-24

S.No.	Events	Date
2	Awareness to FSSAI Notified State Labs of ER & NER	06.02.2023
9	Induction Training Programmes for Food Safety Officers of different states at Guwahati, Assam	08.05.2023

i) Strengthening of Food Testing System in the Country including Provision of Mobile Food Testing Labs (SOFTeL):

New microbiology laboratories {established across 8 State Food Testing Laboratories 1. Uttar Pradesh (Lucknow, Meerut), 2. Kerala (Ernakulam, Kozhikode), 3. Maharashtra (Mumbai), 4. Chhattisgarh (Raipur), 5. Assam (Guwahati), 6. Delhi (North West Delhi), 7. Andhra Pradesh (Vishakhapatnam) and 8. Tamil Nadu (Coimbatore)} and 53 FSWs in different States/UTs, which include Assam (17), Andhra Pradesh (4), Chandigarh (1), Himachal Pradesh (3), Jammu & Kashmir (6{Jammu (3) & Srinagar (3)}), Meghalaya (2), Uttar Pradesh (18) and Uttarakhand (2) have been inaugurated virtually by Hon'ble Prime Minister Shri. Narendra Modi on 25th February 2024.

9.13 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF FLUOROSIS (PNPPCF)

In the North Eastern Region, National Programme for Prevention and Control of Fluorosis (NPPCF) is implemented only in the State of Assam in 7 districts i.e. Nagaon, Kamrup, KarbiAnglong, Dhubri, Nalbari, Karimganj and Udalguri.

The sanctioned contractual staff i.e. District Consultant engaged in all districts except Dhubri, Nalbari and Karimganj. Fluorosis Laboratory established along with Ion meters in all the 7 districts and Lab Technicians are in position in all 7 districts. NPPCF is being implemented as per programme objectives and strategies.

9.14 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL NONCOMMUNICABLE DISEASES (NP-NCD)

National Programme for Prevention and Control Non-communicable Diseases (NP-NCD) under NHM is being implemented in all the North Eastern States. The funds are being provided to the States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 90:10 for North-Eastern States.

Achievements

The cumulative number of facilities under NPCDCS at all levels in the North Eastern States established till December, 2023 is as under:

STATE	State NCD Cell	District NCD Cells	District NCD Clinics	District Cardiac Care Units	CHC NCD Clinics	District Day Care Centres
Arunachal Pradesh	1	26	26	0	53	0
Assam	1	33	33	2	178	7
Manipur	1	16	16	1	18	9
Meghalaya	1	11	11	1	28	2
Mizoram	1	8	8	2	10	2
Nagaland	1	11	11	0	15	0
Sikkim	1	4	4	2	2	1
Tripura	1	8	7	0	38	0
Total	8	117	116	8	342	21

Scheme for Tertiary Care Cancer Centres

Under Tertiary Care Cancer Centre (TCCC) Scheme of NPCDCS, Government of India is assisting States to set up / establish State Cancer

Institute (SCI) and TCCC in different parts of the country. The maximum assistance inclusive of State share for SCI is Rs. 120 Crore and for TCCC is Rs.45 Crore. The cost sharing ratio between Centre

and State is 90:10 for North East States.

So far Two SCIs at Cancer Hospital (RCC), Agartala, Tripura and Gauhati Medical College & Hospital, Guwahati, Assam and three TCCCs at Civil Hospital, Aizawl, Mizoram and District Hospital, Kohima, Nagaland & Multispecialty Hospital at Sochyang (Sichey), near Gangtok, Sikkim are being supported as per details as under: -

Sl. No.	Name of State	Name of Institute	SCI/TCCC
1.	Tripura	Cancer Hospital (RCC), Agartala	SCI
2.	Mizoram	Civil Hospital, Aizawl	TCCC
3.	Nagaland	District Hospital, Kohima	TCCC
4.	Assam	Gauhati Medical College & Hospital, Guwahati	SCI
5.	Sikkim	Multispecialty Hospital at Sochyang (Sichey), near Gangtok, Sikkim	TCCC

9.15 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

Over the last few years, a strong network of TB diagnostic and treatment services has been established across the North Eastern states through the general health system to cover the entire population. As this region has significant tribal, hilly, and hard-to-reach areas, the norms for establishing Microscopy Centres have been revised

to 50,000 per lakh population and TB Units for every 0.75 to 1.25 lakh population. Additionally, 379 rapid molecular test machines (CBNAAT and TrueNat), have been installed across the NE Region in 2023.

Total cases notified, number of patients initiated on treatment and the treatment success rate of the region for the year 2023 are mentioned in the table below:

State	Total TB cases notified	Number & % of Paediatric TB cases notified n (%)	% TB patients initiated on treatment	% TB notified patients with known HIV status	% TB patients with UDST done (Total)	Treatment Success rate	% of eligible children given TB Preventive therapy
Arunachal Pradesh	2604	254 (10)	95%	89%	53%	82%	11%
Assam	51862	1750 (3)	95%	94%	53%	89%	45%
Manipur	2495	67 (3)	88%	86%	62%	72%	32%
Meghalaya	4908	317 (6)	95%	87%	73%	83%	65%
Mizoram	2273	195 (9)	97%	99%	80%	88%	47%
Nagaland	4287	249 (6)	98%	95%	60%	88%	71%
Sikkim	1391	53 (4)	97%	96%	80%	91%	70%
Tripura	3386	53 (2)	97%	98%	91%	87%	65%
India	25,52,257	150277 (2)	96%	95%	58%	88%	60%

The NE States have notified a total of 73,206 TB patients in the year 2023 with the maximum number of patients notified in the State of Assam. Among the TB patients notified in the NE states, 4% of total cases are Paediatric TB cases; the highest proportion was 10% in Arunachal Pradesh. The State of Sikkim reported the highest treatment success rate of 91% followed by Assam at 89%.

NTEP has also collaborated with various private and public sector health institutions in the region. More than 200 NGOs and Private Partners have been engaged proactively including the establishment of a Zonal Task Force for collaborating with the Medical Colleges in the region. There are 6 zones (North, North East, East, West, South 1, South 2) in the country collaborating with medical colleges through 32 State Task Forces at the State level and National Task Force at the National level.

All the States in the region have already initiated Programmatic Management of Drug Resistant TB (PMDT) services. Daily regimen for all TB patients has also been initiated in the NE States since October 2017. Universal DST coverage is achieved in the NE States with 265 Truenat and 114 CBNAAT machines. The Programme has intensified its Active Case Finding activities through systematic active TB screening among clinically and socially vulnerable populations with a special focus on tribal districts and door-to-door case-finding efforts.

In addition to the routine performance monitoring, there is enhanced focus on monitoring of the NE States. The NTEP regularly monitors the activity through analysis of quarterly performance reports from the districts and feedback is given for any corrective action, as required.

To intensify TB Elimination efforts, the Government of Meghalaya hosted the North East India TB Free Summit on November 7, 2023 in Shillong, Meghalaya. With India setting the target of eliminating tuberculosis by 2025, the Summit aimed to work harmoniously to achieve our shared aspiration of establishing a TB-free zone in the North East region. The Summit was inaugurated by the Hon'ble Chief Minister of Meghalaya.

The Hon'ble Chief Minister also launched the Mobile Portable AI-based X-Ray diagnostic facility in Meghalaya representing a significant milestone in the fight against TB, showcasing innovative solutions for improved patient care. Best practices by the States of Manipur, Nagaland, Tripura, Assam, Arunachal Pradesh and Meghalaya were also

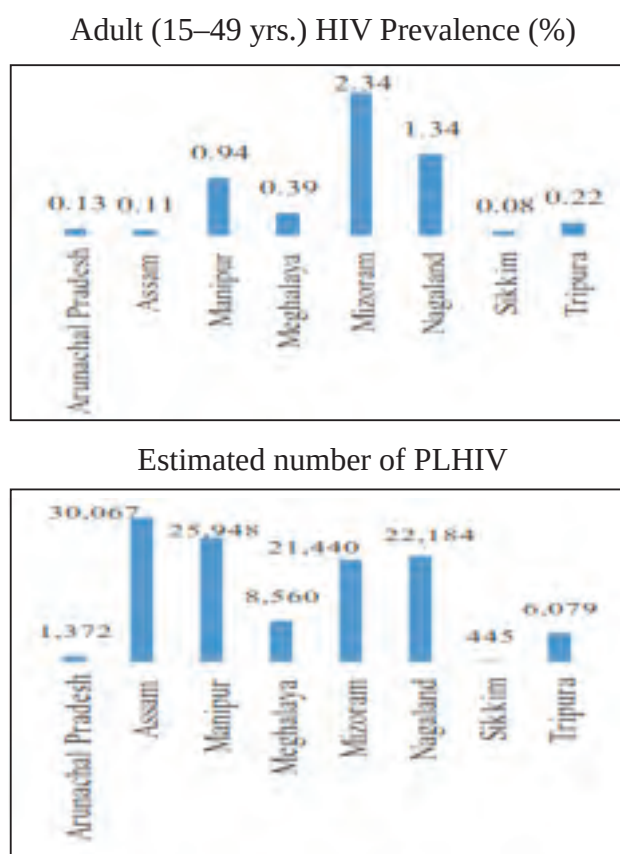
presented. As a commitment, a draft Charter of Commitment for Ending Tuberculosis in the North East India Region was presented which will act as a binding pledge that symbolizes the commitment to achieving a TB-free North East India.

9.16 NATIONAL AIDS AND STD CONTROL (NACO) ACTIVITIES IN THE NORTH-EAST STATES

The National AIDS and STD Control Programme's (NACP's) response to the HIV/AIDS epidemic comprises of a comprehensive three-pronged strategy focusing on prevention, testing, and treatment. This strategy is supported by critical enablers such as Information, Education, and Communication (IEC), laboratory services, and strategic information management. Management of the programme in the North Eastern states is carried out through the respective State AIDS Control Society (SACS).

HIV EPIDEMIC SCENARIO: State-wise adult (15–49 years) HIV prevalence (%) and estimated number of People Living with HIV (PLHIV) are given in the graphs below:

Graph 1: HIV epidemic scenario, NE States (HIV Estimation 2022)



Major Achievements

Information, Education and Communication (IEC) and Youth

North East Multimedia Campaign: The North East Multi Media Campaign targets youth in the North Eastern States, that focuses on raising awareness about HIV/AIDS through sports and music. The main objectives of the campaign included (i) providing greater visibility for the issue of HIV/AIDS, (ii) encouraging safe and responsible behaviour among the youth, (iii) reducing the level of stigma and discrimination by demystifying HIV/AIDS, (iv)

promoting HIV/AIDS related services, especially HIV testing and (v) increasing general awareness about HIV/AIDS. The Grand Finale of the 4th North East Multimedia Campaign was organized by Sikkim SACS in collaboration with NACO, on 5th March 2023 at Manan Kendra, Gangtok, Sikkim.

Targeted Interventions (TI)

Currently, there are 270 functional TIs/LWS and 100 Opioid Substitution Therapy (OST) centers and 142 Satellite OST centers in the North Eastern states implementing NACO's prevention activities.

State-wise and Typology-wise distribution of Targeted Interventions (TIs) supported by NACO as on March, 2024

States	FSW	MSM	IDU	TG	CC	Migrant	Truckers	Total
Arunachal Pradesh	3	0	0	0	22	6	0	31
Assam	6	0	3	0	37	3	3	52
Manipur	1	0	37	0	14	2	0	54
Meghalaya	3	0	4	0	4	0	0	11
Mizoram	1	1	22	0	8	4	0	36
Nagaland	2	2	24	0	16	1	1	46
Sikkim	3	0	3	0	0	0	0	6
Tripura	0	0	2	0	12	0	1	15

State-wise and Typology-wise Coverage of High-Risk Groups and bridge populations under the Targeted Interventions as on March, 2024

State	High Risk Groups				Bridge Population	
	FSW	MSM	PWID	TG	Migrant	Truckers
Arunachal Pradesh	6157	942	7800	155	83,298	0
Assam	15466	6082	17128	929	17,515	27500
Manipur	6639	2054	27736	792	4,729	0
Meghalaya	2297	259	2746	38	978	0
Mizoram	1167	1032	14923	0	66,521	0
Nagaland	4040	2920	31652	151	27,199	10000
Sikkim	1109	0	1690	0	0	0
Tripura	6079	896	7648	141	20,709	5000

Number of Opioid Substitution Therapy (OST) Centers for PWIDs in NE States as on March 2024

States	No. of OST Centres	Satellite OST Centres	Coverage
Arunachal Pradesh	4	15	775
Assam	6	12	3329
Manipur	26	32	5033
Meghalaya	6	5	1117

States	No. of OST Centres	Satellite OST Centres	Coverage
Mizoram	17	44	3348
Nagaland	31	26	8826
Sikkim	4	3	2095
Tripura	6	5	2640

HIV Counseling and Testing Services

Details of at-risk clients and pregnant women tested and identified to be HIV positive from January 2023 to March 2024 are provided in Table.

Number of clients tested and diagnosed as HIV positive in North-East states during January 2023 to March 2024

State	HCTS Established	At Risk Clients		Pregnant Women (ANC+ DIL+PNC)	
		Tested for HIV	Diagnosed HIV Positive	Tested for HIV	Diagnosed HIV positive (new Cases)
Arunachal Pradesh	489	62,212	1164	23,148	14
Assam	445	3,98,221	8,024	4,08,254	363
Manipur	235	14,0,039	945	44,076	47
Meghalaya	236	85,848	1,643	46,967	218
Mizoram	115	1,01,968	2,637	26,431	148
Nagaland	341	1,91,774	2,420	27,398	200
Sikkim	40	39,103	74	10,080	50
Tripura	165	1,67,443	2,134	58,933	37

To improve accessibility to its services, NACO has introduced mobile service delivery using vans/bikes. These mobile units offer HIV testing/screening, ART pills refilling, commodities distribution, LFU/Missed cases followups, IEC activities etc. This approach aims to reach previously underserved populations, helping achieve the 95-95-95 HIV goals.

Elimination of Vertical Transmission of HIV and Syphilis:

HIV and Syphilis screening among pregnant women in North East states was 58% and 64% respectively for period of January, 2023 to March, 2024 against estimated pregnant women. During January 2023-March 2024, out of 1,911 pregnant women detected with syphilis infection, treatment was initiated for 1,583 women. The HIV and Syphilis positivity among pregnant women in the North Eastern states were reported higher than the national average.

Table 5: HIV and Syphilis positivity among pregnant women during January 2023 to March 2024

State/UTs	PW HIV Positivity	PW Syphilis Positivity
Arunachal Pradesh	0.06	1.39
Assam	0.09	0.08
Manipur	0.11	0.01
Meghalaya	0.46	1.48
Mizoram	0.56	0.24
Nagaland	0.73	0.52
Sikkim	0.50	0.50
Tripura	0.06	0.07

Early Infant Diagnosis (EID) of HIV exposed infant at 6 weeks was: Nagaland (93%) and 100% in rest of the north eastern states. ARV prophylaxis for HIV exposed infants was reported to be 99% in Meghalaya, 92% in Manipur, 88% in Assam and 100% in the rest of the north-east states.

Mizoram and Nagaland were two of the seven states in which NACO had rolled out the revised guidelines of EVTHS in April, 2023.

Prevention, Control & Management of Sexually Transmitted Infections & Reproductive Tract Infections

The STI/RTI services in North Eastern (NE) states are provided to general populations through a network of 112 designated STI/RTI clinics (DSRCs) and to the High-Risk Groups (HRGs) through 230 static clinics and preferred providers at TI-sites under TI programme.

Around 1.27 lakh clients availed STI/RTI services at DSRCs, and 1.13lakh tests were conducted for syphilis screening between January – August 2023. The syphilis sero-positivity was reported to be 2.4% among DSRC clients. More than 1.36 lakhs HRGs availed STI/RTI services at TI-sites and 1.15 lakh tests were conducted for syphilis screening during the reporting period. The overall syphilis sero-positivity was reported to be 0.3% among HRGs in NE states.

Table 6. STI/RTI Services Delivery under NACP-V across North-Eastern States (January 2023– March 2024)

Facilities	Numbers
Number of DSRCs/ Suraksha Clinics	112
Number of TI-Sites providing STI/RTI Services	230
Services	
Number of clients managed for STI/RTIs at DSRCs	2.31 lakh
Number of clients tested for syphilis at DSRCs	2.03 lakh
Total number of episodes of STI/RTI managed among HRGs, Bridge Population and through Prison interventions	2.82 lakh
Total number of syphilis screening conducted among HRGs, Bridge Population and through Prison interventions	2.52 lakh

Care, Support and Treatment (CST)

Expanding the network of service points is a priority of NACO, especially in challenging areas like the North Eastern part of the country. Community involvement is central to NACP's strategy, tailored to suit diverse terrains. Keeping in view the increase of new infections in Arunachal Pradesh, an additional FI-ART centre in Namsai district has been made functional in 2023. North Eastern states like Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura have ART initiation less than the national average in FY 2022-23. The 12 Month retention in FY 2022-23 in Mizoram was 90% which was higher than national average and other North Eastern States. ART Initiation and dispensation to people with injecting drug user -through OST centre is in pilot phase under NACP in Mizoram, Nagaland, Tripura, Manipur and Meghalaya to minimize the gaps due to delayed initiation. Hence, efforts are being taken to minimize the number of PLHIV linkage loss during referral from OST to ART centres and ensuring their retention and adherence on ART by minimizing the LFU.

Summary of care, support and treatment facilities and beneficiaries in North Eastern Region is as below (Table 7).

Table 7: State wise progress under the Care, Support, and Treatment Programme as on March 2024

States	Number of ART Centres	Number of Link ART Centres	Number of CSC	Cumulative Number of ART PLHIV alive and on
Arunachal Pradesh	2	4	-	1,171
Assam	9	10	3	15,367
Manipur	13	15	4	14,103
Meghalaya	4	2	1	5,963
Mizoram	14	4	3	16,217
Nagaland	12	8	3	13,722
Sikkim	1	1	-	333
Tripura	3	3	1	5,388

Laboratory Services

Viral Load Testing: For the North Eastern States, NACO has installed one Viral Load (VL) machine at RIMS, Imphal, and is catering to 13 ART centres.

The States have hired sample transportation agencies for transporting whole blood/ plasma samples from all the 13 ART centres to the VL testing lab at RIMS, Imphal. Additionally, the State of Nagaland and Mizoram has also initiated VL testing on a reagent rental model.

Table 8: Viral Load testing data from January 2023 to March 2024

Name of the state	VL tests done	VL Suppression (%)
Arunachal Pradesh	255	95%
Assam	10416	95%
Manipur	13460	98%
Meghalaya	5871	95%
Mizoram	15733	96%
Nagaland	12195	96%
Sikkim	459	94%
Tripura	1820	94%

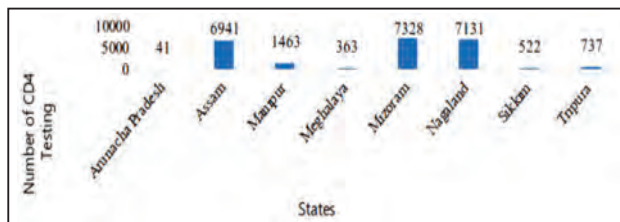
SUCCESS STORIES AND NEW INITIATIVES DURING JANUARY 2023 TO MARCH 2024

Integrated Health Campaign in North East Region

The Integrated Health Campaign (IHC) was initiated to specifically target vulnerable and at-risk populations involved in high-risk behaviors or

CD4 Testing: Currently, there are 460 functional CD4 testing machines under NACP out of which 57 CD4 machines are installed in North East. A total of 24,526 CD4 tests have been carried out in the north eastern states from January 2023 to March 2024 as depicted in the graph below.

Graph 2: CD4 testing from January 2023 to March 2024



population that are a part of the injecting/sexual networks. These outreach efforts are geared toward offering a comprehensive range of services, including HIV, Hepatitis B and C and STI/RTI screenings, TB assessments, as well as addressing general health concerns like blood pressure, diabetes etc. for individuals between the ages of 15 and 49 years.

As on March 2024, a total of 40,760 individuals were screened for HIV and 1,472 individuals were identified as HIV positive through the campaign mode and extended outreach activities.

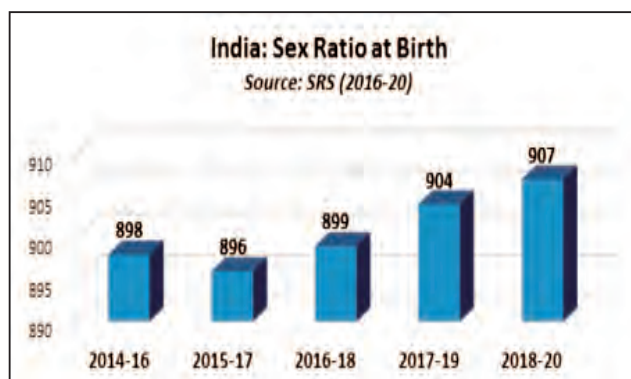
9.17 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

STATUS REPORT/PHYSICAL ACHIEVEMENT UNDER NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS DURING 2023-24																	
S. NO.	STATE/ UTs	Active Screening in the community				Total No. of Surgery performed				Total No. of Hearing Aids Fitted				Total No. of Persons referred for Rehabilitation			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
1	Arunachal Pradesh	1434				14				101				166			
2	Assam	6777	7247	5629		206	355	237		55	10	24		398	446	348	
3	Manipur	559	877	760		123	35	36		67	0	0		70	5	13	
4	Meghalaya	817	870	478	614	44	44	40	20	0	60	0	0	65	90	52	67
5	Mizoram	1850	1376	927	0	33	47	37	0	0	0	1	0	998	556	382	0
6	Nagaland																
7	Sikkim	569	1157			41	74			1	131			16	30		
8	Tripura																
Total		12006	11527	7794	614	461	555	350	20	224	201	25	0	1713	1127	795	67
		31941				1386				450				3702			

10.1 IMPLEMENTATION OF PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES

Sex ratio at Birth in 22 bigger States

With consistent efforts and effective implementation of the law, the States are beginning to show positive results, as per the latest Sample Registration Survey (SRS) report 2020. The overall Sex Ratio at Birth (SRB) data has recorded again 3 points improvement from 904 in 2017-19 to 907 in 2018-20. Among the bigger States/UTs, the sex ratio at birth varies from 974 in Kerala to 844 in Uttarakhand.



Further, 12 out of the 22 States surveyed, have shown improvement with a maximum increase of 32 points recorded in Rajasthan followed by Uttar Pradesh (11 points), Gujarat (7), Kerala & Punjab (6) each, Haryana (5), Jammu & Kashmir (3), Chhattisgarh & Tamil Nadu (2) each, Bihar, Himachal Pradesh and Karnataka improved by 1 point each.

However, 10 states are showing declining trend with maximum 8 points decline in West Bengal and Madhya Pradesh, followed by Telangana (-7), Orissa (-6), Andhra Pradesh, Assam, Delhi, & Maharashtra by 5 points each, Uttarakhand (-4) and Jharkhand by -2 points. These States strive to improve their SRB by expediting their efforts.

Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

With the goal to prohibit sex selection and regulate the ethical medical use of Pre-Natal Diagnostic techniques, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was brought into operation from 1st January, 1996. The PNDT Act has since been amended to make it more comprehensive. The amended Act came into force with effect from 14.02.2003 and was rechristened as “Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994” (PC & PNDT Act) to make it more stringent. The possibility of sex selection, before conception has been brought within the ambit of this Act so as to pre-empt the misuse of such diagnostic technologies, which might contribute to decline in Sex Ratio at Birth (SRB). Use of ultrasound/imaging machines and all pre-conception diagnostic techniques have been brought within the purview of this Act, more explicitly, in order to curb their misuse for detection and disclosure of sex of the foetus. More stringent punishments are prescribed under the Act, so that they serve as a deterrent against violations of the Act. The implementation of the Act has been entrusted with the state and district authorities, where the notified Appropriate Authorities are empowered to search, seize and seal the machines, equipment and records of the violators of law including sealing of premises and commissioning of witnesses under the PC & PNDT Act.

Implementation of PC & PNDT Act in States/UTs

As per the Quarterly Progress Report (QPR) of December, 2023 submitted by the States/UTs (Table 2.2), 88,889 diagnostic facilities including Genetic Counselling Centres, Genetic Laboratories, Genetic Clinics, Ultrasound Clinics and Imaging Centres have been registered under the PC&PNDT Act: 1,029 Genetic Counselling Centre (GCC), 431 Genetic Laboratories (GL), 3,847 Genetic Clinic (GC), 73,524 Ultrasound Clinic/Imaging Centre (USC/IC), 6,994 Jointly as Genetic Counselling Centres/Gen. Labs./Gen. Clinics (JAGCC/GL/GC), 230 Mobile Clinics, and 2,834 Other bodies/IVF Centres/Infertility Centres.

Over 8,44,919 premises were inspected and a total of 3,473 machines have been sealed and seized for violations of the law. A total of 3,667 court cases have been filed by the District Appropriate Authorities under the Act. Additionally, a total of 11,991 facilities registered under the PC & PNDT Act were suspended or cancelled.

10.1.3 Amendment to the 'Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996 and related regulations of the diagnostic equipment

Online payment mode was introduced for Registration/ Renewal under PC&PNDT Act, 1994 for ease of doing business vide amendment notified number vide G.S.R. 345 (E) dated 25.05.2021

Ultrasound equipment was notified as a drug under Drugs and Cosmetic Act, 1945. The license from Drug Controller of India is mandatory for selling / import/ R&D of Ultrasound Machines.

All electronic equipment including Ultrasound potential of sex selection/determination were notified under schedule I (iv) of the E-waste Rules 2022 to ensure proper disposal of the old, unused and obsolete equipment

Amendment to the Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Rules, 1996 and related regulations of the diagnostic equipment

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Monitoring and review of the implementation scaled up

29th meeting of Central Supervisory Board (CSB)

under PC & PNDT Act, 1994 was held on 18th October, 2023 under the chairpersonship of Hon'ble Union Health Minister on a virtual platform.

A national review meeting was held with all State/ UT health ministers under the chairpersonship of HFM in Swasthya Chintan Shivir held on 14-15th July 2023 in Dehradun, Uttarakhand.

Online mechanism of record maintenance and registration established in 22 States/UTs (Andhra Pradesh, Assam, Bihar, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Meghalaya, Odisha, Rajasthan, Punjab, Telangana, Tripura, Uttar Pradesh, D & N. Haveli and Delhi).

A two-day national capacity building workshop was conducted for State/UT Appropriate authorities and State/UT PNDT nodal officers on 5th and 6th July, 2023 followed by one day Training of Trainers (TOT) on 8th July, 2023 for State/UT trainers.

In 2023-24, Capacity Building and training workshops for District Appropriate Authorities and PNDT nodal officers was conducted in 15 States (Bihar, Rajasthan, Maharashtra, Madhya Pradesh, Odisha, Uttar Pradesh, Punjab, Haryana, Chhattisgarh, Kerala, Himachal Pradesh, Chandigarh, Jammu and Kashmir, Jharkhand, and Telangana).

State Inspection and Monitoring Committees (SIMC) constituted in the States/ UTs are conducting regular inspections on the ground. A total of 33,355 inspections have been conducted by SIMC during 2023-24 (upto December 2023) around the country as per the QPR received from the State/UTs.

This Ministry through its Nodal Agency is monitoring online sex-selection advertisements and seeking further compliance from the Search Engines by removing such content. Between 2021-23 total 5,222 complaints of violation were sent to the Ministry of Electronics and Information Technology (MEITY) and to the concerned Search Engines for their compliance.

STATE WISE SEX RATIO (Female per 100 Male) AT BIRTH (Source: SRS 2016 - 18 to 2018-2020)							
S.No	India and bigger states/period*	2016-18	2017-19	Change	2017-19	2018-20	Change
	India	899	904	5	904	907	3
1	Andhra Pradesh	920	931	11	931	926	-5
2	Assam	925	928	3	928	923	-5
3	Bihar	895	894	-1	894	895	1
4	Chhattisgarh	958	956	-2	956	958	2
5	Delhi	844	865	21	865	860	-5
6	Gujarat	866	870	4	870	877	7
7	Haryana	843	865	22	865	870	5
8	Himachal Pradesh	930	949	19	949	950	1
9	Jammu & Kashmir	927	918	-9	918	921	3
10	Jharkhand	923	916	-7	916	914	-2
11	Karnataka	924	915	-9	915	916	1
12	Kerala	957	968	11	968	974	6
13	Madhya Pradesh	925	927	2	927	919	-8
14	Maharashtra	880	881	1	881	876	-5
15	Orissa	933	931	-2	931	925	-6
16	Punjab	890	891	1	891	897	6
17	Rajasthan	871	879	8	879	911	32
18	Tamil Nadu	908	915	7	915	917	2
19	Telangana	901	899	-2	899	892	-7
20	Uttar Pradesh	880	894	14	894	905	11
21	Uttarakhand	840	848	8	848	844	-4
22	West Bengal	941	944	3	944	936	-8

State wise status of implementation of PC&PNDT Act upto December, 2023

S. No.	State/UT	No. of Bodies Registered	No. of on going Court Cases	No. of Machines Seized / Sealed
1	Andhra Pradesh	3,650	21	20
2	Arunachal Pradesh	101	3	-
3	Assam	1,784	17	17
4	Bihar	3,228	202	274
5	Chhattisgarh	1,025	15	3
6	Goa	209	1	-
7	Gujarat	8,869	313	328
8	Haryana	3,071	455	932
9	Himachal Pradesh	374	4	1
10	Jammu & Kashmir	803	0	1
11	Jharkhand	944	45	0
12	Karnataka	6,149	115	39
13	Kerala	2,331	3	0
14	Madhya Pradesh	2,748	53	20
15	Maharashtra *	12,144	619	474
16	Manipur	195	0	-
17	Meghalaya	97	0	-
18	Mizoram	62	0	-
19	Nagaland	82	0	0
20	Odisha	1,515	78	8
21	Punjab	1,930	176	81
22	Rajasthan	4,766	770	533
23	Sikkim	38	0	0
24	Tamil Nadu	9,327	209	164
25	Telangana	5,594	34	124

S. No.	State/UT	No. of Bodies Registered	No. of on going Court Cases	No. of Machines Seized / Sealed
26	Tripura	136	0	-
27	Uttarakhand	823	49	13
28	Uttar Pradesh	9,538	318	72
29	West Bengal	5,195	25	32
30	A & N. Island	26	-	-
31	Chandigarh	181	4	-
32	D. & N. Haveli and Daman & Diu	28	0	0
33	Delhi	1,742	138	337
34	Lakshadweep	9	-	-
35	Puducherry	175	0	-
	Total	88,889	3,667	3,473

10.2. ASPIRATIONAL DISTRICT PROGRAMME

The Ministry of Health & Family Welfare is committed to achieving the desired health outcomes across all the 112 Aspirational Districts.

To achieve the desired goals and objectives for Health under the 'Aspirational Districts' (AD) Program, focused and context specific strategies such as operationalization of HWCs, Institutionalizing AB - School Health Program, Special Newborn Care Unit (SNCU) Nutrition Rehabilitation Centre (NRC), LaQshya, Home Based Young Childcare (HBYC), National Tuberculosis Elimination Program (NTEP) etc. have been prioritized across all the ADs to bring about a significant contribution in the overall development of the Districts.

Status of key Health Programmes across Aspirational Districts (ADs)

- Transformation of all SCs and PHCs into Ayushman Bharat - HWCs - A total of 21,221 AB - HWCs were made functional till December 2023.
- Institutionalizing AB - School Health & Wellness Ambassadors in all schools

» 110 ADs have started School Health & Wellness Ambassadors (HWA) trainings till December 2023.

» 62988 out of 74808, Government/ Government aided schools started trainings in 110 ADs.

- Sick New-born Care Unit (SNCU)

» Till December 2024, all 112 ADs had fully functional SNCUs. A total of 144 SNCUs are functional in these 112 ADs.

- Nutrition Rehabilitation Centre (NRC)

» A total of 269 NRCs were functional in 99 AD still September 2023.

• 13 out of 112 ADs did not have the functional NRC units till September 2023 (Work was in progress to functionalize NRCs in remaining 13 ADs).

- Labour Room Quality Improvement Initiative (LaQshya)

» LaQshya programme is implemented across all districts of the country including 112 Aspirational districts.

» In Aspirational districts, 375 Labour room & 267 Maternity-OT of public health facilities were identified under LaQshya programme and out these 141 Labour room & 94 Maternity-OT of public health facilities have achieved National LaQshya certification till December 2023.

- Home Based Newborn Care (HBNC)

» A total of 11,90,287 Lakh newborns have received all scheduled HBNC visits by ASHAs till September, 2023.

» A total of 73,559 (6.2% identified sick newborns out of total visited) were referred to the nearest Health facility till September, 2023.

- Home Based Young Children (HBYC)

» All ADs have started the training of ANM/ASHA/ASHA facilitators. Total of 1,76,917 (81.1%) ANM/ASHA/ASHA facilitators have been trained in these till September, 2023

- National Immunization Programme-60 districts out of 112 have received more than 90% Full Immunization Coverage (FIC) till December, 2023

- National Tuberculosis Elimination Programme (NTEP)- Under Aspirational District Program, Tuberculosis (TB) case notification rate and TB treatment success rate are 2 indicators which are being assessed along with other program indicators to measure overall performance across these 112 Districts.

» 51 ADs have success rate of more than 90%, till December 2023

» 82 out of 112 ADs have ? 85% TB treatment success rate in public and private, till December 2023

» 84 ADs have achieved a Tuberculosis (TB) case notification rate of greater than 75%, till December, 2023

ASPIRATIONAL BLOCKS PROGRAMME

The Aspirational Blocks Programme was launched by the Hon'ble Prime Minister on January 7, 2023, at the 2nd National Conference of Chief Secretaries. It is a comprehensive initiative aiming to enhance governance and uplift the quality of life in challenging and underdeveloped blocks throughout India. NITI Aayog has identified 500 Aspirational Blocks across 27 States and 4 Union Territories, emphasizing the convergence of existing schemes and continuous monitoring of outcomes.

The focus areas encompass key socio-economic indicators in sectors such as Health and Nutrition, Education, Agriculture, Drinking Water and Sanitation, Financial Inclusion, Basic Infrastructure, and overall Social Development.

Specifically for addressing healthcare, the Aspirational Blocks Programme aims to establish acceptable standards, ensuring the provision of high-quality and accessible healthcare services, with a particular focus on underserved populations. The program envisions fulfilling a broader health vision, emphasizing the importance of improving healthcare delivery and governance to impact the well-being of communities in these challenging blocks positively.

Health-Key Performance Indicators Under Aspirational Blocks Programme

S.N	KPIs
1	Percentage of ANC registered within the first trimester against total ANC registrations. (Source-HMIS)
2	Percentage of institutional deliveries against total reported deliveries (Source-HMIS)
3	Percentage of low-birth weight babies (less than 2500g) (Source-HMIS)
4	Percentage of Tuberculosis (TB) cases treated successfully against TB cases notified a year ago (Source: Nikshay Portal)
5	Percentage of National Quality Assurance Standards (NQAS) certified facilities in Block (Source: Saksham Portal)
6	Percentage of persons screened for Hypertension against targeted population in the Block. (Source: NCD Portal)
7	Percentage of persons screened for Diabetes against targeted population in the Block (Source: NCD Portal)

10.3 NATIONAL AMBULANCE SERVICES (NAS)

National Ambulance Services (NAS): As on date, 34 States/UTs have facilities where people can Dial 108 or 102 to call an ambulance. The number 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc. The number 102 essentially consist of services including basic patient transport aimed to cater to the needs of pregnant women and children though other categories can also take benefit and are not excluded. Janani Shishu Suraksha Karyakram (JSSK) entitlements, such as free transport from home to facility, inter-facility transfer in case of referral and drop-back for mothers and children are the key focus of 102 services.

This service can be accessed through a toll-free call to a dedicated call center. As on 31st December,



The launch of KMA exclusively focused on beneficiaries with limited ANC packs (in local content) with the intent to gradually add more messages throughout the month of February 2024. From March 2024, Kilkari is delivering all 72 audio messages to the registered beneficiary of Gujarat and Maharashtra States.

Currently Kilkari has been rolled out in 20 States and UTs: Assam, Bihar, Chhattisgarh, Chandigarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal, Jammu & Kashmir, Tripura, Andhra Pradesh, Andaman & Nicobar Island, Gujarat and Maharashtra. A total of 58.20 crore successful calls (average duration of content played in each call approximately 1 minute) were made to 4.64 crore beneficiaries under Kilkari till

2023, 3,031 ALS (Advanced Life Support) ambulances, 15,250 (Basic Life Support) ambulances, 4,343 PTV (Patient Transport Vehicle), 17 Boat Ambulances and 81 Bike Emergency Response Service Vehicles are Supported Under NHM, besides 7,319 empanelled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities.

10.4 KILKARI AND MOBILE ACADEMY

Kilkari, which means “a baby’s gurgle”, delivers free, weekly and time-appropriate 72 audio messages about pregnancy, childbirth and childcare directly to families’ mobile phones from the second trimester of pregnancy until the child is one year old.

Launch of Kilkari and Mobile Academy (KMA) programme in Gujarat and Maharashtra:



31st March, 2024.

Mobile Academy is a free audio training course designed to expand and refresh the knowledge base of Accredited Social Health Activists (ASHAs) and improve their communication skills. Mobile Academy offers ASHAs a training opportunity via their mobile phones which is both cost-effective and efficient. It is an anytime, anywhere training course that can train thousands of ASHAs simultaneously via mobile phone. Mobile Academy is presently operational in 17 States/UT: Assam, Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal, Jammu & Kashmir, Tripura, Andhra Pradesh and Andaman & Nicobar Island. 2.86 Lac ASHAs registered in RCH

portal have completed the Mobile Academy course as on 31st March, 2024.

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Kilkari and Mobile Academy were launched by Union Health Minister on 15th January, 2016. Together, Kilkari and Mobile Academy are improving family health including family planning, reproductive, maternal and child health, nutrition, sanitation and hygiene – by generating a demand for healthy practices by empowerment and capacity building at the individual and community level and by creating an enabling environment.

10.5 DRUGS AND VACCINES DISTRIBUTION AND MANAGEMENT SYSTEM (DVDMS)

The provision of free generic drugs through public health facilities is one of the most cost-effective ways to reduce out of pocket expenditure (OOPE), particularly for poor and vulnerable groups. Accordingly, the National Health Mission - Free Drugs Service Initiative (FDSI) was rolled out under which the State/UTs are being supported to provide free generic drugs to patients coming to public

health facilities. An IT-backed drugs supply chain and logistics system is a prerequisite for effectively operationalizing this initiative. Drugs and Vaccines Distribution and Management System (DVDMS) is a web-based supply chain management system that deals with the purchase, inventory management and distribution of various drugs, sutures, and surgical items across all government health facilities and Drug Distribution Counters within the state/UT. DVDMS or similar IT application facilitates the implementation of FDSI and improves the supply chain of drugs, sutures, and surgical items.

This Application has been implemented/integrated in 28 states/UTs. For effective monitoring of the FDSI, a DVDMS Central Dashboard has been implemented by incorporating suitable aggregation tools, triangulation systems, and business intelligence tools for conceptualizing an actionable system with a provision of real time analytics. Analytical KPI reports, fact sheets and dashboards have been developed for better monitoring of web based supply chain management systems in States /UTs. DVDMS Central Dashboard has implemented in 100% of all implemented /integrated states /UTs. For ease of accessibility, Single sign on feature has been enabled in the DVDMS Central Dashboard via integration with Parichay.

10.6 COMPLAINT COMMITTEE ON SEXUAL HARASSMENT AT WORKPLACES (CCSH)

The Committee had recommended for sensitising the officer and staff of the Ministry about the sexual harassment at work places by conducting regular workshops on places by conducting regular workshops on gender sensitisation. The act which constitute sexual harassment of women at work places may be depicted through posters at appropriate places. The existence of “SHE BOX” and the constitution of the Complaints Committee for Sexual Harassment of Women at Workplaces may also be made known to all website of the Ministry for information of all concerned.

10.7 DEVELOPMENT OF NURSING SERVICES

Nursing Personnel are the largest workforce in a Hospital. Various training programmes have enabled the nursing personnel to update their knowledge and skills in various nursing specialty. As per the available statistics, majority of the beneficiaries are women only and therefore, the

programme has significant impact on women empowerment.

10.8 MISSION UTKARSH

Introduction

The Hon'ble Prime Minister of India, during a briefing session on the Aspirational District Program on 22nd January 2022, launched a special initiative named “ Mission UTKARSH ” wherein 14 Districts have been identified based on poor performance in pre identified 9 Key Performance Indicators for rapid improvement in a time bound manner on all such selected indicators. It was also emphasized to work with same collective approach as being done in the Aspirational Districts.

The objective of this initiative is for the Centre and State Governments to work in mission mode to uplift the identified districts. Every Ministry/ Department, in partnership with the State Governments are to ensure that:

- The KPIs in selected Districts surpass State average in the next 1 year.
- Within the next 2 years, these Districts come at par with the National Average.

Key Performance Indicators (KPIs)

S.N	KPIs
1	% Pregnant Women received 4 or more ANC Visits
2	% Pregnant Women receiving 180 IFA Tablet
3	% Institutional Deliveries against total reported deliveries
4	% SBA deliveries against total reported deliveries
5	HBNC coverage (%)
6	% of Full Immunization Coverage
7	% of children (Anganwadi Centres, Govt., and Govt. aided Schools) screened under Rashtriya Bal Swasthya Karyakram (RBSK)
8	TB Index
9	% of facilities converted into HWCs

Identification of Districts by MoHFW:

The Ministry of Health & Family Welfare, Government of India has identified 14 Districts based on the composite score of the 9 Key Performance Indicators (KPIs) which are as follows:

Sl. No.	State	Districts identified
1	Arunachal Pradesh	Upper Subansiri
2	Arunachal Pradesh	Papum Pare
3	Bihar	Darbhanga
4	Bihar	Supaul
5	Haryana	Nuh
6	Jammu and Kashmir	Srinagar
7	Jharkhand	Sahebganj
8	Kerala	Malappuram
9	Meghalaya	South West Khasi Hills
10	Meghalaya	North Garo Hills
11	Mizoram	Lawngtlai
12	Nagaland	Mokokchung
13	Manipur	Kamjong
14	Manipur	Pherzawl

An interface to monitor the progress of 14 identified districts under “ Mission UTKARSH ” on 9 selected key performance indicators (KPIs) has been developed on HMIS platform of MoHFW.

Progress of Key Performance Indicators under Mission UTKARSH ' :

KPI-1: % Pregnant Women received 4 or more ANC Visits:



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	21.23	32.93	80.16	47.16
Upper Subansiri	14.57	32.93	80.16	72.34
Darbhang	37.39	61.9	80.16	93.54
Supaul	49.14	61.9	80.16	93.86
Mewat	54.5	78.34	80.16	73.76
Srinagar	49.58	68.52	80.16	75.09
Sahebganj	51.58	76.34	80.16	79.9
Malappuram	87.53	93.84	80.16	82.73
Kamjong	8.0	33.76	80.16	60.6
Pherzawl	30.19	33.76	80.16	67.86
North Garo Hills	64.29	54.25	80.16	83.24
South West Khasi Hills	49.91	54.25	80.16	50.07
Lawngtlai	34.93	55.95	80.16	43.71
Mokokchung	16.62	18.77	80.16	53.32

Data Source Mission UTKARSH Dashboard

KPI-2: % Pregnant Women receiving 180 Iron Folic Acid Tablets:



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	26.95	47.4	94.09	78.65
Upper Subansiri	16.22	47.4	94.09	178.63
Darbhanga	56.3	72.47	94.09	100.17
Supaul	59.8	72.47	94.09	99.01
Mewat	99.61	85.88	94.09	89.76
Srinagar	13.1	79.72	94.09	92.46
Sahebganj	66.27	78.3	94.09	81.09
Malappuram	25.9	94.99	94.09	92.51
Kamjong	32.86	40.56	94.09	63.04
Pherzawl	86.72	40.56	94.09	53.57
North Garo Hills	51.73	61.39	94.09	90.41
South West Khasi Hills	88.84	61.39	94.09	70.93
Lawngtlai	73.63	71.77	94.09	57.37
Mokokchung	18.92	41.17	94.09	54.16

Data Source Mission UTKARSH Dashboard

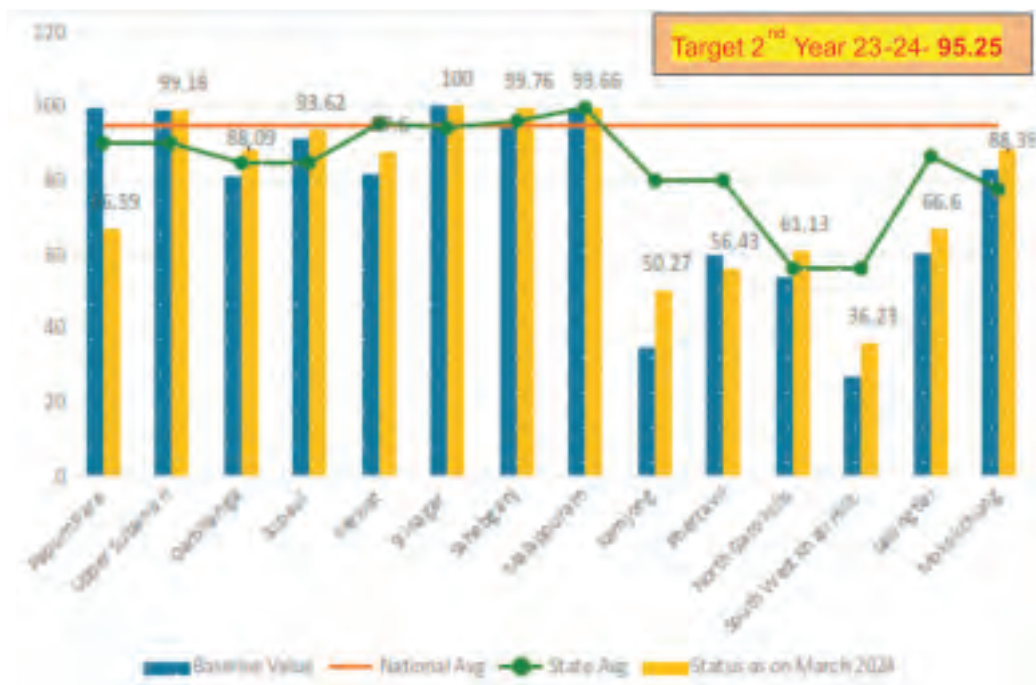
KPI-3: % Institutional Deliveries against total reported deliveries:



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	99.62	90.75	95.25	66.59
Upper Subansiri	98.78	90.75	95.25	99.18
Darbhang	80.92	85.53	95.25	88.09
Supaul	91.03	85.53	95.25	93.62
Mewat	81.42	96.23	95.25	87.6
Srinagar	100	94.88	95.25	100
Sahebganj	94.6	96.31	95.25	99.76
Malappuram	99.7	99.87	95.25	99.66
Kamjong	34.59	80.57	95.25	50.27
Pherzawl	59.54	80.57	95.25	56.43
North Garo Hills	53.76	57.02	95.25	61.13
South West Khasi Hills	27.11	57.02	95.25	36.23
Lawngtlai	60.19	86.78	95.25	66.6
Mokokchung	83.01	78.31	95.25	88.39

Data Source Mission UTKARSH Dashboard

KPI-4: % Skill Birth Attendant (SBA) Deliveries against total reported deliveries:



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	99.87	94.66	96.21	57.52
Upper Sub ansiri	99.24	94.66	96.21	95.11
Darbhanga	83.46	88.59	96.21	97.93
Supaul	91.26	88.59	96.21	94.02
Mewat	81.9	96.47	96.21	92.5
Srinagar	100	95.13	96.21	100
Sahebganj	97.9	98.27	96.21	99.98
Malappuram	99.75	99.9	96.21	99.72
Kamjong	51.13	92.43	96.21	63.78
Pherzawl	83.97	92.43	96.21	76.43
North Garo Hills	57.97	59.99	96.21	65.88
South West Khasi Hills	27.56	59.99	96.21	40.02
Lawngtlai	64.15	89.84	96.21	73.89
Mokokchung	96.16	90.7	96.21	90.9

Data Source Mission UTKARSH Dashboard

KPI-5: % Home Based Neonatal Care (HBNC) Coverage:



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	1.28	18.27	51.65	20.06
Upper Subansiri	1.25	18.27	51.65	99.04
Darbhangha	31.07	50.47	51.65	84.89
Supaul	33.6	50.47	51.65	103.41
Mewat	30.69	38.85	51.65	41.88
Srinagar	6.33	44.09	51.65	33.97
Sahebganj	50.16	54.36	51.65	74.97
Malappuram	15.99	31.27	51.65	42.36
Kamjong	64.66	41.55	51.65	35.14
Pherzawl	41.98	41.55	51.65	50.71
North Garo Hills	73.53	62.69	51.65	75.96
South West Khasi Hills	60.44	62.69	51.65	60.44
Lawngtlai	31.75	51.39	51.65	46.05
Mokokchung	53.89	30.36	51.65	75.5

Data Source Mission UTKARSH Dashboard

KPI-6: % Full Immunization Coverage:



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	57.66	75.54	86.84	55.4
Upper Subansiri	94.54	75.54	86.84	109.64
Darbhanga	97.2	76.11	86.84	157.05
Supaul	100	76.11	86.84	120.41
Mewat	41.5	90.19	86.84	74.09
Srinagar	52.79	105.09	86.84	90.4
Sahebganj	81.87	99.1	86.84	83.81
Malappuram	78.13	85.1	86.84	89.81
Kamjong	100	100	86.84	127.03
Pherzawl	71.43	100	86.84	47.14
North Garo Hills	100	83.7	86.84	102.26
South West Khasi Hills	94.23	83.7	86.84	94.84
Lawngtlai	78.76	91.72	86.84	77.62
Mokokchung	90.69	57.25	86.84	95.55

Data Source Mission UTKARSH Dashboard

KPI-7: % of Children (Anganwadi Centres, Govt. and Govt. aided Schools) screened under Rashtriya Bal Swasthya Karyakram (RBSK):



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	19.23	54.1	61.6	0
Upper Subansiri	0	54.1	61.6	96
Darbhanga	0	14.5	61.6	68
Supaul	0	14.5	61.6	23
Mewat	0	75.8	61.6	34
Srinagar	0	84.4	61.6	23
Sahebganj	1.02	37.9	61.6	64
Malappuram	0.01	15.4	61.6	72
Kamjong	0	17.9	61.6	5
Pherzawl	14.64	17.9	61.6	26
North Garo Hills	3.58	70.2	61.6	92
South West Khasi Hills	10.97	70.2	61.6	82
Lawngtlai	0	78.4	61.6	82
Mokokchung	0	72	61.6	83

Data Source Statistic Division

KPI-8: TB Index:



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	63.15	68.2	71.5	72.97
Upper Subansiri	58.28	68.2	71.5	51.17
Darbhangha	47.03	64.31	71.5	78.04
Supaul	50.98	64.31	71.5	82.24
Mewat	60.89	77.74	71.5	86.17
Srinagar	57.76	77.02	71.5	90.36
Sahebganj	53.27	73.55	71.5	80.87
Malappuram	68.2	76.17	71.5	87.23
Kamjong	0	63.56	71.5	15
Pherzawl	68.86	63.56	71.5	0
North Garo Hills	0	74.81	71.5	60.01
South West Khasi Hills	0	74.81	71.5	53.83
Lawngtlai	63.98	73.21	71.5	72.99
Mokokchung	70.87	70.89	71.5	82.11

Data Source Mission UTKARSH Dashboard

KPI-9: % of facilities converted into Health & Wellness Centers (HWCs)



District	Baseline value (Apr-Dec) 2021	Target (2022-23)	Target (2023-24)	Upto March 2024
Papum Pare	31	87	69	91
Upper Subansiri	15	87	69	82
Darbhang	17	32	69	93
Supaul	13	32	69	93
Mewat	68	56	69	98
Srinagar	56	75	69	124
Sahebganj	35	57	69	102
Malappuram	39	61	69	98
Kamjong	0	40.34	69	30
Pherzawl	0	40.34	69	39
North Garo Hills	0	88	69	92
South West Khasi Hills	0	88	69	72
Lawngtlai	29	79	69	86
Mokokchung	34	78	69	69

Data Source CPHC Division

Swasth Nagrik Abhiyan

11.1 INTRODUCTION

The main objective of Swasth Nagrik Abhiyan (SNA) is to conduct a campaign which will lead to the generation of demand for health services and promote health seeking behaviour. The SNA strategy aims to disseminate information and create awareness to improve the health seeking behaviour, and also share information about the benefits available under various schemes/ programmes of the Ministry of Health & Family Welfare (MoHFW). Towards this, different modes of communication have been leveraged to reach out to rural & urban masses.

11.2 STRATEGIC COMMUNICATION PLAN

MoHFW has designed a strategic framework for targeted IEC activities using 360 degree communication approach. All possible means of media including mass media, mid-media, interpersonal activities and social media are used to disseminate information about various health schemes. The year-long IEC/Communication Plan has been conceptualized to focus on health days and health themes.

While some activities were taken up to coincide with specific dates observed as 'Health Days', others were week and month-long plans for focused multi-media campaigns on schemes of MoHFW. These activities centered around topics such as Ayushman Bharat, Immunization, TB management, Anaemia Mukh Bharat, Integrated Diarrhea Control Fortnight (IDCF), Breastfeeding Week, Tobacco Control, etc. Targeted campaigns were carried out for seasonal ailments such as Dengue, H1N1 etc. In fact realizing the potential of Social Media for real time and free of cost amplification of messages, SNA Division has actively engaged on various social media platforms such as X (formerly Twitter, Facebook, YouTube, Instagram to name a few) for spreading awareness about on all these programmes for the benefit of the people.

11.3 PRINT

The SNA Division has been regularly publishing advertisements on health issues in all the leading

newspapers of India, including regional languages. The aim of such advertisements is not only to encourage people to adopt healthy behaviour but also to raise awareness and disseminate information regarding availability and access to quality healthcare provided by the Government. In 2023-24 print advertisements were released on Ayushman Bharat, Tobacco Control, Polio, World Blood Donor Day, PNDT, Polio Immunization, Dengue, Lymphatic Filariasis and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM).

11.4 TELEVISION

The SNA Division has leveraged this medium extensively to generate public discourse on health related themes and spread positive health messages. During 2023-24 several campaigns like Sub National-Immunization Day for Polio, National TB Elimination Programme, Elimination of Lymphatic Filariasis, Malaria Programme, Dengue and Chikungunya Programme, Family planning issues, awareness campaign for Vasectomy for enhancing male participation in Family Planning etc. was carried out by MoHFW through DD Network.

11.5 RADIO

Several campaigns were run on AIR to promote awareness on health issues like Lymphatic Filariasis, Sub National - Immunization Day for Polio, National TB Elimination Programme, Elimination of Lymphatic Filariasis, Malaria Programme, Dengue and Chikungunya Programme, Family planning issues, awareness campaign for Vasectomy for enhancing male participation in Family Planning through Central Bureau of Communication (CBC), Ministry of Information and Broadcasting (MoIB). CBC, MoIB has supported MoHFW by making media plans for telecast/broadcast of the spots through satellite channels/Private FM and Community Radio Stations as well as for print advertisements.

11.6 SOCIAL MEDIA

Effective dissemination of health-related information holds immense significance in today's digital landscape. Recognizing this imperative, the

Ministry of Health has adopted a strategic multi-platform approach to educate the public on vital health issues. The Ministry's presence extends across multiple social media platforms like X, Facebook, Instagram, Youtube, Whatsapp, Koo, ShareChat and Public. Notably, significant events such as G20 Health Working Group Meetings were highlighted through a dedicated segment titled 'Healthy Talks' on the platforms. Throughout the year, coverage extended to various health days, government schemes, crucial achievements, important events, and more. This strategic utilization of social media has not only enhanced accessibility but also fostered a comprehensive understanding of India's advancements in the health sector. The YouTube channel of the Ministry with a total subscribers of more than 631k has a wide array of videos including short films, video updates, and speeches of the Hon'ble Prime Minister and Hon'ble Health Minister. The YouTube platform is also

leveraged for live relay of important events. There has been a positive level of public engagement on the Ministry's social media platforms. The Facebook page that was started in September 2014 has now around 6.6 million followers. Regarding X, the followership of the Ministry of Health and Family Welfare (MoHFW) witnessed a notable growth, rising from 2.2 Million in April 2021 to approximately 3.2 Million by December 2022. As of now the MoHFW X account has more than 3.4 Million followers. The Instagram account of MoHFW was created in March 2020 and it has reached a followership exceeding 399k. Ministry of Health and Family Welfare (MoHFW) launched its official Koo account in April 2021, garnering a substantial 1.8 million followers. In March 2021, MoHFW initiated its official Sharechat account, accumulating 44,000 followers. Furthermore, the official Public account was established in November 2022, and presently has more than 330k followers.

Progressive use of Hindi

12.1 PROGRESSIVE USE OF HINDI

The Ministry of Health and Family Welfare continues with its commitment to ensure the progressive use of Hindi and compliance of Official Language Policy in accordance with the Annual Programme issued by the Department of Official Language, Ministry of Home Affairs and the Official Language Policy of the Union. There is an Official Language Division in the Ministry headed by Joint Secretary (In-charge). At present, matters relating to the progressive use of Official Language Hindi in the Ministry are being monitored by the Deputy Director (OL).

Several important steps have been taken to promote the progressive use of Hindi in the Ministry, which are briefly explained below:

12.2 IMPLEMENTATION OF OFFICIAL LANGUAGE POLICY

In pursuance of the Official Language Policy of the Government of India, all documents covered under Section 3(3) of the Official Languages Act, 1963 are being ensured to issue both in English and Hindi. Action plan is prepared on the basis of checkpoints identified in the Ministry to ensure compliance with the Official Language Policy. The Annual Programme and other orders/instructions issued by the Department of Official Language are forwarded to all sections of the Ministry and its subordinate/attached offices/autonomous organizations for information and directions are issued for compliance thereof.

12.3 OFFICIAL LANGUAGE IMPLEMENTATION COMMITTEE (OLIC)

An Official Language Implementation Committee (OLIC) is constituted in the Ministry under the Chairmanship of Joint Secretary in-charge of Official Language and its meetings are held regularly in every quarter. The Committee works out an effective strategy for implementation of the Constitutional provisions of the Union and Official Language Policy in the Ministry and its subordinate/attached offices/autonomous organizations with a view to achieving the targets

set in the Annual Programme issued by the Department of Official Language, Ministry of Home Affairs. The Committee reviews the progress made in the use of Official Language (Hindi) from time to time and suggests and recommends measures to be taken for effective implementation of the Official Language Policy. The offices/attached offices of the Ministry/autonomous organizations have also been instructed to hold their Official Language Implementation Committee (OLIC) meetings regularly.

12.4 HINDI FORTNIGHT

In order to encourage the use of Hindi in official works and among the officers/employees of the Ministry, Hindi fortnight was organized successfully in the Ministry during September 18-30, 2023. During the Hindi fortnight, eight competitions namely, a Quiz competition regarding the awareness of Official Language Policy among Gazetted and Non-Gazetted Employees of the Ministry, Essay competition, Hindi Noting and Drafting, Extempore for all employees and Hindi Dictation Competition for MTS were organized. The winners of these competitions were awarded cash prizes including certificates.

12.5 OFFICIAL LANGUAGE CONFERENCES / SEMINARS

During the period, eight representatives of the Ministry participated in the 3rd All India Official Language Conference held in Pune, Maharashtra on 14-15 September, 2023 under the chairmanship of the Union Home Minister.

12.6 HINDI WORKSHOPS ORGANIZED

During the period, two Hindi workshops were organized for the employees of the Ministry as well as for the officials of attached/subordinate/autonomous offices of the Ministry.

12.7 INSPECTION BY PARLIAMENTARY COMMITTEE ON OFFICIAL LANGUAGE

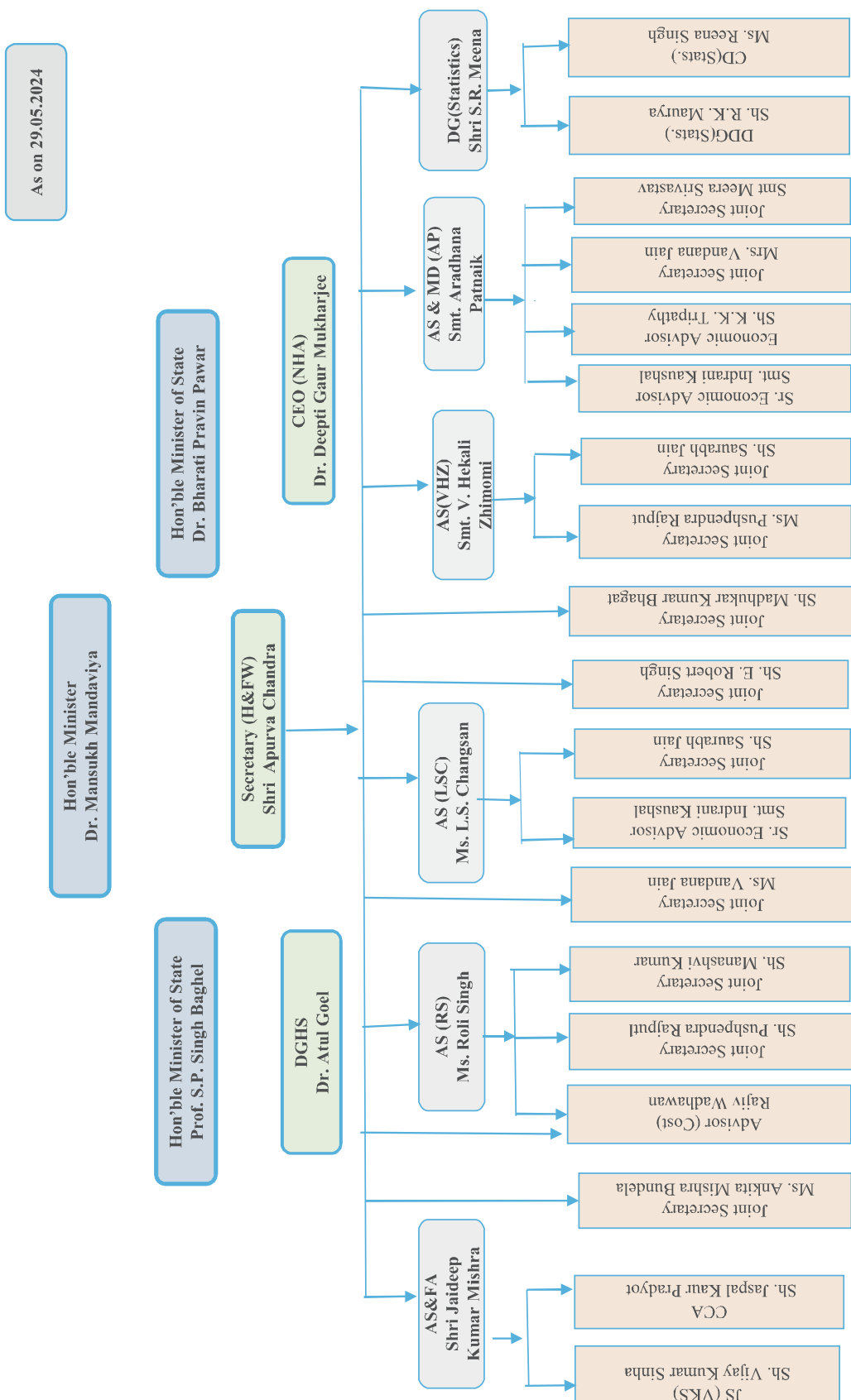
During the period, the third Sub-Committee of the Committee on Official Language inspected the Ministry of Health and Family Welfare and reviewed the use of Hindi in the day-to-day

functioning of the Department. Secretary (Health), Special Secretary (Health), Joint Director (Incharge Official Language), Director (Official Language), one Assistant Director (Official Language) participated in the inspection carried out by the Hon'ble Committee.

12.8 INSPECTION REGARDING PROGRESSIVE USE OF HINDI

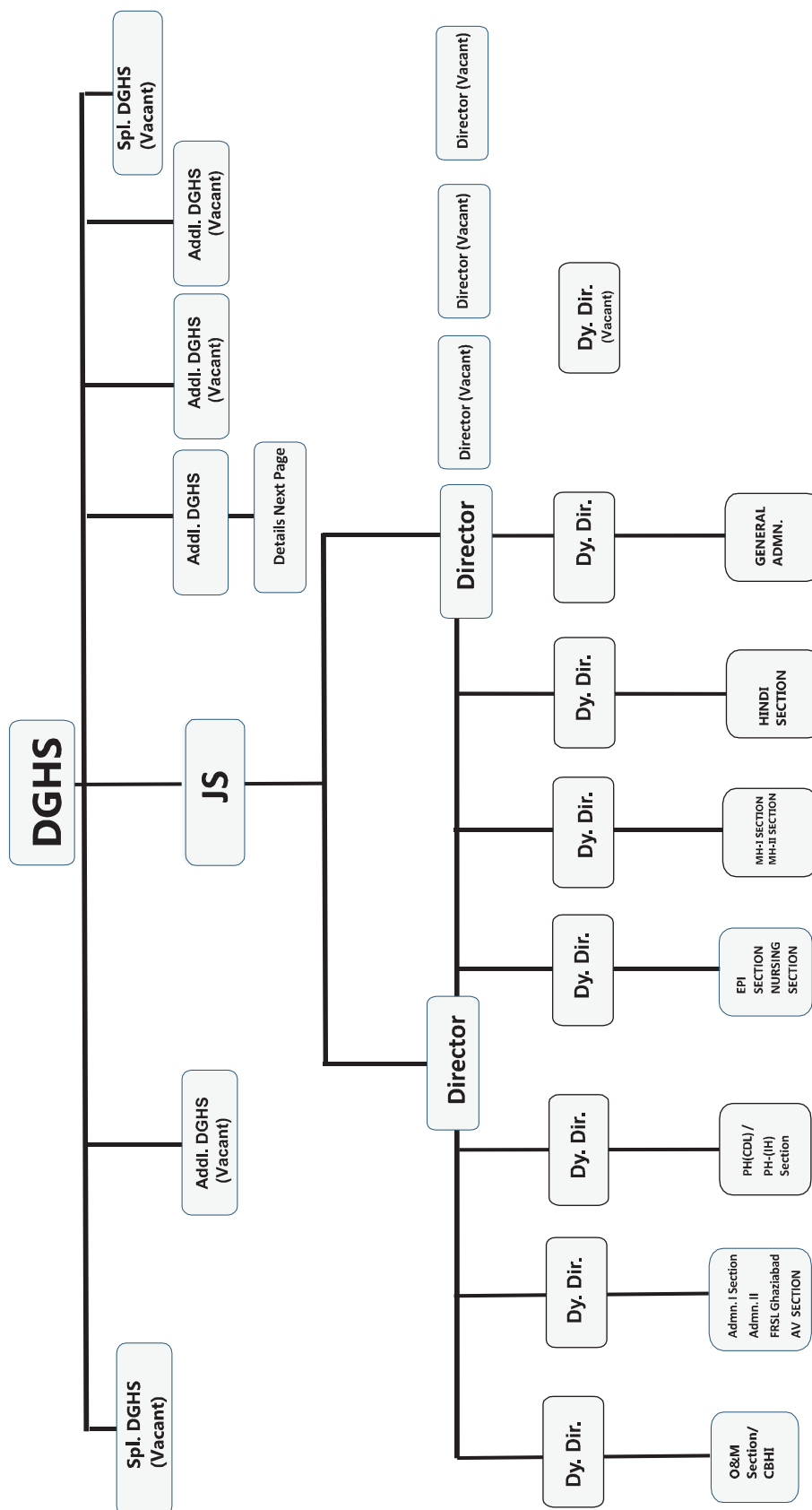
In order to achieve the targets set in the Annual Programme released by the Department of Official Language, the officers of this Ministry inspected their seventeen attached/ subordinate/autonomous offices as per the targets set during the period under review.

Department of Health & Family Welfare



Directorate General of Health Services

Organization Chart of Directorate General of Health Services
Administrative Wing (As on 24th January, 2024)





Budget & Audit

CHAPTER

15

Annexure-A

Department of Health & Family Welfare Scheme-wise Statement of BE, RE & Actuals Expenditure from 2022-23 and 2023-24

(Rs. in crore)

Sl. No.	Scheme/Programme/Institute	BE 2022-23	RE 2022-23	Actual 31/03/23	BE 2023-24	RE 2023-24	Actual 31/03/24 (Prov.)
1	Establishment Expenditure of the Centre						
1.01	Secretariat - Social Services	244.06	257.07	211.95	267.40	234.44	203.24
1.02	Direction & Admn.						
	Direction & Admn. (Dte. G.H.S)	76.00	75.85	58.79	80.21	72.45	62.67
	Total	76.00	75.85	58.79	80.21	72.45	62.67
1.03	Central Government Health Scheme	1850.00	1945.27	1789.22	2220.24	1856.00	1827.09
1.04	Safdarjang Hospital, New Delhi	1690.00	1735.15	1678.44	1826.94	1906.67	1818.37
	Vardhman Mahaveer Medical College, New Delhi	25.00	25.00	24.57	26.40	26.40	25.36
1.05	Dr. Ram Manohar Lohia Hospital, New Delhi	880.00	842.31	765.28	1075.00	1070.00	986.47
	Dr. RML PGIMER, New Delhi	215.80	270.30	217.74	197.18	234.10	208.82
1.06	Lady Hardinge Medical College & Smt. Sucheta Kripalani Hospital & New Delhi	710.00	649.95	573.96	768.15	625.00	572.52
1.07	Kalawati Saran Children's Hospital, New Delhi	149.44	157.86	147.40	168.53	167.14	149.25
1.08	Other Hospitals/Institutions						
	National Medical Library	40.00	40.00	38.59	48.03	38.45	28.63
	Medical Stores Organization	64.87	66.45	53.90	68.26	72.35	50.64
	Central Institute of Psychiatry, Ranchi	120.00	127.33	126.47	144.19	128.16	116.95
	All India Institute of Physical Medicine and Rehabilitation, Mumbai	35.00	27.71	25.40	28.88	32.12	26.20
	RAK College of Nursing, New Delhi	30.00	35.00	33.75	34.33	23.69	38.05
	Lady Reading Health School	4.86	4.96	4.28	4.73	4.52	4.18
	Port Health Estt. Including APHO	69.00	62.00	52.62	70.00	56.00	46.44
	National TB Training Institute, Bangalore	18.34	18.07	17.07	22.17	20.73	17.50
	CLTRI, Chengalpattu	23.56	23.82	16.00	29.20	18.00	15.89
	RLTRI, Aska	7.50	4.00	3.73	7.11	4.67	3.51
	RLTRI, Raipur	7.62	6.85	4.29	10.98	7.37	5.83
	RLTRI, Gauripur	6.10	5.61	4.97	7.26	6.36	5.39
	N.I.C.D., New Delhi (Main Institution)	75.70	77.60	70.20	92.19	76.14	70.17
	Central Drugs Standard Control Org.	180.00	179.00	156.91	185.00	179.54	168.06
	BCG Vaccine Laboratory, Guindy, Chennai	30.59	27.90	22.77	33.71	31.44	27.53
	CRI, Kasauli	105.00	59.00	56.13	76.91	57.06	50.25
	Institute of Serology, Kolkata	9.03	8.41	7.79	9.51	8.51	7.96
	AIHH & PH, Kolkata	44.37	44.31	41.85	44.75	43.81	42.47
	CCTC Singur	24.98	24.97	22.54	24.88	25.44	23.78
	Central Health Education Bureau, New Delhi	6.20	6.20	4.21	6.58	5.88	4.23
	Regional Health Offices	51.16	51.16	43.08	54.98	47.63	41.07
	F.W. Training and Res. Centre, Bombay	20.71	20.71	9.87	19.52	12.74	11.67
	Rural Health Training Centre, Najafgarh	34.24	27.86	22.47	38.50	40.00	31.80
	Strengthening of HIMS	6.32	4.42	1.45	4.81	2.75	2.69
	National Advisory Board for Standards	1.18	0.55	0.24	1.10	0.56	0.40
	Project Feasibility Testing Scheme	0.10	0.01		0.01		
	Total - Other Hospital/Institutions	1016.43	953.90	840.58	1067.59	943.92	841.29
	Total - Establishment Expenditure of the Centre	6856.73	6912.66	6307.93	7697.64	7136.12	6695.08
2	Central Sector Schemes/Projects						
2.01	Pradhan Mantri Swasthya Suraksha Yojana	10000.00	8269.56	7517.64	3365.00	1900.00	1390.03
2.02	Family Welfare Scheme						
	Mass Education - IEC (Information, Education and Communication)	40.00	33.00	29.36	35.87	34.40	25.66
	Information, Education and Communication on PNDT Act.				0.69	0.32	0.12
	Population Research Centres	30.00	25.87	25.62	39.82	31.71	30.87
	Management Information System (MIS)	35.22	60.00	35.12	56.88	181.15	176.89
	Social Marketing of Contraceptives	70.00	45.97	42.56			
	Free Distribution of Contraceptives	150.00	150.00	153.23			

Sl. No.	Scheme/Programme/Institute	BE 2022-23	RE 2022-23	Actual 31/03/23	BE 2023-24	RE 2023-24	Actual 31/03/24 (Prov.)
	Supply of FP Commodities under Free Supply and NPSF/National Commission on Population	0.01	0.01		225.04	225.00	224.74
	FW Programme in Other Ministries	0.01	0.01				
	NGO (PPP)						
	WHO supported National Polio Surveillance Project (NPS)	159.11	159.11	159.11	158.30	167.07	158.30
	Total - FW	484.35	473.97	445.00	516.60	639.65	616.58
2.03	National AIDS and STD Control Programme	2622.75	2032.00	1997.55	2916.97	2300.00	2313.45
2.04	Blood Transfusion Service	404.26	150.00	145.45	161.00	119.06	136.20
2.05	National/State Blood Transfusion Council (GC)	0.01	0.01		2.00	1.50	
2.06	Global Fund under Covid-19 Response Mechanism 2021				495.00	15.00	6.13
2.11	National Pharmacovigilance Prog.	10.00	10.00	9.84	8.53	8.00	7.87
2.12	Development of Nursing Services	20.43	24.93	24.50	33.41	23.40	22.86
2.14	Health Sector Disaster Preparedness & Management	130.00	75.00	75.02	128.14	71.68	30.51
2.15	National Organ Transplant Programme	15.00	10.24	9.11	15.68	11.00	7.45
2.18	Establishment and strengthening of NCDC Branches and Health Initiatives – Inter Sectoral Co-ordination for preparation and control of Zoonotic Diseases and other neglected tropical diseases, surveillance of Viral Hepatitis, Anti-Microbial Resistance	71.55	52.46	37.79	55.54	27.52	17.05
2.22	Pradhan Mantri Garib Kalyan Project - Insurance Scheme for Health Care Workers fighting COVID-19	226.00	226.00	223.73	0.01	16.90	15.50
2.23	PM-ABHIM	978.87	281.68	314.10	645.86	200.21	169.55
2.24	ECRP-1(EAP)		1.78		1.78		
2.27	National Digital Health Mission - Ayushman Bharat Digital Mission (ABDM)	200.00	140.00	83.94	341.02	200.00	175.36
2.29	National Tele Mental Health Programme		121.00	65.49	133.73	65.00	32.90
	Total - Central Sector Schemes/Projects	15163.22	11868.63	10949.16	8820.27	5598.92	4941.44
3	Other Central Expenditure, including those on CPSEs and Autonomous Bodies						
3.01	Medical Treatment of CGHS Pensioners (PORB)	2645.00	4640.42	4630.67	3846.19	4296.40	4282.72
3.02	<i>Purchase of Material in India and Abroad</i>	<i>310.00</i>	<i>360.00</i>	<i>357.86</i>	<i>375.00</i>	<i>375.00</i>	<i>292.73</i>
	<i>Deduct Recoveries</i>	<i>-310.00</i>	<i>-360.00</i>	<i>-465.99</i>	<i>-375.00</i>	<i>-375.00</i>	<i>-272.53</i>
	<i>Net</i>			<i>-108.13</i>			<i>20.20</i>
3.03	International Cooperation/ International Health						
	<i>(i) Contribution to IRCS</i>						
	<i>(ii) Contribution to WHO</i>	32.00	34.50	34.24	34.00	54.50	60.85
	<i>(iii) Delegation to International Conference</i>	5.00	5.00	4.40	5.00	4.50	4.90
	<i>(IV) Int. Conf. on Med. & Public Health</i>	9.00	14.25	3.48	37.00	20.00	27.78
	<i>(vi) Membership for International Org.</i>	8.00	7.00	6.51	91.00	7.00	6.83
	<i>(vii) International Co-operation (FW)</i>	20.00	25.00	24.29	25.00	25.00	24.84
	<i>(viii) Redevelopment of WHO-SERO Building</i>	87.00	30.00	30.00	62.00	45.00	45.00
	Total	161.00	115.75	102.92	254.00	156.00	170.20
3.04	Other Miscellaneous Expenditure						
	National Centre for Disease Control Programme	51.92	18.46	17.72	13.00	12.93	5.13
	Discretionary Grant	5.00	1.50	0.31	2.88	1.04	0.40
	Haj Pilgrims	8.93	9.27	9.27	9.27	22.69	22.65
	Rashtriya Arogya Nidhi	105.00	46.00	53.88	67.28	20.00	13.34
	Award of Prizes in Hindi	0.10	0.13	0.10	0.13	0.11	0.09
	Award of Prizes to Govt. Hospitals/Institutions under Kaya Kalp Scheme	10.04	10.04	10.00	9.67	9.67	9.58
	<i>Counselling for UG/PG seats in Government Colleges</i>	<i>1.47</i>	<i>1.31</i>	<i>0.60</i>	<i>1.50</i>	<i>1.05</i>	<i>1.32</i>
	Net	1.47	1.31	0.60	1.50	1.05	1.32
	Establishment of Stem Cell Donor Registry (New)						
	Compensation to the victims or to their families on account of accidents, injury or death at public places	0.10			0.10		
	National Policy for Rare Disease (NPRD)				144.19	103.32	109.00
	Total - Deduct Recovery						
	Total - Net	182.56	86.71	91.88	248.02	170.81	161.51
3.05	Autonomous Bodies and PSUs						
	Statutory Bodies						
1	All India Institute of Medical Sciences (AIIMS), New Delhi	4190.00	4400.24	4224.14	4134.67	4278.00	4489.67
2	Post Graduate Institute of Medical Education & Research, Chandigarh	1840.00	1850.00	1850.00	1923.10	2123.00	2123.00

Sl. No.	Scheme/Programme/Institute	BE 2022-23	RE 2022-23	Actual 31/03/23	BE 2023-24	RE 2023-24	Actual 31/03/24 (Prov)
3	Jawaharlal Institute of Post Graduate Medical Education & Research, Puducherry	1340.00	1357.00	1262.00	1490.43	1307.00	1307.00
4	National Institute of Mental Health & Neuro-Sciences,	560.00	678.00	678.00	721.15	750.54	750.54
5	NEIGRIHMS, Shillong	456.00	480.00	458.25	528.83	455.67	416.30
6	RIMS, Imphal	560.00	618.26	618.26	629.16	611.00	611.00
7	RIPANS, Aizawl	70.00	58.30	58.30	63.66	72.53	71.10
8	LGBRIMH, Tejpur	132.00	108.50	108.50	125.04	115.04	101.90
9	Establishment Expenditure of New AIIMS				6835.00	6735.00	6579.64
10	Other Autonomous Bodies						
	Lala Ram Swarup Institute of T.B. and Allied Diseases, New Delhi	98.36	145.00	181.00	137.00	150.00	154.67
	Vallabh Bhai Patel Chest Institute, Delhi University	78.19	73.59	70.09	75.02	72.00	72.00
	Kasturba Health Society, Wardha	84.23	102.20	102.20	105.82	103.82	110.04
	Cancer Control (CNCI, Kolkata)	100.00	101.00	91.07	115.16	84.79	71.05
	All India Institute of Speech & Hearing, Mysore	130.00	78.00	36.18	125.04	108.00	81.88
	NIBS & Quality Control, Noida	65.80	65.80	64.11	61.43	55.32	52.81
	Pasteur Institute of India, Conoor	119.00	68.00	130.58	76.21	67.88	67.80
	New Delhi TB Centre	6.35	6.35	6.35	6.60	6.40	6.40
	Indian Red Cross Society	0.40	0.40	0.10	0.40	0.20	0.20
	St. Johns Ambulance	0.04	0.04	0.04	0.04	0.04	0.04
	NIHFW, New Delhi	82.07	85.42	77.18	91.37	85.46	79.56
	IIPS, Mumbai	84.84	66.27	56.27	77.42	69.21	69.12
	National Commission for Allied & Health Care Professions	25.00	5.80	1.80			
	Total	874.28	797.87	816.97	871.51	803.12	765.57
	Regulatory Bodies						
11	Food Safety & SAI	300.00	600.00	586.76	574.86	590.00	557.72
12	Indian Pharmacopoeia Commission	31.60	32.60	29.82	30.75	30.75	30.72
13	Medical Council of India	0.98	0.01		0.01		
14	Dental Council of India	0.30	0.30	0.30	0.30	0.30	0.30
15	Pharmacy Council of India	0.20	0.20	0.20	0.20	0.20	0.15
16	Indian Nursing Council	0.19	0.19	0.19	0.19	0.19	0.19
17	National Academy of Medical Sciences	1.86	2.20	2.20	2.28	2.28	2.28
18	National Board of Examination	0.01			0.01		
19	National Commission for Allied & Health Care Professions				30.50	10.26	2.63
	Total - Regulatory Bodies	335.14	635.50	619.47	639.10	633.98	593.99
	Total - Autonomous Bodies	10357.42	10983.67	10693.89	17961.65	17884.88	17809.71
	Total - Autonomous Bodies and PSUs	10357.42	10983.67	10693.89	17961.65	17884.88	17809.71
	Total - Other Central Expenditure, including those on CPSEs and Autonomous Bodies	13345.98	15826.55	15411.23	22309.86	22508.09	22444.34
	Total	35365.93	34607.84	32668.32	38827.77	35243.13	34080.86
	Total - Net (Health)	35365.93	34607.84	32668.32	38827.77	35243.13	34080.86

Part - II (NHM)

Sl. No.	Scheme/Programme/Institute	BE 2022-23	RE 2022-23	Actual 31/03/23 (Prov.)	BE 2023-24	RE 2023-24	Actual 31/03/24 (Prov.)
1	National Rural Health Mission (NRHM)						
2	National Urban Health Mission-Flexible Pool						
3	Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission	22316.73	21831.28	24092.92	22094.57	23331.25	24851.20
4	Strengthening of National Programme Management of the NHM	200.00	200.00	174.92	192.32	239.96	214.21
5	Infrastructure Maintenance	6343.00	6943.01	6927.81	6798.37	7979.66	7977.20
Total - NHM		28859.73	28974.29	31195.65	29085.26	31550.87	33042.61
6	Strengthening of State drug regulatory system	100.00	40.00	22.87	72.14	52.00	48.58
7	Tertiary Care Programme/Schemes						
a	National Mental Health Programme	40.00	35.16	34.29	33.79	23.00	15.14
b	Assistance for Capacity Building for Trauma Centres						
	i) Trauma Centers	49.60	28.55	28.10	18.84	13.00	8.13
	ii) Prevention of Burn Injury						
	<i>Total-Assistance for Capacity Building</i>	<i>49.60</i>	<i>28.55</i>	<i>28.10</i>	<i>18.84</i>	<i>13.00</i>	<i>8.13</i>
c	National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and stroke (NPCDCS)	175.00	120.00	119.99	100.03	50.00	72.40
d	National Programme for Health care for Elderly	98.79	17.15	4.77	16.52	45.37	32.20
e	National Programme for Control of Blindness	8.00	3.90	3.18	3.77	5.00	4.07
f	Tobacco Control Programme & DDAP	84.11	81.69	75.66	81.86	101.27	88.14
g	Telemedicine	45.00	41.00	38.55	35.00	38.75	38.75
	Total - Tertiary Care Programme/Schemes	500.50	327.45	304.54	289.81	276.39	258.83
8	Human Resources for Health & Medical Education						
g	Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges (NIF).	7500.00	4083.37	1974.87	6500.00	1519.87	1178.78
	Total - Human Resources for Health & Medical Education	7500.00	4083.37	1974.87	6500.00	1519.87	1178.78
9	Rashtriya Swasthya Bima Yojna (RSBY) - RSSY	45.00	15.00		0.01	81.21	78.13
10	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	6412.00	6412.00	6185.80	7200.00	6800.00	6551.47
11	Senior Citizens Health Insurance Scheme	40.00	25.00	24.70	0.01	1.32	0.16
12	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	4176.84	1885.45	1228.35	4200.00	2100.00	1805.77
	Total - NHM	47634.07	41762.56	40936.78	47347.23	42381.66	42964.33
	Deduct Recoveries			-296.81			-1253.57
	Grand Total	83000.00	76370.40	73308.29	86175.00	77624.79	75791.62

Status of Action Taken Notes on Audit Observations included in C&AG's Reports against Deptt. of HFW (F.Y. 2023 - 24)

Sl. No.	Report No. (Date of Laying of the Report)	Para No.	Brief Subject of Paras	Status of Action taken Note (ATN)
1.	17 of 2022 (08.08.2022)	Entire Report	Performance Audit of Procurement and Supply of Drugs in CGHS	Final ATN has been uploaded on APMS portal on 06.10.2023. The same has been forwarded to Loksabha on 10.10.2023.
2.	11 of 2023 (08.08.2023)	Entire Report	Performance Audit of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	Draft ATNs has been vetted by the Audit. Vetting comments of Audit has been received on 24.11.2023. Preparation of Revised ATN is under process.
3.	25 of 2023 (09.02.2024)	4.1	Excess payment of water charges to MADC, Nagpur amounting to ₹ 68.09 lakh (ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR)	Draft ATN has been uploaded on APMS portal on 13.05.2024.
4.	25 of 2023 (09.02.2024)	4.2	Infructuous expenditure of ₹ 3.00 crore due to idling of additional facility created for District Early Intervention Centre at Wardha (MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES (MGIMS)/KASTURBA HEALTH SOCIETY, SEVAGRAM, WARDHA)	Draft ATN has been uploaded on APMS portal on 15.05.2024.
5.	25 of 2023 (09.02.2024)	4.4	Non observance of the provisions of GST act resulted in loss to the exchequer	Draft ATN has been uploaded on APMS portal on 03.05.2024.

Abbreviations

1. AIIMS - All India Institute of Medical Sciences
2. ICMR - Indian Council of Medical Research
3. WHO India - World Health Organization India
4. NRHM - National Rural Health Mission
5. NABH - National Accreditation Board for Hospitals & Healthcare Providers
6. AYUSH - Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy
7. PHFI - Public Health Foundation of India
8. NHM - National Health Mission
9. RNTCP - Revised National Tuberculosis Control Program
10. ASHA - Accredited Social Health Activist
11. POSHAN - Prime Minister's Overarching Scheme for Holistic Nourishment
12. FSSAI - Food Safety and Standards Authority of India
13. DOTS - Directly Observed Treatment, Short-course (for TB)
14. IMA - Indian Medical Association
15. NPCDCS - National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
16. INR - Indian Rupee (currency)
17. PMSSY - Pradhan Mantri Swasthya Suraksha Yojana
18. NRCD - National Rural Community Development
19. NCD - Non-Communicable Disease
20. NLEP - National Leprosy Eradication Programme
21. NVBDCP - National Vector Borne Disease Control Programme
22. ANM - Auxiliary Nurse Midwife
23. DoHFW - Department of Health and Family Welfare
24. AEFI - Adverse Events Following Immunization
25. MCI - Medical Council of India
26. CPHC - Comprehensive Primary Health Care
27. IYCF - Infant and Young Child Feeding
28. RCH - Reproductive and Child Health
29. PHC - Primary Health Centre
30. CHC - Community Health Centre
31. NPHCE - National Programme for Health Care of the Elderly
32. SDG - Sustainable Development Goal
33. IUD - Intrauterine Device
34. PMSMA - Pradhan Mantri Surakshit Matritva Abhiyan
35. MMR - Maternal Mortality Rate
36. IMR - Infant Mortality Rate
37. PPE - Personal Protective Equipment
38. NPHCE - National Programme for Health Care of the Elderly
39. FMD - Foot-and-Mouth Disease
40. PMJAY - Pradhan Mantri Jan Arogya Yojana (Ayushman Bharat)
41. NIN - National Institute of Nutrition
42. PHC - Population Health Cohort
43. PPP - Public-Private Partnership
44. NVDCP - National Viral Hepatitis Control Programme
45. CDMO - Chief District Medical Officer
46. CBRN - Chemical, Biological, Radiological, and Nuclear
47. AEFI - Adverse Events Following Immunization

48. UHC - Universal Health Coverage
49. IEC - Information, Education, and Communication
50. YFHS - Youth-Friendly Health Services
51. IDSP - Integrated Disease Surveillance Programme
52. CDSCO - Central Drugs Standard Control Organization
53. HPS - Health and Population Studies
54. ESI - Employees' State Insurance
55. VBD - Vector-Borne Disease
56. NLEP - National Leprosy Eradication Programme
57. AYUSH - Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy
58. FCI - Food Corporation of India
59. DCGI - Drug Controller General of India
60. RBD - Rabies Baiting Day
61. IDSP- Integrated Disease Surveillance Programme
62. H1N1 - Influenza A subtype H1N1
63. RNTCP - Revised National Tuberculosis Control Program



सत्यमेव जयते

**Department of Health & Family Welfare
Ministry of Health & Family Welfare
Government of India**



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