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CONTENTS

Chapter No.	Chapter Name	Page No.
1	HEALTH SYSTEMS	15
1.1	OVERVIEW	15
1.1.1	Minister In-Charge	15
1.1.2	Introduction	15
1.1.3	Administration	15
1.1.4	Central Health Services (CHS)	15
1.1.5	Accounting Organization	17
1.1.6	Implementation of The RTI Act, 2005	27
1.1.7	Vigilance	27
1.1.8	Public Grievance Cell	29
1.1.9	Information & Facilitation Centre	29
1.1.10	Procurement	29
1.1.11	Central Medical Services Society (CMSS)	30
1.1.12	Welfare measures for differently abled persons	31
1.2	NATIONAL HEALTH MISSION	31
1.2.1	Introduction	31
1.2.2	Major Achievements under NRHM/NHM	32
1.2.3	National Urban Health Mission (NUHM)	40
1.2.4	Improvement in the Quality of Healthcare	42
1.2.5	Health Management Information System (HMIS)	44
1.2.6	Mother and Child Tracking System (MCTC) / Reproductive Child Health (RCH) / Application and ANM on Line (Anmol)	46
1.2.7	Mother and Child Tracking Facilitation Centre (MCTFC)	46
1.2.8	Surveys and Evaluation Activities	47
1.2.9	Population Research Centres (PRCs)	48
1.2.10	Longitudinal Ageing Study in India (LASI)	50
1.3	MATERNAL AND ADOLESCENT HEALTHCARE	50
1.3.1	Maternal Health	50
1.3.2	Maternal Mortality Ratio	50
1.3.3	Janani Suraksha Yojana (JSY)	54
1.3.4	Rashtriya Kishor Swasthya Karyakram (RKSK)	55
1.3.5	Ayushman Bharat School Health & Wellness Programme	57
1.4	CHILD HEALTH PROGRAMME	58
1.4.1	Introduction	58

Chapter No.	Chapter Name	Page No.
1.4.2	Child Mortality	58
1.4.3	Interventions under Child Health	59
1.4.4	Universal Immunization Programme	65
1.5	FAMILY PLANNING	73
1.5.1	Introduction	73
1.5.2	Current Family Planning efforts	73
1.5.3	Key Initiatives under Family Planning	74
1.5.4	Procurement and supply of contraceptives	76
1.5.5	Population Stabilization	78
1.5.6	Factors that influence Population Growth	79
1.6	HEALTH POLICY AND HEALTH INSURANCE	81
1.6.1	Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)	81
1.6.2	Central Government Health Scheme (CGHS)	93
1.6.3	Health Minister's Discretionary Grant (HMDG)	98
1.6.4	Rashtriya Arogya Nidhi (RAN)	98
1.6.5	National Policy for Rare Diseases (NPRD), 2021	98
1.6.6	Indian Red Cross Society (IRCS)	99
1.6.7	St. John Ambulance India	106
1.7	DISEASE CONTROL PROGRAMMES (NHM)	106
1.7.1	National Center for Vector Borne Diseases Control (NCVBDC)	106
1.7.2	National Leprosy Eradication Programme (NLEP)	117
1.7.3	National TB Elimination Programme (NTEP)	119
1.7.4	National Iodine Deficiency Disorders Control Programmes (NIDDCP)	131
1.8	NATIONAL AIDS CONTROL ORGANIZATION (NACO)	132
1.8.1	Blood Transfusion Services (BTS)	154
1.9	Public Health	156
1.10	OTHER NATIONAL HEALTH PROGRAMMES	159
1.10.1	National Programme for Prevention and Control of Cancer, Diabetes, Cardio Vascular Disease and Stroke (NPCDCS)	159
1.10.2	National Tobacco Control Programme (NTCP)	163
1.10.3	National Mental Health Programme (NMHP) (Draft on Oct. 2023)	166
1.10.4	National Programme for Control of Blindness and Visual Impairment (NPCB&VI)	169
1.10.5	National Programme for Prevention Control of Deafness (NPPCD)	170
1.10.6	National Programme for Prevention & Control of Fluorosis (NPPCF)	171
1.10.7	National Programme for Healthcare of the Elderly (NPHCE)	173

Chapter No.	Chapter Name	Page No.
1.10.8	National Oral Health Programme (NOHP)	174
1.10.9	National Programme on Prevention and Management of Burn Injuries (NPPMT&BI)	175
1.10.10	National Organ Transplant Programme (NOTP)	177
1.10.11	National Viral Hepatitis Control Programme (NVHCP)	190
2	EMERGENCY RESPONSE	193
2.1	Disaster Management Cell	193
2.2	COVID -19 Vaccination	196
3	TRAINING AND TRAINING INSTITUTIONS	199
3.1	TRAINING INSTITUTIONS	199
3.1.1	National Institute of Health and Family Welfare, New Delhi (NIHFW)	199
3.1.2	National Institute of Public Health Training and (NIPHTR), Mumbai	207
3.1.3	Gandhigram Institute of Rural Health and Family Welfare Trust (GIRHFWT), Tamil Nadu	211
3.1.4	Mission Karmayogi	216
3.2	CENTRAL MEDICAL INSTITUTIONS AND AIIMS	218
3.2.1	AIIMS, New Delhi	218
3.2.2	Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh	220
3.2.3	Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER), Puducherry	224
3.2.4	Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi	227
3.2.5	Dr. Ram Manohar Lohia Hospital & New Delhi	229
3.2.6	Lady Harding Medical College and Associated Hospitals	232
3.2.7	National Institute of Mental Health & Neuro-Sciences, Bengaluru, (NIMHANS)	236
3.2.8	Central Institute of Psychiatry (CIP), Ranchi	243
3.2.9	Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)	246
3.3	OTHER HEALTH INSTITUTIONS	253
3.3.1	All India Institute of Physical Medicine and Rehabilitation (AIIPMR), Mumbai	253
3.3.2	All India Institute of Speech And Hearing (AIISH), Mysore	258
3.3.3	All India Institute of Hygiene & Public Health (AIIH&PH), Kolkata	263
3.3.4	Central Leprosy Teaching and Research Institute (CLTRI), Chengalpattu	264
3.3.5	Regional Leprosy Training and Research Institute (RLT&RI), Raipur	271
3.3.6	Regional Leprosy Training and Research Institute (RLT&RI), Aska	272
3.3.7	Regional Leprosy Training and Research Institute (RLT&RI), Gouripur, (West Bengal)	274

Chapter No.	Chapter Name	Page No.
3.3.8	Vallabhbhai Patel Chest Institute (VPCI), New Delhi	276
3.3.9	National Institute of TB and Respiratory Diseases (NITRD), New Delhi	277
3.3.10	National Tuberculosis Institute (NTI), Bangaluru	279
3.3.11	National Centre for Disease Control (NCDC)	283
3.3.12	National Institute of Biologicals (NIB), Noida	301
3.3.13	Central Research Institute, (CRI), Kasauli	304
3.3.14	BCG Vaccine Laboratory, Guindy	305
3.3.15	Pasteur Institute of India (PII), Coonoor	306
3.3.16	Institute of Serology, Kolkata	307
3.3.17	International Institute for Population Sciences (IIPS), Mumbai	310
3.3.18	Mahatma Gandhi Institute of Medical Sciences, (MGIMS), Sevagram, Maharashtra (KHS)	319
3.3.19	Central Bureau of Health Intelligence (CBHI)	320
3.3.20	Central Health Education Bureau (CHEB)	322
3.3.21	Regional Offices of the Health and Family Welfare, New Delhi	328
3.3.22	National Medical Library (NML), New Delhi	334
3.3.23	Rural Health Training Centre (RHTC), Najafgarh, New Delhi	339
3.3.24	HLL Lifecare Limited (HLL)	340
3.3.25	New Delhi Tuberculosis (NDTB) Centre	348
4	MEDICAL EDUCATION POLICY AND MEDICAL EDUCATION	351
4.1	Introduction	351
4.2	National Medical Commission (NMC)	351
4.3	National Board of Examinations (NBE)	352
4.4	Medical Colleges and UG/PG Seats	354
4.5	Scheme for Medical Education	354
4.6	Counselling for Admission to Medical /Dental Seats	355
4.7	Allocation of Medical /Dental Seats from Central Pool	356
4.8	Dental Council of India	356
4.9	Pharmacy Council of India (PCI)	357
4.10	Allied Health Services	357
4.11	Nursing Education	358
4.12	Indian Nursing Council	358
4.13	Rajkumari Amrit Kaur College of Nursing	359
4.14	Lady Reading Health School, Delhi	360
4.15	National Academy of Medical Sciences (India) (NAMS)	361

Chapter No.	Chapter Name	Page No.
5	REGULATION	365
5.1	Food Safety & Standards Authority of India (FSSAI)	365
5.2	Regulatory Control Over Drugs	382
5.3	Indian Pharmacopoeia Commission (IPC)	389
5.4	Drug De-Addiction Programme (DDAP)	394
5.5	Medical Stores Organization	396
5.6	Clinical Establishment (Registration and Regulation) & National Council for Clinical Establishment (NCCE)	397
6	E-GOVERNANCE AND TELEMEDICINE	401
7	INTERNATIONAL COOPERATION AND INTERNATIONAL HEALTH	407
7.1	Introduction	407
7.2	World Health Organization (WHO)	407
7.3	Brazil, Russia, India, China and South Africa (BRICS) Meeting & Workshop	409
7.4	Airport Health Organizations, Port Health Organizations and Land Border Health Units	412
7.5	Bilateral Agreements, JWG Meetings, and Field Visits	413
7.6	High-Level Meetings	414
7.7	Permission Granted for Organizing International Conferences in India	414
7.8	Issue of Statement of Need (SON) Certificate and Exception Need Certificate (ENC)	414
7.9	Participation in Fellowships/Conferences Abroad	414
7.10	Important Achievements	414
8	FACILITIES FOR SCHEDULED CASTES AND SCHEDULED TRIBES	417
8.1	Introduction	417
8.2	National Health Mission	417
8.3	National Urban Health Mission (NUHM)	418
8.4	National Tuberculosis Elimination Programme (NTEP)	419
8.5	National Leprosy Eradication Programme (NLEP)	420
8.6	National Vector Borne Disease Control Programme (NVBDCP)	424
8.7	National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) under NHM	424
8.8	AB-PMJAY regarding Facilities for Scheduled Castes and Scheduled Tribes	425
8.9	Medical Education	427
8.10	Budget Allocation for SC and ST	428
9	ACTIVITIES IN NORTH EAST REGION	429
9.1	Introduction	429
9.2	National Rural Health Mission in North East States	429
9.3	North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong	430

Chapter No.	Chapter Name	Page No.
9.4	Regional Institute of Medical Sciences (RIMS), Imphal	435
9.5	Regional Institute of Paramedical and Nursing Sciences (RIPANS), Aizawl	439
9.6	Lokpriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur	414
9.7	National Programme for Control of Blindness & Visual Impairment (NPCB&VI)	443
9.8	National Vector Borne Disease Control Programme (NVBDCP)	444
9.9	National Iodine Deficiency Disorders Control Programme (NIDDCP)	447
9.10	Development of Medical Education in North East	448
9.11	Development of Nursing Services in North East	450
9.12	Food Safety and Standards Authority of India	450
9.13	National Programme for Prevention And Control Of Fluorosis (NPPCF)	451
9.14	National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)	451
9.15	National Tuberculosis Elimination Programme (NTEP)	452
9.16	NACO Activities in North Eastern States	458
9.17	National Programme for Prevention & Control of Deafness (NPPCD)	464
10	GENDER ISSUES	465
10.1	Implementation of Pre-conception and Pre-natal Diagnostic Technique Act, 1994	465
10.2	Aspirational Districts Programme	468
10.3	National Ambulances Services (NAS)	473
10.4	Kilkari & Mobile Academy	473
10.5	Drugs and Vaccines Distribution and managements System (DVDMS)	474
10.6	Complaint Committee on Sexual Harassment at Work Places (CCSH)	474
10.7	Development of Nursing Services	474
10.8	Mission Utkarsh	475
11	SWASTH NAGRIK ABHIYAN	483
11.1	Introduction	483
11.2	Strategic IEC/Communication Plan	483
11.3	Print	483
11.4	Television	483
11.5	Radio	483
11.6	Social Media	484
12	PROGRESSIVE USE OF HINDI	485
13	Organization Chart of Department of Health & Family Welfare	488
14	Organization Chart of Directorate General of Health Services	490
15	BUDGET & AUDIT	493

INTRODUCTION

The Ministry of Health and Family Welfare (MoHFW) is unwavering in its commitment to ensuring the highest attainable standard of health and well-being for all citizens of the country. Guided by a preventive and promotive healthcare approach, the Ministry strives to guarantee universal access to affordable quality healthcare services.

In pursuit of these goals, MoHFW has been implementing a wide array of schemes, programs, and initiatives designed to enhance the availability, accessibility, and affordability of healthcare services. Central to this effort is the expansion of the decentralized public health system, achieved by creating new infrastructure in underserved areas and upgrading existing facilities.

Efforts have been anchored in the commitments outlined in the National Health Policy, 2017. The National Health Mission (NHM), the flagship health systems reform program, has provided a robust platform to implement a diverse range of primary and secondary healthcare interventions in both rural and urban areas. NHM's flexibility in design, financial resource allocation, and implementation has allowed for targeted efforts to support marginalized and vulnerable populations, leading to remarkable progress in key health indicators.

Launched in 2018, Ayushman Bharat (AB) represents a shift toward integrated healthcare services that provide comprehensive primary, secondary, and tertiary care across preventive, promotive, and curative dimensions. 1,75,560 Ayushman Arogya Mandir (AAM) have been operationalized as on 31st December, 2024. 100.57 crores screening have been conducted for Hypertension, 88.65 crores for Diabetes, 59 crores for oral cancer, 26.95 crores for breast cancer and 17.69 crores for cervical cancer thus enhancing early detection and management as of 31st December 2024. Multiple health promotion and wellness initiatives including yoga, meditation, and fitness sessions are conducted regularly. As on 31st December 2024, 4.74 crore wellness sessions have been held across AAM.

Leveraging the e-Sanjeevani tele-consultation platform, AAM enhance accessibility to specialist services, with a 'hub-and-spoke' model linking centers and specialists. As on 31st December 2024, 31.86 crore patients have availed teleconsultation services, thus helping to bridge gaps in healthcare access.

Ayushman Arogya Shivar initiative aimed at enhancing access to healthcare through monthly Ayushman Arogya Shivar at AAM was launched in April 2024. As of 31st December 2024, 13.26 lakhs Ayushman Arogya Shivar have been conducted at AAM, with a footfall of 7.19 crore people.

Under the National Sickle Cell Anaemia Elimination Mission, a total of 4,90,88,714 persons have been screened in 17 identified states and a total of 1,88,14,560 Sickle cell cards had been distributed as on 31st December 2024.

The COVID-19 pandemic highlighted the need for a robust public health system, emphasizing comprehensive primary healthcare, effective surveillance, community participation, and preventive measures. Therefore, the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched on October 25, 2021, with an outlay of ₹64,180 crore for five years (FY 2021-22 to FY 2025-26). The scheme aims to address critical gaps in health infrastructure, surveillance, and research across urban and rural areas, fostering self-reliant communities (Atmanirbhar) in managing health crises. It focuses on strengthening healthcare systems and institutions at all levels- primary, secondary, and tertiary to effectively respond to current and future pandemics and disasters. Under the CSS component of the scheme the total allocation of 34932.27 Crore (excluding XV-Finance Commission Health grant share). Administrative approval has been accorded to States/UTs for an amount of Rs.29790.73 Crore which include Rs. 4,624.01 crores for Building-less SC-AAMs, Rs. 4,518.41 crores for U-AAMs, Rs. 2,052.15 crores for BPHUs, Rs. 1,310.24 crores for IPHLs, and Rs.17, 285.93 crores for Critical Care Blocks (CCBs).

One of the major achievements in respect of the National Commission for Allied and Health care Professions Act, 2021 is that the Central Government under the provision of the National Commission for Allied and Healthcare Professions Act, 2021 constituted the “National Commission for Allied and Health care Profession” on 08.01.2024 vide notification dated 11th March 2024 . Further, the web-site of the Commission and the portals for enrollment of existing allied and healthcare professionals and institutions have been made live by Hon'ble Prime Minister of India on 29.10.2024. Acupuncture profession has been included in the Schedule of NCAHP Act, 2021 vide notification dated 26.09.2024.

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

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

National AIDS and STD Control Programme (NACP) in India has been recognised globally as a success story and the Government of India is committed to 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 'Intensified IEC Campaign' an initiative intended to spread HIV awareness ; 'Integrated Health Campaign' to reach the population at-risk across States; 'Integrated STI, HIV, TB and Hepatitis (ISHTH) Campaign' in Prison and Other Closed Settings across India & its dissemination; '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 catalyse the HIV/AIDS response under their respective mandates.

Under NACP-V, prevention services for High-Risk and other vulnerable populations are being provided through 1590 Targeted Intervention sites, 164 Link Worker Schemes, 449 OST centres including Satellite centres and 1236 Prison and 582 Other Closed Settings. There are 1,127 designated STI/RTI Clinics for Sexually Transmitted Infection (STI) management. Around 6 crore HIV tests were conducted to ensure early detection of HIV. HIV confirmatory testing services are being provided through 4554 counselling and testing centres. More than 17.16 lakh People living with HIV (PLHIV) are currently on life-saving free antiretroviral treatment through 794 antiretroviral therapy (ART) centres and 1307 link ART centres. 72 public health laboratories are conducting viral load testing for treatment monitoring of PLHIV. Around 14.09 lakh viral load tests were conducted during January 2024 to November 2024.

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, the 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 in 2023 as

“National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).

Under the National Health Mission's (NHM) component of NP-NCD, 770 NCD clinics at district level and 6410 NCD clinics at CHC Level, 233 Cardiac Care Units (CCUs) and 372 Day Care Cancer centres have been setup in different parts of the country.

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

Since 2014-15, the Central Government implements the Strengthening of Tertiary Cancer Care Centres Facilities Scheme in order to enhance the facilities for cancer care at tertiary level. Under this scheme, 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been approved. 14 SCIs and 18 TCCCs are functional and offering patient care services. Under the scheme, there is provision of providing one time grant up to Rs. 120 crore for SCI and up to Rs. 45 crore for TCCC including State share. The funds sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10.

Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic kidney disease during year 2016-17 to support in all district hospitals in-house mode/ Public Private Partnership (PPP) mode under NHM. Haemodialysis services are provided under the program. As on 30.12.2024, PMNDP has been implemented in total 36 States/UT in 748 Districts at 1558 centres. 'Peritoneal Dialysis' has also been included 2020 onwards.

The PMNDP portal was launched on 05 May 2022. It is integrated with ABHAID. The PMNDP portal provides for portability and integration of dialysis centres under NHM. PMNDP has resulted in significant reduction in out of pocket expenditure of approximate Rs. 8000 cr for the beneficiaries.

The Government has increased number of medical colleges by 393 (i.e., 101.5%) from 2013-14 (387) to 2024-25 (780). Presently, there are 431 Governments Medical Colleges and 349 Private medical colleges in the Country. The Government has already increased number of MBBS Seats by 66,789 (i.e., 130%) from 2013-14 (51,348 seats) to 2024-25 (1,18,137 seats) and number of PG seats by 41,972 (i.e., 134.5%) from 2013-14 (31,185 seats) to 2024-25 (73,157 seat) since the last 10 years

The Government has initiated a series of reforms in the sector of medical education over the last six years. As part of these reforms, the erstwhile Medical Council of India (MCI) was replaced by the National Medical Commission (NMC) through passage of the NMC Act in August, 2019. The National Commission for Allied and Healthcare Professions Act, 2021 was also enacted on 28th March, 2021 for maintaining standards of education and practice of 56 allied and healthcare professions. On similar lines, the National Nursing and Midwifery Commission Act, 2023 has been notified on 14.08.2023 to bring reforms in the sector of Nursing Education by replacing the existing Indian Nursing Council. Further, the NNMC Rules, 2024 has been notified on 13.03.2024 and the same was laid in Rajya Sabha 06.08.2024 and Lok Sabha 02.08.2024.

The paradigm shift that is envisaged through replacement of the Indian Nursing Council (INC) with the National Nursing and Midwifery Commission is to have a transparent, professional and accountable 'selected' Regulator rather than an 'elected' Regulator, thereby bringing in accountability, transparency, professional integrity and excellence into the profession.

Under Central Sponsored Scheme (CSS) for 'Augmenting Nursing Education – Establishment of 157 new Colleges of Nursing (CoN) in co-location with Medical Colleges' approved by the Cabinet, establishment of 109 new Nursing Colleges have been approved by the Empowered Committee (EC) out of 157 sanctioned college.

Further, Funds has been released as a first installment for the establishment of 105 Colleges of Nursing. Laid Foundation Stone for 58 colleges of nursing at (03) Andhra Pradesh, (01) J&K, Jharkhand (02), Rajasthan (23), Madhya Pradesh (05) and Uttar Pradesh (24).

Maternal Mortality Ratio (MMR) of India has declined faster than the global MMR.

With this decline, India is on track of achieving the SDG targets of 70/ lakh live births by 2030. Eight States have already achieved the Sustainable Development Goal (SDG) target, viz. Kerala (19), Maharashtra (33), Telangana (43), Andhra Pradesh (45), Tamil Nadu (54), Jharkhand (56), Gujarat (57), and Karnataka (69).

Under National Health Mission (NHM), India has made a concerted effort to increase access to quality maternal and newborn health services and minimize the preventable maternal deaths. Implementing the programme effectively is the key to attaining these achievements and accomplishing the National Health Policy (NHP) targets. Moving from demand generation schemes “Janani Shishu Suraksha Karyakram” and “Janani Suraksha Yojana” to assured and respectful service delivery initiatives Surakshit Matritva Aashwasan’ along with the identification of high risk pregnancies, it’s management and ensuring three follow up visits under Pradhan Mantri Surakshit Matritva Abhiyan and Extended - Pradhan Mantri Surakshit Matritva Abhiyan. Further, promoting quality care during intrapartum period and to provide respectful and choice of birthing to all pregnant women, schemes like LaQshya and Midwifery initiatives are being implemented. The government is also rolling out Midwifery Services, functionalizing First Referral Units (FRUs), establishing Maternal and Child Health (MCH) Wings, and Operationalizing Obstetric High Dependency Units (HDU) and Intensive Care Units (ICU).

Outreach activities like Monthly Village Health Sanitation and Nutrition Days (VHSND), Birth Waiting Homes (BWH) and the Reproductive and Child Health (RCH) portal ensure holistic maternal and childcare. The distribution of MCP Cards and Safe Motherhood Booklets educates pregnant women and the Anemia Mukta Bharat (AMB) strategy targets anemia reduction. The Optimizing Postnatal Care initiative, launched in 2023, strengthens postnatal care quality by emphasizing the detection of danger signs and incentivizing ASHAs for prompt intervention, referral, and treatment of high-risk postpartum mothers.

These strategies collectively aim to improve maternal health services, reduce MMR, and

promote well-being for all pregnant women in India.

Janani Suraksha Yojana (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.

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.

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. India has demonstrated higher decline (75%) in reduction of child mortality in comparison to global reduction of 58% during the period 1990-2020. Eleven (11) States/UTs have already attained SDG target of U5MR (≤ 25 by 2030) [Kerala (8), Tamil Nadu (13), Delhi (14), Maharashtra (18), Jammu & Kashmir (17), Karnataka (21), Punjab (22), West Bengal (22), Telangana (23), Gujarat (24) and Himachal Pradesh (24)].

Child Health Division is implementing various Facility and Community based interventions for reduction of child morbidity and mortality. 1056 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. 3,218 New-born Stabilization Units (NBSUs) at the level of FRUs/ CHC level and 22,150 New-born Care Corners (NBCCs) at delivery points have been sanctioned to provide essential and emergency care. 437 District Early Intervention Centres (DEICs) have been established for child health screening 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.

The Ministry of Health and Family Welfare (MoHFW) is committed to adolescent health, recognizing it as a crucial investment for a healthy future generation and overall national social and economic development. Realising this MoHFW launched, the Rashtriya Kishor Swasthya Karyakram (RKSK) in 2014, extending its services beyond Sexual and Reproductive Health, encompassing Nutrition, Injuries, Violence, Non-Communicable Diseases, Mental Health, and Substance Misuse. In 2018, the MoHFW introduced the Ayushman Bharat-School Health & Wellness Programme (AB-SHWP), a collaborative effort integrating school-based health promotion into the Health and Wellness component. With 8352 Adolescent Friendly Health Clinics nationwide, 64.54 lakh adolescents accessed services for FY 2023-24. The Peer Educator Programme trained 2.2 Lakh educators, and around 1.3 lakh Adolescent Health and Wellness Days were celebrated. The Weekly Iron Folic Acid Supplementation (WIFS) reached 4.9 crores adolescents monthly, and the Menstrual Hygiene Scheme distributed 10 Lakh sanitary napkins monthly. The Ayushman Bharat School Health & Wellness Programme extended to 388 districts, training 6.14 lakh Health and Wellness Ambassadors by September 2023.

Universal Immunization Program (UIP) in India is one of the largest public health programs in the world. It targets around 2.9 crore pregnant women and 2.6 crore newborns, in over 1.3 crore immunization sessions, annually. Under the UIP, three rounds of Intensified Mission Indradhanush (IMI) 5.0 was carried out, nationwide, covering the age group of up to 5 years for the left out, dropped out children, with a special focus on measles-rubella elimination. The UWIN digital platform, conceptualised by the MoHFW was launched by the Hon'ble Prime Minister, for registering, recording and tracking of all vaccination events for all eligible beneficiaries, nationwide.

In an effort to raise awareness of the adverse consequences of tobacco use, especially amongst youth, the Union Minister of State for Health and Family Welfare Shri Prataprao Jadhav launched a Tobacco Free Youth Campaign 2.0 at Lady Hardinge Medical College on September 24, 2024 which run for 60 days from 24th September to 23rd November 2024 throughout all States and Union Territories. The States and UTs are to be felicitated on the bases of their best performance in the campaign.

India has made significant progress in eliminating TB and Malaria. According to the Global TB Report 2024 by the World Health Organization (WHO), India's TB incidence rate has dropped by 17.7%, from 237 per 100,000 population in 2015 to 195 per 100,000 population in 2023. Additionally, TB deaths have reduced by 21.4%, from 28 per lakh population in 2015 to 22 per lakh population in 2023. Access to TB treatment and coverage has seen a notable increase of 32%, from 53% in 2015 to 85% in 2023. The country has also significantly increased its budgetary allocation for TB elimination, reaching US\$ 492 million in 2023, with 91% of the finance coming from domestic sources.

The 100 Days Intensified TB Mukht Bharat Abhiyan, launched on 7th December 2024, covers 347 high-priority districts across 33 States/UTs. This campaign focuses on active TB case finding, early diagnosis, prompt treatment initiation, and nutritional care linkage. From the campaign's launch until 4th February 2025, 4.94 lakh Nikshayshivirs were held, screening 5.63 crore vulnerable individuals, and notifying 1.59 lakh new TB patients.

India's commitment to public health is evident in these comprehensive strategies and robust interventions. The country's efforts in eliminating TB and Malaria serve as a global benchmark for public health excellence.

In the fight against Malaria, the World Malaria Report 2024 highlights India's achievements, showing a significant reduction in malaria cases and deaths by around 80% between 2015 and 2023. Malaria cases dropped from 11,69,261 in 2015 to 2,27,564 in 2023, while deaths fell from 384 to just 83. Improved surveillance efforts have also increased the Annual Blood Examination Rate (ABER) from 9.58 in 2015 to 11.62 in 2023. These successes are attributed to the implementation of the National Framework for Malaria Elimination (NFME) and the National Strategic Plan for Malaria Elimination (2023-2027), which focus on enhanced surveillance, prompt case management, and real-time data tracking through the Integrated Health Information Platform (IHIP).

In accordance with the WHO Neglected Tropical Disease team's recommendations, India implemented the WHO SAFE strategy and developed continuous trachoma surveillance since 2019. A National Trachomatous Trichiasis (TT only) survey conducted in 200 endemic districts

from 2021 to 2024 met WHO criteria for elimination. Compiled reports led to WHO's declaration on October 8, 2024, that India had eliminated trachoma as a public health problem, making it the third country in the South East Asia region to reach this milestone. To sustain this success, India will submit annual surveillance reports to WHO, conduct regular IEC drives, and implement the WHO SAFE strategy in case of any outbreaks.

There has been significant reduction in out of pocket expenditure as percent of total Health Expenditure from 62.6 % in 2014-15 to 39.4 % in 2021-22.

These are the glimpses of activities and campaign's undertaken by MoHFW during the F.Y. 2024-25; the details of achievements & developments are described in this Annual Report in further details.

1.1 OVERVIEW

1.1.1 MINISTER-IN-CHARGE

The Ministry of Health & Family Welfare is headed by the Minister of Health & Family Welfare – Shri Jagat Prakash Nadda. He is assisted by the Minister of State for Health and Family Welfare – Smt. Anupriya Patel and Shri Prataprao Jadhav.



Shri Jagat Prakash Nadda



Smt. Anupriya Patel



Shri Prataprao Jadhav

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:

- Department of Health & Family Welfare
- Department of Health Research

In addition, the Ministry has following two attached offices:

- Directorate General of Health Services (DGHS)
- 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 citizens.

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

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

1.1.4 CENTRAL HEALTH SERVICE OVERVIEW

The Central Health Service was established in 1963 and restructured in 1982 to provide medical manpower to various participating units, including the Directorate General of Health Services (DGHS), Central Government Health Service (CGHS), the Government of National Capital Territory (GNCT) of Delhi, and the Ministry of Labour. Over time, several entities like the Employees State Insurance Corporation (ESIC), New Delhi Municipal Corporation (NDMC), and state governments viz. Himachal Pradesh, Manipur, Tripura, Goa etc. have formed their own health cadres. The Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Pondicherry became autonomous in 2008 and is no longer part of CHS. Similarly, the Government of NCT Delhi established its own cadre, the Delhi Health Service (DHS), for Non-Teaching and General Duty Medical Officers (GDMOs). Despite these developments, units like CGHS have expanded. The current CHS comprises four sub-cadres:

Sub cadre of CHS	Sanctioned Strength
General Duty Medical Officer (GDMO)	2319
Teaching Specialist	1716
Non-Teaching Specialist	654
Public Health Specialist	104

Dental Cadre

The Ministry of Health and Family Welfare also oversees the cadre of dental doctors, with a sanctioned strength of 40 dental professionals.

Recruitment in CHS:

488 appointment offers have been issued under CMSE-2023.

Requisitions for 132 Teaching Specialist posts have been submitted to UPSC, with recommendations for 56 officers in various specialties of the Teaching Sub-cadre already received.

Requisitions for 236 Non-Teaching Specialist posts have been sent to UPSC, and recommendations for 108 officers in Non-Teaching Specialties have been received.

One post of Dental Surgeon in Level-10 of Pay Matrix has been filled.

Promotions in CHS (Since 01.01.2024):

Sub-Cadre	Grade		Number of officers promoted
	From	To	
GDMO	Medical Officer	Sr. Medical Officer	72
	Sr. Medical Officer	Chief Medical Officer	67
	Chief Medical Officer	Chief Medical Officer (NMSG)	39
Teaching	Assistant Professor	Associate Professor	07
	Associate Professor	Professor	131
	Specialist Grade-II	Specialist Grade-I	09
Public Health	SAG	HAG	01
Non-Teaching	Sp. Gr. I	SAG	07
	Sp.Gr. II	Sp. Gr. I	30
	Sp.Gr. III	Sp. Gr. II	03
Dental	Staff Surgeon Dental	Staff Surgeon (Dental) (NMSG)	07

NFU (GDMO)	Number of Officers granted NFU in the scale of HAG	78
NFU (Teaching & Public Health)	Number of Officers granted NFU in the scale of HAG	86
NFU (Non-Teaching)	Number of Officers granted NFU in the scale of HAG	79

Appointments and Notifications:

147 notifications for appointments have been issued.

Probation:

Probation clearance orders for 197 CHS officers have been issued.

Deputation:

05 doctors have been granted extensions of deputation.

Miscellaneous Works:

272 RTI applications disposed of, along with 3 RTI 1st Appeals and 2 RTI 2nd Appeals.

16 court cases, including 2 contempt cases, disposed of.

450 letters issued regarding deficiencies in APARs; over 600 grievances related to APARs resolved via email.

3 medical posts were encadred into CHS, with 30 more posts expected to be encadred.

4 disciplinary cases finalized.

27 public grievances, including 5 appeals, disposed of.

Guidelines for the appointment of Heads of Departments in Central Government Hospitals issued.

Restructuring of hierarchy in higher administrative posts in Central Government Hospitals.

810 physical files weeded out.

5 posts of Additional MS filled in Central Government Hospitals.

Posts of Director, CGHS, and Director, LHMC filled.

Projections for January to March 2025:

Service verification for 15-20 Medical Officers.

Confirmation on completion of probation 95 officers.

Promotion of 64 Medical Officers to Senior Medical Officer and 4 Specialist Grade-I officers to SAG in the Non-Teaching Sub-cadre.

66 appointment offers likely to be issued in the GDMO Sub-cadre and 15 in the Teaching/Public Health Sub-cadre.

Requisitions for 110 posts in the Teaching/Public Health Sub-cadre expected.

NFU to be granted to GDMO officers from batch years 1992 to 1996.

Appointments to the posts of Director, NIPHTR, Mumbai and Director, NCDC to be completed.

10 Gazette Notifications for appointments in Non-Teaching Sub-cadre and 15 in Teaching Sub-cadre.

Updation of the Civil List for SMO, CMO, and CMO (NFSG) grades.

150 physical files to be weeded out after conversion to e-files.

1.1.5 ACCOUNTING ORGANISATION

1. General Accounting Setup

The Secretary is the Chief Accounting Authority of the 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 of the Ministry also certifies the Appropriation Accounts and represents the Ministry in the Public Accounts Committee and Standing Parliamentary Committee on Accounts.

2. Accounting Setup in the Ministry

The Ministry of Health and Family Welfare has two Departments viz. Department of Health and Family Welfare and Department of Health Research. 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), and 11 Pay and Accounts Offices (PAOs) ; 8 PAOs in Delhi and one each at Chennai, Mumbai and 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 and Ministry of Ayush under the overall supervision of Chief Controller of Accounts; who is assisted by Controllers of Accounts (CA) and Deputy Controller of Accounts (DCA). In addition there are 5 internal Audit Parties' one each located at Delhi, Chandigarh, Mumbai, Kolkata and Bengaluru.

During the F.Y. 2024-25 (up to October, 2024), Internal Audit Wing had conducted audit of 12 Institutions/Organizations working under the Ministry of Health & Family Welfare.

Sl. No.	Department	Total No. of Audited Units
1.	Health & Family Welfare	10
2.	Department of Health Research	02
	Total	12

During this audit, a total of 271 audit paras have been raised which includes 16 paras of financial propriety/implications amounting to around Rs. 1034.71 lakhs. A total of 324 paras have been settled in which an amount of Rs. 613.66 lakhs recovered up to October, 2024.

The role of Internal Audit is growing and shifting from compliance audit; limited 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 so as to guide them for establishing of Internal controls.

1. PR. ACCOUNTS OFFICE (COMPILATION)

The Principal Accounts Office in CCA office is responsible for-

1) Preperation of Monthly Accounts - The accounts compiled by the Pay and Accounts Offices are consolidated on a monthly basis in the Principal Accounts Office at the headquarters. The consolidated accounts of the Ministry are rendered to the Controller General of Accounts (CGA). The monthly Accounts are required to be submitted on the 8th of the following month. Submission of Monthly Accounts to O/o CGA through PFMS well before the due date each month.

2) Preparation of Appropriation Accounts-

The Appropriation account is an aid for the Parliament and the Public Accounts Committee to ascertain the expenditure performance of Government against the budgeted provisions. There are two Grants under Ministry of Health & Family Welfare namely-

- a. Grant No. 46 (DoHFW)
- b. Grant No. 47 (DHR)

The Principal Accounts Office prepares the Head wise Appropriation Accounts for each grant in the prescribed form, strictly in accordance with the given nomenclature/lettering up to the sub-head level.

The Appropriation Account is prepared in four stages:

- Stage-I- Preparation of the Grant Statement of Head wise Appropriation Accounts indicating Original (O), Supplementary(S) and Re-appropriation(R) with reasons of the re-appropriations/surrender.
- Stage-II - Head wise Appropriation Accounts indicating the figures of actual expenditure along with reasons of Excess and Savings.
- Stage-III- Head wise appropriation accounts duly audited and approved by the Chief Accounting Authority.
- Stage-IV- Head wise Appropriation Accounts is duly signed by the Chief Accounting Authority i.e. Secretary and submitted to O/o CGA and O/o C&AG.

From the current year, a pilot of parallel run of submission of accounts through PFMS has been undertaken. All stages of Appropriation Account are submitted manually as well as through PFMS to O/o CGA parallelly.

3) Preparation of Finance Accounts: Finance Accounts present the annual accounts of receipts and outflows of the Central Government for the year together with the financial results disclosed through accounting data and statements. These accounts include the Revenue and Capital Account, Public Debt account and other liabilities and assets worked out from the balances in the accounts and are presented in the form of various statements. The Finance Accounts is the Audited account of the Union Government presented to the Parliament.

Total 16 statements are prepared under finance accounts which are as under:

Statement No.1 – Summary of Transactions

Statement No.2 – Summary of Debt Position

Statement No.3 (IGAS-3)–Loans and Advances by the Union Government

Statement No. 4 (IGAS-1) Guarantees Given by the Union Governments

Statement No. 5-Summary of Balances

Statement No. 6-Statement showing Percentage Distribution of Revenue Receipts and Revenue Expenditure for the year

Statement No. 7- Statement showing the distribution between Charged and Voted Expenditure:

Statement No. 8-Detailed Account of Revenue Receipts and Capital Receipts by Minor Heads

Statement No. 9 Detailed Account of Revenue Expenditure by Minor Head and Capital Expenditure by Major Head

Statement No.-10 Statement of Expenditure on Capital Account during and up to the end of the year

Statement No.11-Statement showing the Investments of the Union Government in Statutory Corporations, Government Companies, Other Joint Stock Companies, Cooperative Banks and Societies, etc., up to end of the year

Statement No. 12 - Statement showing Capital and Other expenditure (outside the Revenue Account) to end of the year and the principal sources from which funds were provided for that expenditure

Statement No. 13-Statement of Receipts, Disbursements and Balances under heads of account relating to Debt, Deposits, Remittances and Contingency Fund

Statement No. 14-Statement of Debt and other interest-bearing obligations of Government

Statement No. 14 A- Details of Market Loans raised in India and securities issued to international Financial Institutions

Statement No. 15-Statement of loans and advances showing the amounts advanced and repaid, interest received during the year and the balances of such loans and advances at the commencement and close of the year

Statement No. 16-Statement showing the position of National Small Savings Fund

4) Processing of Grant-in-Aids -

Grants-in-aids are payments in the nature of assistance, donations or contributions made by one government to another government, body, institution or individual. Grants-in-aid are given by the Union Government to State Governments to provide technical and financial support to the States/UTs to strengthen their public healthcare system and infrastructure. Grants-in-Aid is also released as Kind grant in form of Commodities to States under various Central Sector schemes and Centrally Sponsored Schemes. These are released in the form of RBI advices which are passed promptly without any pendency.

5) Release of International Grants-

India's assessed Annual Contribution to Various International Organizations like World Health Organization (WHO), UNFPA, IARC, PPD etc. is made by MoHFW in the form of International grants in respective Nostro Accounts/ US Dollar Bank Accounts via Reserve Bank of India.

6) Implementation of National Pension Scheme -

The National Pension System (NPS) was launched with the objective of providing retirement income to all the citizens. NPS aims to institute pension reforms and to inculcate the habit of saving for retirement amongst the citizens. Principal Accounts Office is responsible for monitoring the following:

- Monitoring & control of NPS implementation.
- Ensuring timely registration of NPS subscribers.
- Ensuring that contributions are uploaded on a regular basis by Nodal Offices/ PAOs to NSDL portal.
- Subscriber maintenance and updation of data such as mobile number/E-mail id/nomination details etc by Nodal Offices.

7) Opening of head of Accounts- Under Grant No. 46, Grant No.47 and Grant No. 4 is completed promptly on receiving the request from Budget Division (MoHFW/DHR/MoAYUSH) for current year and next financial year.

8) Opening of Treasury Single Account(TSA) Head of Account-

TSA heads of Accounts are opened in r/o central sector schemes having allocation more than Rs 100

crore in all grants under Ministry of Health and Family Welfare by PrAO and then sent to O/o CGA for approval on E-Lekha portal and after approval; mapped in PFMS portal by PrAO.

9) Preparation of Statement of Central Transaction:

Principal Accounts Office will prepare SCT after submission of March (Supplementary-I) Accounts to Office of CGA, representing the progressive effect of all the transactions during the year including that of March supplementary transactions. The SCT will be prepared in thousands of rupees giving details up to minor heads under different major heads concerned, distinctly showing the charged and voted expenditures as well as Receipt and Public Account heads. SCT is submitted to O/o CGA and O/o CAG.

10) Preparation of Journal Entries (JEs): An adjusting journal entry occurs at the end of a reporting period from closure of accounts for FY to the final date of Supplementary) to record any unrecognized income or expenses for the period known as Journal Entries. JEs are signed by the Head of Accounting Organization viz. Pr. CCAs/CCAs/CAs and submitted to O/o CGA. Approval of the CGA has to be obtained for incorporating it in the final Government accounts. When the JEs are accepted by the CGA for incorporation in the accounts, the Principal Accounts Office submits supplementary account to the DAMA Section in the office of CGA. Daily Expenditure report and Weekly Scheme wise Expenditure are prepared regularly.

11) Budget Estimates and Revised Estimates of Receipt Budget are prepared by the Pr AO and submitted to M/o Finance.

12) Budget Estimates and Revised Estimates of Pension Budget are prepared and submitted to O/o Central Pension Accounting office (CPAO).

13) Balances regarding Suspense Heads of Accounts are prepared and circulated to All PAOs regularly for their liquidation. Efforts are being made to liquidate the suspense balances.

5. PUBLIC FINANCIAL MANAGEMENT SYSTEM (PFMS)

Public Financial Management System (PFMS) provides an end-to-end solution for processing payments, its tracking, monitoring, accounting, reconciliation and reporting. All PAOs of this

Ministry are 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. The CCA is the nodal officer for implementation of PFMS in the Ministry and office of the CCA keeps a close tab on the developments/updates taking place on the portal and implements them in the various program divisions providing technical support and guidance.

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. In F.Y 2024-25 (Up to Dec 2024) total 32 trainings (Online/Physical mode) have been imparted for the different Stakeholders in the Ministry under various modules of the PFMS. The PFMS Cell ensures prompt resolution of PFMS implementation related issues.

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)	7
2	TSA HYBRID	12
3	Single Nodal Account (SNA)	5
4	Central Nodal Account (CNA)	8
	Grand Total	32

A. TREASURY SINGLE ACCOUNT

Hon'ble Finance Minister in Para 92 under Government Financial Reforms under Budget speech FY 2021-22; 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 PFMS cell for targeted action.
- Sensitisation of ABs by conducting hands-on training sessions.
- Preparation and circulation of user-friendly manuals on TSA module.
- Coordination with all stakeholders viz O/o CGA, RBI, Programme Divisions and ABs for various activities viz 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 above activities have been successfully completed and following 13 ABs are 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
- Regional Institute of Paramedical and Nursing Sciences, Aizwal
- North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong
- All India Institute of Speech and Hearing, Mysore.
- National Institute of Tuberculosis & Respiratory Diseases.
- Chittaranjan National Cancer Institute (CNCI)
- Kasturba Health Society (KHS)

b. Department of Health Research:-

- Indian Council of Medical Research(ICMR) , New Delhi

TSA Expenditure report of Ministry of Health & Family Welfare as on 31.12.2024								
Grant No. 46 - Department of Health and Family Welfare								
(Rs. In Cr.)								
Sl. No.	Name of Autonomous Body	No. of Sub-ABs	Fund released by PAO up to 31.12.2024 through TSA	Fund Utilised by ABs up to 31.12.2024	Fund Utilised by Sub-ABs up to 31.12.2024	Balance left in TSA/RBI Account	% of funds Un-utilised	
1.	2.	3.	4.	5.	6.	7.	8.	
1	All India Institute of Medical Sciences, New Delhi [3291]	8	3440.05	3159.00	251.32	29.73	0.86	
2	Postgraduate Institute Of Medical Education & Research, Chandigarh,(3295)		1766.12	1613.25	0.00	152.87	8.66	
3	Jawaharlal Institute of Postgraduate Medical Education & Research,(3297)		1,073.75	904.14	0.00	169.61	15.80	
4	Food Safety and Standards Authority of India	6	335.00	248.60	36.06	50.34	15.03	
5	North Eastern Indira Gandhi Regional Institute of Health and Medical (3264)		333.50	314.18	0.00	19.32	5.79	
6	Regional Institute of Medical Sciences(RIMS), Imphal (3265)		309.50	266.93	0.00	42.57	13.75	
7	Regional Institute Of Paramedical and Nursing Sciences,(3288)		74.00	64.77	0.00	9.23	12.47	
8	Kasturba Health Society (KHS)		89.23	85.67	0.00	3.55	3.98	
9	Chittaranjan National Cancer Institute (CNCI)		66.33	62.52	0.00	3.80	5.73	
10	National Institute of Mental Health & Neuro Sciences,(3293)		603.43	505.66	0.00	97.77	16.20	
11	National Institute of Tuberculosis & Respiratory Diseases.		109.94	104.12	0.00	5.81	5.29	
12	All India Institute of Speech and Hearing, Mysore		57.39	44.96	0.00	12.43	21.65	
TOTAL		14	8258.23	7573.82	287.38	397.04	4.81	
Grant No. 47 - Department of Health and Research								
1	Indian Council of Medical Research,(1536)		90	2,489.63	2,311.20	144.41	34.02	1.37
Note1:- Source of the report is PFMS TSA03 Report								

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:-

Amount in Cr.							
SNA-01 (Releases, Expenditure and Balance) as on 31.12.2024							
S. No	Scheme Name	Total Amount Released by GOI	GOI Release to State Treasury	Proportionate State Share	Total Amount Released by State Treasury to SNA	Total Expenditure	Balance in the Bank Account of SNA
1	2	3	4	5	6	7	
1	2035 - Tertiary Care Programs	61.71	23.58	16.04	70.08	96.25	546.11
2	3663 - Strengthening of State Drug Regulatory Systems	36.32	36.32	21.56	47.05	83.71	299.41
3	3685 - Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	253.94	-	-	161.53	119.12	285.04
4	3848 - Senior Citizens Health Insurance Scheme	-		-	-	-	25.58
5	4063 - Flexible Pool for RCH & Health System Strengthening, National Health Programme and national urban health	20,567.14	18,670.72	10,803.89	31,654.81	33,107.65	3,141.94
6	4064 -Infrastructure Maintenance	23.55	23.55	-	6.83	-	2.77
7	9157 - Human Resources for Health	172.08	172.08	109.72	1,303.08	2,992.07	4,753.82
GRAND TOTAL		21114.74	18926.25	10951.21	33243.38	36398.80	9054.67
Note:-Source of the report is PFMS SNA 01 Reports							

C. SNA-SPARSH

In order to bring more efficiency in cash management at both centre and state levels, department of expenditure vide OM No.1(27)/PFMS/2020 dated 13th July, 2023 has notified an alternative fund flow mechanism for releasing central share to the state government on 'just in time' basis under centrally sponsored schemes. The new system is based on an integrated framework between PFMS, State IFMS and Reserve Bank of India (e-kuber) platforms. The new system has been named SNA-SPARSH.

Vide OM No.1(27)/PFMS/2020 dated 04.10.2024 department of expenditure has notified the schemes, Pradhan Mantri Ayushman Bharat Health & Infrastructure Mission, Flexible Pool for RCH & Health system strengthening National Health Programme and National Urban Health Mission, Human Resources for Health and Medical Education to be implemented through SNA SPARSH model in 21 states. 12 States are implementing SNA-SPARSH for daily sanctions under PM-ABHIM Scheme. However, in the FY 2024-25, total Centre share paid by PAO is Rs.387.11 Cr. out of mother sanction issued of Rs. 765.70 Cr. Remaining states are at various levels of Technical testing and development of their IFMS so as to onboard the new model.

PM-ABHIM (SNA SPARSH Model)					
As on 31.12.2024					
(Amount in Cr.)					
S. No.	State	Total Mother Sanction issued	Total Expenditure	% Exp. Against Mother Sanction	Unspent Mother Sanction
1	Andhra Pradesh	46.71	3.48	7.45%	43.23
2	Assam	177.34	80.13	45.18%	97.21
3	Chhattisgarh	23.81	10.83	45.48%	12.98
4	Himachal Pradesh	15.16	0	0.00%	15.16
5	Jharkhand	27.29	13.19	48.33%	14.1
6	Karnataka	80.02	48.42	60.50%	31.6
7	Kerala	12.29	0.7	5.69%	11.59
8	Maharashtra	34.63	0.08	0.23%	34.55
9	Odisha	114.3	82.54	72.21%	31.76
10	Rajasthan	81.08	54.38	67.06%	26.7
11	Telangana	134.82	93.36	69.24%	41.46
12	Uttarakhand	18.25	0	0.00%	18.25
13	Gujarat	0	0	0	0
14	Bihar	0	0	0	0
Total		765.7	387.11	50.55%	378.59

D. C-SNA

In order to implement SNA system uniformly for a CSS, Central-SNA Module is conceptualized for implementation vide OM 1(13) PFMS/2021 dated 24.05.2023. The implementation of C-SNA for fund

releases from Govt. of India directly to implementing agencies having no State share, under centrally Sponsored Schemes. The C-SNA module is available for the program divisions and implementing agencies.

CSNA-01 (Releases, expenditure and Balance) as on 31.12.2024						
Amount in Cr.						
S. No.	Scheme Name	Name of CSNA	Release from GOI	Expenditure made from PFMS UI	Total Expenditure	Bank Balance of CSNA
1	3991 - PRADHAN MANTRI AYUSHMAN BHARAT HEALTH INFRASTRUCTURE MISSION (PM-ABHIM)	[NHSRC] - National Health Systems Resource Centre	0.64	1.29	1.29	28.03
Total			0.64	1.29	1.29	28.03

E. 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 (for schemes under Government Financial Reforms having an annual outlay more than 100 Cr.)- Implementation through Treasury Single Account (TSA) and Model-

2 (Having annual outlay less than 100 Cr) - Implementation through Scheduled Commercial Banks. Total no. of 17 Central Sector Schemes in this Ministry, out of which 12 schemes in Department of Health & Family Welfare having annual budget of Rs 87656.90 Cr, and 5 Schemes in Department of Health Research having annual budget of Rs 507.25 Cr. have been identified for on boarding on CNA module.

Amount in Cr							
Grant:-046 Ministry Of Health Status of CNA							
CNA-01 (Release, Expenditure and Bank Balance) as on 31.12.2024							
S.NO	Scheme Name	Budget Estimate	CNA Wise Budget Allocation	GoI Releases to CNA	Total CNA Expenditure	CNA Bank Balance	Expected CNA Balance after validation
	1	2	3	4	5	6	7 = (6.25 % of 3)
1	3253 - Development Of Nursing Services	22.00	21.50	11.64	5.36	32.71	1.34
2	3255 - Family Welfare Schemes	694.72	258.10	-	-	-	16.13
3	3260 - National Pharmacovigilance Programme	8.53	8.53	5.97	4.60	2.10	0.53

Amount in Cr							
Grant:-046 Ministry Of Health Status of CNA							
CNA-01 (Release, Expenditure and Bank Balance) as on 31.12.2024							
S.NO	Scheme Name	Budget Estimate	CNA Wise Budget Allocation	GoI Releases to CNA	Total CNA Expenditure	CNA Bank Balance	Expected CNA Balance after validation
	1	2	3	4	5	6	7 = (6.25 % of 3)
4	3263 - Health Sector Disaster Preparedness and Response and Human Resources Development for Emergency Medical Services	94.00	38.02	3.00	8.14	31.16	2.38
5	3893 - National Digital Health Mission	200.00	69.92	22.64	27.32	11.86	4.37
6	4061 - Blood Transfusion Services	190.00	147.50	75.52	100.09	34.05	9.22
7	4080 - Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (Pm-Abhim)(Health)	556.57	260.00	-	-	-	16.25
8	4126 - National Tele Mental Health Programme	90.00	72.92	25.27	32.64	18.58	4.56
9	4162 - Global Fund Grant Under Covid 19 Response Mechanism 2021 (Eap)	125.00		-	-	-	-
10	9129 - Establishment And Strengthening Of Ncdc Branches And Health Initiatives Inter Sectoral Coordination For Preparation	52.00	41.83	15.42	14.59	33.77	2.61
11	9286- National Organ Transplant Programme	15.00	7.00	-	2.37	7.32	0.44
12	9316 - National AIDS and STD Control Programme	2,700.00	1,608.47	-	-	-	100.53
GRAND TOTAL		4,747.82	2,533.78	159.45	195.12	171.56	158.36
Note: -Source of the data is CNA-01 report of PFMS							

Department of Health Research [047]		
Central Sector Scheme		
1	Development Of Infrastructure For Promotion Of Health Research[1532]	80.00
2	Development Of Tools/Support To Prevent Outbreaks Of Epidemics[3425]	8.00
3	Human Resource and Capacity Development [3103]	147.04
4	PM-ABHIM Bio-security preparedness and strengthening Pandemic Research and Multi Sector, National Institutions and Platforms for One Health[3992]	212.21
5	Setting Up Of Nationwide Network Of Laboratories For Managing Epidemics And National Calamities[1534]	60.00
Total		507.25

Note:-Source of the report is PFMS BUD-02 Reports

F. TSA-Hybrid

All Central Sector Schemes with annual outlay of Rs. 100 Crore or more, irrespective of implementation through Central or State agencies, shall be implemented through TSA-Hybrid. 06 Schemes of MoHFW are to be on boarded on TSA Hybrid (1/1 A) mode. 04 Out of 06 Schemes viz. PM-ABHIM (4080), family welfare (3255), Global Fund (4162) and NACO (9316) have already been on boarded and efforts are being made for remaining 02 schemes to be on boarded.

G. ELECTRONIC-BILL(e-BILL)

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 31.12.2024, 11 PAOs have processed 6, 183 E-bills out of which approx 90% bills have been processed within stipulated time (less than 5 days).

H. NORMAL BILLS

As on 31.12.2024 11 PAOs have processed 10,08,874 Normal Bills out of which approx 99% bills have been processed within stipulated time (less than 5 days).

I. 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.

J. 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.

K. 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.

L. GPF MODULE

All PAOs and merged DDOs under MOHFW are on boarded 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.

6. PAPERLESS MEDICAL CLAIM SETTLEMENT FOR CGHS PENSIONERS

This Digital Transformation involved end-to-end digitization of Medical claims 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, and National Health Authority (NHA).

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.

7. SWACHHTA HI SEWA

A special drive on Swachhta Abhiyan was conducted by all the offices of the MoHFW during the period 02.10.2024 to 31.10.2024.

In this regard following activities were organized by Pr. AO/PAOs, MoHFW:

- I. Old records/files to be weeded out.
- ii. Cleanliness drives in the office.
- iii. Weed out of all the unwanted/surplus furniture, computers, and office equipment.

Pr. AO (Admn.) has started the weeding out process in respect of all the unwanted/ surplus furniture, computers, and office equipments.

8. HINDI PAKHWADA

The following activities were organized from 14.09.2024 to 30.09.2024 by the Pr. AO/ PAOs under control of CCA-MoHFW.

1. हिन्दी निबंध प्रतियोगिता (23.09.2024)
2. राजभाषा प्रश्नोत्तरी प्रतियोगिता/हिन्दी टिप्पण एवं प्रारूपण प्रतियोगिता (25.09.2024)
3. हिंदी श्रुतलेख प्रतियोगिता (27.09.2024)
4. कवितापाठ प्रतियोगिता (30.09.2024)

प्रधान लेखा कार्यालय, स्वास्थ्य एवं परिवार कल्याण मंत्रालय के द्वारा 14 से 30 सितंबर 2024 तक "हिन्दी पखवाडे" का आयोजन किया गया जिसमें प्रधान लेखा कार्यालय तथा उसके नियंत्रणाधीन कार्यालयों के "हिन्दी निबंध प्रतियोगिता में कुल 13 प्रतियोगियों ने, "राजभाषा प्रश्नोत्तरी प्रतियोगिता/हिन्दी टिप्पण एवं प्रारूपण प्रतियोगिता में कुल 9 प्रतियोगियों ने, हिंदी "श्रुतलेख

प्रतियोगिता" में कुल 6 प्रतियोगियों ने तथा 'कविता पाठ प्रतियोगिता' में कुल 11 प्रतियोगियों ने भाग लिया।

8. Vigilance Awareness Week 2024

- (i) Vide OM no. Pr. AO/Admn/Misc./2024-25/1151 dated 30.09.2024, circular no. 08/08/2024 received from CVC Delhi was circulated to all the offices of the MoHFW.
- (ii) Further an additional circular No. 09/08/2024 regarding taking integrity pledge was also circulated to all the offices of the MoHFW.
- (iii) All officers were also directed to attend the training on vigilance related topics on iGOT.
- (iv) Banners were displayed at multiple points during the Vigilance Awareness week.

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 DoPT, Shri Rajesh Kumar Verma, Deputy Secretary has been nominated as a Nodal Officer to receive applications for information under 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 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 have been filing RTI Applications and First Appeals through this facility in large number.

11,806 RTI Applications and 687 First Appeals were received under the RTI Act during the period from 01/01/2024 to 31/12/2024. It is estimated/ projected that about 3,000 RTI Applications and 170 First Appeals are anticipated to be received during the period January-March, 2025

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/Joint 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 / JS & CVO, MOHFW is assisted by a Director, 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 the Department of Health and Family Welfare, Dte.GHS,CGHS,CHS,DHR,otherDivisions of the M

inistry and all Autonomous Institutes under the administrative control of the Ministry of Health and Family Welfare, where there is no independent / in-house CVO.

During the period 01.01.2024 to 31.12.2024, following actions have been taken/dealt with by the Vigilance Division. Further, following actions to be taken by the Vigilance Division till March, 2025 are as under:

S.no.	Particulars	Figures for the Period 01.01.2024 to 31.12.2024	Projections till March 2025
1.	Charge Sheet Issued under Rule 14 of CCS (CCA) Rules	0	0
2.	Examination of Inquiry Report	4	4
3.	Advice given to the other Divisions of the Ministry	17	20
4.	Instances of Suspension review/extension	10	13
5.	No. of complaints received from CVC for appropriate action and which are under examination/processed	11	14
6.	Examination of CO's Reply on IO report	5	6
7.	No. of CVC complaints (downloaded from CVC portal) disposed off	229	300
8.	Misc. complaints received & disposed off from CBI for appropriate action	29	35
9.	Public Grievances Disposed Of	273	330
10.	Complaints received from other sources	213	260
11.	Cases sent to CVC for advice	15	22
12.	Cases sent to UPSC for advice	4	4
13.	Cases referred to Law Ministry for advice	1	1
14.	RTI application received and disposed of	32	40
15.	RTI appeal received and disposed of	2	3
16.	No. of court cases processed during the period	2	2
17.	Vigilance clearance granted during the period	3889	4500
18.	Cases of appointment of Chief Vigilance Officer/Vigilance Officer	14	17
19.	Penalty orders issued	3	3
20.	Finalization of disciplinary case	5	6

As per the directions of the Central Vigilance Commission, a three-month campaign on the theme i.e. "Culture of Integrity for Nation's Prosperity: सत्यनिष्ठा की संस्कृति से राष्ट्र की समृद्धि" was observed from 16.08.2024-15.11.2024 during the Vigilance Awareness Week 2024. Vigilance Awareness Week 2024 was commenced with the Integrity Pledge administered to the officers/ staff of the Ministry/Central Hospitals/AIIMS /Autonomous Bodies by the Hon'ble HFM on 28.10.2024.

The organizations under this Ministry organized various activities during the Vigilance Awareness Week 2024 (28.10.2024 - 03.11.2024) by displaying banners & selfie points at vantage points, administering of integrity pledge, interacting with the public for redressal of their grievances, conducting seminars, workshops, debates among students & faculties, quiz and essay competitions inculcating vigilance awareness among the public in sync with the theme of the year 2024.

A workshop 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 28.10.2024 at Nirman Bhawan, New Delhi. During the said workshop, 54 officers/doctors 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 Grievance Redress and Monitoring System (CPGRAMS) is an online web-enabled system over NICNET developed by NIC, in association with Directorate of Public Grievances (DPG) and DARPG. It is portal wherein a citizen can register a grievance online. 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, Deputy Secretary level officers have been made Grievance Redressal Officers for respective Divisions within DoHFW. Status of Disposal of public grievances received during FY 2024-25 on CPGRAMS portal is follows:

year	Brought forward grievances as on 01.04.2024	Grievances received during 01.04.2024-30.11.2024	Grievances disposed during 01.04.2024-30.11.2024	Balance as on 01.12.2024
2024-25	3300	23,690	25,385	1,605

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 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 Division has two sections namely (i) Procurement-I (Vaccine Procurement Cell) Section

and (ii) Procurement-I (Empowered Procurement Wing) Section. The broad functions of these two sections are given below:

i) Procurement-I (VPC) Section has been procuring vaccines for the Universal Immunization Programme (UIP). With a view to ensure timely availability of vaccines, all necessary actions are contemplated well in advance in consultation with the Programme Division.

However, with effect from 01.03.2024, responsibility of procurement of vaccines has been transferred from the Vaccine Procurement Cell (VPC) of the Ministry to the Central Medical Services Society (CMSS), which is a Central Procuring Agency of the Ministry.

Further, to ensure that the transition of procurement of vaccines is smooth, the tolerance/option clause against the existing contracts for an additional 50% quantity were finalized for TD, Pentavalent, Hep-B, ROTA Virus, IPV, PCV, bOPV and DPT vaccines on GeM after following due procedure.

ii) Procurement-I (EPW) Section acts as a nodal section 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).

1.1.11 CENTRAL MEDICAL SERVICES SOCIETY

Central Medical Services Society (CMSS), the Central Procurement Agency of 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. At present, warehouses have been established at 18 locations and all States/UTs have been covered from these warehouses.

The CMSS has an ex-officio Chairperson, who is 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 equipments.

Procurement Related Achievements: -

(A) The procurement cases from 01.01.2024 to 31.12.2024 is as under:-

2024 -25	Rs. 6757.03 Crores	FWP, NACO, NTEP, NVHCP, NCVBDC, UIP & CHP.

A total procurement cases worth Rs 6757.03 crore for the period from 01.01.2024 to 31.12.2024

Programmes of MoHFW	Procurement of medicines/ other goods/ services	Procurement Total Value
UIP (Universal Immunization Programmes)	Procurement of Vaccines & 0.5 ml & 5 ml Syringes [Regular + Development Tender].	Rs. 3137.82 Crores
NTEP (National Tuberculosis Elimination Programme)	Procurement of Lab. BD Consumables, Delamanid tab, Linezolid, DSTB IP&CP, TrueNat Chips, CAMC of CBNAAT Cartridges, DRTB Drugs, Rifampicin, Bedaquiline & CyTB.	Rs. 2951.34 Crores
NACO (National AIDS Control Organization)	Procurement of Condoms free Supply, HIV -I Test Kits, Abbott HIV-I, Tenofovir 300 mg+Lamivudine 300 mg+Dolutegravir 50 mg (TLD), HIV (Rapid) Kits, Buprenorphine Drugs and STI/RTI Kits & ARV Drugs.	Rs. 567.28 Crores
NVHCP (National Viral Hepatitis Control Programme)	Procurement of Hepatitis B Drugs and Hepatitis C Drugs, Sofosbuvir 400 mg & Daclatasvir 60 mg., Sofa-Decla.	Rs. 71.41 Crores
NCVBDC (National Center for Vector Borne Diseases Control)	Artesunate Inj., RDT /Kits Kala-Azar, RDT Malaria Kit, Synthetic Pyrethroid (WDP).	Rs. 27.23 Crores
FWP (Family Welfare Programme)	Procurement of Emergency Contraceptives Pills (ECP).	Rs. 1.25 Crores
CHP (Child Health Programme)	Procurement of IFA (Pink) Syrup.	Rs. 0.68 Crores

(B) The procurement cases likely to be finalized during the period from 01.01.2025 to 31.03.2025 is as under:-

2024-25 (01.01.2025 to 31.03.2025)	Rs. 1902.82 Crores	FWP, NACO, NTEP, NVHCP, NCVBDC, UIP & CHP.

A total procurement cases worth Rs 1902.82 crore are likely to be finalized during the period from 01.01.2025 to 31.03.2025.

Programmes of MoHFW	Procurement of medicines/ other goods/ services	Procurement Total Value
UIP (Universal Immunization Programmes)	Procurement of Vaccines (MR, TD, IPV, BoPV & RVV).	Rs. 1071.00 Crores
NTEP (National Tuberculosis Elimination Programme)	Procurement of X-Ray, Second Line TB Drugs, Tab. Ethambutol, DRTB Drugs, Second Line TB Drugs-Linezolid, Moxifloxacin, Levofloxacin, Pyrazinamide, Bedaquiline, Pretomanid, Delamanid	Rs. 629.03 Crores
FWP (Family Welfare Programme)	Procurement of Chhaya, Contraceptives, OCP, ECP, Antra, SMO Contraceptives.	Rs. 131.51 Crores
NACO (National AIDS Control Organization)	Procurement of Condoms - FS, RPR Kit, Buprenorphine 0.4 mg	Rs. 56.28 Crores
NVHCP (National Viral Hepatitis Control Programme)	Procurement of Viral Hepatitis - Sofa Velpa	Rs. 15.00 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 PwDs in D/o Health & Family Welfare and Dte. GHS for financial year 2024-25 (upto December, 2024) is as under:

Groups of post	Total Employees	Total No. of PwD Employees	Representation of Persons with Disabilities (Category wise)				
			A	B	C	D	E
A	8626	57	1	1	53	0	2
B	8140	30	4	1	23	2	0
C (Excluding Sweeper)	8419	128	22	21	80	1	4
C (Sweeper)	472	14	3	7	4	0	0
Total	25657	229	30	30	160	3	6
Percentage		0.89	0.12	0.12	0.62	0.01	0.02

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 overarching 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 Mandir (AAM):

Launched in 2018, Ayushman Bharat (AB)

represents a shift toward integrated healthcare services that provide comprehensive primary, secondary, and tertiary care across preventive, promotive, and curative dimensions. Ayushman Bharat comprises of two main components namely Ayushman Arogya Mandir (AAM) and Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY).

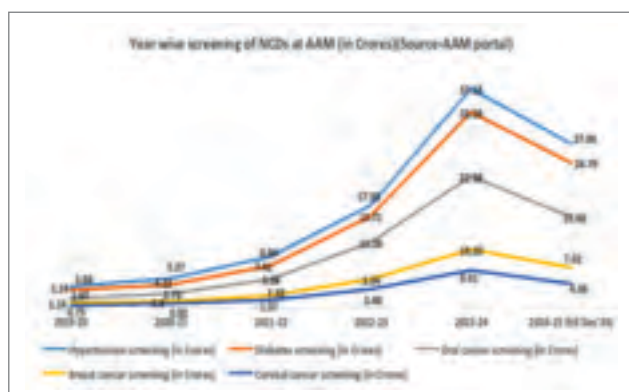
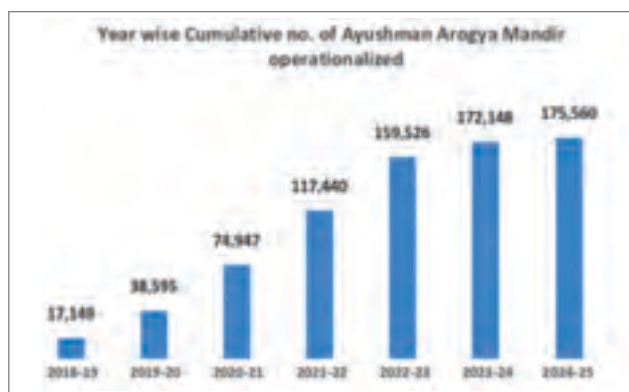
The first component pertains to Ayushman Arogya Mandir (AAM) (erstwhile known as Health and Wellness Centres (AB- HWCs)) which targeted the establishment of 1,50,000 centres by upgrading Sub-Health Centres (SHCs) and Primary Health Centres (PHCs) in both rural and urban areas which will bring health care closer to the community. These AAMs 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 December 2024, 1,34,650 AAM have rolled out all 12 expanded packages of services.

Through AAM, Comprehensive Primary Health Care (CPHC) is delivered by providing expanded services which includes:



Status Update:

As of 31st December 2024, a total of 1,75,560 Ayushman Arogya Mandir (AAM) are operational with cumulative footfall of 371.97 crores



Till 31st December 2024, a total of 100.57 crores screening have been conducted for Hypertension, 88.65 crores for Diabetes, 59 crores for oral cancer, 26.95 crores for breast cancer and 17.69 crores for cervical cancer. Till 31st December 2024, 4.74 crores wellness sessions including yoga have been conducted across AAM.

- Multiple health promotion and wellness initiatives are being undertaken, including Yoga, meditation, and fitness sessions, which are conducted regularly, along with lifestyle modification programs to promote healthier living. Special events are organized for important health calendar days at AAM.
- Leveraging the e-Sanjeevani teleconsultation platform, AAM enhance accessibility to specialist services, with a 'hub-and-spoke' model linking centers and specialists. By 31st December 2024, 31.86 crore patients have availed teleconsultation services, thus helping to bridge gaps in healthcare access.
- Primary healthcare team at the SHC level is being led by Community Health Officers (CHO)/ Mid-Level Health Care Providers (MLHPs), comprising certified healthcare providers trained in public health skills and supported by multi-Purpose Workers (MPWs) and ASHAs. As of 31st December 2024, 1,38,942 Sub-centres are lead by CHOs across the country.

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 Arogya Shivar Campaign

After getting desired success of delivering Health

services to every doorsteps through Ayushman Bhav Campaign and to hold the same momentum of community participation and serving grass root level health services, MoHFW initiated Ayushman Arogya Shivar, a monthly fixed day out reached programme for common people. This programme has been initiated since April, 2024. These health camps-organized at both SHCs and PHCs-involve visits from Medical Officers and specialist camps at PHCs and CHCs.

In this, as on 31.12.2024, a total of 13.26 lakhs Ayushman Arogya Shivar have been organized at Ayushman Arogya Mandir with more than 7.19 crores footfall. In this Ayushman Arogya Shivar, over 13.92 crore screenings were conducted for TB, hypertension, diabetes, oral cancer, breast cancer, cervical cancer, and cataract. Additionally, so far over 5.27 crore and 4.10 crore people benefited from free drugs and diagnostic services respectively. Over 4.06 lakhs minor Surgeries were conducted in the Shivar. Additionally, over 24.96 lakhs pregnant mother and 41.44 lakhs children were immunized as per due list during the Shivar.

To ensure specialist services at every Block, so far 20,322 Ayushman Arogya Shivar have been conducted at Community Health Centres (CHCs) in coordination with medical colleges /District Hospitals with a total footfall of more than 82.96 lakhs. In these CHC level Ayushman Arogya Shivar, 32.68 lakhs free laboratory tests have been conducted. Additionally, over 72 thousand people availed major and minor surgeries facility in CHC level Arogya Shivar.

(2) National Sickle Cell Anaemia Elimination Mission

The Government of India launched the National Sickle Cell Anaemia Elimination Mission (NSCAEM) on July 1, 2023, in 17 states identified as high-focus areas, with the goal of eliminating sickle cell anaemia as a major public health issue by the year 2047. The target is to screen 7 crore people till year 2025-26 covering the entire population from birth to the age of 40 in affected 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 4,90,88,714 persons in 17 identified states have been screened and a total of 1,88,14,560 Sickle cell cards had been distributed till 31.12.2024.



In order to assist states in implementing the strategies of NSCAEM, a two-day National Level Training of Trainers (ToT) was organized on October 23rd and 24th, 2024, in Bhopal, Madhya Pradesh. More than 100 participants from various states and speakers attended the event.

The objectives of the ToT were to:

- Facilitate the dissemination of technical knowledge on Sickle Cell Disease (SCD) management and mission strategies to state health trainers
- Enable states to share experiences, best practices, and challenges, thus promoting collaborative problem-solving
- Link theoretical knowledge with practical experience through a field visit, allowing participants to observe SCD interventions in action



Two-day National Level Training of Trainers (ToT) was organized on October 23rd and 24th, 2024, in Bhopal, Madhya Pradesh

A stall showcasing the progress and achievements of National Sickle Cell Anemia Elimination Mission was also set up by NHM at India international trade fair which was organised from 14th Nov- 27th Nov, 2024 to generate public awareness about the disease and highlight the government's initiative towards its control and elimination as a public health problem.

3) 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 3.89 lakh health human resources to the States including 17,296 GDMOs, 5,062 Specialists, 78,723 Staff Nurses, 90,846 ANMs, 92,331 Allied & Health Care Workers (Paramedics), 530 Public Health Managers, 2762 LHV and 70,855 Programme Management staffs, etc. on contractual basis, as on 30th June, 2024. 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 30th June, 2024, a total of 24,989 AYUSH doctors and 3,637 AYUSH Pharmacist & 2,709 AYUSH Paramedics have been deployed in the States with NRHM funding support.



4) 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

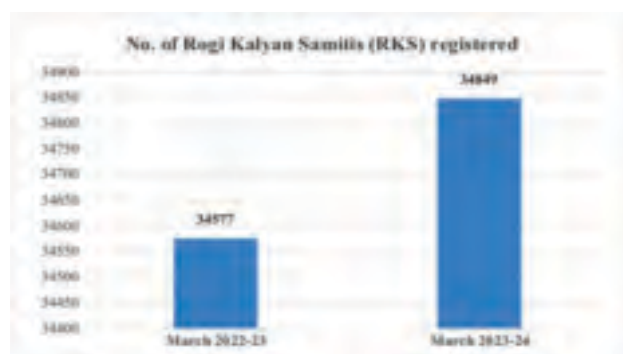
interventions. ASHAs receive a monthly incentive of Rs. 2000/month for routine and recurring activities from the Central Government. Additionally, ASHAs are provided with performance-based incentives for a varied set of activities under various National Health Programmes.

There are 10.29 lakhs ASHAs are in position across the country in rural and urban areas under the NHM as on 30th June, 2024.

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.

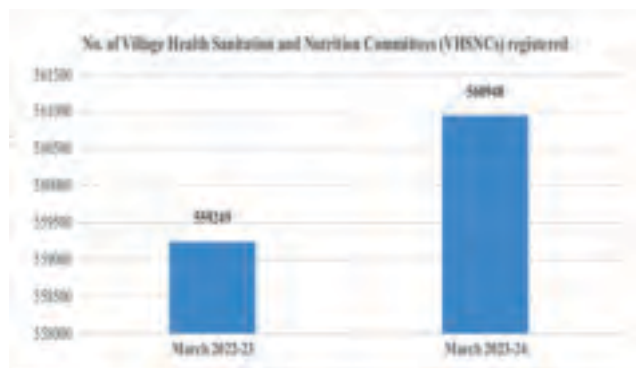
ASHA Certification: As per NIOS, as on 30th June, 2024, 1,17,070 ASHA and ASHA Facilitators have been certified.

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 30th June, 2024, 35,491 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.



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. 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 5.62 lakh VHSNC have been set up across the country till 30th June, 2024.



5) National Ambulance Services (NAS):

As on date, 34 States/UTs have facilities where people can dial dedicated Toll free No. 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.

As on 30th June, 2024, 3044 ALS (Advanced Life Support) ambulances, 15283 (Basic Life Support) ambulances, 3918 PTV (Patient Transport Vehicle), 19 Boat Ambulances and 81 Bike Emergency Response Service Vehicles are supported Under NHM, besides 6485 empaneled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities.

6) 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 unreachable areas.

As on 30th June, 2024, States/UTs have 1359 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.

7) Free Diagnostic Service Initiative:

Ministry of Health and Family Welfare (MoHFW), Government of India launched the National Free Diagnostic Service Initiative in 2015 to achieve Universal Health Coverage (UHC) and reduce both direct costs and out-of-pocket expenditure. The programme has ensured the availability of essential diagnostics at the public health facilities and reduced the Out-of-Pocket Expenditure (OOPE).

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.

As on 1st October 2024, the free diagnostic pathology service is operational in 36 States/UTs (12 States/UTs through PPP mode and 24 States/UTs through in-house mode). The CT scan services are operational in 34 States/UTs (18 States/UTs through PPP mode and 16 States/UTs through in-house mode). Tele-radiology service is operational in 14 States/UTs through PPP mode.

8) Free Drugs Service Initiative:

The Ministry of Health and Family Welfare (MoHFW) launched the 'Free Drugs Service Initiative' in 2015 under NHM to provide free essential medicine at all public health facilities, addressing the needs of patients across all age groups.

Under this initiative, support is provided to States/ Union Territories (UTs) to strengthen procurement practices, ensure quality assurance, develop warehouse infrastructure, and implement IT-enabled supply chain management systems, such as the Drugs and Vaccines Distribution Management System (DVDMS) or state-specific IT-based Logistics Management Information Systems (LMIS). The FDSI also facilitates prescription audits, grievance redressal, and the dissemination of Standard Treatment Guidelines.

As per Indian Public Health Standards (IPHS), Essential Medicine List (EML) recommends the availability of essential and quality generic medicines at different levels of health facilities, as follows:

Centre	No. Essential Medicines available	No. of diagnostics tests available
Sub-Health Centre (SHC-AAM)	106	14
Primary Health Centre (PHC- AAM)	172	63
Community Health Centre (CHC)	300	97
Sub District Hospital (SDH)	318	111
District Hospital (DH)-	381	134

States/UTs are advised to align their state specific EML with the EML as per IPHS and ensure the availability of medicines in all public health facilities.

The FDSI ensures drug quality by procuring only from Good Manufacturing Practices (GMP)-certified manufacturers and conducting mandatory post-supply testing of each batch of medicine at NABL-accredited laboratories before distribution. Batches that fail quality checks are quarantined or returned, with continuous monitoring and feedback systems in place to maintain safety and efficacy standards.

9) Biomedical Equipment Management and Maintenance 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 October 2024, BMMP is operational in 32 States/UTs (In 21 States/UTs it is implemented in PPP mode and in 11 States/UTs it is in In-House mode).

10) Mera Aspataal

Mera Aspataal' is a patient-centric initiative that is simple, intuitive, and multilingual ICT Based system that captures patients' feedback in a very short time on the services received from the public and private empanelled health facilities through user-friendly multiple channels. At present, patient feedback is captured through Short Message Service (SMS) and Out Bound Dialling (OBD). The application allows feedback to be consolidated,

analysed and disseminated on a frequently updated dashboard. Analyzed data is used to improve quality of services in healthcare facilities.

The cumulative number of facilities integrated into 'Mera Aspataal' portal from 2017-18 to date (as of 30.09.2024), is 11,697 facilities.

11) Swachh Swasth Sarvatra (SSS) Initiative:

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.

Number of CHCs winning Kayakalp award (which have received SSS fund) has increased from 62 CHCs in FY 2017-18 to 223 CHCs in 2023-24.

12) KAYAKALP Scheme:

Government of India launched "Kayakalp Scheme" in 2015 to recognize and incentivize such public health facilities which demonstrate high level of cleanliness, hygiene, and infection control. The initiative strives to rejuvenate the existing condition of public health facilities by inculcating the culture of assessing the facilities on predefined tool and taking follow-up actions for gap closure. Every level of health facility is included in the scheme: AAM- SHC, PHC, CHC; SDH, DH and Tertiary Care Hospitals.

Revised Kayakalp Guidelines with an objective to comply with the National Guidelines for Infection Prevention and Control in Healthcare Facilities were launched in 2020 and the Revised Biomedical Waste Management Rules 2016 by the Central Pollution Control Board during COVID period.

13) National Quality Assurance Standards (NQAS) Implementation and related activities: Quality in delivered health care services is

important for improving health outcomes. It enhances accessibility, increases efficiency, strengthens clinical effectiveness, and improves user satisfaction. With the aim of improving quality of care, the Ministry of Health and Family Welfare initially launched the National Quality Assurance Standards (NQAS) for District Hospitals. In subsequent years, National Quality Assurance Standards for CHC, PHC, UPHC and AAM-SHCs have been developed.

NQAS are internationally recognized and accredited by the International Society for Quality in Healthcare (ISQua). These standards are also recognized by IRDA for empanelment of hospitals and NHA for Gold category incentives.

AAM-SHC contribute to approx. 77.4% of public health facilities, and these facilities endeavour to provide twelve service packages along with wellness, health promotion and preventive care. Physical assessment of each facility is a resource intensive process. MoHFW launched the virtual NQAS assessment for Ayushman Arogya Mandir on 28th June 2024. The initiative of virtual certification of AAM-SHC represents a significant innovation in the quality assurance framework for public health facilities, integrating online evaluations that include virtual tours and interactions with patients, staff, and community members.

As on 30th November 2024, 17017 Public Health Facilities are NQAS Certified in India. There has been a rapid increase in the number of NQAS certified facilities in the year 2024, with 10511 facilities certified since January 2024. A total of 572 AAM-SCs have been virtually certified till 30th November, 2024.



For ensuring the accuracy and precision of the testing processes and results, NQAS for Integrated Public Health Laboratories (IPHL) was launched by MoHFW on 28th June 2024.

NQAS certification of the IPHL will ensure high standards of quality, reliability, and integrity in the testing and analysis processes of IPHL and will assure the beneficiaries and service providers that investigation reports and reliable and benchmarked.

14) Indian Public Health Standards (IPHS)

The Indian Public Health Standards (IPHS) are essential benchmarks that ensure the delivery of minimum essential services through public healthcare facilities, including District Hospitals, Sub-District Hospitals, Community Health Centers, Primary Health Centers, and Sub Health Centre. Indian Public Health standards developed in 2007 and revised in 2012 and 2022, these standards align with recent public health initiatives and are fundamental to our healthcare system.

The Ministry of Health and Family Welfare (MoHFW) has been actively implementing the IPHS 2022 guidelines to provide uniform, high-quality health services across all states. Implementing IPHS is vital for improving healthcare delivery nationwide and ensuring all citizens access essential minimum standards of health services.

Further, Ministry of Health and Family Welfare has launched an open-source toolkit (ODK) and a dashboard under Indian Public Health Standards on 28th June 2024 that will aid the national, state and district health facilities in quickly monitoring compliance with respect to Indian Public Health Standards and enable action accordingly. It is an android based application to assist the facilities with gap assessment. Accessible via www.iphs.mohfw.gov.in, the dashboard provides comprehensive data on various health facilities' assessment and compliance status.

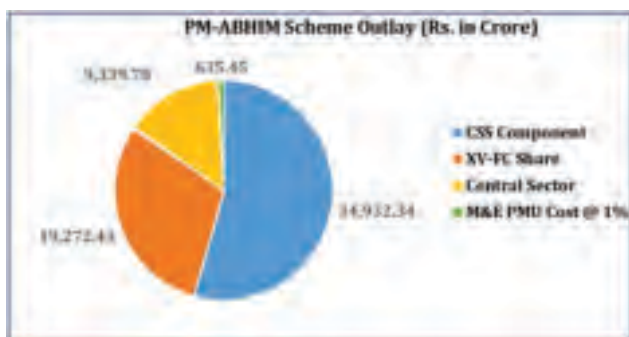


As on 11th December 2024, 89% of public health facilities have carried out self-assessment for IPHS. Among total assessed facilities, 54% of health facilities have scored IPHS Compliance score above 50%.



15) PM- Ayushman Bharat Health Infrastructure Mission (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 objective of the scheme is to fill critical gaps in health infrastructure, surveillance and health research – spanning both the urban and rural areas so that the communities are Atmanirbhar in managing such pandemic/ health crises. 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. It is envisaged in the scheme 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.

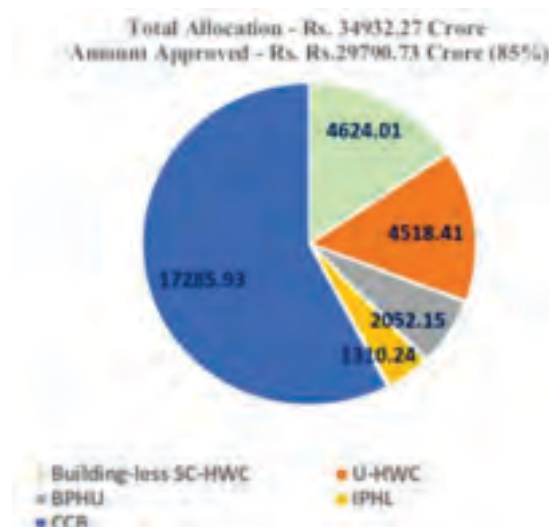
Centrally Sponsored Scheme (CSS) component is as under:

The details of the component is as under:

- 602 Districts with more than 5 lakh population will have 50 to 100 bedded Critical Care Blocks (CCBs) and remaining districts will have Referral linkages.
- Provision is also made for the establishment of 730 Integrated Public Health Labs (IPHLs) in the country, wherein each district will have one such lab.
- Establishment of 3382 Block Public Health Units (BPHUs) at the block level,
- Construction of 17,788 Building less Sub-Centres as Ayushman Arogya Mandir (AAM) in rural areas and
- Establishment of 11,024 AAM 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.

Progress under CSS component:

Under the CSS component of the scheme total financial allocation for the State/UTs is Rs. 34932.27 Crore (excluding XV-Finance Commission Health grant share) during the scheme period (2021-22 to 2025-26). Out of which administrative approvals have been accorded to States/UTs for an amount of Rs.29790.73 Crore which include Rs. 4,624.01 crores for Building-less SC-AAMs, Rs. 4,518.41 crores for U-AAMs, Rs. 2,052.15 crores for BPHUs, Rs. 1,310.24 crores for IPHLs, and Rs.17,285.93 crores for CCBs.



Physical Progress under PM-ABHIM (CSS) from FY 2021-22 to FY 2025-26:

- Under the scheme, out of 7808 units approved for Building-less SHC-AAM, work has been started in 5428 units and completed in 2771 units. Against 3051 Urban- AAM approved till FY 2024-25, 1932 U-AAMs have been operationalised. For BPHUs, out of 2033 units approved, work has been started in 1210 units and is completed in 408 units. Under IPHLs, work is ongoing in 407 units against 703 IPHLs approved. Construction work has been completed in 158 IPHLs. Against, 577 CCBs approved, work is ongoing in 358 units and 6 CCBs work has been completed.

Estimated projection for the period January to March 2025:

- Till date, construction work for 6 CCBs have been completed, however work is started in 358 CCBs. As per discussion with States/UTs, it is estimated that work will be completed in 12 to 15 CCBs during the period of January to March 2025.



Critical Care Block Foundation Stone Laying – Theni Medical College, Tamil Nadu 50 BEDDED HOSPITAL

16) 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.

1.2.3 National Urban Health Mission (NUHM)

National Urban Health Mission (NUHM) was approved in May, 2013 as a sub-mission under National Health Mission (NHM) for providing equitable and quality primary health care services to the urban population with special focus on the slum and vulnerable population. States have the flexibility regarding implementation of NUHM through their State Health Department or Urban Local Bodies (ULBs). NUHM is being implemented in 35 States/UTs across the country except UT of Lakshadweep and cover cities/towns with Population above 50,000 and State & District HQs above 30,000 populations. Currently, 1243 cities/towns are covered under NUHM. The service delivery framework under NUHM is detailed in the figure below.

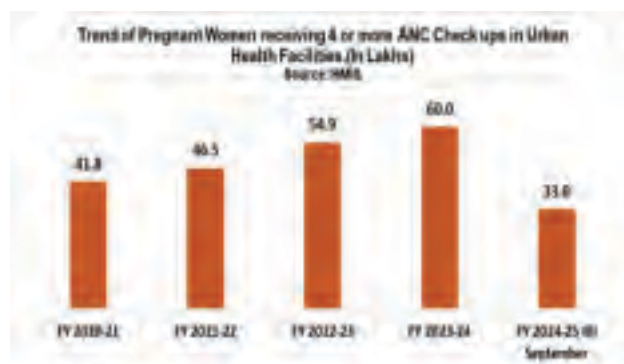
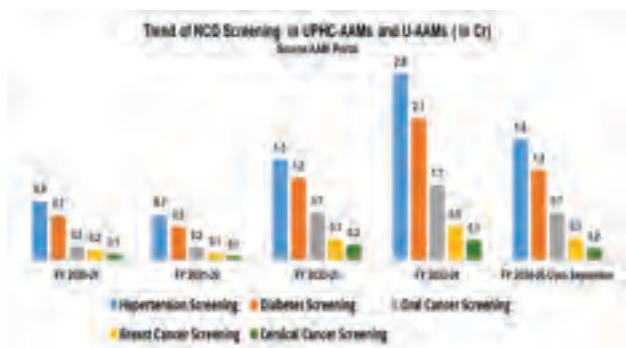


Operationalization of Urban Facilities

Under Ayushman Bharat, the existing Urban Primary Health Centres (PHCs) are transformed into Ayushman Arogya Mandirs to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services which is universal, free and close to the community. Further Urban-Ayushman Arogya Mandirs (U-AAMs) being created on 15,000 to 20,000 population under 15th Finance Commission Grants and PM-ABHIM to decentralize primary healthcare under UPHC-AAMs. The U-AAMs are expected to increase its reach in the urban areas and cover the vulnerable and the marginalized by acting as satellite centres to UPHCs. 97 % of UPHC-AAM and 47% U-AAMs are operational against approvals as on 30th September 2024.

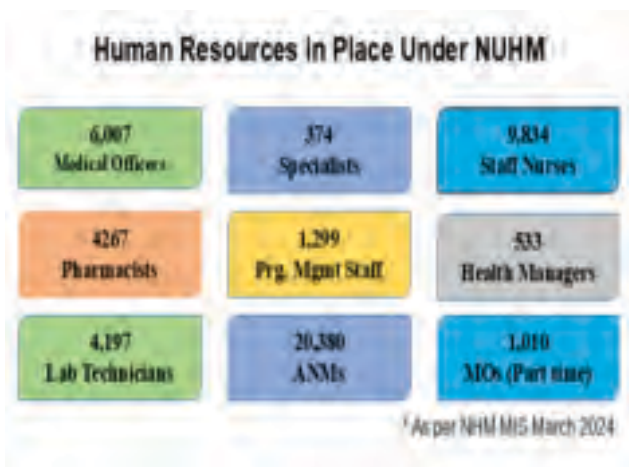
Service Delivery

From FY 2020-21 to FY 2024-25, 7.69 Crore people screened for Hypertension, 5.9 Crore for Diabetes, 2.96 Crore for Oral Cancer, 1.42 Crore for Breast Cancer and 0.87 Crore for Cervical cancer at UPHC-AAMs and U-AAMs till September 2024.

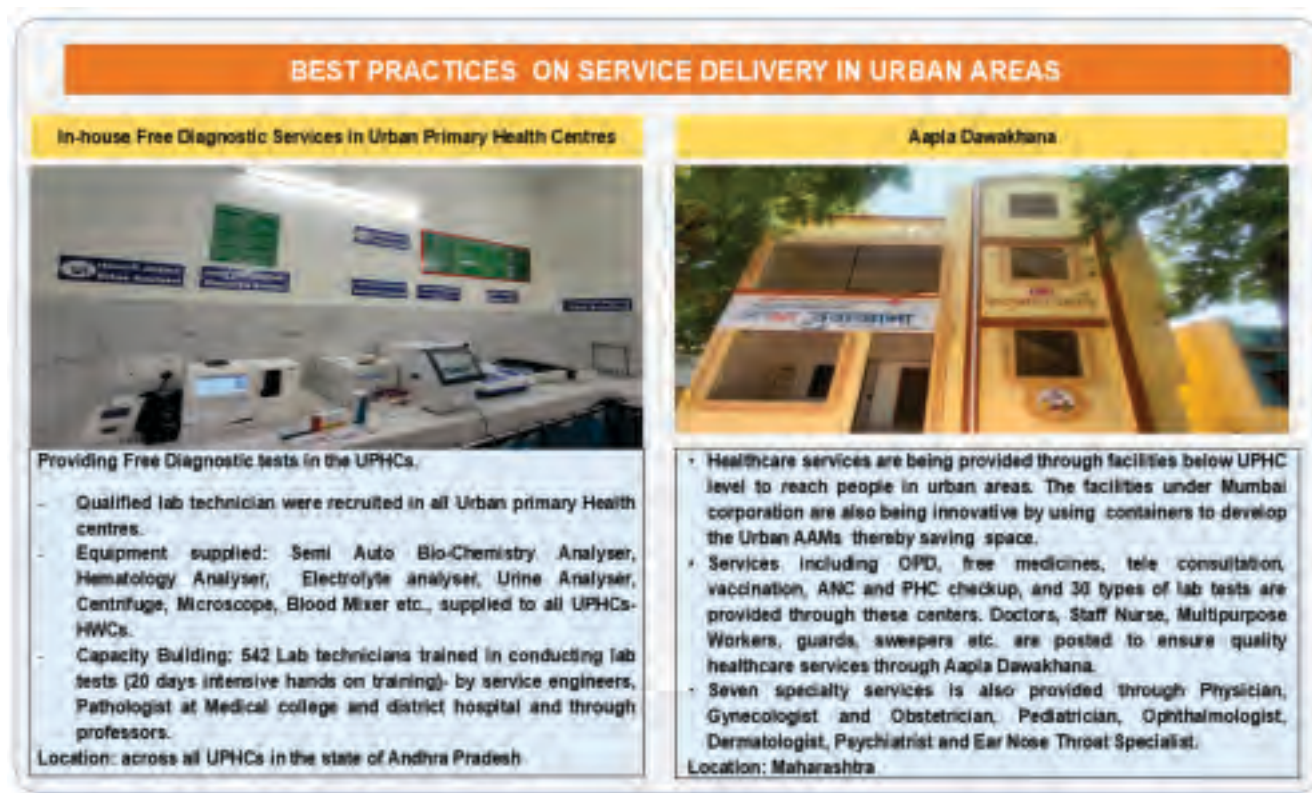


Human Resource for Health

Under NUHM, financial support is provided to strengthen the health system through engagement of Doctors, Specialists, Nurses and other health workers on contractual basis through appraisal of requirements proposed by the States/UTs in their annual PIPs. In the FY 2024-25, nearly fourty eight thousand health workforce are in place under NUHM.



Best Practices under NUHM



Quality Assurance

NUHM further strives to improve the quality-of-service delivery in Urban Facilities through implementation of National Quality Assurance Standards (NQAS) and Kayakalp. As on 30.09.2024, 638 UPHCs have been quality certified at the National level and 92 UPHCs at the State level. In FY 2023-24, 2096 UPHCs and 55 UCHCs have qualified for incentives based on external assessment under Kayakalp.

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 Rs 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 after removal of Flexi-Pools.

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).

Table 1: Achievements of Health & Family Welfare Programme

Sl. No.	Parameter	1951	2001	2005	2010	2015	2017	2018	2019	2020
1	Crude Birth Rate (Per1000Population)	40.8	25.4	23.8	22.1	20.8	20.2	20.0	19.7	19.5
2	Crude Death Rate (Per1000Population)	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
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)	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.

Home page of the SDG Health Dash Board



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 on data.gov.in is placed at Table.4.

Home page for Sector: Health and Family Welfare metrics of data.gov.in under OGD platform of NDSAP



1.2.5 Health Management Information System (HMIS)

The Health Management Information System (HMIS) boasts extensive coverage that continues to expand daily. This reach is further extending to include railway hospitals, defense hospitals, ESI hospitals, AYUSH Hospitals & Dispensaries, and

CGHS Hospitals & Dispensaries. HMIS is also in the process of onboarding other hospitals managed by PSUs. This vast and ever-growing network underscores HMIS's commitment to provide a comprehensive health data from both public and private health facilities across the nation on a single platform which will be useful for policy formulation and making appropriate policy interventions in the schemes/programmes for the benefit of the people of the country.

HMIS is a facility-level aggregated data collection system. The health facilities registered on HMIS enters data of various data-items related to healthcare services provided by that health facility for a specific month. These facilities also enter data in respect of data-items pertaining to availability of various infrastructure and human resources on a monthly basis. Data for Service Delivery and Infrastructure and HR are to be entered every month by 5th of the following month. At present, a total of 2.62 lakh health facilities are registered on HMIS, out of which 2.24 lakh are public and 0.38 lakhs are private health facilities. Each public and private health facility, based on the type of services it provides, one of the following formats are assigned to it on HMIS for entering monthly service delivery and infrastructure data: (i) AAM-SC/SC, (ii) AAM-PHC/PHC, (iii) CHC, (iv) SDH, (v) DH and (vi) Medical College.

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From April 2023, the service delivery data entry format for each facility is divided into the following category:

- Data items related to health services which are being provided at the facility itself;
- Data items related to health services, which are 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 Based- each of the facilities are mapped with State, District, Sub-district, Block (in case of Rural), Urban Local Body (in case of Urban), Parliamentary Constituency, Assembly Constituency; the mapping is being done based on the location of the facility. In addition, the facilities are being mapped with the village/ward in which they are located.
- Each facility is also being mapped with respective health block, sub-division of the State. This feature is made available to only those States/UTs which mainly follows health blocks/sub-division to monitor their health care service delivery.
- A GIS Module is available on HMIS to showcase the performance on a map.
- A Dashboard is available in which State/District level performance can be viewed to monitor the performance of key indicators.
- Various Standard as well as Live reports and reports on key performance indicators are available;
- 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

- Preparation of PIPs of States/ Programmes for effective implementation
- Health Dynamics of India publication previously known as Rural Health Statistics (RHS)
- 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 aspirational blocks
- Monitoring of poor performing districts (Mission UTAKARSH)
- State Health Index and DH ranking by NITI Aayog,

- PM Dashboard (Prayas) & NPHO (National Public Health Observatory, MoHFW)
- data.gov.in
- Monitoring visits such as CRM and supportive supervision visits also use HMIS data.
- Beti Bacho Beti Padhao Scheme of Ministry of Women and Child Development
- DISHA portal of Ministry of Rural Development and Dashboard of Ministry of Tribal Affairs

1.2.5.3 Training/Capacity Building

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

A National Workshop on HMIS & RCH 2023-24 was organized on 22-23rd February 2024 at Vigyan Bhawan, New Delhi. Participants included representative from States/UTs, Programme Divisions of Health Ministry and Development Partners.

Participants were shown the various new features and data quality reported during 2023-24 in HMIS. Data definitions of the HMIS data elements were also discussed along with the validation rule. Android based mobile application has been developed for physical verification of the HMIS data during field visits. Regular virtual meetings were also held with all States/UTs to orient them about new features in HMIS. A dashboard has been developed to monitor the 100 lowest performing Aspirational Blocks on monthly basis on health aspects. This dashboard would aid the Chief Nodal Officers and Senior Officials of MoHFW to keep a track and monitor the key performance indicators for their respective blocks.

1.2.5.4 Supportive Supervision/ Physical verification of HMIS Data

Regular visits to various health facilities across the country were conducted by National HMIS Team. During the field visits, records were verified and cross checked with reported data in HMIS. HMIS team actively participated in Common Review Mission (CRM) during 18-11-2024 to 23-11-2024 in Karnataka and Uttar Pradesh.

1.2.6 REPRODUCTIVE AND CHILD HEALTH (RCH) PORTAL & ANM ONLINE (ANMOL)

Reproductive and Child Health (RCH) portal: -

To facilitate timely delivery of healthcare services to all pregnant women, lactating mothers and children, a web-based name-based tracking system called Mother & Child Tracking System (MCTS) was introduced in December 2009 to provide ready reference about the services provided (like ANC, PNC, distribution of IFA tablets, TD1/TD2/TDB Immunization and PNC) 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 on December 2015, with an addition of a module 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 by addition of certain data elements in the existing modules.

The portal is capturing data of beneficiaries, which is integrated with multiple applications like Ayushman Bharat Digital Mission (ABDM), eJanma (Karnataka), Kutumba (PDS system of Karnataka), UMANG, ANM On-Line (ANMOL), Mother and Child Tracking Facilitation Center (MCTFC), Kilkari and Mobile Academy (KMA). Data from RCH Portal (RCH ID tagged as eligible beneficiary for JSY payment) 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 while integrated with State specific applications of Rajasthan & Gujarat. A total of 26.34 Crore pregnant women and 23.13 Crore children have been registered in RCH portal till 31st December 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. Workplan and due list generated from the RCH portal is also helping health workers for providing the immunization services. This initiative

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

ANM On-Line (ANMOL):-

ANM on line (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, Workplan, 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 facilities 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 1.82 lakh ANMs are registered and using ANMOL application 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), Janani Suraksha Yojana (JSY), Rashtriya Bal Swasthya Karyakram (RBSK) and contraceptive distribution by ASHAs etc. 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.

As on 31st Dec 2024 since inception, more than 1.92 crore calls were made to beneficiaries through MCTFC for promotion and facilitation in availing maternal and child health services and government schemes. More than 16.05 lakh calls were made to ANMs and ASHAs for resolution of their queries, and more than 98.74 lakh voice messages on Maternal and Child Care have been delivered to the beneficiaries.

MCTFC in making calls in 22 States/UTs, 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

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://www.nfhsiips.in/nfhsnew/nfhsuser/index.php>. 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 covered 6.36 lakh sample households from all the 707 districts and interviewed 724,115 women and 101,839 men to collect crucial information on

population, health, family planning, nutrition and other associated domains. The scope of NFHS-5 has been modified in respect of target population ranges and age reference to align them as per SDGs requirement. Thus, expanded age range of 15+ years is being considered for non-communicable diseases (e.g. Diabetes, Hypertension etc.) and also for their risk factors. It was also 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 Total Fertility Rate (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. 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 of 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 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 were also 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 sampling frame and design, the survey questionnaires, 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 approx. 6.77 lakh sample households. Currently, the main survey fieldwork has been completed in 30 States/UTs and is in progress in 6 States/UTs. Continuous field monitoring by IIPS' field Junior Research Officers (JROs) and the Field Agency (FA) core team and feedback sharing to the teams on a daily basis is undertaken based on the physical spot checks, Field Check Tables (FCTs) and Query reports. Online meetings with the FA core teams and IIPS' JROs are conducted on a regular basis to provide FCT based feedback with regard to the data quality and team-wise performance. Around 98% of NFHS-6 fieldwork is completed as on November 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) across various Universities and Research Institutions to conduct vital demographic research. These centres focus on providing research-based insights to

inform health and family welfare programs and policies at both the National and State levels. Currently, the 18 PRCs are spread across 16 major Indian States, with 12 located in Universities and 6 in reputed Research Institutions.

The PRCs operate under a Central Sector Scheme, with MoHFW providing 100% financial support. This funding covers expenses related to salaries, allowances, research studies, infrastructure development, and other non-recurring costs. Although each PRC operates autonomously, they are governed by the rules and regulations of their Host Institutions. However, they adhere to the broad guidelines set by MoHFW, ensuring that their research aligns with national priorities and contributes to the overall goals of health and family welfare in India.

These centres play a critical role in generating data on population dynamics, health trends, fertility, mortality etc., all of which are essential for shaping effective policies. By supporting both National and State-level research, the PRCs help improve the design and implementation of health programs and ensure that they are responsive to India's diverse demographic needs. Through their work, the PRCs contribute to evidence-based policymaking that can address the evolving challenges in the country's public health and welfare systems.

- The Meeting of the Steering Committee was held on 5th June, 2024 under the chairpersonship of the Secretary, HFW to review the overall technical, financial and administrative functioning of PRCs.
- The Meeting of the PRC Scientific and Advisory Committee (PSAC) 2024-25 was conducted during 14th – 15th May, 2024 at the PRC, Institute for Social and Economic Change (ISEC), Bengaluru to review the research studies proposed by 18 PRCs under the Annual Work Plan 2024-25.
- The PRC Programme Management Unit (PMU) meeting was held at Population Research Centre, Gokhale Institute of Politics and Economics (GIPE), Pune, during August 22nd-23rd, 2024. The purpose of the meeting was to finalize the research tools and methodology of Multi-Centric Studies and Primary Data Studies recommended by the PSAC for FY 2024-25.

Other important activities related to PRCs:

- PRCs organized various events on the

occasion of World Population Day.

- Digital Population Clock was inaugurated at PRC Bhubaneswar and PRC Bangalore on 17th October, 2024 and 8th November, 2024 respectively.
- Inauguration of Census Data Workstations at PRC Bangalore on 8th November, 2024.

In FY 2023-24, the PRCs completed 95 research studies and monitored 355 districts as part of the National Health Mission (NHM) Programme Implementation Plan, now known as Field Monitoring of the NHM Programme. For FY 2024-25, the PRCs are assigned 12 Primary and 57 Secondary data research studies, along with 6 Pan-India/Multi centric studies, and will conduct Field Monitoring of the NHM Programme across 421 districts.



Inauguration of Digital Population Clock at PRC Bhubaneswar, Utkal University, Bhubaneswar (17th October, 2024)



PRC Programme management Unit Meeting at PRC Pune, Gokhale Institute of Economics and Political Science, Pune (22nd-23rd August, 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.

It is a nationally representative survey of older adults aged 45+ in all 28 States and 8 Union Territories. LASI is developed as per the needs of India'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.

The LASI is designed in partnership with the National AIDS Research Institute (NARI), Pune, which is the collaborating Indian institution for dried blood spots (DBS) storage and testing, and 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, health care 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 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 during 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 2024-25. For smooth implementation of the surveywork, 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, and the process of selection of Field Agencies (FAs) are in process.

1.3 MATERNAL & ADOLESCENT HEALTHCARE

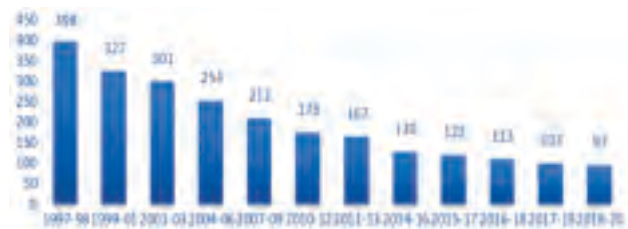
1.3.1 Maternal Health

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 less than 100 per 1,00,000 live births by 2020.

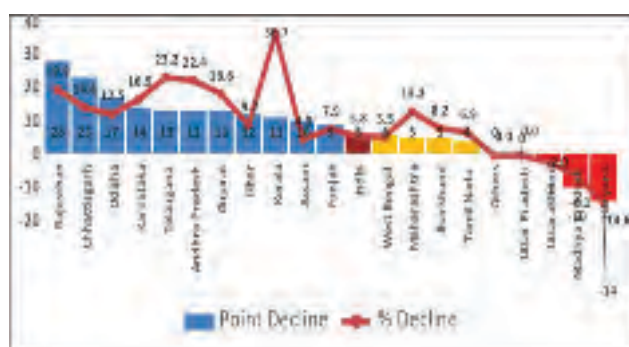
State-wise decline in MMR (Point decline)

- 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 (70/ lakh live births)	8 States	Kerala (19), Maharashtra (33), Telangana (43), Andhra Pradesh (45), Tamil Nadu (54), Jharkhand (56), Gujarat (57), Karnataka (69).
States achieved NHP 2017 Goals (100/ lakh live births)		



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 59% in NFHS-4 (2015-16) to 70% in NFHS-5 (2019-21).
- At the national level, there is an increase from 51% to 59% of women receiving the recommended four or more ANC visits from health providers.
- Institutional births have increased significantly from 79% to 89% 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.

Key strategies for accelerating the pace of decline in MMR

a. Janani Suraksha Yojana (JSY): JSY provides cash incentives (through Direct Benefit Transfer) to pregnant women for institutional deliveries and thereby promotes safe institutional deliveries in order to reduce maternal and neonatal mortality.

b. 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 FY 2023-24, more than 1.51 crore beneficiaries availed the benefits under JSSK. Since April 2024 to December 2024, there are 1.36 crore beneficiaries availed the benefits under JSSK.

c. 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 gynaecology specialists/ physicians to pregnant women in their second or third trimesters on the 9th of every month at Government health facilities.

Since inception (till 31st December 2024), more than 5.72 Crore antenatal check-ups have been conducted at PMSMA sites for comprehensive services under the programme and more than 78.27 lakhs High Risk Pregnancies (HRP) have been identified across all States/ UTs.

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 incentivization for the identified high risk pregnant women and accompanying Accredited Social Health Activists (ASHA) for extra 3 visits over and above the PMSMA visit.



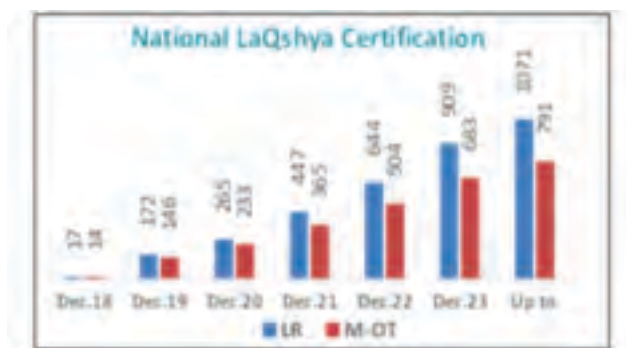
Glimpses of PMSMA; Free Referral & Yoga for Pregnant Women

a. 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 December 2024, more than 47700 facilities have been notified under SUMAN.

b. 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, 8 National Midwifery Training Institutes are functional and providing midwifery trainings in the country.



f. 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. 1110 Labour Rooms and 808 Maternity OT of public health facilities have achieved National LaQshya certification till 31st December 2024.



g. 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 650

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.



h. 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.

i. Skill labs: A Skills Lab is comprise of skill stations where the trainees learn through practicing skills on mannequins, simulation exercises, demonstration videos and presentations. These skill stations are designed with the aim of acquisition and upgradation of the skills of health care providers to enhance their capacity to provide quality RMNCH+A services leading to the improved health outcomes.. More than 127 stand-alone skills labs have been established in various States/ UTs, and more than 6520 health personnel have been trained in at the National Skills Labs.

j. 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.

k. 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.

l. Capacity building entails training MBBS doctors in Anaesthesia (Life Saving Anaesthesia 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 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.

m. 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.

n. 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.

o. 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.

p. 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 26,000 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.

q. 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.

r. 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.

s. Scheme on Optimization of Post-Natal Care : 'To emphasize post-natal care for reduction of maternal mortality' is one of the resolutions in the Chief Secretaries Conference held under the Chairmanship of the Hon'ble Prime Minister in January 2023. Subsequent to the approval of Hon'ble HFM for the scheme on Optimization of Post-Natal Care, a guidance note on Optimizing Postnatal Care along with Financial Provisions was disseminated in June 2023. It aims for reduction of approximately one-third of maternal mortality- which apparently happens after the delivery and discharge from hospital. Based on the guidance note, the States/UTs have also budgeted the PNC activities in the PIP 2024-26. This programme is a nudge for the health system not only for early detection of risk in new mothers but also for healthy outcome.

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 2023-24, the number of JSY beneficiaries reported by State/ UTs were 102.55 lakhs). Expenditure on the scheme has also increased from Rs.38 Crores in FY 2005-06 to Rs.1814.86 Crores in FY 2023-24. In current FY 2024-25 (Up to 2nd Quarter, Provisional) the number of JSY beneficiaries reported by States/ UTs are 36.78 lakhs and expenditure reported is Rs. 607.00 Crores.

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:

A. Adolescent Friendly Health Clinics (AFHC)

Adolescent Friendly Health Clinics (AFHCs) act as the first level of contact of primary health care services with adolescents. The broad objectives of AFHCs are provision of 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.



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

Total 8870 AFHCs have been established across the country with 1.36 crore adolescent clients accessing services at these AFHCs in FY 2023-24. In FY 2024-25 total 1.2 crore adolescents accessed the services of the AFHCs from April to December

2024. (HMIS portal).

B. Peer Education (PE) Programme

Four peer educators (two male and two female peer educators) are selected per village or per 1000 population in all 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. Adolescent Health Day (AHD) is conducted at the village level on quarterly basis to increase awareness among adolescents, parents, families and stakeholders about issues and needs related to adolescent health. Block adolescent health coordinators the focal person to coordinate for AHD. Peer Educator facilitates organization of Adolescent Health Day and refers adolescents to Adolescent Friendly Health Clinics (AFHCs).



During FY 2024-25 (till December 2024), 3.17 Lakh Peer Educators have been selected out of which 2.65 lakhs have been trained. Total 3.1 lakh Adolescent Health and Wellness Days (AH&WD) have been organized.

C. 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, and biannual Albendazole tablets for helminthic control. The programme is being implemented across the country in both rural and urban areas, covering government and government aided schools and Anganwadi centres. Screening of targeted adolescent population for moderate / severe anaemia and referral these cases to an appropriate health facility; and information and counselling for prevention of nutritional anaemia are also included in the programme.

The programme is implemented through convergence with key stakeholder Ministries i.e. Ministry of Women and Child Development and the Ministry of Education, with joint programme planning, capacity building and communication activities. 5.95 crores adolescents had been provided Weekly Iron Folic Acid Supplementation (WIFS) every month in FY 2024-25 till December '24.]



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

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

The major objectives of the scheme are:

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

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

38 Lakh adolescent girls were provided Sanitary Napkins every month in FY 2023-24. While in FY 2024-25 up to Dec 24, 47.40 lakh Adolescent Girls were provided napkins every month.

3.5 Ayushman Bharat School Health & Wellness Programme

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



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

School Health & Wellness Programme (SH&WP) reached to 446 districts in 35 States/ UTs. Around 7.12 lakh Health and wellness Ambassadors (HWAs) trained up to FY 2023-24.

School Health & Wellness Programme (SH&WP) reached to 484 districts in 35 States/ UTs. Around 10.67 lakh Health and wellness Ambassadors (HWAs) trained up to December '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 Sustainable Development Goals (2016-2030) and New National Health Policy, 2017 have laid down the goals for child health (Table-1.4.1).

Child Health Goals under NHP-2017 and SDG - 2030			
Child Health Indicator	Current status*	NHP 2017	SDG 2030
Neonatal Mortality Rate	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(SRS), 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 was 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.

Table-1.4.2: 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

	ENMR	NMR	IMR	U5MR
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. During FY 2021-22, mid-term review of India New-born Action Plan (INAP) has been completed in which 8 Districts in 4 States/ UT were selected for Bottleneck Analysis under INAP Mid-term review process.

Strategic interventions under new-born health are as under:

a) 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 revised training package on Navjat Shishu Suraksha Karyakaram (NSSK) in November 2020 and disseminated to all the States/ UTs in March 2021. States/ UTs have been conducting training based on revised training modules.

b) Home Based New-born Care and Home-Based Care of Young Children (HBNC/ HBYC) 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, 1.47 Crore new-borns and during FY 2024-25 (April-September, 2024), more than 71.15 Lakh new-borns were visited by ASHAs under Home Based New-born Care (HBNC) Program.

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

Therefore, under Home Based Care for Young Child (HBYC) programme, additional five home visits are carried out by ASHAs with the support of Anganwadi Workers from 3rd month of birth onwards to ensure exclusive and continued breast feeding, adequate complementary feeding, age

appropriate immunization and early childhood development.

In FY 2023-24, 748 districts (including all Aspirational districts) rolling out HBYC program in all States/UTs except Goa. Till March 2024, more than 10 lakhs (80%) FLWs (ASHAs/ASHA Facilitators/ANMs) are trained in 748 districts. In F.Y. 2023-24, 669 districts (including 111 ADs) have initiated home visits and 3.8 crore scheduled home visits conducted to children (3-15 months) by ASHAs. In FY 2024-25 (April-September, 2024); 2.26 crore home visits carried-out by ASHAs to young children (03-15 months).

c) Facility Based New-born Care (FBNC) is being scaled up for care of small or sick new-borns. 1056 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. 3,218 New-born Stabilization Units (NBSUs) at the level of FRUs/ CHC level and 22,150 New-born Care Corners (NBCCs) at delivery points have been sanctioned to provide essential and emergency care. During FY 2024-25 (April-December, 2024) more than 10.98 Lakh sick and small new-born received essential and emergency care in SNCUs and NICUs and 84.13% successfully discharged from these units. State/ UT wise details of Facility Based New-born Care is placed at Table-1.4.4. During National Newborn Week in November 2023, a revised training module on Facility-Based Newborn Care (FBNC) was launched by member NITI Aayog and the Secretary of Health and Family Welfare. As of December 2024, five regional training-of-trainers (ToTs) have been conducted, in which participants from all States and union territories (UTs) were trained on revised FBNC training package.

d) 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/ OPD and NRCs) 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 30th December, 2024; 166 Facilities has been Nationally 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.

e) 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 rolled out in the States/ UTs from 12th November, 2024 till 28th February 2025 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.



f) STOP Diarrhoea Campaign 2024:

Ministry of Health and Family Welfare (MoHFW) was implementing a nationwide drive of two weeks' period known as "Intensified Diarrhoea Control Fortnight (IDCF)" since 2014 with the ultimate aim of zero preventable child death due to childhood diarrhoea. In 2024, the Ministry of

Health and Family Welfare (MoHFW) has launched the "STOP Diarrhoea Campaign 2024, extending the focus from a two-week period to a sustained two-month campaign (July 1 to August 31, 2024) to achieve zero preventable childhood diarrhoeal deaths using the PPT (Prevent, Protect, Treat) strategy. The slogan for the year 2024 is "Diarrhoea ki roktham, safai aur ORS se rakhen apna dhyaan" (prevent diarrhoea through ORS, proper hygiene & sanitation).



The STOP Diarrhoea Campaign 2024 is being implemented through a convergent approach involving six key departments: Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MWCD), Ministry of Drinking Water and Sanitation, Ministry of School Education, Ministry of Rural Development and Ministry of Housing & Urban Affairs. This coordinated effort aims to enhance public awareness about crucial prevention methods, including proper handwashing, access to safe drinking water, and improved sanitation practices along with use of Oral Rehydration Solutions (ORS) and Zinc in treating diarrhoea.

The Campaign is designed to impact 13.5 crore (135 million) under 5 children through revised strategy of the campaign involves increase the duration of 2 weeks to 2 months, co-packaging of two packets of Oral Rehydration Solution (ORS) with 14 Zinc tablets, employs a multi-channel approach to raise awareness utilizing audio-visual materials, print media, and local outreach through community events & traditional methods such as wall painting, local folks etc.

Status of Facility Based Newborn Care Units as on Oct.2024.

Name of State/UT	Neonatal Intensive Care Units (NICUs)/ Special Newborn care Units (SNCUs)	Newborn Stabilization 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
Chhattisgarh	29	178	1704
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	7	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	2	3	44
Tamilnadu	88	145	2429
Telangana	45	47	562
Tripura	7	16	125
Uttar Pradesh	99	436	2240
Uttarakhand	12	37	289
West Bengal	69	286	475
Total India	1056	3218	22150

g) Interventions to Address Birth Defects, Diseases, Delays and Deficiencies

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

h) 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. Estimated 32.8 crore children in the age group of 0-18 years are expected to be covered in a phased manner.

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

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

Under this intervention, during FY 2023-24, 21.75 Crore children were screened; 1.79 crore children identified with any of 4Ds; and 1.12 crore children availed services in secondary tertiary facilities. In FY 2024 -25 (Q2), 10.46 crore children were screened; 86.66lakh children identified with any of 4Ds; and referred to secondary/tertiary facilities; 67.22 lakh children availed services in secondary tertiary facilities.

i) 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. 437 DEICs have been functional in FY 2024-25 (Q2).

j) 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 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.

k) 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

- 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 breastfeeding within one hour of birth while, Percentage of exclusive breastfeeding in children under age 6 months increased from 54.9% in NFHS-4(2015-16) 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).
- 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.

Strategic Interventions to tackle Child Health Nutrition:

a) 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 Under-5 Severe Acute Malnourished (SAM) children 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 2024-25 (Q1) the number of functional Nutrition Rehabilitation Centers (NRCs) are 1173 NRCs across 29

States/UTs. In FY 2024-25(till Sept.), total 65578 children are admitted in these NRCs with average Bed Occupancy Rate (BOR) of 53% and cure rate of 70.1%.

b) National Deworming Day (NDD): National Deworming Day (NDD) is observed bi-annually every year in the month of February and August with an aim to reduce the load of intestinal worms and related morbidity in the country. Under this programme, all children and adolescents from 1-19 years of age are given deworming tablet through the platform of schools and Anganwadi centres. In the year 2024-(February round) 28.09 crore children (1-19 years) were covered in first round of National Deworming Day 2024, with a coverage of 91.05 percent against the State target.

c) Anaemia Mukd 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 anemia 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 anemia in endemic pockets, focusing on malaria, haemoglobinopathies and fluorosis. The six institutional mechanisms are inter-ministerial coordination, National Anemia Mukd Bharat Unit, National Centre of Excellence and Advanced Research on Anemia Control, convergence with other ministries, strengthening supply chain and logistics, AnemiaMukd 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 2024-25,(Q2) the coverage for IFA supplementation is as follows (Source-HMIS):

- a. 44.1% of children of age group 6-59 months

were provided 8-10 doses of Iron Folic Acid (IFA) Syrup every month.

- b. 62.8% of children of age group 5-9 years were provided 4-5 IFA Pink tablets every month.
- c. 62.4% of children of age group 10-19 years were provided 4-5 IFA Blue tablets every month.
- d. 95% of pregnant women and 71.2% of lactating women were provided 180 IFA Red tablets during ANC and PNC respectively.

d) 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 campaign.

World Breastfeeding Week was celebrated across the States and UTs from 1 August to 7th August 2024. 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.

e) 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 2024-25 (HMIS data as on 9th December 2024), 16094245 and 14005654 children were provided 1st dose and 9th dose of Vit A supplementation respectively.

f) 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. In 2024-25(till Sept.), more than 1.29 lakhs mothers received Lactation Counselling and more than 29216 infants benefitted with access to Donor Human Milk/Expressed Mother's Milk through a network of 63 CLMCs and 57 LMUs. (Source: LMC Progress Report 2024-25 (Q1).

1.4.4 Universal Immunization Programme (UIP)

- Universal Immunization Program (UIP) in India is one of the largest public health programs in the world. It targets around 2.9 crore pregnant women and 2.6 crore new-born annually. More than 1.3 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 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, Government of India is providing 11 vaccinations, free of cost against twelve vaccine-preventable diseases, of which:
 - a) 11 vaccines are given nationally against the following vaccine preventable disease: - Diphtheria, Pertussis, Tetanus, Polio, Measles, Rubella, severe forms of Childhood Tuberculosis, Rotavirus diarrhoea, Hepatitis B, Meningitis & Pneumonia caused by Hemophilus Influenza Type B and Pneumococcal pneumonia.
 - b) Only Japanese Encephalitis (JE) vaccine is provided sub-nationally in endemic districts.
 - c) 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 in Table 1.
- Child who has received BCG, 3 doses of OPV, 3 doses of Pentavalent and 1 dose of MR by first year of age is called as Fully Immunized Child.
- From 2024 onwards a New Term: "FIC Plus" has been introduced. FIC Plus is defined as, a child who has received all the doses of the following vaccines – BCG, 3 doses of OPV, 3 doses of Penta, 3 doses of IPV, 3 doses of Rota, 3 doses of PCV and 1 dose of MR before the first birthday.
- There are three main systems to measure Full Immunization Coverage (FIC):
 - a) 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 93.5%, for the financial year 2023-24
 - b) 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%.
 - c) Concurrent monitoring: The FIC for FY2023-24 is 87% and from April to October 2024 is 87%.

The trends in Full Immunization Coverage (FIC): - Immunization Division strives to maintain the FIC over 90% on a yearly basis. Over the past few years, country has maintained the FIC above 90% (Source-HMIS).

FY	2019 -20	2020 -21	2021 -22	2022 -2023	2023 -2024	2024 -25*
FIC (%)	92.8	93.5	93.6	94.7	93.5	93.8

* Apr-Oct 2024 as on 02/12/24

- Vaccines are temperature labile and hence has to be kept maintaining cold chain. The country has more than 30,400 cold chain points for ensuring maintenance of vaccines cold chain during storage. Each vaccine vial has a Vaccine Vial Monitor (VVM). This VVM records the cumulative heat exposure of the vaccine vial and therefore ensures that only good vaccine is administered to the beneficiaries.

1. Routine Immunization Coverage and Strengthening

Under Routine Immunization, in order to ensure that all beneficiaries are covered, a detailed Microplan is prepared. This Microplan is updated on yearly basis. Head-count survey is conducted every six months to ensure that all beneficiaries are identified and enrolled for vaccination. Immunization services are provided through facility-based and outreach sessions. Various community interaction activities are undertaken to maintain public confidence in vaccination and address various issues with regards to vaccine hesitancy and vaccine resistant behavior. NFHS-5 survey data has shown that 94.5% of vaccination was taken from the public health facilities throughout the country. This ranges from 97% in rural area to 87.7% in urban area. This is a proof of the high public confidence in the program.

In order to ensure that high level of immunization coverage is maintained across the country, intensification of immunization undertaken in the following way:-

I. Mission Indradhanush

- Mission Indradhanush is a flagship program, launched by the Hon'ble Prime Minister. This program envisioned to improve the full immunization coverage (FIC) to >90%. This was intensified as Intensified Mission Indradhanush (IMI) in 2017.
- IMI is conducted in districts/blocks with low immunization coverage, targeting children in the age group of 0 to 2 years. IMI 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, urban slums, etc.).

- To date, a total of 12 phases of Mission Indradhanush have been completed covering total 3,777 districts across the country. During these phases of Mission Indradhanush, 5.46 crore children and 1.32 crore pregnant women have been vaccinated.
- IMI has resulted in a 14.4% increase in the Full Immunization Coverage (FIC). As a result of IMI FIC of country increased from 62% in NFHS4 (2015-16) to 76.4% in NFHS-5 (2019-21)

Intensified Mission Indradhanush-5.0

- In FY 2023-24, IMI 5.0 campaign was conducted across all the districts in the country. With an aim to improve the immunity gap against Measles and Rubella, for the first time, children in the age group of 2 to 5 years of age were included in IMI 5.0. Children who had missed the dose of Measles and Rubella (MR) vaccine were identified and vaccinated. It was also for the first time that U-WIN digital platform for vaccination was used for recording and reporting purposes.

II. Measles and Rubella Campaign:

- Measles vaccine was introduced, in the Universal Immunization Programme since 1985 while MR was introduced in 2017. Two doses are administered at 9-11 months of age and 16-24 months of age.
- As on 31st March 2022, MR campaign has been completed in 34 States/UTs (except Delhi & West Bengal), wherein 32.43 Crore children have been vaccinated against the target of 33.07 Crore with a coverage of 98.08%.

- As on 31st March 2024, MR campaign was done in Delhi and West Bengal as well, thereby covering all the state/UTs with MR campaign. Across India through MR campaign, 34.77 crores of children have been vaccinated against the target of 35.49 crores with a coverage of 97.98%.

III. Japanese Encephalitis Campaign:

- Japanese Encephalitis (JE) vaccination under UIP was started in the country in 2006. National Center for Vector Borne Diseases Control (NCVBDC) carries out Acute Encephalitis Syndrome (AES) surveillance including JE burden. Based on this surveillance, endemic Districts are identified to plan JE vaccination. Subsequent to completion of the campaign, JE vaccine is introduced in the Universal Immunization Programme (UIP) as two doses, provided at 9-12 months and 16-24 months of age.
- A total of 355 JE endemic districts have been identified, out of which, JE vaccination campaign has been completed across 338 districts. A total of around 17.3 crore children were vaccinated against JE in vaccination campaign carried out in these districts.

2. U-WIN:

- U-WIN is a digital platform for recording all vaccination-related activities and tracking administration of vaccines under UIP. Nationwide launch of U-WIN was done by the Hon'ble Prime Minister on 29th October 2024.

The key features of U-WIN platform are listed below:

Citizen-Centric Services:

Empowered Citizens: Through 'Anytime Access' and 'Anywhere' vaccination services for eligible beneficiaries, it enables the facilitation of vaccination services in any part of the country. It allows for easy access to vaccination by all eligible beneficiaries, especially the migratory citizens and helps in maintaining the continuity of vaccination services as per the prescribed vaccination schedule.

Self-Registration Module: It allows citizens to self-register for vaccination services using the U-WIN web-portal or the U-WIN citizen mobile application available on Google Play store. Citizens can search for and select their preferred vaccination

centre, scheduling an appointment as per their convenience. They can also access and download the digital vaccination certificate through a single click.

SMS services: The portal enables automated alerts such as registration confirmations, acknowledgments of vaccine doses administered, and reminder SMS for upcoming doses (3 days prior to the due date), so that no dose is missed.

Universal e-Vaccination Certificate: The portal generates a QR-based, digitally verifiable vaccination certificate. This certificate informs the beneficiaries for all due dates for upcoming vaccine doses and serves as a permanent digital vaccination record, which may be utilized for travel or school/university admissions.

Unique Health ID: Beneficiaries may choose to create their Ayushman Bharat Health Account (ABHA) ID for themselves and Child ABHA ID based on the Aadhaar number of a parent/guardian for children up to age of 6 years. This allows for a comprehensive health record maintenance of each beneficiary.

Grievance Redressal: A 24x7 Technical Helpline has been established for any information or query regarding U-WIN.

Service Provider Centric features:

Paperless data entry: U-WIN ensures paperless and name-based data entry for vaccination services by the vaccinators and generates automated line-listing of due beneficiaries for timely administration of vaccine doses.

Offline Mode: It also allows for digital recording of vaccination services even in areas with no internet connectivity through its offline mode available in mobile vaccinator application (android). The data syncs with the real-time dashboard once network connectivity is established.

Real-time Dashboard: U-WIN generates a real-time dashboard for efficient monitoring by programme managers.

U-WIN Modules:

U-WIN comprises various modules tailored for different user roles:

- Administrator & Session Planning Module:** Enables program managers to create health facilities and users on the digital platform, mapping them according to the LG Directory.

- ii. **Delivery Point Module:** Records all pregnancy outcomes at public and private health facilities, as well as new-born registrations and birth dose vaccinations.
- iii. **Vaccinator Module:** Empower front line workers to record all vaccination events at session sites.
- iv. **Mobilizer Module:** Supports mobilizing due beneficiaries for vaccination based on the due-list generated by U-WIN.
- v. **Registration & Appointment Scheduling Module:** Facilitates beneficiary registration through online and onsite modes and allows for appointment booking for vaccinations.

Achievement as on 12th December 2024:

As on 12th December 2024, 7.87 crore beneficiaries {1.87 crore pregnant women, 3.66 crore infants (0-1 year) and 2.34 crore children (>1 year)} have been registered, 1.32 crore vaccination sessions have been held and 29.07 crore vaccine doses have been recorded on U-WIN. U-WIN has also recorded 69.80 lakh deliveries

3. New Vaccines

A total of 6 new vaccines have been introduced since 2014 namely - the Measles-Rubella (MR) Vaccine; Pneumococcal Conjugated Vaccine (PCV); Rotavirus Vaccine (RVV); Inactivated Polio Vaccine (IPV); 2nd dose of JE Vaccine and Tetanus Diphtheria (Td) Vaccine. The details of each of these vaccines are as follows:

Name of the Vaccine	Year of Introduction	Current Status -Scaled up to
Inactivated Polio Vaccine	November, 2015	All the States/UTs
Rotavirus Vaccine	March, 2016	All the States/UTs
Measles Rubella containing vaccine	February, 2017	All the States/UTs
Pneumococcal Conjugated Vaccine	May, 2017	All the States/UTs
Adult Japanese Encephalitis	2017	42 high burden Districts out of 44 of 3 States (Assam, UP, West Bengal)
Tetanus and adult diphtheria	February, 2019	All the States/UTs
3rd Dose of IPV	January 2023	All the States/UTs

4. Vaccine Logistics & Cold Chain Management

a) Capacity building

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

b) System strengthening

i. Electronic Vaccine Intelligence Network (eVIN) rollout:

- a. 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.
- b. 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.

- c. eVIN is fully operational in entire India, covering all the Districts across 36 States and UTs.
- d. All Cold Chain Points routinely using the eVIN system.

ii. Effective Vaccine Management

Effective Vaccine Management (EVM) is a globally accepted tool to identify gaps in vaccine supply chain and improve supply chain performance. First EVM assessment was done in 2013. Third National EVM Assessment was held in August 2022 and the National EVM score has increased from 68% in 2018 to 82% in 2022.

iii. 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

c) Supportive Supervision Monitoring:

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

d) Technical Specification Development Group (TSDG):

This group is tasked to develop/update the technical specifications of all cold chain equipment and logistics procured by the Immunization Division, MoHFW.

e) National Technical Advisory Body (NTAB):

Regular meetings are conducted by NCCVMRC to empower the immunization supply chain for efficient supply of potent vaccines from manufacturers to beneficiaries.

5. Adverse Events Following Immunization (AEFI) System

- a. The national AEFI surveillance and operational guidelines was revised in 2024

and disseminated in Jan-Feb 2024. To disseminate it further, 6 regional workshops covering all States/UTs have been completed subsequently.

- b. National Quality Assurance Standards for AEFI Surveillance Programme is currently being expanded to 26 States/UTs in the country. Criteria for conducting internal, peer and external assessments and SOP templates at PHC/session site, District and State levels have been developed. Quality Management System (QMS) training packages for all levels were developed and shared with all states/UTs to help in upscaling to districts. State-level training on QMS has been completed for 26 States.
- c. SAFE-VAC has been integrated with U-WIN and Minor AEFIs are being reported in addition to serious/severe AEFIs. All AEFI cases are now reported using the software UWIN-SAFEVAC (Surveillance and Action for Events following Vaccination)
- d. The database of AEFIs reported following all vaccinations (including COVID-19 vaccinations) is being regularly analyzed by the Signal Review Panel to identify potential safety signals and share the information with drug regulators.
- e. The States/UTs are being ranked based on the performance of key AEFI surveillance process indicators. These are shared with the States/UTs every quarter with specific actionable points for improvement. Regular sharing of the report is being done along with actionable points to improve the sensitivity of AEFI surveillance.
- f. The AEFI surveillance programme of the Immunization Division was assessed by the World Health Organization (WHO) as part of the Indian National Regulatory Authority (NRA) Assessment in September 2024 retaining overall Maturity Level 3 and being declared functional across all core regulatory functions.

6. Demand Generation Activities:

MR Risk Communication IEC materials: IEC materials were prepared for risk communication and to educate the frontline workers and general public regarding the early signs and complication of Measles and Rubella (MR) diseases. They also included messages on the importance of MR

vaccine to prevent the morbidity and mortality due to the two preventable but grievous infectious diseases. The IEC materials included:

- 3 Video messages by the veteran actor and UIP brand ambassador Shri Amitabh Bachchan for use at OPDs/ Health Facilities and Private Clinics.
- Poster on MR disease and its complication for use at health facilities.
- Factoids for MR elimination for use on social media platforms.
- Flyer for orienting school teachers and nodal officers

The following IEC materials were shared with all the States/UTs for adaptation in local language and use:

- IEC materials for **Polio National Immunization Day (NID)** and Sub-National Immunization Day (SNID) rounds were created and shared with states and UTs. These included TVC, Radio Spot, Poster and Banner.
- **Intensified Mission Indradhanush (IMI 5.0):** IEC materials including Logo, Banner, Poster, Sticker, Bulawa Parchi, Photo Stand, Standee, Testimonial videos, and flyers were shared with all States/UTs for local language adaptation and use. The IEC materials provided messages to get children (below 5 years of age) vaccinated for their missed and due doses.
- **India International Trade Fair 2024:** The Universal Immunization Programme (UIP) stall at the Health Pavilion of IITF 2024 was used to raise awareness about the National Immunization Schedule (NIS) for children up to 16 years of age and pregnant women. Further it was utilized to educate visitors about the newly launched U-WIN digital platform for vaccination like benefits of the U-WIN App, including booking vaccination slots, downloading e-vaccination certificates, and receiving SMS alerts for the upcoming vaccination schedules. Visitors were also informed about how to download the U-WIN App using a QR code. Additionally, a pocket calendar featuring the National Immunization Schedule was distributed to the visitors for quick and easy reference.

7. 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.

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 polio virus case has been reported for more than 12 years after last case reported on 13 January, 2011.

In 2024, India successfully carried out one round of National Immunization Day (NID) across all States/UTs and one round of Sub-National Immunization Days (SNID) was held on 8th December 2024, targeting High-Risk Areas (HRA) of 151 identified districts of 12 States/UTs.

8. Vaccine Preventable Diseases (VPDS) Surveillance

Currently, the following surveillance systems are present in India for Vaccine Preventable Disease (VPD) surveillance:

I. Acute Flaccid Paralysis (AFP) Surveillance:

- a) Acute Flaccid Paralysis (AFP) surveillance is the gold standard for detecting cases of Poliomyelitis. This is done to identify all reservoirs of Wild Polio Virus and Vaccine Derived Polio Virus (VDPV) transmission. This includes reporting of all AFP cases, investigating them, collection of stool specimens from such cases, sample shipment and laboratory testing for Polio virus in specialized designated laboratories. More than 51,000 health facilities are in the reporting network of AFP surveillance system who report such cases.
- b) To supplement AFP surveillance, environmental surveillance has been established at 63 sites spread over in 14 States.

Annually, around 1800 sewage samples are collected and sent to polio labs for poliovirus testing.



- c) 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.
- d) Besides these 8 laboratories, there are 2 laboratories at AIIMS, Patna and IPM, Hyderabad which do the concentration of sewage samples collected for environmental surveillance for poliovirus detection.

II. Measles-Rubella (MR) Surveillance:

India is making significant progress towards the goal of measles and rubella elimination by 2026. Key strategies for achieving elimination are described in the National Strategic Plan for Achieving and Sustaining Measles and Rubella Elimination in India, and include:

- a) Achieving and sustaining 95% coverage with two doses of measles and rubella containing vaccine (MRCV)
- b) Establishing a sensitive and timely measles and rubella (MR) surveillance system
- c) Maintaining an accredited MR laboratory network
- d) Ensuring adequate outbreak preparedness and responding rapidly to measles and rubella outbreaks

- e) Strengthening support and linkages to achieve the above strategies

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

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

There are >51,000 reporting sites across the country in the reporting network, which includes private sector, non-formal sector, and temples in addition to government health facilities. The Measles Rubella Lab Network (MRLN) is comprised of 28 WHO accredited laboratories. Annual accreditation of labs in the network is done by WHO to ensure quality results.

The coverage of 1st and 2nd dose of MR vaccine is 93.2% and 85.5%, respectively at the National level (HMIS April to October 2024 as on 21st November 2024). Robust MR surveillance across the country is being carried out with an all-time high NMNR (Non-Measles Non-Rubella discard rate) of 6.28/1 lakh population.

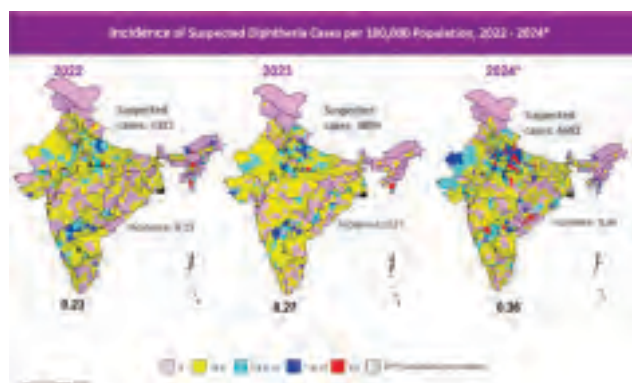
Congenital Rubella Syndrome (CRS) surveillance is being conducted by ICMR.

III. Laboratory supported surveillance for Diphtheria, Pertussis and Neonatal Tetanus (DPT)

- a) DPT surveillance started from three States (Haryana, Kerala and Bihar) in 2015 and has

been rolled out in all States/UTs. Collaboration with surveillance systems like Integrated Disease Surveillance Programme (IDSP) and Central Bureau of Health Intelligence (CBHI) is being established. Strengthening of DPT surveillance continues across the country to further decrease the missed transmission.

- b) The surveillance is providing epidemiological details of the suspected case in terms of time, place, and person. It is helping to identify areas with suboptimal immunization coverage to plan interventions like strengthening of routine immunization, Mission Indradhanush and school vaccination.
- c) Evidence generated through this surveillance helped country to roll out Td vaccine in UIP schedule in place of TT vaccine.
- d) National reference laboratory (CMC Vellore) has been established for standardization of laboratory procedures and quality assurance, identification and strengthening of laboratories across nation for diagnosis of Diphtheria and Pertussis. In addition, 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.



- e) A linkage between VPD surveillance done by immunization division through WHO-NPSN and IDSP surveillance system is being undertaken for the following:-
 - i. Information of cases is shared on weekly basis,
 - ii. Lab reports are also shared,
 - iii. Joint VPD outbreak investigations by WHO and IDSP,

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

9. Major Meetings and Capacity Building

1. Sixth meeting of the India Expert Advisory group on Measles and Rubella (IEG-MR0 has been held on 30-31 January 2024.
2. Zero Dose Implementation plan has been released on 2 February 2024
3. 10th and 11th National Verification Committee meeting for Measles Rubella elimination on 10th March 2024 and 9th September 2024 respectively.
4. National Workshop on Improved and Inclusive Routine Immunization Microplanning and Routine Immunization manual for Medical Officers on 19–22 September 2024.
5. National Workshop on Routine Immunization Manual for Healthcare Workers on Date: 11–12 November 2024.
6. Polio Surveillance manual released on 11 November 2024.

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

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 pillars 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).

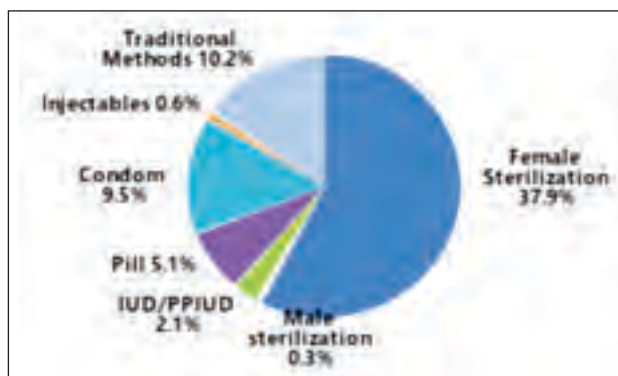
Key reproductive health indicators:

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:

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

b) *Oral contraceptive pills (Combined oral*

- contraceptive pill (Mala N), Centchroman (Chhaya)*
- c) *Condoms (Nirodh)*
- d) *Intrauterine Contraceptive Devices (IUCD 380A – effective for 10 years, IUCD 375-effective for 5 years)*
- e) *Contraceptive Injectable MPA (Antara Program)*
- B) Permanent Methods: These methods are irreversible in nature**
- i. Female Sterilization

- i. Minilap
- ii. Laparoscopic
- ii. Male Sterilization
- iii. Conventional
- iv. Non scalpel vasectomy (no incision no stitches)
- C) Emergency Contraceptive Pills- Ezy Pills**
- D) Other Commodities - Pregnancy testing kits- Nishchay Kits**

Table 1: Performance under the National Family Planning Programme:

FP Method	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25* (Up to November)
Sterilization (lakh)	34.57	26.98	29.96	33.31	31.35	14.91
Total IUCD (lakh)	58.38	54.72	60.44	66.39	67.93	50.50
PPIUCD (lakh)	25.45	27.43	30.96	34.68	37.89	28.16
PPIUCD Acceptance (%)	16.5	21.0	24.0	25.8	28.34	30.03
Injectable MPA(lakh)	19.53	18.81	23.47	36.14	44.25	38.53
Centchroman (lakh)	34.50	57.11	76.79	108.50	127.34	118.03

***Data as on 29.10.2024**

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 2023-24, A total no. of 44.25 lakh doses of Injectable MPA (IM) and 1.27 Crore Centchroman (Chhaya) were reported all over the country. In FY 2024-25 (Up to November 2024), A total no. of 38.53 lakh doses of Injectable MPA (I.M.) and 118.03 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 Sub-dermal Contraceptive Implant (single rod) selected initial introduction in 21 Districts of 09 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 Pahal Kits were distributed and 4.70 lakh Saas Bahu Sammelans have been conducted. In FY 2024-25 (Up to September 2024), more than 5.03 lakh Nayi Pahal Kit were distributed and

1,65,523 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

More than 31.35 lakh sterilizations have been reported in FY 2023-24. In FY 2024-25 (Up to November 2024), A total no. of 14.65 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.

- a. More than 2.4 crore insertions have been done in the country since inception.

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.

- b. A total no. of 96,113 PAIUCD insertions were reported across the country in FY 2023-24. In FY 2024-25 (Up to November 2024), A total no. of 63,556 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 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 sterilisation. 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-

- a. **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.
- b. **Home Delivery of Contraceptives-** The scheme ensures doorstep delivery of contraceptives to eligible couples through ASHA.
- c. **Pregnancy Testing Kit-** The PTKs are a part of ASHA drug kit and are distributed free of cost to the clients in field by ASHA.

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 Campaign -

- a. The World Population Day Campaign was organized across all the States/UTs, districts and blocks from 1st June to 24th July 2024. This year, the theme for the campaign was "Healthy timing & spacing of pregnancies for the wellbeing of mother and child."
- b. A total of 1.78 lakh sterilization, 6.23 lakh total IUCD insertions, 2.55 lakh PPIUCD insertion and 6.28 lakh doses of injectable MPA were reported during World Population Day Campaign 2024.
- c. Launch of Sugam Model and IEC on the World Population Day- A new IEC Materials (Sugam model, Radio Jingles, Radio spots

and Posters) was released by Hon'ble HFM in the gracious presence of MoS (HFW).

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

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

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 JansankhyaSthirata 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.

National Family Planning Helpline (180-011-655) 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.

a. In FY 2023-24, the helpline handled a total of 8,23,725 calls, including both inbound and outbound.. In FY 2024-25 (Up to November 2024), the helpline handled a total of 5,86,809 calls, including both inbound and outbound.

1.5.4 Procurement and Supply of Contraceptives

Contraceptives in the National Family Welfare Programme

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

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 Lifecare Ltd. (a PSU under the Ministry of Health & FW) for procurement of contraceptives being manufactured by them as per captive status awarded to them. For the remaining quantities 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 empanelled 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 2024-25 considering the available stock at GMSDs, CMSS warehouses and pending deliveries by the Suppliers with a total value of Rs. 2,52,16,68,000/- approximately.

Item	Total Procurement Quantity for FY 2024-25	Allocated Quantity for Procurement for FY 2024-25	
		HLL	CMSS
Condom (Million pcs)	435.00	326.25	108.75
OCP (lakh cycles)	665.00	365.75	299.25
ECP (lakh tabs)	139.00	76.45	62.55
Cu-T 380A (lakh pcs)	59.00	32.45	26.55
IUD 375 (lakh pcs)	53.00	29.15	23.85
Tubal Ring (lakh pairs)	18.00	9.90	8.10
Chhaya (lakh strips)	240.00	132.00	108.00
Antara (lakh doses)	55.00	0	55.00
PTK (lakh kits)	341.00	187.55	153.45

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, Bliss, Ahsaas and Zaroor) are sold in the market. Similarly for Oral Pills, one Government brand (Mala-D) and different SMOs brands of Pills (i.e. Apsara and Smart Cycle) are sold.

The following quantities of contraceptives are proposed for procurement for the FY 2024-25 with a total value of Rs. 1,13,36,19,000/- 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)	522.50	391.88	130.63
OCP (lakh cycles)	50.00	27.50	22.50

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.

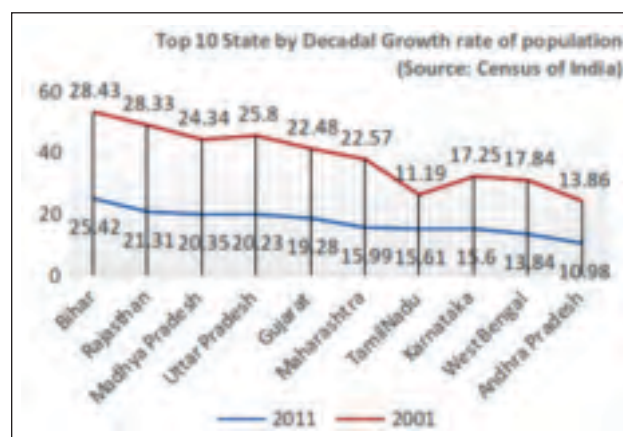
A statement showing the quantities of contraceptives procured from private manufacturers during the FY 2022-23 by CMSS is given below

Commodities	Free Supply of Contraceptives Scheme	Social Marketing of Contraceptive Scheme
Condom (M.pcs)	76.50	284.63
OCP (lakh cycles)	180.00	126.56
ECP (lakh tabs)	40.50	NA
Cu-T-380A (lakh pcs)	18.00	
IUD-375 (lakh pcs)	13.22	
Tubal Ring (lakh pairs)	7.64	
Chhaya (lakh strips)	51.54	
Antara (lakh doses)	0	
PTK (lakh kits)	81.72	

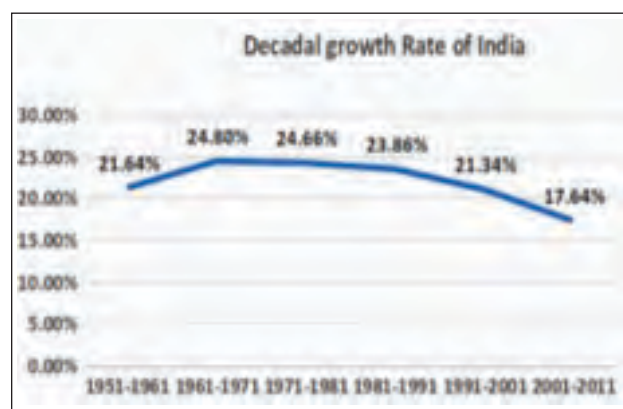
1.5.5 Population Stabilization

Background:

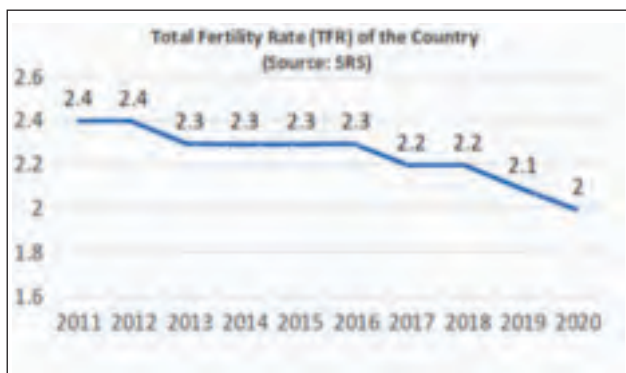
As per UN estimates, World population grew at annual rate of 1.23 per cent during 2000-2010 with developing countries like India registering a higher growth rate. India, is one of the most populous countries in the world which has approx 17.5 percent of world's population with meagre 2.4% of earth's 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.



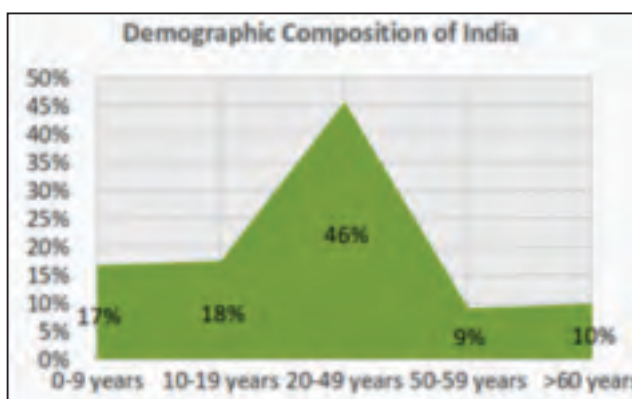
As per the Technical Group of Population Projections (July 2020), population of the country is expected to increase from 121.1 crores to 152.2 crores during the period 2011-2036 - an increase of 25.7 percent in twenty- five years at the rate of 1.0 percent annually. Country has considerable State wise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



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%.

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.

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.

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 Sociocultural & 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 northeastern 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's through its multifaceted programs and policies, is firmly advancing toward the goal of achieving population stabilization within a reasonable time-frame.

1.6 HEALTH POLICY AND HEALTH INSURANCE

1.6.1 AYUSHMAN BHARAT PRADHAN MANTRI - JAN AROGYA YOJANA

VISION

"Achieving SDG 3.8: Ensuring financial protection against catastrophic health expenditure and access to affordable and quality healthcare for all"

MISSION

"Creating the world's best health assurance programme on an efficient and technologically robust eco-system"

OBJECTIVE

"To improve coverage of the Scheme, improve access to quality healthcare and strengthen the overall healthcare ecosystem"

1. Introduction

Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana (AB PM-JAY) is the world's largest health assurance scheme that intends to minimize the out-of-pocket expenditure arising due to catastrophic expenditure on healthcare. AB PM-JAY was launched on 23rd September, 2018 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). The scheme provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to bottom 40% of the India's poor and vulnerable population.

Initially, 10.74 crore eligible households were identified under the scheme from SECC 2011 based on certain deprivation and occupational criteria in rural and urban areas respectively. Further, in January 2022, the Cabinet to the Government of India revised the beneficiary based to 12 crore families, considering the decadal population growth rate of 11.7% and gave the flexibility to States/UTs to use other State scheme databases. In March 2024, 37 lakh families of Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) were also included in the scheme. Further, on 29th October 2024, the Government has expanded AB PM-JAY to provide free treatment benefits of up to ₹5 lakh per year to all senior citizens aged 70 years and above along with their families, irrespective of their socio-economic status.

2. Salient Features of AB PM-JAY

- Health Cover of Rs.5 Lakh per family per year for secondary and tertiary care
- 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 1961 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 any Empaneled Healthcare Providers across the Country
- 33 States/UTs are currently implementing Ayushman Bharat PM-JAY except for Delhi and West Bengal. However, the onboarding of the State of Odisha under AB PM-JAY has been initiated.

3. 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 71st Independence Day. National Health Authority is the successor of the National Health Agency, which was functioning as a registered society since 23rd May, 2018. Pursuant to Cabinet decision for functional autonomy, National Health Agency was reconstituted as the National Health Authority on 2nd January 2019, under Gazette Notification Registered No. DL-(N) 04/0007/2003-18.

4. Institutional Structure of AB PM-JAY

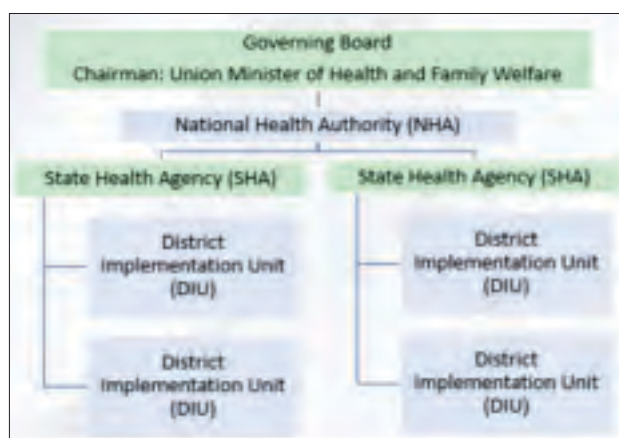
National Health Authority

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 functioning of 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 supervision and control of SHA to support scheme implementation. The DIU is envisaged as an attached office under Chief Medical Officer of the respective district and is chaired by the officer of the rank of Deputy Commissioner / District Magistrate / District Collector. The operational set-up of DIU consists of the following resources:

- » District Program Coordinator (DPC)
- » District Operations Manager (DOM)
- » District information System Manager (DISM)

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

5. Implementation Modes in States/UTs

States/UTs are using different models for implementing their own health 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

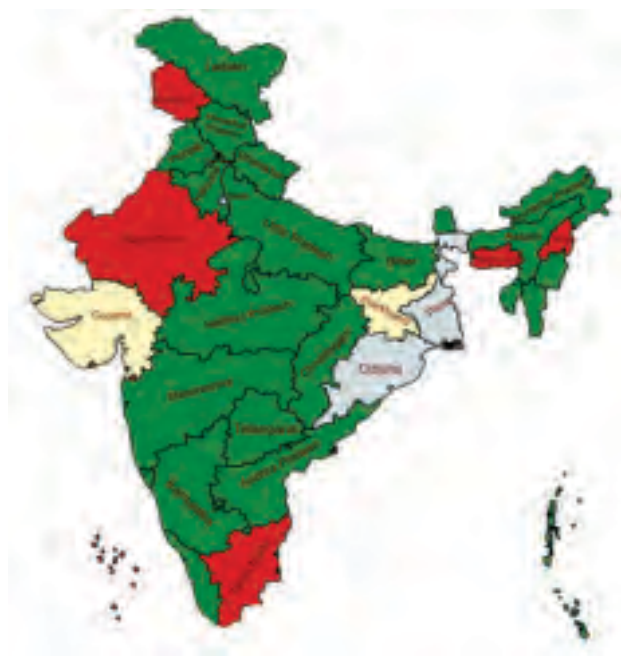
States/UTs are at different levels of preparedness and have varying capacity to manage such schemes, AB PM-JAY provides them the flexibility to decide on the mode of implementation of the scheme. The States/UTs can implement the scheme through assurance/trust model, insurance model or mixed model.

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 reimburse 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 State 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 State in varying capacities, with the aim to achieve 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 of the cover is provided through assurance mode.

Currently, 24 states/UTs are implementing the scheme in trust mode, 7 States/UTs in insurance mode and 2 States in Hybrid Mode.



Green Trust	States (24): Claims paid directly by the SHAs
Red	Insurance States (7): Claims paid by insurance company; SHA pays premium to insurance compan
Yellow	Hybrid States (2): Claims up to certain amount of cover is paid by insurance company and claims over and above is paid by the SHAs directly

6. 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%.

7. Progress under Ayushman Bharat PM-JAY

36.36 Crore	8.59 Crore	1.19 Lakh Crore	30,072
Ayushman Cards created	Hospital Admission (count)	Hospital Admission (amount)	Hospitals Empanelled

Data as on 31.12.2024

8. Key components of the scheme

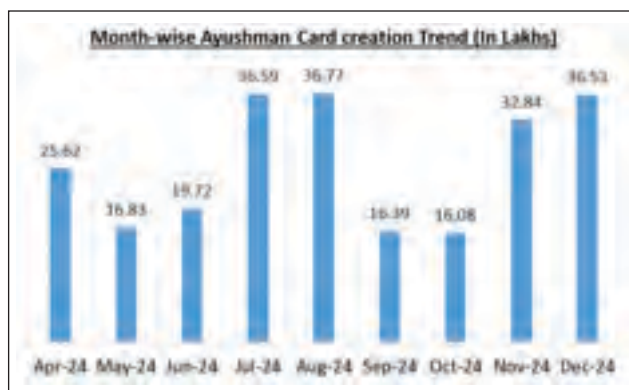
8.1 Ayushman Card Creation

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 launched the 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. Aapke Dwar Ayushman 3.0 campaign was relaunched with self-verification feature enabling beneficiaries to create Ayushman card for himself/herself along with his/her family. Further, various campaigns viz Ayushman Bhava, Viksit Bharat Sankalp Yatra, PM JANMAN have been launched across the country with the mission to saturate Ayushman card creation.

As on 31.12.2024, over 36.36 crore Ayushman Cards have been created out of which 2.37 crore cards have been created between April 2024 - December 2024.

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

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



8.2 Hospital Empanelment & Engagement

Hospitals lie at the core 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. 30,072 hospitals are empanelled (as on 31st December, 2024) across the country for providing free healthcare 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.

Progress during the period 1st January 2024 to 31st December 2024

- 3,284 hospitals were empanelled
- 48% of the total hospitals empanelled are private
- Approximately 150 hospitals with over 100 beds were 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 also been added
- Claim settlement is being monitored at the highest level and to ensure 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

Some of the key initiatives are as below

- Enhanced IT version of Hospital Empanelment Module i.e., HEM 2.0 has been launched.
- Agencies empanelled to support SHA in physical verification of Empanelled hospitals.
- Over 9,050 empanelled hospitals successfully linked with Health Facility Registry (HFR).
- Various webinars and training were conducted to streamline hospital empanelment and participation.

8.3 Health Packages & Quality Assurance

8.3.1 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 1393 treatment packages. The Health Benefit packages have been reviewed and rationalised over time and the latest HBP 2022 was launched in April 2022 with 1,961 procedures across 27 specialities. Under HBP 2022, a total of 365 procedures have been added and rates have been revised upwards in case of 832 procedures. Also, high-end procedures such as bone marrow transplant and cochlear implant surgery have 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.

8.3.2 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 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 ensure closure of non-compliance found during the assessment process of certification 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.
- **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.

8.3.3 Standard Treatment Guidelines (STGs)

A total of 28 sets of 675 Standard Treatment Guidelines (STGs) have been developed 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

During January 2023- December 2024, over 17 regional workshops, sensitization and capacity building sessions were conducted wherein more than 500 participants from the implementing States/Union Territories participated.

8.3.4 Health Financing and Technology Assessment (HeFTA)

National Health Authority (NHA) has established a 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 package, 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.

NHA has introduced an online system to enable submissions by the industry, hospitals, States, pharma companies and other stakeholders, where application 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.

8.4 Beneficiary Empowerment

Beneficiary empowerment is critical to a scheme like AB PM-JAY. 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 information related to their queries and help them to become aware about their entitlements under the Scheme. Beneficiaries can also register complaints through the 14555 helpline. As on 31st December 2024, NHA's call centre has answered more than 1.21 crore inbound calls (1,21,25,887 calls) and also connected more than 1.78 crore outbound calls (1,78,42,993 calls) under various AB PM-JAY out-calling campaigns. During the period from January 2024 till December 2024, NHA's call centre has answered more than 14.25 lakh inbound calls and connected more than 11.47 lakh outbound calls.

Grievance redressal under AB PM-JAY: A multi-tier Grievance redressal mechanism has been developed to ensure that the grievances from all the stakeholders within a prescribed time frame 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. As on 31st December, 2024, On the CGRMS portal, more than 99% of the grievances are resolved through efforts made at NHA has streamlined the process of redressal by developing a web portal and grievance redressal guidelines.

During the period from January 2024 till December 2024, a total of 1,07,080 grievances have been registered on CGRMS portal and 5,249 grievances registered on CPGRAMS, of which 92% and 97% grievances have been resolved respectively.

Quality audit of closed grievances: To enhance the quality of closed grievances, quality parameter such as action taken report, evidence, resolution within TAT and closure intimation to the complainant have been laid down and are being followed.

8.5 Service Provider Engagement

The Insurance ISA TPA Engagement Team (IITE) within the Service Provider Engagement (SPE) division plays a pivotal role in ensuring the efficient operation of the scheme by overseeing preauthorization and claims processes. The team ensures the smooth execution of claims by monitoring key performance indicators and aligning them with the scheme's guidelines. It also conducts compliance assessments and implements corrective actions as needed. Furthermore, the team identifies training requirements and organizes capacity-building programs for various stakeholders, thereby enhancing performance and knowledge across all levels.

- **Monitoring and Evaluating Claims:** Oversees the claims processes and evaluates performance to ensure alignment with the scheme's guidelines.
- **Formulating Guidelines:** Develop guidelines and policies to maintain consistency and efficiency in claims management.
- **Compliance Monitoring:** Ensures compliance with policies by conducting assessments and audits, while also providing corrective actions when necessary.
- **Identification of Training Needs:** Uses data analysis and assessment to identify training needs for various teams, enhancing their skills, knowledge, and performance.

8.6 Information, Education & Communication

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 under the scheme. Through targeted communication strategies, innovative awareness and educational campaigns, and community/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:

1. NHA reached out to Department of Health and Family Welfare, Ministry of Panchayati Raj and Ministry of Rural Development seeking the support of ASHA workers, frontline workers under Panchayati Raj, Self Help Groups under the National Rural Livelihood Mission (NRLM) for beneficiary mobilization and IEC related activities.

2. NHA has introduced the concept of Adhikar Patra and Mangal kamna Patra. These documents would be issued to the scheme beneficiaries when they visit empanelled hospitals for availing treatment.

- Adhikar Patra will be issued to the beneficiaries during hospital admission to inform them about their entitlements
- Mangal kamna Patra will be given to beneficiaries at the time of discharge and will contain a feedback form regarding the service received by the beneficiary.

3. A Patients' Rights and Responsibilities Charter for hospitals empanelled under AB PM-JAY was prepared. This was adopted from National Human Rights Commission and international patient charters. NHA has also issued an official communication to various State Health Agencies to ensure observance of Patients' Rights Charter across all empanelled hospitals.

4. 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 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 etc.

8.7 Monitoring and Research (M&R)

Timely and reliable mechanism for monitoring and evaluation makes it possible to identify trends, strengths, and areas for improvement as the scheme progresses. For this purpose, NHA has developed various analytical dashboards which monitors the status of implementation of AB PM-JAY based on Key Performance Indicators and generates reports for the same. These insights are shared with various stakeholders, ensuring transparency and accountability into the system. 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.

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 healthcare schemes in terms of date of joining the scheme, its mode of implementation, total households covered 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 implementing AB PM-JAY. 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.

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>).

8.8 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. The anti-fraud framework rests on 3 key pillars:

a) Prevention b) Detection c) Deterrence.

NHA has laid down guidelines for prevention of fraudulent activity by various stakeholders and to mitigate risk due to fraud in implementation of the AB PM-JAY and allied scheme of under governance of NHA/SHA and these guidelines have been already circulated to all the States and UTs as well as are made available on the public portal of AB PM-JAY (<https://pmjay.gov.in/resources/documents>). Also, National Anti Fraud Unit (NAFU) is continuously developing and introducing new initiatives to enhance the existing Anti-Fraud Mechanism in State Health Agencies.

8.8.1 New Trigger implementation:

At NAFU, various technologies are deployed to derive Analytical rules using Clinical Insights and data Driven Methods, application of AI/ML, NLP/OCR to detect potential areas of fraud and to highlight the suspected fraudulent claims proactively through the analysis and trigger application. The methodology applied are listed as below as per the classification of the triggers in use as on date :-

8.8.2 Image Analytics and Classification

The Image analytics and classification feature effectively identifies duplicate and similar images, playing a crucial role in detecting tampering, such as copy-move forgery, and identifying the introduction of external elements in images. With four dedicated triggers designed to capture suspicious claims through image de-duplication and classification, the system has demonstrated significant impact in combating fraud under Ayushman Bharat PM-JAY. To date, it has flagged 1.5 lakh claims as suspicious, of which 40,000 have been confirmed as fraudulent, amounting to a total fraud value of ₹69.17 crore. This highlights the system's robust capability in ensuring integrity and reducing fraudulent activities in healthcare claims.

8.8.3 OCR/NLP application to read and extract the data

The OCR/NLP application feature efficiently extracts data from documents and performs word-by-word comparisons to ensure accuracy. By leveraging comparative analysis of clinical data, it evaluates documents against predefined rules to detect anomalies. Utilizing eight advanced triggers

powered by OCR and NLP technologies, the system has flagged 28,000 claims as suspicious under Ayushman Bharat PM-JAY. Of these, 14,000 claims have been confirmed as fraudulent, with a total fraud value of ₹31 crore. This innovative approach underscores the effectiveness of integrating OCR and NLP applications in identifying and curbing fraudulent healthcare claims.

8.8.4 Facial comparison between Images

The system employs facial landmark recognition to compare reference images with sample images, ensuring robust verification processes. This technology has identified 2,790 claims as suspicious under Ayushman Bharat PM-JAY, demonstrating its precision in fraud detection. Of these, 119 claims amounting to ₹18 lakh have been confirmed as fraudulent, highlighting the effectiveness of facial recognition in enhancing the integrity of healthcare claims.

8.8.5 Rule-based Analysis

The rule based analysis feature focuses on analyzing structured transactional data to identify fraudulent activities with precision. A total of 34 triggers, based on rule-based outlier detection through advanced data analytics, have been deployed to flag anomalies. This robust system has identified 4.1 lakh suspicious claims under Ayushman Bharat PM-JAY, of which 1.49 lakh claims have been confirmed as fraudulent, amounting to ₹232.39 crore. This emphasizes the critical role of data-driven insights in uncovering and addressing fraud in healthcare claims.

8.8.6 Deep Learning -AI/ML

The system leverages machine learning (ML) and artificial intelligence (AI) techniques to compare and train models using multiple image documents, enhancing its ability to detect anomalies. This advanced approach has flagged 90,000 claims as suspicious under Ayushman Bharat PM-JAY. Among these, 510 claims have been confirmed as fraudulent, amounting to a total value of ₹40 lakh. The use of AI and ML underscores the system's capacity to improve accuracy and efficiency in identifying fraudulent activities in healthcare claims.

Along with this, NAFU has issued various advisories, conducted regional workshops and capacity building of the State and District level officials.

8.8.7 Impact of Anti-fraud measures

As of now, a total of 62 trigger-based techniques have been deployed, with 11 combining advanced methodologies such as AI/ML, image analytics, and OCR technology. These triggers have enabled the National Anti-Fraud Unit (NAFU) to identify confirmed fraudulent claims worth ₹582.11 crore under Ayushman Bharat PM-JAY. The system demonstrates an average trigger efficacy of approximately 45%, indicating a robust fraud detection mechanism. Beyond PM-JAY, 16 triggers have been implemented in the CAPF scheme since July 2024, with ongoing efforts to develop new inter- and intra-scheme triggers for enhanced fraud detection. To uphold accountability, severe punitive actions have been enforced, including the de-empanelment of 1,080 hospitals, suspension of 689 hospitals, and filing of 20 FIRs against violators. Additionally, penalties totaling ₹125.03 crore have been imposed on erring hospitals for various violations.

8.9 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 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. Under this model, a cadre of master trainers and State/ District level trainers will systematically train the rest of the stakeholders. The master trainer training for various thematic

areas under this initiative have 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.

Learning Management System (LMS): National Health Authority has launched a Learning Management System (LMS) on February 29, 2024, for stakeholders associated with the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) and the Ayushman Bharat Digital Mission (ABDM). This innovative platform is designed to provide flexible, accessible online education, allowing users to engage with a diverse range of courses and training modules at their convenience.

This platform has been developed with the objective to provide our learners with the flexibility and accessibility to engage with the content at their own pace and convenience, from any location.

The launch of this LMS has strengthened NHA's commitment and efforts to provide a learning platform ensuring that all stakeholders, including those at the last point of service delivery have the opportunity to enhance their skills and competencies.

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

8.10 Scheme Policy & Coordination

Scheme Policy and Coordination (SP&C) acts as the central link, bridging the vision of accessible and affordable healthcare for all, as envisioned by PM-JAY and ABDM, with the actionable strategies and policies necessary for effective implementation. By carrying out a range of essential functions, SP&C is crucial in driving progress in India's healthcare system and enhancing the well-being of its people.

The three major tasks for Scheme Policy and Coordination with the States are as follows:

- i. Scheme implementation
- ii. Inter-ministerial and parliamentary correspondence
- iii. Strategy and policy making

To maintain the ongoing efficiency of the PM-JAY program, it is crucial to regularly revise policies and strategies. Some of the noteworthy action undertaken is described below:

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 schemes of various Central Ministries/Departments and State Governments. This ensures comprehensive coverage for catastrophic illness, establishes national standards for health assurance systems and provides national portability of care. As of now, 24 States/UTs have converged the State specific schemes with Ayushman Bharat PM-JAY where 13 States have adopted Universal Health Coverage.

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 BFA in December 2021, and as on date, BFAs are functional in 09 States/UTs. Wider adoption of BFAs has substantially increased utilization of PM-JAY at Government hospitals.

Inclusion of Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs): In line with the interim-budget speech of 2023-24, the healthcare coverage under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana has been extended to ASHA's,

Anganwadi workers and Angandwadi helpers. Subsequently, total 37.18 Lakhs ASHA's/AWW/AWH were included, with the total outlay of Rs 537.9 crore have been approved by Dept. of Expenditure, MoF.

Uniform Hospital Kiosk: Hospital kiosk/Help-desk/Arogya Mitra Sahayta Kendra are being setup in all hospitals empanelled under AB PM-JAY with the intent of providing assistance to AB PM-JAY beneficiaries in verification and issuance of Ayushman Card, availing treatment or any other support required by the beneficiaries. As on date, more than 9,480 Kiosks have been deployed.

Extending the benefits of AB PM-JAY to Senior citizens aged 70 years and above: Cabinet of Government of India have approved the health coverage for all senior citizens aged 70 years and above, irrespective of their socio-economic status under the flagship scheme Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). Under this 4.5 crore families will be benefitted.

Further, on 29th October 2024, the Government has expanded AB PM-JAY to provide free treatment benefits of up to ₹5 lakh per year to all senior citizens aged 70 years and above along with their families, irrespective of their socio-economic status.

8.11 Scheme Convergence

Government of India is implementing various health insurance schemes for different categories of beneficiaries e.g. Central Government Health Scheme (CGHS), Employee State Insurance Scheme (ESIS), AB PM-JAY for poor and vulnerable population etc. Similarly, state governments are implementing their own health insurance schemes covering different category of beneficiaries.

NHA's mandate is to foster linkages by convergence of AB PM-JAY with other health and related schemes as well as onboarding various Central and State specific health insurance and assurance schemes under the Ayushman Bharat umbrella.

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

NHA has onboarded multiple schemes on its platform which include CGHS, Ayushman CAPF, ESIC, BoCW, RAN-HMDG, PM-CARES.

The major achievements under the converged scheme are as follows:

Scheme	Beneficiary Base	Claim Raised	
Central Health Insurance / Assurance schemes			
Ayushman CAPF (Central Armed Police Forces)	~40 Lakh	Count: ~ 10.93 L Amount: ~1617.68 Cr	Count: ~7.42 L Amount: ~989.03 Cr
CGHS (Central Government Health Scheme)	~ 18 Lakh	Count: ~ 1.20 Cr Amount: ~ 10,611.33 Cr	Count: ~ 1.16 Cr Amount: ~8944.04 Cr
RAN (Rashtriya Arogya Nidhi)	~ 8.20 Cr	Count: 18 Amount: ~80.43 L	Count: 5 Amount: ~20.14 L
HMDG (Health Minister's Discretionary Grant)	~ 2.5 Cr	Count: 33 Amount: ~23.72 L	Count: 8 Amount: ~5.21 L

Scheme	Beneficiary Base	Claim Raised	
Central Health Insurance / Assurance schemes			
ESIC (Employee State Insurance Scheme)	~ 33.67 Lakh families	Count: 1422 Amount: ~ 2.74 Cr	Count: 934 Amount: ~1.48 Cr
BoCW (Building and other Construction Workers)	~ 47 Lakh BoCW & their dependents	Count: 4.38 L Amount: 717.45 Cr	Count: 2.82 L Amount: 442.85 Cr
PM Cares for Children	~4,500 Children	Count: 14 Amount: 2.16 L	Count: 2 Amount: 32,790
State Health Insurance / Assurance schemes			
State Government Health Scheme (SGHS) Uttarakhand	4.72 Lakh	Count: 0.95 L Amount: 332.91 Cr	Count: 0.85 L Amount: 268.36 Cr
UP Karamchari	~70 Lakh	Count: 0.52 L Amount: 95.21 Cr	Count: 0.30 L Amount: 38.32 Cr
CMHIS Nagaland	3.5 Lakh	Count: 0.19 L Amount: 77.90 Cr	Count: 0.17 L Amount: 62.43 Cr

*The data presented above covers the period from inception to August 31, 2024.

**Under NAMASTE scheme, beneficiaries have activated their cards by completing self eKYC. However, no beneficiary has yet visited an empanelled HCO to get cashless treatment.

*** For NAMASTE (National Action for Mechanised Sanitation Ecosystem) scheme, as on August 2024, data of 53,036 eligible family ingested in BIS 2.0. Ayushman cards of 4,085 beneficiaries were created, mostly by using Ayushman app.

8.12 Information Technology

To enable service delivery under AB PM-JAY, NHA has developed a comprehensive IT based solution stack that is designed to help States/UTs rapidly implement PM-JAY scheme. The stack includes a layer of core IT systems/platforms that were developed/made available for integration for use by States.

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 are as follows:

- i. **Beneficiary Identification System (BIS 2.0):** NHA has revamped beneficiary Identification system. The new system is called BIS 2.0. It has 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.
- ii. **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.

- iii. **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. As on date, TMS has been launched in 24 States/UTs and will be rolled out across all the implementing States/UTs in a phased manner.
- iv. **User Management Portal (UMP):** 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.

- v. 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.

1. 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 as under.

Details of fund received and utilized under AB PM-JAY

Amount in Crore

Financial Year			Funds Released / Utilized*
	BE	RE	
2018 -19	2,400	2,001	1,965
2019 -20	6,400	3,200	3,129
2020 -21	6,400	3,100	2,636

Financial Year			Funds Released / Utilized*
	BE	RE	
2021 -22	6,400	3,199	3,066
2022 -23	6,412	6,412	6,048
2023 -24	7,200	6,811	6,554
2024 -25	6,878	-	4,365

*Includes both GIA-Admin/Implementation and GIA Head Quarter

1.6.2 Central Government Health Scheme (cghs)

The Central Government Health Scheme (CGHS) is a health scheme of the Government mainly for serving / retired Central Government employees and their dependent family members. The scheme was started in Delhi in the year 1954. Over the time, it has spread to 81 cities. It serves nearly 16,67,777 primary cardholders and 46,86,949 beneficiaries through a network of 342 Allopathic Wellness Centres and 113 AYUSH Units.

I. 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;

CGHS has empanelled 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 required 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;

Beneficiaries aged 70 years and above are entitled for direct consultation from Specialists at empanelled hospitals; and

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 which are not available in the dispensary are procured through Authorized Local Chemist and provided to patients.

II. Subscription rates for CGHS membership

Contribution for CGHS card depends upon the level of pay of the serving/pensioner beneficiary, which is as under:-

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/-

III. Details of CGHS hospitals and Wellness Centres:

The CGHS has 455 CGHS Wellness Centres and Units (342 Allopathic and 113 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; and
- (2) Ayurvedic Hospital, Lodhi Road, New Delhi - a 25-bedded hospital.

IV. 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 to facilitate cashless treatment facilities to Pensioner beneficiaries at these premier institutions.
- Revision of Rates of CGHS Procedures for Consultation Fee, Room Rent and ICU charges, 36 radiological investigations:
- Link for relevant OM (<https://cghs.gov.in/CghsGovIn/faces/ViewPage.xhtml?id=NDY3NA==>)
- Implementation of eHRMS in CGHS and iGot in CGHS:
- Link for relevant OM (<https://cghs.gov.in/CghsGovIn/faces/ViewPage.xhtml?id=NDgzNQ==>)
- Option given to Central Government Employees to avail CGHS benefits either for their parents or parents-in-law:
- Link for relevant OM (<https://cghs.gov.in/CghsGovIn/faces/ViewPage.xhtml?id=NDc5Nw==>)
- Continuation of CGHS facilities when Central Government Employees are posted on foreign assignment:
- Link for relevant OM (<https://cghs.gov.in/CghsGovIn/faces/ViewPage.xhtml?id=NDY3NQ==>)
- Opening of new CGHS Wellness Centre at Sector 29-C, Chandigarh and CGHS Wellness Centre at Sector-16 Panchkula (Haryana).
- Issuance of guidelines for availing treatment under CGHS and CS (MA) Rules, 1944 for Occupational Therapy, Speech Therapy and Applied Behavior Analysis (ABA) based behavioral therapy in individuals with Autism Spectrum Disorder (ASD)/ Non-autistic person/children with ADHD and specific learning disabilities
- Link for relevant OM: (<https://cghs.gov.in/CghsGovIn/faces/ViewPage.xhtml?id=NDQ4Mw==>)
- Increase in the Imprest Money in CGHS Wellness Centres leading to administrative ease of functioning:
- Link for relevant OM (<https://cghs.gov.in/CghsGovIn/faces/ViewPage.xhtml?id=NDY0NA==>)

CGHS Wellness Centers according to different Systems of Medicine State-wise

Sl. No.	State/Union Territory	City	Number of Allopathic Dispensaries	Number of Ayush Dispensaries
1	Arunachal Pradesh	Itanagar	1	1
2	Andhra Pradesh	Visakhapatnam	2	2
		Rajahmundry	1	0
		Vijayawada	1	0
		Guntur	1	0
		Nellore	1	0
3	Assam	Guwahati	5	1
		Dibrugarh	1	0
		Silchar	1	0
4	Bihar	Patna	5	2
		Chhapra	1	0
		Gaya	1	0
		Muzaffarpur	1	0
		Darbhanga	1	0
5	Chhattisgarh	Raipur	2	1
6	Delhi	Delhi	87	31
7	Goa	Goa	1	2
8	Gujarat	Ahmedabad	8	2
		Gandhinagar	1	2
		Vadodara	1	0
9	Haryana	Ambala	1	0
		Panchkula	1	0
		Faridabad	2	2
		Gurgaon	2	2
		Sonipat	1	0
10	Himachal Pradesh	Shimla	1	0
11	Jammu & Kashmir	Jammu	2	0
		Srinagar	1	0
12	Jharkhand	Ranchi	3	1
		Dhanbad	1	0

Sl. No.	State/Union Territory	City	Number of Allopathic Dispensaries	Number of Ayush Dispensaries
13	Karnataka	Bangalore	10	4
		Mysuru	1	0
14	Kerala	Trivandrum	3	2
		Kochi	1	0
		Kozhikode	1	0
		Kannur	1	0
15	Madhya Pradesh	Bhopal	2	2
		Indore	1	1
		Jabalpur	6	2
		Gwalior	1	0
16	Maharashtra	Pune	9	3
		Nagpur	12	3
		Mumbai	25	5
		Chh. Sambhajinagar	1	0
		Chandrapur	1	0
		Nashik	1	0
17	Manipur	Imphal	1	1
18	Meghalaya	Shillong	2	1
19	Mizoram	Aizawl	1	1
20	Nagaland	Kohima	1	0
21	Odisha	Bhubaneswar	3	2
		Cuttack	1	0
		Berhampur	1	0
22	Punjab	Amritsar	1	0
		Jalandhar	1	0
23	Puducherry	Puduchery	1	1
24	Rajasthan	Jaipur	7	2
		Ajmer	1	0
		Kota	1	0
		Jodhpur	1	0
25	Sikkim	Gangtok	1	1

Sl. No.	State/Union Territory	City	Number of Allopathic Dispensaries	Number of Ayush Dispensaries
26	Tamil Nadu	Chennai	14	4
		Trichy	1	0
		Tirunelveli	1	0
		Coimbatore	1	0
27	Telangana	Hyderabad	13	6
28	Tripura	Agartala	1	1
29	Uttarakhand	Dehradun	3	2
30	Uttar Pradesh	Prayagraj	7	2
		Varanasi	2	0
		Kanpur	9	3
		Lucknow	9	3
		Agra	1	0
		Bareilly	1	0
		Gorakhpur	1	0
		Meerut	6	2
		Aligarh	1	0
		Baghpat	1	0
		Moradabad	1	0
		Saharanpur	1	0
		Ghaziabad	4	2
		Noida + Greater Noida	3	0
31	West Bengal	Kolkata	19	4
		Siliguri	1	0
		Jalpaiguri	1	0
32	Chandigarh	Chandigarh	2	2

Per capita expenditure on CGHS

Year	Total expenditure (Rs. in crore)	No. of beneficiaries (Rs. in crore)	Per Capita Expenditure (Rs. in actual)
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	6,085	0.45	13,522
2024 (up to 31.12.2024)	6316	0.47	13438

1.6.3 Health Ministers' 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 part of expenditure on hospitalization / treatment of life-threatening diseases in Government hospitals / institutes. During FY 2024-25 (upto 31.12.2024), financial assistance amounting to Rs.66.29 Lakh has been released for medical treatment of 15 patients.

1.6.4 Rashtriya Arogya 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 2024-25 (upto 31.12.2024) 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)	13.46	60
Health Minister's Cancer Patients Fund (HMC PF)	4.80	8

[^]Note: This includes funds to the tune of Rs. 10 Cr. that have been placed at AIIMS, New Delhi for online implementation of RAN/HMDG schemes through NHA's IT platform.

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 63 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 & HC), 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

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 around 5 million volunteers & over 1900 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.

Highlights for the period 1st Jan to 31st Dec 2024

- **Important Meetings and visits attended by Hon'ble President, Chairman, Vice Chairman and Secretary General, IRCS;**



Hon'ble President of India & President of IRCS visited Telangana State Branch on 15th March 2024.

1. Vice Chairman, Dr. Anant Pandhare together 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 21.03.2024. Hon'ble President was briefed about the activities of Indian Red Cross Society.

2. Indian Red Cross Society, Telangana State Branch, held a voluntary blood donation camp at Chegur RR district, Telangana on 15th March 2024. Hon'ble President of India & President of IRCS, Smt. Droupdi Murmu graced the occasion. Dr. Smt. Tamilisai Soundaram, Hon'ble Governor of Telangana and IRCS State President was also present.



3. Managing Body Meeting of IRCS, NHQ 13th September, 2024

Hon'ble Union Minister of Health and Family Welfare & Chairman of IRCS, Sh. J.P Nadda presided over the meeting of the Managing Body of the Indian Red Cross Society on 13th September at IRCS, NHQ. The Hon'ble Chairman in his address to the Managing Body members said that the members should revitalize inactive branches and incentives should be given to enhance their performance. He also advised the Red Cross branches to adopt specific hospital wards to maintain cleanliness and hygiene. He further added that the welfare, humanitarian and relief work being done by the Red Cross is not getting enough publicity hence there is a need to get adequate coverage in the media and the perception about the Red Cross that it runs from the precincts of Raj Bhawan, or office of District Commissioners needs to be broken. He stated that other activities like medical aid, blood donation and community welfare activities need to reach out to more people in the country apart from disaster management activities.



Hon'ble Chairman of IRCS, Sh. J. P. Nadda chaired Managing Body Meeting of IRCS, NHQ on 13th September 2024.

4. Dr. Anant Pandhare, Vice Chairman, IRCS visited Jalgaon district branch, Maharashtra on 21st July, 2024. Vice President Gani Memon & Chairman Vinod Biyani provided him information on Red Cross services. During the visit, Dr. Anant Pandhare learnt about the advanced technology used at the Red Cross Blood Center. He also expressed satisfaction with the initiatives such as the Red Cross Orthopedic Bank, Oxygen Bank, clinics, etc. While expressing his thoughts at the felicitation ceremony, Dr. Anant Pandhare said, "Being associated with a dedicated service-oriented organization like the Red Cross, you should strive to find personal satisfaction in your work and maintain a mindset of serving every needy person who comes to you with expectation." Chairman Vinod Biyani, Disaster Management Chairman Subhash Sankhla, executive member Mrs. Shantatai Vani, member Shashank Mantri, and all officials and employees were present on this occasion.

5. IRCS decided to join hands in the crusade against blood shortage with ABTYP (Akhil Bhartiya Terapanth Yuvak Parishad). Dr. Anant Pandhare, Vice Chairman, IRCS, was Guest of

Honour in 58th All India Conference of ABTYP at Surat, Gujarat held from 23- 25th August 2024. In his speech in front of 1000 youth leaders from across the country, Dr. Anant Pandhare promised them that IRCS is already committed to work for humanity and services to mankind. IRCS is officially ready to work with ABTYP, shoulder to shoulder, and meet the shortage of blood in India.

- **Activities undertaken during the period;**

a) Disaster Management

During the period heavy rainfall, floods, landslides, earthquakes, cyclones, cold waves, incidents of fire have affected different parts of the country. State branches namely Andhra Pradesh, Assam, Uttar Pradesh, Bihar, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Maharashtra, Manipur, Mizoram, Nagaland, Uttarakhand, Punjab, West Bengal, and Tamil Nadu were provided relief materials from existing stocks at different warehouses.

Non-food items including 20560 woolen blankets, 704 cotton blankets, 3500 mosquito nets, 7500 kitchen sets, 48219 hygiene kits, 4880 plastic buckets, 21600 tarpaulins, 500 family tents, 2447 towel and 600 bed sheets worth Rs. 87829250 approx. were released.

Dana Cyclone.



The Red Cross Odisha volunteers packed relief supply kits to assist the people affected by the Dana cyclone



Red Cross volunteers served food at the temporary shelters created for the Dana affected people



IRCS Odisha State Branch volunteers, including Junior and Youth Red Cross counsellors, supplemented the efforts of the local government in evacuation of the people rescued due to cyclone Dana.

Wayanad Flood

IRCS mobilized relief supplies and volunteers to supplement the rescue & relief being undertaken by the local administration for the survivors of the devastating landslide on 30th July in the Wayanad district of Kerala. In addition to the relief supplies and support by the Kerala State branch the NHQ has released kitchen sets, tents and tarpaulins to meet the urgent need.





Glimpses of IRCS response to Wayanad Flood

Hathras stampede

Hathras stampede was a tragic incident. In response to the disaster, Red Cross volunteers reached Hathras & distributed relief supplies to assist those affected by the tragedy.



Relief distribution amongst Hathras stampede affected people

- One vehicle i.e. BLS Ambulance has been delivered to IRCS Rairangpur Sub-Division Branch, Mayurbhanj District, Odisha on 18 Oct 2024.

b) Blood Program

- Indian Red Cross Society (NHQ), Blood Centre collected 21816 blood units by organizing over 373 Blood Donation Camps in and around Delhi from 1st Jan 2024 to 31st Dec 2024.
- IRCS, NHQ, Blood Centre Achieved 100% voluntary blood collection and prepared 100% Blood Components of blood.

- IRCS, Blood Centre collected a total of 261 units of blood on World Blood Donor Day. One weeklong program (14.06.24 to 20.6.2024) was celebrated and 710 blood units collected on World Blood Donor Day during this period.
- 50963 units of Blood / Blood Components were prepared and a total of 46987 units of blood/ blood components issued to the patients.
- IRCS, NHQ, Blood Centre issued 10365 units of blood to 900 Thalassemic patients in and around Delhi, 2284 units for stock of blood to other Government Hospitals and 103 units of blood to BPL Patient against free processing charges.
- 16075 blood units were issued to the patients who were referred from Government Hospital / Private Hospital and Nursing Homes against processing charges.
- IRCS (NHQ), Blood Centre issued 18160 units of surplus plasma/FFP to Reliance Life Sciences Pvt. Ltd
- Blood Donation Camp was organized in Parliament House on 13th December, 2024 in a function held to mark the 17th Commemoration Day of the supreme sacrifice made by Security Personnel on the altar of duty while thwarting the attack of terrorists on Parliament House on 13-12-2001. Members of Lok Sabha and Raj Sabha attended the function for floral tribute to the martyrs. 155 people paid homage to the departed souls and saluted their martyrdom by donating blood voluntarily including their family members.

c) Health Programs

• TB Project

During the year 2024, 398 patients have been covered in the project districts in the states of Punjab and Haryana with the adherence rate above 61%. The project covered awareness meetings, care and support, patient counselling, IEC activities & discussion sessions at the government health facilities at their TB units & door to door services. Health check-up & TB screening camps were also organized.

• Health Camps

IRCS Odisha state branch in association with the

Grace Cancer Foundation and SLS Trust, held a free mega medical and cancer screening camp in Mayurbhanj district, Odisha.



Glimpses of Statutory meetings of Red Cross Red Crescent Movement held in Geneva from 23rd to 31st October, 2024

d) First Aid Training

The First Aid training program of the Indian Red Cross Society (IRCS) continued to be an area of focus during the period. The program played a crucial role in building the capacity of individuals and communities to respond effectively to emergencies and disasters. First Aid, Home Nursing and allied courses trainings are imparted to the general public and to aerodrome staff, drivers & conductors, armed forces, police, mines & factories staff, NCC, civil defence, home guard, railway employees, teachers and students. 8 days training (minimum 16 hours) is mandatory for professional certificates before taking the First Aid examination. IRCS, NHQ has been making efforts to streamline the trainings in first aid being held throughout the country by the branches. One of the initiatives has been to hold examinations in online mode instead of offline mode for evaluating the competency of the trainees.

In First Aid, the National Headquarters issued 179645 Proficiency Certificates and 1751 Student Certificates.

e) New Initiatives

• Project BHISHM

Project BHISHM is a joint project of the Indian Navy and the DRDO (Defence Research and Development Organisation) to develop a world-class disaster hospital. 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 survivors for a period of 48 hours. It can treat more than 200 patients.

A demo of BHISHM Cube was organised in the Constitution Club, New Delhi on 5th January 2024 to the member of the Managing Body, officers of IRCS, NHQ, IFRC and ICRC. IRCS facilitated display of the BHISHM CUBE in the exhibition space known as the Humanitarian Village alongside the Statutory Meetings in Geneva, Switzerland from 23rd to 31st October 2024.

• The Climate Action Campaign

The Climate Action Campaign was launched by AP Red Cross on 16.10.2024 in collaboration with the International Committee of Red Cross (ICRC) at Vijayawada.

The objective of this campaign was to create an awareness among the students in the colleges on Climate Change and its impact on the community and to prepare them as Climate Change Agents to undertake participatory mitigation activities at the local community level.

The campaign activities to be undertaken during the project period will focus on Air pollution, Water pollution, Single use of plastic, Solid waste disposal and Tree plantation. The principals of 40 Government and Private colleges in and around Vijayawada attended the program.

f) International visits and meetings

• *Statutory Meetings of Red Cross Red Crescent Movement held in Geneva from 23rd to 31st October 2024.*



The General Assembly and Council of Delegates of the Red Cross Red Crescent Movement are held every two years in which the statutory businesses relating to the IFRC, ICRC and National Societies are transacted in the presence of the member National Societies. The International Conference, which is a diplomatic conclave, is held every four years, in which IFRC, ICRC and National Societies are joined by the Governments signatory to the Geneva Conventions.

A four-member delegation from the Indian Red Cross Society (IRCS) attended these statutory meetings of the Red Cross Red Crescent (RCRC) from October 23 to October 31, 2024, in Geneva, Switzerland. The first meeting was the General Assembly hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC); the second was the Council of Delegates hosted by the International Committee of the Red Cross (ICRC); and the third was the 34th International Geneva Conference, co-hosted by both IFRC and ICRC.

The IRCS delegation included Dr. Anant Pandhare, Vice Chairman; Dr. Suresh Kulkarni, Managing Body Member, Dr. Senjam Sunil Singh, Managing Body Member, and Dr. Vanashree Singh, Joint Secretary.

Significant deliberations and resolutions took place during the meetings, with a special focus on climate change, migration, family reunification, cybersecurity, youth volunteer mobilization, resource mobilization, and enhancing humanitarian strategies through research. Nearly 191 national societies and representatives from 196 signatory states participated in the convention.

Indian delegates actively engaged inside events, discussions with other member societies, and interactions with exhibitors. The IRCS was tasked with drafting an agenda item on strengthening disaster risk governance through comprehensive disaster laws, policies, and plans. This culminated in a joint statement by the Indian delegates on behalf of the South Asian National Societies of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. The drafted resolution was successfully passed during the conference.

- *South Asia National Society Leadership Meeting held on 28th - 29th August 2024 at Male, Maldives.*

Leaders of National Societies of South Asian Countries gathered at Maldives to discuss and

brainstorm about various issues related to humanitarian services. Challenges before National Societies, Resource Mobilisation, engaging with youth, 2024 International Conference at Geneva were the issues discussed in this meeting. IRCS role as leader in South Asia was again emphasised and expectations were put forward by various nations. India's potential to come forward and take lead role was very well recognised by IFRC & others. Dr. Anant Pandhare, Vice Chairman's presence, was highly appreciated and his input was very well accepted by entire Red Cross and Red Crescent community. IRCS has taken responsibility to lead quarterly meeting of all nations in the region for coming together and solve humanitarian issues.

- *Asia Pacific Movement Induction Course 2024 held at Sozhou, China, from 26th to 30th of November: A Catalyst for Good Governance and Leadership*

The Asia Pacific Induction Course 2024, organized by the International Federation of Red Cross and Red Crescent Societies (IFRC) in collaboration with the International Committee of the Red Cross and Red Crescent Societies, was a pivotal event hosted by the Chinese Red Cross Society and the International Academy of Red Cross and Red Crescent in Suzhou, China.

Dr. Justice M. Jaichandren, Member National Managing Body & Chairman, Body of Administrators, IRCS, Tamil Nadu State Branch & Dr. A. Sridhar Reddy, Member National Managing Body & Chairman, IRCS, Andhra Pradesh State Branch attended the induction course.

This course aimed to equip participants with essential knowledge and skills in good governance and leadership, crucial for enhancing humanitarian efforts across the region.

The primary objectives of the course were to strengthen the movement through cooperation and collaboration, promote humanitarian diplomacy, and implement the Hanoi Call for Action. This call emphasizes the need for a collective response to humanitarian challenges, encouraging national societies to work together towards common goals. By fostering an environment of collaboration, the course aimed to create a network of leaders who could effectively address pressing issues in their communities.

- *6th Commonwealth Red Cross & Red Crescent Conference on International*

Humanitarian Law held at Pretoria, South Africa from 15th to 19th April 2024.

Shivdular Singh Dhillon, Member National Managing Body, IRCS, & Secretary, IRCS, Punjab State Branch attended 6th Commonwealth Red Cross & Red Crescent Conference on International Humanitarian Law, held at Pretoria, South Africa from 15th to 19th April 2024. The theme of the conference was "Towards a universal culture of compliance: The contribution of the Commonwealth to the implementation and development of International Humanitarian Law". The conference marked 75 years of the Geneva Conventions and was held also as a preparatory meeting for the 34th International Conference of the Red Cross & Red Crescent to be held in Geneva in October 2024. There were a total of 99 participants including the representatives of ICRC and the observers from various International Organisations.

- *Asia Pacific Non- Communicable Disease training, Kathmandu, Nepal held from September 9th to 13th, 2024*

From September 9 to 13, 2024, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Danish Red Cross organized a regional training in Kathmandu, Nepal, focused on "Community Health for Non-Communicable Diseases (NCDs)." Joint Secretary, IRCS, NHQ, Dr. Anoop Kumar Puri participated in this meeting. The event aimed to equip National Societies with tools to prevent, manage, and control NCDs in various settings, including humanitarian contexts. The training introduced participants to the IFRC NCD Community Service Delivery Package, a comprehensive guide designed to improve NCD health services in communities. Attendees also exchanged knowledge and best practices for optimizing NCD programs, sharing insights from their respective countries to strengthen future initiatives. Representatives from 17 countries, including Bangladesh, Myanmar, Pakistan, Laos, and Indonesia, participated in the event. The training highlighted the region's collective efforts to combat NCDs and improve health outcomes for millions of people across Asia and the Pacific.

- *International programme on data protection & cyber security for humanitarian action held from 9th to 13th September, 2024 at Bangkok, Thailand*

Dr. Mukesh Aggarwal, General Secretary, Indian Red Cross Society, Haryana State Branch and Member of National Managing Body represented IRCS in an international programme on Data

Protection & Cyber Security for Humanitarian Action at Bangkok (Thailand) held from 9th to 13th September, 2024. It was organised by International Committee of Red Cross in association with European Centre on Privacy and Cybersecurity (ECPC), Maastricht University, Netherland. In this event officials from over 20 countries participated. During this training programme various important topics were covered on protection of data and cyber security with specific reference to humanitarian organisations. He attended these five days training programme and also interacted with the delegates of various countries.

- *International Federation Certification Working Group Meeting, Doha, Qatar, 5-7 February 2024*

The International Federation Certification Working Group has been established by the International Federation to support the release of the new International Federation Certification. Sh. R.K. Jain, Secretary General, IRCS attended the meeting from 5 to 7 February 2024 in Doha, Qatar as a member of the Working Group. The Working Group discussed and agreed on the key components of the new certification system.



Hon'ble Chairman of IRCS, Sh. J. P. Nadda chaired Managing Body Meeting of IRCS, NHQ on 13th September 2024.

g) Visits by Foreign Delegates to IRCS, NHQ

- Mr. Jagan Chapagain, Chief Executive Officer and Secretary General of the International Federation of Red Cross and Red Crescent Societies (IFRC) along with Mr. Udaya Regmi, Head IFRC, CCD called on the Hon'ble Union Minister of Health & Family Welfare, Govt. of India & Chairman, IRCS, NHQ. During his sojourn in Delhi, he also saw the demo of BHISHM (Bharat Health Initiative for Sahyog Hita & Maitri) Cubes on 10th September 2024.

- Yoann Davison, Operations Coordinator for Asia and the Pacific, visited IRCS, NHQ on 25th April 2024. He had important meetings with

ministries and had productive engagements with the Indian Red Cross NHQ and Red Cross Gujarat state branch.

- Ms. Catherine Marie Martine, Movement Operations and Thematic Coordinator, ICRC, Geneva visited IRCS NHQ on 20th August, 2024. Ms. Catherine has been working in the ICRC for long with experience in dealing with issues relating to implementation of IHL.
- Ms. Catherine also visited Andhra Pradesh State branch along with Mr. John George - Cooperation Officer, ICRC New Delhi and Ms. Rani Vibhushita, Communication Manager, IRCS NHQ from 20th -22nd August 2024.
- Mr. Karma Dendup, Health Officer, Bhutan Red Cross Visited IRCS, NHQ, Blood Centre on 13th May 2024.

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.

1.7 DISEASE CONTROL PROGRAMMES (NHM)

1.7.1 National Center for Vector Borne Diseases

Control (NCVBDC)

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 according to SDG. 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 climatic change, sleeping habits of human, type of vector, density and biting habit of vectors, migration of human population and developmental activities.

Strategies for prevention and control of Vector Borne Diseases (VBDs) under NCVBDC are as follows:

1. **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 mosquito breeding.
2. **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. Annual Mass Drugs Administration (MDA) and Morbidity Management and Disability Prevention (MMDP) for Lymphatic Filariasis.
3. **Supportive Interventions** aim at Behavior Change Communication (BCC), Inter-Sectoral Convergence and Human Resource Development through capacity building.

4. **Vaccination** is available for Japanese Encephalitis.

Malaria (Updated as on November, 2024):

Malaria is a parasitic disease caused by parasite *Plasmodium* having five known species namely, *Plasmodium vivax* (*P. vivax*), *Plasmodium falciparum* (*P. falciparum*), *Plasmodium malariae* (*P. malariae*), *Plasmodium ovale* (*P. ovale*) and *Plasmodium knowlesi* (*P. knowlesi*). It is transmitted by the infective bite of female *Anopheles* mosquito. Two species of the parasite, *P. vivax* and *P. falciparum* are commonly reported from India. *P. falciparum* is the cause for complications and leads to death, if not treated immediately.

Vision:

- To eliminate malaria in India by 2030.

Goal:

- To interrupt local transmission and achieve zero indigenous case through the country by 2027.
- Provide an enabling environment to prevent re-establishment of malaria.

Epidemiological Situation:

- In 2023, total 2,27,564 malaria cases and 83 deaths were reported as compared to 1,76,522 malaria cases and 83 deaths in 2022.
- In 2024 till November (Provisional) a total of 2,38,496 malaria cases and 47 deaths have been reported.



Strategies for elimination of Malaria as per NSP 2023-27:

- Malaria surveillance as a core intervention for malaria elimination.
- Ensuring universal access to malaria diagnosis and treatment by enhancing and optimizing case management -“testing,

treating and tracking”.

- Ensuring universal access to malaria prevention by enhancing and optimizing vector control
- Accelerating efforts towards elimination and attainment of malaria-free status.
- Promoting research and supporting the generation of strategic information for malaria elimination and prevention of re-establishment of malaria transmission.

Achievements:

- Launch of National Strategic Plan for Malaria Elimination 2023-2027 by Hon'ble HFM on 2nd January, 2024.
- 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, Surveillance increased in 28 States/UTs with Annual Blood Examination Rate (ABER) of Country as 11.62.



- 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 in 2023 as compared to 2015.
- Malaria has been made notifiable in 34 States/UTs (except Andaman & Nicobar Islands and Bihar).
- All 36 States/UTs have boarded on IHIP VBD portal since January 2023. 17 States/UTs reporting paperless since 1st July 2024.
- 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 20 L-1 and 17 L-2 WHO certified Laboratory technicians for strengthening microscopic activity and laboratory capacity building.
- **Under GFATM IMEP-2:**
 - » Overall expenditure is 101% for GFATM IMEP-2 (April 2021 – March 2024).
 - » 1.58 Crore LLINs procured and delivered to states (Chhattisgarh, Madhya Pradesh, Tripura).
 - » 89 vehicles supplied to States and RoHFWs.
 - » 35 districts under GFATM project states reported zero indigenous malaria cases in last 3 year from 2021-2023.
 - » 15 Entomological zones have strengthened by providing entomological kits, microscopes & laptops.

Training activities in 2024:

- In 2024, National level refresher trainings (6 batch) and External Competency Assessment (ECA) (2 batch) on malaria microscopy was conducted at NCVBDC for certification of Lab technicians from different Regional office of Health & Family Welfare (ROHFW), States and UTs.
- NCVBDC organized 'Training of Medical Officer for Malaria endemic districts in 4 Batches i.e. 11-13 March, 18-20 March, 26-28 March and 10-12 December, 2024 at NCVBDC, Delhi.

Review Meetings and Advisories issued during 2024:

- 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 18-20th January 2024 at Raipur, Chhattisgarh.
- Regional Review Meeting of 10 Project States along with Bihar & Uttar Pradesh to review the status of the GFATM supported project (IMEP-2) project and to discuss the road map for Malaria Elimination from 14-16 March, 2024 at Agartala, Tripura.
- Regional Review Meeting of 10 Project States to review the status of the GFATM supported project (IMEP-3) project and to discuss the road map for Malaria Elimination from 24-26 July, 2024 at Ziro valley, Lower Subansiri district, Arunachal Pradesh.
- Review Meeting on Cross Border collaboration for Malaria elimination of India Bhutan International Border in Guwahati Assam on 21-22 August, 2024.
- Central Team visit to Baster district, Chhattisgarh to conduct field investigation of malaria cases from 8-11 September, 2024.
- Guidelines for Concurrent and Consecutive Supervision for Indoor Residual Spray (IRS) prepared and shared with high endemic states namely, Chhattisgarh, Jharkhand, Odisha, Tripura, Meghalaya and Mizoram for field level supervision of IRS which is a budgeted activity under GFATM IMEP – 3 on 3rd September 2024.

Global Fund Supported Intensified Malaria Elimination Project-3 (IMEP-3):

Goal: Augmenting the effort of Malaria elimination in the project states & districts by 2027, and providing an enabling environment to prevent re-establishment of malaria (aligned with National Strategic Plan 2023-27)

Objectives:

- Health System Strengthening & focused activities in high endemic areas.
- Strengthening malaria surveillance involving all relevant stakeholders.
- Strengthening of entomological units in the projects states to achieve malaria elimination.

- Strengthening SBCC activities focused on high endemic areas
- Augment the process of sub- National malaria Elimination Certification in phased manner
- Conducting operational interventional research.

Project Period: Duration of IMEP-3 is from April 2024 to March 2027 covering 159 districts in 12 project states i.e. 7 NE states, Jharkhand, Chhattisgarh, Odisha, Madhya Pradesh (for LLIN) and Maharashtra (NGO-SR) with financial support of 65 million USD.

Key activities: to support project states are State review meetings, Mobility support for entomological zones/ state HQ, District HQ and Block MTS for field visits, IHIP training for district and states, sensitization workshop for private practitioners at state and district, concurrent and consecutive monitoring of IRS in Category 2 and 3 states, annual maintenance cost of motor bikes, support of 104 vehicles to project states and LLIN support to Madhya Pradesh and NE States.

Kala-azar (Updated as on 23rd December, 2024)

Visceral Leishmaniasis commonly known as Kala-azar (KA) affects socially marginalized and the poorest communities. The National Kala-azar Elimination Programme is being implemented in 633 endemic blocks in 54 districts of Jharkhand, Bihar, West Bengal, and Uttar Pradesh. The NKEP is a centrally sponsored scheme in which the Indian Government meets all the operational costs of state governments, such as for insecticidal spray, drugs, diagnostics, monitoring and supervision, community mobilization and other activities.

Programme goal, objective, and strategies: The goal of the programme is to improve the health status of vulnerable groups and at-risk population living in the KA endemic areas by the elimination of KA, so that it is no longer remains a public health problem.

The objective of the programme is to reduce the annual Kala-azar case incidence to less than one case per 10000 populations at the block level by the end of 2023.

To achieve this goal, the following strategies have been implemented in the programme:

- 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.

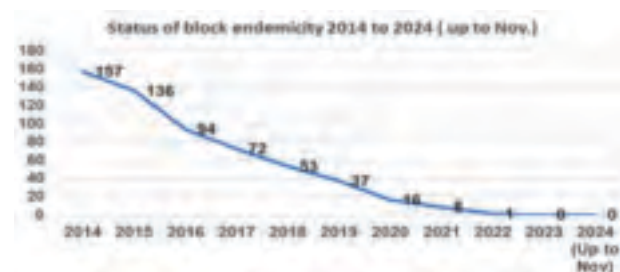
Key Achievements:

Achieving Kala-azar Elimination Target ahead of Schedule

The country achieved the elimination target of one Kala-azar case per 10,000 population across 633 blocks in 54 districts of endemic states in 2023, well ahead of the 2030 global SDG target.

The states West Bengal achieved the elimination target in 2017, Uttar Pradesh in 2019, Bihar in 2022 and Jharkhand in 2023 and sustaining the elimination thresholds which reflects our collective commitment to this overarching achievement.

During 2023 all 633 endemic blocks reported less than 1 case per 10,000 population. Elimination may be announced at an appropriate time by the appropriate authority.



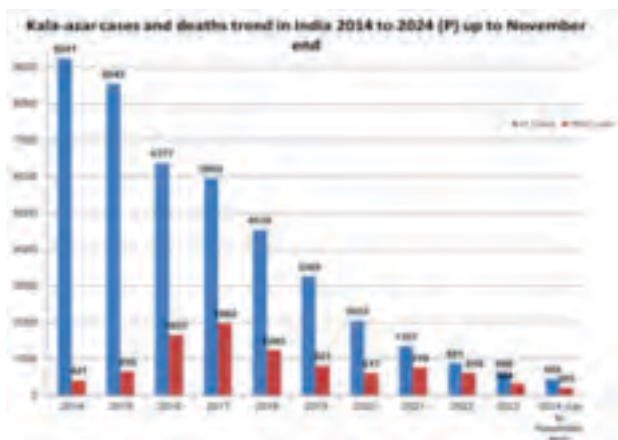
As of November 2024, all the 633 endemic blocks reported the incidence less than 1 case per 10,000 population.

Among 633 Kala-azar endemic blocks, as of November 2024, 453 blocks reported zero Kala-azar cases.

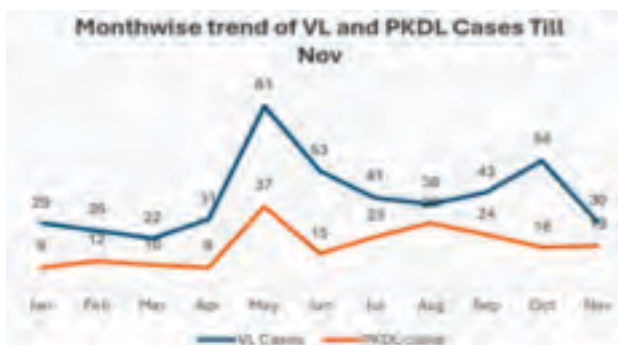
Significant Decline in Kala-azar Morbidity: The program led to a 94% decrease in Kala-azar cases, reducing from 9,241 in 2014 to 599 cases in 2023, while maintaining the case fatality rate below 1%.

As of November 2024, there were 454 Kala Azar and 205 PKDL cases reported which amounted to a 20% decrease in Kala-azar cases and a 35% decrease in

Post Kala-azar Dermal Leishmaniasis (PKDL) compared to the same period in 2023.



Month wise trend of KA and PKDL cases in 2024 as of September: From Jan 2024 to November 2024, a total of 454 Kala-azar cases and 205 PKDL cases were reported from endemic blocks.



Efficient Supply Chain and Drug Management:

The Kala-azar program reported zero stockouts and no drug expiry in 2024 till end of November by implementing rigorous monitoring and maintaining a strong supply chain, including cold chain management for Injection AmBisome.

Multifaceted Strategy for Active Case Search and Community Engagement:

A multifaceted strategy with four rounds of active case search activities, two rounds of Indoor residual spray with intensive Information Education and Communication and Behaviour Change Communication activities are being carried out in all Kala-azar endemic villages through Ratri Chaupal and engaged communities for awareness generation and early detection.

Financial Incentives: Financial incentives, such as Rs 500/- for ASHAs for identification and complete

treatment of KA and PKDL, Rs 4,000 for PKDL patients, and Rs 500/- for Kala-azar patients, demonstrate a commitment to patient care. Additional state incentives also contribute to wage loss and nutrition support.

Integration of Data Systems for Enhanced Surveillance:

The real time reporting of Kala-azar Management Information System holds the comprehensive repository of over 55000 KA and PKDL cases and now it has been integrated with Integrated Health Information Platform ensuring data continuity and accuracy during post elimination period for enhancing disease surveillance and data driven actions.

Collaborative Efforts to sustain:

Collaboration extends to various departments, medical colleges, and development partners, fostering intersectoral coordination. Information, Education, and Communication activities, awareness campaigns and local initiatives showcase a holistic approach. India's success is highlighted on the global stage, with progress showcased at the G20 exhibition and resonating through Hon'ble Prime Minister Modi's "Mann Ki Baat" in December 2022.

India is prepared to maintain and sustain the momentum in Kala-azar elimination till 2026 to be eligible for WHO validation and dossier submission in 2027.

Programme Implementation & Initiatives during 2024

- A review meeting was held on 15th April 2024 under the Chairmanship of DGHS to review the procurement related issues of Malaria and Kala-azar items.
- A meeting of the Technical Specification Committee (TSC) - Kala-azar to review / finalize technical specifications of Kala-azar drugs/ diagnostic kits / Insecticide under the chairmanship of DGHS was held on 06/05/2024.
- National Kala-azar Review and Training of trainers (TOT) for Dossier Preparation was held from 2-4 May 2024 at Ranchi, Jharkhand.
- Secretary Health reviewed the status of Kala-azar for 77th Session of the World Health Assembly (WHA77) on 20th May 2024
- Hon'ble HFM reviewed the Kala-azar Elimination Programme on 27th August 2024.

- General body CMSS meeting under the Chairpersonship of Addl. Secretary (RS) was held on 24th September 2024 for SP(WDP) procurement finalisation.
- A review meeting under the Chairpersonship of the Secretary (HFW) was held with the Principal Secretaries, MD NHMs /SPOs/ DMs/ DCs/ DMOs of States of Jharkhand, Uttar Pradesh, West Bengal and Bihar on 22nd October 2024.



Kala-azar review under the Chairmanship of Hon'ble HFM on 27-08-2024

- National Review meeting of Kala-azar Elimination Programme with all four endemic States and Regional Offices of Health and Family Welfare of these States was held on 18.12.2024 under the Chairmanship of Economic Advisor (VBD) MoHFW, GoI.

Field visits

- Central teams from NCVBDC for monitoring IRS activities in Dumka, Pakur, Sahibganj and Godda districts of Jharkhand and Saran, Siwan, Muzaffarpur and Vaishali districts of Bihar visited during May 2024.
- Central team visited Dumka, Godda and Pakur districts of Jharkhand from 21st to 24th August 2024 for monitoring and supervision of Kala-azar Elimination activities.

Trainings /capacity building

- State of West Bengal conducted a review cum workshop program on Entomological activities in West Bengal on 29.07.24.

The state of Jharkhand has organized two days of training on Kala-azar diagnosis, treatment, IRS & Active Case Search to District VBD Officers, District VBD Consultant, VBD Technical Supervisor, & Surveillance Inspector /Malaria

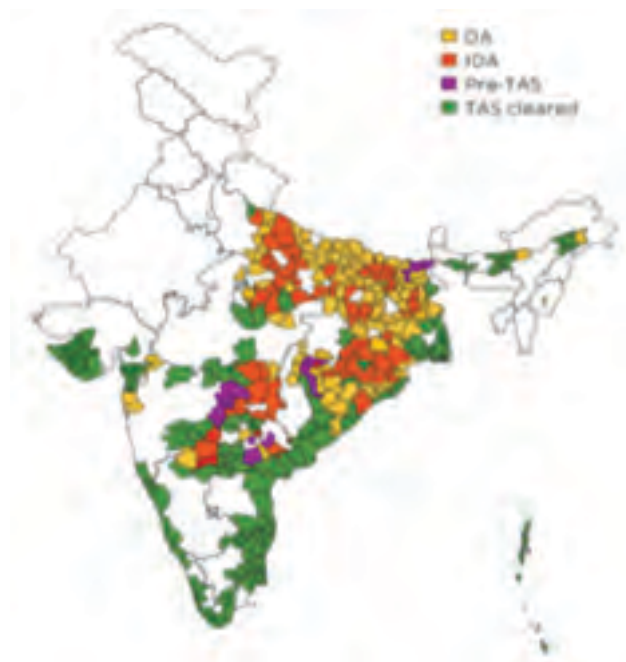
Inspector/ VBDs Inspector on 11th & 12th September 2024 in Dumka districts

Lymphatic Filariasis (Updated as on November, 2024)

Lymphatic Filariasis (LF), commonly known as Elephantiasis (Haatipaon) is a serious debilitating and incapacitating disease transmitted through the bite of a culex mosquito. LF is a priority tropical disease targeted for elimination by the Government of India prior to Global target of 2030.

Current Status

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 Chhattisgarh).

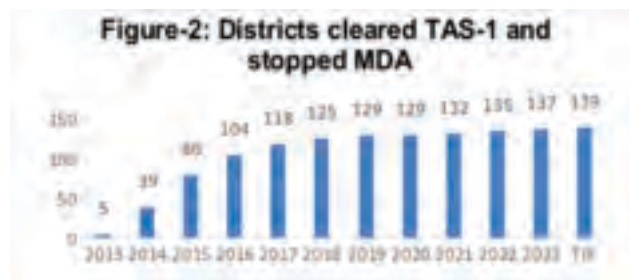


Among 345 endemic districts as of November 2024 (Figure 1- Country status)

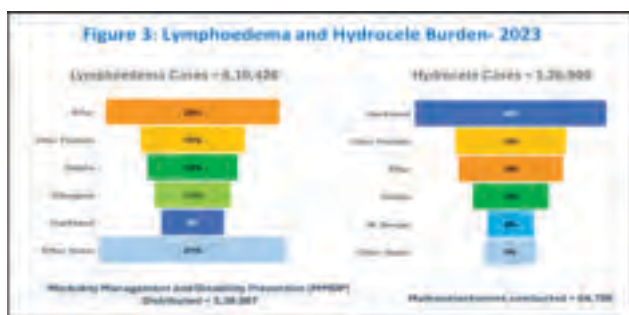
- 159 districts of 13 states reported more than 1% microfilaria (Mf) rate and are under Mass Drug Administration
- 139 districts (41%) have stopped MDA and have cleared the Transmission Assessment Survey 1.
- 47 districts are in various stages of assessments.

Progress in clearing Transmission Assessment Surveys: By November 30, 2024, 139 districts had successfully cleared TAS-1, 129 districts TAS-2,

and 108 districts TAS-3 and stopped MDA cumulatively. The figure 2 presents the cumulative passed districts of TAS 1.



Lymphatic Filariasis Disease Burden: In 2023, the endemic states reported a total of 6,19,426 Lymphoedema cases and 1,26,906 hydrocele cases. The figure 3 depicts the LF high disease burden states.



Programme Strategy

The LF program historically had a two-pronged strategy which was upgraded with five-pronged strategy in January 2023 by Honourable HFM to accelerate the progress towards elimination.

Key Activities/Achievements

- 3,38,087 Morbidity Management and Disability Prevention Kits were provided to lymphoedema patients and 64,706 hydrocelectomy surgeries conducted.
- World NTD Day 2024** - On January 30th, 2024, World

NTD Day was spotlighted in India as NCVBDC illuminated New Delhi Railway Station in purple and orange colours, marking its dedication to combating neglected tropical diseases (NTDs). The event highlighted the nation's strategic shift from viewing NTDs as 'Neglected' to 'Prioritized' Tropical Diseases, emphasizing proactive measures and global collaboration towards eliminating these diseases that impact billions globally.

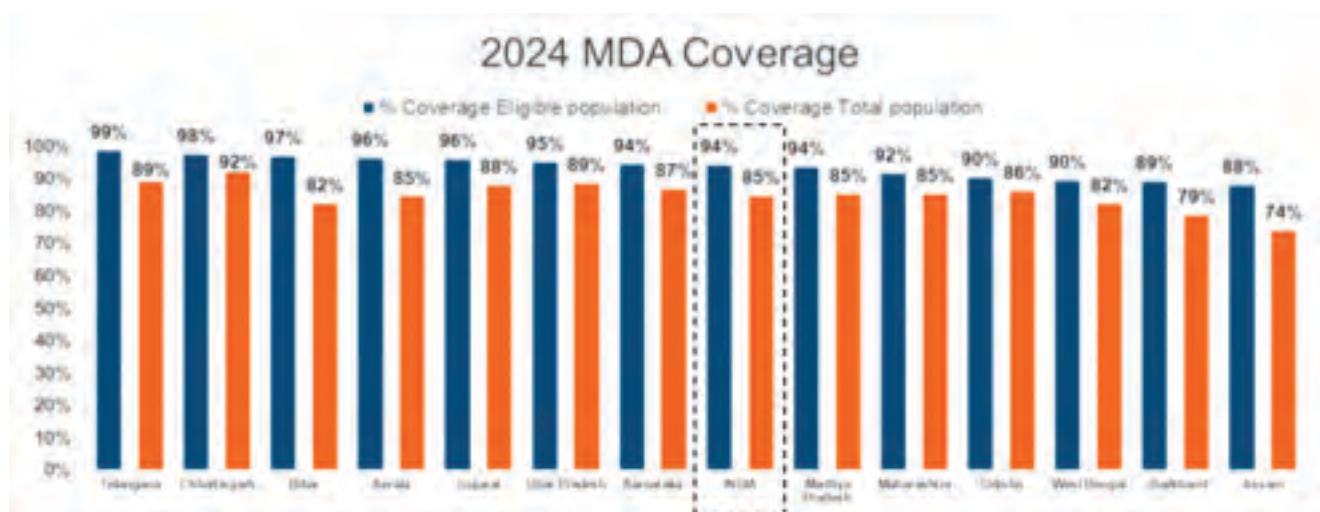
- A National LF Review Meeting & Refusal Conversion workshop** was conducted from 8th -10th May for State Programme Officers, Regional Directors of Health and Family Welfare, State LF consultants.
- MDA Campaign Launch:** The annual MDA campaign was implemented in two phases. Union Minister of State for Health and Family Welfare, Prof. S P Singh Baghel Launched the Mass Drug Administration (MDA) campaign for Lymphatic Filariasis elimination covering 92 districts across 11 states on 10th February 2024.
- Hon'ble Union Minister of State (Independent Charge) of Ministry of AYUSH and Ministry of Health & Family Welfare. Shri Prataprao Jadhav virtually launched the second phase of the Bi-annual Nationwide Mass Drug Administration (MDA) campaign on August 10,2024 for Lymphatic Filariasis elimination across 63 districts of 6 states.



Launch of August 2024 MDA campaign (Phase 2)

Hon'ble Union Minister of State for Health Family Welfare also released the 'Revised Guideline on Elimination of Lymphatic Filariasis' and IEC material were also unveiled to provide a clear roadmap for elimination efforts.

- Mass Drug Administration Reported Coverage:** In 2024, across 1634 blocks of 159 districts in 13 states conducted MDA in two phases. Attained 94% reported coverage among the eligible population through ensuring directly observed consumption. The State wise consolidated details of two phases of Mass Drug Administration campaign reported coverage against total population and eligible population is presented in below graph.



The following table provides Phase 1 MDA campaign (10th Feb 2024 round) coverage details.

Sl. No	State	Total Population	Eligible Population	Reported Coverage (Consumed)	% coverage against total population	% coverage against the eligible population
1	Assam	562043	473064	416418	74%	88%
2	Bihar	70351888	59799106	58114624	83%	97%
3	Chhattisgarh	3061054	2889519	2818361	92%	98%
4	Gujarat	552795	506338	486122	88%	96%
5	Jharkhand	24606511	21639426	19208677	78%	89%
6	Karnataka	1714370	1577245	1486077	87%	94%
7	Kerala	1023245	898648	865211	85%	96%
8	Madhya Pradesh	8469134	7706913	7226120	85%	94%
9	Maharashtra	4873972	4534653	4154678	85%	92%
10	Odisha	4527500	4340299	3956685	87%	91%
11	Uttar Pradesh	37785475	35140493	33462830	89%	95%
12	West Bengal	7984762	7345974	6580386	82%	90%
	India	165512749	146851678	138776189	84%	95%

The following table provides Phase 2 MDA campaign (10th Aug 2024 round) coverage details

Sl. No	State	Total Population	Eligible Population	Reported Coverage (Consumed)	% coverage against total population	% coverage against the eligible population
1	Bihar	27335050	23234793	22389942	82%	96%
2	Jharkhand	14189902	12594927	11294673	80%	90%
3	Karnataka	143924	132410	128348	89%	97%
4	Odisha	17624266	16833665	15165704	86%	90%
5	Telangana	601112	541586	535077	89%	99%
6	Uttar Pradesh	76186518	70853462	67436878	89%	95%
	Grand Total	136080772	124190842	116950622	86%	94%

Comprehensive periodic reviews were conducted at National and state level with State, district and block level officers monitored the campaign prior, during and post MDA phases.

Engagement of Medical Colleges: Periodic sensitization meetings were conducted. The Coverage Evaluation Survey conducted by the Medical Colleges increased from 16% in 2021 to 74% 2023 and 78% during Feb 2024 MDA campaign. For Aug 2024 round, the Coverage evaluation survey is being undertaken by 45 Medical Colleges covering 63 districts.

Intersectoral Convergence for MDA Campaign: Meetings held under the Chairmanship of Dr. V.K. Paul, Hon'ble Member (Health) NITI Aayog with allied ministries and District Magistrates with focus on Inter-sectoral convergence and 30 MDA Aspirational districts. During MDA campaign, various allied ministries/Departments namely panchayat Raj, Rural Development (NRLM), Women and Child Development, Higher education, School education and literacy, Youth affairs, tribal affairs and agriculture were periodically sensitised and actively engaged in the campaign.

Information, Education and Communication/ Behaviour Change activities: To create awareness among the communities, at village/block/district level, sensitisation meetings were organised with panchayat members, teachers, Self-help group leaders/members, religious leaders, and local influencers. Public announcements through miking, nukkad nataks and rallies were conducted.

NSS/NCC cadets, students were engaged in the rallies to create awareness about the campaign. In addition, engaged LF patients as champions and their patient support group members in enhancing awareness about LF, converting refusals and on importance of consuming the antifilarial drugs.



At National and State level, engaged media and organised sensitization meetings, widely disseminated about the disease and about the campaign in the print, electronic and social media.

Developed and shared the social media tool kit with posters, leaflets, brochures, radio spots, audio/video messages with states and for the allied ministries/departments.

Reporting of LF MDA data in IHIP portal was scaled up to five States (Uttar Pradesh, Jharkhand, Odisha, Telangana, and Karnataka)



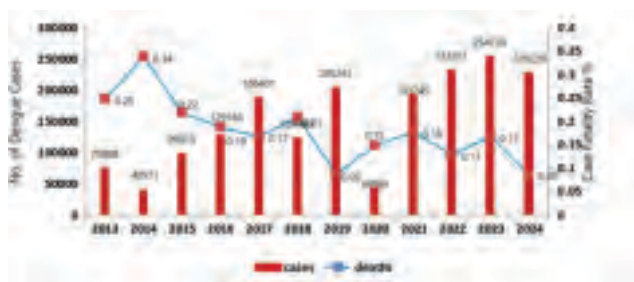
IHIP-LF portal for MDA reporting

Workshop on LF Post Validation Surveillance was conducted to enhance the capacity of key health officials in implementing and monitoring post-validation surveillance activities to maintain LF-free status in TAS 3 passed districts.

Programme Glimpses of MDA campaign

Dengue & Chikungunya (Updated as on 15th December, 2024)

1. Dengue: Dengue is a fast-spreading outbreak prone arbo-viral disease, transmitted by Aedes mosquito. Aedes aegypti is the principal vector; however, at present Ae. albopictus, has also been reported to play a role in many states. There is no specific drug and vaccine against Dengue infection. Except Ladakh, Dengue is endemic across the Country and with varying endemicity. Every year during monsoon and post-monsoon, maximum cases are reported with peak in October-November. The disease has become perennial in many Southern and Western States. Cases are reported from rural areas as well. During 2022, a total of 2,33,251 cases and 303 deaths were reported, whereas, in 2023, a total 2,89,235 cases and 485 deaths were reported. The Case Fatality Rate (CFR) has been brought down from 3.3% in 1996 to 1.2% in 2007 which is sustained at 0.2% since 2015 through frequent updation of the National guidelines and repeated training of clinicians on case management. During 2024 (provisional till 15th December), a total 2,29,239 cases and 216 deaths were reported. Dengue cases and CFR in the Country during 2013-2024 (till 15th December) is as below:



2. Chikungunya: Chikungunya is a debilitating viral illness caused by Chikungunya virus. It is also transmitted by both *Ae. aegypti* and *Ae. albopictus* mosquitoes. The disease re-emerged in the Country during 2006 after a gap of almost three decades. It is characterized by fever with severe joint pain (arthralgia) and rash. Joint pains sometimes persist for a long time even after the disease is cured. There is neither any vaccine nor drugs available to cure the Chikungunya and the cases are managed symptomatically. Currently, Chikungunya is endemic in all States except Ladakh. In 2022, a total no. of 1,48,587 and during 2023, a total no. of 2,00,064 clinically suspected cases were reported. During 2024 (provisional till 15th December), a total of 2,23,039 cases were reported. Till date no death directly attributable to Chikungunya reported from any State. Chikungunya cases in the Country during 2013-2024 (till 15th December) is as below:



Activities carried out by Government of India in April- 15th December 2024

- **Advisory issued:** During April to 15th December 2024, total 19 advisories have been issued to sensitize the states including one from Hon'ble HFM to all Chief Ministers; Secretary, HFW to all Chief Secretaries; DGHS to all DHS and DME; Joint Secretary (VBD) to all Mission Directors, NHM and by NCVBDC officers.
- **Reviews:** During April to 15th December 2024, total 10 reviews were held to assess the situation and provide technical guidance to states including Hon'ble HFM on 10th July;

OSD on 24th September and senior officers from MoH&FW and NCVBDC from time to time.



Review of Dengue situation by Hon'ble HFM on 10th July

- **Inter-ministerial meeting:** Secretary (H) and Addl Secretary, MoHUA jointly reviewed Dengue situation and preparedness in major municipal corporations from 9 States on 2nd August, 2024.
- **Technical Consultation:** Organized a technical consultation on Strengthening Intersectoral collaboration for prevention and control of Dengue was organized under Chairmanship of DGHS on 20th & 21st June
- **Flipbook:** A Flipbook on Dengue for frontline workers was released by DGHS during the Technical consultation on Strengthening Inter-sectoral collaboration for prevention and control of Dengue held under Chairmanship of DGHS on 20th & 21st June
- **Diagnostic Facilities:** To augment of diagnostic facility free diagnosis of Dengue and Chikungunya, till date, total 848 Sentinel Surveillance Hospitals (SSHs) and 27 Apex Referral Laboratories (ARLs) with advance diagnostic facility have been identified across Country.

IgM Test Kits Supply (1 kit=96 tests): In 2024 (till November), GoI supplied 9,949 Dengue and 3,469 Chikungunya IgM test kits to the identified hospitals/laboratories through NIV Pune.

For procurement of ELISA based NS1 kits for Dengue for early detection, funds are provided to the States under NHM through PIPs.

- **Training on Entomology (Total-3):** Organized training on malaria & other VBDs

for Entomologist on 19th to 23rd August, 9th to 13th September and 23rd to 27th September at NCVBDC, Delhi

- **Training on IHIP portal:** Organized eight virtual trainings on entry of Dengue and Chikungunya data on IHIP-VBD portal for all States/UTs in collaboration with WHO
- **Field visit:** Director, NCVBDC along with Officers & Consultants visited Puducherry on 5th-6th July; Ahmedabad on 14th-16th July; Hyderabad on 25th-27th September; Mumbai on 12th-14th December to review VBDs including Dengue and Chikungunya; Officer/Consultant visited Bhubaneswar, Odisha on 20th-22nd August and Bengaluru, Hassan, Chikkmagaluru district of Karnataka State on 27th-30th August
- **Monitoring**
 - » Disease trend monitored through regular reports submitted by the States/UTs
 - » Ensured uninterrupted supply of IgM kits for Dengue and Chikungunya to all identified laboratories
- **Financial support:** Adequate funds are provisioned for prevention and control of Dengue and Chikungunya under State PIPs
- **IEC activities**
 - » 9th National Dengue Day' was observed across the country on 16th May to accelerate the preventive activities and advocacy before the onset of Monsoon
 - » Director, NCVBDC and other officers participated in the Dengue Jagrukta Abhiyan on 31st May at India International Centre, New Delhi
 - » Released IEC Flipbook for frontline health workers during Technical Consultation on Strengthening Intersectoral collaboration for prevention and control of Dengue on 20th June
 - » Disseminated messages for awareness on social media.

Japanese Encephalitis (Updated as on November, 2024)

- 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

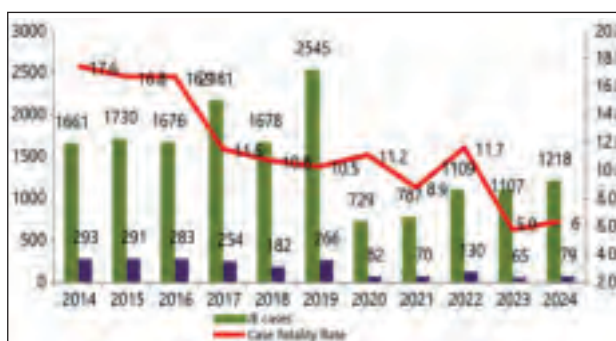
Culex tritaeniorhynchus. These mosquitoes mostly breed in the rice fields, irrigation canals, puddles of rural areas.

- JE occurs mainly during the monsoon season in the month of July to September & also some cases occur in the post monsoon season (October and November).
- JE is reported under Acute Encephalitis Syndrome (AES), which may be caused, by a wide variety of viruses, bacteria, protozoa, etc.
- JE presents in the severe form as the virus infects the brain causing encephalitis, which is manifested by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis (hemiplegia, paraplegia etc.) and ultimately death.
- Now a days, 10–15% patient 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 symptoms.
- JE is the only vector borne diseases where safe and effective vaccines are available to prevent JE.

Epidemiological Situation:

JE is endemic in 355 districts of 24 States/UTs in the country who are reporting JE cases and deaths. The burden of JE in 2023 is mainly contributed by states namely Assam (47.4%), Uttar Pradesh (8.3%), Jharkhand (4.6%), Manipur (5.7%), Meghalaya (8.0%) and West Bengal (3.3%) out of total 1107 cases.

Fig: Trends of JE since 2012



Achievements:

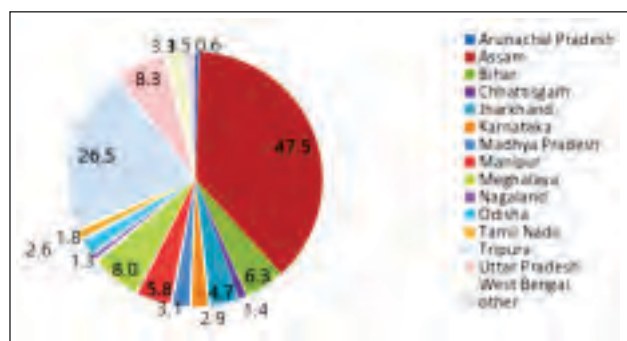
(1) JE Vaccination:

Out of six of six vector borne diseases, JE is the only disease against which vaccination is available. This is most effective preventive tool available for JE. At present, States/UTs are being provided indigenous vaccines (JenVac & Jeev). JE vaccine is included in the Routine Immunization (RI) under Universal Immunization Programme (UIP).

- JE vaccination incorporated in the Routine Immunization in 334 districts (94%) out of 355 endemic districts.
- Adult vaccination (more than 15 years age) completed in 45 identified blocks/districts in the three states of Assam, Uttar Pradesh & West Bengal.
- Two more districts of Assam (Dhubri and Karimganj) have been identified for the Adult JE vaccination in 2023.

(b) Case Fatality Rate (CFR): The CFR reduced to 5.9 % (2023) from 18.6% (2014)

Fig: JE % in different States in 2023



Strengthening of Diagnostic & Referral Services:

JE test kits (MAC ELISA, 1 kit contents 96 tests) are supplied free of cost to the endemic states. Following services are provided in this area:

- 172 JE Sentinel Surveillance Hospitals (SSHs) for monitoring and surveillance of JE.
- 15 Apex Referral Laboratories (ARL) with higher level of diagnostic tests for JE.
- 689 JE IgM Mc ELISA Kits were supplied in 2024 till 30th November, 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 the referred case is diagnosed as JE.

Review/Training and Advisory:

- Hon'ble MoS reviewed the NHM programmes including VBDs state of Maharashtra on 27.6.2024.
- Secretary (HFW), reviewed the 100 days achievement of various programme including VBDs on 04.09.2024 at Nirman Bhawan, New Delhi
- A review Meeting of Japanese Encephalitis Programme, NCVBDC, mainly focusing on JE vaccination was held 5th July, 2024 under the chairpersonship of DGHS
- Joint Secretary (Policy) reviewed the VBDs programme held on 12.09.2024 at MoH&FW, Nirman Bhawan, New Delhi.
- Economic Advisor (KKT) reviewed the VBD programme 10.09.2024 at NCVBDC Delhi.
- Meeting of the Technical Expert Committee of JE Guidelines on Clinical Management held on 10.09.2024.
- Virtual review meeting of the JE endemic states on prevention and control of JE held on 7.2.2024, 14.5.2024, 21.5.2024, 29.07.2024 and 15.10.2024.
- A Virtual Review Meeting on Japanese Encephalitis Programme Activities to reconcile JE Data with the IHIP-VBD Portal data on 5.7.2024.
- Advisories shared with all the endemic States for prevention and control of JE/AES on 19.01.2024 and 18.6.2024.
- The special committee for Radio and Video Jingles recommended the agencies in NFDC in a meeting on 06.09.2024.
- Interactive session of the entomologists and Malaria Officers on 11.09.2024 at NCVBDC Delhi.

1.7.2 National Leprosy Eradication Programme (NLEP)

National Leprosy Control Programme (NLCP) was launched by the Govt. of India in 1954- 55. Multi Drug Therapy (MDT) came into wide use from 1982, and the National Leprosy Eradication Programme (NLEP) was introduced 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 infective source, thus breaking the chain of disease transmission. The programme was initially taken up in endemic districts and was extended to all districts in the country from 1993-94 with World Bank Assistant. Four Research & Training Institutes were established directly under DGHS, namely Central Leprosy Training and Research Institute Institutes (CLTRI) Chengalpattu, Regional Leprosy Training and Research Institute (RLTRI) at Raipur, Gauripur and Aska. In addition, a Training Centre was established at Agra under ICMR. Remarkable progress has been achieved in reducing the disease burden in the country.

India achieved the goal set by the National Health Policy, 2002 of elimination of leprosy as a public health problem, defined as Prevalence rate less than 1 case per 10,000 population, at the National level in December 2005

Key Components of the NLEP

Following are the programme components:

- Case Detection and Management
- Disability Prevention and Medical Rehabilitation (DPMR).
- Information, Education and Communication (IEC) including Behaviour Change Communication (BCC)
- Human Resource and Capacity building
- Programme Management

Campaigns under NLEP

Leprosy Case Detection Campaign (LCDC): The objective of the LCDC campaign is the early detection of leprosy in affected persons so that they can be saved from physical disability and deformity by providing them timely treatment and thus also halting the transmission of disease at the community level, revised LCDC Guidelines in August 2016.

Focused Leprosy Campaign (FLC): For hotspots, the village/ urban area where even a single Grade II Disability (G2D) Cases is detected must be considered as hotspot and in this hotspot of low endemic district which are not selected for LCDC house to house visits by ASHAs /MPWs to examine each and every resident of the households of area, in village each house of whole village and in urban areas, 300 household must be covered around location of case.

Case Detection in Hard to Reach Areas (HTRA): Area specific plans as per local need may be formed as per the local requirements, for the same, local people may be empowered by making them aware and providing material resources.

Sparsh Leprosy Awareness Campaign (SLAC): To make a dent on the prevalent stigma against leprosy and to reach village level SLAC was introduced first time on 30 January 2017 (Anti Leprosy Day) to give boost to the voluntary reporting.

ASHA based Surveillance for Leprosy Suspects (ABSULS): To carry out the leprosy elimination, the proportion of Grade II Disability (G2D) cases amongst new cases is the measure of the community awareness and Health Systems Capacity. Keeping in mind the global goal of reduction of Grade II Disability (G2D) cases to less than 1 per million. Accordingly, the policy envisages proactive measures targeted towards elimination of leprosy from India, surveillance system involving Accredited Social Health Activist (ASHA) was proposed for NLEP.

Achievements :

1. National Strategic Plan & Roadmap for Leprosy 2023-27 released with a vision of “Interruption in transmission of leprosy by 2027.
2. National Guidelines on Anti-Microbial Resistance in Leprosy
3. National Framework for Integration of Mental Health services for leprosy patients
4. Nikusth 2.0: a revamped ICT application for leprosy case-based surveillance & reporting

Key Activities from January to September 2024

(01.01.2024 to 30.09.2024)

1. **LCDC Orientation Workshop:** An orientation workshop was held on 20-22 August 2024 in Chengalpattu with experts to provide training and strategic guidance on LCDC operations.
2. **Leprosy Case Detection Campaign (LCDC) 2024:** The annual 14-day Leprosy Case Detection Campaign (LCDC) is conducted in high-endemic districts, focusing on early identification and treatment of leprosy cases. For 2024, Central Monitor Teams were assigned to monitor and evaluate

the campaign's progress and outcomes, ensuring rigorous monitoring and standardized implementation across all target regions.

3. **Post-Exposure Prophylaxis (PEP):** To strengthen the implementation of Post-Exposure Prophylaxis (PEP) with Single Dose Rifampicin (SDR), state-level meetings were conducted in collaboration with the Central Leprosy Division (CLD) and relevant NGOs.
4. **Review Meeting and Capacity Building:** Review meeting with low endemic states were conducted in collaboration with WHO on 19th–20th September 2024.
5. **Monitoring and Supervision:** Officers and consultants conducted monitoring visits to leprosy colonies in Delhi in April 2024, assessing program progress and quality of care
6. **NIKUSTH Portal Upgradation:** Special tagging for Particularly Vulnerable Tribal Groups (PVTG) was added, along with updates for improved migrant tagging and address modifications.
7. **NIKUSTH Training:** Hybrid training on the NIKUSTH Portal was conducted for Data Entry Operators, District Leprosy Officers (DLOs), and State Leprosy Officers (SLOs), ensuring improved program data management.

Status of Key NLEP Indicators in F.Y. 2024-25 Till September 2024

As of 30th September 2024, there were 0.53 lakh leprosy cases on record in India, resulting in a prevalence rate (PR) of 0.59 per 10,000 population. At this point, 31 States and Union Territories (UTs) have achieved the leprosy elimination level (defined as a PR of less than 1 case per 10,000 population). Additionally, 630 out of the country's 759 districts, or 83.0%, have also reached this elimination milestone.

Based on reports received from all States and UTs for the period 2024-25 up to 24th September, the leprosy situation in India is summarized as follows

- During year 2024 – 25, the country reported 52,815 new cases with Annual New Case Detection Rate (ANCDR) of 7.32 per 1,00,000 population.
- A total of 85829 leprosy cases are on record as on 30th September, 2024, giving a Prevalence Rate (PR) of 0.60 per 10,000 population.
- Detailed information on new leprosy cases detected during 2024 – 25 indicates the proportion of MB (64.52%), Female (39.31%), Child (4.50%), and Grade II Deformity (1.80%).
- A total of 951 Gr. II disability detected amongst the New Leprosy Cases during 2024-25 till September 24, indicating the Gr. II Disability/ million population of 1.32/ million population.
- A total of 2,378 child cases were recorded, indicating the Child Case rate of 4.50%.

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).

The program has reached over 1.4 billion people in more than 800 districts and is responsible for carrying out the Government of India's five-year National Strategic Plans for TB elimination along with the States/UTs. It is a multi-pronged approach that aims to detect all TB patients with an emphasis on reaching TB patients seeking care from private providers and undiagnosed TB in high-risk populations. The programme has been implementing the four strategic pillars of Detect-Treat-Prevent-Build (DTPB) of the National Strategic Plan 2017-2025 which has led to scaling up of free, high sensitivity diagnostic tests and algorithms and ensuring free TB drugs for all TB cases.

1. Objectives:

1. Provision of Early diagnosis of TB patients, early initiation of treatment with quality-assured drugs and appropriate treatment regimens.
2. Engaging with the patients seeking care in the private sector.
3. Prevention strategies include contact tracing in high-risk/vulnerable populations.
4. Airborne infection control.

5. Multi-sectoral response for addressing social determinants.

3. TB Diagnostics: Key activities in the year 2024

The Central TB Division (CTD) has been instrumental in strengthening tuberculosis (TB) diagnostics through a multifaceted approach encompassing knowledge sharing, collaborative partnerships, and capacity building.

There are 25530 Designated microscopy centres and 8293 molecular testing laboratories (CBNAAT & Truenat centres) across the country. A total of 2.3 crore of presumptive TB tests have been conducted with 57 lakhs offered molecular test in the year 2024*.

A key initiative in 2024 involved the integration of diagnostic e-learning materials onto the WHO Swasth-E-Gurukul platform, making crucial information on TB laboratory procedures readily accessible to healthcare professionals and laboratory personnel. This digital approach promotes wider dissemination of the latest methodologies, ensuring that best practices in TB diagnostics are widely adopted.

Furthermore, CTD has collaborated with IDDS India Project (Funded by USAID). This collaboration highlights the advancements made in ranking CDST laboratories based on the performance and developed CDST laboratory self-assessment grading tools to encourage continuous improvement in laboratory practices across the country. A National Technical Expert Committee meeting have also been convened to discuss newer TB diagnostic technologies, providing a platform for experts to share insights and recommendations on innovative technologies that can enhance disease detection and management.

In addition to these collaborative efforts, CTD has organized a National Consultation with corporate laboratories, focusing on improving TB notification under the HLFPT project. This meeting underscores the crucial role that private sector laboratories play and emphasizes the importance of timely notification of diagnosed TB patients to track and manage cases effectively. Finally, a capacity-building workshop on liquid culture DST for newer anti-TB drugs was conducted at ICMR-NIRT in Chennai, targeting National Reference Laboratories and selected Culture and Drug Susceptibility Test (CDST) laboratories. This workshop aimed to equip

participating laboratories to perform DST for new drugs under BPALM regimen.

4. Case Finding:

India pioneered a mathematical model for TB Burden Estimation, a first among nations, which shows that India is progressing towards the SDG goals at a faster pace than the global average, with a decline in TB incidence by 18% (as compared to the global decline of 8.3%) and a 21% decline in TB mortality rate (comparable to a global decline of 23%).

TB Notifications: There is a steady increase in TB case notification over the past few years post covid. India notified 24.2 lakh TB cases in 2022 which was higher than the pre-COVID level of 2019. In 2023, a total of 25.52 lakh TB patients have been notified till Dec 2023. The number of patients notified for 2024* is 23.94 lakhs.

Private Sector Notification: With a focused and targeted engagement with the private sector through interventions like Patient Provider Support Agency (PPSA), gazette notification for mandatory notification of TB cases, incentives for notification of cases and collaborations with professional bodies like IMA, IAP, FOGSI, etc., there has been an increase in private sector notification. In 2022, the country was able to notify 7.33 lakh TB cases and in 2023, 8.44 lakh patients were notified from the private sector which contributed to 33% (highest ever) of total notifications. The programmatic collaborative efforts resulted in 8 times increase in cases reported from the private sector. The current TB patients notified in the Private sector is 8.72* lakhs (Till 05-12-2024). These innovative private sector models have been global best practices.

TB Treatment Success Rate: The programme was able to sustain a treatment success rate of above 80%. In 2021, the success rate had reached 84% and in 2022, it marginally increased to 85.5%. In 2023 (till Dec), the success rate increased to 88%.

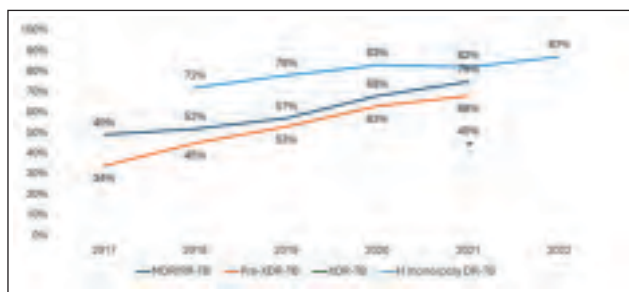
5. Management of DRTB cases:

There are 826 DR-TB centres which offers 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. Further to reduce the pill burden, duration of treatment, with safety and effectiveness as prime consideration, a milestone

towards shorter regimen for MDR/RR-TB patients has been considered for implementation by Central TB Division. With the approval from Ministry of Health and Family Welfare, experience of ICMR with mBPAL and experts' opinion, the program has initiated 6 months BPALM regimen for MDR/RR-TB patients. With this background, CTD has sensitised Trainers of Trainer of all 36 states and 7 union territories through a National Capacity building workshop followed by five zonal capacity building workshops (South, East, North, West and North-East zone). For the benefit of the pregnant mothers with DRTB, the policy have been undertaken as per WHO recommendation for replacing the teratogenic drug, Ethionamide in the 9-11m shorter oral regimen by 2 months Linezolid.

During the year 2023, 63,929 MDR/RR-TB patients were diagnosed including 11,749 Pre-XDR-TB and 114 XDR-TB patients. Total of 23,019 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.

Trend of treatment success rate of M/XDR TB patients.



Airborne Infection control: CTD in collaboration with FIND and WHO has assessed 185 NDRTBC sites for the AIC (Airborne Infection Control) practices followed. Further has organised 10 Regional AIC workshop for these NDRTBC HICC personnel across country. Other partner, TISS has developed and organised soft skill training material and has trained 83 DRTB counsellors through interactive workshops upholding the qualitative patient centric care for TB patients.

6. TB & Co-morbidities

The risk of TB is substantially determined by health-related risk factors. TB greatly impacts individuals with weak immune systems, including young children and those living with HIV. It also

affects people with specific conditions like malnutrition, diabetes mellitus (DM), silicosis and existing disabilities, as well as those who smoke or have substance-use disorders.

TB Cases attributable to five risk factors:

TB cases attributable to harmful use of alcohol	253K (88K-502K)
TB cases attributable to diabetes	103K (37K- 203K)
TB cases attributable to HIV	38K (25K-54K)
TB cases attributable to smoking	96K (20K-230K)
TB cases attributable to undernutrition	373K (274K-487K)

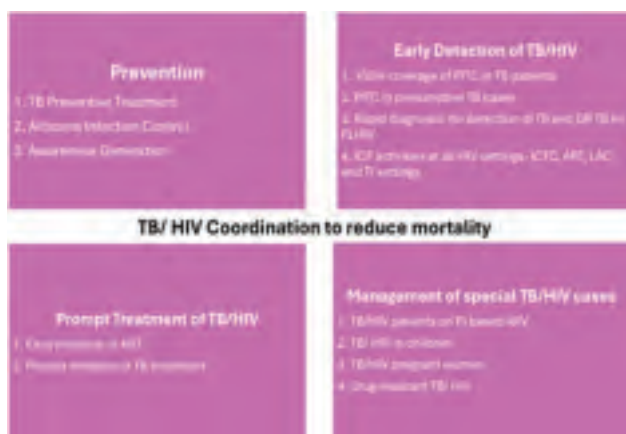
Note: Data are for 2023, (Source: Global TB Report 2024)

Major health-related risk factors such as diabetes, HIV infection, alcohol-use disorders, tobacco smoking, and undernutrition are some of the most significant comorbidities and drive the TB incidence. The National TB Prevalence Survey (NTBPS) in India - 2019–21 indicated a higher incidence of TB among survey participants with a Body Mass Index (BMI) less than 18.5 kg/m², individuals with diabetes, those engaged in alcohol consumption and tobacco smokers.

To address the health-related risk factors for TB, the NTEP collaborates with different national health programmes through the TB Comorbidity Coordination Committees which 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, NP-NCD, NTCP, RMNCH+A, RBSK & RKSK. The strategies include joint staff training, integrating diagnostic and treatment services, bidirectional screening and referral for evaluation and TB preventive treatment in selected groups.

I. TB HIV Collaborative activities

The TB HIV Coordination mechanism is focusing on the reduction of mortality through the four-pronged strategy, enumerated in the table below:



Intensified Case Finding (ICF) activities are being undertaken at the ICTC, ART centres, TI sites for the core & bridge populations, Prison inmates and other closed settings.

I. ICF at ICTC: Under ICF, all ICTC clients are screened by ICTC counsellors for presence of TB symptoms at the time of pre- and post-test counseling. Clients who have symptoms of TB, irrespective of their HIV status, are referred to the nearest NTEP diagnostic facility. During Jan-Mar 2024, 4,58,751 (4%) of general clients (except pregnant women) receiving pre-test counseling/information have been referred for TB testing from ICTC. (Source: NACP).

II. ICF at ART centre: Under ICF activities at the ART centre, 97% PLHIV attending ART centre were screened for four TB symptoms at ART centres and subsequently 4% were identified as presumptive TB cases and 91% presumptive TB cases were referred to NTEP for TB testing, among whom (2,36,207) 98% were tested for TB, among which 13,104 (6%) were diagnosed as TB patients and of this 9255 (71%) were bacteriologically confirmed TB. The total number of TB-HIV co-infected cases for the year Jan-Jun 2024 are 17,419 and out of this 16,400 (94%) and 16,756 (96%) were started on ART and CPT respectively. (Source: NACP).

III. ICF at TI sites for core and bridge populations: NTEP and NACP have been focussing on the screening for TB for the core and the bridge populations. Under ICF activities at the TI sites for the Core and Bridge Populations, more than 95% and 80% were screened for TB respectively. (Source: NACP)..

IV. ICF for prison inmates and other closed settings: As an integral part of the TB-HIV

collaborative activities, screening for TB has been undertaken as routine activity by NACP. During the routine TB case finding activity in the prisons and the closed settings, 79% and 62% of the beneficiaries have been screened for TB.

i. TB & Diabetes:

Diabetes escalates the likelihood of contracting TB disease by 2–3 times which is linked to an increased risk of MDR-TB. Individuals with both TB and diabetes face a higher probability of unfavourable TB treatment results, such as delayed microbiological conversion, death, and treatment failure, and have a fourfold risk of relapse after completing treatment.

ii. TB & Tobacco:

Tobacco use increases susceptibility to airborne diseases by impairing ciliary function, compromising macrophage response, and reducing CD4 count. Active smoking is linked to an elevated risk of TB infection, progression from infection to active TB, recurrence and death. It also raises the risk for delayed culture conversion, cavitary disease, treatment response delays, and poor outcomes. Smoking cessation improves treatment success and reduces risk of drug resistance and mortality. The NTEP and National Tobacco Control Programme (NTCP) collaborate with a Joint Action Plan, initiating bidirectional screening. The NTCP implements TB tobacco cessation services nationwide, enhancing collaboration through regular reviews on TB Comorbidity Committee Meetings.

iii. Progress :

From January to September 2024, out of 20.2L notified TB patients, 19.5L (96%) had known HIV status, 18.8L (93%) had known diabetes status, 14.9L (74%) had known tobacco consumption status and 14.6L (72%) had known alcohol consumption status. Out of these, 26, 485 (1.4%) were diagnosed HIV positive, 1.37L (7.3%) were diagnosed with DM, 1.63L (11%) were tobacco users and 1.04L (7.1%) were alcohol users.

To address the undernutrition (BMI < 18.5 kg/m²) among approximately 12L adult TB patients per year, the programme approved Energy Dense Nutrition Supplement (EDNS) for the first 2 months of treatment, to improve nutritional recovery.

7. TB preventive Therapy:

The National TB Elimination Programme (NTEP)

has strengthened preventive measures, notably expanding TB Preventive Treatment (TPT) for household contacts, PLHIV and other high-risk groups (such as individuals undergoing dialysis, those with silicosis, on immunosuppressants, organ transplants, individuals with diabetes, malnutrition, smokers, alcohol-dependent individuals, prisoner, health care workers).

Key strategies for TB prevention are:

- Nation-wide scale-up of TB preventive treatment (TPT) in contacts of TB patient and at-risk population
- Air-borne infection control (AIC) in health facilities
- To explore the role of immunomodulator and vaccines for preventive and therapeutics.

7.1 TB preventive treatment (TPT) Progress in India:

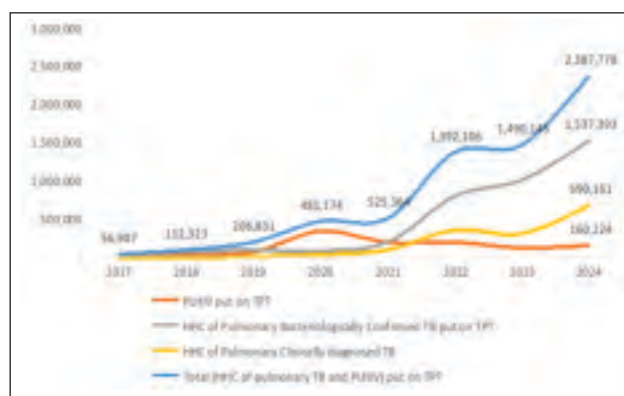
Transition to shorter TPT regimen: In 2022, the National TB Elimination Programme (NTEP) introduced the shorter 3-month regimen of weekly Isoniazid and Rifapentine (3HP). Initially, courses were received from WHO-India, the Global Fund project and the William J. Clinton Foundation through the UNITAID project. To ensure the sustainability of the annual demand and expansion of TPT coverage among household contacts and other risk groups, the Ministry of Health has procured 5 million courses of 3HP through domestic procurement in 2023. Shorter 3HP TPT regimen has been transitioned and available across all health facilities pan India in 2024.

Introduction of 1HP TPT regimen in PLHIV: In February 2024, the Technical Resource Group (Adult) for the National AIDS Control Programme (NACP) recommended the introduction of a shorter, one-month TPT regimen for PLHIV, which includes daily doses of Isoniazid and Rifapentine (1HP). The Ministry of Health through its domestic procurement has supplied >1.5 lakh courses of 1HP. Shorter 1HP TPT regimen for PLHIV is available at all the Antiretroviral Therapy Centres of the country.

Cy-Tb Test: It is the next-generation antigen-based skin test for detection of Tuberculosis infection. 50 lakh Cy-Tb tests have been procured centrally. This test is locally made in India. Cy-tb is to be administered intradermally on the dorsal aspect of the forearm, like the TST (Mantoux test) and has a universal cut off size of 5 mm induration for it to be

interpretation as positive test result. This test is not used for diagnosis of TB disease. Cy-Tb test vials have been procured and dispatched to all state in September 2024. 93% of Household contacts of Pulmonary TB screened for TB. More than 18 lakh (47%) household contacts and PLHIV are initiated TPT in 2024.

TPT coverage among PLHIV, Household Contact of Pulmonary TB from 2017-2024



7.2 Airborne Infection Control (AIC):

- **AIC Assessments:** India is implementing airborne infection control in high-risk settings like DR-TB wards and TB laboratories by conducting AIC assessments and proposing technical recommendations to improve the AIC measures in high-risk settings. The Ministry of Health has developed checklist for self-assessment of AIC compliance. More than 100 AIC assessment of institutes having district/nodal drug-resistant TB centres have been. Additionally, 84 institutes having district/nodal drug-resistant TB centres have ongoing AIC assessments
- **AIC Trainings:** National level master and regional training on AIC trainings are being conducted in institute with nodal and district drug-resistant TB centres; to strengthen the hospital infection control committees (HICC) and AIC measures in high-risk sections of the institute.
- **Germ Free TB project by CDC-SHARE India in 10 states:** This project is related to AIC mentorship to the health staff in primary care and secondary care health institute.

8. Training and Capacity Building

The year 2024 marked a significant turning point in training and capacity building under the National

Tuberculosis Elimination Program (NTEP), with the adoption of modern methodologies aimed at improving program efficiency. Building on the vision set out in the National Strategic Plan 2017-2025, NTEP introduced a modernized training system that integrates subsystems for content creation, training operations, and monitoring and evaluation. This advanced system tackled longstanding challenges, such as the need for diverse, cadre-specific courses in multiple languages, the frequent updates required due to program changes, and ensuring easy access to updated content. It also provides the opportunity to leverage digital technology for the delivery and monitoring of training, making the process more streamlined and effective.

This system features standardized, cadre-specific courses with multimedia and multilingual content, updated in real-time to meet the unique needs of each cadre. It employs blended learning formats that combine in-person, virtual, self-paced, facilitator-led, and practical hands-on training methods. These innovations equip health workers with the necessary skills to address the evolving demands of TB care, including Active Case Finding (ACF), MDR-TB management, TB comorbidities, and new public health initiatives.

Fig 03: The Modernised NTEP Training system



A key achievement was the transition to this modernized training system. Around 120 hours of digitized training content were developed for nine cadre-specific courses, covering District TB Officers, Medical Officers-TB Control (MO-TC), Medical Officers (MO-PHI), Senior Treatment Supervisors (STS)/TB Health Visitors, Senior TB Lab Supervisors (STLS), Laboratory Technicians (Microscopy and NAAT), Pharmacists and Storekeepers, Community Health Officers(CHO), and Health Volunteers & Treatment Supporters. The

training content links were made available on the TBC India website (<https://tbcindia.mohfw.gov.in/cadre-wise-courses-on-ntep>) and on different Learning Management systems like Swasth-eGurukul(www.swasth-egurukul.in) and SAKSHAM LIMS (<https://lmis.nihfw.ac.in>) These courses are accompanied by trainers' guides, that specifies training norms and other operation considerations for roll-out.

To ensure the quality and impact of training, a robust Training Quality Assurance (QA) framework was introduced, comprising Internal Quality Check (IQC) and External Quality Assurance (EQA). The IQC help in improving the training modules and content delivery and is designed to identify gaps during the training process, providing immediate scope for improvement. EQA ensures an independent verification of training quality and impact, external to the training delivery process. This dual-layered approach fosters continuous improvement and alignment with NTEP objectives.

A Training Information Management System (TIMS) was also developed to streamline training supervision, monitoring, and evaluation. Piloted in Himachal Pradesh, Telangana, and Goa, this system aids state and national program managers in effective planning and execution and is slated for nationwide rollout.

To strengthen state capacities, two national-level workshops were conducted to build the capabilities of state-level training institutes and equip program managers with tools for planning, executing, and monitoring training initiatives. Between January and September 2024, 24 states and four union territories implemented the modernized training system, successfully training 1,970 personnel.

In support of the 100-day campaign for TB elimination, cadre-specific sensitization content was developed and hosted on the Saksham LIMS platform. Certification was made mandatory for field staff involved in campaign activities, reinforcing a structured and outcome-focused approach. These advancements reflect a transformative shift in capacity-building efforts, underpinned by innovation, scalability, and alignment with the national objective of TB elimination.

9. Financial Allocation to NTEP

NTEP has been utilising the funds made available to the programme as under

Sl. No.	Year	Fund made available (Rs. in crores)	Expenditure (Rs. in crores)	% achievement
1	2020-21	3109.93	3097.98	100%
2	2021-22	3409.94	2086.82	61%
3	2022-23	1666.33*	910.83	55%
4	2023-24	1888.82*	1179.68	62.46%
5	2024-25 [#]	2071.03*	1897.89	91.64%

* From the year 2022-23 onwards the allocation is excluding of cash grant to States/UTs which is being released by NHM directly to States/UTs as a common pool i.e. RCH Flexible Pool which includes TB.

#Exp. till 10.12.2024.

10. National TB Call Centre - Ni-kshay Sampark

The National TB Call Centre- Ni-kshay Sampark (1800-11-6666) is managed by Central TB Division and is operational all 7 days in a week, from 7 am to 11 pm. The operations of Ni-kshay SAMPARK commenced in May-2018 and is currently operating from two sites of Noida & Pune. It provides inbound and outbound call services in 14 languages for all States & UTs of India. The National TB Call Centre has implemented Origin dependent Routing IVRS for TB Helpline 1800-11-6666 so that the patients/citizens can directly seek help in their own regional language. TB Call Centre resolves queries related to TB for citizens, TB patients, public health providers and private health providers.

Total 3.89 Lakh calls queries have been answered by the TB call centre from Jan-24 to Sep-24. TB Call centre also resolves queries of citizens/patients related to Hepatitis under National Viral Hepatitis Control Programme (NVHCP). Total 1041 queries of Hepatitis have been answered from Jan-24 to Sep-24.

TB Call Centre has successfully Tele-counselled to 4.84 Lakhs TB patients on treatment support provided under the programme from Jan-24 to Sep-24.

11. Overview of an adult BCG Vaccination programmatic study

11.1 Background and study approvals:

Ministry of Health and family welfare in consultation with experts have decided to implement Adult BCG Vaccination in study mode to synergize the efforts to accelerate pace of decline in Annual incidence. ICMR, National Tb Elimination Programme and Immunization Division have

collaborated to implement this study. BCG vaccine was the only choice of TB Vaccine currently approved and available in the country, with its proven safety profile for over a century.

Following thorough review of literature on efficacy and safety of Adult BCG vaccination and multiple scientific and administrative deliberations, the programmatic study of BCG vaccination in select 6 high-risk vulnerable adults (>18-year age). The study is approved by the Central Ethics Committee on Human Resource (CECHR)- ICMR.

11.2 Details of the study:

- **Title of the study:** Effect of BCG vaccination amongst vulnerable adult population on reducing TB disease: a programmatic study
- **Study design:** Programmatic stratified cluster randomized parallel arm study

11.3 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 upto a period of 36 months post-intervention.

Secondary objective-

- 1) To determine the effectiveness of adult BCG vaccination against active tuberculosis with annual review.
- 2) To determine safety of adult BCG vaccination under programmatic settings in vaccinated individuals with annual review.

11.4 Study participants and settings: Individuals of more than 18 years belonging to the following 6 criteria and providing consent are included in the study. 1) People who are reported to have at least one

episode of TB in past 5 years. 2. Close contacts of TB patients 3. Individuals with a Body Mass Index of less than 18 kg per sq.mts 4. Individuals with a history of smoking tobacco (Current user / Past User)- self reported 5. Individuals with history of Diabetes (Self- reported) 6. Individuals aged 60 years or above.

24 States/ UTs shared willingness for participation in the study. 50% of the districts are assigned to the intervention group where a single dose of BCG vaccine (0.1 ml intradermal injection on right upper arm) is being given/ will be given in addition to existing efforts of NTEP. The remaining 50% districts are in the control group and would continue with existing efforts of NTEP.

11.5 Status of implementation:

The study was launched on 10th January 2024 in South Goa district. 14 out of 24 states have initiated the vaccination and till 10th December 2024 more than 9.5 million vulnerable adults have been vaccinated with BCG. Rest of the states are in various stages of preparation.

11.6 Use of technology in the study:

A dedicated TB-WIN online portal has been designed for registering all vaccinated individuals. Details of all beneficiaries followed up on pre-defined periodic intervals are duly recorded in Ni-kshay follow up module. All the cases of side effects ie minor, severe and serious AEFI post adult BCG vaccine are reported on a dedicated TB-WIN SafeVac.

12. Pradhan Mantri TB Mukh Bharat Abhiyaan (PMTBMBA) - (Ni-kshay Mitra Initiative)

The Pradhan Mantri TB Mukh Bharat Abhiyaan (PMTBMBA) is an ambitious initiative launched by the Ministry of Health and Family Welfare (MoHFW) of India as part of the country's commitment to achieving the Sustainable Development Goals (SDGs), particularly the goal of eliminating tuberculosis (TB) by 2025, ahead of the global target of 2030. The program was launched by Her Excellency, Smt. Droupadi Murmu, Hon'ble President of India on 9th September 2022. The initiative focuses on community support for individuals affected by TB, aiming to provide comprehensive care, including nutritional, diagnostic, and vocational support, directly within communities.

12.1 Key Features:

- **Community Engagement:** The initiative aims to engage local communities in the fight against TB by involving volunteers known as Ni-kshay Mitra (NM)/Donors, who support TB patients and their families through various forms of assistance.
- **Holistic Support:** The program emphasizes the provision of holistic support, which includes improving access to essential services, nutritional aid, diagnostics, and vocational training. This support is vital for improving the well-being of TB patients and their families.
- **Multi-Sectoral Response:** Recognizing that TB is not just a health issue but also a social one, the PMTBMBA encourages a multi-sectoral approach to address the social determinants of TB, such as undernutrition, poor living and working conditions, and lack of access to medical services.
- **Corporate Social Responsibility (CSR):** The program also leverages the support of businesses and institutions through their Corporate Social Responsibility (CSR) activities. The collaboration with the private sector helps scale up resources and broaden the scope of the initiative.
- **Expanded Scope:** Initially aimed at providing support solely to individuals affected by TB, the scope of the initiative has been extended since November 2024 to also include the family members and household contacts of TB patients, thereby extending the reach of the program and ensuring comprehensive care for all those affected.
- **Role of Societal Institutions:** The initiative encourages collaboration with societal institutions, which play a crucial role in addressing the social factors that contribute to the spread of TB. This includes community organizations, local governments, and other non-governmental organizations (NGOs).

12.2 Objectives of the Initiative:

- **Achieve TB Elimination by 2025:** The primary goal is to eliminate TB by 2025, aligning with India's commitment to SDG targets for TB elimination.
- **Improve Community Engagement and Awareness:** Raise awareness about TB, its

prevention, and the importance of timely treatment within local communities.

- **Strengthen Healthcare Access:** Improve access to diagnostic, treatment, and nutritional support for TB patients, particularly in underserved areas.
- **Support for Families and Communities:** By involving communities, the initiative provides broader support for TB-affected households, addressing not just medical needs but also the social and economic challenges they face.

12.3 Key Achievements:

- **Participation:** Over 1.80 lakh Ni-Kshay Mitras from diverse sectors such as elected representatives, political parties, corporations, institutions, NGOs, and individuals have committed to the initiative.
- **Support for TB Patients:** The initiative has secured consent from more than 96% of consented TB patients, with 11.95 lakh patients actively supported.
- **Nutritional Assistance:** Over 22.42 lakh nutrition baskets have been distributed within the first 26 months since its launch.

12.3 Current Status (As of December 10, 2024)

- TB Patients on Treatment: 15.77 lakh
- TB Patients Consent to Receive Support: 11.95 lakh
- Ni-Kshay Mitra Registrations: 1,80,152
- Ni-Kshay Mitra Agreements: 1,61,025
- Commitment from Ni-Kshay Mitra: Supporting 11.95 lakh TB patients
- Patients Supported (Linked to): 11.93 lakh
- Food Baskets Distributed: 22.42 lakh

12.4 Political and Institutional Support

- The initiative has garnered support from high-ranking political leaders across 27 States/UTs, including Hon'ble Governors, Ministers, and Chief Ministers.
- The Indian Air Force (IAF) has also joined as a Ni-Kshay Mitra, supporting around 1,000 patients in Delhi through collective contributions from their personnel.

12.5 Additional Impact

1. **Nutritional Support:** The Ni-Kshay Mitras provide not only nutritional aid but also become companions to TB patients, helping to foster a sense of community and moral support.
2. **Stigma Reduction:** By facilitating direct interaction between Ni-Kshay Mitras and TB patients and their families, the initiative has contributed to reducing the social stigma associated with TB. This platform enables patients and their families to engage with stakeholders, further promoting understanding and empathy.
3. **Support Models:** The initiative leverages a variety of support models, including individuals, NGOs, and corporate sectors through CSR contributions, which helps create a widespread impact across different regions.
4. **Comprehensive Support:** The Ni-Kshay Mitra role goes beyond nutritional assistance to include offering job opportunities and emotional support, which help address underlying issues such as poverty and stigma associated with TB.

The Ni-Kshay Mitra initiative has proven to be an effective model in addressing the challenges posed by TB, by offering not just nutritional support but also contributing to reducing stigma, improving community engagement, and fostering a compassionate environment for those affected by the disease. The widespread participation of diverse groups and institutional support highlights the initiative's broad societal impact.

The PM applauded the compassion and collective effort of these community leaders and young individuals in helping TB patients, underscoring how the involvement of people from all walks of life is pivotal in achieving the goal of a TB-free India. The PM encouraged more people to come forward and take part in the Ni-kshay Mitra program, which provides various forms of support to those affected by TB, such as nutritional assistance, emotional support, and financial aid.

This initiative is a key part of India's mission to eliminate TB by 2025, five years ahead of the global target set by the World Health Organization.



13. Advocacy, Communication, and Social Mobilization (ACSM):

ACSM strategy at the Central TB Division (CTD) aims at building awareness about TB by addressing misconceptions and raising demand for TB services throughout the country. Regular and continuous ACSM interventions have been organized at the national as well as state level to enhance Janbhagidari- community based initiative to fight against TB in India.

To make ACSM strategy more effective in states, TB Tuesdays sessions have been virtually organized to review and build capacity of all the States and uptake of strategic ACSM plans. The interactive sessions have been widely appreciated and participation of all levels (STOs, DTOs, PPM Coordinators, IEC Officers, partners, consultants) to improve ACSM activities as per the state annual Performance Improvement Plans (PIP) and encompass multifaceted approaches targeting community level ACSM activities as well as mass media campaign.

The "TB Harega Desh Jeetega" campaign of NTEP has been successfully conducted various activities to raise awareness about TB symptoms, prevention, and the importance of early diagnosis and treatment. The main highlight of the campaign is to focus on increasing testing as well as enhancing treatment coverage. The key messages on NTEP are reaching millions through mass media (television, radio, and social media) as well as community-based outreach in the country. The ACSM activities have been gaining momentum due to its systematic planning and execution.

Nationally as well as under the aegis of CTD state level ACSM workshops and reviews have been

regularly organized to reshape and revisit the plans for the ACSM campaign of NTEP. Few thematic areas of ACSM discussed during the workshops held in 2024 are:

- Enhance community involvement for achieving TB Mukta Bharat
- Emphasized on leveraging cost-effective new age digital media to enhance the impact of TB elimination efforts
- Role of Interpersonal Communication (IPC) strategy to reduce stigma around TB

States Officials briefing about their ACSM activities during National ACSM workshop

During the state level reviews, CTD has instructed states to demonstrate the progress of ACSM activities as well as showcase the engagement key stakeholders such as political and administrative leaders, Panchayati Raj Institution members, Private Providers for improving programmatic indicators.

Under the leadership of Dr Urvashi B Singh-DDG TB, Officers of CTD and representatives from partner organizations attending the ACSM state review

Meri TB Ki Kahaani: The innovative activity of Meri TB Ki Kahaani has been providing opportunity to TB Vijetas to share their journey of getting cured from TB. This is a digital platform where TB Vijetas share their stories not only for raising awareness on TB but also it inspires others to join hands for TB elimination efforts. TB Vijeta across states have already shared stories and people can see them in this digital platform (www.meritbkikahaani.org).

World TB Day Observance: Every year NTEP has been taking the opportunity to leverage its awareness campaign nation-wide by organizing widespread awareness programs for World TB Day. The major events of World TB Days normally are national seminars, rallies, school outreach, community awareness meeting which have been organized in collaboration with states and district authorities. The World TB Day on 24th March 2024 also successfully observed nationwide by organizing various awareness activities.

New Initiatives: Since last few years, mass media campaigns including social media campaigns have been accelerated to reach people from all states of India. The states are also instructed to replicate national media campaigns in their states in local languages. The social media campaigns have also been able to reach people across states while informing them on key messages of TB elimination as well as updates on new activities such as Adult BCG Vaccination study, launching of BPaLM regimen.

The targeted ACSM activities towards TB patients have been able to empower 30,000 TB Vijeta to participate in awareness and advocacy activities of NTEP. The new inclusion of ACSM is the introduction of crowd contests for community participation to generate slogans on Health Seeking Behaviour, Asymptomatic TB amongst vulnerable groups on MyGov. More than 1200 participants have participated in this contest so far. This initiative has been launched to enhance community involvement, which have been getting good response. To give ACSM more impetus, CTD have been encouraging states to translate awareness materials developed on different thematic areas such as Community Support to TB patients, TB Prevention and disseminated for improving communication.

4. 100 Days TB Camp – Nikshay Shivar:

14.1 Goals:

- To increase case detection through intensified IEC campaign on community awareness and screening & testing of vulnerable populations
- To reduce death among people with TB by implementing a differentiated TB care approach with nutritional support interventions
- To prevent occurrence of new TB cases in the community by providing TB preventive

treatment to household contacts, PLHIV & vulnerable populations

14.2 Geographical prioritization:

To identify high focus districts, the following criteria has been adopted:

Sr. No.	Criteria*	Number of districts
1	Death rate $\geq 3.6\%$ & presumptive TB examination rate (testing rate) $< 1700/\text{lakh population}$	195
2	Death rate $\geq 3.6\%$ & presumptive TB examination rate (testing rate) ≥ 1700	119
3	Incidence rate $\geq 200/\text{lakh population}$	21
4	TB Prevalence $> 400/\text{lakh population}$	12

Key strategies

NTEP will accelerate its strategies to reduce TB incidence and TB related deaths. There will be special focus on vulnerable and marginalized populations. A summary of key interventions and approaches are provided below:

Key strategies to reduce TB Incidence:

To identify early and all TB patients, there will be focus on identification of high burden area, mapping vulnerable population and conduct proactive extensive screening & testing campaigns (Ni-kshay Shivar). The methods of screening and testing use high sensitivity tools like X-Ray, Nucleic Acid Amplification Test (NAAT) and any newer tool as available in the future. High Risk Groups

- Previous TB patients
- Household contacts of TB patients
- People with malnutrition,
- People with diabetes,
- People with HIV,
- People over 60 years
- History of smoking or alcohol use

Screening coverage aims to move to a 3-pronged approach as under:

- Screen 100% of line-listed vulnerable populations through active case finding in the community
- Screen 100% among those attending special Outpatient Department (OPDs) like HIV, Non-Communicable Diseases (NCD), Tobacco Cessation Clinics, Cancer, Dialysis, etc
- Screen at least 10% of adult OPD in community health centers (CHCs), sub-district hospitals (SDHs), District Hospitals (DHs) and Medical Colleges and 5% in Primary Health Centres (PHCs), Sub Health Centres (and similar urban primary care facilities).

Vulnerable individuals identified and after ruling out active TB would be tested for TB infection. If eligible, these vulnerable individuals would be offered TB preventive treatment, using shorter 3HP regimen (with once a weekly dose). People living with HIV (PLHIV) will be offered 1HP after ruling out active TB.

Key strategies to reduce TB deaths:

To reduce TB mortality, the strategy focuses on early diagnosis and appropriate treatment of TB patients. A differentiated TB care approach will be implemented by which risk-stratifications of all TB patients will help identify high-risk TB cases for intensified care. This approach is focusing on assessing individuals for severity of disease and for presence of comorbidities such as diabetes, HIV, cancer, or chronic conditions of the heart, kidneys, or liver, that could lead to disease worsening. These high-risk patients will be provided a prioritized medical care, including hospital admission if required, to ensure timely intervention as well as care for comorbidities.

Nutritional support is a crucial aspect of TB treatment. The Ni-kshay Poshan Yojana (NPY) provides a monthly incentive of Rs 1,000 to support dietary needs during TB treatment, while the Ni-kshay Mitra Initiative extends nutritional support to household contacts of TB patients. Additionally, patients with a body mass index (BMI) below 18.5 will be provided with two months of energy dense nutritional supplements (EDNS) along with their TB treatment, bolstering their chances of recovery.

Campaign Implementation Timelines

The 100 days campaign will be launched on 7th December 2024 and will culminate on 24th March 2025 – the World TB Day. Below are the timelines for the campaign implementation

Timelines	Activities
Before campaign launch	
1 -14 October 2024	Finalization and approval of Campaign, Communication to States
11 – 18 October 2024	Sensitization of States & Resource Mapping
23 October 2024	Orientation of State TB Officers
7 – 15 November 2024	- Training & Micro planning at grassroot level - Mapping & Identification of Vulnerable Population and Community Mobilization
16 – 30 November 2024	Pre-campaign visits by Prabhari officers to states & districts
6 December 2024	Completing the preparation for campaign
Launch of Campaign – 7th December	
7 December 2024	Launch of campaign in all State/UTs & 347 Districts
8 December 2024 – 17 March 2025	- Ni-kshay Shivir and implementation of campaign activities at District / Block and Panchayat level - Concurrent monitoring of indicators - Supervisory visits to States & Districts
17 – 23 March 2025	- Analysis of data of campaign - Shortlist best performing districts and states
Culmination of Campaign – 24th March 2025	
24 March 2025	World TB Day Celebration Culmination of Campaign

Expected outputs:

The campaign will impact positively towards the overall goal of reducing mortality and morbidity due to TB. Specific Outputs expected from the Campaign are as under:

- Detect additional 2 lakh cases

- At least 90% screening by X-Ray of line-listed vulnerable individuals and 90% testing by NAAT
- Increase upfront NAAT for diagnosis of TB/MDR-TB from existing 30% to 70% testing of patients with presumptive TB.
- 100% coverage by Ni-kshay Poshan Yojana & Ni-kshay Mitra.
- 50,000 Panchayats prepared for TB free certification

1.7.4 National Iodine Deficiency Disorder Control Programme (NIDDCP)

- In August 1992, the National Goitre Control Programme (NGCP) was renamed the National Iodine Deficiency Disorders Control Programme (NIDDCP) to address a wide range of iodine deficiency disorders, including mental and physical retardation, deaf-mutism, cretinism, stillbirths, and abortions. The programme is implemented nationwide. NIDDCP aims to reduce IDD prevalence to below 5% and ensure 100% household consumption of adequately iodized salt (15ppm).

Objectives: The Objectives of the National Iodine Deficiency Disorders Control Programme are as follows:

- Surveys to assess the magnitude of Iodine Deficiency Disorders in the districts.
- Supply of iodated salt in place of common salt.
- Resurveys to assess iodine deficiency disorders and the impact of iodated salt after every 5 years in the districts.
- Laboratory monitoring of iodated salt and urinary iodine excretion
- Health Education and Publicity

Activities:

- Technical guidance to the States/UTS.
- Inter-sectoral co-ordination at Central level and maintenance of close liaison with the Ministry of Industry/Transport etc.
- Coordination of the various facets of NIDDCP in States/UTS
- Undertaking independent IDD surveys and monitoring in various States/UTS.
- Imparting training to the State Health Personnel, involved in NIDDCP.

- Collection, compilation and analysis of relevant data from States/UTs with a view to render more effective and meaningful advice
- Monitoring of the quality control of iodated salt at production level through the Salt Commissioner and at the distribution and consumer level through the State Health Directorate.
- Monitoring the procurement and distribution of iodated salt in States/UTS
- Managing the IEC activities at apex level and the financial and other physical aspects of State level IDD Cells.

Important Achievements:

- Over the years, Total Goitre Rate (TGR) in the entire country has reduced significantly.
- Production & Supply of Iodized salt in the country was 78.58 lakhs Metric Tons and 75.66 lakhs Metric Tons respectively during 2020-21 (as per information from SCO).
- Consumption of Iodized salt at household level increased to 94.3% as per National Family Health Survey Report – 5 (2019-21) from 76% in NFHS-2 (1998-99).
- As per Comprehensive National Nutrition Survey conducted by MoHFW in 30 States/UTs (between 2016 to 2018), the Urinary Iodine Concentration (mUIC) level in children (1-9 yrs) and adolescents (10-19yrs) was >100µg/Litre (optimal nutrition iodine).
- Regulation No.- 2.3.12 of Food Safety and Standards (Prohibition and Restriction on Sales), Regulation, 2011 restricts the sale of common salt for direct human consumption unless the same is Iodized.
- National Reference Laboratory for monitoring of IDD set up at NCDC, Delhi and Four Regional laboratories-- one each at NIN, Hyderabad, AIIH&PH, Kolkata, AIIMS, Delhi and NCDC, Delhi designated as Regional IDD Monitoring Labs to conduct training, monitoring, quality control of salt and urine testing.
- For effective implementation of NIDDCP, 34 States/UTs have established IDD Control Cells and IDD monitoring laboratories.
- Extensive IEC activities carried out to create awareness about the regular consumption of iodated salt in prevention and control of IDD through Doordarshan, AIR, Directorate of

Field Publicity, Song and Drama Division & DAVP.

- Regular Trainings of State Programme Officers and Laboratory personnel - capacity building.
- Regular Review Meetings with State / UT Officials– leading to administrative commitment, thereby improvement in Quality of implementation.

Consumption of Iodated Salt at Household Level (% of population) as per NFHS 5 (2019-21) is 94.3%.

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 2023' report, there were an estimated 25.44 lakh (21.68 lakh–30.38 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 2023 is provided in the table below:

Table 1: National Summary of the HIV/AIDS Epidemic 2023

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	25.44 (21.68 -30.38)
	Adult (15+ years)	24.81 (21.15 -29.61)
	Women (15+ years)	11.22 (9.56 -13.32)
	Children (<15 years)	0.63 (0.51 -0.79)
	Young people (15 -24)	1.63 (1.27 -2.17)
New HIV Infections (In Thousand)	Total	68.45 (45.85 -107.08)
	Adults (15+ years)	66.11 (44.41 -102.86)
	Women (15+ years)	27.04 (18.10 -42.16)
	Children (<15 years)	2.35 (1.37 -4.34)
	Young people (15 -24)	16.19 (10.76 -25.28)
AIDS -related deaths (In Thousand)	Total	35.87 (24.32 -54.40)
	Adults (15+ years)	34.68 (23.56 -52.26)
	Women (15+ years)	11.32 (6.44 -19.09)
	Children (<15 years)	1.19 (0.60 -2.45)
	Young people (15 -24)	0.90 (0.56 -1.47)

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.

Table:2: Expenditure 2023-24 (Rs. in crore)

Financial Year	Outlay	Expenditure
2023 -24	2318.41	2313.58

Against the Budget Allocation (BE) 2024-25 of Rs. 2700.00 crore, sanctions amounting to Rs.1833.75 crore have been issued upto 31st December 2024.

1.8.3 MAJOR ACHIEVEMENTS FROM JANUARY 2024 TO SEPTEMBER 2024

1.8.3.1 Information, Education and Communication (IEC)

IEC plays a crucial role in spreading awareness about HIV prevention and motivating individuals to seek testing, treatment, care and support. Activities under IEC have made significant progress in promoting behaviour change the High Risks Groups and General Population, encourage and sustain positive healthy behaviours among individuals and communities. NACO uses multi-media approach such as mass-media, mid-media and social media both at the National and State level. The thematic campaigns are identified based on the programme needs and targets under NACP and conducted through different media channels like Doordarshan, Cable and Satellite channels, All India Radio (AIR), FM Radio, different outdoor mediums, Newspaper, Social media, etc. NACO has also extensively used the folk media as an innovative tool for developing an effective communication package to reach the unreached areas and social media to reach out to the young population. Outdoor activities like hoardings, bus panels, pole kiosks, information panels, wall-painting and panels in railways and metro trains were implemented by the State AIDS Control Societies to disseminate information on HIV prevention and linking them to HIV related services. In August 2024, Intensified IEC Campaign, an innovative approach implemented by NACO and SACS to reach out to the general population even in the most remote areas of the country. The National Toll-Free AIDS Helpline-1097 is also widely publicised for information dissemination and actively linking the target population for access to services.

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 behaviour, enhance sexual health and prevent HIV infections through a 16-hour curriculum. AEP is being implemented in Government schools in collaboration with NCERT. A 16-hour curriculum is delivered to adolescent students in classes IX and XI, covering more than 68,000 schools nationwide.



Red Ribbon Club (RRC): RRC target youth aged 15-29 years in colleges. The objective of the RRC is to educate the youth with accurate and comprehensive information, increasing their awareness of HIV/AIDS, sexually Transmitted Infections and related issues. These clubs provide access to information on HIV/AIDS, voluntary blood donation, and safe sexual practices. Currently, there are over 14,000 functional RRCs in colleges across the country.

Out of School Youth (OSY): OSY interventions aims to cover the dropout students / youth from Schools and Colleges under HIV/AIDS prevention Programmes through Nehru Yuva Kendra Sangathan (NYKS) and few NGOs in 22 States.

National Toll-Free AIDS Helpline-1097: The Helpline offers information on HIV and AIDS, counselling for potential HIV exposure and referrals to service facilities while maintaining caller anonymity and confidentiality. The Helpline recorded 4,00,951 calls, providing round-the-clock assistance in 16 languages, ensuring accessibility across the entire country. This platform remains crucial in offering anonymous, stigma-free support to both the general public and high-risk populations.



Social Media: Social media is a powerful communications medium, with widespread influence over individuals in urban as well as rural areas. NACO has been leveraging platforms such as Facebook, X, Instagram and YouTube to effectively disseminate information regarding HIV prevention, promotion of testing, services under the national programme and reduction of stigma and discrimination associated with HIV. The idea behind exploring these digital platforms has been to bring upfront the issues related to wellbeing of people living with HIV and to eliminate the stigma and discrimination attitude against people living with and affected by HIV. The social media platforms of NACO and SACS have also been involving social media influencers to motivate and inform the youth on the issues related to HIV/AIDS and promoting days of national and international importance. The various digital platforms of NACO which gave a boost of 9.5 Million reach on Facebook, 6.4 Million on Instagram and an average 160 impressions per post on X.



Observance of World AIDS Day 2024:

The World AIDS Day, 2024 was observed at Devi Ahilya Vishwavidyalaya auditorium, Indore, Madhya Pradesh. This year's theme, "Take the Rights Path", emphasizes the importance of ensuring equal rights, dignity, and access to healthcare for all, particularly for those living with or affected by HIV/AIDS. The event was graced by the presence of Hon'ble Union Minister of Health &

Family Welfare, Shri Jagat Prakash Nadda, as the Chief Guest, along with the Hon'ble Chief Minister of Madhya Pradesh, Dr. Mohan Yadav as the Guest of Honour. This year the programme featured impactful activities, such as an innovative exhibition showcasing key programmatic components like the digital ecosystem adopted by NACO, community engagement, achievements made through the campaign-based approach, and a variety of hand-crafted items made by the beneficiaries.



The event was attended by over 2,500 people, including senior Government representatives, communities, NGOs, CSOs, development partners, and youth. Shri Rajendra Shukla and Shri Jagdish Devda, Deputy Chief Ministers of Madhya Pradesh; Shri Tulsiram Silawat, Cabinet Minister for Water Resources, Madhya Pradesh; Shri Narendra Shivaji Patel, Minister of State for Public Health and Medical Education; Shri Vishnu Dutt Sharma and Shri Shankar Lalwani, Members of Parliament (LS) from Madhya Pradesh; Shri Pushyamitra Bhargav, Mayor, Indore Municipal Corporation; Smt. Punya Salil Srivastava, Union Health Secretary; Smt. Hekali Zhimomi, Addl. Secretary, Union Health Ministry; Dr Roderico H. Ofrin, WHO Representative to India, UNAIDS Country Director India, Mr. David Bridger and other distinguished guests also graced the event.

Intensified IEC Campaign: Keeping in mind the objectives of NACP V, for the first time, NACO along with the State AIDS Control Societies (SACSS) launched the 'Intensified IEC Campaign' on 12th August 2024 across the country on the occasion of International Youth Day. The objectives of the Intensified IEC campaign were to (i) Enhance Knowledge and Understanding of HIV and STI among the General Population & (ii) Promote Safe Practices, Reduce Stigma, and Create Demand for HIV/STI Services among the General Population.

Several programmes such as village level meetings, awareness sessions at schools and colleges, folk performances by trained folk troops, flash mobs, rally etc. were organized and IPC sessions were held. The campaign also ran a nationwide social media campaign with hashtags on thematic areas. A large number of individuals were also reached through the social media handles of NACO and SACS. Special Camps at Government Hospitals and intervention at the slum areas were also held. Themes for each week (8 weeks) of the campaign were meticulously planned. The campaign witnessed support from the leaderships of the State/UTs. The Hon'ble Chief Ministers of 03 States/UTs (Himachal Pradesh, Tripura, and Puducherry), Hon'ble Health Ministers of 11 States (Arunachal Pradesh, Chhattisgarh, Haryana, Karnataka, Madhya Pradesh, Manipur, Meghalaya, Nagaland, Odisha, Punjab, and West Bengal) and several important notable dignitaries participated in



1.8.3.2 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), inmates in Prisons (referred to as HRGs) and Bridge Populations like Migrants and Transport Workers. These groups receive services through a network of 1,590 NGOs/CBOs-led Targeted Interventions (TIs), 164 Link Worker Schemes (LWS), 449 Opioid Substitution Therapy (OST) centers including satellite centres, and 1236 Prison and 582 Other Closed Setting (OCS) interventions.

the State level campaign launch events. The campaign also engaged influencers and popular personalities. The campaign reached out to more than 1.25 lakhs villages, 51 thousand schools, 14000 colleges and thereby sensitizing over 2.2 crore individuals.

National Red Ribbon Quiz competition: The National Red Ribbon Quiz Competition 2024 was organized on 21st December, 2024 at the Urja Auditorium, Patna. The event was graced by the Hon'ble Minister of Health, Government of Bihar Shri. Mangal Pandey as the Chief Guest; Dr. A. K. Puri, Deputy Director General, NACO and Shri Prathiba Rani, IAS, Project Director, BSACS. The national quiz was conducted between four teams (Assam, Bihar, Karnataka and Jammu & Kashmir), who were the winners from Regional Red Ribbon Quiz Competitions. This event was witnessed by more than 1000 members of various Red Ribbon Clubs, media and officials of State AIDS Control Societies participating in the event in Bihar.



Performance of TI Activities under NACP (January 2024 to November 2024)

- TI covers more than 95% of the estimated HRGs 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.

Table 3: Typology-based TIs and Coverage as of November 2024

Sr. No.	Typology	No. of TIs	Coverage (In Lakh)	Coverage against the estimated population (%)
1.	Female Sex Workers	293	11.06	>95
2.	Men Having Sex with Men	68	3.92	>95
3.	People Who Inject Drugs	201	2.73	95
4.	Hijra/Transgender	41	0.93	>95
5.	Migrants	200	56.25	65
6.	Truckers	74	10.90	>95
7.	Core Composite*	713		

Source: Monthly Indicators for TI Reporting (MITR), * Core composite interventions include multiple HRGs and Bridge population groups within a single TI

- HIV testing is provided to all HRG once in every six months with more than 75% compliance across all typologies.
- All HRG are provided with regular medical check-up for STI/RTI once in a quarter. Percentages of STI diagnosis and treatment in 2023-24 among different HRGs were as follows: 1.48% for FSW, 1.00% for MSM, 0.38% for PWID, and 1.27% 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 81% for FSW, 77% for MSM, 73% for PWID, and 76% for TG/H. Reactivity was reported at 0.16% overall and, the highest in the TG/H population at 0.39%.
- TB-HIV linkage activities ensure screening for HRGs four times per year. Bridge populations are screened at their clinic visits. Approximately 62.47 lakh HRGs and 31.78 lakh bridge populations were screened for TB, resulting in 1.16% of HRGs and 2.07% of bridge populations diagnosed with TB and were treated.
- Needle and syringe distribution to PWID reached 98% (682 lakh) of the demand with 71% (599 lakh) of needles/syringes returned to TIs for proper disposal.
- Condom distribution met 77% of the demand among the HRGs.
- The percentage of HRG and bridge population living with HIV and on ART ranges from 91% among migrants to 97% across all the typologies.

Table 4: HRG living with HIV under NACP (January to November 2024)

Typology	No. of HRG living with HIV registered at ART Centers	No. of HRG currently on ART	Achievement (in %)
FSW	15,128	14,684	97
MSM	10,853	10,533	97
PWID	23,511	22,430	95
TG/H	3511	3410	97
Migrant	5464	4967	91
Trucker	1388	1329	96
Total	59,855	57,353	96

Source: Monthly Indicators for TI Reporting (MITR)

Opioid Substitution Therapy (OST) for PWID

- Under OST, opioid-dependent PWID is administered long-acting opioid agonist medication through sublingual delivery. 58,648 of the active clients are registered at 449 OST centers including Satellite centres as of November 2024. 181 Satellite centers are established 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 November 2024, 164 LWS have been implemented across 173 districts in 20 states against the 171 approved in the current financial year. As of November 2024, LWS covered 88,333 FSW, 13,005 MSM, 16,528 PWID and 1,473 TG/H. It also reached 8.47 lakh Migrants and Transport Workers, 9,92,872 Other Vulnerable Populations, 15,149 TB cases, 2,01,894 ANC cases and 26,729 PLHIV.

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 November 2024, 13,49,343 inmates (Prison-13,12,033 and OCS-337,430) were covered and 11,92,167 (Prison-11,64,128 and OCS-25,039) received HIV counselling and testing services, with 4,553 inmates (0.38%) diagnosed with HIV, of whom 3,827 (84.1%) were registered at ART centres. Additionally, 772 TB cases and 2,422 STI cases were diagnosed and were successfully treated.

Other key activities done under prevention among HRGs and bridge population during January 2024 to November 2024

- A National Review and Consultation Meeting

on Prevention Activities under NACP-V was held on 13th and 14th November in Madurai, Tamil Nadu. The meeting was held under the Chairpersonship of Dr. Shobini Rajan, HoD (Prevention, Basic Services, and STI), NACO, MoHFW, Govt. of India. Tmt. R. Seethalakshmi IAS, Project Director of Tamil Nadu SACS, D. Saiprasad Bhavsar, Deputy Director (Prevention, BSD, & STI); Prevention Officers (Joint Director/Deputy Director/Assistant Director) from State AIDS Control Societies (SACS); and team members from the Prevention Division of NACO and TANSACS. The objectives of the meeting were to review the progress made by State AIDS Control Societies on Prevention activities outlined in the approved Annual Action Plan for 2024-25, build capacities of SACS on new operational guidelines and Standard Operating Procedures (SoPs), and brainstorm on forthcoming Prevention Summit 2025.

- A two-day National Consultation on Health Interventions for Substance Use Disorders held at Guwahati, Assam on 5th and 6th September 2024. During the two days' event, the experts deliberated on the global trends of substance use disorders, the current global policies, strategies, models and best practices for providing a comprehensive health intervention for substance use disorders. The consultation concluded with a call to action for developing a clear strategic direction and evolve a framework for addressing substance use disorders and related comorbidities in coordination with all key stakeholders. More than 75 participants including various government agencies, global and national technical experts along with senior officials from NTEP, NACP, NTCP, NMHP, NP-NCD, Heads of NDDTC/ AIIMS, NIMHANS, Senior Psychiatrists, representatives from civil society organisation and community members attended the consultation.
- National Dissemination of ISHTH Campaign and Review Meeting of Prison & Other Closed Settings Intervention was held under the chairpersonship of Ms. V. Hekali Zhimomi, AS & DG-NACO on 21st & 22nd March 2024 at New Delhi. The objectives of the meeting were to take stock of the progress, develop a plan for future course of action, discuss to increase visibility and

sustainability of P & OCS Intervention and to disseminate the key findings and learnings of ISHTH Campaign. The meeting was attended by more than 147 participants including community representatives, bi-lateral development partners, implementing partners, program experts, representatives from SACS, officials of NACO and Officials from line departments and different ministries.

- 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 HoD Prevention, NACO, with a total participation of 38 trainees, including officers from SACS, representatives from Kshamta Kendra, technical support units and TI programme 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.

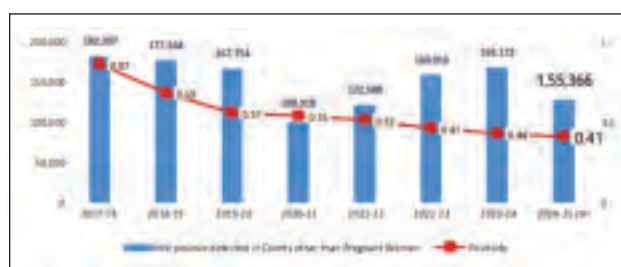
1.8.3.3 HIV Counseling and Testing Services

National AIDS Control Programme have made a significant advance in HIV prevention, and counselling, especially among at-risk, high-risk and vulnerable populations. The programme have enhanced its focus on identification of the at risk population, providing them the needed counselling and testing services while linking the HIV positive patients to the ART Centre for the cascade of services and the HIV negative population to the Sampoorana Suraksha Kendra for providing the cyclical package of preventive services. The technological integration for data-driven interventions have strengthened the program's effectiveness in terms of providing HIV Counseling and Testing Services for At-Risk population in a comprehensive manner. Furthermore, National HCTS guideline was updated and released in 2024. States are encouraged to implement high yield strategies from the HCTS Guidelines 2024, such as index testing, social networking approaches, and mobile outreach initiatives to reach the 'first 95' target.

• Facilities and Coverage:

- o There are 4554 ICTCs available at general health system such as Sub-District Hospitals/ CHCs/HWC across India. Screening at sub-district levels through general health system facilities including private sector facilities promotes accessibility, while Integrated Counselling and Testing Centres (ICTCs) serve as crucial confirmatory sites. ICTCs also implement the Test & Treat policy, facilitating immediate treatment initiation for those confirmed positive.
- o Total 3,78,67,118 crore tests for 'clients other than pregnant women' were conducted. Amongst these 1,55,366 new cases were diagnosed of HIV positive in 2024 (till September). The HIV sero-positivity reported at national level is 0.41 with wide variation across states reflecting different epidemiological dynamics. States/UTs reporting higher positivity rate than national average includes Mizoram (2.10%), Assam (1.74%), Punjab (1.27%), Meghalaya (1.21%), Nagaland (1.12%) Tripura (1.06%), Telangana (0.81%), Arunachal Pradesh (0.75%), Delhi (0.74%), Andhra Pradesh (0.71%), Haryana (0.67%), Chandigarh (0.65%), Manipur (0.63%), Bihar & Mumbai (0.55%), Chhattisgarh (0.52%), Uttarakand (0.48%), Jharkand (0.45%).

Figure 1: HIV sero-positive and positivity (%) FY 2017-18 to 2024-25



- o Index Testing: Index testing plays a key role in breaking transmission cycles. NACO has launched index testing in a campaign mode in April 2024, with the aim of covering all eligible PLHIV. The campaign envisages to scale up the high yielding index testing strategy in the country with further institutionalization of the approach in the existing HCTS ecosystem. During April-September, 2024, around 6,97,267 eligible partners were tested resulting in detection of

32,091 HIV positive cases with positivity of 4.60%.

- o Comprehensive five days training for NACP counsellors: A comprehensive five-days training was conducted by states covering around 6242 counselors (Till September 2024).

Sampoorna Suraksha Kendra (SSK):

- o SSK integrates preventive services, engaging at-risk negative populations to keep them HIV-negative through preventive and comprehensive services for HIV/STI counselling and 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.
- o A standardized risk assessment tool at ICTCs identifies clients at higher risk of HIV, by seeking history on high risk behavioral factors and STIs. During January-November 2024, around 34,74,974 clients were assessed for risk by seven risk assessment questions. A total 6,08,709 clients responded with at least one risk factor.
- o There are 250 functional Sampoorna Suraksha Kendra (SSK) in 250 districts across of 27 States/UTs implemented in immersion learning mode. The at risk clients identified at the ICTCs and the DSRCs are referred to the SSKs for providing the cyclical preventive services to keep them HIV negative. From January to September 2024, a total of 1,64,048 at-risk negative clients have been registered under SSK and are provided with the preventive services.

1.8.3.5 Elimination of Vertical Transmission of HIV and Syphilis:

Elimination of vertical transmission of HIV and/ or Syphilis (EVTHS) to infants is a major goal for the Government of India. The first phase implementation of EVTHS interventions in seven identified states demonstrated significant improvements in EVTHS care cascade in FY 2023-24, including better screening, identification, and care for infected pregnant women and exposed infants, validating the program's potential for broader impact. In April 2024, based on the learning from the first phase, implementation expanded across India in the collaborative approach with the

National Health Mission (NHM) to enhance programmatic reach of EVTHS and improve reporting accuracy.

The EVTHS guideline 2024 has been released to provide guidance on various strategies and activities to be undertaken for successful and timely elimination of vertical transmission. Also, in collaboration with NHM a virtual training on EVTHS was conducted for all concerned SACS and RCH state officers in June 2024. The training material was shared with states for further down training. IEC material in English and Hindi was shared with states for translation (if needed) and further dissemination.

1. HIV testing and Syphilis testing among pregnant women:

- o During January-November 2024, HIV and syphilis testing among pregnant women achieved 83% and 78% coverage, respectively. The sero-positivity for HIV was 0.03 % and for syphilis was 0.04% among pregnant women.
- o The programme diagnosed 9303 syphilis-infected pregnant women and around 48% of those are treated for syphilis.
- o In 2024 (till November) the programme also successfully detected 7,120 new HIV-positive pregnant women through testing during pregnancy and delivery. Additionally, there were 9091 known women living with HIV (WLHIV) on treatment who were registered for EVTHS services. Thus, programme have identified 16,211 pregnant WLHIV against estimated annual estimation of pregnant WLHIV as 19,961 with 96% ART coverage.

2. Management of Exposed Infants:

- o HIV exposed babies are initiated on ARV prophylaxis at births and Early Infant Diagnosis (EID) at (6 weeks, 6 months, 12 months and 18 months). During 2024 (till November), 99% of HIV exposed babies received ARV prophylaxis, and 45,150 EID test were conducted resulting in identifying of 320 HIV positive babies with positivity of 0.71%.
- o Similarly, 271 Syphilis exposed babies have received the treatment at the health facility during April-November 2024.

1.8.3.6 Prevention, Control and Management of Sexually Transmitted Infections and Reproductive Tract Infections

The National AIDS and STD Control Programme is committed to work towards strengthening STI/RTI services in India. The NACP-V aims to ensure universal access to quality STI/RTI services for at-risk and vulnerable populations and attainment of dual elimination of vertical transmission HIV and Syphilis in the country

The STI/RTI services in the country is provided through 1,127 Designated STI/RTI Clinics(DSRCs) branded as Suraksha Clinics under the National AIDS and STD Control Programme which are based at District Hospitals and Medical Colleges. The STI/RTI services are provisioned for key and Bridge populations through 1,577 Targeted Interventions (TI) clinics and 155 Link Worker

Scheme (LWS) in coordination with the general health system. Moreover, these services are also delivered through prison interventions. The services provided at STI/RTI Clinics are counselling, promotion of condoms, screening of STIs, management of STIs through syndromic colour coded drug kits, referral for resistant & failure cases and referral to ICTC for screening of HIV and syphilis.

During January - November 2024, total 66.45 lakh STI/RTI Clients were managed at 1127 DSRC's. During the period, 33.45 lakh HRGs including the inmates of Prison and Other Closed Settings were provided the STI/RTI services. Around 37.02 lakh syphilis screening were conducted among the DSRC clients. The total number of Syphilis reactive cases were 32,395 with the Syphilis positivity found to be of 0.9%.

Table 5: STI/RTI service delivery under NACP-V across India (January 2024-November 2024)

Sr No.	Indicators	Coverage
1.	Total number of DSRCs/ Suraksha Clinics	1127
2.	Total number of TI-Sites providing STI/RTI Services	1577
3.	Total number of clients managed for STI/RTI at DSRCs	66.45lakh
4.	Total number of clients managed of STI/RTI managed among HRGs, Bridge Population and through Prison interventions	33.45lakh
5.	Total number of clients screened for Syphilis at DSRCs	37.02lakh
6.	Total number of Syphilis reactive cases at DSRCs (with positivity)	32,395 (0.9%)

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 & Support Centres (CSCs) under domestic budget to approximately 1.7 million PLHIV across the country as on November 2024 (Table 6(a) & 6(b)).

Table 6(a): Number of PLHIV Alive and on ART under the Care, Support, and Treatment Programme as on November 2024

Beneficiary	Number of PLHIV Alive and On ART
Adult Male	8,43,041
Adult Female	7,83,722
TS/TG	6,786
Children	83,041
INDIA	17,16,590

Table 6(b): Details of service facilities under the Care, Support, and Treatment Programme as on November 2024

ART Centres (This includes ART centres, ART Plus Centres, Fi-ART Centres, PPP ART Centres and ART Centres under NMC)	794
Link ART Centre (includes LAC -Plus Centres)	1307
Care & Support Centres	320

Achievements: Scale up of facilities and services (March 2005 – November 2024)



ART Initiation and 12-Month Retention:

The national average recorded for 12 months' retention was 93% in FY 2023-24. However, the 12-month retention on ART exhibited a significant enhancement from FY 2022-23 to FY 2023-24, with the national average increasing from 82% to 93%. Notably, Mizoram demonstrated a remarkable increase, soaring from 90% to 98%, while Uttarakhand from 79% to 98%. Jharkhand also saw a notable improvement, with its retention rate increased from 78% to 97%, and Andhra Pradesh maintained a positive trend, increasing from 86% to 96%. In contrast, some states, such as Andaman and Nicobar Islands, 12-month retention rate decline from 100% to 93%, and Tripura from 70% to 54%, highlighting critical gaps in service delivery. Additionally, Manipur recorded a slight decrease from 78% to 76%, raising concerns about PLHIV engagement strategies. In states like Arunachal

Pradesh continued to struggle with low retention rates, although it improved from 41% to 73%.

Monitoring of ART retention includes:

- ART Initiation
 - 12-month Retention
1. ART Initiation Rate: ART initiation is 98% in January 2024-November 2024.
 2. Retention: In FY 2022-2023 the national average recorded for 12 months' retention was 82%, which is improved to 93% in 2023-2024.

Other key activities done Under CST during January 2024- November 2024:

Consultation on “Developing roadmap for improving HIV treatment cascade” scheduled during 11th & 12th March 2024 in Jaipur, Rajasthan

A two days' consultation on "Developing roadmap for improving HIV treatment Cascade" is scheduled under the chairpersonship of AS & DG, NACO in Jaipur, Rajasthan during 11th & 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 & MIS cases and for conducting death audits as a regular activity at ART centre.

National Consultation on Strengthening HIV Treatment Service delivery (Operational aspects) scheduled during 26th to 28th September 2024 in Lucknow, Uttar Pradesh

A three days' consultation on "Developing roadmap for improving HIV treatment Cascade" is scheduled under the chairpersonship of AS & DG, NACO in Lucknow, Uttar Pradesh during 26th & 28 the September 2024. Key objectives of the consultation were to strengthening the current HIV treatment strategies and addressing the existing challenges.

Interstate Data triangulation

Interstate data triangulation for data cleaning across states to ensure accuracy and consistency in data. The key focus on data triangulation is to identification of duplicates and inconsistencies in data.

Revision of ART Centre Score Card

In light of the recent developments in data management, The ART Centre Score Card indicators are revised for performance-monitoring of all the ART centres across all states. The ART Centres will prepare the Score Card on quarterly basis and submit it to SACS.

Revision of definition of “on ART” Lost to Follow Up (LFU)

In alignment with global recommendations and also as recommended by the TRG(ART), the revised definition of 'On ART LFU' PLHIV is as follows: "PLHIV on-ART with no clinical contact or ARV pill pick- for more than 28 days since last scheduled/missed appointment date"

Revision of Viral load testing guidelines and Viral load testing algorithm for unsuppressed PLHIV

Viral Load testing guidelines and algorithms for effectively managing unsuppressed PLHIV is revised for implementation across the country.

Implementation of Mortality Assessment Tool (MAT) at ART Centre under NACP

The Mortality Assessment Tool (MAT) at ART Centres is implemented under the National AIDS Control Programme (NACP) for understanding and addressing mortality among people living with HIV (PLHIV). The primary objectives of the MAT are to identify the factors attributed to mortality among PLHIV.

Revision in mandate of Care Support Centres (CSC) under NACP

Under the National AIDS and STD Control Programme (NACP), Care Support Centres (CSCs) play a crucial role in delivering comprehensive care and support services to People Living with HIV (PLHIV). Recognizing the evolving needs of PLHIV and the goal of enhancing the national HIV response, the key priority areas for CSCs have been revised to ensure better implementation and outcomes across all states. These priorities are focused on improving retention in care, strengthening linkages to services, and enhancing patient well-being.

National and Regional Distance Learning Seminars (NDLS/RDLS)

A total of 24 online NDLS sessions were organized from January to November 2024 to enhance clinical and programmatic performance within ART centres and ensure patient-centric care. These sessions successfully engaged over 21,000 healthcare providers across the nation. At the regional level, 76 online RDLS sessions were held in collaboration with the CoEs / pCoEs, effectively reaching out to more than 11,000 healthcare providers nationwide.

HIV Comorbidities (Tuberculosis, Hepatitis and Non-Communicable Disease)

From January-November 2024, 97% of PLHIV attending ART centre were screened for TB through 4S screening at ART centres and out of these 4% were identified as Presumptive TB cases. 89 % of presumptive TB cases were referred to NTEP for diagnosis of TB. Out of the presumptive cases referred up to 100% were tested for TB of which 5% of PLHIV were diagnosed with TB. (Source: MPR Jan 24-Nov 24).

HIV-Hepatitis

The draft Guidance document for providing services to PLHIV, HRGs and patients of Hep. B and Hep. C developed jointly under NACP and NVHCP is in the process of being finalized. This document will provide a framework for an integrated approach to address the needs of PLHIV /key population and

Hepatitis B and/or Hepatitis C patients to avail services at NACP facilities and in general health system. The integration of services provided by the facilities under the two programs will further strengthen the care, support & treatment services to reduce the lost to follow up and reduce deaths aligning with the goal 2 of NACP V to reduce AIDS related deaths by 80%.

HIV–NCD Co-morbidities

NACP and NP-NCD programs have taken the initiative, under the AS & DG, NACO, to develop a framework of integrated service delivery for prevention, screening and management of NCD co-morbidities in PLHIV. In this regard, a joint training was held at National level in July 2024, for training and capacity building of state level program officers of NACP and NP-NCD and to facilitate joint planning for implementation of integrated service delivery at the facility level in each state. In phase 1 of the integrated service delivery for HIV-NCD comorbidities, 11 states have been identified and 2 ART centres in each state, along with their linked NCD clinics and Medical colleges for starting the service delivery.

The major activities undertaken from January to November 2024:

- PLHIV who are 4S negative are offered TB Preventive Therapy (TPT) at the ART Centres. The program has adopted the shorter 1 HP regimen for PLHIV more than 13 years of age who do not have TB and are eligible for TPT. However, for CLHIV less than 13 years of age, pregnant women and PLHIV on Protease Inhibitors, the 6H TPT regimen is still being followed.
- NACO conducted a training & capacity building on the shorter TPT regimen for all SACS and ART center staff and coordinated with the Central TB Division to ensure the supply of the 1 HP regimens to all SACS & ART centers
- An online joint review meeting was also held to review the status of adoption of shorter TPT regimens across the country and how the data on TPT was being recorded at the facility/district level (Whether entered in SOCH or Ni-Kshay portal)
- Intensified Case finding for TB through 4S screening is being continued at all NACP facilities
- Single window TB and HIV services are being implemented through existing 794 ART centers to all PLHIV.

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 Assessment (EQA) measures.

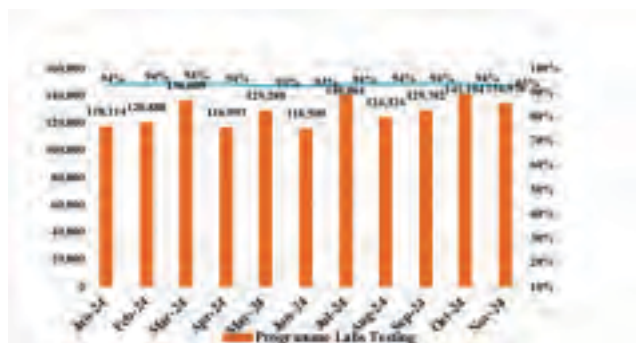
Laboratory services under the NACP includes following components:

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, NACO has roped in 12 high throughput viral load machines installed by ICMR (Indian Council for Medical Research) during Covid-19 out of which six VL machines are functional and have started VL testing. Further, States like Mizoram & Nagaland have installed viral load machines on a reagent rental model and have initiated testing. At present, 74 viral load machines are functional. These laboratories are optimised through systematic mapping and linkages with all Anti-retroviral Therapy Centres (ARTCs). All the States/ UTs have hired sample transport agency and samples are being transported to their linked viral load lab in cold chain within the timeline. A total of 14,09,534 VL tests were conducted with a VL suppression rate of 94% from January 2024 to November 2024 (See Graph 4 for trends).

Figure 3: Programme Viral Load Labs



Figure 4: Monthly trends in viral load (VL) testing and suppression rates for both programme and non programme public sector labs from January 2024 to November 2024



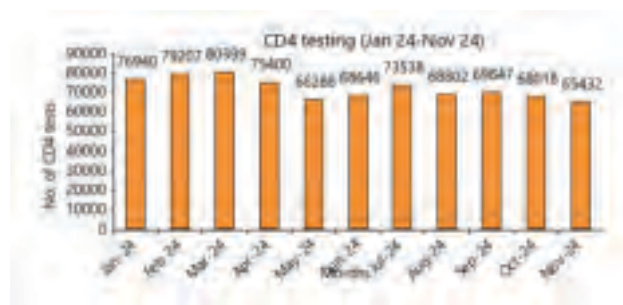
Early Infant Diagnosis (EID): The Government of India initiated the implementation of EID services to diagnose HIV-1 infection in infants and children aged ≤ 18 months. A network of six laboratories (AIIMS -New Delhi, ICMR-NITVAR Pune, NIMHANS- Bengaluru, NIRT -Chennai, Kasturba -Mumbai, and NIRBI- Kolkata) plays a pivotal role in conducting EID tests using the HIV Total nucleic acid-polymerase chain reaction (TNA-PCR). Additionally, NACP has approved two additional labs- 1) Kohima, Nagaland and 2) Nellore, Andhra Pradesh to cater to excess load at six EID labs These labs conducted a total of 17,404 EID tests from January 2024 to November 2024. (Refer Graph 7 for trends).

Figure 5: Monthly trends in EID testing from January 2024 to November 2024



CD4 Testing: Under the programme CD4 testing is done in order to determine the baseline immune status of the PLHIV, to monitor the treatment failure especially in case of HIV-2, to initiate prophylaxis for OIs or as per the discretion of Medical Officer at the ART centre. As of September 2024, there are 460 operational CD4 testing machines under NACP. A total of 7,92,517 CD4 tests were conducted from January 2024 to November 2024. (Refer Graph 6 for trends).

Figure 6: Monthly trends in CD4 testing from January 2024 to November 2024



Quality Assurance (EQA) under NACP: The process of administering EQA for HIV serology is done in two ways as depicted in Figure 2

a. Panel Testing: Well characterised blinded panels are sent biannually from the Apex lab to National Reference Laboratory (NRL) (8-member panel), NRL to State Reference laboratory (SRL) (8-member panel) and SRL to Integrated Counselling and Testing Centre (ICTC) (4-member panel). In the year 2024, 100% NRL participated in panel testing and 100% concordance. Participation of SRL and ICTC in panel testing is depicted in table 8

• Re-testing/Reverse Testing: For Re-testing/reverse testing, 20% of positive samples and 5% of negative samples received in 1st seven working days of each quarter (April, July, October and January) at ICTCs are sent to linked SRLs for quality assessment. (The results obtained is depicted in Table 7 given below).

Figure 7: EQA system for HIV Serology under NACP

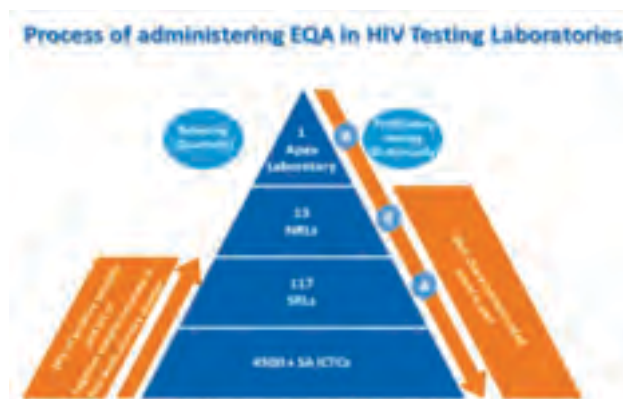


Table 7: Average participation and discordance in panel sera testing for SRLs and ICTCs and ICTCs re-testing in 2023

EQA System	S. No.	Participation (%)	Discordance (%)
Panel se ra testing	NRL	100	0
	SRL	97.8	0.4
	ICTC	93.2	0.4
Re-testing	ICTC	94	0.06

- CD4 EQA: ICMR-NITVAR conducts CD4 EQA for all the labs having a CD4 machine. 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-NITVAR - Pune conducts viral load EQA for all 64 VL laboratories under NACP. In the year 2024, two

additional non programme VL labs (Kohima, Nagaland and Aizwal, Mizoram) also participated in EQA.

- Accreditation of HIV Reference laboratories: As on September 2024, all NRLs, 93% SRLs, 84% viral load labs and 100% EID laboratories are accredited as per International standard ISO 15189. (Refer Table 9 for accreditation status).

Table 8: 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	110
3	Viral load laboratory	64	54
4	Early Infant Diagnosis	6	6
	Total	200	183

Certificate of Excellence to ICTCs: In order to establish Quality Management System (QMS) at ICTCs, NACO has developed a tool for measuring quality standards at ICTC. 649 ICTCs have been approved by NACO for “Certificate of Excellence” who have achieved grade 5 or scored more than 90% in the final assessment.

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 2024-25

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:

Table 9: Progress on Key Output Indicators under NACP during FY 2024-25 till September 2024

No	Indicators	Annual Target FY 2024-25	Achievement (April-Nov. 2024)
1	No. of Calls received at NACO Helpline No. 1097	7.3 lakh	2.63 lakh
2	No. of HRG, bridge and vulnerable populations covered through TI/LWS	119.22 lakh	117.09 lakh
3	No. of IDU on OST	0.54 lakh	0.59 lakh
4	No. of contacts with 'at-risk' population through 'Sampoorna Suraksha'	2.18 lakh	1.28 lakh
5	No. of STI/RTI patients managed as per national protocol	117.7 lakh	55.01 lakh
6	No. of "At risk" individuals/populations tested for HIV (Excl. pregnant women)	292.0 lakh	272.84 lakh
7	No. of pregnant women tested for HIV	292.0 lakh	162.38 lakh*
8	No. of pregnant women tested for Syphilis	221.9 lakh	149.11 lakh
9	No. of PLHIV on ART (Cumulative)	19.72 lakh	18.22 lakh**
10	No. of viral load test conducted	18.50 lakh	10.34 lakh

** Inclusive of 1.06 lakh PLHIV on ART in the private sector, * Excluding Repeated test

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. Sixth edition of Sankalak was published in the December 2024.

SOCH-Strengthening Overall Care for HIV/AIDS beneficiaries:

SOCH is a beneficiary-centric web and mobile-based information management system (IMS) under NACP for service facility level reporting. It tracks and records of beneficiary level services and inventory transactions, capturing data throughout the HIV care continuum. SOCH creates a centralised Electronic Health Record (EHR) repository and supports in forecasting, inventory planning, and clinical decision. SOCH integrated with other IMS system under Ministry of Health and Family Welfare (MoHFW) (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 surveillance system, continuously updated to meet programme needs and guideline changes.

Updates on SOCH

ART Module

- ART module has been updated with sub module of ART Mortality Assessment Tool which provides additional information w.r.t mortality among PLHIV.
- SOCH has been updated with Facility Dashboard of ART centers.

Index Testing Module:

- A new data reporting has been added in the SOCH which called index testing module, which captured testing information of partner/spouse of the PLHIVs.
- HIV Alert Dashboard (National Level) has been incorporated with SOCH which capturing aggregate of newly diagnosed PLHIVs at the district level
- Inventory Dashboard (National Level) has been developed in SOCH for monitoring Stock availability and consumption of the commodities at the service facility level as well as at State level.

- Index Testing Dashboard (National & State Level) has been developed in SOCH to monitor the coverage and elicitation of contacts under Index Testing Campaign.

MPR Prison & OCS Module (Mobile Application)

- Monthly Progress Report of Integrated Syphilis, HIV, TB and Hepatitis (ISHTH) services provided at Prison and Other Closed Settings has been developed in SOCH portal for monitoring the progress of ISHTH campaign.

SOCH API Integration

SOCH portal has been integrated with various National and State level IMS portal which are following

- NPHO (KPI)-MoHFW
- E-DARPAN (KPI)-PMO
- ABDM (ABHA Creation)-NHA
- ASSAM STATE CM DASHBOARD (95:95:95)- for update information of 95-95-95 information Assam state on CM Dashboard of Assam.
- BHAVYA PORTAL- For Government portal of Bihar State Health Services (95:95:95, NACP Facilities List & On-ART beneficiary count)

Other key activities done under SI-M&E during January 2024 to Dec 2024

- Training on SOCH: NACO organised Capacity Building Workshop on Information Management System (IMS) of NACP in 3 batches of three days each in June 2024 at New Delhi for the SACS Officers 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. The Capacity building workshop also included the training on HMIS portal, RCH portal and NIKSHAY portal- the other IMS systems under MoHFW.
- Capacity building workshop on ART module of SOCH has been convened by SI (M&E) Division at New Delhi, on Dec 2024. The objective of the workshop is to give a complete hands-on experience to CST Components officers at SACS as well as ART Data managers across the role of Care Coordinators, Counsellor, Medical Officer, Laboratory Technician and



- Staff Nurse and then to Viral Load Module and ensures Component Officers can take the ownership and guide the ART staffs on their own to improve quality data reporting.
- SOCH Down level training: States/UTs AIDS Control Societies organised SOCH training on (all)modules for down-level staff to improve the quality reporting and inventory tracking to ensure programmatic deliverable to beneficiaries.
- E-tool for HMIS Data Validation of NACP Indicators: For data validation of NACP indicators reported in the HMIS an e- tool was developed for analyzing the reporting status of the health facilities which ever registered data reported in the HMIS. There are 45 indicators across the domains of HIV testing, Syphilis testing and RTI/STI assessment and treatment in HMIS. The tool focus is on identifying the facilities with irregular and incomplete reporting, inconsistent reporting and reporting potential outliers for each parameter, users have the capability to swiftly retrieve and download data for specific facilities, enabling prompt review and necessary action to improve data quality.
- Global AIDS Monitoring (GAM) Report: NACO successfully submitted the GAM report 2024 in the month of June 2024 in the UNAIDS GAM Portal. The report includes, Progress of the NACP in data perspectives on key performance indicators, reply on the questionnaire of National Commitment and Policy Instrument (NCPI) and funding matrix.

Epidemic Monitoring

- Progress review meeting on preparatory activities of the Programme mapping and Population Size Estimation (p-MPSE) for MSM/HTG people whose activities are operating through the Virtual Platform, was held on January 2024. Also, another progress review meeting on Integrated Bio-Behavioral Surveillance on High-

Risk Group (IBBS-HRG) was conducted on 22nd January 2024. Both of the meeting was chaired by HoD SI Division NACO.

- National Training of Trainers (ToT) on the PMPSE round 2 was convened during October 2024. There were total 19 states participated in the national ToT in two batches for 2 days each. The meeting was also attended by the regional institutes, implementing SACS, DISHA/DAPCU, S /D-CRG members, DDGs & DDs of NACO, and partner agencies.
- NACO and AIIMS, New Delhi jointly convened 2 days National Pre-Surveillance Meeting (NPSM) of 19th round on HIV sentinel surveillance among pregnant women and prison inmates in two batches in September 2024. The meeting was attended by NACO SI officials, project coordinators, epidemiologists and representatives from States AIDS Control Societies and Regional Institutes for surveillance.
- Webinar on Estimating and projecting the number of new HIV diagnoses (EPP) and case surveillance and vital registration (CSAVR) for concentrated epidemics was conducted by SI-S&E, NACO on 25th January 2024.
- The first meeting of the Technical Sub-group (HIV burden estimation) on India HIV Estimates 2023 was convened in February 2024 in hybrid mode. The meeting was chaired by Prof. Arvind Pandey (Former Director ICMR-NIMS, New Delhi). The meeting was attended by the members of the Sub-group, the chair and co-chair of the Technical Working Group (Surveillance & Epidemiology), along with the subject experts from UNAIDS. The objective of the meeting was to present the work plan and methods of India HIV Estimates 2023.
- The second meeting of the Technical Sub-group (HIV burden estimation) for the 2023 round of estimations was convened in March 2024 in hybrid mode. The meeting was chaired by Prof. Arvind Pandey (Former Director ICMR-NIMS, New Delhi). The meeting was attended by the members of the Sub-group, along with the subject experts from UNAIDS and CDC India. The objective of the meeting was to review the State/UT models and provide recommendations on the next step.
- The Technical Working Group (TWG) meeting was held on 2nd May 2024 on HIV Burden Estimation 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 in hybrid mode. The meeting was attended by the members of the TWG, along with the subject experts from UNAIDS and CDC India. The objective of the meeting was to present the preliminary findings of HIV Burden Estimation 2023 (National & State), progress updates on the Integrated and Enhanced Surveillance & Epidemiology activities which included Mortality Surveillance, PLHIV Surveillance, HSS HRG, IBBS HRG, Clients of Sex Workers, Testing of HIV, Syphilis, and related co-infections for HRG HSS, and Size Estimations Pilot Projects: Clients of Sex Workers and MSM & H/TG people operating through virtual platform. Also shared and discussed the Surveillance & Epidemiology Action plan for the financial year 2024-25.

- HIV Estimates 2023 factsheet has been released on NACO's website and dissemination of HIV Estimate 2023 factsheets to the SACS and regional institutes after receiving the approvals from competent authority. The HIV Estimate Factsheets will provide data on key parameters of HIV prevalence, new infections and AIDS related mortality.
- Consultation workshop on District level HIV burden estimation 2023 with SACS and regional institutes was held during 8th to 12th July 2024 under the chairpersonship of HoD- SI (Strategic Information). During workshop the input files and finding were share and discussed with SACS for the input as per the local intelligence.

A review and progress update meeting of Phase-I on the Mortality Surveillance activity among PLHIV was held on 13th August 2024 under the Chairpersonship of AS&DG, NACO in hybrid mode and in person at Nirman Bhawan, New Delhi. The meeting was attended by all the focal person of regional institutes, implementing SACS, DDGs & DDs of NACO

Research and Evaluation

Research and Evaluation: Research and Evaluation is a vital component of Strategic Information Management. Key activities undertaken in the year 2024 are as follows:

- Nine (9) research studies have been concluded till October 2024, 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, Turnaround time from first HIV testing to start of ART among tribal communities, Development and assessment of comprehensive and holistic intervention packages for transgender women etc.

- Four (4) 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, Feasibility of GeneXpert platform and DBS for HIV viral load testing among PLHIV.
- 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 components of the programme like Link Worker Scheme in India, Care Support Centres, 1097 Helpline, Opioid Substitution Therapy, Counselling under NACP and Study on Stigma and Discrimination pilot phase were completed by TISS, Mumbai in June 2024. Under Global Fund Grant Cycle 2024-27, a total of ten studies are planned, of which the main phase of Stigma and Discrimination study, Test and Treat study and Evaluation of ISHTH Campaign are being undertaken by TISS, Mumbai in the 1st year (2024-25).
- Technical Resource Group on Research & Evaluation held its first meeting of FY 2024-25 on 1st August 2024 under the chairpersonship of AS&DG, NACO and co-chairpersonship of Dr. Raman R. Gangakhedkar, Former Head, ECD, ICMR & Senior Public Health Expert to review research proposals technically and financially. Five (5) research proposals, priority areas for next two years and current formats under SI-Research & Evaluation, NACO were reviewed by the Committee.
- 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.

- Evidence from studies for FY 2020-21 completed and 70 abstracts were published in a Research Compendium Vol. I from Research studies undertaken by SACS in FY 2021-22. The same was released on World AIDS Day, 2023.

Research Compendium Vol I & II

- Evidence from research studies undertaken in FY 2022-23 was brought out in Research Compendium Vol. II released on World AIDS Day. Sixty-Five (65) abstracts have been selected from the research studies undertaken at SACS for FY 2022-23.
- Four regional capacity building workshops which focused on various aspects of Research & Evaluation including research methods, data collection, analysis and scientific writing were organised. SI officers and other programme managers attended the meeting along with technical experts.

Brown Bag Seminar Series: The SI-R&E at NACO undertakes various activities as part of its capacity building initiatives. Contouring the spirit of the cross-institutional collaboration, the Brown Bag Seminar Series is being undertaken since 2016 with the aim to inform as well as build capacities and knowledge of programme managers at NACO and SACS, civil society & community, development partners and other key stakeholders. The seminar serves as a gateway of knowledge sharing, open dialogue of information, resulting into cross-learning on new developments, programme management and strengthening research under NACO. Project Director of Assam SACS, Dr. Indranoshree Das was invited as a speaker to share the good practices on “The Nagaon experience under the Integrated Health Campaign in Assam” in the Brown Bag Seminar held on 24th April 2024.

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, four (4) orientation

meetings/exposure visits to NACP were organised - 1 exposure-cum-training visit for Armed Forces Medical College, Pune was held on 23rd January 2024 & 6 December 2024 followed by one orientation visit for medical officers from NIHFV was held on 8th February 2024, 1 orientation was done for nursing students at Holy Family College of Nursing, New Delhi on 26th April 2024 and 1 visit of Masters in Public Health students of O.P. Jindal Global University was conducted on 10th May 2024. Interactive discussions and presentation on NACO overview, NACP and research activities was held with the visiting students/faculty and NACO officers at NACO. This was followed by a field visit facilitated by Delhi SACS. Visit of NACO officials to Holy Family College of Nursing for orientation of NACP on 26th April 2024 Visit of OP Jindal Global University Students to NACO on 10th May 2024



Visit of NACO officials to Holy Family College of Nursing for orientation of NACP on 26th April 2024



Visit of OP Jindal Global University Students to NACO on 10th May 2024

Data Analysis and Use: NACO focuses on NACP data security, quality, analysis and dissemination of results and data management. Key activities undertaken during January 2024 to September 2024:

- 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. In this regard a report on the Prison Interventions under National AIDS & STD Control Programme was prepared and submitted in May 2024.
- National Data Analysis Plan (NDAP) is undertaken periodically with the objective of systematically analysing the available programme and related data. Under the ongoing third round of NDAP, reports of 18 topics are at various stages of preparation and finalisation.
- State level secondary data analysis, data quality monitoring and data security: In addition to the data analysis undertaken at SACS level, NACO is in the process of institutionalising development of technical reports on secondary data analysis by SACS through capacity building and continuous mentoring of SI officer at SACS level through technical experts. All SACS have identified 2 topics each for secondary data analysis for the FY 2023-24 and are in the process of finalising the technical reports on the data analysis based on the inputs from the experts and NACO SI team. All SACS have also identified secondary data analysis topics for FY 2024-25.
- Data Management Committees are in place at each SACS to reinforce the correct data management practices at the State/UT levels, aligned to the Data Management SoP.
- Capacity building in data management and data analysis for SACS officials
- Three batches of 'Regional Capacity Building on NACP Data Management' were organised 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 during February to March 2024. 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.

- Four batches of 'Regional Capacity Building on NACP Data Management with a focus on Data Quality Improvement & Research' was held for SI officers and other programme managers of State AIDS Control Societies (SACS) during July to September 2024. The objectives of this two-day workshops were capacity building of the SI officials of SACS on use of programme or related data, data quality assessment, data analysis, preparation of report as well as scientific writing to generate strategic information at State level. A total of 67 SACS officials participated across the four Regional Capacity Building Workshops. The first batch was conducted in Ahmedabad, Gujarat during 29 -30 July 2024; second batch was held at Srinagar, Jammu and Kashmir during 9-10 August 2024; third batch at Bangaluru, Karnataka during 22-23 August 2024 and the fourth batch was conducted at Kolkata, West Bengal from 2-3 September 2024.

- Scorecard of SACS, prepared quarterly, provides an overall picture of State/UT performance on NACP implementation across all facilities. Scorecard also provides an opportunity for the states to assess the gaps in achieving the targets and to take actions accordingly. The last score card of FY 2023-24 pertaining to the programme activities for the period, 1st April 2023 to 31st March 2024 was prepared and shared with all programme divisions and SACS. The first scorecard of FY 2024-25 for the period, 1st April 2024 to 31st June 2024 was developed for review of programme implementation during the first quarter of FY 2024-25. Scorecard for April to September of FY 2024-25 is currently under development.

- NACO reviewed and provided inputs on the tabulation plan of National Report and Factsheet India & State templates of National Family Health Survey (NFHS)-6, pertaining to HIV and STI

- NACO reviewed the schedule and report of the 75th round of National Sample Survey (NSS) and shared its recommendations for the forthcoming NSS 80th round which involves health component including HIV & STI.

- The National Data Management Committee at NACO met twice during January 2024 to September 2024 to review data requests received at NACO, matters pertaining to data access and data security at NACO and SACS, discussed steps on disposal of physical file/ computer equipment containing HIV related information and any adverse event related to NACP data reported to the Committee. The Standard Operating Procedure for physical and digital records were also developed by SI-Data.

- National Data Hub (NDH) of NACO, a central digital repository for key reports, documents and all approved data of NACO for internal use is in the process of being operational. After vulnerability assessment (VA) carried out by the third-party audit agency all VA found in the application were fixed and NDH has been made live on NIC server and is being made available to all NACO officers for internal use.

1.8.3.10 Programme Management and Review (PMR)

Regional meetings for the formulation of AAP 2024 – 25 with all 35 SACS/ DACS were held under the Chairpersonship of AS&DG (NACO) during 4th to 5th, 17th to 18th and 30th to 31st January 2024 and 22nd to 23rd February 2024. under the Chairpersonship of Ms. Hekali V Zhimomi, AS & DG (NACO). These meetings were held in Chandigarh, Mysore and New Delhi (Headquarters):

S.N	Region	States who participated in the meeting
1	Central & West	Bihar, Chhattisgarh, DD& DNH, Goa, Gujarat (incl. Ahmedabad), Jharkhand, Madhya Pradesh, Maharashtra and Mumbai DACS.
2	South	Andaman & Nicobar Islands, Andhra Pradesh, Karnataka, Kerala, Pondicherry, Odisha, Tamil Nadu and Telangana.
3	North	Chandigarh, Delhi, Jammu Kashmir & Ladakh, Haryana, Himachal Pradesh, Punjab, Rajasthan, Uttar Pradesh and Uttarakhand.
4	East & North East	Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura and West Bengal.

S.No.	Component	Sub Recipient	Concerned Program Division
1	Capacity Building- Region 1 (North)	PHFI	PMR Division
2	Capacity Building- Region 2 (North– East)	FH India	PMR Division
3	Capacity Building- Region 3 (Central)	PHFI	PMR Division
4	Capacity Building- Region 4 (South)	FH India	PMR Division
5	Communication	Plan India	IEC Division
6	DISHA System Strengthening	YRG CARE	PMR Division
7	Evaluation of TI & LWS	TISS	TI Division
8	IT Enabled Virtual Strategy and Management of NACO Helpline (1097)	YRG CARE	IEC Division
9	NACP Evaluation	TISS	SI (Research & Evaluation) Division
10	SR Activities Management Hub	PHFI	PMR Division
11	Strengthening integrated AIDS response through IT enabled systems (SOCH)	YRG CARE	IT Division
12	Strengthening Lab Systems	SHARE India	Lab Services Division
13	Supply Chain Management	Plan India	SCM Division

A two-day National Consultation Meeting with Project Directors was held under the Chairpersonship of Ms V Hekali Zhimomi, AS & DG, NACO on 16th & 17th May 2024 at Vigyan Bhawan, New Delhi. Shri Saurabh Jain, JS, NACO, HODs of all the Divisions of NACO, Project Directors & Addl. Project Directors of SACS/DACS, DDs, NCs/Consultants/Associate Consultants, of NACO, representatives of development and bilateral partners, technical experts participated in this meeting.

Key objective of the Meeting were:

- States to ensure necessary expenditure during the current FY and to also ensure judicious assessment of the expenditure as opposed to last year where expenditure was incurred only in the last quarter, thereby making it difficult to achieve targets.
- States to ensure 50% expenditure by October 2024, as well as match financial targets with programme targets. JS, NACO will conduct a monthly review to assess the expenditure rate and aforementioned alignment.
- Accelerated efforts in the next two years towards achieving NACP V targets and of 95-95-95.
- Ensure focus and expedite on boarding of TIs/LWS/OST and fill up the vacancies as per NACP-V norms.
- Coordinate and build synergies with State NHM units for the support and coordination.
- SCM is to be streamlined with availability of drugs and commodities ensured at all the facilities.
- Essential to rationalise the availability of commodities; divert from facilities with excess stock to those facilities where there is a stock out.
- To focus on Index Testing Campaign and outcomes, wherein the states should try to do as much as possible in next 2 months with most vulnerable population.
- Integrated Health Campaign (IHC): as there are already good results coming from NE states, all States to customise the campaign as per their local needs.

- IEC campaigns to focus on visibility, larger dissemination of information particularly amongst younger and vulnerable population.
- While there were good results from ISHTH campaign, there is a need to follow up on the interventions in Prisons and OCS with the same vigor as the population is not static and there is a need to ensure continuous availability of services to new persons who come in.
- PD of SACS/DACS to ensures 360-degree monitoring on a monthly basis, with a plan for the saturation of all the districts.



3. A One-day National Review Meeting with Project Directors was held under the Chairpersonship of Ms V Hekali Zhimomi, AS & DG, NACO on 30th August 2024 at Dr. Ambedkar International Centre, New Delhi. Shri Nikhil Gajraj, JS (NACO), HODs of all the Divisions of NACO, Project Directors & Addl. Project Directors of SACS/DACS, DDs, NCs/Consultants/Associate Consultants of NACO participated in this meeting.

Focus was given on the following:

- IEC campaigns need to focus more & increase the visibility, larger dissemination of information particularly amongst certain groups like younger and vulnerable population.
- PD of SACS/DACS to ensures 360-degree monitoring on a monthly basis, with a plan for the saturation of all the districts.
- All SACS/DACS need to focus more towards achieving the 95-95-95 targets.
- SACS/DACS should review the AAP, expedite the expenditure and fulfill the

commitments.

- EVTHS, rising trend of substance abuse is a matter of concern, younger age group need to be heard.
- State targets should be green during next PD review meeting.
- All SACS/DACS should ensure to address LFU and missing cases.
- Strong & sustained leadership is required in State to carry out the activities.

4. Under the Global Fund Grant 2024-27, NACO has engaged with Sub-Recipients (SRs) for implementation of 13 specific projects for the period 1st April 2024 to 31st March 2027. These projects will be implemented by the organizations at field level.

A two-day review meeting was held on 22nd and 23rd July 2024 at NACO under Chairpersonship of Joint Secretary (NACO) with Global Fund Sub Recipients (PHFI, FHI, Plan India, YRG CARE, TISS, & SHARE India) to review the implementation of activities and work plan of SRs for Q2 of FY 2024-25.

5. 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 2024-25 The following States/UTs have been visited by NACO Officials during January 2024 to December 2024 viz, Assam, Bihar, Chandigarh, Chhattisgarh, Haryana, Kerala, Madhya Pradesh, Maharashtra, Orissa, Telangana, Punjab, Puducherry, Uttar Pradesh, Uttarakhand and West Bengal

6. A One-day virtual meeting with the Project Director of SACS was conducted on 28th November 2024 under the chairmanship of DDG-PMR to discuss the status of DISHA and Integrated health campaign Implementation at state and district level.

Key Updates on CSS and CLM Initiatives in 2024:

- Refresher Training of Community Master Trainers for Capacity Building of Communities, Community Networks and CSOs under CSS: Two batches of refresher training were conducted from 9th–11th March and 13th 15th March 2024 to enhance the capacities of master trainers from the

community. The training included interactive modules, case studies, and group work, equipping participants with essential skills for advocacy, community networking, and Community Led Monitoring, improving service accessibility and quality, empowering trainers to lead initiatives for key populations.

- SACS Review meeting on Community System Strengthening: was organised under the chairpersonship of Dr. Saiprasad Bhavsar, Deputy Director, NACO with the objective to assess the progress of CSS activities, address challenges, and strategize for future implementation. It also fostered collaborative learning among 35 SACS Nodal Officers.
- Regional orientations for SACS Nodal Officers, Co-Chairs of State CRG, DACO, and DISHA from high-priority districts: Regional orientations were held in Agra (27-May-24), Guwahati (31-May-24), Mumbai (10-Jun-24), Vijayawada (12-Jun-24), Bengaluru (14-Jun-24), and Chennai (18-Jun-24) to provide an overview on CSS including CLM, and their roles and responsibilities.
- A National Dissemination of SAHYOG Project was held on 21st June 2024 under the chairmanship of Ms. V. Hekali Zhimomi, AS&DG, NACO to share experiences, learning, and challenges in CSS implementation across India. The event brought together partners involved in CSS-related activities for collaborative discussions and experience sharing.
- Project Steering Mechanism (PSM): The Project Steering Mechanism was constituted in May 2024 with the support of UNAIDS comprising of 17 community representatives and experts from PLHIV, KPs and Youth group with the objective to recommend to NACO the final draft of Frameworks, Standard Operating Procedures, etc., for NACO to adapt/adopt as guidelines as well as monitor and provide inputs on the implementation CSS and CLM. The PSM's has conducted three meetings on 28th July, 9th September, and 14th November 2024.
- National Consultation on CLM: A national consultation on Community-Led Monitoring (CLM) was held on December 6, 2024 under the chairpersonship of Ms. V Hekali

Zhimomi, AS&DG, NACO at New Delhi with the objective to present an overview of the Community-Led Monitoring under Community System Strengthening and finalization of the guidance document on CLM implementation including the feedback tools through feedback and inputs of the representatives from SACS, Project Steering Mechanism, DISHA, Community Resource Groups, Development partners, and NACO officials.

1.8.1 BLOOD TRANSFUSION SERVICES /NATIONAL BLOOD TRANSFUSION COUNCIL

Overview:

Blood is the most essential component of the body and timely blood transfusion can save lacs of lives every year especially for Injury cases, children suffering from Blood disorders eg. Thalassemia, Sickle cell anemia, etc. The annual requirement of blood for the country is estimated at 14.6 million units of blood and the endeavor is to meet the blood needs of the country through voluntary non-remunerated donation through a well-coordinated and networked blood transfusion service.

NBTC and State Blood Transfusion Council (SBTC) are the apex bodies responsible for blood transfusion services at the national and state levels. The NBTC functions as the policy-formulating apex body at the national level about all matters about the operation of blood centers.

Key Strategies/Objectives:

- Promote regular voluntary, non-remunerated blood donations to ensure adequate and safe blood supplies.
- Encourage the preparation and rational use of blood components in healthcare facilities.
- Strengthen access through regionally coordinated blood transfusion networks.
- Implement quality management systems to maintain safe and reliable blood services.
- Build effective implementation structures and referral linkages.

Blood Transfusion Services

The blood transfusion services comprise 4239 licensed blood centers across all states/UT and in all sectors (Government, Private, and Charitable).

Directorate General of Health Services (Dte. GHS), Government of India through Blood Transfusion Services, supports 1131 Blood Banks in the public and charitable sector with respect to manpower, procurement of Blood Bags and testing kits, conducting Voluntary Blood Donation (VBD) camps and Information Education Communication (IEC) activities, etc. In addition, Mobile vans for Blood collection and blood transfusion vans are provided to the States/UTs. The total blood collection in the country is 14467726 till December 2024 out of which around 70% is voluntary blood donation.

Key BTS activities/ Achievements for the year 2024-25

1) Training and Capacity Building

Region-wise ToT programs trained 156 Medical Officers of blood centres in Ahmedabad, Gujarat (33 participants), Shillong, Meghalaya (44), Chandigarh, Punjab (45), and Chennai, Tamil Nadu (34). 172 Counselors of blood centres were trained in Itanagar, Arunachal Pradesh (38), Bengaluru, Karnataka (32), Ranchi, Jharkhand (46), and Haryana (56). 146 Lab Technicians of blood centres were trained at Patna, Bihar (34), Thiruvananthapuram, Kerala (33), Kolkata, West Bengal (42), and Rishikesh (37) respectively.

2) Awareness and Observance

- **IEC Plan:** A two-year IEC strategy was developed, including audiovisual films, jingles, conferences etc.
- **Quarterly e-Newsletter:** Blood-for-Life e-newsletter launched in August 2024 to promote voluntary blood donation and share updates.



- **World Blood Donor Day:** Observed on June 14, 2024, with the theme "20 years of celebrating giving: Thank You, blood donors." Webinar was organized by the Blood Transfusion Services Division, Dte. GHS, MoHFW, and around 200 participants attended the same.
 - **National Voluntary Blood Donation Day:** Held on October 1, 2024, in Jaipur with a Pan-India NGO Conclave engaging over 120 organizations.
- #### 3) Innovations and Guidelines
- **External Quality Assurance Scheme (EQAS):** Initiated in the country for Dte. GHS supported blood centres in collaboration with Christian Medical College (CMC) Vellore, Santokba Durlabhji Memorial Hospital (SDMH), Jaipur & Indian Red Cross Society (IRCS), Mumbai.
 - **Voluntary Blood Donation Guidelines:** Formulated guidelines to streamline and promote voluntary blood donation practices.
 - **Operational Guidelines for External Quality Assurance Scheme (EQAS):** A guideline in this regard was developed.

1.9 Public Health

The Public Health (PH) Division acts as an interface with other Ministries where the Ministry of Health and Family Welfare (MOHFW) is the Nodal Ministry for Programmes being implemented by National Centre for Disease Control (NCDC), Disaster Management (DM) Cell, Point of Entry. The PH Division is also the Nodal Division for the Central Sector Components of the flagship program, Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). It is also the Administrative Division for All India Institute of Hygiene & Public Health (AIIPH) and the Public Health Foundation of India (PHFI).

The Central Sector Component of Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) launched by the Hon'ble Prime Minister on October, 2021 to strengthen India's health system, leveraging the learnings from Covid-19 Response Management, by augmenting India's health infrastructure and institutional capacity. The details of Central Sector Components of PM-ABHIM are:

1. Critical Care Hospital Blocks in 12 Central Hospitals
2. Strengthening Surveillance of Infectious Diseases and Outbreak Response
3. Strengthening Surveillance Capacity of Points of Entry
4. Health Emergency Operation Centres and Mobile Hospitals

Bio-security preparedness and Strengthening Pandemic Research

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

Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched by the Hon'ble Prime Minister on October, 2021 to **strengthen India's health system, leveraging the learnings from Covid-19 Response Management, by augmenting India's health infrastructure and institutional capacity.** The mission has an overall financial outlay of **INR 64,180 crore. It has two components ;**

- **Central Sector Components** aims to strengthen public health response capacity for any health emergency. **(Rs 9339.96 Cr)**
- **Centrally Sponsored Components** focus on augmenting the existing systems at the subnational level. **(Rs 54204.5 Cr)**

The mission Objectives are :

- Strengthen grass root public health institutions
- Expand & build an IT-enabled disease surveillance system
- Support research on COVID-19 & other infectious diseases
- Develop Core Capacities to deliver the One Health Approach
- Strengthen Public Health Institutions and Governance capacities
- Strengthen Lab Networks for effective detecting, investigating, preventing & combating public health emergencies

A detailed breakdown of component-wise fund allocation of Central Sector Components of PM-ABHIM (2021-22 to 2025-26) is provided below.

Table1: Central Sector Components of PM-ABHIM (2021-22 to 2025-26)

#	Component	Implementing Agency	Financial outlay (Cr)
1	Critical Care Hospital Blocks in 12 Central Hospitals	PMSSY/hospital Division	2220
2	Strengthening Surveillance of Infectious Diseases and Outbreak Response	NCDC	3060.30
3	Strengthening Surveillance Capacity of Points of Entry	PH (IH) -PoE DGHS	294.11
4	Health Emergency Operation Centres and Mobile Hospitals	DM Cell	330.37

#	Component	Implementing Agency	Financial outlay (Cr)
5	Bio -security preparedness and Strengthening Pandemic Research	ICMR	1670 (1347+323*)
6	Additional needs for Covid response** -19	ICMR	1765.18
Total outlay (CS Component)			9339.96
Estimated Committed Liability (ECL)			7669.78 Cr
*Additional amount given to ICMR from the additional needs for covid Rs. 323 cr as demanded by DHR			- 19 response
** For 2021 -22 only			

Activities under CS Component by Implementing Agency:

1. NCDC: Strengthening Surveillance of Infectious Diseases and Outbreak Response

- Strengthening of Laboratory Network: Establishment of 10 BSL-3 laboratories and 1 BSL-4 laboratory to enhance disease diagnostics and response capacity.
- Strengthening of Surveillance: Establishment of NCDC State Branches in 26 States/UTs to improve real-time disease surveillance and outbreak management.
- NCDC Strengthening and Upgradation:
 - Implementation of India-Epidemic Intelligence Services (EIS) Programme to build capacity in field epidemiology.
 - Establishment of a dedicated Division for National AMR Containment Program to combat antimicrobial resistance.
 - Development of NCDC Centre of Excellence for Occupational Health & Climate Change to address emerging public health threats.
 - Formation of a Division for One Health and Inter-sectoral Coordination to strengthen collaboration across health, animal, and environmental sectors.
 - Establishment of a Division for Fungal

Infectious Diseases to enhance preparedness for fungal outbreaks.

- Establishment of Regional Centres for Disease Control: Five Regional CDCs are being set up in Hyderabad (Telangana), Guwahati (Assam), Lucknow (Uttar Pradesh), Bhopal (Madhya Pradesh), and Ahmedabad (Gujarat) to strengthen regional disease control and public health infrastructure.
- Metropolitan Public Health Surveillance Units (MSUs): Establishment of 20 MSUs in selected metropolitan cities to enhance urban health surveillance.
- Expansion of IHIP (Integrated Health Information Platform) - Pan India: All 36 States & UTs have migrated to the IHIP portal, with disease surveillance reporting operational across all states and districts, achieving over 70% reporting on S, P, and L forms.

2. Public Health (IH): Strengthening Surveillance Capacity of Points of Entry (PoE)

- Strengthening of Headquarters at PH-IH to enhance operational efficiency and coordination.
- Strengthening of Quarantine Infrastructure: Upgrading 13 Quarantine Centres (QCs) to improve containment measures at key entry points.

- c) Expansion of PoE Surveillance: Strengthening 33 existing Points of Entry (PoEs) and establishing 17 new PoEs to enhance disease surveillance at international borders, ports, and airports.

3. DM Cell: Strengthening Disaster and Epidemic Preparedness

- a) Establishment of Health Emergency Operation Centres (HEOCs): 15 HEOCs are being set up nationwide to improve disaster response and public health emergency management.
- b) Procurement of BHISHM Cubes: Deployment of Bharat Health Initiative for Sahyog, Hita, and Maitri (BHISHM) cubes at identified Central Government hospitals/institutes to enhance emergency healthcare services.

4. PMSSY: Establishment of Critical Care Hospital Blocks

- a) Setting up Critical Care Hospital Blocks in 12 Central Hospitals to enhance critical care capacity and preparedness for health emergencies.

5. DHR/ICMR: Biosecurity Preparedness and strengthening Pandemic Research and Multi-Sector National Institutions and Platforms for One Health, community engagement.

1. *Procurement of kits, reagents etc for emergency response*
2. *Regional Research Platform of the WHO - South East Asia Region Countries (*
3. Establishment of Center for One Health, at Nagpur
4. Setting up of Division for Research on Disease elimination Science & Health as a Satellite Centre of NARI (National Aids Research Institute), ICMR, Pune
5. Setting up of NIV East Zone (BSL-IV) at Dibrugarh (NER)
6. Setting up of NIV North Zone at New Chandigarh, Punjab
7. NIV Central Zone, Jabalpur
8. Setting up of NIV South Zone at Bengaluru
9. Supporting research in NIV Pune and other ICMR associated Research Institutes

10. Support to MDMS Division for development of technologies for epidemiological diseases
11. Support research activities in VRDLs, Multidisciplinary Research Units (MRUs) and Model Rural Health Research Units (MRHRUs)
12. Strengthening of already functional 80 VRDL's
13. Capacity Building
14. 9 BSL-III Labs
15. Community Engagement and Risk communication/implementation Management

B. Climate and Health Solutions (CHS) India Conclave

The Public Health Division in collaboration with the Asian Development Bank (ADB), organized a two-day conclave at Delhi on 25 and 26 September, 2024. The conclave aimed to address the twin emergencies of climate change and public health by bringing together policymakers, experts, and stakeholders to develop actionable strategies for India's health sector. The conclave served as vital platform to develop concrete, actionable, and forward-thinking solutions, highlighting the urgency of integrating climate action with public health strategies. The conclave was attended by over 330 participants, including representatives from the governments of 19 States and Union Territories.



There was active participation from the Ministries of Central Government like Ministry of Environment, Forest and Climate Change (MoEFCC) and Ministry of Animal Husbandry and Dairying in the conclave. This conclave has strongly highlighted the crucial importance of cross-sectoral collaboration among public, private and international agencies. The exchange of ideas and solutions-focused discussions that emerged from

the sessions will hugely contribute to shaping impactful strategies to address the critical nexus between climate change and the public health system in India.

1.10: OTHER NATIONAL HEALTH PROGRAMMES

1.10.1: National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) under NHM

1. Background:

India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases (NCDs) 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 disease, stroke, and diabetes are also projected to increase over the years.

To prevent and control major NCDs, the 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 a focus on strengthening infrastructure, development of human resources, emphasis on health promotion, population-based screening (age 30 years & above),

early diagnosis, management, and referral. For activities up to the 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).

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 infrastructure, development of human resources, 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 2024-25 (up to 30/09/2024): 753 District NCD Cells, 770 District NCD Clinics, 233 District Cardiac Care Units, 372 District Day Care Centre for cancer patients, 6410 CHC NCD Clinics are established.

The comparative position of infrastructure in the past 8 years is as under:

S.N.	Type of facility	Cumulative no. of facilities established	
		As on 01.04.2014	As on 30.09.2024
1	State NCD Cell	21	36
2	District NCD Cells	96	753
3	District NCD Clinics	95	770
4	Cardiac Care Units (CCU)	61	233
5	District Day Care Centres	38	372
6	CHC NCD Clinics	204	6410

2.3 Health Promotion Activities and Achievements under NP-NCD:

The National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), has undertaken an array of impactful health promotion and Information, Education, and Communication (IEC) activities in 2024 to increase awareness and foster preventive measures for NCDs across the country. These efforts focus on mobilizing communities, engaging diverse stakeholders, and leveraging technology to promote healthier lifestyles and reduce the burden of NCDs, including Hypertension, Diabetes, Cancer, Non-Alcoholic Fatty Liver Disease, and Chronic Kidney Diseases, Chronic Obstructive Pulmonary Disease, Stroke etc.

A) Series of Training Webinars Every Fortnight:

The National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) has introduced an innovative and impactful feature: a series of national training webinars conducted every fortnight. These webinars aim to build capacity and strengthen knowledge across all tiers of the healthcare system, from state-level officers to PHC and Ayushman Aarogya Mandir officials. It emphasizes the establishment of a robust referral system to ensure timely and efficient care for NCD patients at the health facility closer to the community.

The webinars ensure comprehensive outreach. Each session focuses on a specific aspect of NCDs, such as prevention strategies, early diagnosis, treatment protocols, and management of diseases like Hypertension, Diabetes, Non-Alcoholic Fatty Liver Disease, Stroke, Cancer, Chronic Obstructive Pulmonary Disease, Chronic Kidney Diseases. This initiative helps healthcare providers stay updated on the latest developments, guidelines, and best practices in NCD management, enabling them to deliver better services to communities.

B) Month-long National Campaign on Hypertension Awareness:

A National webinar was observed under the chair of the Director General of Health Services, Dte. GHS and Addl. Secretary & Managing Director (Health), MoHFW in which more than 9000 attendees attended the webinar across the country.

From May 17 to June 16, 2024, the National NCD Division spearheaded a month-long campaign to raise awareness about Hypertension, aligning with World Hypertension Day (17th May). The campaign was flagged off by the Director-General of Health Services (DGHS) and the Additional Secretary (Health), MoHFW, Government of India, symbolizing a nationwide commitment to addressing Hypertension as a critical public health concern. This initiative saw active participation from States/UTs, Medical Colleges, Dental and Nursing Colleges, Pharmacy Institutions, and AIIMS. A total of 212 campaign reports were submitted from across the country, showcasing creative, community-driven interventions.

C) Observance of National and International NCD Health Days and Social Media Campaign

The National NCD Division also organized observances of designated National and International NCD Health Days throughout the year, aligning with specific health themes to engage communities and raise awareness. These events highlighted the significance of screening, early detection, and lifestyle interventions in reducing the NCD burden. Through coordinated efforts involving States, medical institutions, and local health bodies, these observances reinforced the importance of collective action in combating NCDs.

Throughout the year, the National NCD Division has been running a robust social media campaign via the different social media handles of MoHFW. As part of this effort, creative IEC materials focusing on NCD prevention and management are posted weekly, helping to disseminate key health messages to a broader audience to amplify the reach and visibility of NCD awareness initiatives.



C) NCDs Screening at India International Trade Fair (IITF) 2024

In November 2024, the India International Trade Fair (IITF) became a hub for health promotion through a 15-day-long NCD screening fair organized by the National NCD Division. A state-of-the-art 3D model emphasizing the importance of

a healthy lifestyle to protect vital organs was unveiled at the event. The interactive model, which highlighted lifestyle modifications to prevent Hypertension, Diabetes, Non-Alcoholic Fatty Liver Disease, and other NCDs, garnered widespread attention and appreciation from visitors.



Shri Prataprao Jadhav, Hon'ble Minister of State (Independent Charge) of Ministry of AYUSH and Minister of State of Ministry of Health & Family Welfare, Government of India, and Dr. Vinod Paul, Member Niti Ayog visited NP-NCD Stall at India International Trade Fair 2024

3. Population-based Screening Initiative (PBS):

3.1 Population based prevention and control, screening and management initiative for common NCDs (Diabetes, Hypertension and cancer viz. Oral, Breast and Cervical Cancer) is being implemented as a part of comprehensive primary health care under Health Wellness Centre in

National Health Mission (NHM). Under this initiative, persons more than 30 years of age are targeted. Prevention, control & screening services are being provided through trained frontline workers (ASHA, ANM & MPWs), and the referral support and continuity of care is ensured 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.

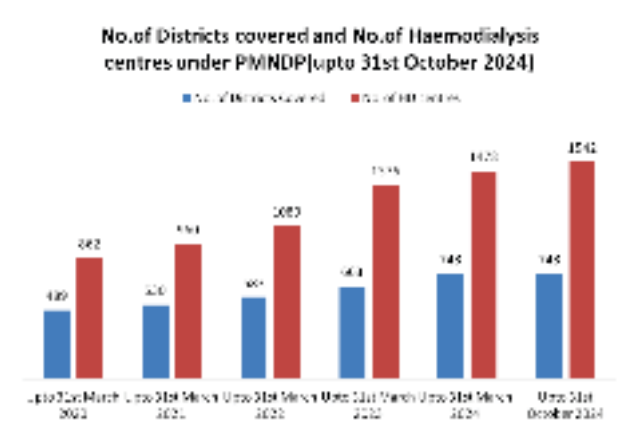
3.2 National NCD Portal: National NCD Portal was rolled out by the Government of India in 2018 under NP-NCDs for NCD Screening and management and ensuring a continuum of care. This portal enables population enumeration, risk assessment, and screening for five common NCDs (Hypertension, Diabetes, Oral, Breast & Cervical Cancer) of 30+ population. The coverage of the NP-NCD IT system is increasing rapidly, covering more population. Till 11th **December 2024**, Pan India ,total enrolment (30 years+) through NCD application is 41.46 crore and 39.53 crore were screened and their record is maintained in NCD application (including State using own Application and sending aggregate data.). From **January 2024 to December 11th 2024**, total enrolment (30 years+) through NCD application is 5.71 crore and 11.01 crore were screened.

4. Strengthening of Tertiary Cancer Care Centres Facilities Scheme

Since 2014-15, the Central Government implements the Strengthening of Tertiary Cancer Care Centres Facilities Scheme in order to enhance the facilities for cancer care at tertiary level. Under this scheme, 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been approved. 14 SCIs and 18 TCCCs are functional and offering patient care services. Under the scheme, there is provision of providing one time grant up to Rs. 120 crore for SCI and up to Rs. 45 crore for TCCC including State share. The funds sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10.

5 Pradhan Mantri National Dialysis Program (PM-NDP)

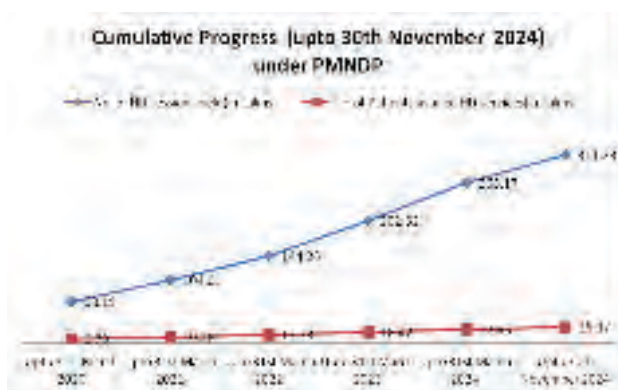
5.1 Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic kidney disease during year 2016-17 to support in all district hospitals in-house mode / Public Private Partnership (PPP) mode under NHM. Haemodialysis services are provided under the program. Peritoneal Dialysis is also included 2020 onwards.



The PMNDP portal was launched on 05 May 2022. It is integrated with ABHA ID. The PMNDP portal provides for portability and integration of dialysis centres 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 (50 Linked) Districts at 1542 centres with 10663 hemo-dialysis machines. Total 25.66 lakh patient availed dialysis services and 305.24 Lakh Hemo-dialysis sessions held- as on 31st October 2024.

From January 2024 to October 2024, dialysis services made available in 3 districts, 100 centres by deploying 856 machines. Total 3.84 lakh patients availed dialysis services and 56.15 lakh hemo-dialysis sessions held from 1st January 2024 to 30th October 2024.



6. Chronic Obstructive Pulmonary Diseases (COPD): COPD and asthma are major public health problems. Chronic respiratory diseases resulted in 10.9% of all deaths in India (ICMR 2016). Tobacco use, air pollution, allergen,

occupational agents, unhealthy diet, physical inactivity, obesity are few of the risk factors. Early detection, management, appropriate referral and continuum of care, the care for COPD patients under the 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.

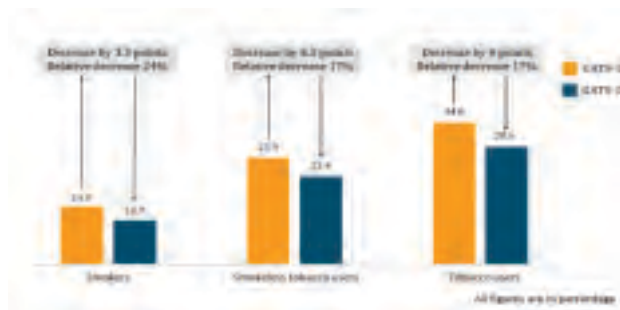
7. Non-Alcoholic Fatty Liver Disease (NAFLD) is a known and leading cause of liver failure globally as well as in India. Obesity and Diabetes are the major risk factors for NAFLD. NAFLD interventions have been included within the broad structure of NP-NCD in 2020 to guide a range of strategies including 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. Operational guidelines for NAFLD was developed and disseminated to enhance the capacity of the program managers at the state, district and sub-district level. Revised Operational guidelines for NAFLD have been developed and released on 27th September 2024.



1.10.2 National Tobacco Control Programme (NTCP)

The Government of India launched the National Tobacco Control Programme in 2007 - 08 with the aim to create awareness about the harmful effects of tobacco use & second-hand smoke, implement tobacco control laws and provide affordable, easily accessible and evidence-based cessation services or treatment to the tobacco addicts. This Programme is implementing in three-tiered structure viz. (i) the National Tobacco Control Cell, (ii) the State Tobacco Control Cells and (iii) the District Tobacco Control Cells. It is functioning in 773 Districts / Municipal Corporations across all 36 States/UTs of the Country.

The chart given below shows the changes in the prevalence of tobacco use between the first and second rounds of the Global Adult Tobacco Survey [GATS-1 (2009-10) to GATS-2 (2016-17)].



2. Major Achievements from 1st January 2024 to 31st December 2024:

(A) National Workshops:

National Workshop to Strengthen Tobacco Product Regulation in India, 21 to 23 March 2024: A national workshop to strengthen tobacco product regulation in India was held under the National Tobacco Control Programme from 21st to 23rd March, 2024 at NIMHANS, Bengaluru.

The discussions held on the following key points:

- (i) Update on TobLabNet & TobReg;
- (ii) The use of flavours to make tobacco products more attractive to the children and youth;
- (iii) The journey of the National Tobacco Quitline Services (NTQLS);
- (iv) The role of media in strengthening tobacco control policies;
- (v) Online availability and digital marketing of tobacco products;
- (vi) Tobacco taxation;
- (vii) Youth engagement for strengthening tobacco control measures;
- (viii) Global status of tobacco product regulation
- (ix) Key findings from the latest MPOWER report entitled *WHO report on the global tobacco epidemic, 2023: protect people from tobacco smoke*;
- (x) Legal framework for testing of tobacco products,

- (xi) Best practices in Karnataka under NTCP and Moving towards a tobacco free generation etc.

(B) Global Commitments:

I. Tobacco Track & Trace Study Tour: This year delegates from the Ministry of Finance, Government of India attended the Exposure visit for the implementation of Track and Trace Mechanism for Tobacco Products in accordance with Article 8 of FCTC Protocol during 23 to 24 September 2024 at Manchester UK.

The session was attended by the delegation on UK's traceability system, related legislations requirement for a national system, supply chain traceability, packaging and security features, sanctions and enforcement of the Protocol to Eliminate Illicit Trade in Tobacco Products. The discussion held in the programme enlightened the delegates for better implementation of Track and Trace mechanism and other provisions being followed globally to control tobacco products.

II. COP 10 and MOP 3: The 10th session of Conference of the Parties (COP 10) to the WHO Framework Convention on Tobacco Control (WHO FCTC) and the 3rd session of the Meeting of Parties (MOP 3) to the Protocol to Eliminate Illicit Trade in Tobacco Products held from 05-15 February 2024 in Panama.

India being the President of Bureau of Meeting of the Parties (MOP) represented the Southeast Asia Region of this meeting.

Additional Secretary, Tobacco Control, MoHFW presided over the discussions at the 3rd session of MoP3. India's presidency and leadership at MOP3 reflected the Country's and Southeast Asia Region's strong stand and commitment towards combatting illicit trade in tobacco products effectively.

III. Eighth Meeting of the WHO Global Tobacco Regulators Forum (GTRF): Shri Apurva Chandra, Secretary, Ministry of Health and Family Welfare participated in the 8th meeting of the WHO Global Tobacco Regulators Forum held in Netherlands during 23rd to 26th April 2024. India highlighted various measures implemented to reduce tobacco use, over the past two decades including high taxation, tobacco-free educational

institution guidelines, Pictorial health warnings on packaging and the Tobacco Free Youth Campaign. India also relayed the important steps that taken in the past years regarding the depiction of tobacco in entertainment media, as well as addressing cross-border advertising, promotion and sponsorship of tobacco products.

3. Celebrating World No Tobacco Day, 2024:

The Ministry of Health and Family Welfare, Government of India observed 'World No Tobacco Day' on 31st May 2024 on hybrid mode. Prof. Dr. Atul Goel, Director General of Health Services presided the event. Along with other Officials/Officers, WHO Representative in India participated in the programme. The theme of 'World No Tobacco Day' for the year 2024 was “*Protecting Children from Tobacco Industry Interference*”. The activities observed in the event are as follows:

a. Union Health Secretary, Shri Apurva Chandra addressed the event through a video message, focusing on the devastating impact of tobacco use. He emphasized the Government's proactive stance, implementing measures across various levels including local, regional, national, and Global to reduce prevalence and exposures of tobacco products and its use, thereby fostering healthier communities.

b. Director General of Health Services emphasized the urgent need for innovative strategies to educate youth about the harmful effects of tobacco use from an early age and highlighted the importance of curbing tobacco advertising and engaging influencers to spread awareness.

c. International badminton player Ms. PV Sindhu of India designated as ***the official brand ambassador*** for National Tobacco Control Programme for the year 2024. In a compelling video message, Ms. P.V. Sindhu urged everyone to unite in the campaign against tobacco use, encouraging individuals to lead a tobacco-free life and embrace healthier choices today for a better tomorrow.

d. During the event, an “Operational Guidelines” launched for establishing Tobacco Cessation Centres in medical institutions.

e. The Ministry of Health & Family Welfare arranged an online “No Tobacco Pledge” through the MyGov platform. All the participants, including the Ministry of Health & Family Welfare, State Government officers and partner organizations, took the Pledge.

f. On No Tobacco Day 2024, WHO awarded to the State Tobacco Control Cell of Odisha for their best performance in Tobacco Control. The Regional Director's Special Recognition Award 2024 was given to the State Nodal Officer, Kashmir and Generation Savior Association, Punjab was recognised for their best achievement in the National Tobacco Control Program.

4. Tobacco Free Youth Campaign 2.0:

Under the National Tobacco Control Programme Ministry of Health launched “Tobacco Free Youth Campaign 2.0” on 24th September 2024 at Lady Hardinge Medical College, New Delhi. Shri Prataprao Jadhav, Minister of States for Health and Family Welfare inaugurated the campaign.

The focus of the campaign was on the following strategies:

- a) Escalate public awareness on harmful effects of tobacco.
- b) Enhance tobacco free educational institutions (ToFEI) compliance.
- c) Enhance enforcement of COTPA, 2003 and PECA 2019.
- d) Endeavour for Tobacco Free Villages.
- e) Amplify social media engagement.

Across all States and Union Territories, to create intensive awareness on harmful effects of tobacco use, particularly amongst the youth, this ministry launched a 60 days Campaign **from 24th September 2024 to 23rd November 2024**. The Campaign was inaugurated by the Union Minister of State for Health and Family Welfare, Shri Prataprao Jadhav at Lady Hardinge Medical College on **24th September 2024**. The Minister also inaugurated Tobacco Cessation Centres in all Medical Colleges of the country. The event was attended both in person and in virtual mode. Around 500 people and 300 school students nearby physically participated in the event. NSS volunteers from My Bharat and

representatives from Civil Society organisations also participated in the event.

States and UTs were advised to take action for establishing Tobacco Free Villages and Schools. The States took forward the campaign for effective enforcement of tobacco control laws; implementation of guidelines for Tobacco Free Educational Institutions; Tobacco Free Villages and IEC strategies.

On his inaugural speech, the Minister has highlighted the ill effect of tobacco use in the society. He has emphasised to take all measures to combat tobacco use by the people especially by the youth. The Minister has suggested running the campaign annually to combat the tobacco epidemic.



The event witnessed the launch of an educational video by WHO, to be released in all schools for sensitizing young students on the detrimental effects of tobacco use. Three important guidelines *(i) Health Workers Guide, (ii) SOPs for Villages to be Tobacco Free & (iii) Guidelines for Law Enforcers for Effective Implementation of Tobacco Control Laws 2024* were relaunched during

the occasion. Two testimonial videos made by Voice of Tobacco Victims (VoTV) (a Group of Cancer Survivors) shared their experience for battling cancer due to use of tobacco, was shown in the event.

In the end of the event, the Minister flagged off a bike rally from RML hospital to India Gate for wide awareness of the campaign.

The campaign received an enormous reaction from all States and UTs with the announcement of the number of villages and educational institutions that were tobacco-free, IEC activities, and widespread social media participation. During the pre-launch week and launch day, the number of users reached through the campaign's social media outreach was more than 1.00 crore users. In conclusion, the active participation of States and UTs and the extensive social media outreach rendered the campaign a great success.

1.10.3 National Mental Health Programme (NMHP)

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 743 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 2024-25

OPD services:

- Approximately 1,49,98,436 patients were catered in Mental Health OPDs in the districts
- Inpatients: The patients admitted for mental health disorders in District Hospitals were approx. 1,70,279.
- Outreach activities/OPDs conducted by DMHP teams: Around 1,05,129 outreach activities were conducted by DMHP Teams in the districts from April 2023 to March 2024.
- Patients attended through Outreach activities or OPDs: Approx. 1,33,44,448 patients/beneficiaries were attended through outreach activities or OPD sessions.

NMHP Achievement data for FY 2024-25

Services provided	Q1 (April 2024 - June 2024)	Q2 (July 2024 - September 2024)	Projections for Q3 (October 2024 - December 2024)	Projections for Q4 (January 2025 - March 2025)
Number of patients seen in Mental Health OPD	33,89,117	37,79,106	38,03,249	40,26,964
Number of Patients admitted for mental health disorder	46,636	43,787	41,156	38,700
Number of Outreach/OPDs conducted by DMHP team	9,810	20,785	31,773	42,761

Services provided	Q1 (April 2024 - June 2024)	Q2 (July 2024 - September 2024)	Projections for Q3 (October 2024 - December 2024)	Projections for Q4 (January 2025 - March 2025)
Number of patients attended through outreach activities	29,00,326	31,90,850	34,81,374	37,71,898

Awareness activities on Mental Health

World Mental Health Day: Mental Health at Workplace



World Mental Health Day was celebrated on 10th October, 2024 with the theme '**It is time to prioritize Mental Health at Workplace**'. To mark this day, Ministry of Health and Family Welfare, held a national level program in Delhi for following important releases and launches: -

- a. **Tele MANAS app** which is developed for general public, offers free and confidential mental health support through trained mental health professionals across India, 24x7 for immediate counselling and support through text and audio.
- b. **Video consultations in Tele MANAS** is yet another upgrade to the already existing audio calling facility which will be undertaken by the mental health professionals. This facility is initially launched in the states of Karnataka, J&K and Tamil Nadu and later will be scaled up to the whole country.

c. **WHO Tele MANAS assessment report**

The report appreciates the novel initiative of Govt. of India and highlights some significant milestones achieved by Tele MANAS in providing mental health support and its robust technological architecture.

d. **Booklet on 'Taking charge of your mental health- because it matters'**

focuses on attempts to clear some of the misconceptions related to mental health and offers few strategies that individuals could try to explore by themselves on the efforts that individuals could make to maintain mental health and wellbeing. The book also specifically focusses on stress arising out of difficult work place situations.

The event further had **roundtable discussions** with a variety of panelists coming from diversified group of people that include Ministry of Health & Family Welfare, Ministry of Ayush, Ministry of Labour and Employment, Institutions such as NIMHANS, AIIMS, IHBAS, WHO, Industry associations such as FICCI/CII and NAT Health, Development partners, organizations promoting wellness such as Art of Living Foundation and Arogya World, and Civil society organization like Jan Sahas. The topics for discussions were as follows-

- a. Policies and frameworks to foster mental health resilience at workplaces
- b. Mental Wellbeing at Informal Workplaces / Challenges, Opportunities, and Inclusive Solutions
- c. Preventive Mental Health- The Role of Holistic Practices in Promoting Well-being

The panelists also explored the role of Ayushman

Arogya Mandirs (AAMs) & Tele MANAS in promoting mental health support.

Further, to highlight the importance of mental health, a campaign "मन हित से जन हित", was organized at Ayushman Arogya Mandirs - AAMs across the country to reach a wider audience and provide mental health services at the grassroots level. These included Yoga/wellness sessions and awareness generations among local community. The Community Health Officers (CHOs) were encouraged to celebrate and document the efforts towards raising mental health awareness at facility level and also use the social media to highlight the same. Furthermore, Ministry of Health & Family Welfare sought active participation from all the ministries to implement employee engagement activities designed to support mental health in the workplace. Suggested initiatives included art and poetry competitions, setting up of gratitude walls, counsellor sessions and promoting positive communication. These activities are known to foster a supportive and productive work environment and institutional success.

2. Suicide Prevention Week was observed from 10th September to 16th September 2024 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 behaviors & 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 2024.

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.

On October 10th, 2024, the Tele MANAS mobile application was launched to coincide with the second anniversary of the National Tele Mental Health Program (NTMHP). This comprehensive,



user-friendly platform provides free and confidential mental health support to individuals across India, marking a significant step forward in making mental health care accessible to all. The Tele MANAS app offers 24/7 access to mental health services, allowing users to receive expert support anytime and anywhere, whether they are at home, at work, or on the go. With the increasing demand for mental health services and the ongoing need to address mental health challenges in the country, the app provides an invaluable resource for users seeking guidance, counselling, and emotional support.

Video consultations in Tele MANAS are another upgrade to the already existing audio calling facility. This will be undertaken by the Mental Health Professionals who are taking audio call escalations to get further information about the caller as part of history taking and clarification. This facility has been initially launched in the states of Karnataka, Jammu & Kashmir and Tamil Nadu and will be later scaled up to the whole country.

As on 13.12.2024, Tele MANAS is Operational in all 36 States/ UT's through 51 functional Tele MANAS cells with 2 additional cells at AFMC, Pune and Nagpur Tele-MANAS Cell (CSR). Approx 16.50 lakhs calls have been handled on the helpline number (14416) since launch of the program with Counsellors engaging in more than 20 different languages.

As on 13.12.2024, Tele MANAS is Operational in all 36 States/ UT's through 53 tele MANAS cells

(including 2 additional cells at AFMC Pune and at Nagpur in collaboration with Aditya Brila Group). Approx 16.50 lakhs calls have been handled on the helpline number (14416) since launch of the program with Counsellors engaging in more than 20 different languages.

The *Tele MANAS* initiative has been a key part of India's strategy to ensure that mental health support is available to individuals across the country, regardless of their location or socioeconomic background.

1.10.4 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 eye diseases 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:

1. Cataract Surgeries
2. Distribution of spectacles to school children
3. Corneal Collection

Major Achievements during 2024-25

World Health Organization declared that Government of India has eliminated Trachoma as a public health problem. This marked India's triumph over Trachoma after decades of campaigns & drive under National Programme for Control of Blindness & Visual Impairment (NPCBVI). In addition, India has become the third country in the South East Asia region to reach this important public health milestone.

A National Review meeting with all 36 States/UTs was held on 19th -20th Sept. at Hotel, The Park New Delhi. It was attended by dignitaries from DGHS, Ministry of Health and Family Welfare, WHO. The National Review meeting included interactive lectures, panel discussion, presentation on different themes along with open session for participants to understand their perspectives and widen the horizon of knowledge on progress made, gaps and roadblocks in achieving targets under the program. It was organized as one of the major activities, by central NPCBVI division, Dte. GHS, MoHFW, just after the celebration of Eye donation fortnight (25th Aug – 8th Sept)

Progress report in respect of NPCBVI for the period from January 2024 to December, 2024

Activities	Average Target 2024 -25	Achievement January, 2024 to November, 2024	Projection (December, 2024)*	Projection (January 2025 to March, 2025
Cataract Operation	105,00,000	84,030,63	7,72,158	3240136
No. of free spectacles provided to school children suffering from refractive errors	17,00,000	7,46,402	1,54,651	280121
No. of donated eyes collected	80,000	53,797	1940	1659 8

* The report is provisional as final reports for the month of December, 2024 are awaited from most of the State/UTs due to time taken in collection of data from lower units and further consolidation at State Headquarters before reporting to the Central Programme Division.

Data for the month of December, 2024 will be updated later on.

1.10.5 National Programme for Prevention and Control of Deafness (NPPCD)

Hearing loss is the most common sensory deficit in humans today. As per WHO estimates (done in 2001), in India, approximately 63 million people, suffered from significant hearing impairment, i.e. 6.3% in Indian population.

To manage this huge burden of deafness / hearing impairment, the Government of India launched the **National Programme for Prevention and Control of Deafness (NPPCD)** in year 2007, on pilot mode. Currently, in year 2024, the programme is under implementation in a total of 587 districts of our country, spread over 36 states/UTs.

The goal of the programme is to eliminate “Preventable-Deafness”, decrease the prevalence of deafness to <1% and to empower the hearing-impaired persons.

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

Newer Initiatives/ Focus Areas

- National Survey to estimate the current prevalence of deafness in the country.
- Modification of operation guidelines for National Programme for Prevention and Control of Deafness to a latest version with inclusion of universal screening of neonates and noise induced hearing loss.
- Budget provision for conducting community-based screening for early detection of ear and hearing problems
- Budget provision for conducting providing hearing aid under the programme.

Major achievements of the Programme activities:

1.Total number of persons screened for deafness

Year	Number of persons screened for deafness
2023 -24	16,76,096
2024 -25 (Jan -Dec)	16, 41,621

2.Number of person referred for rehabilitation

Year	Number of person referred for rehabilitation
2023 -24	1,20,784
2024 -25 (Jan -Dec)	1,29,672

3.Number of hearing aids fitted

Year	Number of hearing aids fitted
2023 -24	6985
2024 -25 (Jan -Dec)	29,065

4.Number of surgeries performed

Year	Number of hearing aids fitted
2023 -24	38,187
2024 -25 (Jan -Dec)	38,469

Note:-This is a provisional data till 31/12/2024 as Monthly Progress Reports are still awaited from many states/UTs for the month of December, 2024.

Projections/Estimates for 01/01/2025 - 31/03/2025

Activity	Total no. of patients
Number of persons screened for deafness	4,10,405
Number of person referred for rehabilitation	32,418
Number of hearing aids fitted	7266
Number of surgeries performed	9617

IEC Campaigns:

Under NPPCD program, World Hearing Day is celebrated on 3rd March and The International Day of Sign Languages and the International Week of the Deaf is celebrated in the last week of September every year to raise awareness about preventing deafness and hearing loss, and to promote ear and hearing care. Various special drive for all programmes activities such as IEC, screening camps, audiometric assessment including are planned

Glimpse of World Hearing Day 2024: On World Hearing Day 2024, a one day workshop was organised at CHEB with the theme "**Changing mindsets: Let's make ear and hearing care a reality for all**".

1.10.6 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS (NPPCF)

Fluorosis, a crippling disease is caused by excess intake of fluoride mainly through drinking water. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis.

To tackle the problem, Government of India launched the National Programme for Prevention and Control of Fluorosis (NPPCF) in 2008-09 (11th Five Year Plan) and is being expanded in a phased manner. The Desirable limit for Fluoride in drinking water, as per BIS standards, is 1.0 mg / litre, while the Permissible limit is 1.5 mg/ litre. Currently,

NPPCF is being implemented in 163 Districts across 19 States/UT.

Objectives of the programme are as follows:

- Assess and use the baseline survey data of Fluorosis provided by the Department of Drinking Water and Sanitation, Ministry of Jal Shakti
- Capacity building for prevention, diagnosis and management of Fluorosis cases.
- Comprehensive management of Fluorosis in the selected areas

The strategy followed under the programme is as follows:

- Capacity building (Human Resources) in the form of training and manpower support
- Establishment of diagnostic facilities in the district
- Surveillance of Fluorosis in the community
- Management of Fluorosis cases including supplementation, surgery and rehabilitation.
- Health education for prevention and control of Fluorosis cases

Through the NPPCF Programme, support is being provided at the District level for: -

- Strengthening manpower in endemic districts by providing for:
- Consultant (1), Laboratory Technician (1), Field Investigator (3) for six months
- Purchase of equipment for the lab including an Ion meter for water and urinary analysis of fluoride levels.
- Training of medical and paramedical workers at various levels.
- Health Education and Publicity.
- Supplementation with vitamins and minerals and treatment including reconstructive surgery and rehabilitation

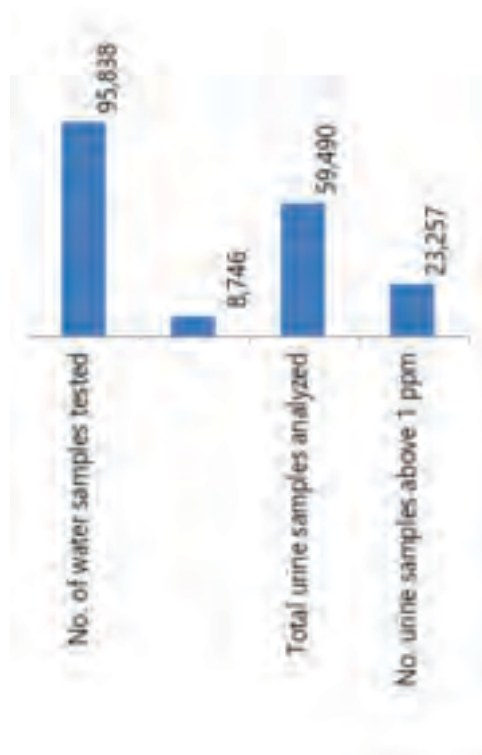
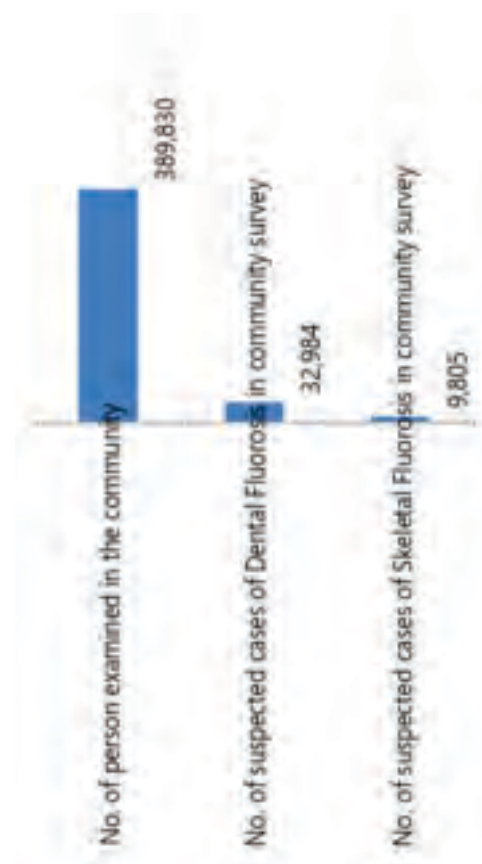
Key Highlights under the Programme

The programme is now being implemented in 163 Districts across 19 States/ UTs. Further, additional districts have been proposed to be added.

Details of Programme Implementation:

States/UT	Number of Children (aged 6 – 11 years) examined	No. of children (aged 6 – 11 years) with suspected dental Fluorosis	No. of person examined in the community	No. of suspected cases of Dental Fluorosis in community survey	No. of suspected cases of Skeletal Fluorosis in community survey	No. of water samples tested	No. of water samples found above 1ppm	Total urine samples analyzed	No. urine samples above 1 ppm
National	8,72,868	28,067	3,89,830	32,984	9,805	95,838	8,746	59,490	23,257

*Data as of 30th September, 2024



1.10.7 NATIONAL PROGRAMME FOR HEALTHCARE OF THE ELDERLY

The Ministry of Health & Family Welfare had launched 'National Programme for Health Care of the Elderly' (NPHCE) during 2010-11 to address various health related problems of elderly. The programme 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 (UNCPRD), 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.

The main objective of NPHCE is to provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to the ageing population.

Components of the Program:

1. **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.
2. **Tertiary Component: ('Rashtriya Varisth Jan Swasthya Yojana'):** These services are being

provided through Regional Geriatric Centres (RGCs) located at 17 Medical colleges and two National Centres of Aging (NCAs) one in AIIMS, Ansari Nagar, New Delhi and another in Madras Medical College, Chennai.

3. **Research Component:** A Longitudinal Ageing Study in India (LASI) project:-The LASI is a nationally representative survey of older persons in India is being undertaken through International Institute of Population Sciences (IIPS), Mumbai. LASI wave-1 survey (2017-18) covers all 30 states and 6 Union Territories of India with a panel sample size of 72,250 older adults aged 45 years including 31,464 people above 60 years of age and above and their spouses regardless of age. LASI collects data on four major subject domains:

- i. Health: Disease Burden & Risk Factors (Reported and Measured)
- ii. Health Care and Health Care Financing
- iii. Social: Family, Social Network and Social Welfare Programmes for the Elderly
- iv. Economic: Income, Wealth, Expenditure, Employment, Retirement and Pension

The first wave of LASI was completed and the final report of LASI wave-I was released by Hon'ble Union Health Minister on 6th January 2021.

NPHCE Achievements

1. District & Sub-district levels:

Services provided	F.Y. 2023-24 (April' 2023 to March' 2024)	F.Y. 2024 -25 (April' 2024 to December' 2024)
Number of patients seen in Geriatric OPD	4,98,51,155	5,29,16,039
Number of patients admitted in Geriatric Ward	61,61,453	58,272,699

17 Regional Geriatric Centres:

Services provided	F.Y. 2023 - 24 (April' 23 - March' 24)	F.Y. 2024 -25 (April' 24 - September' 24)
Number of elderly patients seen in OPD	1,26,452	37,947

Services provided	F.Y. 2023 - 24 (April'23 - March'24)	F.Y.2024 -25 (April'24 - September'24)
Number .of elderly patients admitted in Wards	10,425	4707
Number of Lab tests performed on Elderly	1,13,123	39,383
Number of elderly patients who Received Rehabilitation services	34,928	12,979

02NationalCentresofAgeing:

Servicesprovided	F.Y. 2023-24 (April'23-March'24)	F.Y.2024 -25 (April'24-September'24)
Number of patients seen in OPD Geriatric Medicine	23,453	1,62,080
Number of patients seen in Specialty Clinics	1,906	45,419
Number of patients admitted in Wards	1,524	4,372
Number of Lab tests performed on Elderly	23,369	2,10,478
Number of elderly patients who Received Rehabilitation services	7,466	32,071

1.10.8 THE NATIONAL ORAL HEALTH PROGRAMME (NOHP)

1. 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 unit at the level of District Hospital and below. Support is provided for equipment including dental chair, 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, which includes 498 DH, 1083 SDH, 2849 CHC, 5130 PHC and 27 Mobile Dental Units across all States/UTs.

The Center for Dental Education and Research at AIIMS, New Delhi is identified as the National Center of Excellence for implementation of NOHP. The following National Resource Centres has been established under the Program: -

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
4. National Referral and Research Institute for Higher Dental Studies at AIIMS, Delhi

eDantSeva, an interactive website and mobile application for oral health has been developed. The details of the activities conducted under the Programme during FY 2024-2025 is 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, which includes 27 SDH, 3989 PHC, 17 AAM and 6 Mobile Dental Units across all States/UTs.
2. Training program “1st National Level Training and Capacity Building of Dental Professionals in Tobacco Cessation” in February 2024.
3. National review of National Oral Health Program with State Nodal Officers of NOHP in March 2024.
4. Celebration/Observance of World Oral Health Day 2024 in all State/UTs and Dental colleges.
5. Inauguration of National Resource Centre for Oral Potentially Malignant Disorder at Lady Hardinge Medical College, Delhi in March 2024.
6. Release of Reference Manual on Oral Potentially Malignant Disorder for Dental Professionals
7. Brainstorming meeting with ICMR, Delhi on Operational Research on prioritized topics in Oral health.
8. Observance of month long World No Tobacco Day 2024 across all States/UTs, Dental colleges and Indian Dental Association branches.
9. One-day Oral screening and Tobacco cessation awareness programme at Dilli Haat during the World No Tobacco fortnight.
10. One-day Oral cancer screening and Tobacco Cessation Awareness programme at Nirman Bhawan on the occasion of World No Tobacco Day.
11. With regard to theme for WNTD 2024 (Protecting Children from Tobacco Industry Interference), joint collaboration with Ministry of Education for one-day awareness programme at Bal Bhawan.
12. 2nd National level training and capacity building of Dental professionals in Tobacco cessation held in September 2024 at Maulana Azad Institute of Dental Sciences.
13. Felicitation of the winners of World No Tobacco Day 2024 at MAIDS, Delhi.
14. Inauguration of National Referral & Research Institute for Higher Dental Studies (NaRRIDS) at AIIMS, Delhi on 29th October 2024.
15. 1st Virtual National Level Training and Capacity Building Program of Dental Professionals in Tobacco Cessation" for the States of Assam, Arunachal Pradesh, Sikkim, Manipur, Mizoram, Meghalaya, Nagaland and Tripura in November 2024.
16. 4th National Steering Group for oral health meeting held at CDER, AIIMS and felicitation of the winners of the World Oral Health Day 2024 in November 2024.
17. Participation of Oral Health lead for the WHO Global Oral Health meeting held in Thailand, November 2024.
18. Participation of National Oral Health Programme during the India International Trade fair in November 2024.

1.10.9 National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMTBI)

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 12th FYP as “Capacity Building for Developing Trauma Care Facilities in Govt. Hospitals on National Highways “wherein 80 Hospitals/Medical Colleges were approved for financial assistance in addition to other interventions. The scheme is being extended since then and presently 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 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 full-fledged programme for tertiary care level during the 12th Five Year Plan period. The financial assistance towards District Hospital component was undertaken under National Health Mission (NHM). The scheme is being extended since then and presently 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 center 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 utilization of available resources.

Key Highlights and Achievements (up to 22.11.2024) are:

1. Out of 196 Hospitals/Medical Colleges supported for setting up of Trauma Care Facilities and 47 Burns Units, so far, 163 TCFs and 12 Burn Units have become

functional and are providing services to trauma/burn victims respectively.

2. Central balance share to TCF and burn units are under pipeline to be released for FY 2024-25.
3. Review meetings were conducted with States to review physical and financial progress of established TCF & burn units.
4. 7 Medical colleges/ hospitals have been identified for declaring as Centre of Excellence by the Ministry
5. Training of Doctors, Nurses & Dressers for FY 2024-25 in AIIMS Delhi, SJH Hospital and Dr. RML Hospital have been arranged.
6. Guidelines on standard treatment guidelines for trauma care in India is under formulation
7. Monitoring visits to states are also conducted to review the activities and function trauma centres and burn units.
8. Celebrated Trauma Day on 17 October, 2024.

1.10.10 National Organ Transplant Program (NOTP) and Transplantation of Human Organs and Tissues Act, 1994.

Introduction-

Hon'ble Prime Minister Narendra Modi has highlighted the importance of organ donation during his 'Mann Ki Baat' program which has significantly boosted awareness and encouraged people to come forward for organ donation within the country.

India faces a shortage of organs for transplantation, with a vast gap between the demand and supply. This necessitates a shift towards deceased organ donation, minimizing the risks inherent in living donations, such as potential exploitation and health complications for the donor.

While deceased organ donation primarily focuses on "brain stem dead" individuals, post-cardiac death donation is also an option in certain cases. With around 1.73 lakh annual road traffic accident fatalities, a substantial pool of potential organ donors exists.

Although the number of transplants in India has significantly increased from 4990 in 2013 to 18378 in 2023 and this year 14155 transplants have been reported to NOTTO from January to September, 2024, however the organ donation rate remains low at less than 1 per million population. This starkly contrasts with highest in the world at around 48 per million population in Spain.

Transplantation of Human Organs and Tissues Act (THOTA), 1994 and related Legal Framework

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 (as amended in 2011). This legislation aims to regulate the removal, storage, and transplantation of human organs for therapeutic purposes while strictly prohibiting any commercial dealing.

The Transplantation of Human Organs Act was enacted in the year 1994, which after adoption by the States, became applicable to all States and Union Territories, with exceptions like Jammu & Kashmir and Andhra Pradesh, which had their own specific legislation.

The Act was amended in 2011 and the Transplantation of Human Organs (Amendment) Act 2011, has come into force on 10.01.2014 in the States of Goa, Himachal Pradesh, West Bengal, and Union Territories. Other States who have adopted the amendment Act till date are Rajasthan, Sikkim, Jharkhand, Kerala, Orissa, Punjab, Maharashtra, Assam, Haryana, Manipur, Gujarat, Bihar, Uttar Pradesh and Tamil Nadu. The amended Act is now named Transplantation of Human Organs and Tissues Act (THOTA), 1994. After reorganization of erstwhile State of Jammu and Kashmir, the THOTA 1994 is now also applicable in the Union Territories of Jammu and Kashmir and Ladakh. Five States namely Andhra Pradesh, Karnataka, Meghalaya, Telangana, Uttarakhand have not yet adopted the Transplantation of Human Organs (Amendment) Act, 2011.

Brain Stem death is recognized as legal death in India under the aforesaid Act, like many other countries, which has revolutionized the concept of

organ donation after death. After natural cardiac death only, a few tissues can be donated (like cornea, bone, skin) whereas after brain stem death upto 8 lifesaving organs such as kidneys, heart, liver, lungs, pancreas and intestine and in addition many types of tissues like cornea, skin, heart valves, bones etc. can be donated.

National Organ Transplant Program

The Government of India is implementing National Organ Transplant Program (NOTP) with aim to enhance access to life-saving transplants, 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, and providing training for manpower and research.

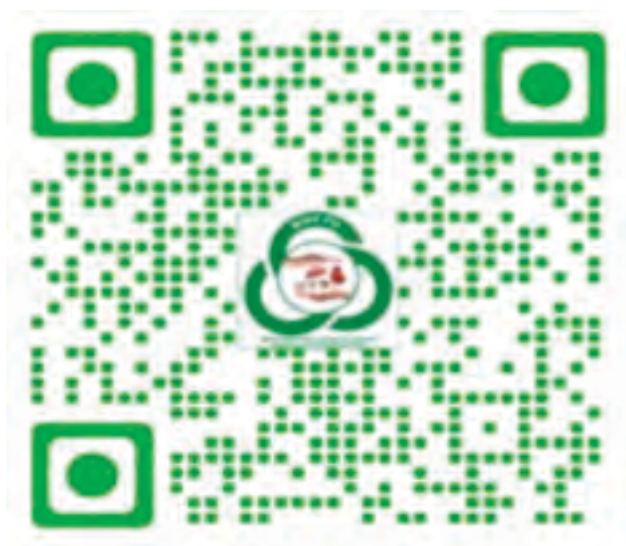
As per the mandate given to the Central Government under the above mentioned Act, the National Human Organs and Tissues Removal and Storage Network has been established, which consists of one National Organ and Tissue Transplant Organization (NOTTO) located at Safdarjung Hospital campus in New Delhi, 5 Regional Organ and Tissue Transplant Organizations (ROTTOs), and 21 State Organ and Tissue Transplant Organizations (SOTTOs) so far. These Organizations network, as on date with 921

hospitals/institutions, including 697 organ transplant centers, 135 organ retrieval centers, and the remaining as 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.

National Organ and Tissue Transplant Organisation (NOTTO)

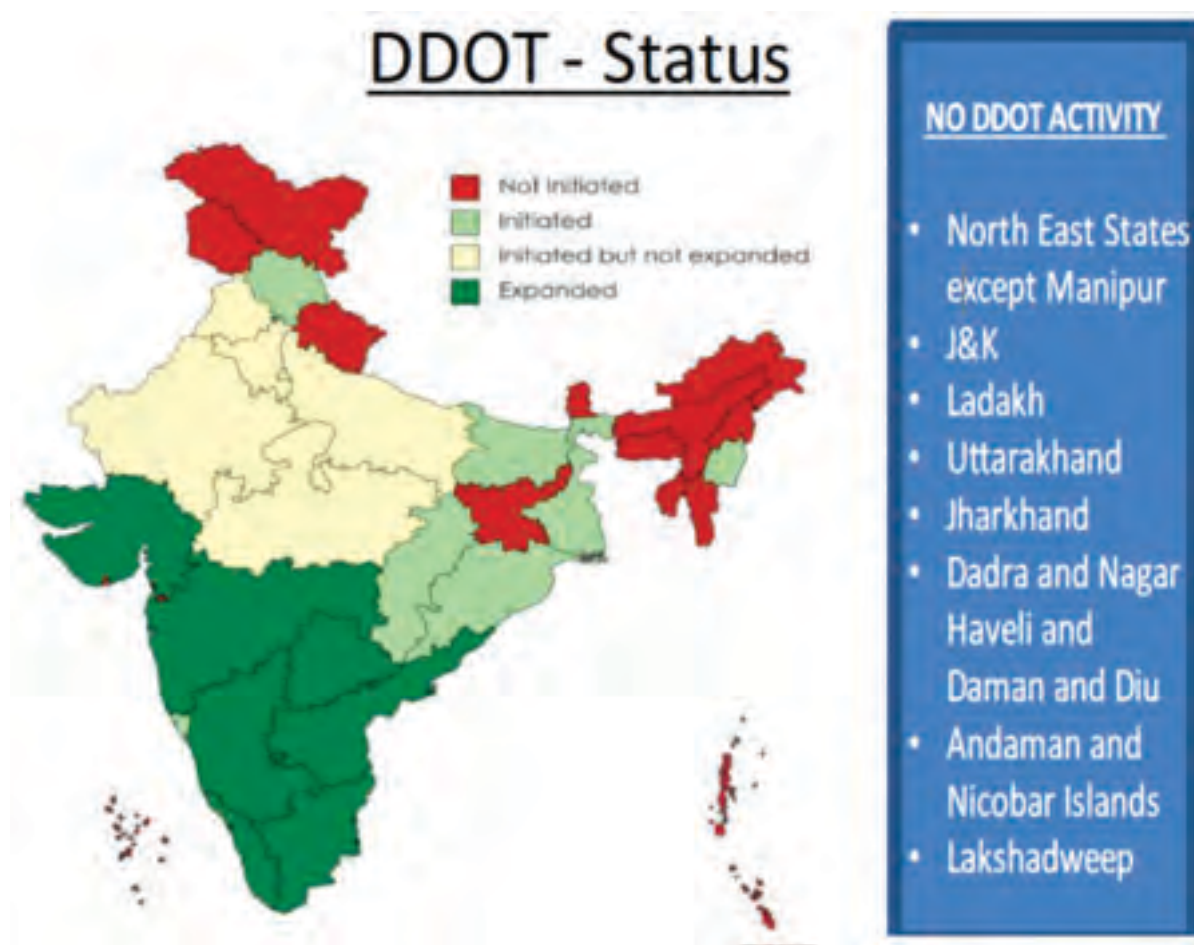
NOTTO implements various components of National Organ Transplant Program through regions and states, disseminates information about organ donation and transplantation through its dedicated website www.notto.mohfw.gov.in and a 24x7 functional Toll-free Helpline No. 1800114770. NOTTO has issued various guidelines, Standard Operating Procedures, and organ allocation policies/criteria, which are available on the website.

The process of registering the wish to donate organs and tissues after death is very simple. Since September 17th, 2023 (birthday of the Hon'ble Prime Minister), a dedicated Aadhaar-linked digital portal (notto.abdm.gov.in) has streamlined the pledge process. This national pledge registry enables the registration of organ donation pledges through QR Code also. As of today, over 2 lakh citizens have registered their selfless act of giving life through organ and tissue donation.



QR Code for Pledging

Map indicating Deceased Donor Organ Transplant (DDOT) Status in States/UTs



ROTTOs and SOTTOs

ROTTOs and SOTTOs have been established in the following institutions in the irrespective states:

ROTTTO: Regional Organ and Tissue Transplant Organization-

<u>Name of ROTTO</u>	<u>States/UTs covered</u>
Seth GS medical college and KEM Hospital, Mumbai (Maharashtra) - ROTTO West	Maharashtra, Gujarat, Goa, Madhya Pradesh, Chhattisgarh, Dadra and Nagar Haveli & Daman and Diu.
Govt. Multispecialty Hospital, Omnadurar, Chennai (Tamil Nadu) - ROTTO South	Tamil Nadu, Kerala, Telangana, Andhra Pradesh, Karnataka, Pondicherry, Andaman & Nicobar Islands, Lakshadweep
Institute of PG Medical Education and Research, Kolkata (West Bengal) - ROTTO East	West Bengal, Jharkhand, Sikkim, Bihar and Orissa
PGIMER Chandigarh (UT of Chandigarh) - ROTTO North	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Ladakh, Chandigarh, Rajasthan, Uttar Pradesh and Uttarakhand
Guwahati Medical College (Assam) - East ROTTO North	Assam, Meghalaya, Arunachal Pradesh, Manipur, Nagaland, Mizoram, Tripura

Broad Functions of ROTTO are-

- Networking including allocation, where SOTTOs not functional
- Co-ordination when organ is located outside State
- Collection of data and statistics from SOTTOs including registry of the region
- Monitoring and surveillance
- Training and workshops
- Developing IEC materials as per regional need
- Inter sectoral meetings, IEC and advocacy for deceased organ donation in the region
- Technical guidance and support
- Establishing and operationalizing regional biomaterial centre
- ROTTO is also SOTTO for the State in which it is located.

It is envisaged to have a biomaterial centre at each ROTTO centre and till now funds have been given to Tamil Nadu & Maharashtra for one State Biomaterial Centre each.

Grant in Aid provided to each ROTTO-

- Financial Assistance of Rs. 105 lakh per year as Recurring grant and Rs. 68 lakh as Non-Recurring grant (Non-recurring was released already in 2014-2017 to ROTTOs).

SOTTO: State Organ and Tissue Transplant Organization-

It is envisaged to establish one SOTTO in each State/UT. So far, grants for the following 21 SOTTO 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, Uttar Pradesh
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-Jeevasarthaka, Bangalore
16. Chhattisgarh-DKSS Super Speciality Hospital, Raipur
17. Mizoram-Zoram Medical College, Aizawl, Mizoram
18. Puducherry-IGGGH and PGI, Puducherry
19. Himachal Pradesh-IGMC, Shimla
20. Dadra & Nagar Haveli and Daman & Diu-Shri Vinoba Bhave Civil Hospital, Silvassa
21. Government Doon Medical College, Uttarakhand

Broad Functions of SOTTO are-

- Coordinate for Implementation of all schemes under NOTP in consultation with State Government
- Maintain Waiting list to for patients requiring transplants for respective States
- Networking and State level registry
- Co-ordination from organ and tissue procurement, matching, allocation, transportation, storage and transplantation
- Coordinate for BSD certification and retrieval teams

- Dissemination of information to hospitals, organizations & individuals
- IEC Activities
- Training and CME within the State

Grant in Aid (recurring and non-recurring) provided to each SOTTO for establishment-

- Financial Assistance of Rs. 36 lakh per year as Recurring grant and Rs. 48 lakh as Non-Recurring grant.

Some Major Highlights

1) Financial grants under NOTP-

The Government of India under NOTP provides the following financial grants to the States/UTs and Institutions:

Component	Amount
ROTO: 1. Non -Recurring Grant 2. Recurring Grant per annum	Rs. 68 lakh Rs. 1.05 Crore
SOTTO: 1. Non -Recurring Grant for setting up of SOTTOs 2. Recurring Grant for Manpower	Rs. 36 lakh 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 • Private 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 below poverty line 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 donation
IEC activities and training & capacity building	As per proposal

1) One Nation One Policy-

Moving to wards “One Nation One Policy” in consultation with the States, the following reforms have been informed to the States for implementation:

- a. **Condition of State domicile for registration of recipients to receive deceased**

Biomaterial Centres:

National Biomaterial centre located at NOTTO is now registered.

There is also provision of non-recurring financial grant @ 100 lakh per regional / state biomaterial centre (For: Refurbishment of space, furniture, equipment) for upto 10 centres in the country.

donor organ for transplantation has been removed.

b. **Upper age limit for registration of recipients for receiving deceased donor organ has been removed i.e. Now, a person of any age can register for receiving deceased donor organ.**

c. **No fees 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.

2) Uniform Organ Transport Policy-

To ensure efficient and timely organ transport across the country, the Indian government, led by NITI Aayog, collaborated with seven key ministries: Civil Aviation, Housing and Urban Affairs, Railways, Transport and Highways, Ports Shipping & Waterways, Home Affairs, and Defence. This collaboration resulted in the development of a Uniform Organ Transport Policy and Standard Operating Procedures (SOPs). These SOPs mandate the appointment of a Nodal Officer within each ministry to facilitate seamless coordination with the National Organ and Tissue Transplant Organization (NOTTO) for organ transport. The finalized Standard Operating Procedures (SOP) for facilitating seamless transport of organs through various means of transport was issued on 14th Indian Organ Donation Day celebrated on August 3rd, 2024.

To further expedite the process, the government has eliminated the need for organs screened in airports and amended Metro Rules to permit the transport of organs, effective May 29, 2023. These measures aim to minimize delays and maximize the chances of successful organ transplantation.

3) Financial Support for immune-suppressants and post transplant medications

To assist low-income (below poverty line) individuals who undergo organ transplantation in government hospitals, the government provides financial assistance. This support, currently offered for three years, provides a monthly stipend of Rs. 10,000/- to cover the cost of immunosuppressant therapy.

4) Financial support for maintenance of deceased donor-

Incentivize Non-Transplant Organ Retrieval Centers (NTORC's) and Transplant Center with a Rs. 11 lakh grant per successful cadaveric organ donation, provided at least one organ is donated and utilized in a government hospital. This incentive aims to support the maintenance of cadavers and promote deceased organ donation.

5) Financial Support for hiring of Transplant Coordinators-

To improve organ donation and transplantation outcomes, financial support is provided to government medical colleges, high-performing private institutions, and trauma centers for the recruitment of Transplant Coordinators. This support is aimed at strengthening coordination and optimizing the organ donation process, subject to the norms mentioned below:

The key statistics of organ donation and transplantation for the year 2024

S.No.	Jan – Sep 2024		
1	Living Donors		11675
2	Deceased Donors		862
3	Domino Donors		2
4	Total Donors (1+2+3)		12539
5	Kidney Transplant	Live	8765
		Deceased	1375
		Total	10140
6	Liver Transplant	Live	2906
		Domino	2
		Deceased	699
		Total	3607

S.No.	Jan –Sep 2024	
7	Heart Transplant	189
8	Lungs Transplant	135
9	Pancreas Tra nsplant	7
10	Small Bowel	5
11	TotalTransplant (5+6+7+8+9+10)	
12	Organ Transplant	Live Transplant
		Deceased Transplant
		Total Transplant
13	Multi -Organ Transplant	
14	GrandTotal(11+13)or (12+13)	

Note:

The mismatch between the number of organ recipients and number of organ transplants is due to some recipients receiving more than one organ.

IEC, AWARENESS AND OTHER ACTIVITIES OF 2024-25

The National Organ Transplant Programme (NOTP) places significant emphasis on Information, Education, and Communication (IEC) activities to encourage deceased organ donation. These efforts aim to address public misconceptions and dispel myths surrounding organ donation. Recognizing the invaluable nature of organs, the NOTP emphasizes that every organ should be utilized to its fullest potential, as they represent a precious national resource.

NOTTO

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 ROTTs and SOTTs. 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 organisations working to promote organ donation in the country.



School Outreach Programme

A School Outreach Programme was organized 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.



To channel the nation's increased awareness towards organ donation, 'Angdaan Jan Jagrukta Abhiyaan' was launched in 2024 to raise public awareness about organ donation. July 2024 was designated as 'Organ Donation Month,' during which various campaign activities were conducted. These activities involved active participation from various stakeholders, including Ministries/Departments of the Government of India, State Governments, medical colleges and hospitals, NGOs, and other relevant societies.

As part of this, in one such activity Dr. Anil Kumar (Director, NOTTO) gave a lecture on body donation and organ donation at Satyavati College on 7th July, 2024 during the program organized by Dadhichi Deh Dan Samiti under the Chairmanship of Shri Alok Kumar, Patron.

14th Indian Organ Donation Day:

The National Organ and Tissue Transplant Organisation (NOTTO) celebrated 14th Indian Organ Donation Day on August 3, 2024 wherein the event honored deceased donor families and recognized outstanding achievements in the field of organ donation and transplantation through awards. Key highlights included the release of the NOTTO Annual Report (2023-24), Standard Operating Procedures (SOPs) for Organ Transport, and the NOTTO e-Newsletter. Hon'ble Union Minister of State for Health and Family Welfare and Chemicals & Fertilizers, Ms. Anupriya Patel, Member (Health), NITI Ayog, Dr. V.K. Paul, Secretary (H&FW), Sh. Apurva Chandra and Director General of Health Services, Prof. (Dr.) Atul Goel graced the occasion as the Chief Guest. Furthermore, the event celebrated the exceptional performance of the best-performing states in organ donation and transplantation over the past year.

Focus on Health Promotion and Prevention



The WHO South-East Asia Regional Office (SEARO), in collaboration with the National Organ and Tissue Transplant Organization (NOTTO), convened a workshop for its member states at Hyatt Regency, New Delhi from August 19th to 20th, 2024. The workshop was inaugurated by Regional Director WHO, Ms Saima Wazed and Prof. Dr. Atul Goel, DGHS, Govt. of India. Nine out of eleven countries in the region, including Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, and Timor-Leste, participated. The workshop aimed to advance organ transplantation capabilities within the South-East Asia region. Participating countries expressed their commitment to this goal and agreed to leverage WHO SEARO's support, foster technical collaborations, and share best practices among member states to achieve this objective.

Collaborative Activity with Indian Society of Organ transplant at annual conference ISOT 2024:

A collaborative full day session was organized by NOTTO with Indian Society of Organ Transplantation (ISOT) during their 34th Annual Conference from October 17th to 20th, 2024 at Ahmedabad, Gujarat.

The ISOT 2024 conference was a milestone event, featuring a rich scientific program, inspiring keynote addresses, thought-provoking panel discussions, and hands-on workshops. The conference provided a unique platform for attendees for sharing pioneering advancements, presenting research findings, and discussing the latest trends in organ transplantation. This conference represented an exceptional opportunity for various organisations to showcase their contributions to the organ transplantation field and played a pivotal role in the spread of vital, life-saving knowledge.

Dr. Anil Kumar, Director NOTTO, with other NOTTO staff attended the ISOT2024 on October 17th, 18th & 19th, 2024 and was the Session Incharge for the NOTTO-ISOT Session. He chaired the NOTTO Session on "How to increase access for transplantation in government schemes" and "ISOT SWAP software demonstration" during the Conference. Moreover, he participated as speaker for the session on "Current status of foreign national

transplantation in India” and moderator in various other sessions.

11th Batch of Transplant Coordinator Training Course

Organised by NOTTO concluded on 28.06.2024 in the gracious presence of Maj.Gen.PP Rao, Sr. Consultant, Surgery DGAFMS & Maj. Gen Sheena PD, Principal Matron, AH(R&R).

Chintan Shivr

NOTTO successfully organised first Chintan Shivr on “Reforms required for augmentation of organ and tissue donation and transplantation in terms of Technology, Processes and Legislation in India” on 30th- 31st August, 2024 at NCDC Campus, New Delhi. The sessions focused on various themes such as plugging legal loopholes; One Nation, One Policy; ensuring transparency; improving the ecosystem, insurance issues, making organ transplants affordable, accessible, and equitable, and preparing a roadmap for the same. Representatives from States, ROTTOS/SOTTOs, NGOs, organ transplant societies, eminent transplant professionals and experts from various government and private institutions from all over the country participated in the Chintan Shivr.



43rd India International Trade Fair (IITF)

NOTTO set up information and pledging stalls in the One Health Pavilion of Ministry of Health & Family Welfare held at 43rd India International Trade Fair (IITF), from 14-27 November, 2024 organized at the Bharat Mandapam, New Delhi.



The NOTTO stall attracted huge number of visitors (approximately 20,000) during the duration of fair. Approximately 2000 kits were distributed in the form of one or more of these items namely Badges, Pamphlets, Jute/Canvas Bag and Cap. Around 10,000 counselling sessions on Organ Donation & Healthy lifestyle were conducted along with free checkup of BMI, B.P. and Blood Sugar for visitors. NOTTO mascot, a replica of Lord Ganesha, attracted crowd of visitors especially children. Many dignitaries including **Shri Prataprao Jadhav**, Hon'ble Minister of State for Health & Family Welfare, **Dr V K Paul**, Hon'ble Member Health, NITIAYOG and **Ms. Deepa Malik**, the first Indian woman to win a medal in Paralympic Games visited NOTTO stall and promoted noble cause of organ donation. A Nukad Natak (Street play), for inspiring a lifesaving deed was also organized at the health pavillion, which was a mesmerizing performance.

Poster Making Competition

Dr.Anil Kumar (Director NOTTO) participated as Chief Guest with other NOTTO staff in Poster Making Competition organized by Organ India at Nehru Planetarium on December 2, 2024.

Key ROTTO-SOTTO Activities

SOTTO Punjab

In collaboration with Shrimann Hospital and IMA Jalandhar organized an event to promote deceased organ donation and felicitating the donor family in the event held on 10 November 2024.

SOTTO Madhya Pradesh

MGM medical college Indore organized a 5 day training of Transplant Coordinators at Super specialty hospital block.



ROTTTO North - Chandigarh

MANTHAN 2024 - Round Table Workshop on navigating challenges and increasing deceased organ donation in northern India organized by ROTTO NORTH on 03/05/2024.



SOTTO Andhra Pradesh

SOTTO (Jeevandan) Andhra Pradesh organized many awareness Programme like on 02.08.2024 at “Sri Tummalapalli Kalakshetram, Vijayawada” and on 13.08.2024 at VMRDA Children's Arena, Siripuram, Visakhapatnam.

SOTTO Bihar

SOTTO Bihar organised a marathon to create awareness an organ donation at Marine Drive Patna along with many other stake holders



SOTTO Chhattisgarh



A special show on Akashvani Raipur for spreading awareness about organ donation among rural audience was organized. Sensitization program for Reserve Bank of India employees at Raipur branch was initiated.

SOTTO Goa



SOTTO Goa setup an Organ Donation Awareness Stall at PLEXUS 2024, an Inter-Collegiate event organized by Student Council of Goa Medical College where 15 colleges from all across Goa participated in large numbers.

SOTTO Haryana

Organ Donation Awareness Programme at Balali Village (Charkhi Dadri), Haryana.



SOTTO Jharkhand



Awareness Sessions were conducted for promoting organ donation at Shaheed Nirmal Mahto Medical College & Hospital, Dhanbad and DSPMU, Ranchi.

SOTTO Mizoram



Sensitization program on Organ donation on the occasion of Indian Organ Donation Day was conducted by SOTTO Mizoram.

SOTTO Odisha





INDIAN ORGAN DONATION DAY CELEBRATION WITH PERSONNEL OF CRPF AT BHUBANESWAR on 2nd August 2024.

SOTTO Puducherry

A Rally was organized on 03.08.2024 involving the students of Mother Theresa College of Nursing Students.



SOTTO Rajasthan

Awareness Talk on organ donation at SMS Hospital Jaipur on 2nd February 2024. Mega pledge registration drive was organized in all districts of Rajasthan and State has registered highest number of pledges in the country.



SOTTO Uttar Pradesh

Chandan Hospital, Lucknow orchestrated a cricket tournament for transplanted patient to raise awareness among public about organ donation on 25th February 2024.



ROTTTO East – West Bengal

Awareness event at the Income Tax Sports and Recreation Club, West Bengal on 19th April, 2024.



IPGME&R, ROTTO East-Kolkata celebrated Indian Organ Donation Day where Donor families were honored and felicitated by **Chief Secretary of State for the Government of West Bengal**. A short video on organ donation was launched to promote organ donation. A training Programme was conducted on cornea donation on 06.12.2024 where nurses and staffs from various departments were present.

ROTTO North East – Guwahati, Assam

WORLD KIDNEY DAY celebration by DEPT. OF NEPHROLOGY, GMCH, 14.03.24



ROTTO SOUTH – Tamil Nadu

Organ Donation Day and Donor Felicitation was observed on 23rd September 2024 and TRANSTAN Annual Book by our Chief Guest Thiru. Ma. Subramanian, Hon'ble Minister for Medical and Family Welfare, Govt. of Tamil Nadu and Tmt. Supriya Sahu I.A.S., Additional Chief Secretary to the Government, Health and Family Welfare Department, Govt. of Tamil Nadu.



ROTTO West - Mumbai

ROTTO-SOTTO, West in collaboration with IMA, Maharashtra Organ Donation Committee conducted a seminar on organ donation awareness. IEC consultant shared information with participants about Role of ROTTOT-SOTTO, West.



On 10th July 2024, ROTTOT SOTTO, Mumbai organized Hands on Cadaver Workshop - Surgical Procedures at KEM Hospital, Parel, Mumbai.



1.10.11 National Viral Hepatitis Control Programme (NVHCP)

National Viral Hepatitis Control Programme (NVHCP) under aegis of National Health Mission was rolled out in 2018 with aim to combat hepatitis and reduce morbidity and mortality due to all types of viral hepatitis. Under the programme, free diagnostics and drugs are being made available to all in need for treatment of hepatitis C and life-long management of hepatitis B. Emphasis is being made to build capacities at all level of public healthcare facility to provide promotive, preventive and curative package of services in an integrated manner.

The program has leveraged on existing program/schemes such as, Reproductive Maternal Newborn Child Adolescent Health plus Nutrition (RMNCAH+N). Universal Immunization Program (UIP), National AIDS Control Program (NACP), National Program for Surveillance of Viral Hepatitis (NPVSH) etc. for scale up and effective utilization of domestic resources.

During 2018 - September 2024, it benefitted nearly 12.79 crore individuals and treated more than 4.08 lakhs patients of viral hepatitis.

S No.	Indicator	Achievements (Jan - Sep 2024)(approx.)	Projection (Jan -March 2025)(approx.)
1.	Serological test done for diagnosis of viral hepatitis C	1,09,97,000	35,30,000
2.	New patients Initiated on treatment of hepatitis C	73,000	20,000
3.	Patients who have completed the treatment of HCV (end of treatment)	46,000	12,000
4.	Serological test done for diagnosis of viral hepatitis B	2,53,57,000	84,00,000
5.	New Patients initiated on treatment of hepatitis B	25,000	8,000
6.	Patients put on Hepatitis B treatment continuing on treatment	65,000	91,000

*Source: NVHCP MIS portal

2.1 DISASTER MANAGEMENT CELL

The Disaster Management Cell was established under the Ministry of Health and Family Welfare (MoHFW) in December 2020, with a mandate to plan for the prevention, mitigation, and preparedness to manage public health emergencies of both national and international significance. This includes major epidemics, pandemics, and other health emergencies. The Cell is also responsible for coordinating responses to these public health emergencies and addressing the health impacts resulting from natural and man-made disasters.

Deployment of Central Teams

- (a) Deployment of Central team from JPNATC-AIIMS, New Delhi to Ayodhya, Uttar Pradesh in January 2024 to undertake training of healthcare workers at Ayodhya, Uttar Pradesh on (i) Basic Life Support (BLS) including Cardiopulmonary Resuscitation (CPR) and (ii) Emergency trauma care and triage
- (b) Deployment of a Central multi-disciplinary team to Amritsar, Punjab in view of the suspected 'outbreak of an unknown illness' in the month of January, 2024.

Monitoring of cyclonic activities

The Disaster Management Cell was involved in monitoring the progress and health impact of Cyclone Remal (May 2024) that affected West Bengal and Cyclone Dana (October 2024) that affected Odisha and West Bengal

Preparedness activities for disaster management

(a) National Workshop on Health Sector Disaster Preparedness and Response:

DM Cell organized a two-day (11th-12th March, 2024) National Workshop on Health Sector Disaster Preparedness and Response, aiming to strengthen health sector coordination and resilience across States and Union Territories (UT). The Workshop was attended by key stakeholders,

including representatives from the National Disaster Management Authority (NDMA), National Disaster Response Force (NDRF), international organizations such as WHO, World Bank, and ICRC, as well as national institutions and health sector officials.

The Workshop covered several key areas: fostering a cohesive approach to disaster resilience, crisis management planning, fire safety, and emergency response strategies. Technical sessions provided insights into global best practices, legal frameworks under the DM Act, 2005, and India's experiences managing health emergencies. Specialized sessions addressed topics such as communicable disease outbreak preparedness, radiological emergency management, and psycho-social care in disaster settings.

Interactive table-top exercises for respiratory disease outbreaks, hospital fire emergencies, and mass casualty scenarios were also organized to simulate response strategies. The Workshop underscored the critical need for preparedness, intersectoral collaboration, and continuous capacity building, setting a foundation for a more resilient health sector.



Facilitator's manuals for two capacity building programs:

- (a) Management of Public Health Emergencies for District Health Officers: It includes Preparedness of the district health sector during the pre-disaster period for effective response and mitigation during a disaster. In 2024, a total of 467 healthcare functionaries has been trained through 14 trainings under this program.



(a) Fire safety at health facilities:

In alignment with the MoHFW and NDMA's collaborative directive issued in March 2024, DM Cell of the Ministry focused on enhancing hospital safety across all States/UTs, wherein all States/UTs were requested to direct their health facilities to undertake assessments of fire prevention, mitigation and response capacities including assessments of fire-fighting systems, biannual electrical load audits, particularly in high-demand areas like ICUs, installation of water sprinklers and hosepipes in critical zones, and requirement of fire safety NOCs. Additionally, hospitals were advised to enhance their disaster management preparedness through regular mock drills, especially evacuation exercises, to improve response capabilities.

(b) Pre monsoon preparedness activity :

In an effort to improve health sector preparedness for the monsoon season, DM Cell has conducted a meeting on 9th July, 2024 with State/UT Disaster Nodal Officers. The meeting was focused on providing necessary guidance to State/UTs on health sector preparedness for the upcoming monsoon season. In preparation for monsoon-related challenges, States/UTs were encouraged to request Union support for training and resources. Importance of State/UT-specific Crisis Management Plans (CMP) for biological emergencies, conducting fire safety audits in health facilities was also emphasized during the deliberations.

(c) Mock drill for Pressure swing adsorption (PSA) plants:

Ensuring the continuous availability of medical oxygen is crucial for healthcare delivery, particularly in managing Severe Acute Respiratory Illness (SARI) cases. To assess operational readiness, the Ministry has successfully organized six rounds of pan-India mock drills, with the latest drill conducted on 12th September, 2024. The mock drill was aimed to evaluate the functionality of PSA plants, ensuring preparedness to meet any future surge in oxygen demand.

(d) Nationwide Health Facility Preparedness Mock Drill:

In anticipation of ongoing public health risks, including seasonal communicable diseases and extreme weather events, the Disaster Management Cell under the Ministry of Health and Family Welfare organized a nationwide health facility preparedness mock drill on November 12-14, 2024. Building on lessons from the COVID-19 pandemic, this initiative aims to assess the operational readiness of both public and private health facilities across all States and Union Territories to handle potential public health emergencies. The exercise was conducted in collaboration with State Surveillance Officers, District Surveillance Officers, and State Nodal Officers, under the close supervision of District Collectors and District Magistrates. Key areas of focus included emergency response protocols and oxygen supply management.

Programme areas: The Division implemented 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.



A total of 98 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. In 2024, a total of 484 doctors, nurses and paramedics have been trained on NELS courses through 21 training programs.

(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 manpower in various facets of disaster management through training programs mentioned below:

- **Hospital preparedness for Health Emergencies for hospital administrators:** It includes preparedness of hospitals during the pre-disaster period at the management level of the hospital for upgradation of its infrastructure, skill and knowledge for disaster management. In 2024, a total of 377 healthcare functionaries have been trained through 12 trainings under this program.
- **Management of Public Health Emergencies for district health officers:** It includes preparedness of the district health sector during the pre-disaster period for effective response and mitigation during a disaster. In 2024, a total of 467 healthcare functionaries has been trained through 14 trainings under this program.



- **Medical management of Radiological & Nuclear Emergencies:** It includes medical management of cases during Radiological

and Nuclear disasters. In 2024, a total of 349 healthcare functionaries have been trained through 11 trainings under this program.

- **Psycho-social care in disaster settings:** It includes necessary psychosocial support to victims and dear ones to cope with the disaster situation. In 2024; a total of 382 healthcare and allied functionaries have been trained through 10 trainings under this program.



Details of such trained healthcare professionals have been made available at State/UT level to State (Disaster) Nodal Officers using the IHIP- DM Cell portal for their further utilization at the time of crisis and/or to undertake further trainings at peripheral levels.

Department of Health and Family Welfare's Screening Committee for Research Proposals (SCRP)

A Department of Health and Family Welfare (DoHFW's) Screening Committee for Research Proposals (SCRP) 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 SCRП, 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 SCRП meetings.

Since its inception, the Screening Committee for

Research Proposals (SCRП) reviewed 186 research proposals received through the BIORRAP portal.

2.2 Covid-19 Vaccinations

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 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 country's Healthcare & Pandemic Response System and control the vulnerability and mortality risk for COVID-19 disease. Prioritization of Beneficiaries was done to protect health care workers and to reduce mortality and morbidity in high risk group population.
- 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, precaution dose was made available to all persons 18 years and above 26 weeks (6months) after the date of administration of 2nd dose

- 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 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 approach like workplace vaccination for employees, near to home vaccination for elderly and differently abled citizens, vaccination at the place of residence for persons who are bed ridden or have extremely restricted mobility or disability and/or special needs were taken up in the programme to reach out to all beneficiaries.

Performance of Vaccination Drive:

- As on 5th February, 2025 more than 220.68 crore doses have been administered across the country, **97% of the population aged ≥ 12 years** has received at least **one dose of COVID-19** vaccine while **90%** of this population is **fully vaccinated** against COVID-19. A total of 22.89 crore precaution doses have 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.

A. EDUCATION

1) **The Institute conducts three full time Post-graduate education courses as given below-**

Courses affiliated with Faculty of Medical Sciences, University of Delhi.

(i) **M.D. in Community Health Administration (CHA):** presently 27 residents are enrolled (seven in the third year; ten in the second year; and ten in the first year) in this three-year degree programme.

(ii) **Post-Graduate Diploma in Health Administration (DHA):** In this two-year diploma during 2022-2024, five and in 2023-25, six residents were enrolled. In all, presently eleven residents are pursuing the course.

(iii) **Master in Public Health (MPH)** is a new initiative at the NIHFW with the total of twenty seats allotted by the DU, and admission is through PG-CUET. The first batch started in 2024-25 with batch of 16 students. These degree/diploma programmes facilitate the development of essential skills in research, analysis, and public health project management, further equipping

residents/ students with the expertise required for leadership roles in public health.

(iv) **Doctoral programme affiliated to the Jawahar Lal Nehru University** -The Institute started the PhD programme (Public Health), in recognition with Jawaharlal Nehru University (JNU), New Delhi. The UGC has recognised the NIHFW under 12 (B) for the purpose of grant of UGC-NET, JRF. The admitted students are enrolled with JNU and Degree will be jointly awarded by the JNU and NIHFW. Thirteen candidates including 7 JRF and 6 In-service candidates are pursuing their degree in the first batch (2023-24).

(iv) **One-Year Post-Graduate Diploma in Public Health Management (PGDPHM)-** In 2023-24, 9 students were enrolled; 5 were self-sponsored and 4 sponsored by the Government of Uttarakhand. In 2024-25, candidates from Bihar (3) and Uttarakhand (4) as state sponsored are enrolled and process of admission for the self-sponsored is going on.

2) **Distance Learning Courses**

Affiliated to the AICTE the Distance Learning courses facilitate continuous up-gradation of knowledge and skills of Health & allied professionals for delivering better health care services across the country. The Institute conducts module based Six Post-Graduate Diploma courses of 15-month duration each in the area of '*Health and Family Welfare Management*', '*Hospital Management*', '*Health Promotion*', '*Health Communication*', '*Applied Epidemiology*' and '*Public Health Nutrition*' through distance learning mode at the NIHFW campus and Bengaluru as satellite centre. Till now 5,479 health professionals successfully completed the courses. In the year 2024-25, there are 702 health professionals who are pursuing the course.

B. TRAINING/WORKSHOPS

The institute provides on-going training and

capacity-building programs for medical and paramedical personnel. This ensures that healthcare providers are updated with the latest policies, practices and methodologies in health care. During the year under review, 82 trainings are planned of which around 51 *trainings/ Workshops courses* are organized for various categories of health personnel across the nation. There were 1666 participants from states and UTs from January till October 2024.

C. RESEARCH & EVALUATION WORK

During the year under review, the Faculty supervised 38 dissertations/ research work of the MD, DHA and 9 of the PGDPHM students. On behest of WHO & MoH&FW the NIHFw completed the Evaluation of 'National Polio Surveillance Project (NPSP)' for continuation as National programme supporting Network (NPSN) in future i.e. 2026 onwards' and submitted the Report. Institute is also pursuing six new and eight on-going research studies approved by the 'Programme Advisory committee' of the Institute. The collaborative partners are NCDC and NACO in five of the new studies.

D. STUDENT DEVELOPMENT PROGRAMME

(i) Educational Visits at NIHFw: Enhancing Public Health Perspectives-As part of their academic journey, a total of 963 students pursuing MD, MBA, MPH, and Nursing programs from 26 Institutions/colleges/university at the NIHFw were provided with a comprehensive perspective on the field of Public health and allied areas. The

students had the opportunity to engage with and learn about key public health initiatives, health policies, and the challenges in the implementation of these projects, directly from the experts and practitioners involved. The visits aimed to enhance their practical knowledge, prepare them for future leadership roles, and deepen their understanding of how public health systems function at the national level. **(ii) Summer Training and Dissertation Projects at NIHFw:** To bridge the gap between theory and practice, we offered 55 MPH and MBA students summer training and dissertation projects. Under the mentorship of our faculty and senior researchers, students worked on real-world public health challenges. This immersive experience provided them with practical insights, preparing them to address India's pressing public health issues.

E. OFFICIAL PUBLICATIONS

Release of the 29th Issue of Jan Swasthya Dhaarna & HPPI Journal at NIHFw Annual Day- On March 9, 2024, NIHFw marked its Annual Day by unveiling the 29th issue of *Jan Swasthya Dhaarna*. As a leading Hindi peer-reviewed journal in public health, Jan Swasthya Dhaarna plays a crucial role in disseminating knowledge and promoting evidence-based practices. The release of this issue, officially launched by Ms. Hekali Zhimomi, reinforces the journal's commitment to advancing public health discourse in India and underscores NIHFw's commitment to promoting public health awareness in Hindi-speaking regions.



F. MoUs/Collaborations

The Institute collaborated and signed following MoUs with different Institutes/Organizations during the academic year 2024-25:

S. No.	Memorandum of Understanding (MoU) Between NIHFW and	Subject
1	Centre of Social Medicine and Community Health School of Social Sciences JNU	For academic collaborations in PhD/ MPH Programme
2	National AIDS Control Organization (NACO)	For fund flow and monitoring utilization of funds released under the NACP Scheme (CSS) for implementation of NACP activities (Evaluation of NACP -V targets & achievements)
3	AMTRON (Assam Electronics Development Corporation Ltd.)	For collaboration of capacity building of IT infrastructure in the NE Region.
4	The Institute of Cooperative and Corporate Management, Research and Training (ICCMRT)	Academic collaboration for Short and Long Certification program for hospital and healthcare professionals

G. SPECIALIZED SERVICES

NIHFW also provides specialized services in areas such as family welfare, maternal and child health, and disease prevention, contributing to the overall enhancement of public health in the country. A brief account of the specialized services of the Institute is given below:

(i) Clinic Facility- The NIHFW Clinic provides Clinical services and the services include management of infertility, management of reproductive endocrinological and gynaecological disorders, antenatal care, immunization of antenatal patients, infants & children and contraceptive services. Total patients treated in this review year as Infertility cases-449 as new couple registration; Female follow-up cases-2817 and Male follow-up cases-1759; Reproductive Endocrinology & Gynaecology-487 new cases and 577 follow-up cases; ANC new cases-146 and 276 follow-up cases; General-308 new cases and 262 follow-up cases; Immunization (Children) 262 new cases and 488 as follow-up cases.

(ii) Publications of NIHFW: Supporting Continuing Education and Knowledge Dissemination: Printing and Publication Services- The printing of Annual Report and Annual Accounts provide a transparent view of the Institute's activities, achievements, and financials, while specialized publications such as the Health and Population Journal and training modules are designed to support public health professionals in their roles. By consistently publishing high-quality, an informative material, NIHFW plays a vital role in advancing public health knowledge and education across India.

(iii) National Documentation Centre (NDC)- NIHFW has developed a well-balanced and up-to-date collection of over 62,000 documents including a wide range of materials relevant to the fields of health, population, family welfare, and allied areas, offering invaluable resources for research, policy development, and continuing education. In addition to its physical collection, the NDC is an active member of the NML-ERMED India Consortium, which enables the Institute to provide free access to

more than 258 electronic journals through its ERMED Consortium. These journals cover a wide range of topics, offering researchers, students and professionals access to high-quality, peer-reviewed content.

(iv) Computer Centre Facility- is equipped with state-of-the-art facilities that support both e-learning and administrative functions, playing a crucial role in enhancing the educational experience for students and staff. The **E-Office system** is fully functional, streamlining administrative processes and improving efficiency across the Institute.

H. DIFFERENT PROJECTS/ PROGRAMMES

Over the years, the Ministry of Health and Family Welfare (MoHFW) has provided the NIHFW with opportunities to work on a diverse range of specialized projects and programs allowing NIHFW to contribute to national health priorities while strengthening its expertise in various aspects of public health and healthcare management.

1. Centre for Health Informatics (CHI)- CHI focuses on developing and implementing health informatics solutions to improve healthcare delivery and systems management. It works on

initiatives that leverage data, technology, and information systems to enhance the quality of healthcare services across India. CHI provides support to various health programs by implementing health information technologies that enable effective decision- making and policy development. The CHI is 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 health sector for universal health coverage and to enhance health literacy among the citizen across the country.

2. National Cold chain and Vaccine Management Resource Centre (NCCVMRC)- plays a crucial role in ensuring through training the effective storage and transportation of vaccines in the country. By improving the cold chain infrastructure, the centre contributes significantly to the National Immunization Program, ensuring that vaccines remain viable and effective during distribution to remote and underserved regions. The centre is involved in training, technical support, and monitoring the cold chain systems across India.

S. No	Activity	Status
1.	Training on Vaccine and Cold Chain Management (T-VaCC)	Four National batches of T-VaCC were conducted 93 mid and Senior Level Immunization Programme Managers were trained from 24 states. Two batches are planned in November 2024 & January 2025
2.	Training of Cold Chain Technicians in maintenance and repair of Cold Chain Equipment	Six batches were conducted training 95 Cold Chain Technicians (CCTs) from 23 states. Two batches of Training of Cold Chain Technician on Repair and Maintenance of Ice -lined Refrigerator, Deep Freezer & Voltage Stabilizer are planned in January and February 2025.
3.	Temperature Monitoring Study	Under the guidance of MoHFW & funding Support of UNICEF. The data collection and analysis was done and the final report was submitted to the Immunization Division, MoHFW for approval.

S. No	Activity	Status
4.	National Cold Chain Management Information System (NCCMIS) Review	In 2024 -25, NCCVMRC facilitated a total of 5 workshops (3 in offline mode and 2 workshops in online mode) wherein 800 participants were trained from 5 states (West Bengal, Rajasthan, Punjab, Uttar Pradesh & Odisha).
5.	National Technical Advisory Body (NTAB) on Cold Chain and Logistics and Other technical committees	NCCVMRC designated as the secretariat for NTAB under the chairmanship of the Director, NIHFW whereas, the reconstituted and updated list of members is with Immunization, Division, MoHFW for approval.
6.	Technical Specification Development Group (TSDG)	NCCVMRC is designated as the secretariat for TSDG under the Chairmanship of the Nodal Officer, NCCVMRC - NIHFW. Three meetings of Technical Specification Development Group (TSDG) were organized till November in 2024 -2025. The next meeting will be planned as per the agenda given by Immunization, Division, MoHFW.
7.	The Master Resource pool	One (01) Master Resource Pool related activities was organized in 2023-2024.
8.	International UNICEF LTA for EVM assessment	A long term arrangement for services has been awarded to NCCVMRC-NIHFW for the procurement of Effective, Vaccine Management scale up for Eastern and Southern African region, Regional office for South Asia, West & Central African region by UNICEF International (iSC) Division, Copenhagen, Denmark. NCCVMRC has won the bid to conduct the quality EVM assessments across 40 countries in the world.
9.	WHO Team Visit NCCVMRC to scale up iTMIS	On 16th January 2024 to get the overview of the application to further scale up the iTMIS.

S. No	Activity	Status
10.	EVM Assessment for Malawi Country on EVM 2.0	NCCVMRC-NIHF, the National EVM secretariat has been awarded “A Long Term Agreement (LTA) through UNICEF” in 2022 with the support of the Immunization Division-MoHFW. NCCVMRC received the contract to conduct the EVM Assessment in Malawi. The activity was spanned over a period of 2 weeks, including training followed by field visits in Malawi. NCCVMRC conducted the EVM assessment in Malawi country. Report writing is under process.

3. The National Technical Advisory Group on Immunization (NTAGI): The NTAGI Secretariat under MoHFW organized two STSC meetings; SWG-Immunization and Capacity Building-1; SWG-Vaccine Preventable Disease Surveillance-1; COVID-19 Working Group-2; HPV Working Group-2; PCV for SCD Working Group-2; Vaccine CEA Working Group-1; for all these activities NTAGI Secretariat provided techno-managerial support. Forthcoming Meetings are NTAGI-STSC meeting, Working Group on HPV Vaccine, SWG-IVRCB and Vaccine CEA Working Group meetings.

4. National Skills lab - DAKSH at NIHF was established on 9 March 2015 by Government of India in collaboration with LSTM, UK and the Maternal Health Division of MOHFW to upgrade the skills of health care providers such as ANMs/LHVs/SNs/MOs/nursing supervisors and faculty/obstetricians and paediatricians working at delivery points for providing quality RMNCH+A services. Total number of health care professionals trained since inception (March 2015) are 1011 in 111 batches.

5. PC & PNDT Nodal Agency: PC & PNDT Nodal Agency monitors the e-advertisements related to pre-conception and pre-natal determination of sex or sex-selection, prohibited under Section 22 of the PC & PNDT Act, 1994.

Since its establishment, the Nodal Agency has received over 63 complaints & prepared 366 suo moto complaints, resulting in the identification of 6300+ URLs that violate section 22 of the PC & PNDT Act and also worked on approx. 700 keywords for monitoring the search engines. During the period from April to October 2024, 2 complaints were received and 25 suo moto complaints were prepared, identifying 150+ violating URLs along with monitoring of search engines with 50 keywords.

6. SAKSHAM: Stimulating advanced knowledge for sustainable health Management (LMIS) - Currently SAKSHAM hosting 311 clinical courses & 286 public health courses developed by 249 eminent experts from various reputed health institutions like AIIMS and other medical colleges. These courses are consumed by 27,108 health professionals through online mode. SAKSHAM has been integrated with the Training Management Information System (TMIS). Through this integration, SAKSHAM also recorded 1,046 physical training and 5,02,205 trained health professionals in the country. NACO is using the SAKSHAM platform for providing online training to its officials in all states and UTs. The Central TB Division is providing online training to health workers like CHO, ASHA, ANM and Nikshay Mitras under the National TB

Elimination Program. NHSRC is planning to integrate SASHAKT Portal with SAKSHAM to monitor offline training across the country. NIHFW is collaborating with AMTRON (Assam Electronics Development Corporation Ltd), PSU of Assam Govt. to support all north eastern states for providing online training to healthcare workers through SAKSHAM platform in all regional languages. Various other organizations and program divisions of MoH&FW like Nursing, CDSCO, NCD, NHSRC, RCH, Disaster Management Cell and ICMR etc. are in the process of using this platform for providing online training to their officials.

7. MISSION-KARMAYOGI: Annual Capacity Building Plan (ACBP) of MoHFW was launched by HFM 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. NIHFW conducted sessions for faculty and staff of training institutes for on boarding of employees on iGOT platform, and developed and reviewed the content for the online learning platform.

A Strong **Drug Regulatory system** is crucial for ensuring the quality, safety and efficacy of the drugs. Capacity building of drug regulators by imparting regular trainings with respect to the nature of duties performed is paramount function. CDSCO and NIHFW have prepared the Annual Training Calendar for the period 2024-2025 and have trained drug regulators both from State and CDSCO. It assisted in enhancement of capacities of individuals, up-skilling of knowledge, confidence to perform the duties effectively thereby further perfection in the Domain Competencies (related to knowledge and expertise related to the sector, division, and the respective focus areas), Behavioural competencies (related to behaviour and soft

skills), and Functional competencies (related to functional aspects of the division).

NIHFW and FSSAI, had conducted 9th NIPUN (Nurturing Individual Potential and Unleashing Networking): Induction Training Programme for FSSAI officials (40 participants) at NIHFW from 08 April, 2024 to 19 April, 2024.

8. EXTRAMURALSPECIALACTIVITIES

The activities include **Republic day Celebration, Independence Day Celebration, Annual Day celebration**, publication of a compendium of all the green reserve i.e. trees/plants growing (1807) in the premises - "Sansthan ki Prakritik sampada". This work is completed in collaboration with the All India Institute of Ayurveda, Delhi. **Hindi fortnight** was conducted by the Hindi cell of the institute during the period 14-30 Sept., 2024. **Vigilance Awareness Week** was also observed from 28th October, 2024 to 3rd November 2024 on the theme: "Culture of Integrity for Nation's Prosperity" The online oath ceremony was organized for the staff of the NIHFW. **World Population Day 2024** was observed in which Shri Chittaranjan Tripathy, Director NSD was chief guest who appreciated the efforts of the MD(CHA) and DHA.

Inauguration of the newly renovated auditorium & Third PP Talwar Oration - In the series of P.P. Talwar oration the third edition of Lecture organized on 11th September, 2024 delivered by Dr. Prema Ramachandran, director, Nutrition foundation of India, entitled 'Anaemia Control Programme: Role of National Surveys'. The chief guest was Shri Apurva Chandra (IAS), Secretary, MoH&FW reminded of the collective responsibility we all share in building a healthier, stronger nation, and reaffirmed NIHFW's pledge to uphold its values in public health and education.



World health day, International day of yoga, doctor's day, world breast feeding week, National Nutrition week, Hindi Pakhwada, International day for the elderly, Swatchtha Pakhwara, World mental Health day were other days celebrated at the NIHFW by the residents/students/faculty & Staff.

Swatchta Abhiyan

In accordance with the directions made by the MoHFW, a special campaign 4.0 was initiated by the Institute intending to conduct cleanliness drives at various location inside and outside the campus. Physical files from various Departments/Sections were reviewed for weeding out as part of the campaign. A training session was conducted for all the sanitary workers of the institute. Quiz was conducted and prizes were distributed to the participants. All the workers were felicitated with certificates

Cleanliness Drives inside the campus was conducted in various Departments/Sections to clean and remove: · Papers, Garbage, Scrapped Furniture, Metals and Other Wastes. Total of **12** such drives were conducted. Further, a total of **2152** file were weeded out.

Way Forward: A Strategic Approach to Meeting Public Health Challenges-The Institute is adopting a top-down strategy that emphasizes a unified and comprehensive approach to achieve its goals. This strategy ensures that modernization efforts are not only a response to the changing landscape of public

health but also serve as a catalyst for driving progress towards India's most challenging and essential health objectives. **Key elements of the way forward include:** -1) **Modernization and Innovation:** Emphasizing the need for continuous modernization of processes, systems, and technology to address the evolving public health needs. This includes upgrading infrastructure, integrating digital solutions, and enhancing research and training capabilities. 2) **Building Consensus:** A key focus will be on building consensus among service delivery teams and decision-makers, ensuring that all stakeholders are aligned and collaborative in addressing public health challenges. Strengthening communication, fostering cross-sectoral partnerships, and promoting shared goals will be critical. 3) **Strengthening Capacity Building:** Expanding efforts in capacity building through training programs, skill development, and research initiatives will continue to be a cornerstone of the Institute's work, ensuring that public health professionals are equipped to meet the demands of the future. 4) **Meeting National Health Goals:** NIHFW remains committed to supporting India's national health priorities, including universal healthcare, immunization, maternal and child health, and non-communicable diseases. The strategy aims to address these goals by enhancing the effectiveness of public health systems, improving service delivery, and promoting health equity. Through this strategic approach, NIHFW

aims to not only overcome existing challenges but also to lead innovation in public health education and policy, contributing to the vision of a healthier, more sustainable future for all.

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 healthcare services. NIPHTR is also involved in capacity building of the 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.

1. Training:

(i) Diploma in Health Promotion Education (DHPE): The 38th batch of the Diploma in Health Promotion Education (DHPE) for the Academic Year 2024-25 started on 14th June 2024. This year a total of 29 trainees joined the DHPE course from various states and the course will be completed in May 2025. 29 students of the 37th batch of DHPE appeared for the Final exam in March 2024. Out of

29 students, 23 passed the exam successfully. The students national capital to gain insight into working of different institutes like NHSRC, NCDC, NCVBCDC, ICMR.

(ii) Post-graduate Diploma in Community Health Care (PGDCHC): The 15th batch of 08 Trainees for PGDCHC commenced on 1st June 2024 at NIPHTR, Panvel campus. The students completed the first semester examinations

(iii) New Public Health Courses- (a) Master's of Public Health (MPH) is a two-year duration course affiliated to the Maharashtra University of Health Sciences (MUHS), Nashik with an intake capacity of 10 seats. The third batch (AY2024-26) of ten students joined in October 2024. The students will appear for first-year examinations in October 2025.

(b) Post Graduate Diploma in Hospital Management (PGDHM)- The third batch of the PGDHM course started in June 2024, and 10 students have been enrolled for the course. The course will be completed in May 2025. The second batch of PGDHM of 4 students completed the course in May 2024 and all the students passed. Convocation was held at IIPS receiving their degrees.

(iii) Intermediate Field Epidemiology Training Programme (I-FETP)- The institute has signed a Memorandum of understanding with National Centre for Disease Control (NCDC) Delhi on 14th May 2024, to initiate the Intermediate Field Epidemiology Training programme (I-FETP) at NIPHTR, Mumbai for epidemiologists or officials (regular or contractual) working with the Public Health Department with a focus on the state of Maharashtra and other states to strengthen their public health system, to respond to outbreaks of infectious diseases. 7 officers (5 from Maharashtra and 2 from Jharkhand) joined for first cohort of I-FETP. Two contact session already completed.

(iv) Skill development training courses: NIPHTR is conducting five Skill Development Training Programmes as identified by MoHFW namely - (a) **Sanitary Health Inspector (SHI)-** A batch of 14 students joined the programme for 2024-25.. The students underwent a six-week internship programme under the Municipal corporation for

hands-on skill-based training. The course completed in June 2024 with the final semester examination. (b) **First Responder (FR)**- The First Responder course is being conducted for ASHA workers. A total of 5 batches and 168 Asha workers were trained in these batches which has equipped ASHA workers with skills such as bandaging, CPR, dressing wounds, and on how to handle situations during disasters.

2. Mission Karmayogi: The Ministry of Health & Family Welfare, Govt. of India has launched its Annual Capacity Building Plan (ACBP) under Mission Karmayogi to promote role-based capacity building of civil servants by offering a wide range of learning resources on the iGOT platform to enhance the knowledge, skills and attitude of officials and thus facilitate them in building their career trajectory. Institute has successfully on boarded all 39 faculty and staff members onto the iGOT platform. A total of **510 courses** were completed till March 2024 by officers and staff through iGOT. The Institute has also created content for two online courses-(i) National Programme for Elderly Health Care & (ii) NHM Architecture. The road map for ACBP under Mission Karmayogi is prepared for the year 2024-25, quarter wise, role-based courses have been allotted to all faculty and staff. KARMAYOGI SAPTAH National Learning Week from 19th to 27th October 2024 was carried in the Institute under the guidance of MOHFW. In that week, 284 courses were consumed including the courses given by the ministry and 98% of faculty completed the courses. Till October 2024, we have completed 1060 courses. This year there are 4 topics on which content will be created by the Institute, (I) Leadership in Nursing (II) WASH (III) Awareness about Yellow Fever Vaccination (IV) BCC in Public Health

3. Special Trainings: (i) Two-day Workshop on “**GIS in Healthcare**” was conducted on 18th and 19th July 2024 for faculty of NIPHTR, ICMR, FETP & MPH students by resource faculty from NIREH Bhopal and Director, NIPHTR. (ii) The Institute took a proactive approach by organizing specialized training sessions designed specifically for the ASHA workers from the Panvel Block focusing on essential aspects of Birth Preparedness,

Intrapartum, and Post -partum care. This initiative was carried out in collaboration with the Shri Satya Sai Sanjeevani Hospital Kharghar, reflecting a strong commitment to enhancing the knowledge and skills of healthcare workers. During 6th May 2024 to 2nd September 2024, the institute conducted a total of six batches and total of 180 ASHA workers.)

4. Extramural Projects

4.1 Blended Training Programme -GFATM-Phase III: Blended Training Programme -GFATM-Phase III: SAATHI, a principal Recipient (PR) of the Global Fund grant, as a part of support to NACO, has identified NIPHTR as one of Regional Kshamta Kendra (RKK) for Mumbai district and Goa State. The purpose of Kshamta Kendra is to provide adequate and appropriate capacity building support to TI projects in their respective states. In 2024-25, NIPHTR has completed training of 131 (51 ORW, 27 PE, 26 M&E, 27 PM) TI service providers from Mumbai district and 71 (49 ORW 10 M &E, 12PM) TI service providers from Goa state.

4.2 ICMR Project on Burn: The Institute is one of the ten peripheral centres for the ICMR's National task force project titled *Multi Centric Community-Based Study of prevalence, KAP (Knowledge, Attitude & Practice) for Prevention & First Aid of Burns, Quality of Life and Out of Pocket Expenditure of burns Injury and Evaluation of IEC (Information, Education, Communication) Interventions*. The Objectives of the project is 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 after receiving sanction for second year did intensive dissemination of IEC regarding prevention of Burns and First aid for burns in the urban and rural communities of survey area (D ward & AjiwaliPHC).

5. Publications

5.1 Health GIS Atlas: Two GIS Atlas were prepared in coordination with Raigarh District

authority and A&N island UT health authorities:
1. on "Geospatial Mapping and Analysis of Leprosy Cases, of Raigad and 2. Geospatial Mapping of Leprosy Cases in Low-Endemic Settings at the District and Habitat Levels in the Andaman and Nicobar Islands.

5.2 Publications: NIPHTR published its Biannual newsletter Oct 2023 to March 2024 (issue 2) and April to September 2024 (issue 1). The highlight of edition was various activities, research projects, field activities etc done in the institute during this period.

6. MUHS- SIP (Summer Internship Programme): The Institute was invited third year in the running for Summer Internship programme (SIP) conducted by MUHS Nasik. The institute organized a comprehensive two-week program from June 6th June to June 21st 2024, to teach three learning goals approved by MUHS. The learning goals taught were "GIS (Geographical Information System) in Health", "Health Education" and "Nutrition and Health" undertaken by a group of 11 students of MBBS, BHAMS, AYUSH etc.

7. National and International Health Days: Important International and National Health Days were being observed regularly at NIPHTR. World Health Day 2024 was observed by organizing community-based health promotion activities at Anganwadi and Health and Wellness Centre Poyenje on 8th April 2024 in association with PHC Ajivali, ICDS Panvel, Satya Sai Sanjeevani Hospital Kharghar. This year the World Health Day theme is "My Health My Right", to create awareness amongst the community members, a Health exhibition and a health talk were organized for Ante natal mothers.



Photo No. 1 Health awareness talk for ANC mothers, Children & community members.

7.1 International Yoga Day

The institute organizes several events for its staff, faculty, and students on the occasion of International Yoga Day (21st June 2024), hosting a "Yogasana Competition" from 11:00 AM to 1:00 PM at the auditorium in its New Panvel campus.



Photo No. 02:- International Yoga Day instructors and participants.

7.2 World Population Day

World Population Day was celebrated on July 11, 2024, at the Institute (NIPHTR) in Mumbai based on the current theme and population projection of India and challenges.



Photo No. 03:- World Population Day 2024 speakers and NIPHTR faculties.

7.3 World Environment Day The institute conducted tree plantation drives on June 5, 2024, in celebration of World Environment Day, a tree plantation program was organized at the institute and also National Nutrition Week was celebrated from 1st to 7th September 2024 with theme "Nutritious Diets for Everyone."

7.4 World Mental Health Day was celebrated on October 10, 2024, centring on the critical message of self- management and time to prioritize "Mental Health at the workplace" based on the Mental Health Day theme.

7.5 Postal Chaupal The Mumbai South Division held a Postal Chaupal program at Sir J.J. School of Art, Mumbai to raise awareness and provide information on various postal activities, with participation from the National Institute of Public Health Training and Research.



Photo No. 04:- Postal Choupal exhibition of NIPHTR at J J School of arts Mumbai.

8. The Swachhata mission 4.0 & Swachhata Hi Seva-Shramdaan-Swachhata Mission 4.0 was implemented at NIPHTR from 14th September to 31st October 2024. The institute actively participated in two events during Swachhata Pakhwada – Swachhata Hi Seva (SHS) 2024, a community-led cleanliness drive on October 1st, 2024. Event details were shared on the institute's web portal and disseminated through the NIPHTR Director's social media profiles, including Twitter and Instagram. (In Dhakta Khanda Village under the Panvel Municipal Corporation, NIPHTR collaborated with local organizations. Five groups conducted cleaning activities across various areas.)



Photo No. 05:- Swatcha Hi Sewa street cleaning drive by the faculty, students, community members and NGOs.

9. Clinical Services: The Institute provide OPD services through its clinic at Khetwadi and Panvel Campus with an attached laboratory which provides basic investigations.

- 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 is provided free of cost to community members at Khetwadi and Panvel

10. Yellow Fever Vaccination Centre: NIPHTR, Mumbai is one of the four authorised Yellow Fever Vaccination Centre in Mumbai identified by MoHFW for yellow fever vaccination to facilitate international travellers visiting yellow fever endemic countries. In the current year, more than 1047 (Panvel-357, Khetwadi-690) travellers have been vaccinated till date in both campuses.

11. Mission Recruitment: Under Mission Recruitment, Post of Medical officer was filled by appointment made by CHS division and in compliance of the directives of MOHFW, vacancies for MTS were outsourced from the available services in Gem portat.



3.1.3 THE GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST

The Central Training Institute (CTI) and Regional Health Teachers' Training Institute (RHTTI) conducted various long-term, short-term training programs and other activities as detailed below.

A. HEALTH AND FAMILY WELFARE TRAINING CENTRE (HFWTC):

From April to October 2024, the Health and Family Welfare Training Centre (HFWTC) at Gandhigram successfully completed 82 training batches, offering 11 different types of training programs. These training sessions were conducted under the guidance of the National Health Mission (NHM) Tamil Nadu, as directed by the Office of the Director of Public Health and Preventive Medicine, Chennai. During this period, the participation rate at HFWTC-Gandhigram was recorded at 75.9%.

Training Performance (April 2024 – October 2024)

S. No.	Training	Category of Participants	Batch		No. of Participants		
			Batch Allotted	Batch Completed	Allotted	Trained	%
1	PICME 3.0 Training	MO/VHN/SHN/UHN/CHN	45	42	1670	1415	84.7
2	Medical Method of Abortion	Female Medical Officers	5	5	40	30	75.0
3	Comprehensive Abortion Care (Medical Termination of Pregnancy)	Medical Officers	2	2	10	8	80.0
4	HMIS 3.0 Training to Medical Officers from PHC / UPHC	Medical Officers	18	13	722	440	60.9
5	Comprehensive training to Staff Nurse	Staff Nurse	5	5	150	128	85.3
6	Comprehensive training to MO	Medical Officers	4	4	120	68	56.7
7	IRT VHN/ANM	UHN/VHN/ANM	4	2	120	59	49.2
8	Facility based newborn care training to SN	Staff Nurse	3	2	60	35	58.3
9	IUCD training -MO	Medical Officers	2	2	40	22	55.0

S. No.	Training	Category of Participants	Batch		No. of Participants		
			Batch Allotted	Batch Completed	Allotted	Trained	%
10	IUCD training -Staff nurse	Staff Nurse	2	2	40	36	90.0
11	LaQshya training for NS and SN from the identified LaQshya Centres	Nursing Superintendent & Staff Nurse	3	3	76	75	98.7

Upcoming Trainings for Nov. 24 to Mar.25

S.No.	Training	Category of Participants	Batch Allotted	Number of participants to be trained
1	ASHA certification programme	ASHA	6	174
2	MLCU	Block staff nurses	4	120
3	IRT VHN/ANM	UHN/VHN/AN M	4	120
4	Comprehensive training to Staff Nurse	Staff Nurse	5	150
5	Comprehensive training to MO	Medical Officers	3	90

Facility based newborn care training to Staff Nurses from SNCU/NBSU	Comprehensive Training to Medical Officers
	

LaQshya training for Nursing Superintendent and Staff Nurse from the identified LaQshya Centres	IRT VHN/ANM
	

B. DEPARTMENT OF HEALTH PROMOTION AND EDUCATION (DHPE):

The **Postgraduate Diploma in Health Promotion and Education** is a one-year professional and residential program affiliated with **Tamil Nadu Dr. M.G.R. Medical University**, Chennai. The course is designed to provide specialized knowledge and skills in health promotion and education. The program admits a select cohort of **30 students** each academic year, ensuring personalized attention and a focused learning environment.

60th Batch of Post Graduate Diploma in Health Promotion and Education (PGDHPE):

- **Enrollment:** Seventeen students from diverse states, including Andhra Pradesh, Telangana, Sikkim, and Tamil Nadu, joined the 60th batch of the PGDHPE course.
- **Curriculum and Sessions:** Regular theory sessions were conducted in accordance with the curriculum by the designated faculty members.
- **Concurrent Field Training (CFT):** PGDHPE students participated in the Concurrent Field Training program at Kasturba Hospital, gaining practical exposure and hands-on experience.
- **Model Examinations:** Two model examinations were conducted for the PGDHPE

students to assess their academic progress and prepare them for the final assessments.

- **Supervisory Field Training (SFT):** Students were placed in their respective home states for the Supervisory Field Training (SFT), which took place over two months (July and August 2024), offering them the opportunity to apply their learning in practical settings.

- **University Examinations:** The university's theory examinations for the PGDHPE course were successfully conducted in October 2024, by Dr. MGR Medical University for 17 students.

- Concurrent Field Training at Kasturiba Hospital, Gandhigram

61st Batch (2024-25) PGDHPE Course

- The **61st batch** of the **Post Graduate Diploma in Health Promotion Education (PGDHPE)** for the academic year **2024-25** will commence in **September 2024**.
- A total of **12 students** have enrolled in the course, hailing from various states including **Andhra Pradesh, Telangana, Sikkim, Chhattisgarh, Andaman & Nicobar Islands, and Tamil Nadu**.
- The course will begin with an **orientation session** in **September 2024**, followed by regular **theory classes** in accordance with the prescribed curriculum, led by the respective faculty members.

C. REGIONAL HEALTH TEACHERS' TRAINING INSTITUTE (RHTTI):

1. Health Visitor Course [Promotional Training for NM/MPHW(F)- 13th Batch for the Academic Year 2024-25] -The 13th batch of the Health Visitor course commenced on 27th September 2024, with a total of 15 trainees. These trainees were deputed from the Directorate of Medical Education (5), Directorate of Medical and Rural Health Services (7), and the DMS ESI Dispensary (3) of the Government of Tamil Nadu. The course includes regular theory sessions conducted by qualified faculty members, covering subjects such as: **Anatomy & Physiology, Principles of Nursing, Paediatric Nursing, Psychology, Nutrition, Community Health** In addition to theoretical knowledge, hands-on practical training is also provided to ensure comprehensive skill development for the trainees.

2. Short-Term Trainings

(I) Induction Training for Middle Level Health Care Providers (MLHP) Objective: To equip B.Sc. nursing students with the knowledge and skills related to the components of the MLHP role, enabling them to deliver comprehensive primary health care services at the community level.

Total Participants: 325 students

Number of Batches: 13

(ii) Community Health Nursing Training

Objective: To train nursing students on various aspects of community health care, enhancing their ability to function effectively as community health nurses.

Total Participants: 146 students

Number of Batches: 5

3. Kangaroo Mother Care(KMC) Project funded by NHM-TamilNadu (24 months)

The project titled "*Feasibility of Community Care for Vulnerable Children Discharged from Government SNCUs – Emphasis on Community KMC & Quality Improvement Initiative through Private-Public Partnership*" was implemented across two blocks in Dindigul, Theni, and Kanchipuram districts of Tamil Nadu. This

initiative was funded under the National Health Mission (NHM) Tamil Nadu's Innovative Scheme.

(i) Completed Activities:

- **Strengthening of KMC Wards at Government Medical College Hospitals:** The project focused on enhancing Kangaroo Mother Care (KMC) facilities at Government Medical College Hospitals in Dindigul, Theni, and Kanchipuram. This initiative supported mothers in practicing KMC for vulnerable newborns, promoting early bonding and improved care for low-birth-weight infants.
- **Development and Distribution of IEC Handouts for Mothers and the Community:** Information, Education, and Communication (IEC) materials were developed and printed to raise awareness about the benefits and practice of KMC. These materials were distributed to mothers and community members to emphasize the importance of KMC in newborn care.
- **Printing of Training Modules for Facility and Community Staff:** Training modules were created and distributed for both facility-based staff and community workers. These resources were used to train Village Health and Nutrition Workers (VHNs) and other community-based health staff on the proper implementation of Community-Based Vulnerable Child Care (CBVCC) and KMC practices.
- **Hands-on training for Health and Nutrition staff:** Comprehensive training sessions were conducted for Tamil Nadu Government health and nutrition staff. The training focused on enhancing the skills and knowledge required for the effective implementation of KMC and CBVCC practices in the community, with a special focus on vulnerable children.

(ii) Ongoing Activities:

1. **Audio-Visual Programs for Awareness Generation on KMC** Conducting audio-visual programs aimed at raising awareness about Kangaroo Mother Care (KMC) within the community.

2. Orientation and Training at the Community Level Organizing sensitization sessions for village leaders and Self-Help Group (SHG) members to promote understanding and adoption of KMC practices.

3. Tele-Monitoring at Health Facilities Implementing community-based follow-up through tele-monitoring to ensure continuous support and monitoring of mothers and infants receiving KMC.

4. Community Champions for KMC Support Engaging SHGs as Community Champions to supply KMC bags, providing essential support for mothers to practice Kangaroo Mother Care effectively.

5. Challenges in implementing LaQshya in Government health facilities in Tamil Nadu funded by Tamil Nadu Health System Reform Program (TNHSRP) – 10 months : The

Objective of this project is to assess and understand the challenges and functionality of labor rooms in implementing the LaQshya standard guidelines within government health facilities in Tamil Nadu. The project has been carried out in 10 high Maternal Mortality Rate (MMR) districts and 2 aspirational districts of Tamil Nadu.

(i) Methodology: Data collection tools, including the Context Assessment Tool for Healthcare Providers, Knowledge Assessment Tool (OSCE), Respectful Maternity Care assessments, and Hospital Data, were finalized in consultation with relevant experts. The data collection process was conducted from April 2024 to October 2024.

(ii) Current Status: Data analysis is currently underway, and the report preparation is in progress.



Discussion with Leaders on LaQshya



Indepth Interview with Sanitary worker

7. Special Programs

(i) International Day of Yoga on 21.06.24

(Following the visionary initiative of our Honorable Prime Minister at the United Nations General Assembly, the world has been observing the International Day of Yoga on 21st June each year. In line with this global celebration,) The institute marked the 10th International Day of Yoga on 21st June 2024. The **theme for this year's celebration, Yoga for Self and Society**, resonated deeply with the participants. The event saw enthusiastic involvement from staff, trainees,

and students, who actively took part in various yoga activities, embodying the spirit of unity, wellness, and mindfulness.

(ii) Independence Day Celebration 2024

The Gandhigram Institute of Rural Health and Family Welfare Trust (GIRH&FWT), andhigram actively participated in Independence Day celebrations and various campaigns, including the PanchPran pledge. (We believe in the importance of promoting social causes and encouraging active involvement. To provide you with more information and evidence of our participation, we

have attached relevant photos and posts related to these activities.) The posts showcase our team's engagement, efforts, and the impact made during the campaigns in promoting the PanchPran pledge.

(iv) Community Dinner celebration

A Community Dinner was organized on **October 6, 2024**, with the aim of bringing people together for socializing, sharing, and building meaningful connections. Hosted with the support of Gandhigram Trust and other Gandhigram Institutions and Units, the event sought to foster unity, promote inclusivity, and strengthen bonds within the community. In addition to facilitating social interaction, the gathering also served as a platform to support local causes, celebrate special occasions, and offer a warm, welcoming space for individuals to engage and connect with one another.

(v) Karmayogi Saptah – National Learning Week (19th – 27th October 2024) - The Institute observed the **Karmayogi Saptah – National Learning Week** from 19th to 27th October 2024. As part of this initiative, a session on *Swachhata Hi Seva* (Cleanliness is Service) was conducted for all Group D staff. Additionally, a comprehensive presentation and interactive session on the importance of this initiative was organized for the Group A, B, and C staff.

3.1.4 MISSION KARMAYOGI AND CAPACITY BUILDING INITIATIVES IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MoHFW)

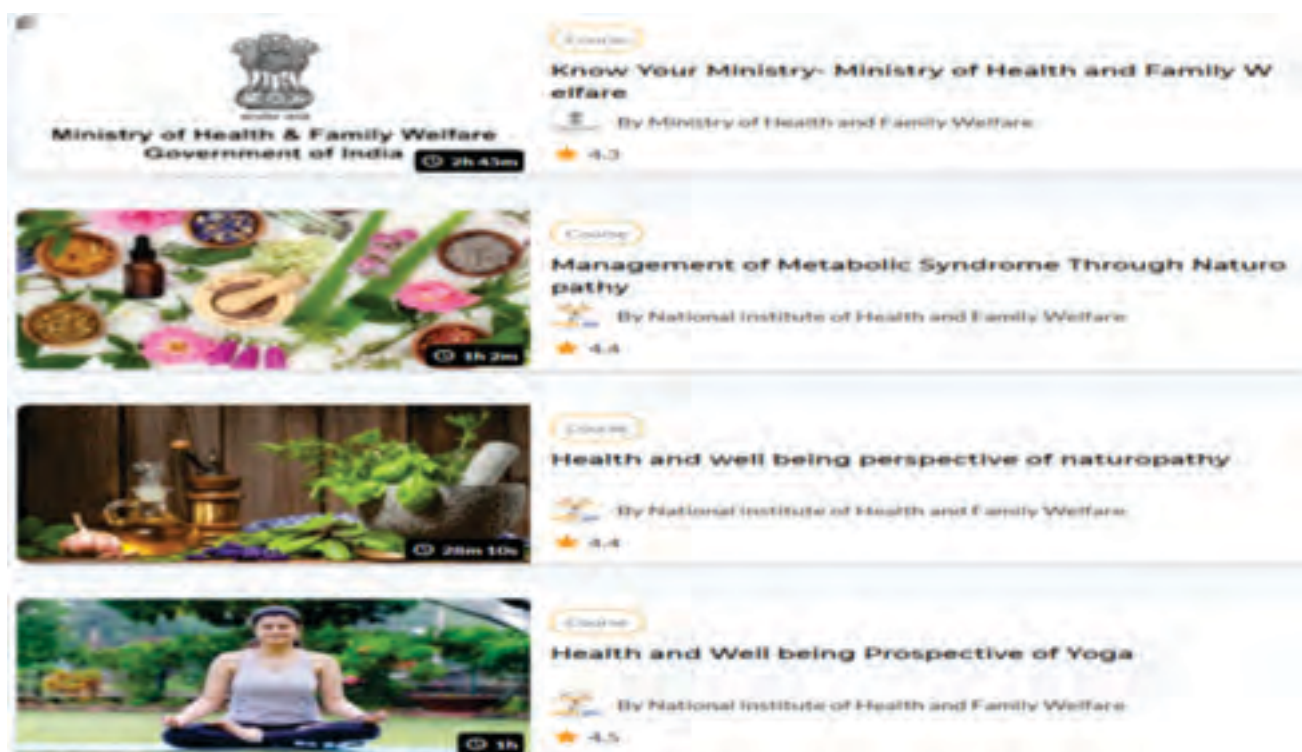
Mission Karmayogi, a transformative initiative, aims to revolutionize the Indian civil service by establishing a robust digital ecosystem for continuous, anytime-anywhere learning. This ambitious program focuses on enhancing the competencies of government officials through a blend of online, face-to-face, and blended learning modalities. By empowering officials with the necessary skills and knowledge, Mission Karmayogi seeks to improve government-citizen interaction, foster innovation, and ultimately

enhance the delivery of public services. This comprehensive approach to capacity building aligns with the government's vision of a citizen-centric administration, where officials are equipped to address the evolving needs of the nation. The Ministry of Health and Family Welfare (MoHFW) remains steadfast in its commitment to enhancing the capacity of its human resources through the implementation of the Karmayogi Mission. This annual report provides an overview of the significant strides made in capacity building initiatives during the fiscal year 2023-2024. The MoHFW has till now identified 70 MDOs from various institutions/autonomous bodies/regulatory bodies and onboarded 61,879 employees.

Annual Capacity Building Plan (ACBP) 2024-2025: The Ministry has meticulously formulated and executed the ACBP 2024-2025, encompassing a diverse range of 156 courses categorized into functional, behavioral, domain-based, and common modules. Of these, around 7034 courses have been successfully completed, demonstrating substantial progress in skill development and knowledge enhancement.

Leveraging Technology for Learning: The integration of technology into the learning process has been a cornerstone of the Ministry's capacity building efforts. A total of 20 online courses have been mandated through the My iGOT portal, ensuring accessibility and flexibility for learners. Additionally, 5514 offline courses have also been conducted up to November 2024.

Enhancing the iGOT Portal: The Ministry and NIHFW have collaborated to upload four valuable courses on the iGOT portal, including an induction module for new joiners and specialized courses on naturopathy, yoga, and metabolic syndrome. While these initiatives have significantly improved the learning experience, certain technical challenges, such as issues with SCORM-based courses and mobile app compatibility, have been identified and are being addressed.



National Learning Week (Karmayogi Saptah):

The National Learning Week was a resounding success, with a minimum of 4 hours of mandatory learning for all officials. Key highlights include:

- Successful training of Swachhata Mitras on the Swachhata hi Sewa module.
- Completion of the Swachhata hi Sewa

campaign module by over 11,500 employees.

- Conduct of four insightful webinars attended by more than 1,000 officers.
- Recognition of exemplary performance by AIISH Mysore, AIIMS Bilaspur, AIIMS Patna, and AIIMS Jodhpur during the NLW.



A 2 day interaction program was held with the Hon'ble HFM with the employees of MoHFW who had done training of more than 4 hours in the iGOT portal during the National Learning Week.



Future Outlook and Recommendations: To further strengthen the Karmayogi Mission and optimize capacity building efforts, the following recommendations are proposed:

Dedicated Contact Point: Establishing a dedicated contact point for the MoHFW will facilitate seamless coordination and address queries promptly.

Updated Know Your Ministry Module: Developing an updated Know Your Ministry 2.0 module will ensure that employees stay informed about the latest organizational developments.

Capacity Building for Content Creators: Conducting workshops for content creators will empower them to develop engaging and effective learning materials.

By addressing these recommendations and leveraging the lessons learned from the past year, the Ministry of Health and Family Welfare is poised to achieve even greater heights in its capacity building endeavours, ultimately contributing to the overall improvement of public health services in India.

3.2 CENTRAL MEDICAL INSTITUTIONS AND AIIMS

3.2.1 All India Institute of Medical Sciences (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 AIIMS Act, 1956. AIIMS is offering education to the students in various undergraduate and post graduate courses. The undergraduate courses include MBBS, B.Sc.(Hons.), Medical Technology in Radiography and Ophthalmic Techniques, B.Sc Nursing (Post certificate) and B.Sc. (Hons) Nursing. Post Graduates courses include PhD, DM, M.Ch., MD, and M.Sc. courses in different disciplines.

2. Patient Care

During the period from 01.01.2024 to 31.12.2024, about 46.40 lakh patients visited OPDs, 2,84,121 surgeries were performed and 3,53,848 patients were admitted in AIIMS, New Delhi. Details are given in the Table below:

Hospital/ Centre	Outpatients (including casualty)	Admission	Surgery (Operations/ procedures)	Beds		
				General	Private	Total
Main Hospital@	22,36,431	1,53,936	1,42,205	1692	260	1952
Dr RP Centre	5, 61, 854	51,935	51,795	288	22	310
Dr BRAIRCH	2,11,807	66,564	9,974	174	15	189
Cardiothoracic Centre	3,00,423	20,913	6,749	400	64	464
Neurosciences Centre						
NDDTC*	3,72,586	1,435	--	50	--	50
CCM#	4,63,014	7,139	460	42	--	42
JPNATC	1,14,969	7,515	7,722	232	27	259
CDER	2,77,670	1,349	30,355	20	--	20
NCI, Jhajjar+	1,01,138	43,062	34,861	710	--	710
Total	4,639,892	353,848	2,84,121	3,608	388	3,996

@ Main hospital with all Block

Inclusive of PHC Dayalpur, Chhainsa and SDH Ballabgarh, due to demolition & construction of SDH New Ward, bed strength at CRHSP Ballabgarh is curtailed to 30 from 50.

* Drug Treatment Clinic (DTC) Scheme - With the support of DDAP, MOH&FW, the National Drug Dependence Treatment Centre (NDDTC) AIIMS is implementing the scheme 'Drug Treatment Clinic (DTC)' at the National level. At present 27 DTCs providing outpatient services are being supported under the scheme across the country. A total of 40724 new patients and 183094 follow-up patients took treatment from these clinics during the period. The participating government hospitals in DTC scheme receive financial support for staff, medicines as well as some other recurring expenses from the Ministry through NDDTC along with training and technical guidance from NDDTC. Infrastructure and overall day to day management

are the responsibility of the hospital administration.

+ 387 operationalized beds, remaining beds are being operationalized in phases with commensurate staff sanction in phases.

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. 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.

3.1 EXTRAMURAL PROJECTS

A total fund of Rs.1,99,51,73,792.00 was received for 1219 projects from several agencies viz ICMR,

DST, DBT, DHR, SERB, Non-Government/Indian Funding Agencies (pvt.), International, Ministry etc.

3.2 INTRAMURAL PROJECTS

Various new schemes of Intramural Research Grants viz Early career research grants for Assistant Professor and Associate Professor at AIIMS, Intramural Inter-disciplinary collaborative research projects for all levels of faculty at AIIMS, Undergraduate Mentorship for Research Skill have been initiated. Various inter/institutional collaborative research projects in collaboration with IIT-Delhi, IIT-Kharagpur, THSTI-Faridabad have also been initiated. A new Intramural funding scheme for conducting Nursing Research Projects and promoting evidence-based Nursing practices for patient care has been introduced. Further, a new research initiative has also been introduced by 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 internalization facilities of Centralized Core Research Facilities (CCRF), Clinical Research Unit (CRU) and Centre for Medical Innovation & Entrepreneurship (CMIE)/BioNEST.

A total 396 projects were approved under various schemes during the period from 01.10.2024 to 31.12.2024 and total grant received for the projects is Rs. 20,00,60,680.00

4. BUDGET

A Budgetary support of Rs. 4637.42 crore under Grant-in-Aid was provided by the Government during the period from 01.01.2024 to 31.12.2024. The major Heads of expenditure include Creation of Capital Assets, Salary and General.

3.2.2 POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION & RESEARCH, 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 Paediatric 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)	(January 2024 to November 2024)
Outdoor	24,96,163
Indoor Admissions	95,924

The number of minor and major surgeries during this year is as under:

Surgeries	(January to November 2024)
Minor	32,091
Major	48,207

Patients Attendance (including Emergency)	Projection/estimations (Approximate) year 2024-25 (November 2024 to March 2025)
Outdoor	14,45,000
Indoor Admission	55,000
Surgeries	
Major	27,000
Minor	18,500

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 patient visited, admission done and surgeries performed during the period are given as under:

Services	(January to November 2024)
OPD	98,128
Admission	42,223
Major Surgeries	16,775
Minor Surgeries	1,947

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. During the period from 01.01.2024 to 17.12.2024, the number of candidates who acquired various degree as under:-

82 Ph.D degrees.

322 MD degrees.

137 MS degrees.

131 DM degrees,.

56 M.Ch degrees.

132 M.Sc/M.Sc Medical Lab. Technology degrees.

17 Master of Public Health degree.

18 Fellowship PGI.

17 MDS degree.

792 BSc. Nursing(4year/Post Basic) degree.

158 M.Sc Nursing degree.

312 Paramedical degree.

INFORMATION TECHNOLOGY INITIATIVES/ACTIVITIES

The Institutes has upgraded all hardware of Main Data Centre with State of Art Technology under the supervision of hardware purchase committee.

• eOffice

eOffice has been inaugurated in PGIMER on 26.10.2021. eOffice has revolutionized the office working and brings transparency, efficiency by reducing the delays in processing of files.

o Hosting CMEs, Conferences, Talks, Presentations and Video Conference sessions of the Institute:

Computer Section has procured WebEx a web conferencing and videoconferencing applications. Computer section is hosting online meetings, Interviews, workshops, examinations as per requirement of departments/sections of the Institute.

o Upkeep of existing Hospital Information System(HIS) and its Enhancements

It is very useful module to maintain the details of all the equipments/ instruments like procurement, price, supplier, and manufacturer, origin of country, AMC, warranty and life span of equipments/instruments. The module also has the provision to maintain the details of buildings of the institute.

HEM/IM module is being used to maintain information of the equipment procured, warranty of the equipment and APMC etc. This information is used to generate consolidated quarterly report for onward transmission to the MOHFW.

o Web Portal of PGIMER:

A new website of the Institute was launched on 20th October 2022. Web Portal of the Institute has been revamped and public interface of the Web Portal has considerably been improved.

o Computer Lab acting as Training Facility:

Computer Section has state of the art computer lab with sitting capacity of 40 persons. Training lab is being used for training in service employees and faculty of the institute as IT savvy work force 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. This lab besides conduct the following activities:

Typing test for clerks, stenos etc.

Organizing training sessions on Hindi Typing.

Practical session for B.Sc & M.Sc. (Nursing), B.Sc (Radiology), B.Sc.(HIM) and other courses having IT as curriculum.

eOffice training.

Skill test for recruitment of new employees of the Institute.

o Teaching of B.Sc and MD/ MS students:

Information technology has been introduced as a compulsory subject in undergraduate and post graduate 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 Computer Section. Computer Section staff is conducting theory as well as practical examination of the course of B.Sc students.

o Following are the statistics of the services provided through the HIS:

- Patients registered for Pre-registration through PGIMER Web Portal 1,05,036.
- Patients registered for Tele-consultation through PGIMER Web Portal 6,623.
- During the financial year 2024-25 (01.01.2024 to 06.11.2024) total 88,746 Admissions & 83,636 Discharges (Approx.) of patients have done through HIS.
- Patient registered during 2024-25 (01.01.2024 to 06.11.2024), through HIS system 23,29,997.
- Nursing Staff is offloaded from preparing manual statistics of Patient's Admission, Discharge, Deaths for about daily intake of 565 admissions and 532 discharges (Approx). Thus, the present scenario has become favourable for nursing staff to focus on patient care leading better care as system is compiling the reports for the Medical Record Department.

- Bar-code readers are being procured in the Labs to read the sample number. Bar-code system implemented for OPD and IPD patients of Advance Paediatric Centre and Department of Gastroenterology.

- Information KIOSK has been set up at Advanced Eye Centre, Advanced Cardiac Centre.

- The whole IT infrastructure is in place for the Nehru Hospital Extension Block and HIS module has been made operational in this building.

o **Software Development, Implementation and post implementation Support**

- Paper Less patient management in Advanced Eye Centre (AEC)
- QMS at AEC for management
- House Allotment System
- Commercial Site Management System
- Eye Cloud for AEC

- RGC (Research Grant Cell) & MERC (Medical Education & Research Cell)

- Application Program Interface (API) in Advance Eye Centre (AEC) has been developed for LIPIVIEW Machine to transfer and capture data from Machine to server.

Software Developed for Glaucoma new OCT Machine for transfer and capturing of data from Machine to server. This machine is used for capturing the DISK images of eyes.

- REDCap Deployment: Dedicated server has been deployed with REDCap web Application hosted on it. REDCap is application specifically geared to support online and offline data capture for research studies and operations.

- Smart Patient Management System at Advanced Eye Centre

MEDICAL EDUCATION & RESEARCH CELL

The details of research activities of the Institute from w.e.f. 01.01.2024 to 31.10.2024 are mentioned as under: -

Sr. No.	Project	No.	Amount
1	Intramural (PGIMER)	11	Rs. 59,21,000/- approx (Rs. Fifty-nine lakh twenty -one thousand only)
2	Extramural (CSIR, DBT, DRUG TRIAL, DSDT, FOREIGN, GOVT. OF INDIA, ICMR, WHO, NATIONAL/STATE AIDS CONTROL)	218 (01.01.2024 TO 31.03.2024) 440 (01.04.2024 TO 31.10.2024)	Rs. 339767856.92 (Rs. Thirty three crore ninety seven lakhs sixty seven thousand eight hundred fifty six point nine two only). Rs, 649137291.49/ - (Rs. Sixty four crore ninety one lakhs thirty seven thousand two hundred ninety one point four nine only.)

Engineering Department

- o Setting up of Satellite Centre of PGIMER at Sangrur (Punjab): - The civil work of Hospital Block, OPD Building and residential Block has been completed and are functional with 3 Major OTs and 2 Minor OTs.
- o Setting up of 300 Bedded Neuroscience Centre at PGIMER, Chandigarh: The Project is expected to be completed by March 2025.
- o Setting up of 300 Bedded Mother & Child Centre at PGIMER, Chandigarh. The Project is expected to be completed by May 2025.
- o Setting up of 300 Bedded Satellite Centre of PGIMER at Una, Himachal Pradesh- The project is expected to be commissioned by November, 2025.
- Setting up of 100 Bedded PGIMER Satellite centre at Ferozepur (Punjab): - The project is expected to be completed by June 2026.
- Setting up of 150 Bedded Critical Care Block: - The project has been awarded to HSCC as Executing Agency. The Agency has applied for Environment Clearance.
- o For construction of 128 houses (64 Type III and 64 Type V) CPWD has awarded the work during July 2021. The work was stopped as per directions of CPCB for pending Environmental clearance.

3.2.3 Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER), Puducherry

INTRODUCTION:

JIPMER traces its origin to the 'Ecole de Medicine de Pondicherry', which was established by the then 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 super speciality levels, conducts high quality research and provides specialty care of the highest order in nearly all specialties and sub-specialties of medicine.

OVERVIEW OF INSTITUTE ACTIVITIES 2024:

ACADEMIC ACTIVITIES:

For the year 2024, in the National Institute Ranking Framework (NIRF) rankings in the medical category, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), has retained the 5th rank. For the year 2024, JIPMER has been ranked no.2 among the medical colleges in India, next only to AIIMS New Delhi, by the popular magazine India Today.

Four new PDF courses namely, PDF Interventional Cardiology, PDF Head and Neck Radiation Oncology, PDF Pelvic Radiation oncology, PDF Foetal Medicine, and PDF Paediatric Nephrology commenced from July 2024 session onwards. Phase I and Phase IV MBBS students have been divided into two batches for better teaching and learning. Examination wing of the academic section has successfully implemented onscreen evaluation of answer booklets with remote access. A new student's portal has been enabled for viewing internal assessment answer booklets and improving performance. In JIPMER Karaikal, the Academic building was completed and inaugurated in February 2024 by the hon'ble Prime minister of India.

In the year 2024, a total of 243 students were admitted both for Puducherry and Karaikal campus in the month of August 2024. Postgraduate admission to MD/MS/MDS/MCh (6 year Integrated course) were admitted through INICET in July 2023 and January 2024 session. DM/MCh – Admissions were done through INI-SS examinations in the January 2024 session. BSc Nursing admission were completed in the month of October.

RESEARCH ACTIVITIES:

JIPMER celebrated the 9th Annual Research Day on the 9th of March and keynote address was given by Dr. R. Sankaranarayanan, Director, Preventive Oncology, Karkinos Healthcare and Expert Advisor, Cancer Programs, NHM, TN. An interview with a scientist innovator, Dr. Rahul Purwar, Associate Professor, Dept. of Biosciences G Bioengineering, IIT, Bombay; Founder CEO, Chairman of Immuno Act was also organised.

In 2024, around 197 projects are on-going with a total sanctioned amount of 110.09 crores funded by different agencies. The institute has sanctioned intramural grant of about Rs. 2.40 crores to faculty and junior researchers for carrying out research projects in their area of interest for three quarters. Around 600 number of publications have been made through JIPMER faculty and resident projects, since January 2024. Total of 10 applications received and forwarded to ICMR for the year 2024. Out of 10

applicants, 5 candidates have been selected to undergo the program. Two new grants have been introduced this year - Competitive Intramural Research Grants for Faculty and Early-Career Intramural Research Grants for younger Faculty which support high-quality, innovative research ideas.

PATIENT CARE ACTIVITIES:

Hospital services:

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 is managed by this office under the guidance of the Medical Superintendent, Additional Medical Superintendent.

JIPMER, acronym for Jawaharlal Institute Postgraduate of Medical Education and Research, an Institute of National Importance from the inception 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 utilize the services of the JIPMER hospital.

TABLE - A: - Hospital Statistics from Jan-2024 to Nov-2024

Patients Attendance (including Emergency)	January 2024 to November 2024
Outdoor	1289127
Indoor Admission	75513
Surgeries	
Total Surgeries	39812

TABLE - B:- HOSPITAL STATISTICS PROJECTIONS FROM NOV 2024 TO MARCH 2025

Patients Attendance (including Emergency)	Projection/estimations (Approximate) year 2024-25 (November 2024 to March 2025)
Outdoor	550000
Indoor Admission	35000
Surgeries	
Major	10500
Minor	9500

PROGRAMMES CONDUCTED IN JIPMER

SWACHHATA SPECIAL CAMPAIGN 4.0

As per the communication received from the Ministry of Health and Family Welfare, JIPMER observed Swachhata Special Campaign 4.0 in two phases. i.e. Preparatory phase (from 16.09.2024 to 30.09.2024) and implementation phase (from 02.10.2024 to 31.10.2024). The objectives of the special campaign 4.0 are space management, scrap disposal and identifying cleanliness campaign 4.0. During the preparation phase from 16.09.2024 to 30.09.2024, the sanitary unit identified more than 15 places for cleanliness campaign 4.0.

Swachhata Hi Sewa (SHS) – 2024

As part of the nation-wide initiative Swachhata Hi Sewa-2024, a series of events were organized at the Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER) campus to promote cleanliness and public health. The program consisted of the following activities:

- **Cultural Program**

On 20th and 25th September 2024, vibrant cultural programs were conducted at the Women and Children Hospital (WCH) and Main OPD Block, respectively.

- **Health Camp for Housekeeping Staff**

Special medical camps were held on 21st, 26th, 28th September and 1st October to provide health check-ups for housekeeping staff.

- **Special Mass Cleaning Drive**

On 22nd September 2024, a massive cleaning drive

was conducted in collaboration with Oulgaret Municipality. Around 130 staff members participated, focusing on cleaning the area outside the compound wall from Gate No. 1 to Gate No. 7.

- **Swachhata Pledge**

On 23rd September 2024, doctors, nurses, and staff took the Swachhata Pledge at 11 AM, reinforcing the importance of cleanliness in daily life.

- **Tree Plantation**

On 25th September 2024, the JIPMER Horticulture Department organized a tree plantation drive. Staff and students participated enthusiastically in the event.

- **Cleanliness Drive at Rock Beach, Puducherry**

As part of Swachhata Hi Sewa 2024, JIPMER organized a cleanliness drive at Rock Beach on 29th September 2024, with the participation of around 400 doctors, students, and JIPMER staff.

Project Works at JIPMER

Completed projects:

1. Construction of Medical College Building, Hostels and Residential Complex at JIPMER Karaikal with approved project cost of Rs. 404 cr
2. Construction of Multispecialty Consulting Unit at Yanam with approved cost of Rs. 48 cr
3. Establishment of Animal House at JIPMER, Puducherry with approved project cost of Rs. 30.28cr
4. Outsourcing contract for CCTV and Integrated Security Surveillance at an estimated cost of Rs. 19.50 cr

Ongoing projects:

1. Modernization and Upgradation of regional Cancer Centre, JIPMER, Puducherry with approved project cost of Rs. 46.56 cr
2. Construction of 400 bedded boy's hostel building at an estimated cost of Rs. 39.75 cr
3. Setting up of a 476 bedded JIPMER Karaikal Hospital at an estimated cost of Rs. 451.05 cr
4. Setting up of Institute of Trauma care and Rehabilitation at JIPMER Puducherry for an estimated cost of Rs. 493.60 cr. Government of Puducherry cancelled the land transfer in Sedarapet revenue village. But JIPMER requested Government of Puducherry that the order for cancellation of transfer of the 50.04 acres of land in Sedarapet Revenue Village be kindly reviewed and kind permission given to continue with the project. Reply from Government of Puducherry awaited.
5. Balance work of Construction, supply, testing and commissioning of 2.4 MLD sewage Treatment Plant (STP) at an estimated cost of Rs. 3.92 cr. Tender evaluation under progress.
6. Laying cable by Puducherry Electricity Department as a part of setting up the 110kv /22kv GHS substation from Venkata Nagar at an estimated cost of Rs. 9.51 cr on the part of JIPMER
7. The replacement of old 2 slice CT machine in EMS Block with a 128 slice CT machine using CSR Funds from Power Grid Corporation of India (PGCI).
8. Construction of 150 bedded Critical Care Hospital Block at a cost of Rs. 143 cr under PM-ABHIM Scheme.

New Projects:

1. Construction of Type-V quarters at JIPMER Puducherry Proposal and Preliminary Estimate to be submitted to SFC for approval
2. Providing comprehensive design consultancy for supply, Installation, testing and commissioning of Pneumatic Tube System at JIPMER Campus, Puducherry @ Rs. 25.10 lakhs. Consultant appointed and DPR including drawings under preparation.

3.2.4 Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi

INTRODUCTION OF THE HOSPITAL

From modest beginning in 1942 as Military Base Hospital with 204 beds to handle casualties of Second World War II in 1942, the Hospital role and responsibilities has increased manifold with 2873 beds as on 2023. Post inception of All India Institute of Medical Science in 1956, Safdarjung Hospital (SJH) was the only tertiary care hospital in South Delhi. SJH was taken over by the Government of India, Ministry of Health in 1954 for general public. The hospital provides medical care to Indian/ Foreign citizens free of cost. A medical college namely Vardhman Mahavir Medical College established in November 2001 is also associated with SJH. Further, an Sports Injury Centre (SIC) was inaugurated on 26th September 2010 to provide integrated surgical, rehabilitative and diagnostic services under one roof for the management of sports injuries and related joint/Bone ailments. Considering, the increased patient load on SIC a new state of art building was inaugurated on 8th Jan 2024.

The New Emergency Block (500 beds) and Super Specialty Block (with 430+125 beds), was inaugurated on 29.06.2018 by the Hon'ble Prime Minister.

There is a 24 hour laboratory facility besides round the clock ECG, Ultrasound, X-ray & CT Scan services. The departments of Obst & Gynaecology and the burns have separate, independent casualties Department. The hospital also provides the services for cardiac catheterisation, lithotripsy, sleep studies, endoscopies, arthroscopies, video EEG, spiral CT, MRI, color Doppler, mammography and BAC T ALERT microbiology rapid diagnostic system. The hospital has added a new cobalt radiotherapy unit for the department of Radiotherapy.

The hospital has maintained best patient care and has endeavoured to continue meeting challenges whilst keeping abreast with research and developments in medical domain for best patient care. Few of the milestones achieved during 2024 by SJH are as follows: -

Major achievements of the Hospitals: -

Accomplishments:

A Stroke Unit (HDU & ICU) has been started on 14th October 2024 at Safdarjung Hospital. A fully operational New Sports Injury Centre has started on 08.01.2024. Child Development Centre services expanded & an Autism clinic started. A functional Bariatric Surgery OPD has started. Vitreo-Retina OT started in Eye Dept. Establishment of Critical Care Medicine Department at SJH.

Patient Related services: -

First Central Govt hospital to start screening OPD where new patients can seek consultation. Evening OPD started till 6 PM where patients coming even after closures of OPD registration in Main OPD can get consultation till 6 PM. Dedicated counters.

Dedicated & Dept based counters started in Skin & STD, Pediatrics, CDC, PMR. A New Gynae Specialty OPD Started for pregnant ladies. A new Pain Clinic OPD started.

Infrastructure: -

Proposal has been submitted in the Ministry regarding Establishment of MCH. 100 Type III and

40 IV staff Quarters at Dwarka, New Delhi is under construction. Construction of Lecture Theatre Complex and Auditorium in VMMC/Safdarjung Hospital Complex and Boys Hostel Building at West Kidwai Nagar, New Delhi is in progress.

New Initiatives of Safdarjung Hospital: -

Inauguration of Intensive care unit at Safardung Hospital on 3rd September 2024. Inauguration of Geriatric Care Ward on 17.09.2024 at Safdarjung Hospital.

Inauguration of Antenatal Registration counters for pregnant women at SJH on 18th September 2024. Inauguration of Paediatric Diabetic Clinic on 7th October 2024 at Paediatric SJH. Inauguration of Stroke Unit has been started on 14th October 2024 at Safdarjung Hospital. Inauguration of crèche for Children on 16th October 2024 at SJH.

Creation of Posts : 5 Posts of Senior Residents created for Dental department in 2024.

Material for Annual Report 2024-25 reflecting actual data from January to September 2024.

Status of Admission/Operations: -

Total number of In-patients (admitted) and operations conducted in this hospital in January to September 2024: -

Admission Jan - Sep 2024	Major Operation Jan – Sep 2024	Minor Operation Jan – Sep 2024	Total Operation Jan – Sep 2024
133997	35705	10772	464277

Statistics (X-Ray Examinations):

Year	No. of X ray Examinations
January to September 2024	429120

Statistics Deliveries in Department of Obs & Gynae :-

Year	Number of deliveries
January to September 2024	15561

OPD Attendance: -

Year	Number of OPD Patients
January to September 2024	2405449

Sports Injury Center: - Patients attendance/surgeries

S.NO.	Period	OPD	Physiotherapy OPD	IPD	O.T
1	January to September 2024	97361	53537	4258	3892

4 . “This hospital is maintaining 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”.

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, Orthopaedics and Paediatrics.

The facilities in other specialties are also available on call basis round the clock.

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 2024-25

(01st Jan. 2024 to 14th December 2024)

Outdoor	1742891
Indoor Admissions	82926
Emergency	245325

The number of minor and major surgeries during this year is as under:

Surgeries	Year 2024-25 (01st Jan. 2024 to 14th December 2024)

Major	13462
Minor	49638

New Initiatives:

Dr. RML Hospital, New Delhi has started Pollution Clinic to assist the patients who are suffering from pollution related health issues. All the patients attending the clinic will be evaluated clinically depending upon their symptoms by the concerned specialists' viz., Respiratory/Eye/Skin/Psychiatry and advised medication and investigations. They are also counseled on how to protect themselves from the ill effects of pollution and will be handed over an advisory regarding this.

Dr. RML Hospital started Heat Stork Clinic in Emergency Medicine Department of the Hospital for the treatment of heat related issues.

Department of Gastroenterology achieved a major milestone in 2024-

2025, of starting inpatient care services in department of Gastroenterology and advanced endoscopy services (ERCP AND EUS) in ABVIMS & Dr. RML Hospital. Gastroenterology Department has started fully equipped advanced three Endoscopy suits for patients of various hepatobiliary and GI diseases.

Department of Gastroenterology organized various public awareness programs on routine basis on chronic hepatitis B and C, NAFLD and IBD. The department got permission for starting DNB-Gastroenterology Super specialty program in academic calendar 2025-2026.

Plastic Surgery Day: The world plastic surgery day 2024, was celebrated

in Burns & PS department as marathon OT on 15th of July, 2024, the first of its kind performed in Delhi. The motto was “24 hours- 24 plastic surgeries”. It was successfully completed by the immense coordination between plastic surgery consultants, anaesthetists, senior residents and various OT staff involved.

Afternoon OPDs started in Physiotherapy Department for the patient by Rheumatology Clinic, Cardiothoracic Clinic, Neurology / Neuro- Surgery Clinic.

“Nukkad Natak”

was performed in OPD highlighting Role of physiotherapy in various orthopaedic and neurological conditions. (Sep. 11th, 2024).

Awareness program on ergonomics and posture for faculty, MBBS students, Nursing Students was organized from 5th to 9th Sep 2024. They were made aware of correct posture and demonstration was given about the ergonomics strategies to be adopted at work place.

A video explaining exercises for diabetics was uploaded on Dr. RML website on 27.11.2024. Patients can learn & practice these simple exercises at home to improve their quality of life.

A group exercise session is being conducted regularly in screening center (for NCDs) on Monday, Wednesday & Friday from 11:30 am w.e.f 02/12/2024. These can help in improving their functional mobility and fitness and mitigate the effects of NCDs.

Sh. Pawan Kumar, Physiotherapist participated as Physiotherapist of Indian Para Shooting Team for PARIS 2024 Paralympics Games at Paris.

Sh. Pawan Kumar, Physiotherapist participated as Chairperson Medical Committee for New Delhi 2024 World Shooting Para Sports World Cup at New Delhi from 5th to 16 March 2024.

Soft Skill Trainings: Soft skill training was imparted in a snowflake model. Dr Neelam Roy and Dr Sanjeet Panesar from the Community Medicine department were the master trainers who trained various departments of ABVIMS & Dr RML Hospital and the respective department in-turn imparted training to their staff. Dr Sagar Borker trained Departments of Community Medicine, Neurology and Endocrinology (CM).

Health camps: The Multi-speciality Health Camp, organized under the Family Adoption Programme for Batch 2022, was successfully held on 20th July 2024. The event was a collaborative effort by the Department of Community Medicine at ABVIMS & Dr. RML Hospital, in association with the Departments of Medicine, Gynaecology, and Paediatrics. The camp took place at Malviya Smriti Bhawan, Mahawat Khan Road, Dhobi Ghat, New Delhi, from 09:00 AM to 01:00 PM.

On the occasion of World Health Day, 2024 the Department of Community Medicine, ABVIMS & Dr. RML Hospital along with Delhi State Chapter of Indian Association of Preventive and Social Medicine (IAPSM) organized a National Level World Health Day Quiz competition on 08.04.2024. This was followed by poster and slogan competition for UG students.

With an aim to sensitize and educate members of the community about issues that affect their health and the services offered at Dr RML Hospital, Role plays and Health talks were delivered on various health related days at OPDs, Rural Health Training Centre and Schools.

A health talk organized for Student and teachers of Government Girls Senior Secondary School, Ujwa. On the occasion of Hepatitis Day, an informative health awareness talk was conducted at Ujwa PHC.

On the occasion of Swachhata Pakhwada 2024, Ujwa PHC, a presentation on Mosquito

identification, Larval breeding identification and anti-larval measure was organized.

On occasion of World Rabies Day (28th September), a health talk was delivered at Anti rabies clinic on Awareness regarding Animal bite, Rabies and its prevention.

On occasion of World Suicide Prevention Day celebrated on 10th September, a health talk was presented by the interns to spread awareness about the importance of reducing stigma, knowing the warning signs and encouraging conversations to prevent suicide.

Foot Pressure Assessment and Balance Assessment & Training Clinic have been started in PMR Department of the Hospital.

Major Celebrations:

Dietetics Day Celebration (10th January 2024)

Organized World Plastic Surgery Day and Plastic Surgery awareness programme. Inauguration Screening Centre for Diabetes and Hypertension.

Environment Month on environment day (5 June to 4 July) National Doctor Day (3rd July)

National Bone & Joints Day (4th August) World Hepatics Day (19th September)

World patient Safety week (17-21 September-2024)

Rashtriya Poshan Maah Celebration on 26th September 2024 (Theme: Malnutrition Free India)

International Day of Persons with Disabilities on 4th December, 2024 World Spinal Cord Injury Day on 5th December, 2024.

Vigilance Awareness week programme/pledge Constitution Day on 26th November 2024.

In addition to above the Hospital provides medical care to VIPs & VVIPs during Independence Day & Republic Day celebration.

Appointments:

35 Nursing Officer, 19 Paramedical Staff and 19 Allied Health care workers has joined the Hospital in the year 2024.

Infrastructure development:

Atal Bihari Vajpayee Institute of Medical Sciences and Dr. RML Hospital is on a fast track of redevelopment of the Hospital. Various

infrastructure/redevelopment projects are underway and some has been completed.

Doctor's Hostel Block:

The New Hostel block was inaugurated on 08.01.2024 by Hon'ble Health Minister and named as "Dhanwantary Chhatrawas".

The Hostel is centrally air-conditioned and has 824 rooms. All the rooms

of Hostel have been allotted to the Resident doctors and Medical Students for accommodation.

Super Specialty Block:

The upcoming Super-Specialty Block which is going to be commissioned shortly, will add 666 beds and 18 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 be greatly enhance the services provided by the Hospital but also reduce waiting time for operations and various procedures.

Upcoming Projects :

Hon'ble Prime Minister Shri Narendra Modi (virtually) has laid the Foundation stone of New Medical College building on 25.02.2024

in Dr. RML Hospital. An amount of Rs. 472.96 Crores has been sanctioned by Central Government for completion of this Project.

A land measuring 8.89 Acre has been allotted to augment the Hospital Infrastructure and Residential facility for the Hospital staff. The land had been handed over successfully on 07.10.2024 @ Rs. 50,85,03,462/- to this Hospital.

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.

Funded Projects:

ICMR funded projects are running in this Hospital in various Departments like Neurology, Nephrology, Paediatric Surgery, Medicine Burn & Plastic etc.

Convocation:

The 10th Convocation of ABVIMS & Dr. RML Hospital was organized on 30th September, 2024 at Bharat Mandapam in the August presence of Hon'ble President of India, Health Minister and Secretary, Health.

3.2.6 Lady Harding Medical College and Associated Hospitals

INTRODUCTION

Lady Harding Medical College (LHMC) is one of the premier medical institutions in India located in New Delhi. Established in 1916, it was initially founded as a medical college for women and named after Lord Harding, the wife of the then Viceroy of India. Over time, the college became a co-educational institution for postgraduate courses and has since grown into a highly respected institution.

LHMC offers undergraduate (MBBS) and postgraduate courses in various medical specialties and super specialties. This institution is affiliated with the University of Delhi and follows a rigorous curriculum designed to equip students with a strong foundation in medicine, clinical skills, and research.

The college is attached to prominent teaching hospitals, including Srimati Sucheta Kriplani Hospital and Kalawati Saran Children's Hospital. These hospitals provide students with hands-on clinical training under the supervision of experienced faculties and practitioners.

Lady Harding Medical College is a beacon of excellence in medical education, research, and healthcare in India. Its history, coupled with its commitment to quality training, has made it a cornerstone of medical education in the country.

The LHMC admits students for undergraduate and postgraduate medical courses annually, as detailed below.

Course	No. of admissions in 2024
MBBS	240
MD/MS	179
DM/MCh	08

New Courses

The Department of Emergency Medicine initiated two seats in 2024. The Department of Obstetrics and Gynaecology received an inspection for approval of the NBE fellowship in maternal and foetal medicine.

HOSPITAL SERVICES

Smt. Sucheta Kriplani Hospital (SSKH)

Smt. Sucheta Kriplani Hospital, is a tertiary care hospital. All the departments of the

Hospital are equipped with modern facilities to provide tertiary level health care services to the people of Delhi & adjoining areas. Though at inception SSKH was a hospital exclusively for women but since 1991 the hospital has been providing care to the male patients also.

Census and Hospital Data SSKH (January - October 2024)

Patient load	Numbers
OPD	741483
IPD	47353
Investigations	
Radiological Xray	146802
Ultrasound	59658
Doppler	2793
CT scan	9572
MRI	3923
Special investigations	611
Biochemistry	1976362
Pathology	612897
Microbiology	343093
Surgeries	
Major	8369
Minor	16196

Major Achievements and New Initiatives.

Dr. Sarita Beri, Director, Lady Harding Medical College won gold medal in “Teachers of Future” session at AIIMS, New Delhi.

Department of Pathology received the research excellence recognition in category of best team research for i-Drone project of ICMR.

The Department of Oncology started Brachytherapy for patients with cancer with imaging guidance.

The Department of Obstetrics and Gynaecology added point-of-care NST and USG facilities provided in the OPD.

The Department of Ophthalmology initiated Micro invasive Glaucoma surgery. The Department of Psychiatry inaugurated 60 bedded psychiatry wards.

The Department of Biochemistry began genetic analysis of Thalassemia and Duchenne Muscular Dystrophy.

The Department of ENT has established a vestibular function assessment lab.

The Department of Blood Transfusion started new facilities, such as therapeutic plasmapheresis and cytopheresis.

The Department of Microbiology has established the VRDL BSL laboratory.

Department of Gynaecology and Obstetrics started a dedicated lab for intrauterine insemination facility and started “UMMEED OPD” for follow up of women with stillbirths.

Department of Ophthalmology upgraded skill lab with operating microscope with screen and video recording facility.

The Department of Forensic Medicine expanded cold storage facilities.

The Department of Surgery started the facility for minimally invasive treatment of varicose veins by radiofrequency ablation. They also performed colonoscopy and UGI endoscopy on admitted patients.

The Department of Pathology extended the molecular laboratory by including polymerase

chain reaction (PCR) testing for mutations in acute leukaemia and myeloproliferative disorders.

Contribution of our Faculty members to the DGHS Newsletter

The effect of Vani on Medical microenvironment and health. Gaur K. DGHS newsletter Swasthya Sarvopari, 1st issue, April 2024.

Respectful Maternity Care: Are we missing something? Sehgal S. DGHS newsletter Swasthya Sarvopari, 3rd issue, October 2024.

Contribution of our Faculty members in drafting guidelines for Evidence based guidelines on the use of stem cell therapy: Neurological conditions, MOHFW, September 2024 Assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016) – 2024. the Minimum Standards for Prosthetics and Orthotics Clinical establishment under National Council for Clinical Establishments, Nirman Bhawan, New Delhi Audit Check list for Accessibility Standards for Healthcare under Accessible India Campaign.

Kalawati Saran Children's Hospital (KSCH)

Kalawati Saran Children's Hospital is a leading paediatric institute dedicated to the treatment of children aged up to 18 years. Founded in 1956 under the guidance of Ms. Raj Kumari Amrit Kaur, the Minister of Health and Family Welfare at the time, this institute gained recognition both nationally and internationally as an exceptional centre for paediatric treatment and training.

Scope of Services

The KSCH provides comprehensive services free of cost for all domains of paediatric care in the specialties of paediatric medicine, paediatric surgery, neonatology, physical medicine, and rehabilitation. The hospital has a 20-bed Paediatric ICU, apart from a high-dependency unit in each of the three paediatric wards, and an 80-bed neonatal ICU facility.

The hospital runs a 24-hour exclusive paediatric casualty and has well-developed paediatric subspecialties such as Paediatric HIV, paediatric nephrology, paediatric pulmonology, paediatric

Endocrinology, neurology, haematology, rheumatology, critical care, development al paediatrics, paediatric surgery, urology, neonatology, and a milk bank. The important services provided include paediatric bronchoscopy, endoscopy, haemodialysis, and plasmapheresis.

Census and Hospital Data KSCH (January – October 2024)

Number of OPD patients	244493
Number of admissions	25692
Number of beds (including ICU)	403
Number of surgeries	
a. Major	2095
b. Minor	2233
Number of Radiological investigations	
No of X rays	33787
No. of ultrasound examinations	6572
Doppler	186
Emergency attendance	53477
Bed Occupancy Rate	116.04%
Neonatology	1730
Pathology	1670525
Biochemistry	2413467
Microbiology	57781
Immunization	46823
ECG	990
EEG	1658
BERA	228
NCV	118
Haemodialysis	797
Peritoneal Dialysis	6986
Automated peritoneal dialysis	895

Major Achievements and New Initiatives.

Contributions to National Health Programs

Hospital organized multiple training courses for government initiatives like 'Social Awareness and Actions to Neutralize Pneumonia Successfully' (SAANS), 'Facility Based Integrated Management of Neonatal and Childhood Illness' (F-IMNCI) and 'Integrated Management of Neonatal and Childhood Illness' (IMNCI) for doctors and health care workers.

The National Centre of Excellence for Severe Acute Malnutrition provided technical support for developing a risk-stratified approach to strengthening home-based neonatal care, which is currently being piloted in Madhya Pradesh and Jharkhand. The center provided monitoring support for community management of acute malnutrition (CMAM) programs in several states of the country.

Under the guidance of the Technical Collaborating centre for AEFI, the National AEFI Surveillance Guidelines 2024 were developed, and several training workshops were conducted for AEFI surveillance and causality assessment at the national level.

The National Centres of Excellence for Paediatric TB and HIV have led the development of technical guidelines. They contributed to stakeholder training and provided guidelines for the management of difficult cases on a regular basis.

The Departments of Paediatrics and Paediatric Surgery contributed to the framing of guidelines for regulating sex reassignment surgeries for intersex children.

The Department of Neonatology operates a National Collaborative centre for Facility- based Newborn Care and the National Human Milk Bank, in collaboration with Oslo University, Norway.

The faculty contributed to several national health programs, such as intensified diarrhoea control, expert guidance for strengthening the HBNC/HBYC program, Adverse Events Following Immunization (AEFI), school health missions, and disability guidelines by MOHFW.

Public Health Benefit Initiatives

The KSCH has been actively involved in public health benefit activities. Eleven such activities were organized, focusing on children with bronchial asthma, cerebral palsy, lactation support, paediatric nutrition, kidney disease, diabetes mellitus, and HIV.

Contribution of Hospital Faculty in International Initiatives Participation in the committee to finalize “core outcome sets” for future trials, WHO Geneva. Membership in guideline development group for the “prevention and diagnosis of rheumatic fever and

rheumatic heart disease” package by the WHO, Geneva.

Member of the guideline development group for the “Early Childhood Development” (ECD) package of the WHO. Participation in the WHO Regional Meeting on “Accelerating Access to Rehabilitation in Southeast Asia, Dhaka.

New Services: The hospital started uroflowmetry and polysomnography services.

MEDICAL RESEARCH

LHMC encourages research and innovation in medical science. The college has been actively involved in various research initiatives with a focus on improving healthcare delivery, public health, and medical education. The faculty and students participate in national and international research projects.

Research Initiatives Undertaken at SSKH

SSKH has contributed 25 funded and non-funded projects that are ongoing in the current year. The department's faculty contributed to nearly 210 research articles in national and international journals and chapters in various books.

Research Initiatives Undertaken at KSCH

KSCH has contributed to several multi-centric funded projects related to childcare, which will help establish new global healthcare strategies for children. The International multi-centric trials included the 'SURE' trial in children with tubercular meningitis' and 'possible serious bacterial infections in young infants.' Trials in the field of neonatology have covered neonatal resuscitation and the efficacy of probiotic supplementation in sepsis. Currently, 13 funded and 8 non-funded projects are running. To encourage undergraduate research, three short-student ICMR projects are being conducted. The faculty members of the hospital are part of eight MOHFW publications and guidelines. The hospital has been part of the development of new national guidelines for drug-resistant tuberculosis and Adverse Events Following Immunization (AEFI).

In the current year, 52 research papers have been published in national and international journals. Faculty members were also part of the authorship group in the 12 paediatric textbooks.

ACADEMIC ACTIVITIES

The 107th Annual Day and Convocation Ceremony of the Lady Harding Medical College was held on 26.02.2024. Hon'ble President of India Smt. Draupati Murmu was present in the event as the Chief Guest. A total of 580 MBBS students received degrees and 68 meritorious students received gold medals.

There is initiation of young faculty PhD programme of DHR- ICMR as written in the MOA signed between LHMC and ICMR. Institutional facilities will be provided to the selected medical faculty if the research project is approved for the financial assistance. This year, two faculties from the LHMC joined the program.

Medical Education Unit (MEU) programs

Teacher Training Programme: The MEU has held a Basic Course in Medical Education (BCME) workshop from 28th to August 30, 2024, and 30 faculty members were trained.

Mentorship programme: The mentorship programme has been running in our institute successfully for the last many years.

Student Leadership Programmes: The Medical Education Unit started STUDENT LEADERSHIP MISSION in 2014 and has been continuing successfully for the last 10 years. SLM fosters leadership and team spirit skills in Ugs.

Faculty Development Programme (FDP): Currently, three MEU faculty are pursuing a Fellowship Programme under FAIMER and one MEU faculty is pursuing an Advanced Course in Medical Education (ACME). A total of eight curriculum members and faculty members were trained in BCME and CISP from the regional center, MAMC.

Conferences & Workshops Organised By SSKH & KSCH

SSKH organized 27 conferences/workshops/CMEs related to various specialties in gynaecology, medicine, microbiology, and pathology dfedf. The KSCH was instrumental in organizing 16 conferences/workshops/CMEs related to various subspecialties, including haematology, paediatric ECG, paediatric pulmonology, paediatric asthma,

IMNCI, paediatric nephrology, peritoneal dialysis, paediatric rheumatology, developmental supportive care, and antimicrobial resistance.

INFORMATION TECHNOLOGY INITIATIVES/ACTIVITIES

- E-Office was implemented in the year 2022 and till date a total 15347 e-files and 142710 e-receipts have been created in the institute. At present, there are 267 users on the E-Office platform.
- We have recently upgraded the capacity of E-Office in the institute from 250 to 500 user IDs and are currently in the process of on boarding 100% of faculty on the E-Office platform.
- In the period 01 January 2024 to 31 Oct 2024, 3849 e-files, 58987 e-receipts, and 36 new user IDs were created.
- E hospital: OPD registration, IPD registration, admission, discharges, Lab Information System is functional.
- Enterprise Resource Planning (ERP): Total no. of students registered on ERP: 2318, Total no. of staff registered: 400
- Electronic Human Resource Management System (E-HRMS): 204 faculty members and group A staff members have been on board the E-HRM Portal.
- Ayushman Bharat Digital Mission (ABDM): Daily 450-500 ABHA registrations were performed. The DHIS claims process was then initiated.
- LHMC maintains active Twitter, Facebook, and YouTube accounts (@DirectorLHMC). Social media accounts are used to highlight the activities of colleges and associated hospitals. In addition, live streaming of major events conducted in/by LHMC was performed using these accounts. Nearly 118 tweets were posted from 01.01.2024 to 31.10.2024.

3.2.7 National Institute of Mental Health & Neuro-Sciences, Bengaluru, (NIMHANS)

ABOUT 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 over 100 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 promotes/supports 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

NIMHANS continued to set benchmarks in healthcare, training and research, achieving significant recognition on both national and international platforms this year. Among its accolades, the Institute was honoured with the prestigious Nelson Mandela Award for the Promotion of Health by the World Health Organisation (WHO), Geneva, in acknowledgment of its commitment to improving public health and addressing the critical mental health challenges facing society today. A strong performance in the National Institutional Ranking Framework (NIRF) further reinforced its status as one of India's leading medical institutions. NIMHANS was reaccredited by the National Accreditation Board for Hospitals & Healthcare Providers (NABH), demonstrating its adherence to rigorous quality standards and best practices.

PATIENT CARE SERVICES

NIMHANS stands at the forefront of patient care, offering an expansive range of outpatient and inpatient services for mental, neurological and neurosurgical conditions. Blending conventional and complementary treatments, the Institute provides holistic care, underpinned by cutting-edge research and innovative therapies. With specialists and allied health professionals collaborating closely, every patient receives individualized and comprehensive care.

With a capacity of 1096 beds, NIMHANS is one of the largest healthcare providers in the country. Its round-the-clock emergency and neurosurgical units are equipped to handle critical cases with precision and efficiency. A seven-floor Sub-Speciality Block, featuring 125 beds and two state-of-the-art operation theatres, is devoted to managing complex neurological and neurosurgical cases, further enhancing the Institute's capacity to address intricate healthcare challenges.

A key pillar of the Institute's patient care philosophy is its commitment to serving the less privileged sections of society. About 75 percent of patients receive treatment either free of charge or at highly subsidized rates, underscoring the Institute's dedication to equitable healthcare access. During 2024-25, upto November, 2024 a total of 656901 patients received specialized medical care in psychiatric, neurological and neurosurgical fields.

Diagnostic and laboratory services at NIMHANS cater to both inpatient and outpatient populations, offering a diverse spectrum of tests and analyses. The Institute excels in therapeutic interventional procedures, employing the latest in image-guided techniques to deliver precise and effective treatments.

New Initiatives:

- The Reproductive Care Clinic has been opened, as a key component of the Perinatal Care Services. Operating every Friday, the clinic provides consultations for a range of gynaecological and obstetric concerns, including infertility, contraception, and prenatal and postnatal care. This vital service addresses the needs of women facing reproductive health challenges alongside mental health issues.
- The Promoting Recovery through Inclusive Management in Early Schizophrenia (PRIMES) program is a new initiative aimed at providing early intervention for individuals with schizophrenia, particularly those experiencing their first episode. This multidisciplinary initiative involves specialized interventions from a range of professionals. Psychiatrists deliver

pharmacotherapy and neuromodulation, clinical psychologists offer metacognitive therapy and cognitive remediation, while psychiatric social workers provide psychoeducation, assess and intervene in expressed emotions, and assist with disability benefits.

- The Department of Neuroanaesthesia & Neurocritical Care has procured a new transcranial ultrasound machine (Digi Lite 2.0) to facilitate rapid, real-time assessment of cerebral blood flow velocities in neurosurgical and neurological conditions. This device is essential for use in both operating rooms and intensive care units (ICUs), allowing for timely interventions.
- Accurate evaluation of pupils, a vital brainstem reflex, is crucial for patient assessment in ICUs and operating rooms. The procurement of two pupillometers (Neurolight, IdMed, France) enables precise measurement, ensuring comprehensive evaluations of patient neurological status.
- Maintaining stable hemodynamic parameters during surgeries is critical. The HemoSphere, an intelligent decision support monitor with Acumen-assisted fluid management software, has been acquired. It provides advanced data on hemodynamic flow and pressure changes, enabling early identification of instability and immediate corrective action.
- Five infusion pumps (BD Alaris Nexus PK) have been procured for accurate and controlled delivery of fluids and anaesthetic drugs during surgeries. These pumps ensure safety and accuracy in drug administration. Monitoring end-tidal carbon dioxide levels is essential for optimal sedation in awake craniotomy and various procedures in Cath labs and ICUs. Six portable end-tidal capnography machines (Rad-97 Masimo pulse co-oximeters) have been acquired for continuous, non-invasive measurement of carbon dioxide levels.
- The operating rooms at the Sub-Specialty Block have been equipped with GE Centricity Software for continuous intraoperative data monitoring and documentation. A new defibrillator (DF 2617A ED/R, BPL) has been procured to help restore normal heart rhythm during dangerous arrhythmias or cardiac arrest events, particularly in emergency neurosurgeries.
- Periodic suctioning of the oral cavity is effective in lowering the incidence of ventilator-associated pneumonia and reducing the duration of mechanical ventilation for patients in neurocritical care units. To support this effort, two VapCare devices—an automated intelligent secretion management system—have been acquired. To assist in handling difficult ICU patients, Ario Maxi Move Patient Lifting System has been procured, allowing single caregivers to reposition patients safely.
- The Department of NIIR has standardized the use of the Amyloid tracer, fluorine-18 labelled NAV-4694, and introduced new tracers such as 11C-PBR28 for TSPO PET imaging, essential for studying neuroinflammation. Other techniques include the development of 11C-temozolomide for tumour detection and chemoresistance, and 11C-methacetin for targeting COX-2 receptors.
- A pilot study using amyloid PET MR scanning was initiated on 15 March 2024 through an intramural grant. This first-of-its-kind study in India focuses on neurodegenerative conditions, with a primary objective of exploring its potential in diagnosing Alzheimer's Disease (AD) and non-AD dementia.
- The Department of Neurovirology has launched two new diagnostic services – Dengue NS1 antigen detection and PCR testing for Hepatitis C. These initiatives are aimed at improving the early detection and treatment of these viral infections, which pose serious health challenges.

- The Department of Neuropathology has taken up various initiatives to expand its research and diagnostic capabilities. It is developing an indigenous imaging-based intraoperative probe for brain tumour delineation, utilizing electrical impedance tomography (EIT) and ultrasound imaging in collaboration with IIT Gandhinagar and IISc, Bangalore, funded by the prestigious DBT Welcome Trust Science grant. Additionally, AI/ML algorithms for brain tumour diagnosis have been initiated in association with the Department of Neurosurgery, NIMHANS and IIIT-B.
- The Physiotherapy Centre expanded its services, initiating specialized care in the newly established sub-speciality ICU with a dedicated physiotherapist, during the review period. From February 2024, the centre began offering its services at the MND/ALS Clinic, providing targeted support for patients with motor neuron diseases.
- Tele-SWABHIMAN is one of the new initiatives which aims at enhancing maternal nutrition and improving the mental health of pregnant women and postpartum mothers. This project employs community-led, gender-transformative approaches alongside health systems strengthening to address the multifaceted challenges faced by women during and after pregnancy. The integrative approach developed by NIMHANS has been successfully adopted in the states of Telangana and Chhattisgarh. In partnership with UNICEF, Tele-SWABHIMAN emphasizes the importance of both nutrition and mental well-being, recognizing that these factors are crucial for the health of mothers and their children.
- The Kannada version of the MindNotes app was launched on 20 February 2024. As one of the first indigenously developed apps in Kannada, it helps users improve self-awareness and clarity about common mental health concerns. The app aims to break barriers to professional help-seeking while equipping users with self-help tools. A Hindi version of the app is currently under development.
- The newly designed online peer support forum, Let's Talk Life, was soft-launched on 29 February 2024. Set to be fully operational by May 2024, the platform offers youth a safe space to anonymously share wellbeing concerns and receive supportive responses from trained peer volunteers. These responses are moderated by a team of mental health professionals. The initiative aims to promote peer support as a scalable, low-intensity first line of preventive and promotive mental health intervention for youth and young adults.
- Nutrition Clinic, aimed at providing comprehensive dietary support to patients, was inaugurated on 24 April 2024. The clinic offers personalized nutrition plans to aid in mental health treatment, emphasizing the role of balanced diets in managing psychiatric and neurological conditions.
- Advanced 3T MRI Magnetom Cima.X was unveiled on 20 June 2024. Equipped with cutting-edge technology, the new MRI system provides higher-resolution imaging and improved speed, allowing for detailed brain mapping and complex neurological assessments.
- N-SPRITE (NIMHANS—Suicide Prevention, Research, Implementation and Training Engagement), a dedicated suicide prevention centre, was launched on 10 September 2024. The centre will adopt a multi-disciplinary approach, focusing on evidence-based interventions, healthcare provider training, and digital mental health assessments. By building capacity, raising awareness, and creating self-harm registers, the centre aims to provide a robust support

system for individuals in crisis, ultimately helping to save lives and promote resilience within the community.

ACADEMIC & RESEARCH

As a premier postgraduate institute, NIMHANS has a longstanding reputation for excellence in education and training in the realm of mental health and neurosciences – continually adapting to the dynamic landscape of healthcare.

Spanning 28 departments, the Institute offers a diverse array of courses to meet a wide range of academic and professional objectives. These offerings include super-specialty MCh and DM programs, post-doctoral fellowships, doctoral studies, MPhil, master's degrees, diplomas, and select undergraduate programs. Each year, more than 400 students across the country enrol in these programs, designed to empower students with the expertise and skills required to thrive in their chosen fields.

NIMHANS has long been synonymous with pioneering research, driving advancements in mental health and neurosciences. Through interdisciplinary and translational approaches, the Institute bridges scientific discoveries with real-world applications that directly benefit individuals and society at large.

The shared passion for exploring and improving health and well-being has resulted in an impressive track record of knowledge generation. During the review period, a total of 972 scientific articles and communications were published in high-profile journals and other reputed publications (including 532 articles in international journals, 306 in national journals, and 134 other publications, including monographs, manuals, book chapters, and newspaper articles, among others).

Pact with University of British Columbia: NIMHANS renewed its MoU with the Department of Psychiatry, The University of British Columbia

(UBC) extending the partnership for another five years. The MoU aims to foster academic and research collaboration, facilitating the exchange of information between the two esteemed institutions in areas related to training and teaching. The partnership encourages joint research projects, with a focus on advancing psychiatric knowledge and practice. It also enables the exchange of faculty, research scholars, and students, strengthening global learning and cooperation.

Collaboration with Maastricht University: The Institute has also entered into an MoU with Maastricht University, marking a significant step toward mutual cooperation in education and research. The collaboration aims to elevate the quality of higher education through innovative, student-centred, outcome-based learning methodologies. By applying these advanced teaching techniques, both institutions seek to address the growing need for skilled human resources in society.

ICMR Centre for Advanced Research (CAR) on Digital Interventions for Mental Health Care: On 12 September 2024, ICMR Centre for Advanced Research (CAR) on Digital Interventions for Mental Health Care was inaugurated by Dr. Rajiv Bahl, Secretary, Department of Health Research (DHR) & Director General, Indian Council of Medical Research (ICMR) Ministry of Health & Family Welfare, Government of India.

The centre aims to conduct applied research focused on using indigenous digital tools suitable for the Indian context to expand access to mental health resources within community settings. These tools are designed to complement mainstream clinical services. Various scalable digital solutions will be studied to assess their role in supporting clinical care, empowering community members in self-care and peer support, and improving self-awareness and motivation to seek professional help when needed.



Dr. Rajiv Bahl, Secretary, Department of Health Research (DHR) & Director General, Indian Council of Medical Research (ICMR) Ministry of Health & Family Welfare, Government of India inaugurating ICMR Centre for Advanced Research (CAR) on Digital Interventions for Mental Health Care

HUMAN RESOURCE DEVELOPMENT

Facilitating capacity building and enhancing human resource development across various healthcare systems are key mandates at NIMHANS. The Institute is deeply committed to imparting advanced technical knowledge to professionals across medical, para-medical, and nursing fields, nurturing critical skills that help shape employable human resource capable of addressing the country's healthcare needs.

Training at NIMHANS goes beyond traditional healthcare roles, extending to administrative medical officers, caregivers, police personnel, and media professionals. These programs are designed to provide specialized skills and knowledge, enabling participants to effectively manage mental health and neurosciences-related challenges within their respective fields.

NIMHANS Digital Academy (NDA): The academy has consistently prioritized high-quality digital training in mental health over the past year, focusing on expanding its course offerings and

reaching a broader audience. Currently, the academy provides approximately 30 diverse courses, including specialized diploma and certificate programs available in both online and hybrid formats.

NDA's state-of-the-art studios have played a pivotal role in delivering online training, workshops, and meetings, both accredited and non-accredited. In the past year, these studios were utilized for 52 percent of the available hours, marking a notable 25 percent increase from the previous year's usage of 27.2 percent. NDA has trained more than 25,000 health care providers ranging from community counsellors to specialist psychiatrists, so far.

As part of its Corporate Social Responsibility (CSR) initiative, Goldman Sachs has inked pact with NIMHANS to support capacity building in mental healthcare. This partnership has led to the successful conduct of 1,316 training sessions, benefiting 29,931 participants, with direct support extended to 640 patients. Notably, a total of 40,855 participants, including doctors, nurses, community health

officers (CHOs), and ASHA workers, completed the program and received participation certificates.

To further bolster mental health resources across the nation, NDA has partnered with institutions such as the Odisha Digital Academy, LGBRIMH Digital Academy, and AIIMS-Deogarh Digital Academy to conduct courses. Moreover, NDA is actively pursuing collaborations with states like Haryana and Jammu and Kashmir to upscale mental health resources through online training initiatives.

Training in Perinatal Psychiatry: NIMHANS, in collaboration with UNICEF India, is dedicated to advancing perinatal mental health and gender transformative interventions within routine obstetric care. Through the Perinatal Psychiatry Services, NIMHANS serves as a technical partner to promote the integration of mental health and gender-transformative strategies into standard obstetric care practices. This initiative encompasses the development of comprehensive training resources, such as video-based tools, to strengthen the skills of healthcare professionals, including ASHA workers, ANMs, Poshan Sakhi, Medical Officers, and DMHP Psychiatrists, in the realm of perinatal mental health.

Geriatric Psychiatry Services: Vayo Manasa Sanjeevani initiative, offering a range of geriatric services and support programs to promote healthy aging, has been launched. The program emphasises several key areas to improve the well-being of elderly individuals and those affected by mental health issues. The program offers training for volunteers and conducts psychosocial support sessions. It provides valuable volunteering opportunities for students, senior citizens, and individuals who have recovered from mental health problems. To address the growing concern of dementia, the Dementia ECHO program, generously supported by the Kothari Charitable Trust, has been implemented. The program aims to build capacity among general physicians aged 75 and above in diagnosing and managing dementia effectively.

Transfusion Medicine and Haematology: The Department of Transfusion Medicine and Haematology (TMH) is instrumental in advancing blood transfusion services in Karnataka. It provides

technical support to the Karnataka State Blood Transfusion Council, assisting in drafting, implementing, and executing blood transfusion policies in line with national guidelines. Committed to human resource development, the TMH department works closely with the council and the National Health Mission, offering comprehensive induction and refresher training for all staff involved in transfusion services.

Women and Mental Health: MANASWINI program was launched in collaboration with Piramal Foundation on 10 July 2024, with the objective of educating and sensitizing women about mental health, ensuring timely intervention and awareness. The partnership includes co-designing a mental health curriculum for Karuna Fellows, who will also be trained and certified as trainers. Over 2000 Karuna Fellows (residents of rural areas) will be oriented and trained on mental health.

Stree-Manoraksha: The Stree-Manoraksha project at NIMHANS is a vital initiative designed to strengthen the training and supervision of staff working at One Stop Centres (OSCs) across the country. Aimed at providing comprehensive psychosocial and mental health care, the project addresses the pressing needs of women facing violence. Stree-Manoraksha ensures that over 1000 staff members from OSCs nationwide receive the necessary training to effectively support women in distress. By integrating mental health care into the existing framework of services, this initiative empowers OSC staff to deliver holistic and sensitive care to survivors of violence.

National Tele Mental Health Program (Tele MANAS): NIMHANS has been designated as the Apex Coordinating Centre for the National Tele Mental Health Program (Tele MANAS), an ambitious project of the Ministry of Health and Family Welfare, Government of India. NIMHANS conducted various activities, including training workshops, well-being sessions, and reviews with stakeholders such as NITI Aayog and NHM Karnataka to enhance program efficiency. The project also welcomed international visitors for knowledge exchange and insights sharing.

The Institute has been instrumental in designing innovative digital training modules and liaising with

Regional Coordinating Centres (RCCs) and Mentor Institutions (MIs) – ensuring supervision and maintaining stringent quality control standards. Over the past year, 560 training sessions were organized for Tele MANAS counsellors, resulting in 879 participants and 303 newly trained counsellors completing both online and onsite training, significantly bolstering the mental health support system in India.

AWARDS & RECOGNITIONS

NIMHANS received the prestigious Nelson Mandela Award for Health Promotion for 2024 by the World Health Organisation (WHO) in recognition of its exceptional contributions to mental health and public well-being. The award was presented at the Seventy-seventh World Health Assembly in Geneva on 31 May 2024.



Dr. Pratima Murthy, Director, NIMHANS, receiving the Nelson Mandela Award for Health Promotion for 2024 by the WHO at the Seventy-seventh World Health Assembly in Geneva

NIMHANS has once again secured its place among the top medical institutions in India, ranking fourth in the National Institutional Ranking Framework (NIRF) 2024. This marks the fifth consecutive year that the Institute has achieved this distinguished position.

The first Institute of National Importance (INI) hospital to receive accreditation from the National Accreditation Board for Hospitals and Healthcare Providers (NABH), NIMHANS has successfully renewed its accreditation according to the fifth edition standards.

3.2.8 Central Institute of Psychiatry (CIP), Ranchi (Draft)

- 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 2024 (up to September) was 3484 and total OPD attendance was 86794.

- The Institute 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, & 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 for the period under report was 1491.

- 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 under report, the total attendance of patients in special clinics was 21093.

- The **Clinical Psychology department** at the Institute is the oldest independent department in India. In 1962, 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 23 seats in M. Phil. (Clinical Psychology) and four seats in Ph.D. (Clinical Psychology). The departmental faculty includes three assistant professor, one clinical psychologist, one assistant psychologist, 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 counseling, psychotherapy, behaviour therapy, biofeedback, relaxation therapy, etc. During the specified period, 3194 patients were assessed and 5281 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 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 professor, one senior psychiatric social welfare officer and six psychiatric social work tutors. During the specified period, 8613 therapy sessions and 11452 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 24 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 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, the total number of tests done was 11103.

- The **Department of Pathology and Biochemistry** is equipped to perform tests of clinical pathology, biochemistry, serology and immunology. The Centre performs these tests for both clinical as well as research purposes. During the specified period, the total number of investigations done was 188416.

- 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, the total number of investigations done by this department was 5019.

- 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 3405 patients availed emergency services.

- The Institute has been running a **toll-free telephone counseling service** – the CIP Helpline – since 2001. The Institute also provides an e-counseling service. During the period under report, 498 general helpline calls, 214 Suicide Prevention Helpline Calls and 340 e-mails were received and attended.

- Mental Health Helpline facility was started for the citizens during COVID 19 through 24x7 mobile nos. 9334915046, 9334915048, 9334915049, 9334915052, 9334915053, 9334915057, 9334915063. Total 146 calls were received.

- Case Conferences, Seminars, Journal Clubs are held regularly. Nineteen seminars, 19 case conferences and 15 journal clubs/physical club/movie club/book club were held during the period under report.

- **CIP Digital Academy:** Service Utilisation in CIP Digital Academy was as follows: 01 CIP Digital Academy Live Sessions, 119 Video Consultancy/ Telecommunication, 37 Webinars/Sessions, 28 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 21348 patients during the period under report.

Achievements during the period

1. Three Prizes were won at Torrent Young Scholar Award Eastern Zonal Round on 10th March 2024.
2. Global Menstrual Hygiene and Management (MHM) - Day was celebrated on 28th May 2024
3. 107th Foundation Day was commemorated on 17th May 2024
4. CME on “Preventive Mental Health: Recent Advances” organised on 17th May, 2024.
5. Dr. Aaditya Suresh secured 3rd Place in the Torrent Young Scholar Award (TYSA) 2023-24 National Finals were held at the Torrent Research Centre, Ahmedabad on 12th May 2024.
6. Blood Donation Campaign was organised on 22nd May 2024.

7. “World No Tobacco Day” was commemorated on 31st May 2024.
8. “International Yoga Day” was commemorated on 21st June 2024.
9. Central Institute of Psychiatry (CIP), Ranchi signed Memoranda of Understanding (MoU) with Regional Capacity Building & Knowledge Institute, Ranchi, Indian Audit & Accounts Department on 05th July 2024.
10. Forty-three admissions took place in various courses run at this Institute during the academic year 2024-2025.
11. Seventy-four national and international research papers were presented and published till 30th September 2024.

3.2.9 PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

The Pradhan Mantri 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); 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 Estimates (BE) and Revised Estimates (RE) for PMSSY for the financial year (FY) 2024-25 is Rs. 9000.00 crore and Rs. 9236.00 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	Raebareilly (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	Work in progress
1	Bhopal	Raebareli	Madurai*
2	Bhubaneswar	Gorakhpur	Awantipora
3	Jodhpur	Mangalagiri	Majra, Rewari
4	Patna	Nagpur	Darbhanga**
5	Raipur	Bathinda	
6	Rishikesh	Bibinagar	
7		Kalyani	
8		Deoghar	
9		Bilaspur	
10		Guwahati	
11		Rajkot	
12		Vijaypur	

* MBBS classes of running from temporary campus at Government Medical College, Ramanathapuram.

** State Government has handed over encumbrance free land (187.44 acre). HSCC has been appointed as the Executing Agency. Pre Investment works started.

Six AIIMS (Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh) set up under phase I are operational. Out of 16 other AIIMS, 12 are functional and 4 are under various phases of construction.

In the AIIMS that are functional, all key hospital facilities and services such as Emergency, Trauma, ICU, Diagnostic and Lab services are functioning. The total bed capacity of the 18 functional AIIMS is at present 7045. In these 18 AIIMS various Specialities and Super- Specialties Departments are operational. Presently approximately 1,04,21,277 patients (01.04.2024 to 31.12.2024) visited OPD besides another 6,05,090 patients (01.04.2024 to 31.12.2024) got treatment in IPD.

Status of Eighteen new AIIMS

S. No.	Location of AIIMS under PMSSY	Approved Outlay (Rs. in Cr.)	Sanctioned Bed Capacity	No. of Speciality Departments	No. of Super Speciality Departments	No. of MBBS Seats in 2024 -25
1	Bhopal, Madhya Pradesh	820	1451	18	17	125
2	Bhubaneswar, Odisha	820	1370	18	17	125

S. No.	Location of AIIMS under PMSSY	Approved Outlay (Rs. in Cr.)	Sanctioned Bed Capacity	No. of Speciality Departments	No. of Super Speciality Departments	No. of MBBS Seats in 2024 -25
3	Jodhpur, Rajasthan	820	1048	19	17	125
4	Patna, Bihar	820	1213	27	14	125
5	Raipur, Chhattishgarh	820	1003	18	17	125
6	Rishikesh, Uttarakhand	820	960	18	18	125
7	Raebareli, Uttar Pradesh	823	610	25	9	100
8	Mangalagiri, Andhra Pradesh	1618	960	26	13	125
9	Nagpur, Maharashtra	1577	960	27	14	125
10	Kalyani, West Bengal	1754	960	24	15	125
11	Gorakhpur, Uttar Pradesh	1011	750	24	4	125
12	Bathinda, Punjab	925	750	26	13	100
13	Guwahati, Assam	1123	750	25	10	100
14	Bilaspur, Himachal Pradesh	1521.04	750	21	17	100
15	Vijaypur, Jammu, J&K	1856	750	32	18	100
16	Deoghar, Jharkhand	1103	750	15	7	125
17	Rajkot, Gujarat	1195	750	23	1	50
18	Bibinagar, Telangana	1365.95	750	21	10	100

On 29th October, 2024, Hon'ble Prime Minister virtually launched Helicopter Emergency Medical Services (HEMS) in AIIMS Risikesh and drone services in 10 AIIMS (AIIMS Bibinagar, AIIMS Guwahati, AIIMS Bhubaneswar, AIIMS Bhopal, AIIMS Jodhpur, AIIMS Patna, AIIMS Bilaspur, AIIMS Raebareli, AIIMS Raipur, AIIMS Gorakhpur) and RIMS Imphal.

On 22nd November 2024, a tripartite Memorandum of Understanding (MoU) regarding provision of grant-in-aid to the Institute of Medical Sciences (BHU), on lines of new AIIMS set up under PMSSY; was signed between Banaras Hindu University, Department of Health and Family Welfare, Ministry of Health and Family Welfare and Department of Higher Education..

Upgradation of Existing State Government Medical Colleges/ Institutions (GMCI) under PMSSY

The up gradation 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 up gradation of GMCIs have been approved under different phases of PMSSY. Out of total 75 GMC up gradation projects approved under PMSS, 70 Projects have been completed till 31-12-2024 adding about 16017 Super-specialty beds including 2746 ICU beds.

The up gradation facilities in the following GMCs were inaugurated during the Financial Year 2024-25.

1. GMC, Muzaffarpur (Bihar),
2. GMC, Darbhanga (Bihar),
3. GMC, Bhagalpur (Bihar),
4. GMC, Gaya (Bihar),
5. IGIMS, Patna (Bihar); and
6. GMC, Bilaspur (Chhatisgarh)

Up gradation of all the 19 GMCIs approved under phase I and II is complete.

Status of 56 GMCs under PMSSY Phase-III, IV and V is as under

S. No	Name of the State	Phase	Name of the GMC/Institute	Status as on 01.01.2025 (in %)
1	Andhra	III	Siddhartha Medical College, Vijayawada	100
2	Pradesh	III	Govt Medical College, Anantapur	100
3	Assam	III	Guwahati Medical College, Guwahati	100
4		III	Assam Medical College, Dibrugarh	100
5	Bihar	III	Sri Krishna Medical College, Muzaffarpur	100
6		III	Govt Medical College, Darbhanga	100
7		IV	Government Medical College, Bhagalpur	100
8		IV	Government Medical College, Gaya	100
9		IV	Patna Medical College & Hospital, Patna	91

S. No	Name of the State	Phase	Name of the GMC/Institute	Status as on 01.01.2025 (in %)
10		V	IGIMS, Patna	100
11	Chhattisgarh	IV	Government Medical College, Bilaspur	100
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	73.50
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 Tirunal Institute of Medical Sciences & Technology, Trivandrum	99.90
25	Madhya Pradesh	III	Shyam Shah Medical College, Rewa	100
26		III	Netaji Subhash Chandra 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
32		III	Shri Vasantrao Naik Govt Medical College, Yavatmal	100

S. No	Name of the State	Phase	Name of the GMC/Institute	Status as on 01.01.2025 (in %)
33	Odisha	III	MKCG Medical College, Berhampur	100
34		III	VSS Medical College, Burla	100
35		IV	Government Medical College, Cuttack	-
36	Punjab	III	Govt Medical College, Patiala	100
37	Rajasthan	III	SP Medical College, Bikaner	100
38		III	RNT Medical College, Udaipur	100
39		III	Govt Medical College, Kota	100
40		IV	Government Medical College, Jaipur	100
41	Tamil Nadu	III	Thanjavur Medical College, Thanjavur	100
42		III	Tirunelveli Medical College, Tirunelveli	100
43	Telangana	III	Rajiv Gandhi Institute of Medical Sciences, Adilabad	100
44		III	Kakatiya Medical College, Warangal	100
45	Tripura	III	Agartala Govt Medical College, Tripura	100
46	Uttar Pradesh	III	Govt Medical College, Jhansi	100
47		III	Govt Medical College, Gorakhpur	100
48		III	MLN Medical College, Allahabad	100
49		III	LLR Medical College, Meerut	100
50		IV	Government Medical College, Agra	100
51		IV	Government Medical College, Kanpur	100
52		V	Institute of Medical Sciences - BHU, Varanasi	100
53		V	RIO, Institute of Medical Sciences - BHU, Varanasi	100
54	West Bengal	III	BS Medical College, Bankura	100
54		III	Govt. Medical College, Malda	100

Critical Care Hospital Block (CCHB) in 06 new AIIMS under Pradhan Mantri

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 will include emergency complex, intermediate care and HDU, isolation-special category Ward, Intensive Care Unit, Isolation Rooms - Burns ICU & HDU, Operation theatre complex, etc. The Construction work of all CCHB is under progress.



Hon'ble President of India in Convocation at AIIMS Raipur on 25th October, 2024



MoU signing ceremony with IMS-BHU on 22.11.2024



Hon'ble Minister of Health and Family Welfare interacting with kidney patient at AIIMS Bilaspur on 04.11.2024



Night shelter at AIIMS Guwahati inaugurated on 29.10.2024 by Hon'ble Prime Minister



Review of AIIMS Guwahati by Hon'ble Minister of Health & Family Welfare on 08.01.2025



Drone Services at AIIMS Rishikesh

3.3 OTHER HEALTH INSTITUTIONS

3.3.1 All India Institute of Physical Medicine and Rehabilitation (AIIPMR), Mumbai

1.1 About the Institute

All India Institute of Physical Medicine and Rehabilitation, established in 1955 as a Pilot Project with technical expertise and manpower

support from United Nations Organization, came under the administrative control of 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 actualize 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

- i. To create and provide comprehensive medical rehabilitation services for all categories of neuro-musculo- skeletal disorders including chronic disorders.
- ii. To create and provide services through interdisciplinary approach with emphasis on disability prevention and rehabilitation.
- iii. To train rehabilitation professionals through short term orientation courses and long term graduate and post graduate courses.

- iv. To train Health Functionaries at community level.
- v. Fabrication of aids and appliances.
- vi. To conduct research in the field of Physical Medicine and Rehabilitation.
- vii. 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 Disabilities (PWDs) with departments that include: Physical Medicine & Rehabilitation, Radiology, Pathology, Anaesthesiology, Physiotherapy, Occupational therapy, Prosthetic & Orthotic, Speech Therapy, Medical Social Work, Vocational Training Workshop and Department of Psychology & Vocational Guidance

I I .	Annual Statistics actual data (January, 2024 to September, 2024)				
				Outdoor	Indoor
1	Number of Patients / Persons with disabilities attended for Rehabilitation			23621	407
2	Number of Surgeries performed	Major Surgeries		Minor Surgeries	
		227		2978	
3	Number of patients attended for radiological investigation			3430	
4	Number of patients attended in clinics	P & O Clinic	CP Clinic	Diabetic Foot Clinic	Obesity Clinic
		244	237	21	28
5	Number of Certificates issued to PWDs	Disability Certificates	Driving Fitness Certificates	Railway Concession Cert.	Other Cert.
		176	465	198	53

I I .	Annual Statistics actual data (January, 2024 to September, 2024)		
6	Number of Prosthesis and Orthosis prepared/repared by Prosthetic & Orthotics departments	Prosthesis	Orthosis
		555	2050
7	Number of splints and assistive devices prepared and/or delivered by Occupational Therapy Department		238
8	Number of Seating /Standing appliances and chairs prepared by Vocational Training Department		166
9	Number of assistive products given to Persons with Disabilities by NGOS		13
1 0	Financial assistance to persons with disabilities by Medical Social Work Department.	Rs. 4,43,481	

III Scientific Research, Publications & Presentations

Sr . No .	Department	Staff Guided Research		
		Papers Presented	Papers Published	Dissertation Completed
1	Medical PMR Deptt.	--	--	02
2	Physiotherapy Department	01	01	03
3	Occupational Therapy	--	--	--
4	Prosthetic & Orthotic	09	01	03
5	Medical Social Work	--	02	--

V. Research Projects by Staff - started/ Continuing

i	Comparative Analysis between Thermoplastic Sockets and Carbon - Epoxy Composite Sockets for Trans -Tibial Endoskeletal Prostheses
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	Incidence of fall and fall risk in persons ambulating with unilateral lower limb prosthesis. (Started)
xvi	A comparative study on the effectiveness of PNF technique with task specific training on trunk control and lower extremity function in person with chronic stroke. (Started)
xvii	Analysing the outcomes of Gait Training among individuals with chronic & complete spinal cord injury - A mixed method study. (Started)

xviii	Comparative analysis of balance between Non -Diabetic and Diabetic individuals with unilateral transtibial amputation using endoskeletal prosthesis during turning and negotiating steps. (Started)
xix	Reliability and responsiveness of hand function tests on patients with Incomplete Spinal Cord Injury (Quadriplegics).
xx	Home program intervention for children with autism spectrum disorder to facilitate child participation and quality of life of family: A Pre -post study.
xxi	A study to find out the effect of music therapy on visual perceptual skill of cerebral palsy.
xxii	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	00	0%
Group 'B' - 51	01	1.96%
Group 'C' - 150	06	4%
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Total 256	07	2.73%
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VII Academic Activities

Details of Students for the year 2024-25

Sr. No	Name of Course	Recognized by/ Course affiliated to	Duration (yrs)	Intake Capacity (A/Y) April 24 - March 25	Students on Roll		Passed out students
1	MD (PMR)	MUHS, Nashik	3	04	1 st yr	00	02
					2 nd yr	02	
					3 rd yr	02	
2	MPTh	MUHS, Nashik	2	06	1 st yr	06	06
					2 nd yr	05	
3	MOTh	MUHS, Nashik	3	06	1 st yr	02	02
					2 nd yr	00	
					3 rd yr	02	

Sr. No	Name of Course	Recognized by/ Course affiliated to	Duration (yrs)	Intake Capacity (A/Y) April 24 - March 25	Students on Roll		Passed out students
4	MPO	MUHS, Nashik/ RCI	2	04	1 st yr	04	03
					2 nd yr	02	
5	BPO	MUHS, Nashik/ RCI	4 ½	16	1 st yr	11	28
					2 nd yr	09	
					3 rd yr	06	
					4 th yr	09	
					Internee	15	
6	FCR PT	MUHS, Nashik	1	10	1 st	00	02
7	FCR OT	MUHS, Nashik	1	10	1 st yr	00	00
8	FCR Surgery	MUHS, Nashik	1	03	1 st yr	00	00
9	DHLS	(AYJNIH H)/ RCI	1	28	00	03	03

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, 2024.
- Hindi Pakhawada was celebrated by staff and students in September, 2024.
- Organised a wheelchair donation programme on 9th March 2024 in collaboration with Shanta Siddhi Charitable Trust, Hon'ble Governor of Maharashtra was the Chief Guest of the programme.
- Celebrated world autism awareness day on 02.04.2024.

- Conducted plantation drive in collaboration with Keshav Shrishti Organisation at Vikramgarh Palghar district on the eve of world environment day
- Conducted 3 outreach swachata special campaign in September, 2024:
 - Street play and mass scale cleanliness drive at Mahalaxmi Temple on 19.09.2024.
 - Swachata through human chain on 24.09.2024.
 - Mass scale cleanliness drive at beach areas of Girgaon Chowpatty on 26.09.2024.

3.3.2 **All India Institute of Speech and Hearing (AIISH), Mysore**

1. **Introduction**

The All India Institute of Speech and Hearing (AIISH), Mysore, established in 1965 by the Ministry of Health and Family Welfare,

Government of India, is the leading Institute in the country providing training, research, patient care and public education in communication disorders. The activities carried out by the Institute from 1st January to 30th September 2024 are given below.

2. Initiation and Launching of New Facilities and Services

The Institute initiated and launched several new facilities and services during the period. The major ones are given below.

AIISH-like Institution: 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. The AIISH Kanpur 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. The Centre will handle four distinctive divisions: speech-language pathology, audiology, prevention of communication disorder, tele-assessment and rehabilitation. It is expected to cater to 15,000 patients every year after it is commissioned.

AYUSH Outreach Unit: An outreach unit of the Department of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) of the Govt. of Karnataka was opened at the Institute on 2nd August 2024. Dr. K. Srinivasulu, the AYUSH Commissioner, Govt. of Karnataka, inaugurated the program in the presence of Smt. Gayithri K.M., I.A.S., Chief Executive Officer, Zilla Panchayath, Mysuru District, Dr. Pushpa, District AYUSH Officer, Mysuru, and Dr.M. Pushpavathi, Director, AIISH.

New Patient Accommodation Building: Shri. Apurva Chandra, Secretary, Ministry of Health and Family Welfare, Govt. of India, inaugurated the newly built patient accommodation building, 'Kuteera' at the Panchavati campus of the Institute on 9th August 2024. Smt. L.S. Changsan, Additional Secretary, was the guest of honour. The building, constructed at a cost of Rs.11.30 crores has 37 rooms and three dormitories to accommodate 107 families.

3. Academic Activities

The learning and teaching activities at the Institute

include long-term and short-term programmes on various aspects of communication disorders and allied areas.

Long-term Programmes: The Institute offered thirteen long-term academic programmes, including five doctoral, three postgraduate, two undergraduate, and three diploma programmes. Admissions to the B.ASLP, M.Sc. (Audiology) and M.Sc. (SLP) programmes were conducted through national-level entrance examinations.

Short-term Programmes: In addition to the long-term programmes, the Institute conducted 309 short-term training/orientation programmes, 14 student enrichment programmes, and 60 in-house training/staff enrichment programmes on various aspects of communication disorders.

Workshops and Seminars: Totally, 36 workshops and seminars were organised during the period. These include national-level events like National Conference of the International Society for Augmentative and Alternative Communication, National Seminar on Laying the Foundation for Successful Feeding and Swallowing, Five-day Training Program on Basic Indian Sign Language for Deaf School Teachers, National Seminar on Enhancing Speech Fluency, National Workshop on Demystifying the Relationship between Brain, Cognition, and Behaviour Across Lifespan, and National Level Online CRE on Tailoring Education: Differentiated Instructional Strategies for Addressing Individual Needs in Communication Disorders.

Guest lectures and Other Activities: The Institute also organised guest lectures by eminent personalities, departmental peer evaluation, journal club and clinical conference presentations. Further, the faculty and staff delivered lectures at several scientific and technical events organised by the Institute and other organisations.

4. Research Accomplishments

The Institute promotes communication and disorders research by emphasising 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. Fourteen funded research projects were completed, and 62 were progressing in different departments of the Institute. The Govt. of India funding agencies like the Department of Science and Technology sponsored the projects in addition to the grant given by the Institute. In total, 52 scientific papers were published in various peer-reviewed journals, 77 presentations were made at international and national scientific conferences and five books/ book chapters were written by the faculty and staff during the reporting period.

5. Clinical Care

A wide range of rehabilitation services were provided for persons identified with speech, language, and hearing disorders and related ailments such as psychological and otorhinolaryngological issues. In addition, specialised 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. In total, 17160 persons from different parts of the country and abroad registered newly to avail clinical services at the Institute during the period.

6. Public Education and Outreach Services

The Institute carried out many public education and outreach activities for the early identification and prevention of communication disorders, as given below.

- a. Screening of 49385 neonates and infants for communication disorders was conducted at the hospitals/immunisation centres in Mysuru, the outreach service centres and newborn screening centres of the Institute located in different parts of the country. Screening was also carried out for school children, industrial workers, bedridden people, and elderly citizens.
- b. Speech and hearing diagnostic and therapeutic services were provided to 28489 clients at the outreach service centres of the Institute.

- c. Public education resources like manuals, brochures and pamphlets in print and electronic formats were prepared, and videos were developed. In addition, TV and radio programs were organised, and resources were disseminated on social media.
- d. Public awareness on various aspects of disabilities was created by organising orientation programs by experts.

Tele-diagnostic and rehabilitation services were carried out for clients with disabilities from across the country.

1. Standing Finance Committee Meeting

The 54th Standing Finance Committee Meeting of the Institute was held on 4th April 2024, and the 55th Standing Finance Committee Meeting on 8th August 2024. Ms. L.S Changsan, IAS, Additional Secretary & MD (NHM) chaired the meetings.

2. Organisation of Special Events

The important special events held at the Institute during the period are given below in chronological order.

Cochlear Implant Renaming Ceremony: A ceremony to rename the Cochlear Implant Scheme of the Govt. of Karnataka to SHRAVANA SANJEEVINI was held at the Institute on 12th March 2024. Sri. Dinesh Gundu Rao, Honourable Minister of Health & Family Welfare, Govt. of Karnataka, inaugurated the programme. A workshop on implant maintenance and the importance of auditory-verbal therapy with a series of informative training sessions for parents of children with cochlear implants was held as a part of the event.

Graduation Day 2024: The Institute celebrated the Graduation Day on 2nd April 2024. Prof. N K Lokanath, Hon'ble Vice Chancellor, University of Mysore, Mysuru, was the chief guest and Dr. C S Vanaja, Principal, School of Audiology and Speech-Language Pathology, Bharathi Vidyapeeth University, Pune, was the guest of honor. Dr. M Pushpavathi, Director, AIISH, presided.

Preschool Graduation Day: The Institute

organised a 'Preschool Graduation Day' to celebrate the successful completion of training of 162 preschool children enrolled at the Institute Preschool on 30th April 2024.

Monthly Summer Camp: The Institute organised a summer camp for children with special needs from 2nd to 31st May 2024. A total of one hundred children participated in the camp. Several activities and events were held as a part of the camp.

Free Hearing Aid Distribution: Free hearing aids were distributed to the needy clients in coordination with Canfin Homes Ltd., Mysuru District Deaf Association and M/s. Frauschers Sensor Technology, Mysuru on 12th May, 5th June and 25th June 2024.

Annual Day: The 59th annual day of the Institute was held on 9th August 2024. Sri. Apurva Chandra, Secretary, Ministry of Health and Family Welfare, Govt. of India, was the chief guest and Ms. Changsan, Additional Secretary, Ministry of Health and Family Welfare, Government of India, was the guest of honour of the inaugural function.

Hindi Pakhwada 2024: The Hindi Pakhwada 2024 was organised from 14th to 30th September 2024, and various competitions and workshops were held to mark the occasion.

3. Observation of Commemorative Days/ Months

Several commemorative days and months, mainly related to communication disorders and related ailments, were observed during the period, as mentioned below.

World Hearing Day: World Hearing Day 2024 was observed on 5th March 2024 to raise awareness about the importance of ear and hearing health care among the general public across the country.

World Down Syndrome Day: The Institute commemorated World Down Syndrome Day on 20th March 2024 in collaboration with the Indian Academy of Paediatrics, Mysuru Chapter. Activities such as drawing, target hitting, and dancing were organised for children with Down syndrome.

Autism Awareness Month: Autism Awareness Month was held in April 2024. Several activities, including a workshop on 'Educating, Engaging and Empowering the Caregiver's of Children with Autism Spectrum Disorders' were conducted in four languages, Hindi, Kannada, Malayalam and English as a part of the event.

World Voice Day: World Voice Day was held on 24th April 2024, and a phone-in program live-streamed on Facebook to answer queries related to voice and voice disorders was organised as a part of the program.

World Intellectual Property Day: A workshop on 'Speak and Listen to IPR and its Importance' was held on 30th April 2024 to mark World Intellectual Property Day.

Speech Sound Disorders Awareness Month: The Speech Sound Disorders Awareness Month was observed at the Institute in September 2024 by organising an in-house workshop to revise the clinical proforma and student training module, a hands-on training on assessment of speech sound disorders, a Facebook live phone-in program on pronunciation problem and a radio manasa talk.

International Day of Sign Languages: The International Day of Sign Languages was observed on 23rd September 2024. A five-day national training program on 'Basic Indian Sign Language' was held from 27th to 31st May 2024 as a part of the event.

4. Other Activities and Events

Hearing Aid Trial and Distribution: Totally, 5266 clients were evaluated for hearing aids, and 2942 hearing aids were distributed under the Client Welfare Fund at the Institute's Hearing Devices Dispensing Unit.

Educational Rehabilitation of Special Children: The Preschool attached to the Department of Special Education of the Institute provided training for 211 children with hearing impairment, cerebral palsy and mental retardation.

The key statistics of the Institute activities from 1st January to 30th September 2024 are given in Table 1.

Table 1: Key statistics

Category	Figures (1st January to 30 th September 2024)
Academics	
Long -term academic programmes	13
Short -term training	309
Workshops and Seminars	36
Student Enrichment Programmes	14
In-house Training/Staff Enrichment Programmes	60
Invited talk by faculty & staff outside AIISH	84
Invited talk by faculty & staff at AIISH	37
Research	
<u>Completed funded projects</u>	
Extramural	2
Intramural	12
New/Ongoing funded projects	62
Conference presentations	77
Journal publications	52
Books/book chapters	5
Clinical Activities	
Patient Registration -New	17160
Speech & language assessment	5056
Speech & language therapy	5622
Hearing evaluation	12860
Hearing aid trial	5266
Hearing aids issued	2942
Psychological assessment	5279
ENT assessment	29174
ENT surgery (major & minor)	155
Specialised clinical services	17
Preschool children trained	211
Public Education	
Dissemination of public education videos on social media	30
Social media posts	
Facebook	105
Instagram	69
Youtube	43
Twitter	44
Live phone -in programme	05
<u>Public orientation</u>	
Number of programs	268
Number of participants	10364
Radio -based public education programmes	37

Category	Figures (1st January to 30 th September 2024)
Extension activities	
Newborn screening	49385
Industrial screening	912
School /Anganavadi screening	1416
Communication disorder screening camps	27
Clinical Services at OSCs	
No. of clients evaluated	28489

All India Institute of Speech and Hearing, Mysuru

Employment of Persons with Disability

Percentage of Employment of Persons with Benchmark Disabilities (PwBD) at this Institute as on 29.11.2024:

Group	A	B	C	Average % of PwBD employment at AIISH, Mysore
PwBD	Nil	1.315%	6.521%	2.612%

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 2024-25 are 169. The Institute also conducts various Short Courses/ Training Programmes/ Internship for Capacity Building in public health - 28 Short Trainings for 799 participants and 42 Field

Trainings for 882 participants, were conducted in 2024-25. Prominent trainings include PH Emergencies Management on behalf of Disaster Management Cell of MoHFW (3 rounds), PH Nursing Training for Nursing Colleges across the country (10 rounds), and also on Mixed Method research, Research Methodology, Systematic Review & Meta-analysis, Operations Research, Scientific Writing, Foundation Course on Occupational Health, One Health, Social and Behaviour change communication, Cyber security etc. Faculty and Residents of AIIHPH have published 24 Research Papers in reputed International and National Journals and presented papers in International, National and Regional Conferences. PGTs participated and won best Paper/ Poster/ Other Awards quiz, debate, and poster contests and the prestigious ICC Young Minds Competition and FMPC 2024, EFICON 2024.

Heath 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. AIIHPH faculty members also participated in Leprosy Case detection campaign LCDIC under NLEP across the country. 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:

3 months Associate Fellow of Industrial Hygiene (AFIH) course approved by DGFASLI, Ministry of Labour and course started from August 2024. A total 23 candidates enrolled in first batch

12-month duration Intermediate Field Epidemiology Training program (I-FETP) for doctors working in North eastern and Eastern states of India will be started soon in collaboration with NCDC, Delhi

National workshop on strategy for prevention of Unintentional Injury will conducted from 2-3 Dec, 2024

Upgradation of Computer Laboratory of Statistics Department with 20 new machines was done and several trainings were conducted viz. JAMOWI software, Research methodology etc.

The website of AIIH & PH was made up-to-date and security audit was completed by C-DAC Kolkata. Cyber security Audit for the IT was done at the main campus of AIIH & PH.

Soil transmitted Helminths STH survey in 7 districts of West Bengal was conducted in collaboration with NCDC, Delhi.

Internship trainings were started in Microbiology, Statistics, Occupational health for external candidates.

112 NDRF and SDRF personnel were trained in CBRN (Chemical Biological Radiation & Nuclear)Disaster management

Annual Capacity Building Plan for employees was prepared and all employees (357) are registered in IGOT Platform and 112 Courses have been consumed

Future Vision:

i) To start new courses viz. One-year Diploma in Sanitary Health Inspector course, Field epidemiology program FEP-OH on One health to be started in collaboration with NCDC, Delhi etc. The

Dept has submitted a proposal for starting a two year Master in Public Health (MPH) course for candidates from medical and non-medical backgrounds

ii) Upgradation of RHU&TC, Singur and UHUTC, Chetla

3.3.4 Central Leprosy Teaching and Research Institute (CLT&RI), Chengalpattu

1. INTRODUCTION:

Central Leprosy Teaching and Research Institute (CLT&RI), is the apex and one among four leprosy institutes established under 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 National Leprosy Eradication Programme (NLEP), Monitoring & Evaluation of NLEP, and to conduct basic and operational research. The Institute has a 124 bed hospital catering to both indoor and outdoor patients with four technical divisions: - Clinical, Surgical, Laboratory and Epidemiology & Statistics. The key activities carried out by the institute from 01/01/2024 to 31/12/2024, is given in brief under separate headings:

2. TRAINING ACTIVITIES:

The training / Capacity building of the healthcare workers involved in the National Leprosy Eradication Programme (NLEP) remain the core activity of the institute, for effective implementation of NLEP activities and sustain the public healthcare 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 2024 – December 2024 are given below:

S. No	Name of the Training Course	Batches	Total Participants
1.	NLEP Training for State/District Leprosy Officer (05 days)	02	21
1.	Training in Leprosy Re -Constructive Surgery for Surgeons (05 days)	01	04
2.	NLEP Training for Non -Medical Supervisor's (2 months)	01	26
3.	NLEP training for Laboratory Technician in Slit Skin Smear Examination (03 days)	05	85
4.	NLEP Training for Post Graduates in Community Medicine and Public Health (03 days)	03	76
5.	Training in Tertiary care management of Leprosy for Post Graduates in Dermatology (05 Days)	02	34
6.	Compulsory Rotatory Medical Internship (CRMI) Training for MBBS Students (05 days)	41	113
7.	One day Orientation training in Leprosy / NLEP	MBBS Students	17
		Paramedical Students / Others	06
			272

Training Calendar is prepared each year and circulated to the respective States for sending nominations and thereby enabling the management capacity of various healthcare workers in the general healthcare system to achieve the vision of Leprosy Free India. Focussed training is given for human resources involved in active case detection for leprosy and other special activities in the programme. As a priority to strengthen diagnostic capacity for leprosy, additional trainings are organized for lab technicians in Slit Skin Smear examination.

The CLTRI faculty had participated as resource persons in the technical Workshops, Continuing Medical Education and training programmes

conducted by the State of Karnataka and other medical institutions in Tamil Nadu.

3. PATIENT CARE SERVICES:

3.1 Clinical Services

The institute provides outpatient and inpatient services to the persons affected with leprosy (PAL) coming from different States of the country and acts as a tertiary care referral centre for management of leprosy and associated complications. The patient care services are available round the clock with greater emphasis on quality care. The Out-patient and In-patient services from January 2024 to November 2024 are given below:

S. No	PARTICULARS	Total
Out -patient Services:		
1.	Total No. of patients attended the Outpatient clinic	4917
2.	Total No. of New patients detected with leprosy (Pauci -bacillary – 02 & Multi -bacillary - 15)	17
3.	Total No. of old patients attended the clinic	3808

S. No	PARTICULARS	Total
4.	Total No. of patient visits from State Govt. Leprosy Centre/block	514
5.	Total No. of General patient visits	578
In -patient Services:		
1.	Total Admissions during the year	638
2.	Total Discharges during the year	626

3.2 Surgical Services:

The institute is a referral centre for conducting Re-Constructive Surgery (RCS) for persons affected with leprosy having deformities. A total of 13 RCS

is performed during the period along with 32 other major procedures and 246 minor procedures. The list of surgeries done during the year (Jan – Nov 2024) is given below:

S. No	Type of Surgeries	Particulars	Total No.
1.	Reconstructive Surgery (RCS)	Hand	12
		Foot	01
2.	Major Surgery & Special procedures	Amputation, Arthrodesis, Skin grafting, MTH resection, Nerve decompression, Secondary Suturing Callus excision, Epicondylectomy and others	32
3.	Minor surgery/procedures	Ulcer curettage, Biopsy, resection, Debridement, sequestrectomy, intra articular injection & others	246

3.3 Disability Prevention and Medical Rehabilitation (DPMR) Services:

The institute provides various DPMR services like Physiotherapy, provision of Micro Cellular Rubber (MCR) footwear and orthotic appliances for the benefit of persons affected with leprosy. Further, the institute has a manufacturing unit for Micro Cellular Rubber (MCR) sheets and dedicated footwear unit to make different types of footwear as per the requirement of beneficiaries

with necessary modifications and all services provided free of cost.

Additionally, the institute conducts regular outreach camps for prevention of deformity (POD) in association with the State Government and Non-Govt. Organizations and further supplements the rehabilitation services provided by them. The DPMR services provided during the relevant period is listed below:

S. No	Services	Particulars	Total No.
1	Physiotherapy services	New case assessment	154
		Follow up assessment	106
		Hand & Foot Exercises	1378
		Wax Therapy	869
		Electro -therapy/radiation	643
		Splints & Slabs	395
2	MCR & Footwear	MCR Sheet Production (Sheets)	540
		CLTRI use (Footwear section)	400
		Supply to Non Govt. organizations & others Govt.	20
		Total MCR Foot wear provided (pairs)	627
		No. of Orthosis and Prosthesis produced	10
3	POD camps	No. of PAL attended the camp & DPMR services provided	88
		No. of PAL received MCR foot wear	52
		No. of PAL received aids and appliances	17
		No. of PAL received Disability certificate.	04

3.4 Laboratory Services:

To support the patient care services and for research activities, the institute is well equipped with essential laboratory facilities ranging from basic services to molecular biology, including RT-PCR. A

separate Animal House with mice colonies is also available for viability testing purposes. The total number of laboratory investigations done during the year (Jan – Nov 2024) is provided below in the table:

S. No	Sections	Total No.	
		Patients	Investigations
1.	Clinical Pathology Skin Smear for M. leprae	453	2710
2.	Biochemistry	1421	13237
3.	Haematology / Serology	1727	9352
4.	Bacteriology & Mycobacteriology	567	1625
5.	Histopathology & Molecular biology	336	2024

. **RESEARCH PROJECTS (Ongoing & proposed):**

- Feasibility Study of Surveillance of drug-resistant leprosy among new and retreatment cases in Tamil Nadu – Ongoing project

- Moving towards Zero Leprosy: Developing Strategies to Strengthen Leprosy Case Detection and Management among Tribal Population in India – Collaborative proposal with National Institute of

Epidemiology, Chennai and study submitted for review and funding from ICMR.

- iii. Active Surveillance of leprosy among contacts of previously diagnosed persons affected with leprosy along with mapping of high-risk areas in Chengalpattu district, Tamil Nadu State, India – Proposal to be submitted for IEC approval
- iv. Quality of Life (QoL) after lower limb amputations for leprosy patients with gross deformity /malignancies – IEC approval pending
- v. 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 district level in the States/UTs of Tamil Nadu, Karnataka, Kerala, Maharashtra, Gujarat, Goa, Delhi, Puducherry, Andaman & Nicobar and Lakshadweep Islands. The institute supports in the technical supervision and monitoring of NLEP activities in the States as per directions from Central Leprosy Division, DGHS.

During the year, monitoring of Leprosy Case

Detection Campaign (LCDC) was done in the States of Andhra Pradesh, Tamil Nadu Bihar, Odisha, Chhattisgarh and Karnataka. Monitoring for national strategic plan and road map for leprosy implementation was done in the state of Rajasthan. The comprehensive and routine Monitoring and Evaluation of NLEP activities were done in the district of Madurai, Tamil Nadu in June 2024 and Puducherry district in July 2024.

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, IEC activities, field trials and field training programmes. Further, special activities like Medical / Skin camps and Prevention of deformity camps are conducted in collaboration with State and Non-Govt. agencies.

During the year, screening of contacts for leprosy cases reported to CLTRI OPD is continued after initiation from the previous year. As part of field training programme, the trainees were taken to Medavakkam and Guduvancherry Block Primary Health Centres and adjoining areas in Chengalpattu district for the demonstration of NLEP activities. The particulars of contact screening conducted during Jan to Dec 2024 are given below: -

Places visited	Particulars	Total No.
Six Villages in Tirukazukundrum, Chithamur and Madurantakam Block of Chengalpattu district.	No. of households visited	144
	Population Enumerated	555
	Population Examined	310
	No. of Suspects identified	02
	No. of new leprosy cases detected	Nil

7. IMPORTANT DAYS / EVENTS CELEBRATION:

7.1 Anti-leprosy Day and Fortnight activities 2024:

The Anti-leprosy Day and Fortnight activities / SPARSH Leprosy Awareness Campaign (SLAC) is

held from 30th January to 13th February every year. During the fortnight, various activities are conducted to create mass awareness about leprosy, and reducing 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 2024 was focused on **“Ending Stigma, Embracing Dignity”**.

Various activities are conducted as part of the campaign and include:

- v SPARSH pledge taking ceremony among general public, students, PAL and staff members.
- v Recreation and Sports activity for Persons affected with leprosy.
- v Conduction of various competitions like Quiz, Essay, Slogan and Short film for school and college students.
- v Skin Camp for conservancy staff and general public in municipal and town Panchayat locality.
- v Prevention of Deformity camps in association with District Leprosy Office, Tiruvallur and local Non-Government Organization working for rehabilitation of leprosy affected.
- v Distribution of aids and appliances/welfare materials to Persons affected with Leprosy.
- v Participation of CLTRI faculty as Guest speakers in Continuing Medical Education, Webinar and in technical sessions.
- v Selfie counter in the institute spreading the year theme and awareness on leprosy.

7.2 "Swachhata Hi Seva" Campaign 2024:

The campaign was conducted from 17th September to 01st October 2024 in two phases: preparatory and implementation phase. The Key activities conducted are Swachhata pledge ceremony by all employees, establishing a Swachhata selfie point, and conducting a health camp for sanitation staff under the Safai Mitra Suraksha initiative. Additional activities featured include plantation drive to promote green cover, Rangoli competition to raise cleanliness awareness, and comprehensive cleaning and organization of workspace and record rooms. Additionally, a committee was formed to identify and properly dispose of the outdated or non-functional items.

7.3 Independence Day and Republic Day Celebrations are conducted in a grand manner with honour of flag hosting given to persons affected with leprosy and retiring employees.

7.4 International Yoga Day 2024 was celebrated in the institute, in which the faculty from Institute of Yoga and Naturopathy, Chengalpattu, demonstrated Yoga practices for the patients and employees.

7.5 On the occasion of World Environment Day 2024, Plant4Mother campaign (Ek ped Maa Ke naam) was observed and each division had planted five trees by September 2024 and to be continued for next six months.

7.6 Vigilance Awareness Week was observed during 28th October 2024 – 03rd November 2024,

Integrity pledge was taken on 28/10/2024 and a quiz competition was organized on 29/10/2024.

8. ORIENTATION WORKSHOP ON LCDC:

An Orientation Workshop on Leprosy Case Detection Campaign (LCDC) 2024 - 25 was held in CLTRI, Chengalpattu, during August 20th and 21st, 2024. The target participants included Deputy Director General (Leprosy), Directors of the Leprosy Institutes, Director, National Institute of Public Health Training & Research, Senior Regional Director, Regional Office of Health & Family Welfare, Chennai, Officer's from Central Leprosy Division, State Leprosy Officer, Tamil Nadu and other Officers from Leprosy Institutes.

The workshop had various technical sessions on LCDC planning and implementation, LCDC in special settings and urban areas, Supervision & Monitoring, reporting system in LCDC, Budget and financial norms for LCDC, sharing of previous year experiences, State experiences on LCDC implementation. Also, a brainstorming session was conducted to deliberate on the effective implementation of LCDC and a group discussion on LCDC operational guidelines. Several key outcomes emerged out of the workshop and were summarized at the end and further proposed for update and follow up on the guidelines.

9. ACHIEVEMENTS / NEW INITIATIVES:

- i. 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 27 new recruits had joined as on 30.09.2024 and 2 posts were joined under Compassionate Appointment. The new recruits participated in the Rozgar Mela event addressed by the Honourable Prime Minister of India. Further, 11 administrative posts are referred to Regional SSC, Chennai for filling up the vacancy by the end of the year.

- ii. Promotion was given to 05 employees and MACP was given to about 18 employees.
- iii. Training of Lab Technicians in Slit Skin Smear (SSS) is taken up as priority and nominations for other Govt. sponsored trainings had increased during the year.
- iv. Linkage with State health programme for provision of patient care services to the facility level and patients residing in blocks.
- v. Implementation of E-Office system in the institute has been initiated and currently

operational for Division Heads and proposed to expand further for all the sections soon.

- vi. A total of 111 employees had successfully registered in iGOT Karmayogi portal and begun participating in the courses on the platform, with 82 employees having completed the mandatory courses.

CLTRI was nominated as Nodal agency for use of Drones in Healthcare and continued testing of Drone services for transporting medicine, blood samples and other logistics between CLTRI and State Government Health facilities – Community Health Centre Nandivaram and Government Rehabilitation Home, Paratur, Chengalpattu district.

9. EMPLOYMENT OF PERSONS WITH DISABILITIES (PwD)

Out of 120 person in-position at Gr 'A', Gr. 'B' and Gr. 'C' level, three (2.5%) persons with disability are in position as on 31.12.2024.

Group of Post	Total	Type of Disability				
		A	B	C	D	E
A	16	-	-	-	-	-
B	41	-	-	-	-	-
C (Excluded Sweeper)	32	01	-	02	-	-
C (Sweeper)	35	-	-	-	-	-
Total	124	01		02		
Percentage	2.4 %					

- A: Blindness and low Vision
- B: Deaf and Hard of Hearing
- C: Locomotor Disabilities including Cerebral Palsy, Leprosy Cured, Dwarfism, acid attack
- D: Autism, intellectual disability, specific learning disability and mental illness,

- E: Multiple Disabilities from amongst A to D including deaf-blindness.

10. BUDGETARY ALLOCATION:

The total Budget Estimate (BE) for the year 2024-25 is 27.3 Cr and RE is 18.35 Cr.

3.3.5 Regional Leprosy Training and Research Institute (RLTRI) Raipur

Introduction:

The Regional Leprosy Training and Research Institute (RLTRI) Raipur, established in 1979, is one of the three RLTRIs established with the aim of providing specialized care to leprosy cases, undertaking research in the field of leprosy, and developing 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 in the General Health System in 2005, the institute has assumed the role of referral institution to provide support and specialized quality services to difficult-to-manage complicated cases of leprosy. The institute also imparts training to various health functionaries, such as Regional Directors, State Leprosy Officers, District Leprosy Officers, Block Medical Officers, Para Medical Personnel, Laboratory staff, Physiotherapists, and other categories of staff from

general health care systems of various states. The institute also undertakes operational and need-based research in the field of leprosy. The institute has a hospital including an OPD, 50 bedded indoor wards, a laboratory to undertake microscopic 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 the Regional Office of Health and Family Welfare for the State of Chhattisgarh and has been given responsibility for monitoring various national health programs in the state; thus, at present, the Institute is holding the 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. The institute undertakes field visits for the supervision and monitoring of the NLEP and other national health programs of public health importance and feedback to the state.

Achievements:

OPD from 01/01/2024 to 31/12/2024	4675
IPD from 01/01/2024 to 31/12/2024	298
RCS from 01/01/2024 to 31/12/2024	60
Physiotherapy service 01/01/2024 to 31/12/2024	1925
Wax therapy 01/01/2024 to 31/12/2024	172
Splint apply 01/01/2024 to 31/12/2024	145
MCR foot ware issued 01/01/2024 to 31/12/2024	36 Pairs
Foot drop belts issued 01/01/2024 to 31/12/2024	13
Goggles for lagophthalmos issued 01/01/2024 to 31/12/2024	05
Field visits 01/01/2024 to 30/09/2024	1. NLEP - 05 (Districts - Jashpur, Dhamtari, Kanker, Bastar, Balod) 2. RD visits - 3 (Districts - Bastar, Jashpur, Balod) 3. Pre MDA -Assessment - 02 (District - Raigarh, Sarangarh) 4. Post MDA Assessment -01 (Districts - Bastar)

	5. Viksit Bharat Sankalp Yatra - (Districts - Bilaspur, Durg, Gaurela - Pendra -Marwahi, Jashpur, Janjgir, Kabirdham, Koriya, Korba, Narayanpur, Chirmiri)
Trainings	
	1. Medical officers – Total batches 09, Total participants - 109 2. Physiotherapist - Total batches - 01, Total participants – 17 3. District Leprosy officers - Total batches - 03, Total Participants - 19 4. MBBS students one day training - Batches – 15, Total Participants - 364 5. Nursing students - 02 batches, Total Participants -54 6. RHO - Total batches – 01, Total Participants -21 7. Skin Smear Training for Laboratory Technician during 25 – 29 November 2024 (10 participants) 8. Lab. Technician Training in Malaria Microscopy during 9 – 13 December 2024 (19 participants) 9. One day Reorientation training of MLT on Filaria Night Blood Survey and slide examination - Batch 02, Participants - 44

3.3.6 Regional Leprosy Training and Research Institute, Aska, Odisha.

This Institute was established in the year 1977. At present there are 21 (Gr.-A-2, Gr.B,-04,Gr C-06 & Gr.C (MTS)-09) staff in position out of 62 sanctioned posts. It has a 50 bedded hospital and average bed occupancy is about 30.53 % in 1st January 2024 to 31st December 2024 .The Institute provides both out-door and in-door services to leprosy patients. The Institute also works as a referral center for management of difficult to diagnose leprosy cases and problematic, complicated cases of reaction and ulcers. Thalidomide is also given to recurrent ENL reaction cases. Physiotherapy measures and MCR chappals

are provided to needy patients.. It also works as a nodal training and research center for the cause of leprosy elimination.

Brief activities performed by this Institution :- (1st January 24 to 31st December-24)

1. OPD Attendance- 1749 (Leprosy-1322, Non-leprosy -427) among which 29 New cases of Leprosy (MB-24, PB-05)
2. In-door- Total admission : 173
3. Reaction cases managed (OPD) - 383 episodes of reaction (Type I- 302 & Type II - 71) among 17 cases (Type-I:- 14 and Type-II:-03).

4. PMR- MCR Chappals –New-89 and Repair -128.
5. No. of patients attended for Physiotherapy :- 242 (IPD) out of which POP has given to 25 patients and Physio treatment given to 1322 OPD patients .
6. No. of slit skin smear done -21 out of which “+ve” -05 and “-ve” -16.
7. Training Faculty of this Institute participating as resource person in NLEP training to doctors of Odisha.

Faculty of the institute participated as a Resource person in

- A. Participated in 2 days NLEP training for Medical Officers and Review Meeting in Dadra Nagar Havali (DNH) and Daman Diu on 23-24 January 2024 at Silvassa. The meeting conducted by DGHS, about 50 MOs & SLOs participated in the meeting.
- B. Participated physically in the “Technical Committee Meeting for State Strategic Plan on NLEP” on 01-03-2024 at DHS, Odisha, Bhubaneswar.
- C. 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.
- D. participated in the 25th Foundation day of NLR India at Delhi on 23-24 April 2024 and co- chaired a session on “Disability care models of Leprosy” and actively participated in all the session.
- E. participated in the NLEP Field visit in the Districts of Baragarh, Boudh, Anugul and Bhubaneswar along with WHO NPO from 31-07-2024 to 04-08-24. During the visit interacted with patients and review the progress of NLEP.
- F. Participated as Central Monitor LCDC Uttarpradesh from 9-15 September 2024 and 25-29 November 2024, Karnataka from 11-16 November 2024 , State of Assam from 16-21 December 2024 and Telagana

from 9-13 December 2024 along with other members (WHO) and visited state head quarter (SLO Office) and gave lot of suggestion for improvement of LCDC and prepared the report and submitted to CLD.

- G. participated as a resource person in “ National Level Training and Review” of the NLEP for the state Leprosy officers from low Endemic States and union Territories on 19th and 20th September 2024 , on 15-16 October 2024 moderate endemic state and high endemic states from 4-5 December 2024, New Delhi, organized by CLD and WHO and chaired by DDG(L).

Virtual meeting chaired by Secretary, H.F.W/ CLD/DGHS

Faculty of RLTRI, Aska participated virtually in the

- A. D-SOM (Directorate senior officers meeting) chaired by DGHS -18-01-2024 & 28-02-2024.
- B. Meeting under chairman ship of DGHS to discuss regarding “Engagement of vertical laboratory network of NTEP for NLEP on 20/02/2024.
- C. 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.
- D. knowledge series discussion by ILEP 3rd session on 16-04-2024. (TOPIC:- Odisha,s Progress towards declaring Leprosy as a Notifiable diseases.
- E. virtual meeting on 15-07-2024 for clinical trainer for national research project on New PB regimen trial approved by ICMR.
- F. along with MO participated in the ILEP India knowledge sharing series session on 16-07-2024 on the topic “Home based self care model for Leprosy case in the West Bengal” and also participated in the virtual meeting on 23-07-2024 for discussion on field visit and LCDC campaign.

- G. Knowledge sharing session virtually on 27th September 2024 from 3.30 PM to 4.30 PM on the topic “Leprosy and Mental Health”.

3.3.7 Regional Leprosy Training and Research Institute (RLTRI), Gouripur,

Introduction:

National Leprosy Control Programme (NLCP) was launched in India in the year 1954 -55 when Survey, Education and Treatment (SET) were the mainstay and Dapsone was the only therapy available. It was doing well till 1960, when dapsone-resistant cases found in India and other parts of the world. To combat this, World Health Organisation in 1981 recommended a new type of therapy known as “Multi Drug Therapy” (MDT) to treat such leprosy problems. After the success of the project, the Government of India launched National Leprosy Eradication Programme (NLEP) with MDT from 1983. With a view to implement NLEP effectively throughout India and to produce suitable trained man power to combat the growing menace of leprosy, Govt. of India then decided to set up, in early part of 1984, three Regional Leprosy Training and Research Institutes (RLTRIs) in three states, West Bengal, Odisha and Chattisgarh apart from CLTRI, Chengalpattu, Tamilnadu which was already in existence. Thus RLTRI, Gouripur, Bankura, West Bengal established in June, 1984 at Gouripur village of Bankura district in West Bengal state, taking a part of the existing Gouripur Leprosy hospital run by Govt. of W.B and started working on the handed over existing buildings, wards and staff quarters, which were scattered and still in use, in a total area of 43.17 acres land including vacant land. The new Administrative Block cum Training Hall and Students Hostels were established in 2000.

Objectives:

- To provide specialized diagnostic, therapeutic, rehabilitation and referral services to leprosy-affected persons.
- To train man power including DLOs, MOs, Paramedical Workers necessary to implement NLEP.
- To undertake research in clinical, epidemiological and operational aspects for eradication of leprosy
- To act as a regional nodal centre for promoting leprosy eradication activities in the country, in collaboration with government and non-government organizations.
- To monitor and supervise the NLEP implementation

Training activities:

The RLTRI Gouripur was established with the main objective to train the manpower like health workers including medical officers from government sectors from the states of North Eastern India including West Bengal towards NLEP implementation as per protocol. The activities include to strengthen the capacity of programme managers at State and District level and to enhance the skills of medical officers and paramedical staff at field level to effectively implement and sustain the NLEP services includes case detection & treatment, DPMR services and stigma alleviation. The undergraduate and postgraduate students, both medical and paramedical, need to be oriented towards leprosy and NLEP. The proposed annual plan for training to be conducted in the ensuring year is prepared in the form of training calendar every year. It is also circulated widely among various medical and paramedical institutions. The nominations for the training are received in advance and communicated timely to ensure the relieving of the participants for attending the training programme. All NLEP trainings in RLTRI Gouripur are organised by the division of training section, in coordination with other divisions.

Performance of the Institute (April, 2024- December, 2024)

Division/ Section	Activities	Achievement (January to December, 2024)
Indoor ward (In-patient division)	To run an In door 30 bedded hospital for treatment of Ulcers and Reactions of Leprosy Cases	Admission - 97, Discharge - 113
O.P.D.(Out - patient division)	For treatment and hospitalization of Ulcer and Reaction patients and for referring cases of admitted patients of 500 bedded Gouripur Leprosy Hospital (GLH) run by the Govt. of W.B.	New Cases -12, Old Case attend - 382, MDT given- 16, Relapse - 01, General patients -709, Ophthalmology case patients -107 , Referred patients attended -616, Health checkup camp patients attended: 169
DPMR division (Physiotherapy)	Providing physiotherapy to Indoor and OPD patients	Plastering – 03, Ray Therapy - 893, Wax Therapy - 604, Exercise for Indoor pts - 4458
Laboratory division	For investigations in clinical pathology and microbiology for indoor, OPD and Indoor patients of 500 bedded GLH.	Slit Skin Smear - 484, Bio -Chemistry - 276, Clinical Pathology - 131
X-Ray Unit	To take X -Ray Exposure of indoor and OPD patients and GLH.	Total exposure done till December 2024 is 50.
Research	Operational Research Program	The institute is facing constraints in carrying out research activities due to shortage of Specialists (Microbiologists, Pathologist and Orthopedic Surgeon). However since last 3 years this Institute is conducting epidemiological short studies in collaboration with AIIH&PH, Kolkata. MD PGTs of AIIH&PH, Kolkata are posted here on rotational basis.
Training	Training for PMWs (Health Workers)	Duration: 5 days, Batch: 02, PMW s trained -44
	SSS Training of Lab Technicians	Duration: 03 days, batches: 01. Total Trained -25
	DPMR Training	Duration: 05 days, batch: 01, Total Trained - 24
	One day orientation on NLEP	M.Sc. Nursing students -01 batch - Total trained -05 B.Sc. Nursing students - 03 batch - Total trained -94 GNM students -03 batch - Total trained -173 Homeopathy Medical Students - Total trained - 23 MD-PGTs – 01 batch. Total trained -19

Division/ Section	Activities	Achievement (January to December, 2024)
	Virtual NIKUSTH Training on NLEP for West Bengal, Sikkim and 07 NE States	No. of batches: 02. Total Participants - 250
	Academic exposure of MD - PGTs of AIHH&PH, Kolkata	Total 25 MD -PGTs were rotationally for a period of 2 weeks and trained on NLEP activities along with case studies

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 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 and 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). A “New Toilet Block” and a “May I Help You Desk” were inaugurated on 18th September 2024.

The hospital wing registered over 9,500 new patients and 50,000 follow-up patients. Indoor General Ward admitted 11,700 patients and Emergency Ward provided treatment to 23,000 patients. The RICU admitted over 1,550 patients for intensive care. No. of diagnostic tests done were: 7,750 Spirometry, 1,100 Complete Pulmonary Function Tests, 25,000 X-Rays, 8,450 Biochemistry tests, 14,500 Pathology tests, 4,900 Immunology tests, 3,000 Virology tests, 7,500 Microbiology tests, 70 RT-PCR tests and over 160 polysomnograms. Patient Education Centre provided services to over 4,500 patients. Cardio-Pulmonary Rehabilitation Clinic enrolled over 280 patients for breathing retraining & education and 35 patients for supervised rehabilitation. Tobacco Cessation Clinic registered 195 new and 55 follow-

up cases. Over 270 patients availed Telemedicine services offered by VPCI. At the Pollen Count Station, a total of 700 slides were mounted and analyzed. At the National Tobacco Quit Line Service over 3.15 lakh IVR inbound tele-calls were answered by counsellors of which over 19,000 users quit successfully with success rate being 20%.

The Institute had 16 ongoing research projects funded by MOHFW, DHR, ICMR, DST, DRDO, CCRYN, WHO, NCDC etc which received grants of Rs. 3.23 Crores so far. VPCI has been awarded NABH-EL accreditation in May 2023 valid thru May 2025. The DHR MRU at VPCI is actively involved in various research activities since its inception. In 2024-2025, 15 projects were functional out of which 03 completed.

A total of 08 MD (2020-23) and 02 DM (2020-23) 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; DM(2023-26): 02, MSc(2023-25): 01; MSc(2024-26): 02; and 04 PhD students. 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 organized several Orations, Conferences, Workshops, Short-term Training

Programmes for technicians, Some important events include – 71st Institute's Day with 8th Prof. HS Randhawa Oration 12th January 2024; 47th Workshop on Respiratory Allergy, Diagnosis & Management from 12th to 16th February 2024; Republic Day on 26th January 2024; Swachhta Pakhwada from 01st to 15th April 2024; Foundation Day on 08th April 2024 with 23rd Prof. Raman Vishwanathan VPCI Oration; World No Tobacco Day on 31st May 2024; International Day of Yoga on 21st June 2024; Independence Day on 15th August 2024; National Pharmacovigilance Week from 17th -23rd September under Pharmacovigilance Program of India, IPC, MOHFW; 48th Workshop on Respiratory Allergy: Diagnosis & Management from 21st to 25th October 2024; Special Campaign 4.0 from 02nd to 31st October 2024; ICAAICON from 19th to 22nd December 2024.

3.3.9 NATIONAL INSTITUTE OF TB 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 2.5 lakhs (average total number per day being 1133). 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 academics in the form of teaching, training and research in the field of TB, as well as, non-tubercular Respiratory Diseases. The Institute is a Centre of Excellence for both adult and paediatric Drug-Resistant Tuberculosis under NTEP. The Department of Microbiology is a WHO Centre of Excellence and is the National Reference Laboratory under NTEP. The Institute is also the WHO Collaboration Centre for TB Training for the South-East Asian region.

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, Interstitial lung diseases Clinic and Pre-Anaesthesia Check-up Clinic focus on various Non-Tubercular Respiratory Diseases. The Institute provides indoor treatment to the seriously ill patients of Tuberculosis and Respiratory Diseases through 470 beds in various wards, Emergency and ICU. Institute runs Post-Graduate DNB (Respiratory Diseases) Degree Course since 1999 and has admitted 11 DNB students last year. In addition, two students per year are being admitted each to DNB (Thoracic Surgery-Super-speciality) and DNB (Microbiology) courses. Further, more than 15 webinars/difficult case discussions were conducted by the Institute on the ECHO platform.

Six new research projects by the Institute faculty were initiated during the period in addition to the ongoing projects. Many 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.

Till September 2024, 38447 new patients attended OPD averaging 338 per day. Total OPD attendance was 171140 averaging 1133 patients daily. 11762 TB cases were diagnosed and referred to the respective DOTS Centres for treatment. A total of 35365 microscopy tests, 6117 pulmonary and 3607 extra-pulmonary MGIT liquid cultures, 6798 CB-NAAT tests, 4619 first-line line probe assays, 1869 second-line line probe assays and 887 MGIT DST were done. Other investigations carried out were 94295 haematology tests, 196611 biochemistry tests, 2251 cytology tests, 120 histopathology tests, 57075 X-Rays, 1483 Ultrasounds, 1249 CT scans, 4197 PFT, 519 Bronchoscopies, 7623 ECGs and 79 Sleep studies. There were 3265 Indoor admissions,

34797 Emergency patient visits, 347 ICU admissions, 120 Major Thoracic surgeries, 7102 patients visited ART centre and 2332 patients visited physiotherapy section.

Achievements of Institute

1. Final DNB practical examination for Diploma in TB and Respiratory Diseases was conducted in the Institute on 24/04/2024 & 25/04/2024.
2. Swachhta Pakhwada was observed in the Institute from 1st to 15th April 2024.
3. The Training Division, NITRD, & CTD-MoHFW organized DTO-NTEP training from 15/04/2024 to 27/04/2024
4. ASTHMA UPDATE-2024 was organized on the occasion of World Asthma Day with Pre-CME Workshops on Pulmonary Function Testing and on Allergy & Immunology on 3rd May, 2024 and CME on 4th May, 2024.
5. Seven MD (Pulmonary Medicine) students of Andhra Medical College, Visakhapatnam, were posted in the Institute for three weeks in May 2024 for training, especially in Critical Care, Sleep Study, Allergy testing, PFT, Bronchoscopy, and Management of Drug-Resistant TB.
6. CME on TB Diagnostics was organized on 06/06/2024 by Department of Microbiology, NITRD, and Delhi Chapter of Indian Association Medical Microbiology in the Institute.
7. State Task Force meeting were held in the Institute on 07/06/2024.
8. Training Division, NITRD and CTD, MoHFW organized DTO training from 10/06/2024 to 22/06/2024 in NITRD.
9. A team visited the Department of Microbiology for renewal of NABL accreditation on 22/06/2024 & 23/06/2024.
10. Meeting of Apex Working Group to Review the Modernized Training Course for Program Managers under NTEP was held in the institute from 29/07/2024 to 01/08/2024.
11. The Institute participated in “Government Achievements Schemes Expo-2024” from 20/7/2024 to 22/7/2024.
12. “Organ Donation Campaign–Angdaan Jagrukta Abhiyan” was organised in the Institute from 01/07/2024 to 31/07/2024. An Indian Organ Donation Run was organized on 28th July, 2024, and the Indian Organ Donation Day Pledge was taken on 03rd August, 2024.
13. On the request of NIHFW, NITRD organized two Sessions on Emergency, OPD, MRD, Security Scheme, OT & ICU for the 2nd Foundation Course on “Hospital Management for Assistant Managers” at NITRD on 27th July, 2024.
14. Four students of MD (Respiratory Medicine) from AIIMS, Rishikesh, received training for two-weeks in Drug Resistant TB in the Institute by rotation during July and August 2024.
15. The Operation Theatre of the Institute was renovated and inaugurated by Dr. Manpreet Bhalla, Director, NITRD, on 13/08/2024.
16. Rotary Club of Delhi Central organised “ENDTB Seminar” in the Institute on 05/08/2024.
17. 77th Anniversary of Indian Independence – Azadi Ka Amrit Mahotsav- was celebrated in the Institute Campus on 15th August, 2024. On this occasion, various activities were carried out in the Institute.
18. DNB practical examination in the speciality of Respiratory Medicine was held in the Institute on 03/09/2024.
19. Institute organised Hindi Pakhwada from 14.09.2024 to 30.09.2024 and celebrated Hindi Diwas on 14.09.2024.
20. Department of Respiratory Physiology, NITRD, organized its first annual comprehensive workshop on Pulmonary Function Test (PFT) on 15th September, 2024 in the Institute.
21. The Department of Training, NITRD and CTD, MoHFW, conducted the DTOs

- Training from 16-28th September, 2024 at NITRD.
22. Swachhata Hi Seva Pakhwada was observed from 14/09/2024 to 30/09/2024 and various activities were performed during this period in the Institute Campus, including Swachhta Hi Seva March on 28/09/2024.
 23. Vigilance Awareness week is being observed from 28/10/2024 to 03/11/2024 in the Institute. All employees took vigilance pledge on 28/10/2024.
 24. A seven-member team from CTD, MoHFW and FIND visited the Institute from 14/10/2024 to 16/10/2024 for assessment of NITRD for Risk of Airborne Infection.
 25. Department of Training, NITRD, along with WHO, conducted WHO-SEARO training from 22/10/2024 to 24/10/2024 at NITRD.
 26. Department of Pathology, NITRD, organized a “CME on Laboratory Medicine” on 25/10/2024.
 27. Department of Training, NITRD and WHP-IMPACT (NGO), conducted one day TB Survivors training on 25/10/2024 at NITRD.

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 elimination. The institute plays a major role in the capacity building and augmenting the skills of human resource for the elimination of TB. In addition, large-scale epidemiological studies and operational research conducted by the institute have provided the research inputs to improve the effectiveness of implementation of National TB Elimination Programme. Since 1985, the Institute has also been functioning as a WHO Collaborating Centre. The Laboratory of the Institute is NABL accredited and functions as National Reference Laboratory for TB bacteriology. It also mentors the functioning of Intermediate Reference Laboratories (IRLs) and Culture and DST Laboratories, across the country to support the Programmatic Management of Drug Sensitive and Drug-Resistant TB. The aim is to strengthen the tuberculosis laboratory network across the country to provide quality assurance of diagnostic services for tuberculosis at all levels. The institute provides support for strengthening of tuberculosis laboratory services to countries in WHO SEARO and SAARC regions. The institute collaborates with international organizations like WHO, SAARC TB & HIV Centre and The Union as a centre of excellence for tuberculosis care. The expertise of officials of NTI are also instrumental in providing technical inputs in formulation and updating of various policy and guideline documents of NTEP.

Some of the major activities carried out by its Divisions/Units during the year 2024-2025 are summarized below:

1) HRD AND DOCUMENTATION DIVISION

The Division is involved in the capacity building of TB programme managers, medical officers and paramedical personnel to strengthen their skills in effective implementation of Tuberculosis elimination strategies. The thematic areas of training include quality assured management of TB cases, monitoring & analysing of case-based electronic data, supply chain management, patients' support systems and collaboration with private healthcare providers and other stakeholders.

During the period of report, the institute conducted Modular training for programme managers in NTEP -1 batch; National Training in guidelines for

PMTPT in India – 2 batches; Training for Post-Graduate Students -2 batches; NTEP orientation programme for PG students- 1 batch; Training on Preventive Maintenance & Minor Repairs of Binocular Microscope -2 batches; Consultation Workshop for Finalization of the training material on Management of Extra Pulmonary TB under NTEP – 1 batch; Training in Molecular Methods – LPA – 3 batches; MGIT for Culture & DST – 2 batches; Training on EQA of Sputum Smear Microscopy –2 batches; Training on Administrative Aspects - 1 batch; STDC workshop on Program Monitoring in NTEP – 1 batch and Capacity Building in TB diagnosis for Respiratory Medicine Post graduates-1 batch (online). About 1500

participants attended the various workshops, training, and sensitization programmes on different facets of tuberculosis and strategies for its elimination.

2) LABORATORY DIVISION

The laboratory facilitates the capacity building of microbiologists and laboratory technicians the TB network under NTEP. The NRL annually conducts NAAT EQA for CBNAAT and True NAAT sites in both the public and private sectors. Clinical diagnostic services by phenotypic and genotypic methods are also offered to samples received from three NTEP districts of Karnataka and also from other states, as per their need and request.

Following activities were undertaken by the division during the period of report:

- Diagnostic tests performed on clinical specimens referred to NTI:

Year	Total Samples	CBNAAT	Truenat	FL LPA	SL LPA	MGIT culture	MGIT DST
Jan -Oct 2024	7043	1253	545	4720	668	1200	486

- EQA conducted by NTI for NAAT machines:

	Public sector	Private sector	Total
Gene Xpert	1614	-	1614
Gene Xpert Ultra	NA	89	89
Truenat	3967	NA	3967
Total NAAT	5581	89	5670

- Renewal of NABL Accreditation Certification of NTI Laboratory.
- Certified by WHO SNRL Antwerp, Belgium for newer drugs DST (Bedaquiline, Clofazamine, Delamanid, Linezolid). The laboratory is providing referral services for newer drugs DST to patients for programmatic management of drug-resistant TB.
- Provided technical support in completion of laboratory infrastructure of newly established TB containment & TB diagnosis molecular facilities at Kasturba

Hospital, Mumbai and to address the sample workflow.

- Whole genome sequencing of 92 samples were also carried out by the division.

3) EPIDEMIOLOGY AND RESEARCH DIVISION

The major responsibility of ERD comprises conducting epidemiological and Operational research studies on TB and imparting training in TB Epidemiology and Operational research.

- 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.

Vaccination/enrolment under the vaccine trial was done at two sub-sites allocated to NTI namely, Jayanagar General Hospital and KC General Hospital. The study has been completed, the data analysed and the report is under publication. Archival of documents in physical and digital formats are under process.

- **“DLSS: Sentinel Surveillance for tuberculosis burden in India 2022-2024” under the Project Strengthening the monitoring of Tuberculosis Elimination in India**

Appointment of Contractual Field Staff was undertaken and their training completed. Pre survey Assessments and meetings with programme officials were carried out. A pilot survey was conducted in a rural PHC of Bengaluru for understanding the field challenges and plan for the actual survey.

- **Study on TB Modelling**

India TB Modelling group has been constituted to identify TB modelling research question and undertake TB Modelling Research. The paper titled 'Optimal Intervention Strategies and Cost effectiveness Analysis study of Tuberculosis with reference to TPT, Malnutrition and Diabetes Management' is to be submitted for publication.

4) MONITORING & EVALUATION DIVISION

The division supports the Central TB Division in conducting Joint Supportive Supervision of NTEP and supervision & monitoring of NTEP activities. During the period of report,

- Supported the CTD for preparation and finalization of the templates for STDC Annual Plan, STDC quarterly report (STDC to NTI) and STDC Biannual Report (NTI to CTD) with the objective to monitor key achievements of STDCs and support them in improving their overall functioning.

- The officers of the institute attended the Regional Review and Cross Learning Workshop of STDCs held at Hyderabad and Agra.

5) ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION DIVISION

The Division plays a key role in sensitizing undergraduate and postgraduate nursing, paramedical, life sciences and medical students on TB and NTEP.

A **Scientific Gallery** has been established to disseminate the general information on TB, the evolution of the programme, research conducted by NTI and achievements of the Institute since its inception.

Sensitization programmes

- Regular in-house sensitization and training programs are held for a diverse audience ranging from those in the health department to college students of all streams.
- During the period of report, a total of 1073 students (Paramedical and Life Science) on TB and NTEP were sensitized.
- The Director NTI, delivered a talk on Doordarshan Chandana TV channel on the “Awareness of tobacco cessation and its adverse effect on tuberculosis” during the World No Tobacco Day.

Commemoration of World TB Day

A series of activities were undertaken by the institute during the week of the World TB Day (March 24th)

- A symposium on Extra-pulmonary TB was organized in the institute which was graced by eminent specials and superspecialist doctors.
- The senior doctors of the institute visited medical colleges and corporate hospitals in Bengaluru and Tumkuru and delivered lectures on various thematic areas of NTEP- Updates on diagnosis, Drug resistant TB, Vaccines for TB, Extra-pulmonary TB and Preventive treatment of TB.

- An interactive session on Awareness on TB was conducted by officials of the institute at Mahalakshmi Ammanni College and was attended by about 200 students.
- A lecture on theme “Yes we can end TB” was delivered and was well received by the audience of at MVJ College of Nursing.

6) WHO COLLABORATIVE ACTIVITIES

NTI had conducted a eleven day “Capacity Building Workshop for establishing External Quality Assurance (EQA) for Cartridge Based Nucleic Acid Amplification (CBNAAT) by using M TB Dried tube specimen”. The participants included Microbiologists and Medical Laboratory Technologist from the NTP of Indonesia



Capacity Building Workshop for Indonesia on establishing CBNAAT EQA programme using Dried tube specimen at NTI Bangalore from 1-12th July 2024: WHO CC activity

6) 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 2024-25 is as follows:

	Expenditures (Rs.)			FY (2024 -2025)
	January 2024 to March 2024	April 2024 to October 2024	November 2025 to March 2025	
Revenue	3,20,91,496.00	11,09,72,055.00	7,89,87,945.00	18,99,60,000.00
Capital	16,39,332.00	33,00,000.00	1,03,00,000.00	1,36,00,000.00

- The PwD strength among employees is 1.2%.

3.3.11 NATIONAL CENTRE FOR DISEASE CONTROL (NCDC)

1. NPMU- ESTABLISHMENT AND STRENGTHENING OF NCDC BRANCHES
 - Land identified/Build-Up space in 6 States- Uttarakhand, Goa, Kashmir, Punjab, Sikkim and Meghalaya.
 - MoU has been signed with 2 States- Mizoram and Uttar Pradesh
 - Land transferred in the name of Director, NCDC in 1 State - Jammu
 - Construction/Renovation work is on-going in 9 States of Jharkhand, Bihar, Nagaland, Kerala, Manipur, Tripura, Andhra Pradesh, Tamil Nadu and Haryana (temp branch).

Projections/estimations for the period January-March, 2025:

- State NCDC Branches likely to be commissioned / inaugurated in this financial year (FY 2024-25) -Jharkhand (98%), Bihar (92%), Andhra Pradesh (95%).

2. INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

Integrated Disease Surveillance Programme (IDSP) is a programme under NHM with primary mandate to strengthen & maintain a decentralised laboratory-based IT-enabled disease surveillance system for epidemic-prone communicable diseases. Currently, surveillance of 33+ syndromes/diseases along with special surveillance for ILI/SARI, COVID-19 and Monkey Pox is being undertaken by IDSP.

Under the programme, a Central Surveillance Unit (CSU) at Delhi, State Surveillance Units (SSU) at all State/UT headquarters and District Surveillance Units (DSU) at all Districts in the country have been established. IDSP has now completely transitioned to a near real-time reporting platform, GIS-enabled platform – Integrated Health Information Platform (IHIP). All States/UTs have transitioned to IHIP platform. All 36 States/UTs have completely transitioned to IHIP.

Achievements/Outputs:

1. IHIP Implementation- On average 76.59%, 80.35% and 81.59% Reporting Units have

reported in S (Syndromic) form, P (Presumptive) form and L (Laboratory Confirmed) form respectively under IDSP-IHIP Portal (1st April 2024 to 31st December 2024).

2. Outbreak Investigations- A total of 2129 outbreaks have been reported during the period 1st April 2024 to 3rd November' 2024 (Week 44). Officer from CSU visited Karnataka, to perform the death audit of Kyasanur Forest Disease (KFD) in Karnataka covering Uttar Kannada, Shivamogga and Kasturba Medical College, Mangalore from 17.04.2024 to 21.04.2024.
3. In addition, central teams comprising of Officers from IDSP visited Odisha to investigate Diphtheria outbreak (25th -26th June 2024) and Kerala for comprehensive assessment and review Avian Influenza Outbreak (7th–12th July 2024) and assist the State governments in managing these outbreaks.
4. PHEOC has been activated at Level 1 from 8th January'2025 onward in response to global situation of Human Metapneumovirus (HMPV).
5. Before current activation, in FY 2024-25, PHEOC has been activated on 23rd April' 2024 in response to Multi-State H5N1 Outbreak (Level 2), on 9th May' 2024 in response to Avian Influenza Outbreak in Kerala & Jharkhand (Level 1), on 21st August' 2024 in response to Mpox, on 28th August' 2024 in response to Avian Influenza Outbreak in Ajmer Rajasthan, and on 4th September' 2024 in response to Avian Influenza Outbreak in Odisha.
6. PHEOC was also activated for Vishanu Yuddh Abhyaas, Avian influenza Outbreak, Ajmer, Rajasthan from (29th -31st August). It was a Mock drill on Pandemic Preparedness which was conducted under the National One Health Mission and the exercise aimed to evaluate the readiness & response of the National Joint Outbreak Response Team (NJORT) composed of

- experts from human health, animal husbandry and wildlife sectors.
7. Joint Director & HOD, IDSP-NCDC visited to Lima, Peru to attend Meeting to Review the Progress of Respiratory Syncytial Viruses (RSV) Surveillance and burden of diseases estimation based on the global influenza surveillance & response system (GISRS) from 22nd – 26th April 2024. He visited Dhaka, Bangladesh for International Health Regulations Meeting from 6th–11th July 2024. He was also part of the BRICS Health officials meeting & the BRICS Health ministers meeting in Moscow, Russia from 8th to 11th October 2024.
 8. JD (SK), IDSP visited Manila, Philippines regarding Seventeenth Bi-Regional Meeting of National Influenza Centres and Influenza Surveillance in WHO's South East Asia and Western pacific Regions from 19th to 22nd November' 2024.
 9. JD (PV), IDSP Dubai, UAE from 23rd to 26th April' 2024 regarding Public Health Emergency Operations Centres Network (EOC-NET) Meeting. He also visited Paro, Bhutan from 13th to 17th May' 2024 regarding Annual Regional Forum for Community Engagement & Training.
 10. JD (SG) attended 12 week PHEM Fellowship in CDC, Atlanta, USA from Aug-Nov' 2024.
 11. Media Scanning and Verification Cell- IDSP perform 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 1951 media alerts were generated (1st April 2024 to 31st December 2024).
 12. Northern Regional Review meeting for IDSP-IHIP Expansion was held from 25th - 26th June 2024 in Jammu.
 13. Commemoration of 20 Years of IDSP's Excellence in Surveillance was held on 4th November' 2024.
 14. District Public Health Laboratories (DPHLs)- Strengthening of public health labs is an important component of IDSP that focuses on developing lab capacity in India. As on November' 2024, 439 district public Health labs in 36 States/ UTs have been approved for strengthening out of which 382 (87%) labs are performing as per tests recommended by IDSP.
 15. Metropolitan Surveillance Units- Out of the 20 proposed Metropolitan Surveillance Units (MSUs), three are currently operational viz. Mumbai, Ahmedabad, and Bhubaneshwar. In addition, budgetary limits have been assigned to 4 more MSUs viz. Chennai, Nagpur, Patna, and Guwahati. These sites are expected to become operational in near future. Apart from that, budgetary proposals have been received and are being processed from 9 more sites – Hyderabad, Pune, Gurugram, Agra, Varanasi, Lucknow, Bhopal, Bengaluru, and Thane.

3. EPIDEMIOLOGY DIVISION

Public Health Capacity building:

FETPs:

- Field Epidemiology Training Programme for Para-Medical Personnel of South East Asia Region was organized from 22nd April-21st May in which 20 participants were trained.
- Two years MPH-FE affiliated to Guru Gobind Indraprastha University started with a batch of 11 students
- 14 EIS officers from cohort#9 completed the training in November 2024. 14 Officers are undergoing training in Chort#10 and Cohort 11 started with 10 officers in December 2024.
- NCDC started Intermediate-FETP at Mumbai in collaboration with National Institute of Public Health Training and Research (NIPHTR)
- India EIS programme conducted workshop on advance data analytics using R-software

Outbreak investigations:

- Officers under Epidemiology division participated in central teams deployed for outbreak investigations like flood response in Andhra Pradesh, Diphtheria outbreak in Odisha.
- EIS officers carried out 06 outbreaks investigations related to various disease and suggested containment measures to the authorities.
- EIS officers undertook 14 surveillance system evaluation of diseases or health programmes.
- EIS officers undertook 14 planned Epidemiological Studies related to various area of public health
- Monitoring of Pre-MDA activities for filariasis in Telangana

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.
- Conducted Training of Trainers on Point Prevalence Survey on Antibiotic Use for Government Medical Colleges of Kerala on 12 & 13 June 2024 at GMC Thiruvananthapuram, Kerala.
- Conducted training workshop on Point Prevalence Survey on Antibiotic Use in MICROCON 2024 at Pune on 21.11.2024
- NCDC is Enrolled in WHO GLASS AMC

Preparation of technical documents-

- CD Alert for diseases Mpox, Chandipura Virus, Scrub Typhus, Meningococcal Disease prepared and released.
- NCDC Newsletters Vol 12 Issue 4 published

4. 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 done by the Division during the period of April 2024 to September 2024 are as follows:

- SectorConnect: Enhancing Preparedness for Integrated Response -
 - a) Field Epidemiology Program in One Health (FEP-OH) Short Course: It 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. First batch has been successfully piloted for 35 district-level officers from 9 districts under Narmada division, Gujarat from Dec 2023 - Feb 2024. It was followed by completion of batch-2 in Gandhinagar, Gujarat in July 2024 and batch-3 in Bengaluru, Karnataka in Dec 2024. Presently two batches are going on in Rajkot, Gujarat and Jammu.
 - b) FEP-OH Fellowship: In order to strengthen and upscale the existing One Health Field Epidemiology competencies, Fellowship in One Health was envisaged. In this regard, 4th Stakeholder engagement workshop was conducted on 14 May 2024 at NCDC to deliberate on the proposal for SectorConnect Fellowship in One Health.
- Implementation of International Health Regulations (IHR, 2005) –
 - o National Sensitization Meeting on Food Safety Emergency response (FSER) framework in collaboration with FSSAI on 2 Aug 2024 at NCDC. The main objectives of this meeting was to enhance the stakeholder understanding FSER framework for the detection and monitoring of foodborne disease outbreaks and orient them about their specific roles and responsibilities in real-world scenarios.
 - o National Stakeholder Consultation on IHR (2005) amendments and the way forward held on 22-23 Oct, 2024 at NCDC, Delhi to

enhance the awareness amongst key IHR stakeholders about recent IHR amendments and to explore core capacity wise next steps to strengthen coordination for IHR events and multisectoral collaboration. Key outcomes included an updated Annual IHR progress report 2024, increased awareness among stakeholders about the IHR amendments and the upcoming Pandemic Treaty and discussion for undertaking M & E to review IHR core capacities in the country to conduct JEE. IHR webpage of NCDC was also showcased which will capture the progress in IHR core capacities.

- o Pre-Conference Sensitization Workshop on Public Health Management of Chemical Emergencies/Chemical Safety Events during the INTOX 2024 Conference at Madurai on 7 Dec 2024 to introduce modules developed by NCDC – WHO India as a comprehensive exercise summarizing enhanced surveillance, monitoring, reporting and efficient management of chemical emergencies in India, ensuring better health outcomes and minimize death and disability post Industrial disasters.
- 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. A meeting of Technical Working Group (TWG) held on 11 Sept 2024 to discuss the Standard Operating Procedures (SOPs) for data collation from various sources and to develop a format for surveillance at sentinel sites and testing laboratories.
- National Program for Prevention & Control of Fluorosis (NPPCF): NCDC in collaboration with Nutrition & IDD Cell, Dte.GHS, MoHFW has organized a 3 days Training of Trainers (ToT) on 17-19 Sept 2024 in which 20 officers from various districts of Uttar Pradesh, Rajasthan, Punjab, Maharashtra, and Chhattisgarh have participated. It was followed by Training of Laboratory Technicians (ToLTs) on 14-18 Oct 2024 in

which 17 technicians from various districts of Gujarat, Rajasthan, Punjab, Telangana, and Maharashtra have participated.

- As the "National Reference Centre" for National Iodine Deficiency Disorders Control Programme (NIDDCP): Validation of Iodine content was performed in approx. 60 edible salt samples received from Uttar Pradesh and Karnataka.
- World Mental Health Day observance on 11 Oct 2024 for the officers and staff of NCDC, NCVBDC and Dte.GHS.
- 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. Approx. 334 persons have got them tested from the lab in the above mentioned duration.

Projections for the period January-March, 2025:

- SectorConnect: Enhancing Preparedness for Integrated Response -
 - a) Field Epidemiology Program in One Health (FEP-OH) Short Course: Plan to initiate training for the states of Rajasthan, Odisha and Telangana in Feb 2025.
 - b) FEP-OH Fellowship: 5th National Stakeholder Engagement Workshop is planned for a day in Feb 2025 to deliberate on the structure and sought stakeholder feedback on the target audience, core competencies and core activities of learning covered under the SectorConnect Fellowship in One Health.
- Implementation of International Health Regulations (IHR, 2005) - Following National Sensitization Meeting on FSER framework, TTX is planned for a day in Feb 2025 to enhance clarity on roles and responsibilities of stakeholders during

FBD-related threats or outbreaks and to improve coordination and communication mechanisms among stakeholders.

- National Biomonitoring Programme for Chemical Toxicants – A workshop is planned to take consensus on strengthening information sharing through utilization of a

common platform (IHIP), development of operation guidelines for the National Biomonitoring Program, to develop institutional mechanisms for knowledge sharing and inter-departmental coordination.



Fig.1: SectorConnect FEP-OH batch-2 in Gandhinagar, Gujarat

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 2024-25, NCDC has completed the STH prevalence resurveys activity in five States: Rajasthan, Uttarakhand, West Bengal, Karnataka and Telangana. During these surveys, 2476 students of age group 9-11 years were examined for STH in 93 schools at 37 sentinel sites in the above 5 States.

Activities related to Guinea Worm Eradication Programme: DPD has migrated Guinea worm surveillance on the IHIP portal and four states have initiated reporting on the platform. 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 suspect guinea worm rumours are investigated epidemiologically and by laboratory examination.

Activities related to Lymphatic Filariasis: DPD

laboratory provided referral diagnostic facility to 68 patients for detection of filaria antigen and antibody through rapid diagnostic test kits. Also, the division supported the Filaria elimination programme activities through cross checking of 402 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 6127 patients were treated at filaria day clinics, 844 patients were treated at Filaria night clinics at the three branches and 964 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 12 training sessions were organised at the three branches and 170 health personnel from different States/UTs of the country were trained.

- Also, these branches supported the Filaria elimination programme activities through cross checking of 3837 slides of Night blood smears from different state/UTs of the country.

ELISA testing for parasitic diseases: DPD laboratory has initiated diagnostic support to referred patients from hospitals of Delhi NCR for some parasitic diseases of public health importance namely *Entamoeba histolytica*, *Trichinella spiralis*, *Toxocara* and *Strongyloides* sp through ELISA test. Accordingly, in this period twenty-three referral patients for *Entamoeba histolytica* and twelve patients each for *Trichinella spiralis* and *Strongyloides* and eleven patients for *Toxocara* ELISA test availed the facility.

Activities related to Malariology: DPD laboratory conducted 191 blood smear examination as well as rapid antigen tests for falciparum and vivax species in referred patients. Also, the division supported the National Malaria Elimination programme activities through cross checking of 1355 slides received from RoHFW, Bhubaneswar.

Coordination Section: DPD coordinated educational cum orientation visit to NCDC for 576 under-graduate/post-graduate students from 19 nursing/medical colleges across the country. Through structured lectures and laboratory visits, students are oriented about the activities of NCDC and their relevance in public health initiatives of the country.

Projections for January 2025-march 2025

DPD contemplates undertaking Soil Transmitted Helminthiasis resurvey activity in four states/UT: Himachal Pradesh, Lakshadweep, Chandigarh and Bihar

6. NATIONAL PROGRAMME ON CLIMATE CHANGE AND HUMAN HEALTH

Brief about the programme:

Under the MoHFW, National Program on Climate Change and Human Health (NPCCHH) at NCDC, is engaging with the objectives of awareness generation, capacity building, health sector preparedness and response, partnerships and research related activities on the climate sensitive

health issues to strengthen climate resilient healthcare in the country. The programme is actively being implemented across all 36 State/UTs. The State Nodal Officers and District Nodal officers are actively leading trainings on Climate Sensitive Diseases/Issues, Surveillance on Acute Respiratory Illnesses in context of Air Pollution and Heat related Illnesses, generation and dissemination of IEC on Air Pollution, Heat and its health impacts, green and climate resilient healthcare facilities, and extreme weather events. State Action Plans on Climate Change and Human Health have been drafted by the States/UTs and the District Action Plans on Climate Change and Human Health are being drafted.

Main activities conducted as per the objectives of Programme division:

Public Health Advisories and Awareness Generation

1. Advisories for State health departments and public health on Heat wave preparedness and response were issued.
2. Communications were issued to states to enhance preparedness in State Health departments and healthcare care facilities by intensifying public awareness campaigns, strengthening capacity of healthcare workforce, scaling up participation in sentinel surveillance systems for air pollution related diseases under the programme.
3. Nationwide Public Awareness Campaigns were held on climate related health concerns to strengthen community participation, preparedness and awareness, and engage medical officers and frontline functionaries. These were held across multiple states on the special days indicated below-
 - a. World Water Day
 - b. World Health Day (April)
 - c. World Environment Day (June)
 - d. Global Heat Action Day (June 2)
 - e. International Day of Clean Air for blue skies (September)
 - f. World Environment Health Day under the theme of "Environmental Health: Creating Resilient Communities through Disaster Risk Reduction and Climate Change Mitigation and Adaptation"

4. Guidelines on Emergency Cooling for Severe Heat-Related Illnesses and Guidelines on Autopsy Findings in Heat Related Deaths were published.

5. A Collection of Case Studies on Adaptation and Mitigation Measures Implemented in Public Health Sector titled "Climate Change and Health: Driving Local Action" was released.

6. New IEC posters on vulnerable groups to extreme heat i.e. children, outdoor workers and mass gathering attendees were released.

7. Heat-health awareness messages disseminated in social media of NPCCHH and MoHFW.

Capacity Building Initiatives

1. An Engagement Workshop for Youth under the Theme "Youth for Cleaner air and better health" was conducted under the programme

2. Conducted Virtual training workshop on Extreme heat preparedness and management with State Nodal officers-NPCCHH.

3. Organized National Review Meetings with State Program Officers (August 2024).

4. 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.

5. A television-based awareness session by clinicians and paediatricians on prevention of heat-related illnesses was organized.

6. Refresher virtual, nation-wide trainings for medical officers on clinical management of heat-related illnesses (adults and paediatrics) were organized.

7. All 36 states have developed State Action Plan on Climate Change and Human Health and were launched by PMO on 29th Oct 2024. 163 Districts have already drafted District Action Plan on Climate Change and Human Health.

Healthcare Systems Strengthening Initiatives

1. 170 Sentinel Hospitals (30 States) are reporting for Air Pollution related Illnesses

2. 55% of health facilities PHC and above reported in HRI surveillance from all States/UT through IHIP portal.

3. Supported States/UTs in establishing dedicated heat stroke management beds/rooms and emergency cooling systems in heat-related illnesses was assessed.

4. Checklist criteria to Categorize Heat Stroke or HRI Deaths in Clinical Setting was launched.

5. Daily heat-health enhanced monitoring and media scan was carried out. This supported preparedness and response review meetings with NDMA, Niti Ayog and Election Commission.

6. Post-summer heat activity review and feedback was conducted with State Nodal Officers.

Green and Climate Resilient Healthcare

1. Pre-solarization Energy Assessment App was developed to assess the feasibility of solar energy installations in healthcare facilities.

2. Sessions were held during state level trainings for District Nodal Officers – Climate Change and Human Health for building green and climate resilient healthcare facilities held in Uttar Pradesh, Madhya Pradesh, Bihar, Andhra Pradesh, Assam, and Tamil Nadu.

3. Energy assessment of sample healthcare facilities to support solarisation has been conducted for sample facilities in Uttar Pradesh, Kerala, and Gujarat.

4. In Uttar Pradesh, Technical Design Report for Healthcare facilities solarisation was submitted based on which 72 facilities have been solarized in the state in 2024.

Planned activities of the programme division for the period of January-March 2025:

- Conduct workshops with SNO, DNO, and Consultants under NPCCHH.

7. VIRAL HEPATITIS DIVISION

Routine Sample testing

A total of 1,755 samples were received and tested for viral hepatitis markers (Hepatitis A, B, C, and E) at the Viral Hepatitis Laboratory, NCDC. The testing methods included ELISA, Rapid Diagnostic Tests, and Chemiluminescence Immunoassay (CLIA).

Surveillance activities

The laboratory serves as a reference diagnostic facility with the capacity to perform viral load testing for hepatitis. A total of 7,955 samples were received from the Delhi State AIDS Control Society (DSACS) and screened for Hepatitis B and Hepatitis C using Rapid Diagnostic Kits and Chemiluminescence Immunoassay (CLIA).

NABL Accreditation

The Viral Hepatitis Laboratory is in the process of renewing its NABL accreditation under the ISO 15189:2022 standards and has undergone successful internal audit.

Training & Capacity Building

- The division organized a training workshop for laboratory technicians from Uttarakhand on the laboratory diagnosis of Viral Hepatitis. The workshop was held from 23rd-25th October 2024, with 9 participants attending. Upon completing the training, all participants were awarded certificates.
- The division organized capacity building training of microbiologists at NCDC as well as from various central Govt hospitals including Lady Hardinge Medical College, VMMC & Safdarjung Hospital, Maulana Azad Medical College and Ram Manohar Lohia Hospital on "Medical Laboratory System and Internal Audit as per ISO 15189:2022". The training was scheduled from 24th-26th September 2024 at NCDC. Certification was awarded to all participants upon successful completion.

8. 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 utilising 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 and 19th 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

9. DIVISION OF BIOTECHNOLOGY

Molecular Diagnostic Support:

Reference Laboratory Function: The Division functions as a reference diagnostic laboratory, with capabilities to perform viral load estimation and molecular diagnosis for Viral Hepatitis.

Viral Hepatitis Testing & Surveillance: The Division has analysed a total of 173 samples for Hepatitis C Virus (HCV) and 283 samples for Hepatitis B Virus (HBV) received from Viral Hepatitis laboratory.

2. Applied Research:

HBV Whole Genome Sequencing: The division is in the process of standardizing a PCR-based method for amplicon-based whole genome sequencing of HBV (approximately 3.2 kb). This involves three gene fragments (A, B, and C) using different primer pairs.

HCV Genotyping: Standardization of a Real-Time PCR-based method to identify various genotypes of Hepatitis C Virus using the HCV Genotyping True PCR Kit is ongoing.

3. Sequencing Support to Other Divisions:

Targeted Sequencing: The division provided sequencing support to various divisions and performed targeted sequencing of pathogens for molecular characterization:

- o Hepatitis B Virus
- o Plague
- o Leptospirosis
- o Scrub Typhus
- o Respiratory Viruses

4. Future Projections:

- Scaling Up Diagnostic Services: The division plans to expand and enhance its molecular diagnostic services, focusing on various epidemic-prone diseases of significant public health importance.
- Whole Genome Sequencing: The division will continue its focus on whole genome sequencing of pathogens, including those with both known and unknown etiologies, to aid in the molecular epidemiology of outbreak investigations.

10. RESPIRATORY & TERATOGENIC VIRUSES DIVISION

Brief Description:

Respiratory Viruses Laboratory, Microbiology Division NCDC is involved in the following main activities:

- Ø Routine and Referral testing of samples for Respiratory Viruses.
- Ø The laboratory also provides serological testing for CMV, HSV, Rubella.
- Ø Providing support to Outbreak investigation and research on Respiratory Viruses.
- Ø 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) & TB Lab in 2024:

Lab tests performed:

- 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 till date.
- Molecular testing for Seasonal Influenza on respiratory samples including typing & subtyping of Influenza A i.e. Pandemic H1N1, Seasonal H3N2 and Influenza B was carried out on samples received from various health institutes of Delhi. The lab also has provision for testing other respiratory viruses i.e. Avian influenza i.e. H5N1 (Bird flu) & H7N9, Respiratory Syncytial Virus (RSV), Adenovirus, MERS-CoV etc. RV lab validated the H5N1 Real-Time PCR testing protocol as part of its outbreak preparedness for testing human samples when required.
- Performed Conventional PCR to obtain amplified PCR products of HA and NA gene segments of positive samples of Pdm H1N1, H3N2, Influenza B. These PCR products were submitted to Biotechnology Division for sequencing to be informed about the

circulating influenza strains in Delhi based on samples received for surveillance and testing for influenza.

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, Safdarjung Hospital. Data compilation and analysis for data received from 11 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 October-November 2024 with 100 % concordance based on preliminary report shared by WHO thereby ensuring quality testing in the laboratory.
- TB lab incorporated True Nat procedure for MTB and RIF drug resistance testing as an advancement to improve the lab's MTB diagnostic ability. This is in addition to the sputum microscopy by ZN method being carried out in the lab. Efforts were made to streamline documentation in the laboratory and devise a work plan.

Teaching & Training:

Faculty of RV lab participated throughout the year in introductory lectures/ Orientation classes to MD /BSc/ MSc. Nursing/ BHMS 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).

Faculty has provided teaching support to FETP course and the newly started MPH course in NCDC.

- Participation in National and International

conferences/ meetings/ video conferences/workshops including Meeting of Joint Monitoring Group (JMG) Hybrid Meeting for Mpox disease, Meeting of Experts from ICMR and NCDC on deciding the Timing of Seasonal influenza vaccine in August 2024, Webinar on 'WHO GISRS-National Influenza Centre Terms of Reference', meeting with the Rockefeller Foundation-Alliance for Pathogen Surveillance Innovation (RF-APSI) members to discuss disease surveillance in India in Sept 2024; Session on Influenza surveillance and IDSP-IHIP in the National Workshop on Strengthening Influenza and Infectious Disease Hospitals Surveillance at Mumbai; "National Consultation on IHR (2005): Recent Amendments and the way forward" in Oct 2024; 17th Bi-regional Meeting of National Influenza Centres and Influenza Surveillance in WHO's South-East Asia and Western Pacific Regions in November 2024; Sensitization Workshop on Collaborative Surveillance and Public Health Response to Mpox in December 2024; Meeting to discuss about procurement of Seasonal Influenza Vaccine for Haj 2025 on 31/12/2024 under Chairmanship of DGHS.

- Officers/staff of RV lab have undertaken following salient activities in 2024 :-
- Outbreak investigation: Visit to Kerala for Avian Influenza outbreak investigation as part of Central Team in month of April 2024 for assisting the state in outbreak management.
- Lab officials completed IGOT Karmyogi Portal courses.
- Staff attended the Field Epidemiology Training Programme (FETP) by WHO in April- May 2024.
- Staff attended a Training Programme on BioSafety and BioSecurity for Handling High Risk Pathogens in BSL-3 Laboratory at NIV Pune in April 2024.
- Officers of RV lab Participated in Training on Medical Laboratory system as per NABL

requirement & Internal Audit as per latest standard ISO15189: 2022 guidelines with certification for the same in September 2024.

- RV Laboratory participated in WHO GISRS External Quality Assurance Programme for Detection of Influenza Viruses and SARS-CoV-2 by RT-PCR in month of October-November 2024 with attainment of 100% concordance based on preliminary report shared by WHO, thereby ensuring quality testing in the laboratory.
- 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; NCDC Beautification and Artwork committee; Scientific Committee for NCDC Annual Day 2024; BSI-3 third party validation committee

Future Projections for the period January-March, 2025.:

1. To initiate testing for other respiratory viruses such as Human Metapneumoviruses and Parainfluenza virus.
2. To establish a regular process for sequencing of appropriate samples positive for Influenza, RSV, adenovirus and other respiratory viruses of pandemic potential/ of public health concern in liaison with Biotechnology Division NCDC, as part of surveillance for novel variants/ significant mutations/ prevailing trends.

11. 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 9,209 stool specimens have been received for testing of Polio from AFP cases from April 2024 to December 2024
- Sewage samples are received for Environmental Surveillance of Polio from (Delhi, parts of Uttar Pradesh. A total of 350 sewage specimens have been received for testing of polio viruses from April 2024 to December 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, Uttarakhand. A total of 3570 serum specimens have been tested for Measles and 3570 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). Approximately 200 molecular sample (throat swab, urine) for Measles 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

- The Laboratory has scored 100% in the Measles and Rubella Serology (ELISA) Proficiency Panel received from WHO Lab Network.
- The Laboratory has scored 100% in Proficiency panels for Real-time PCR for polioviruses (ITD and VDPV)
- The Laboratory has scored 98.11 % in the Molecular PT panel for Measles and 100% for Rubella molecular PT Panel received from CDC/WHO
- Diagnostic Support for Other viruses such as Epstein Barr Virus, Varicella Zoster Virus, Measles and Mumps virus. Approximately 105 serum specimens have been tested for these viruses.

4. 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
- Approximately 100 sewage samples have been tested for the Environmental Surveillance of COVID-19 from seven sites of Delhi from April 2024 to December 2024.

5. Hospital Surveillance of Sewage sample

The Division has recently started Wastewater Surveillance for Safdarjung Hospital and Hospitals attached to Lady Harding Medical College since January 2024 and approximately 48 sewage samples have been tested from April 2024 to December 2024.

6. 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.

12. CENTER FOR AIDS AND RELATED DISEASES

Referral Diagnostic and Surveillance activities

- HIV pre- and post-test Counseling services provided to 642 walk-in and referred clients attending the Integrated Counseling and Testing Centre (ICTC).
- A total of 1248 HIV and syphilis samples were tested, including those from walk-in clients and referrals from hospitals.
- All patients who tested positive for HIV and Syphilis were referred to ART and STI clinics for further treatment and management. Regular follow-ups are done by the counsellor.
- CD4 testing was conducted on 2509 HIV positive samples referred from ART centers.
- As part of the National Family Health Survey (NFHS-6) activity 37,365 Dried blood spot (DBS) have been checked, segregated and properly stored. Approx 6440 samples have been scanned and logged into the software.
- As part of HIV Sentinel Surveillance in High-risk groups (HSS HRG -2024), 5242 Dried Blood Spot (DBS) samples have been tested for HIV and report submitted in IESE portal.

Quality Assurance and Quality Control activities

- The Centre successfully participated in EQAS for HIV serology, EQAS for CD4 Count and the results were satisfactory.
- 17 Batches of HIV and HBV Rapid Test kits were evaluated as part of Quality control testing of kits under "Consortium of NRLs for Kit Quality" testing activity. Approx. 9350 panels have been tested.

NABL Accreditation related activities

- The Centre has successfully undergone an

audit by NABL assessors on 06.04.2024 and 07.04.2024 as per ISO 15189 and achieved 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 conducted training on Biomedical Waste Management for Laboratory staff of NCDC and NCVBDC Delhi on 29 August 2024.

IEC activities on HIV/AIDS Awareness

- The Centre organized Nukkad Natak on the occasion of World AIDS Day to raise awareness on HIV/AIDS for officers and staff of NCDC & NCVBDC on 3.12.2024.

13. CENTRE FOR ARBOVIRAL AND ZOONOTIC DISEASES

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 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, Kalaazar, Arboviral infections (Dengue, JE, Chikungunya, Zika virus & CCHF) Toxoplasmosis, Brucellosis, Leptospirosis, Rickettsiosis, Hydatidosis, Neurocysticercosis and Anthrax etc. and approx. 14292 samples were tested for diagnostics and surveillances purposes for various zoonotic diseases from January 2024 till December 2024. Western Blot test for Lyme disease is also initiated.

Outbreak investigations /Surveillance activities: Support was provided to various states as a part of Rapid response team/expert /by conducting laboratory investigations for following diseases:

- Outbreak Samples for Leptospirosis, Scrub Typhus and JE were investigated, recieved

from Nuh, Haryana

- Surveillance performed for Dengue serotyping from Delhi-NCR
- Suspected Samples for Rickettsial diseases received from Surat, Gujarat.

Trainings / Workshops/ Webinars/ Tours attended by Faculty of CAZD

1. Attended the ICMR-National Institute of Virology (NIV) Pune organising a training on Biosafety and Biosecurity on 8.4.24 (physically) and 15.4.24 (Virtually) as trainer

and topic of the presentation is "Basics of establishment and operations in BSL-3 lab"

2. Attended the "National Workshop Addressing Leptospirosis and Neglected Tropical Diseases" on 30.8.2024 and shared experience on "Diagnostic Tools and technologies for diagnosis of leptospirosis and other NTDs" at JN Medical College, Aligarh.

3. Attended the SANGAM (Summit of Academia Networking with Government, Allied Health Workers and Medical Professionals) 2024 on April 20-21 and presented on the topic 'Rabies vaccine efficacy, effectiveness, and protection: Myths and Challenges'

4. Attended the Asia Pacific Rabies Meeting, 16-18 July 2024, Bangkok, Thailand

5. Attended the hybrid meeting scheduled to be held under the chairmanship of DGHS on 9th August, to discuss the Guidelines (SOPs) on AES/Chandipura Virus.

6. Attended the Hybrid JMG meeting for Mpox disease, Chandipura.BSL

7. Attended the Animal Infections DS Prioritization (AIDP) workshop on 26.08.2024 at The Grand, New Delhi.

8. Attended the meeting of the NCDC Ethics Review Committee for review of the proposals.

9. Series of BSL expert committee meetings held under the chairmanship of Lt.Gen Madhuri Kanitkar(retd.) Vice Chancellor, Maharashtra University of Health Sciences, to discuss the updates on the BSL3/4 network under the National One Health Mission.

10. Attended the 1st Annual Clinical Virology Summit scheduled to be held from 8th October 2024 to 9th October 2024 at the Institute of Liver and Biliary Sciences, New Delhi.

11. Attended the one-day sensitization workshop focused on "Collaborative Surveillance and Public Health Response to Mpox - Bridging knowledge gap" this pivotal event held on 4 December, 2024 in The Park Hotel.

12. Asia Pacific Rabies Meeting, 16-18 July 2024, Bangkok, Thailand

Supervision of two M.Sc/DNB/PG Students on :

1. "A study on seroconversion status and clinical outcomes in animal bite victim after post-exposure prophylaxis"

2. " Clinical profile of leptospirosis with evaluation of Diagnostic Utility of IgM ELISA and Leptospira PCR"

Publications/ Books/ Manuals/ Guidelines done by Faculty of CAZD

- Gupta S, Siddiqui C, Sharma P, Kataria J, Singh S, Sood V, Singhai M. A Case Series on Spotted Fever and Typhus Fever Seropositivity at National Center for Disease Control and Epidemiological Perspective. Vector Borne Zoonotic Dis. 2024 Jun 17. doi: 10.1089/vbz.2024.0024. Epub ahead of print. PMID: 38885137
- Drafting and reviewing Manual of Zoonotic Diseases of Public Health Importance updated edition 2024-2025 under process.
- Formulated and approved advisory for postmortem samples sent for medicolegal purpose for confirmation of rabies.

Training/Workshop conducted by CAZD:

1. NIPHICON conference organized by NCDC from 23.02.2024 to 25.02.2024

2. Organised a One day workshop of Ramjas College Students on 20.11.2024 at NCDC

3. Deliver a lecture in theory class for EIS Cohort #11 dated 26 December 2024

4. Organised an orientation of MD (Microbiology) students on Zoonotic diseases of Public

Health Importance on 17.12.2024

5. Organised a training of Students from INMAS to learn basic handling technique and safety laboratory protocols while dealing with hazardous organism in high containment laboratory facility on 19.12.2024.

Proficiency testing conducted:

1. 5 Sample for WHO/INSTAND External quality assessment scheme for Monkey pox virus PCR were assessed.

2. Realtime PCR for Scrub Typhus: 15 samples were tested from UCMS Hospital Delhi for Inter Lab comparison.

3. IgM Antibody detection for Scrub typhus: 20 Samples tested from AIIMS Hospital Delhi Inter Lab comparison.

4. Realtime PCR for Leptospira: 10 samples were tested from UCMS Hospital Delhi Inter Lab comparison.

1. CENTRE FOR ONE HEALTH

The “**Centre for One Health**” NCDC under the Ministry of Health & Family Welfare, is working in coordination with all stakeholders to promote health and quality of life by undertaking activities necessary for prevention and control of Zoonotic Diseases with “One Health” approach. One Health approach takes into consideration that humans, animals, plants and broader ecosystems coexist in a delicate interdependent manner. Centre for One Health implements four National Health Programs, details as under.

1. National Rabies Control Program (NRCP):

- Organized the **National Conference on Hyperimmune Sera** Production at CRI, Kasauli (8–10 September 2024) to discuss recent advances, challenges, and research in hyperimmune sera production for enhanced disease management and treatment.

- Conducted **training on rabies and dog bite management** in six states—Bihar, Nagaland, Mizoram, Rajasthan, Meghalaya, and Gujarat—training 408 participants. Additionally, virtual sessions covered clinical management for Maharashtra, multilingual rabies helpline services for NE states, and

- Launched **Operational Guideline for Rabies-Free City Initiative** on 28 September and conducted Training in Maharashtra, Odisha, Jharkhand, Madhya Pradesh, Manipur, and Rajasthan on the same.

- **World Rabies Day** (28 September 2024): Observed with national/state-level events and school awareness campaigns.

- Organized a two days regional workshop on **state action plan for Rabies elimination** for northern states in September 2024 and launched State Action plans for Rabies Elimination for Meghalaya, Mizoram, and Tamil Nadu.

- Established **11 Rabies Diagnostic Labs** and declared rabies a notifiable disease in Kashmir on 29 May 2024.

- Conducted National Technical Advisory Committee (NTAC) Meeting on Rabies Elimination under chairpersonship of DGHS on 7th November 2024.

2. National One Health Program for Prevention & Control of Zoonoses (NOHPCZ):

- Conducted **hands-on training** for zoonotic disease diagnostics at STM Kolkata (15-16 May 2024) for 12 Sentinel Surveillance Sites.

- Hosted a **National Consultation** on Legal Environment Assessment for One Health (27-28 June 2024, Delhi).

- Organized **Veterinary Sentinel Surveillance Training** (23 August 2024, NCDC, Delhi).

- Established a **network of 75 Sentinel Surveillance Sites** and strengthened 11 Regional Coordinators, including 4 AIIMS institutes as regional hubs.

- Held a **Stakeholder Orientation** on JRA Operational Tool (30 May 2024, NCDC).

- Conducted a **Sensitization Workshop** for 20 Sentinel Surveillance Sites (23 August 2024, NCDC).



- Conducted two days National Consultation on Integrated Community Engagement Program for One Health at Udaipur, Rajasthan on 12-13 December 2024.

- Conducted landscape analysis of diagnostic kits available for zoonotic diseases on 14th November 2024.

- Conducted One Health E-learning session on Avian Influenza on 10th December 2024 which was attended by around 3000 health care professionals across the country.

3. Program for Prevention & Control of Leptospirosis (PPCL):

- **Network of 5 labs** established in UP, Gujarat, Tamilnadu, Kerala, Assam, Andaman Nikobar till September 2024 for leptospirosis control.

- Funds allocated to **12 states and 2 UTs** (*Andaman & Nicobar Islands, Andhra Pradesh, Assam, Goa, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu, DNH&DD, Uttar Pradesh, West Bengal*) under NHM for strengthening district diagnostic labs.

- Training on Lepto in Assam, Odisha, Gujarat.

- **Advisory on leptospirosis** issued by MoHFW to 14 states in May 2024.

4. National Program for Prevention & Control of Snakebite Envenoming (NPSE):

- **Webinar** on Habitat Preservation for **World Snake Day** (16 July 2024).

- **Snakebite Awareness Day** on 19 September 2024, with 1000 virtual participants.

- Launched **State Action Plan for Snakebite Control** in Karnataka (10 July 2024).

- **One-Day Training Programs** on snakebite management in Jharkhand, Bihar, Nagaland, Mizoram, Tripura, Rajasthan, Meghalaya, Karnataka, and Madhya Pradesh, training 583 health professionals by September 2024.

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- Communication issued by Secretary Health and Family Welfare to the states/UTs to make Snakebite as “Notifiable Disease” under relevant acts in their respective states/UTs (27th November 2024).

Proposed plan for Jan-Mar 2025:

1. Launch of State Action Plan for Rabies Elimination-Madhya Pradesh
2. Finalization of State Action Plan for Rabies Elimination for 12 more states.
3. Finalization of State One Health Action Plans for Rajasthan and Odisha.
4. Expansion of network of Sentinel Surveillance Sites to reach around 120 sites.

1. CENTRE FOR BACTERIAL DISEASES AND DRUG RESISTANCE (CBDDR) & NATIONAL PROGRAMME ON AMR CONTAINMENT

A. CBDDR division has various laboratories which provide support as a reference laboratory for outbreak investigation, conducts operational research and capacity building of the manpower

for identification of pathogens of bacterial diseases. The laboratories in the division also carry out testing of clinical samples referred from adjacent government hospitals. Bacteriology laboratory in the division of CBDDR conducted bacteriological and serological test for samples received from various health care 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. 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 phased manner for AMR surveillance and containment activities.

1. National AMR Surveillance Network (NARS-Net): NARS-Net has been expanded from 50 govt. medical institutions to 60 Govt. Medical institutions in 33 states/UT in the year 2024-2025.

2. AMR National Reference laboratory for bacterial pathogens:

i. AMR National Reference laboratory (NRL) for bacterial pathogens at NCDC conducted EQAS of NARS-Net sites for approx. 5000 isolates. In addition, NRL also performed confirmation of Alert pathogens for more than 350 isolates submitted by the NARS-Net sites.

ii. Genome sequencing facility established at AMR-NRL at NCDC have confirmed emerging AMR pathogens received from the NARS-Net sites in the country.

3. Annual AMR surveillance data for the year 2023 from 41 NARS-Net labs has been analysed and AMR annual report for January 2023 to December 2023 has been developed and is available in public domain on NCDC website, https://ncdc.mohfw.gov.in/wp-content/uploads/2024/09/Final-Annual-Report-2023-06_08_2024.pdf. To improve the quality of data, monthly data quality monitoring online zoom calls were done with the sites.

4. Semi-Annual bulletin on AMR surveillance data received from 50 sites for period of 1st January to 30th June 2024 has been published on NCDC website. https://ncdc.mohfw.gov.in/wp-content/uploads/2024/10/SemiAnnual-Bulletin-AMR-data_Jan-to-June-2024_Final.pdf.

5. GLASS Data call 2024: NCDC being the National coordinating Centre for the AMR Data for the year 2023 from NARS-Net sites, State AMR Surveillance Networks has been reported to Global AMR Surveillance System (GLASS).

6. 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 1100 isolates from blood stream infections submitted by network sites under National programme on AMR Containment.

7. Trainings/workshops/meetings conducted under the programme

i. Facilitated sensitization cum workshop on WHONET for AMR data Management for MP State AMR Surveillance Network, held at Bhopal, MP from 13th – 14th March 2024.

ii. AMR Surveillance Annual Review meeting for 23 sites under National Programme on AMR Containment held on 1st – 2nd August 2024 at NCDC.

iii. Sensitisation and induction training on activities of AMR Programme and AMR data management held in August 2024 for 10 new labs included under the programme.

iv. Onsite support visits to AMR programme sites were undertaken by the officers of CBDDR.

8. National Consultations Organized:

i. National Consultation to optimize Antimicrobial use in Human Healthcare was organized on 2nd – 3rd May 2024 to optimize the use of antimicrobials in human health. The report of the consultation is available on NCDC website, <https://ncdc.mohfw.gov.in/collaborations/>

ii. Consultation to develop National IPC Curriculum was organized on 25th – 26th June to review the existing curriculum and develop a comprehensive national IPC curriculum and draft a roadmap for implementing the national IPC curriculum in collaboration with key stakeholders.

v. Hands on training workshop on

vi. Minimum Inhibitory

vii. Concentration (MIC)

viii. Determination of Vancomycin

ix. and Colistin

x. Hands on training workshop on

xi. Minimum Inhibitory

xii. Concentration (MIC)

xiii. Determination of Vancomycin

xiv. and Colisti

9. Establishing/strengthening state level AMR surveillance networks: AMR Surveillance Review meeting for MAHASAR sites was held in Maharashtra state for existing state level AMR network. During 2023-24, the 6 additional states who initiated State level AMR surveillance networks namely Gujarat, Rajasthan, Telangana, Assam, Karnataka and Madhya Pradesh were supported online for AMR data this year.

10. Surveillance of Healthcare associated infections: HAI surveillance has been initiated in 25 programme sites in 2022-23, and 15 more sites were included during 2023-24. Local trainings for the newly included 15 sites have been held for doctors and nurses during the year 2024.

11. IEC activities for AMR: IEC material Phase III have been developed and made available in public domain on NCDC website, <https://ncdc.mohfw.gov.in/iec-on-amr/> for creating awareness on AMR and its containment among general public, healthcare workers and other stakeholders.

12. The division had also participated in various International collaborations: WHO, CDC, USAID, UKs Fleming Fund project.

2. 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.

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 meters 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. sundaicus* (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 during vector surveillance in Varanasi.

- Published a book “**An inventory of mounted specimens of Public Health importance in Entomology museum of National Centre for Disease Control, Delhi**”
- The division has initiated the renovation and upgradation of National Reference Entomological Museum.
- A novel preservation technique has been initiated for insect specimens - NCDC Entomological Museum.

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.

Training and Sensitization

- Orientation/Sensitization class on Medically important arthropods to FETP trainees, graduate/post graduate students from medical, paramedical, and other life science streams including visit to the National Reference Entomological Museum.
- Sensitization on Prevention and Control of Dengue along with live demonstration of the mosquito life cycle stages to students, teachers of Dev Public School at Najafgarh in collaboration with the Municipal Corporation of Delhi and the International Centre for Genetic Engineering and Biotechnology (ICGEB) Delhi on National Dengue Day.
- An online training program for entomological surveillance and control measures for sandfly, ticks & mites for Dy.CMHO, entomologists, VBD Consultants, epidemiologists and representatives from Animal Husbandry Department of Rajasthan state.

Outbreak investigations by CME & VM officers and staff

- Entomological support for the outbreak investigation of KFD virus at Goa from 22.05.2024 to 05.05.2024
- Entomological support for the outbreak investigation of Chandipura virus at Rajasthan from 19.07.2024 to 28.07.2024
- Entomological support for the outbreak investigation of Chandipura virus at Gujarat from 22.07.2024 to 14.08.2024
- Entomological outbreak investigation of zika virus at Pune, Maharashtra from 26.07.2024 to 02.08.2024.
- Entomological outbreak investigation on malaria at Sirohi, Rajasthan from 21.11.2024

Other Lab and field activities of by CME & VM officers and staff

- Started the entomological survey for rodents and their ectoparasites in Delhi by the divisional officers and staffs.

- Commenced Weil Felix test on rodent sample from points of entry surveillance and rodents survey in Delhi in the divisional lab.
- Domestic collection of ticks from Alipur and Mandola of Delhi NCR area.

Man power support provided by CME & VM officers and staff

- Technical man power support by the officers of CME&VM in “Short Training capsule on vector surveillance and control at points of entry” conducted in two batches.
- Technical and manpower support for the training of Entomologists in malaria & VBDs by organized by NCVBDC.
- Technical manpower support on Training on filariology at NCDC Varanasi and NCDC Rajamundry branch.

Proposed activities during (Jan-Mar 2025):

- Entomological survey for rodents and their ectoparasites in Delhi.
- Initiation of molecular work on KFD and Zika at the VAD lab of the CME&VM Division.
- Xenomonitoring of ticks for KFD virus with initial phase of surveillance in Shimoga, Karnataka.

3.3.12 NATIONAL INSTITUTE OF BIOLOGICALS(NIB),NOIDA

The National Institute of Biologicals (NIB) under the administrative control of the Ministry of Health & Family Welfare is dedicated to ensuring quality services in the healthcare sector, particularly in the field of biologicals. NIB continues to strive to fulfill 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.

4.1. To implement and coordinate activities of the Haemovigilance Program of India.

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. Additionally, a few NIB scientists are 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 holds ISO/IEC 17025:2017 accreditation from NABL, with a defined scope for biological and chemical testing of 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 actively participates in International/ National External Quality Assurance Assessment Schemes (EQAAS), Proficiency Testing (PT) and Collaborative studies in the field of diagnostics, Blood products, and Therapeutic Monoclonal antibodies. Key collaborations include agencies

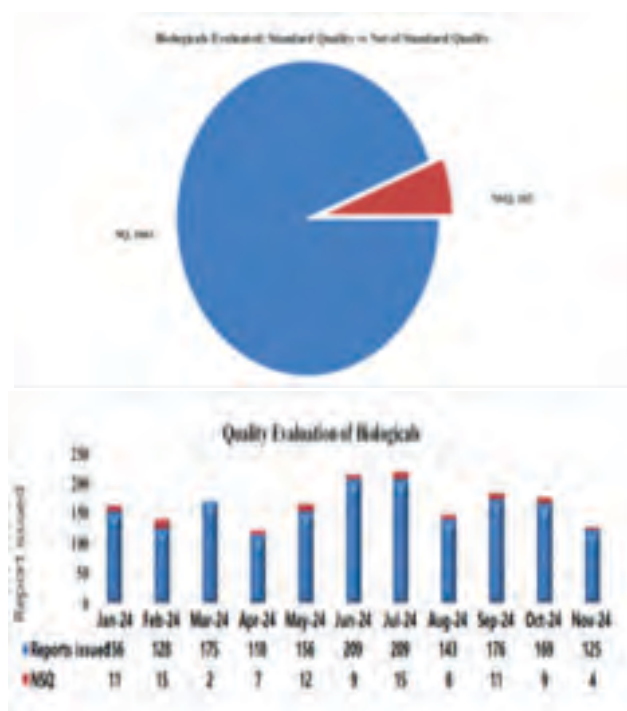
such as the European Directorate for the Quality of Medicines (EDQM) - France, WHO- NIBSC, National Serology Reference Laboratory (NSRL) - Australia, Christian Medical College- Vellore, Indian Red Cross Society- New Delhi, etc.

Quality Evaluation of Biologicals

NIB fulfils its primary statutory function of quality control for a wide range of indigenous and imported life-saving biologicals. These include insulin, erythropoietin, blood products, diagnostic kits (e.g., HIV, HBV, HCV), and therapeutic monoclonal antibodies like Trastuzumab and Rituximab used in cancer treatment. Testing is conducted in state-of-the-art laboratories following standards specified in the Indian Pharmacopoeia, relevant pharmacopoeias, or international norms. Samples are forwarded to NIB by CDSCO, its zonal/port offices, and government procurement agencies across the country.

Reporting of Not of Standard Quality (NSQ) biological samples to the National Regulatory Authority underscores NIB's critical role in safeguarding public health.

From 1 Jan 2024 to 22 Nov. 2024, NIB evaluated 1764 batches of different types of indigenous and imported biologicals & biotherapeutic products. These included Albumin, normal and specific immunoglobulin, coagulation factors VIII and IX, insulin and its analogues, erythropoietin, Filgrastim, Interferon, Streptokinase, Follicle Stimulating Hormones, Growth Hormone, Glucose Test Strips, immunodiagnostic kits (HIV-Ab, HCV-Ab, HBsAg, Syphilis), and blood grouping reagents. Of the total samples tested, 5.8 % (i.e. 103 batches out of 1764) were found to be of Not of Standard Quality (NSQ) thus emphasizing NIB's critical role in protecting and promoting public health by reporting Not of Standard Quality (NSQ) to the National Regulatory Authority- CDSCO.



NIB scientists actively engage with several scientific institutes and agencies to stay updated on scientific advancements and share their technical expertise. They contribute to the development and revision of pharmacopoeial monographs and provide technical inputs during expert committee meetings of organizations such as WHO, CDSO, IPC, DBT, AIIMS, ICMR, BIS, NABL, BIRAC, and CCSEA. Additionally, they participate as technical experts in joint inspections of manufacturing facilities for licensing purposes and are frequently invited to speak at scientific forums and conferences.

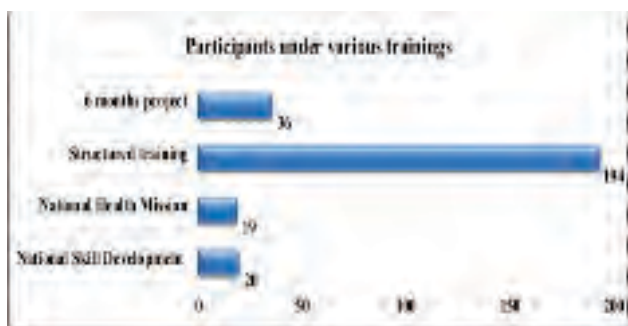
Haemovigilance Program of India (HvPI)

NIB has been instrumental in enhancing blood transfusion safety as the National Coordinating Centre for HvPI, which is a member of the International Haemovigilance Network. Till Nov 2024, NIB had organized four CMEs/workshops for 440 blood center officials, clinicians, nurses, blood donor motivators, and technical staff, raising awareness about reporting transfusion-related adverse reactions and donor incidents. These efforts promote a culture of safety and vigilance within the blood transfusion community.

In collaboration with the Indian Society of Blood Transfusion and Immunohaematology (ISBTI), NIB contributed significantly to the success of TRANSCON-2024, the 49th Annual National Conference, held from November 21st to 23rd, 2024, in Ahmedabad, Gujarat. NIB dedicated a session on Haemovigilance, and presented on the theme, “International Haemovigilance: What Have We Learned and What Do We Need to Do Next”, on November 22nd, 2024. The session underscored the importance of continuous improvement in haemovigilance practices for improved patient safety.

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 and
 - 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 programs 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)



- i) As part of the "Karmayogi Saptah - National Learning Week," NIB hosted an array of insightful scientific events and lectures, fostering knowledge enrichment among its staff.
- ii) NIB facilitates internal and external events (Lectures, Workshops, and Training) for NIB officials under the Annual Capacity Building Plan.
- iii) NIB has 14 scholars enrolled in the PhD program with the Academy of Scientific and Innovative Research (AcSIR).
- iv) NIB is carrying out intramural and extramural research projects that help improve the quality control testing of biologicals.
- v) Publications: Based on empirical scientific analysis of the QC work undertaken on a variety of biological products NIB scientists continued to publish 13 scientific papers including Book Chapters, Review Articles & Posters have been published.
- vi) Patent: Allele-specific primer-probe sets for the rapid and accurate diagnosis and differentiation of Omicron and Delta variant of SARS Cov-2, Patent No. 202411038068 Filed on: 15.05.2024

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 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.

3.3.13 Central Research Institute, Kasauli

Central Research Institute (CRI), Kasauli was established on 3rd May, 1905. It is a Subordinate Office of the Directorate General of Health Services under the Ministry of Health & Family Welfare. The Institute has a huge complex which is divided into seven units i.e. Establishment, Academic, Auxiliary Facilities, Production Division, Quality Control Division, Animal House and Research & Surveillance Division. It has a network of large number of laboratories engaged in manufacturing of vaccines/ sera and research activities.

The Institute is engaged in the following activities:

- I. Production of Vaccines & Sera.
- ii. Production & Supply of diagnostic reagents.
- iii. Research and Development in the field of Immunology and Vaccinology
- iv. Teaching and Training in Vaccinology and Microbiology
- v. Quality Control of Immunological.

The Institute has a sanctioned strength of 606 and is headed by a Director. The number of sanctioned posts of Group A, B and C are 43, 73 and 490 respectively. The total number of staff in position is 345.

Manufacturing and Supply of Vaccines and Anti-sera: During the year (January to December, 2024)

Sl. No.	Name of Vaccine	Opening balance	Demand	Production	Supply	Lab use
1	DPT Doses (UIP)	0	0	1,16,17,870	1,16,17,870	0
2	Td (Doses)	0	0	0	0	0
3	ARS (Vials)	0	15,480	26,664	26,064	100
4	ARS (Liq Vials)	853	840	0	840	13
5	DATS Liq Vials	1,578	943	0	943	7
6	NHS (Vials)	7	30	218	30	5
7	DIAG. AG. (ML)	850	26,850	81,500	26,850	28,150
8	Yellow Fever Vaccine (Doses)*	89,460	1,72,497	2,40,000	1,72,497	480
9	Salmonella Antisera (ML)	547	1,144	1,126	1,144	16
10	Vibrio Cholerae (ML)	35	464	596	464	0

* Imported from WHO

Other activities of the Institute: In addition to manufacturing of vaccines and anti- sera, the Institute is also engaged in other important activities such as:

- Quality Assurance and Quality control activities
- National Salmonella and Escherichia Coli Centre
- National Influenza Surveillance Centre
- Rabies Research Centre
- National Polio Laboratory for Surveillance
- Experimental Animal House
- Medical Treatment Centre & Diagnostic Laboratory
- Academic & Research Activities
- M.Sc. (Microbiology) courses are running under Himachal Pradesh University, Shimla.
- 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 Program of the Government of India. At present, 50 candidates are undergoing training.

- Post-Graduate Diploma in Vaccinology and Immunobiologicals has already been started in the Institute.
- COVID testing laboratory has been established in the institute with the help of Indian Council of Medical Research (ICMR).

3.3.14 BCG Vaccine Laboratory, Guindy

BCG Vaccine Laboratory (BCGVL), Chennai is a Subordinate Office of the Directorate General of Health Services under the Ministry of Health and Family Welfare. It was established on 1st May, 1948, with the assistance of Staten's Serum Institute (SSI) Copenhagen, Denmark.

The Institute is engaged in manufacture and supply of freeze dried BCG Vaccine I.P. to Universal Immunization Program (UIP) of the Government of India for control of childhood Tuberculosis.

GMP facility:

As part of revival project of BCG vaccine

laboratory, a new cGMP facility for manufacture was established in 2016 with the project cost Rs.64.73 Crores. Since July 2020, the vaccine

manufactured from cGMP facility has been 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)	171.1	Tamil Nadu, Maharashtra, Madhya Pradesh, Uttar Pradesh, Andhra Pradesh, Telangana, Karnataka, Chhattisgarh, GMSD Mumbai, GMSD Chennai, GMSD Karnal and GMSD Kolkata
4	2023 (Jan to Dec)	139.0	GMSD Mumbai, GMSD Chennai, GMSD Karnal and GMSD Kolkata
5	2024 (Jan to Dec)	197.0	GMSD Mumbai, GMSD Chennai, GMSD Karnal and GMSD Kolkata

- Further, BCGVL has received supply order for 225 lakh doses from Vaccine Procurement Cell (VPC) of the Ministry of Health & Family Welfare for financial Year 2024-25 in September, 2024, followed by a consignee list in October, 2024.

- Production of 225 LDS for FY 2024-25 was completed and about 156 LDS had been released by CDL. Remaining 69 LDS is under various stage of in- process quality control testing and it will be submitted to CDL for release before March, 2025.

- Supply of 225 LDS to UIP for FY 2024-25 has commenced in October, 2024 and it is expected to be completed as per schedule provided by VPC. Production of vaccine for next FY 2025-26 had been initiated in December, 2024.

- As per schedule (from Dec 2024 to March 2025), it is expected to produce about 120-150 LDS

subject to availability of material/ machinery/ manpower. Till second week of January, 2025, about 63 LDS has been produced and are under in-process quality control tests.

3.3.15 Pasteur Institute of India, Coonoor

The Pasteur Institute of India, 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 from 10th February, 1977 as Pasteur Institute of India, Coonoor. The affairs of this Institute are governed by a Governing Body under the Chairpersonship of Union Secretary of Health and Family Welfare. The Institute is engaged in production of DPT group of vaccines and Tissue Culture Anti Rabies (TCARV) vaccines.

Present activities

- Process Validation batches are under progress in the newly created and qualified GMP facilities.
- Since inception in 1907, the Institute has been running an Anti Rabies Clinic for rabies prophylaxis and treatment. About 310 patients from various parts of Tamil Nadu, Kerala and Karnataka visited to the clinic for anti rabies treatment and for prophylaxis.
- In 2024, the Rabies Diagnostic Lab received 58 samples for estimation of rabies antibodies.
- The Institute is also conducting Ph.D. programs for Microbiology, Biochemistry and Biotechnology (Part Time and Full Time) in affiliation with Bharathiar University, Coimbatore and Tamilnadu. The Institute is also affiliated with Dr. M.G.R. Medical University, Chennai for M.D. Microbiology.

Academic activities

Currently, six scholars are pursuing Ph.D. course affiliated to Bharathiar University, Coimbatore.

Milestones

- I. Construction of compound wall in PII Unit-II at Coimbatore is in progress.
- ii. The following activities in connection with GMP facility for production of DPT group of vaccines are being carried out:
 - Media fill activity for the manufacturing of gel and final product are under progress.
 - Optimization batches in Diphtheria & Tetanus are under progress. Characterization for Diphtheria, Pertussis & Tetanus seeds has been completed.
 - Analytical method validation & cleaning validation studies are under progress. Cleaning validated study has been initiated at Diphtheria and Tetanus departments.
 - Process validation (Consistency) batches of Diphtheria and Tetanus upstream process have been completed. Out of three Process validation batches, the downstream process of two purified bulks each of Diphtheria and

Tetanus have been completed and, currently, it is under QC testing.

- Process validation (Consistency) batches for Tetanus is under progress. Two batches were manufactured.
- Time bound re-qualification activities for area, equipments, incubators, critical process equipments & utilities are being carried out.
- Aluminium Gel preparation is optimized and ready for Process Validation batches manufacturing.

3.3.16 Institute of Serology, Kolkata

The Institute of Serology (IoS), Kolkata was established in 1912 and it is a Subordinate Office of the Directorate General of Health Services under the Ministry of Health & Family Welfare.

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 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, NE states and A&N Islands.
- Sewage water from different sites of Kolkata and Guwahati are analyzed as a part of National Polio Surveillance Program.
- National Measles Laboratory determines Measles and Rubella serologically in the State of West Bengal and Eastern Region and report 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.

Performance during the month of January, 2024 to December, 2024

FORENSIC SEROLOGY

Forensic Serology from January, 2024 to December, 2024	
Total No. of cases received	125
Total No. of exhibits received	593
Total No. of cases analyzed and reported	125
Total No. of exhibits tested for species determination	592
Total No. of exhibits examined for blood grouping	97
Total No. of exhibits examined for semen	02
Total No. of exhibits examined for saliva	00

V. D. SEROLOGY

V. D. Serology from January, 2024 to December, 2024			
Source	No. of Samples Received	No. of Samples Tested	No. of Sample Positive
		VDRL	VDRL
Antental Case	213	213	5
STD Clinic	4722	4722	529
Total	4935	4935	534

ANTIBODY SECTION

Antibody Section from January, 2024 to December, 2024			
Production of Antisera (ml)	Supply of Antisera (ml)	Production of Ant -H Lectin (ml)	Supply of Anti - H Lectin (ml)
7490	5215	0	523

QUALITY CONTROL & DIAGNOSTIC LABORATORY

Quality Control & Diagnostic Laboratory from January, 2024 to December, 2024	
Examination Performed	No. of Samples
Standardization of Anti -H Lectin	34 Lots
Standardization of Species Antiserum	28 Lots
Standardization of VDRL Antigen	01 Lot

MEASLES LABORATORY

Measles Laboratory from January, 2024 to December, 2024	
Measles	
Measles Test Done	6728
Measles Positive	421
Measles Negative	6233
Measles Equivocal	74
Rubella	
Rubella Test Done	6728
Rubella Positive	415
Rubella Negative	6245
Rubella Equivocal	58
Double Positive	72

ANTIGEN PRODUCTION SECTION

Antigen Production Section from January, 2024 to December, 2024 (0.5ml/amp.)

Total VDRL Antigen Production	1820 Amps
Total Supply of VDRL Antigen	2140 Amps
Direct Sale	2010 Amps
Department Use	130 Amps

NATIONAL POLIO LABORATORY

National Polio Lab. from January, 2024 to December, 2024	
Total AFP cases Tested	4568
Total AFP sample Tested	8973
L20B Positive	147
NPEV	1000
Wild virus	00
Negative	7826
Environmental Total sample Tested	306
L20B Positive(E.S)	104
ES Sample Negative	28
ES samples reported as NPEV	157
Number of ES samples NEV	3
Number of ES samples Pending	14

Record Sheet of Used Autoclave Bag (Polio) from January, 2024 to December, 2024	
Yellow	261
Red	1264
White	1235

RSTRRL (STI LABORATORY)

Duration	Total STI samples tested	Positive
January, 2024 to December, 2024	23739	727

3.3.17 INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS), MUMBAI

International Institute for Population Sciences, established in 1956 as a Demographic Training Research and Centre (DTRC) 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 center 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 deemed to be university status as per the UGC regulations. The Institute has completed 68 years of its glorious existence and 39 years as a "Deemed to be University".

The teaching program of the Institute has expanded significantly in the last one decade. Currently, IIPS offers three master's degree programs in the regular mode and another program through distance mode. The Ph.D. program of IIPS has been unique with strong emphasis on research methods with empirical enquiry. The Institute also offers a post-doctoral program with a motive to sharpen the individual research ability on topics of relevance to policies and programs. In addition, IIPS conducts three diploma programs 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 programs. 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, 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. The departments and centres will be able to address the increasing demand for research and evidence in the context of changing demographic and health profile in the country.

ACADEMIC DEPARTMENTS AND CENTRES

IIPS has seven regular departments.

- i. Department of Bio-Statistics and Epidemiology
- ii. Department of Fertility and Social Demography
- iii. Department of Public Health and Mortality Studies
- iv. Department of Migration and Urban Studies
- v. Department of Population and Development
- vi. Department of Family and Generations
- vii. Department of Survey Research and Data Analytics

IIPS also has two regular research and one ad-hoc centres.

- i. Centre of Demography of Gender
- i. Centre for Ageing Studies
- ii. Centre for Distance and Online Education

TEACHING PROGRAM

During the academic year 2023-24, the Institute offered the following regular courses. The table below provides a summary of the courses offered, number of students awarded diploma/degree and number of students enrolled during the academic year 2023-24.

Degree/ Diploma	No. of Students Awarded degree in 2023 -24
Ph.D. Degree in Population Studies/Biostatistics & Epidemiology/Bio-Statistics and Demography	38
Master of Arts/Science (M.A./M.Sc.) in Population Studies (Duration - 2 Years)	28
Master of Science in Biostatistics and Demography (MBD) (Duration - 2 Years)	29
Masters of Population Studies (MPS) (Duration - 1 Year)	48
Diploma in Health Promotion Education (DHPE) (Duration - 1 Year)	24
Post Graduate Diploma in Community Health Care (PGDCHC) (Duration - 1 Year)	09
Post Graduate Diploma in Hospital Management (PGDHM)	04
Master of Arts (M.A.) in Population Studies (Distance Mode) (Duration - 2 Years)	20



NATIONALLY IMPORTANT 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 Institute are given below:

- i. National Family Health Survey (NFHS-6)
- ii. Longitudinal Ageing Study in India (LASI) Wave - 2
- iii. Study of Global Ageing and Adult Health (SAGE) India - Wave 3
- iv. Global Adult Tobacco Survey - 3 (GATS-3), India
- v. The GENDER (Gender Equity and Demography Research) Project

(A) 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 professionals, teachers from universities/colleges, research scholars, NGOs, Government officials, and students from India and abroad. The training programs are usually of one to two weeks' 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.

Coordinators: Prof Udaya Shankar Mishra and Dr. Srinivas Goli are the Coordinators.

The following training programs were organized during the period from Jan, 2024 and upto December 2024.

(A) One-Week Training Program on Population and Demographic Methods for the 45th batch of the Indian Statistical Service (ISS) Probationers January 22-27, 2024

The Short-term Training Program Cell of the International Institute for Population Sciences, Mumbai, conducted a One-week training program on 'Population and Demographic Methods' for the

Indian Statistical Services Probationary Officers (45th Batch) at the institute from 22-27 January 2024. There were 27 participants for the program. Participants benefitted from informative lectures delivered by subject matter experts and had the opportunity to gain practical experience in using various demographic software tools. The training was organized by Prof. Udaya Shankar Mishra and Dr. Srinivas Goli, coordinators for the Short-Term Training Program Cell.

(A) SYMPOSIUM, MEMORIAL LECTURES, SEMINARS, WORKSHOP & WEBINARS

Memorial LECTURES (SERIES)

13th Prof. Asha A. Bhende Memorial Lecture on 31st January, 2024

International Institute for Population Sciences (IIPS) organized the 13th Prof. Asha A. Bhende Memorial Lecture on 31st January, 2024. Dr. Aparna Hegde (Urogynecologist, Researcher, Social Entrepreneur, Founder, and Managing Trustee of ARMMAN) well known in the field of reproductive health, delivered the lecture. The Prof. Asha A. Bhende Memorial Lecture has been instituted at IIPS in memory of Prof. Bhende, a former Professor of the institute and a well-known demographer, health researcher and gender expert. Dr. Srinivas Goli, Coordinator of the Publication Cell, gave the formal vote of thanks.



22nd Prof. C. Chandrasekaran Memorial Lecture on 23rd February, 2024

International Institute for Population Sciences (IIPS) organized the 22st Prof. C. Chandrasekaran Memorial Lecture on 23rd February, 2024. The Memorial Lecture series is held annually in 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 a lecture on the topic “Stochastic Modeling in Cardiology Research”, where he explained a stochastic modelling framework for understanding cardiology-related data. Dr. Srinivas Goli, Coordinator of the Publication Cell, gave the formal vote of thanks.

16th Prof. P. N. Mari Bhat Memorial Lecture International Institute for Population Sciences (IIPS) on 23rd February, 2024

The Memorial Lecture series is held annually in 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 expert 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 the importance of continued research in the field. Prof. U.S. Mishra and Dr. Srinivas Goli, Coordinator of the

Publication Cell, delivered the vote of thanks.

Workshop/ Faculty Development Program on Longitudinal Ageing Study in India (LASI): Scope, Methodology and Data Analysis from 12th-15th March, 2024

A four-day Workshop/ Faculty Development Program on Longitudinal Aging Study in India (LASI): Scope, Methodology and Data Analysis was conducted from 12th-15th March, 2024 at SRM Institute of Science and Technology, Chennai. This was organized by the School of Public Health (SPH) in collaboration with the Centre for Ageing Studies, International Institute for Population Sciences (IIPS), Mumbai. Professor Lt Col A. Ravi Kumar, the Pro-Vice Chancellor of SRM Medical & Health Sciences, inaugurated the program and delivered the inaugural address. Subsequently, Professor A. Vinay Kumar, Pro-Vice-Chancellor (FSH, Management, Law), SRMIST, gave a special address. Prof. T. V. Sekher, Principal Investigator of LASI, International Institute for Population Sciences (IIPS), delivered the Keynote address. Following this, Prof. Hari Singh (Dean, SPH, SRMIST), Prof. Bagavandas (Head, CFS, SRMIST), Prof. A. Duraisamy (Dean, FSH, SRMIST) and Dr. Benson Thomas M interacted with the participants. Forty-six participants attended the program, including faculty, researchers, policymakers from various institutes located in Chennai, such as the School of Public Health (SRMIST), Medical College (SRMIST), Madras Institute of Development Studies (MIDS), Madras School of Economics (MSE) and Annamalai University. The technical sessions were conducted by Prof. T. V. Sekher, Dr. Dipti Govil, Mr. Manoj Patange and Mr. Jitender Prasad (all from IIPS). On completion of the workshop, the participants were awarded certificates of participation.

Half-day Training Session on “Accessing Census Micro Data for the Workstation Users” on 3rd July, 2024

The Information Communication and Technology (ICT) Unit organized a half-day training session on 'Accessing Census Micro Data for Workstation Users' jointly conducted by IIPS and the Directorate of Census Operations (DCO), Maharashtra on 3rd

July, 2024. DCO officials Shri Sagar Bagul, ADCO(T), Shri Pravin N. Bhagat, ADCO(T), and Shri Tushar Patil, delivered lectures on the structure and variables of census micro-data files and maintaining confidentiality and complying with legal regulations when utilizing census micro-data.

Exemplars in Maternal and Newborn Health Study, Madhya Pradesh Dissemination Workshop, 5th July, 2024

On July 5, 2024, the Exemplars in Maternal and Newborn Health (MNH) Study team at the International Institute for Population Sciences (IIPS) organized a significant dissemination event for the Madhya Pradesh State Report at The Marriott Hotel in Bhopal. This event was held in collaboration with the India Health Action Trust (IHAT), the National Health Systems Resource Centre (NHSRC), and the University of Manitoba (UoM). The Project Investigators (PIs) from IIPS included Prof. Laxmi Kant Dwivedi and Dr. Manoj Alagarajan deliberated their talk. The event brought together key stakeholders from state and district health departments to review the study's findings and discuss their implications for improving maternal and new-born health in Madhya Pradesh.

The event commenced with the release of the Madhya Pradesh State Report. Ms. Priyanka Das, IAS, Mission Director of the National Health Mission (NHM) in Madhya Pradesh, along with Dr. Dewaram A. Nagdeve, Director (Additional Charge) at IIPS, and other dignitaries, officially launched the report. Dr. Dewaram A. Nagdeve presented the state's perspective on the MNH Exemplar Study, followed by Dr. K. Madan Gopal, who highlighted the global perspective on maternal and new-born health. In her keynote address, Ms. Priyanka Das emphasized the need for Madhya Pradesh to sustain its efforts to improve healthcare while also learning from states like Tamil Nadu,



which has successfully reduced maternal mortality to below the national average.

Activities conducted by the Internal Committee of IIPS on 11th July, 2024

The Internal Committee of IIPS Mumbai conducted orientation program for the second-year students of MA/MSc and MBD on July 11, 2024, at 3:00 PM, in the MPS classroom (Second floor, Library building). The program aimed to reorient students with the POSH Act 2013, Vishakha guidelines, and sensitize students about measures for preventing sexual harassment at the workplace.

During the session, each member of the Internal Committee, along with the Counselor of IIPS Mumbai, delivered presentations on specific topics related to sexual harassment prevention and engaged in discussion with the students. To enhance understanding, two educational videos were shown followed by a quiz that reinforced the key concepts. Twenty-five students participated in the program.

The Internal Committee of the IIPS conducted its second Orientation Program on '**Prevention of Sexual Harassment against Women and Students at the Workplace (POSH) Act, 2013**' on 12th August 2024. The session was designed for faculty members, staff, and students, with special focus on the newly admitted students.



As a part of the Internal Committee's (IC) ongoing efforts to raise awareness about the Prevention of Sexual Harassment (POSH) at the workplace, a poster depicting the IIPS guidelines was developed. The poster was officially released on August 12, 2024 during the IC orientation program by faculty members and representatives from various sections of the institute, including administration, academics, accounts, the library, and ICT. It is now

displayed on various notice boards across the institute.

The poster was prepared under the supervision of the IC Chairperson with a significant contribution from the IC team. Student members Tushar, Pooja, and Komal, prepared the poster content, while Paramita, a PhD Scholar played a key role in executing the design. Ms. Nivedita Mishra, the Hindi Officer provided the Hindi translation while final version was proofread by Rajan and Lincy to ensure clarity.

Orientation Program on Anti-Ragging on 12th August, 2024

The Anti-Ragging Squad and the Hostel Officials organized an Orientation Program for the 1st year Hostel Students on 12th August, 2024. Prof. Laxmikant Dwivedi, Hostel Warden & Chairman Anti-Ragging Squad introduced the students to the rich heritage of the institution and exhorted them to strive for excellence and maintain a ragging free campus. The students were also sensitized about the various forms of ragging and the mandatory regulations of UGC to control the menace of ragging. Information about the available medical facilities and the Institute Counsellor was also provided to the students. Dr. Kaushalendra Kumar Member of the Anti-Ragging Squad also interacted with the students and informed about the negative effects of ragging and the legal consequences of engaging in it. Hostel Manager asked the students to fill Online Anti-Ragging Undertaking at the National Portal of UGC.

Training-cum-orientation program- Qualitative data on 11th September 2024

The project conducted a comprehensive a training-cum-orientation program for the newly selected staff for writing transcripts and translations of Focus Group Discussions (FGDs) on 11th September 2024 from 4 PM to 6 PM via Google Meet. The session aimed to ensure accuracy and consistency in the transcription and translation process to maintain the integrity of qualitative data collected from the field. The participants were provided with an audio file of FGD data beforehand, allowing them to review and share their critical observations during the session. This hands-on approach enabled a more interactive

and practical learning experience. The session emphasized on the importance of maintaining clarity, cultural context and precision in capturing the voice and nuances of the discussions ensuring that the transcripts and translations are both authentic and reliable for further analysis.

Living Longer, Living Better: A Symposium on Longevity and Health (Virtual Symposium) on 20-21 September 2024

The Centre for Ageing Studies at the International Institute for Population Sciences (IIPS), Mumbai in collaboration with Rhenix LifeSciences, Hyderabad successfully hosted a two-day virtual symposium titled “Living Longer, Living Better: A Symposium on Longevity and Health” on 20-21 September 2024. The event was co-organized by Prof. Dhananjay W. Bansod from IIPS, Mumbai, and Senior Scientist Dr. Shashaanka Ashili from Rhenix LifeSciences, Hyderabad.

The symposium brought together over 350 participants from 150 institutions worldwide, including leading experts, researchers, and policymakers. The discussions centred around critical issues facing ageing populations, with a focus on themes such as graceful and sustainable ageing, elderly empowerment, and the impact of policies on ageing. Technological advancements, such as wearable and smart homes, were also explored as ways to promote healthy and fulfilling lives for older adults.

The symposium featured four major themes:

Theme 1: Ageing, Health, and Well-being

Theme 2: Socioeconomic Status & Cultural Diversity in Ageing

Theme 3: Technological Innovations for Ageing;

Theme 4: Healthcare Policies for the Elderly

Dissemination Exemplars in Maternal and Newborn Health (MNH), India Study Maharashtra, 27th September 2024

The "Maternal and Newborn Health Exemplar Report: Maharashtra" was disseminated on September 27, 2024 at Chembur, Mumbai. Esteemed dignitaries attended, including representatives from the National Health Mission,

National Health Systems Resource Centre (NHSRC), Govt. of India, the Department of Public Health and Family Welfare (Government of Maharashtra), the University of Manitoba (UoM), International Institute for Population Sciences (IIPS) Mumbai, and India Health Action Trust



The welcome address was delivered by Dr. Babita Kamlapurkar, Joint Director, Family Welfare, Government of Maharashtra. She highlighted increase in ANC registrations, highlighting the positive trend in maternal health services. Dr. Kamlapurkar also emphasized the reduction in home deliveries and the corresponding rise in hospital-based deliveries, which has improved maternal and newborn care. Additionally, she emphasised the success of the district-wise maternal death reduction plans, which have contributed to better health outcomes across the state.

Dr. K. Madan Gopal (Advisor, Public Health Administration (PHA), NHSRC, Government of India) then briefed on the national perspective of the Maternal and Neonatal Health (MNH) Exemplar Study. He outlined the global trend for Maternal Mortality Ratio (MMR), noting that while global MMR has declined by 34%, India achieved a more substantial reduction of 69%.

© IIPS NATIONAL SEMINAR 2024

Tracking Progress of Sustainable Development Goals with a Focus on Uttar Pradesh.

The International Institute for Population Sciences has organized 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,

(IHAT). A total of around 80 participants joined the event, including representatives from the Government of India, Maharashtra state government, academic institutions, and partner organizations.



Institute of Science, Banaras Hindu University (BHU), Varanasi on 12th -13th February, 2024. The International Institute for Population Sciences (IIPS) has organized 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.



(D) 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 2023-2024. The publication of the “Research Brief Series” was started in 2007 to provide an opportunity for 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 the objective of disseminating new research ideas, 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.

(E) Celebration of Women's Day on 15th March 2024 :

The one-day symposium held by the Internal Committee of IIPS on March 15th, 2024, to commemorate Women's International Day was a significant event attended by faculty, staff, and students of the institute. Dr. Suresh Jungari, a member of the Internal Committee, extended a warm welcome to guest speakers Dr. Nishita Raje and Miss Sharon D'Souza-Pretto. The session commenced with opening remarks by Prof. S. K. Singh, the Director (Addl. Charge) of IIPS, who set the tone for the event. Dr. Nishita Raje shed light on the crucial role of women in the economy and their contribution to productivity. She delved into topics

such as women's participation in welfare programs and the importance of ensuring equality of opportunity for all. Following Dr. Raje's insightful discussion, Miss Sharon D'Souza-Pretto took the stage to explore life skills, leadership, and coping mechanisms among women. She emphasized the significance of emotional intelligence in navigating various aspects of life and leadership roles. The symposium culminated with the 'NARI SAMMAN' event, a gesture of appreciation aimed at recognizing and honoring the contributions of women who often go unnoticed.

(F) World Hindi Day on 10 January 2024 :

On the occasion of World Hindi Day, in the presence and support of Prof. S.K. Singh,

Director (Additional Charge) and Prof. Abhishek Singh, In-charge, Hindi Cell, “*samsmaran*” – A memorization competition was organized by Mrs. Nivedita Mishra, Hindi Officer on 10 January 2024. Along with the staff members, students also participated enthusiastically in the competition. Dr. Kunal Keshri, Assistant Professor was in the role of judge. All the winners were awarded exciting prizes after the conclusion of the Program. The Institute participated in the Unicode Typing Competition organized by Punjab National Bank under the aegis of Navi Mumbai Narakas on 12/01/2024. A Workshop was organized in relation with the implementation of official language, organized by the Department of Official Language for the departments in all the quarters. Along with this, meetings related to official language implementation were organized under the chairmanship of all the members of the Official Language Committee.

(G) LIBRARY

The library at the International Institute for Population Sciences offers a wide range of resources to support the educational learning and research needs of our institution. We have about 88,040 books, 19,531 bound periodicals, 17,214 reprints, and 642 audio-visual materials and subscribe to over 320 journals (Print + online). We receive 17 newspapers daily. There are 29,590

research articles from the core journals and edited books indexed and made available through Online Public Access Catalogue (OPAC). The library has a comprehensive collection focusing on population studies and its main areas. We additionally cover various other subjects like philosophy, psychology, religion, sociology, statistics, economics, education, math, anthropology, public health, history, and geography, etc. The library has a special collection of census volumes published in the pre-independence period (Census of India 1872 to 1941 in PDF format) till the latest Census 2011. In addition to providing access to physical resources, we offer a range of information services such as Current Awareness, New Additions, Selective Dissemination of Information, Document Delivery Service, Photocopy facilities, Reference Service, and Bibliographic service, metadata interpolation and so on. The library has access to some of the best e-resources and databases like JSTOR, SCIENCE DIRECT (social science collection), SCOPUS, INDIASTAT, CMIE Database, NEJM, UN Database, and other leading publishers' online collections relevant to health and population sciences. The library provides remote access through iProx21 to IIPS repository and more than 2,000+ online (full-text) journals to authorized users. The IIPS library has an institutional membership with INFLIBNET, DELNET, IASLIC, NIRD, IASSI, etc. and explores maximum services for the benefit of the Institute. The Institute is an active member of INFLIBNET-Shodhganga. To ensure research integrity the library has access to Drill Bit Software for Plagiarism checking and also library conducts user orientation program and provides online referral services. The library provides RFID (Radio Frequency Identification) facility for issue/return of books, journals, reprints to library users. The library has a reading hall with seating capacity of 100+ individuals equipped with comfortable furniture, study carrels, centralized air conditioning, and Wifi facility. The library working hours are 8.30 a.m. to 12.00 a.m. (Mon-Fri) and 9.30 a.m. to 12.00 a.m. on Saturdays. Dr. K. Praveen Kumar is the library and information officer.

(H) INFORMATION COMMUNICATION AND TECHNOLOGY UNIT

The Information, Communication, and Technology (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. Under the National Knowledge Network project, the Institute has acquired a 1-GBPS internet link from NIC. The ICT Unit has two computer labs equipped with 48 and 10 high-configuration computers with all modern audio-visual devices. Moreover, necessary statistical and demographic software, such as IBM SPSS Version 29, STATA Version 16, SAS 9.4, and ArcGIS 10.7.1, NVIVO required to analyse demographic datasets, are installed with multiuser licenses. The other important software are MORTPAK, Spectrum, Endnote X7, and ATLAS.ti. The ICT division creates, maintains, and updates information on the Institute's website & Social media accounts regularly. The unit provides webmail service, enabling remote access to its users and provides 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. The Data Centre at IIPS has all relevant demographic datasets such as census, and various rounds of large-scale surveys conducted by IIPS, which can be directly accessed by IIPS users locally. Through a web portal <https://www.iipsdata.ac.in>, online databases of surveys conducted by IIPS are also disseminated to the registered users. The Institute inaugurated a new Census Data Workstation on December 12, 2023. The Census Data Research Workstation is a state-of-the-art facility designed to facilitate access to India's Census Microdata for academicians and researchers.

Prof. Chander Shekhar is the In-charge of the ICT Unit, and Mr. A.K. Mishra is the System Manager

(I) PLACEMENT CELL

The placement cell is actively enhancing the placement opportunities for students graduating from IIPS. Students undergoing each course at IIPS nominate two of their representatives to the placement cell. Under the direction of the two placement cell coordinators (Drs. T R Dilip and Manas Ranjan Pradhan), the placement officer and twenty student representatives organize and carry out the placement cell's activities. In 2023–2024, the placement cell held eight training sessions and pre-placement events. This year, Pfizer Health Care India Ltd., The HANS Foundation, Antara Foundation, and CMIE (Centre for Monitoring Indian Economy Pvt Ltd), MAGIC BUS Foundation, PRAKRUTHI have extended campus placement offers to IIPS students. Additionally, the placement cell supported over thirty students in locating appropriate summer internship positions in public and private sector organizations.

The projections/estimations for the activities for the period January-March, 2025 i.r.o. IIPS is as under:

- i) Annual Sports
- ii) IIPS National Seminar
- iii) LASI-2 weeks TOT (March-2025)
- iv) GATS
- v) Inauguration of new Building.

3.3.18 MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM, MAHARASHTRA - 442 102

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. 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.

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.

QUALITY MEDICAL EDUCATION

The institute strives to produce doctors of high clinical competence, professional attitudes and ethical behavior. Our approach to medical education with the spotlight on rural community-oriented education. Our students are expected to adhere to professional norms which include altruism, compassion, empathy, accountability, honesty and integrity.

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. **The same has been adopted by National Medical Commission for all medical colleges.** For 15 days during 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.

HEALTH CARE

Kasturba Hospital has 972 beds: 660 teaching beds, 280 service beds and 32 private rooms including 122 beds in different Intensive Care Units 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.

Kasturba Hospital: Statistics

Total Beds	972
OPD attendance	823903
Outreach patients examined	83291
Indoor patients	463 84
Surgeries performed	16858
Health insurance cards issued	108714
Investigations (Pathology, Biochemistry Microbiology & Radiological)	1153102

The Institute's commitment to the community is well known. Community-based programs have been consistently implemented to enhance health care services. The Department of Community Medicine has adopted four primary health centers and developed a model of decentralized healthcare delivery at village level through Community-based Organizations and the Panchayati Raj Institutions.

Our Achievements

Mahatma Gandhi Institute of Medical Sciences (MGIMS) **has been awarded the prestigious NAAC A+ grade by the National Assessment and Accreditation Council (NAAC)**. The institute has been at the forefront of the generic medicine movement that transformed the rural healthcare landscape.

The low-cost drug initiative has not only led to improved patient outcomes but has also remarkably reduced the financial burden associated with medical treatments, both for outpatients and inpatients.

MGIMS is conscious of the fact that medical education needs to maintain the right balance in eternal the triangle of 'quality, relevance and equity'. In our perennial quest to attain the perfect blend, we never forget that these three arms are not in conflict, and equity cannot be kept at abeyance.

Over the last five and a half decades, the MGIMS faculty has been striving hard to imbibe the philosophy which makes it pursue excellence in academics, healthcare and research, more than

mundane needs and money; and to maintain excellence in quality. Today, MGIMS has impressive academic standards and excellent research facilities. Our alumni, spread far and wide across the globe, continue to bring laurels to their Alma Mater.

3.3.19 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 SAG level medical officer from Central Health Services with specialization in public health administration of Central Health Services (CHS) and supported by officer 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 of 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 relevant health related information under 6 major themes viz. Demographic, Socio-economic, Health Status, Health Finance, Health Infrastructure and Human Resources in Health. National Health Profile report for year 2023 has been published and same is available in CBHI's website www.cbhidghs.mohfw.gov.in.

CBHI also conducts short term & long term trainings and sensitization Workshops for the Officers and the Para-medicals working in Health institutions of India for strengthening of Medical Record System 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 are conducted by 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 (6 months classroom training to 6 months project)	MRD & TC at: - Safdarjung Hospital, New Delhi - JIPMER, Puducherry
2	Medical Record Technician (MRT)	08 batches (2 batches at each training centre)	6 Months	MRD & TC at: - Safdarjung Hospital, New Delhi - JIPMER, Puducherry - Dr. R M L Hospital, New Delhi - RIMS, Ranchi

(Note: Training Calendar, Eligibility, Guidelines and Application Forms for all the above courses are available on CBHI official website www.cbhidghs.mohfw.gov.in)

Short term Training: Short term Training is 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

S.No	Name of training	Batch	Duration	Training Centre(TC) & Field Survey Unit (FSU)
3	Orientation training course on Health Information Management (For Officers)	08	5 days	RHSTC 6 Mohali FSUs &
4	Orientation training course on Health Information Management (For Para -medical personnel)	14	5 days	RHSTC 6 Mohali FSUs &
5	Orientation training course on Family of International classification (ICD & ICF) (For Non -Medical Personnel)	20	5 days	RHSTC 6 Mohali FSUs &
6	Orientation training course on Medical Record & Information Management System (MRIM)	08	5 days	RHSTC 6 Mohali 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 02 on ICF per FSU) in a year in various medical colleges and hospitals .

3.3.20 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 the 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 the 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 the development of IEC materials, training, and health behavioural research.

1. Training programs:

- Conducted twenty sensitization/ orientations training program on Health Education & Health Promotion for 922 students from medical, nursing and Masters in Public Health programs.
- Organised three weeks Internship Program for 13 PG students of MD CHA of the National Institute of Health and Family Welfare (NIHFW) from 3rd to 24th July 2024, broadly focused on various health topics.

2. Workshop/Webinar:

- Conducted National Exploratory Workshop for Training & Awareness on Assistive Technology (NEWTAAT-2024) at India Habitat Centre on 16th April 2024.
- Conducted four online review meetings with domain experts for the preparation of training modules on the products enlisted in the National List of Essential Assistive Products (NLEAP);

Dates	Domain
01.05.2024	Hearing
01.05.2024	Mobility
02.05.2024	Vision
07.05.2024	Self care

- Conducted a four-day Modular Training Program on Musculoskeletal Disorders in collaboration with the Ministry of AYUSH for 156 AYUSH Master Trainers at CHEB from 13th -17th May 2024 as follows;

Dates	Domain	Number of participants
13.05.2024	Ayurveda Master Trainers	56
14.05.2024	Homeopathy Master Trainers	55
16.05.2024	Unani Master Trainers	26
17.05.2024	Siddha Master Trainers	19

- Participated in Multi-stakeholder Consultation-Building an Investment case & measurement framework for adolescent health & well-being in India 2024 organised by RKSK in collaboration with WHO on 30th April, 2024
- Organized five sensitization program on Health Promotion at Workplace, highlighting Prevention of Sexual Harassment (PoSH) at Workplace, as a healthy setting approach for Government employees from Dte. General of Health Services with 152 participants at CHEB on 30th April, 2024, 10th & 21st May, 13th & 27th June 2024.
- CHEB delegated as one of the experts in the final consultation on the Strategic Action Framework for Community Engagement and Resilience in WHO South-East Asia Region (Online) on 21st June 2024.
- Nominated on the behalf of the Ministry of "Health & Family" with "Welfare Govt. of India" to participate in the Regional Workshop on Health Promotion Policy Transformation for Achieving Health Equity and Well-being (online) on 26th June, 2024
- First School CPR Program-Stakeholder consultation/ meeting to brainstorm the national policy-making and dissemination country-wide at AIIMS, New Delhi on 23rd July, 2024- CHEB participated as one of the stakeholders.
- Participated in a workshop on improving cardiovascular health in Asia organised by the Asia-Pacific CVD Alliance at IHC on 8th August, 2024.
- Engaged in the Workshop on Content Creation for iGOT under Mission Karmayogi organised by NIHFW on 13th August, 2024
- CHEB contributed to multiple panel discussions in the World Conference on SAFETY, 2024 organised by the Ministry of Road Transport, MoHFW and WHO from 1st September, to 4th September, 2024.
- Attended the 'WHO Regional Meeting on Accelerating Access to Rehabilitation in South-East Asia, - region on 4th September, 2024 at Nirman Bhawan, New Delhi.
- Participated in the 'Building a Safer Future for All Children: mainstreaming Unintentional Injury Prevention to Support Equity, Scale up and Sustainability at India Habitat Centre on 1st September, 2024.
- Attended the National Consultation on 'Preparation of Capacity Development Courses on RHI' at Coalition for Disaster Resilient Infrastructure (CDRI) on 20th September 2024

- Organised a Symposium cum Workshop for International Week of Deaf People, 2024 in association with NPPCD on 27th September 2024 at CHEB
- Participated in the National Consultation on IHR (2005): Recent Amendments and the way forward on 22nd & 23rd October 2024 at NCDC.
- Contributed in the panel discussions at the 'National Conference on Sustainable Provision of Assistive Technology (NConSPAT)-2024' –from 8th – 9th November 2024 at ICMR.

3. Development of Information Education Communication (IEC) materials/reports:

Print materials:

Ø Development of the following IEC booklets;

- Cyber Health Promotion in Hindi
- Prevention of Sexual Harassment (PoSH) at Workplace – A Health Promotion Approach - both in English and Hindi
- 'Navigating Menopause' for awareness and dissemination during IITF, 2024 both in English and Hindi: The booklet covers key information on menopause, including common symptoms, health concerns, and ways to manage symptoms using both pharmacological and lifestyle modifications. It also highlights the red-flag signs that need medical attention, answers common questions, and includes a self-assessment checklist to help women track their symptoms.

Videos:

- Ø Developed video on 24 communication messages between doctor & deaf patient for understanding the health issues in association with Indian Sign Language Research and Training Centre (ISLRTC) and launched on 27th September, 2024 by DDG (P), Dte. GHS.

Electronic materials:

- Ø Developing 24 training modules on mobility, vision, hearing& self-care domains on Assistive technology for healthcare workers.

4. Social media activities:

- Ø Twitter handle, Facebook page, and Instagram on the occasion of Health Day's: The following 08 social media posts on the occasion of National/International Health Days were posted on CHEB to create awareness.

World Health Day, 7th April, 2024; National Youth HIV & AIDS Awareness Day, 10th April, 2024; World Liver Day 19th April, 2024; World Malaria Day, 25th April, 2024; National Doctor's Day, 1st July, 2024; World Breastfeeding Week, 1st-7th August, 2024; World Alzheimer's Day, 21st September, 2024; and International Day of the Older People, 1st October, 2024.

- Conducted social media campaign on World Hepatitis Week and posted 8 different posts for awareness from 22nd July to 28th July, 2024.
- Conducted social media campaign from 23rd to 27th September, 2024 on the occasion of International Week of the Deaf People.
- All Health Promotion and Health Education activities undertaken by CHEB like Training programs, workshops, etc posted on the Twitter handle, Facebook page and Instagram of CHEB social media platforms.

5. Research & publication:

- Published articles:
 - o "Empowering Inclusion: Understanding Community Perspectives on Persons with Disability and Assistive Technology - A Pilot Study. International Journal of Preventive, Curative and Community Medicine 2024; 10 (1):16-21.
 - o Action for Cyber Health Promotion: A Mixed-Method Assessment to Study the Effect of Cyber bullying on Health. Indian Journal of Youth and Adolescent Health 2024; 11 (1):6-12
 - o Article on 'Integrating Generations for Comprehensive Health Promotion: A Holistic Approach' at Preventive Medicine: Research and Reviews.
- Developed questionnaires for conducting survey:

- o Knowledge, Attitude, and Practices regarding Hypertension among School Children.
- o Knowledge, Attitude, and Practices regarding Assistive Technology
- o Knowledge, Attitude, and Practices regarding Menopause

6. Meetings of Technical Advisory Committee (TAC):

- Organised the 2nd Central Coordination Committee (CCC)- NPPCD on 24th April 2024 at CHEB.
- Attended Food Safety Emergency Response Framework - National Sensitization meeting held at NCDC on 2nd August, 2024.
- Organised a meeting with NCDC on 9th September, 2024 to plan a National Level Meeting on Risk communication and Community engagement.
- Participated in a preliminary meeting to discuss PRATAP Phase II at the Dept of Emergency Medicine, JPNATC, AIIMS, held on 17th September, 2024
- Constituted TAC to make CHEB accessible for Persons with Disabilities and the first meeting was held on 9th October 2024.
- CHEB in collaboration with NPPCD conducted TAC meeting to discuss the development IEC materials for NPPCD.

7. Community outreach program (मलि, सुने, कहे- सामुदायिक सहभागिता अभियान):

- Conducted program on Health, hygiene, and mental health under "मलि, सुने, कहे- सामुदायिक सहभागिता अभियान" with 73 children at Bal Sahyog, Connaught Place, New Delhi on 12th April, 2024
- Organised community outreach program on "Dementia" with 48 elderly people of Senior Citizen Welfare Association, at Lajpat nagar on 15th May, 2024
- Organised community outreach program on under मलि, सुने, कहे- सामुदायिक सहभागिता अभियान on Alzheimer's disease and Dementia with

50 elderly people in association with the Senior Citizens' Welfare Association, Vasant Kunj on 16th July, 2024.

8. Collaborations / Others activities:

- Collaboration with AIIMS for the PRATAP Phase-II project.
- Collaborated with ICMR & WHO for organizing National Exploratory Workshop for Training & Awareness on Assistive Technology (NEWTAAT-2024).
- Collaborated with AYUSH for organising 4-day training programs at CHEB.
- Coordination with various subject matter experts working on assistive technology for developing training module institutes and hospitals.
- Coordination with the Indian Sign Language Research and Training Centre (ISLRTC) for the development of communication messages between Doctors and Deaf patients.
- Coordination with IIT-Delhi, IIT-Madras, Safdarjung Hospital, AMTZ etc. for Assistive Products to demonstrate during IITF, 2024 at Pragati Maidan.

9. 5th IAPSM Young Leaders' National Conclave, AIIMS, Delhi:

CHEB participated to promote health education and generating awareness in the 5th IAPSM Young Leaders' National Conclave, AIIMS on 9th and 10th November, 2024. CHEB partnered with the Centre for Community Medicine for Public Health-related activities and supported "Sparks of Ingenuity," a series of 10 competitions i.e. (i). Young Leaders' Parliament; (ii) Young Leader Ambassador; (iii) Quiz: Knowledge Rumble; (iv) Health Message Reels: Reel it for Health; (v) Short film competition: YLC Cinematics; (vi) Health Photography competition: Lens on Public Health; (vii) Critical appraisal of articles: Epi-critique; (viii) Policy Pitch; (ix) Selling a health-promoting ideas: Idea Box and (x) Health-promoting Jingle: Jingle Jam to encourage youth leadership for health, and create impactful solutions for promoting health awareness.

Apart from these, CHEB has set up a stall for the dissemination of IEC materials and interaction with the conference attendees on the activities undertaken by the Bureau. The focus was on Assistive Technology and Menopause. CHEB got encouraging response from the visitors and they appreciated the booklets developed on various health-related issues i. e Understanding Alzheimer's, mental health promotion, health promotion on Persons with Disabilities, health promotion for youth, Cyber health promotion etc.

The details of the visitors at stall;

Dates	Number of registered visitors
09.11.2024	113
10.11.2024	84
Total	197

10. India International Trade Fair, 2024

CHEB participated in 43rd edition of the India International Trade Fair (IITF) was organised from 14th to 27th November, 2024 at Pragati Maidan New Delhi. The theme of the Health Pavilion of IITF 2024 was “**One Health**”.

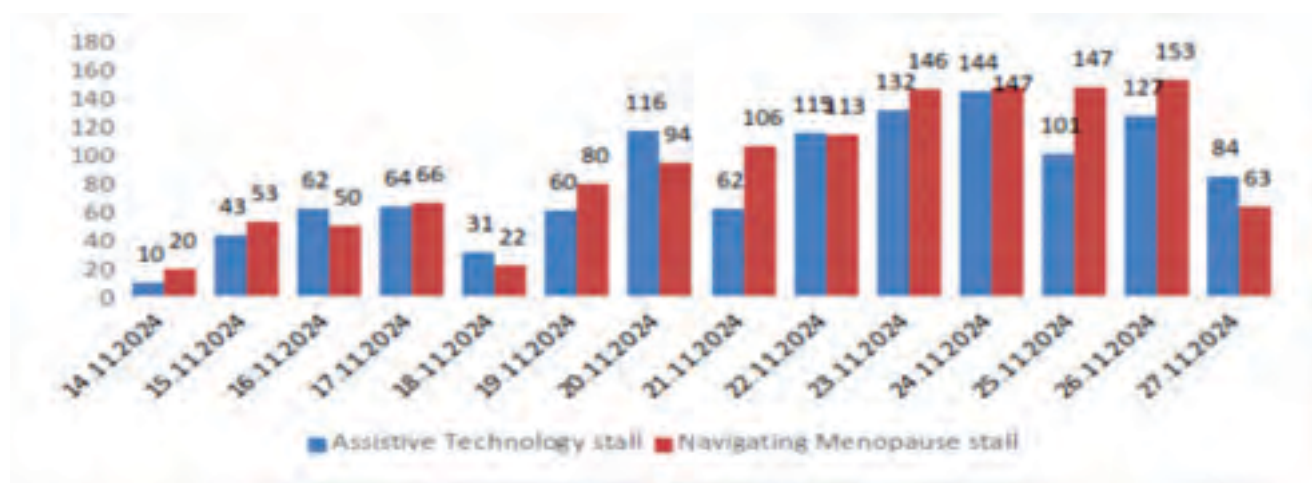
CHEB had set up two stalls one was on Assistive Technology along with health promotion for Adolescents & youth and the second was on Navigating Menopause. The purpose was to create awareness of the various domain-wise available devices of AT and Menopause. The activities planned for health education & health promotion with the visitors at the stall level.

Stall (9 & 10) – Assistive Technology	Stall (11) – Navigating Menopause
i. Physical display of Assistive products for live demonstration. ii. Booklet display at counter i.e. Assistive Technology, Health promotion on Persons with Disabilities (PwD), Understanding Alzheimer's, Cyber Health Promotion and Healthy Children Health India etc. iii. LCD projection of audio and video spots developed by CHEB on various health issues and CHEB activities iv. Quiz activities at stall level on AT and health and hygiene v. Survey questionnaire on Knowledge, attitude & practices (KAP) on Assistive Technology	i. Booklet display at counter i.e. Navigating Menopause and Mental Health Promotion. ii. LCD display of booklets and other audio and video spots developed by CHEB on various health issues and CHEB activities iii. Quiz activities at stall level on Menopause and Mental health. iv. Survey questionnaire on Knowledge, attitude & practices (KAP) on Navigating Menopause

Stage level activities:

- i. **Drawing competition:** Competitions on topics related to Healthy lifestyle and Road Safety
- ii. **Slogan competition:** Competitions on Healthy Lifestyle and Road Safety
- iii. **Quiz contest:** Contests on Assistive Technology, Menopause and Health & hygiene
- iv. **Word searching puzzle game:** Puzzle game on Assistive devices, Navigating Menopause, Alzheimer's.
- v. **Nukkad Natak:** Organised four nukkad natak on Assistive Technology and Navigating Menopause in collaboration with Raj Kumari Amrita Kaur College of nursing, on 24th & 25th November, 2024.
- vi. **Talk Show:** Conducted talk show on Navigating Menopause with Gynaecologist
- vii. **Demonstration of Assistive Products:** Organised activities for live demonstrations of the domain-wise assistive products for the audiences

The numbers of visitors reached out at both the stalls of CHEB were as follows:



11. Reports:

- National Exploratory Workshop for Training & Awareness on Assistive Technology (NEWTAAT), 2024 on 16th April, 2024.
- Modular Training Program on Musculoskeletal Disorders for AYUSH Master Trainers on 13th, 14th, 16th, and 17th May 2024.
- Three community outreach campaign “मलि, सुने, कहे- सामुदायिक सहभागिता अभियान” held in the month of April, May and July, 2024.
- Sensitization program on Health Promotion at Workplace, highlighting Prevention of Sexual Harassment (PoSH) at Workplace, as a healthy setting approach.
- Internship Training Program for MD CHA students of the National Institute of Health and Family Welfare.
- Workshop on Menopause; Awareness and Navigation (WoMAN), 2024 on 6th August, 2024.
- Symposium cum workshop on International Week of the Deaf People, 2024 on 27th September, 2024
- Observance of World Population Day -2024 on 15th July 2024.
- India International Trade Fair, 2024 organised from 14th November -27th November, 2024

12.Observance of Health Day's in 2024:

1	Observed World Hepatitis Day - awareness session at CHEB on 26 th July, 2024	4	Observed International week of the Deaf People, 2024 on 27 th September, 2024.
2	Celebration (Virtual) of World Drowning Prevention Day on 25 th July, 2024.	5	Organised Swachhta Pakhwada under Swachhta Hi Seva, 2024 from 17 th September, 2024 to 2 nd October, 2024.
3	Celebrated Hindi Pakhwada from 13 th September, 2024 to 26 th September, 2024		

Glimpses of CHEB's activities, 2024



3.3.21 Regional Offices of Health & Family Welfare (ROHFW)

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 Program (NMEP) activities. Another office, named Regional Health Office (RHO) came into being in 1963 to co-ordinate and supervises 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 programs, 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

Table 1: Sub-units with staff in ROHFWs

S No	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)

Vision

To emerge as a Technical Resource Centre in the State /UT, as an extended arm of the Dte. General of Health Services/MoHFW, GOI, with a view to supplement the efforts of the State/UT Government, in achieving the highest possible standards of health for the people of the state /UT.

Mission

Regional Office for Health and Family Welfare would work towards creating a credible and diligent organization for rendering relevant technical inputs in developing robust, preventive and promotive health system in the states/UT while acting as an effective link between the MoHFW /DGHS, GOI and the states /UT.

Roles and Functions:

Field Activities:

Review of National Health Programs Outbreak investigations Activities pertaining to inspection of sites –for NCDC, HEOC, NELS, etc. Facilitation of activities of MoHFW/DGHS activities- e.g. MDA, central team visits, health desk establishment for Haj, monitoring of Amarnath Yatra preparations, Aspirational Block program etc. Inspections of facilities/hospitals for empanelment under various central government Health schemes.

Training and workshops:

- Malaria microscopy, Filaria microscopy, CBHI components,
- As a resource person in various training activities arranged by state and central program divisions.
- Monitoring of training under different NHPs.

Liaison & Coordination

- Having been established with primary objective of ensuring proper liaison and co-ordination; RoHFW serves as a critical link between the state and the center for all health-related activities such as monitoring and evaluation, review and assessment of data, and to provide feedback. This is crucial in coordination while implementing and monitoring the activities of MoHFW.
- 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 Programs (NHPs).

- Total 676 state level and 1132 national level meetings were attended all RoHFWs in virtual and physical mode.

Research studies

- RoHFWs are involved directly and indirectly in research studies in respective states. A few published studies are discussed below.
- RoHFW Bhopal prepared Filaria Microscopy Training Module in Hindi language for Lab. Technicians of Madhya Pradesh. Prepared Analysis booklet of HMIS data of all the districts of Madhya Pradesh and shared with MD NHM and SPOs. Comparative analysis booklet of Malaria was prepared wherein data of Malaria in all 4 Portals (State M4, IHIP, IDSP, HMIS) was compared.
- An eco-epidemiological analysis of Dengue outbreak in Port Blair, South Andaman Island, India, during 2022[J Vector Borne Dis. 2024 Jan 16. doi: 10.4103/0972-9062.393973.
- Epub ahead of print. PMID: 38238773]
- First Report of *Anopheles annularis* L., *An. maculatus* s.s., and *An. culicifaciens* L. as Malaria Vectors and a New Occurrence Record for *An. pseudowillmori* and *An. sawadwongporni* in Alipurduar District Villages, West Bengal, India[Microorganisms. 2024 Jan 3;12(1):95. doi:10.3390/microorganisms12010095. PMID: 38257922; PMCID: PMC10818895.]

Laboratory

- RoHFW plays an important role in quality control and cross checking of malaria and filaria blood slides and undertaking therapeutic efficacy studies.

Regional Evaluation teams

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 program. In addition, they also field verify the work carried out by the Health workers, children for fully immunization, mothers covered under RCH program.

The teams also conduct satisfaction of work by ANM & ASHA with mothers and PRI.

Achievement of the ROHFWs:

- All RoHFW units have visited total 276 districts for review of different NHPs.
- All units are engaged in review and supportive supervision of National Health Programs of MoHFW and DGHS and function as technical expert to assist and facilitate the effective implementation of NHPs in respective states.
- RoHFWs play crucial role in coordination for outbreak investigations by state as well as central teams. E.g. Chandipura in Gujarat, Nipah in Kerala, Zika in Kerala, Maharashtra, etc.
- Active involvement and support by RoHFWs have been instrumental in Elimination/eradication programs of diseases like Lymphatic Filariasis, Malaria, Tuberculosis, Leprosy, Kala Azar, etc.
- Ahmedabad, Lucknow, Bhopal, Bhubaneswar, Chennai, etc. units are actively arranging orientation and awareness programs of diseases in schools- Dengue, Malaria, Vector control,
- LLI Supportive N user assessment Surveys were done in six districts by using technology through mobile app (epicollect 5) Entomological assessment performed in two districts by using technology through mobile app (epicollect 5) MMDP training provided in five districts of Madhya Pradesh by RoHFW Bhopal
- Organized workshops on Oral /Dental Health, BP, Diabetes and Cancer Awareness for the staff and officers of ROHFW, Bhopal.
- Organized workshops on Oral /Dental Health, BP, Diabetes and Cancer Awareness for the staff and officers of ROHFW, Bhopal.
- E-posters were presented by RoHFW Bhubaneswar in NPHICON by NCDC New Delhi. SRD Chennai functioned as evaluator in NPHICON.
- SRD Chennai is involved in various national and state workshops and training as a resource person. RD Trivandrum actively contributes as faculty in PHEDM. RD Pune has functioned actively as resource person in National

Leprosy Review for high endemic states and PHEDM.

- RoHFWs are performing crucial role in land/site identification and co-ordination for establishment of institutions viz. NCDC, BSL-3 labs, Metropolitan survey Units, Health Emergency Operation
- Centre (HEOC), National Emergency Life Support (NELS) skill centres, CBRN management center.
- SRD/RD has participated in inspection of empanelment of institution as and facilities under Organ transplant, Trauma and Burns, PMNRF, CSMA, etc.
- ROHFW Chennai was part of the Rabies Elimination Plan of Tamilnadu and SRD is a part of the State Disease Elimination committee for Malaria, Filaria, Rabies, MR, etc. SRD coordinated Central team from BTS, DGHS held discussion with project Director TANSACs regarding operationalization of Metro Blood Bank site. Conducted Health Camps for 49 housekeeping workers of Rajaji Bhavan. Beach cleaning work done by ROHFW staff at Olcotkuppam, Besant Nagar. Organized Anti Dengue Month Celebrations at ROHFW Chennai.
- ROHFW Imphal investigated the reason for upsurge of Malaria in Lawngtlai the highest endemic district of Mizoram. Assessed the malaria situation in Nagaland and supported to prepare application for Zero indigenous malaria Certification for the eligible districts.
- Blood Donation Campaign was organised by the ROHFW, Lucknow in which the ROHFW, Lucknow was awarded by the Hon'ble Governor of Utter Pradesh. Mrs. Anandiben Patel.

Performance of RoHFWs in 2024

S.No	Key indicators	Ahmedabad	Bengaluru	Bhopal	Bhubaneshwar	Chandigarh	Chennai	Guwahati	Hyderabad
1	Total Number of District visits	15	40	60	34	10	16	12	30
2	Number of NHPs monitored/ reviewed and reports submitted (Number of districts)								
i	NCVBDC	12	24	50	31	10	7	15	23
ii	NP-NCD	5	4	9	2	13	10	7	16

- Conducted and participated in school health awareness programs in collaboration with the DVBDC office Patna for the prevention and control of dengue and chikungunia during anti dengue month 2024 at JD Girls High School Adalatganj near Taramandal Patna
- The Officers of ROH&FW, Shillong & Guwahati coordinated & liaised with the Central Team, States of Assam, Arunachal Pradesh & Bhutan & Indo-Bangla & Indo between Assam, Meghalaya & Bangladesh for the IMEP II, district/ local level bilateral face to face meeting for cross border Malaria elimination.
- Significant achievements were reported from RoHFWs in Swachta Hi Seva Campaigns in terms of condemnation/weeding and space.
- "RoHFWs are performing crucial role in land/site identification and co-ordination for establishment of institutions viz. NCDC, BSL-3 labs Metropolitan Survey Units, Health Emergency Operation
- Centre (HEOC), National Emergency Life Support (NELS) skill centres, CBRN management centre".

Strengthening of RoHFWs

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.

S.No	Key indicators	Ahmedabad	Bengaluru	Bhopal	Bhubaneshwar	Chandigarh	Chennai	Guwahati	Hyderabad
iii	NLEP	1	4	9	1	5	3	12	9
iv	NMHP	0	1	9	0	0	1	6	11
v	TRAUMA	0	2	1	1	0	0	3	4
vi	NPHCE	1	2	7	0	13	1	6	12
vii	NPPC	1	2	2	0	0	1	0	12
viii	NOHP	0	1	1	0	0	1	3	2
ix	NPPCF	0	1	1	0	0	0	0	0
x	NTCP	0	1	1	0	13	0	11	0
xi	NPCBVI	0	1	8	0	0	3	10	0
xii	NTEP	3	3	9	4	13	3	11	13
xiii	NACP	0	1	1	1	0	0	0	5
xiv	IDSP	3	3	2	9	2	0	11	17
xv	UIP	0	1	9	2	0	1	0	15
xvi	RMNCHA+N	1	2	11	2	13	5	0	15
xvii	NPPCD	0	1	1	0	0	1	0	0
xviii	NIDDCP	0	1	1	0	1	0	10	2
xiv	Trauma & Burns	0	2	1	1	1	0	3	4
xx	Other(including outbreak investigation)	2	21	14	0	0	12	3	6
3	Number of malaria slides for crosschecking (received)	30403	49486	21634	25533	63671	206650	12205	87388
4	Number of Filariasis slides for crosschecking (received)	811	7831	219	6061	0	11907	0	7834
5	Trainings conducted /number of trainees	6/116	10/166	12/139	37/1380		7/175	24	5/323
6	Trainings attended.	5	2	4	2	4	19	4	5
7	Online and physical meetings (State level)	42	40	63	87	52	35	16	80
8	Online and physical meetings (National level)	74	55	71	136	63	78	98	125
9	Total Budget Utilized(%) - till oct.	51%	63.30%	55.80 %	47.59%	45.62%	52.55%	60%	62%

Performance of RoHFWs

S.No .	Key indicators	Imphal	Jaipur	Kolkata	Lucknow	Patna	Pune	Shillong	Shimla	Srinagar	Trivandrum
1	Total Number of District visits	15	11	43	41	61	30	15	0	8	12
2	Number of NHPs monitored / reviewed and reports submitted (mention number of districts)										
i	NCVBDC	9	10	21	25	35	30	14	0	4	9
ii	NP-NCD	1	10	12	2	7	16	9	0	8	9
iii	NLEP	1	10	10	0	4	1	12	0	4	6
iv	NMHP	0	10	0	0	2	16	8	0	1	6
v	TRAUMA	0	5	0	0	2	0	8	0	2	5
vi	NPHCE	0	10	0	0	1	16	9	0	3	10
vii	NPPC	0	10	0	0	0	13	0	0	0	5
viii	NOHP	0	10	0	0	2	16	6	0	1	5
ix	NPPCF	0	10	0	0	0	0	0	0	0	5
x	NTCP	0	10	0	0	2	16	8	0	2	5
xi	NPCBVI	0	10	0	0	1	17	8	0	2	5
xii	NTEP	5	10	0	2	1	1	14	0	7	8
xiii	NACP	0	10	0	0	0	1	0	0	1	7
xiv	IDSP	2	10	0	1	18	1	12	0	5	9
xv	UIP	1	10	0	1	3	0	0	0	3	12
xvi	RMNCHA+N	0	10	0	1	1	0	2	0	3	12
xvii	NPPCD	0	10	0	0	7	1	0	0	0	5
xviii	NIDDCP	0	10	0	0	1	1	8	0	0	6
xiv	Trauma& Burns	0	6	1	0	2	0	8	0	2	7
xx	Other(including outbreak investigation)	5	7	0	0	3	0	4	0	4	9
3	Number of malaria slides for cross checking (received)	1478	40022	66612	8831	10974	208769	8515	0	0	0
4	Number of Filaria slides for cross checking	0	0	5688	5115	9940	20336	0	0	0	0
5	Trainings conducted /number of trainee	5./94	7/107	8/192	16/275	9/172	9/337	1./20	0	3/160	3./95
6	Trainings attended.	0	3	4	5	5	24	4	0	5	5

S.No .	Key indicators	Imphal	Jaipur	Kolkata	Lucknow	Patna	Pune	Shillong	Shimla	Srinagar	Trivandrum
7	Online and physical meetings(State lev	12	22	35	45	85	98	21	15	8	30
8	Online and physical meetings (National	63	30	49	65	73	90	98	38	38	76
9	Total Budget Utilized (%) - till oct.	68.97%	53.42%	54.36%	56.30%	43.46%	62%	60%	66	62%	49%

3.3.22 National Medical Library

The National Medical Library (NML) is the apex Medical Library of India under the Directorate General of Health Services (Dte.GHS), Ministry of Health & Family Welfare, Government of India. The NML was established on April 7, 1966, on the recommendations of the Bohre Committee on Health Survey and Development, headed by Sir Joseph Bhore in 1946. One of NML's greatest strengths is its status as the richest collection of medical books, journals, reports, and electronic databases in the country. With a vast collection of over 7 lakh books, bound volumes of journals, and reports, NML plays a crucial role in India's healthcare information delivery system, catering the information needs of healthcare professionals, researchers, and policymakers. Its extensive resources contribute significantly to the advancement of medical research, education, and the formulation of evidence-based healthcare policies in the country.

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's reading hall remains open on all open days in the year from 8.00 AM to 10.00 PM 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, advocates 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/-. The members are allowed to get one book 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 76 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 228 + 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 (2)
11.	Jammu & Kashmir (2)
12.	Jharkhand (2)
13.	Karnataka (1)
14.	Kerala (1)
15.	Madhya Pradesh (2)
16.	Maharashtra (7)
17.	Manipur (1)
18.	Meghalaya (1)
19.	Mizoram (1)
20.	Orissa (2)
21.	Pudu cherry (1)
22.	Punjab (1)
23.	Rajasthan (3)
24.	Tamil Nadu (2)
25.	Telangana (4)
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. 1st January to 31st October 2024, the users downloaded 13,47,415 (Thirteen lakhs forty seven thousand four hundred fifteen) articles from the e-resources of ERMED Consortium.

Databases: The National Medical Library (NML) continues to elevate its status as a premier institution in the medical field through the expansion of its e-resources. The NML has subscribed four prominent medical databases for the benefit of medical fraternity. The names and the key features of the databases are as under:

Access Medicine Database: Access Medicine is an interactive online learning solution database from M/s McGraw Hill publishing company. Authoritative, trusted, and continuously updated, it delivers unlimited access on any device. The NML has subscribed it and extended its access to 64 member institutes under the NML ERMED Consortium from January 2024. The Access Medicine database supports medical education and clinical practice with the following collection:

200+ Book Titles

650+ Infographics

300+ Anatomy Module

43,000+ Self-Assessment Questions

2,100+ Clinical Cases

259,000 + High-Resolution Images

2,900+ Videos, Audio and Multimedia Resources

9,000+ Patient Education Handouts

130+ Audio Podcasts

6500+ Drug Monograph

BMJ Database: The NML started subscribing BMJ database (British Medical Journals) Resources from June 2024 and extended its access to 54 institutions across India.

BMJ Best Practice - Award winning clinical decision support tool which covers 2500+ Topics. The key features of this database are as under:

Ø Information on structured guidelines, patient centred approach, the only CDSS to have a **Comorbidities Tool Manager** and also available in app form;

Ø Covers over **10,000** diagnoses, more than **3,000** diagnostic tests and over 4,000 treatment guidelines;

Ø **500+** patient leaflets to support shared decision making;

Ø The in-house evidence team of BMJ continues to collaborate with over **1,600** international expert authors and over 2,500 peer reviewers, to ensure that BMJ Best Practice provides access to the best available information possible;

Ø Multimedia content including **5,000+** images, and videos that provide animated demonstrations of common procedures such as central venous catheter insertion etc.

BMJ Learning - 1000+ modules written by international experts covers a wide range of topics.

BMJ Learning is an interactive website designed to support personal development, learning and continue medical educations and create certificate

Records users progress online.

Research to Publications (RTOP): Research to Publication has been designed by the BMJ in collaboration with UCSF. The program is fully flexible, so users can choose modules and courses and complete them at their own pace. Users receive a certificate from The BMJ and UCSF upon completion

ClinicalKey: To enrich and provide latest information in medical sciences, the NML started subscribing Elsevier's ClinicalKey Physician database from June 2024. In fact, it is a clinical search engine and medical knowledge platform designed specifically for physicians and healthcare professionals. Developed by Elsevier, a leading provider of medical and scientific information, ClinicalKey Physician provides instant access to trusted, evidence-based medical content. The key features of the database are as under:

1. **Comprehensive Content:** Access to over 1,100 peer reviewed journals, 800 eBooks, and 50,000+ videos and over 4.2 million images.
2. **Advanced Search:** Semantic search technology provides relevant results,

including peer reviewed articles, images, videos, and guidelines.

3. Clinical Topic Pages: Summarized overviews of medical conditions, including diagnosis, treatment, and patient education.
4. Drug Monographs: Up-to-date information on medications, including dosing, interactions, and side effects.
5. Medical Calculators: Tools for calculating medication doses, lab values, and other clinical metrics.
6. Mobile Optimization: Accessible on desktop, tablet, or mobile devices.

ClinicalKey Physician offers several benefits to physicians and healthcare professionals:

1. Improve Diagnostic Accuracy: Quick access to trusted, evidence-based information enhances diagnostic confidence.
2. Efficient Decision-Making: Relevant search results and summarized clinical topic pages save time.
3. Enhanced Patient Care: Access to the latest medical research, guidelines, and treatment options.
4. Continuing Education: Staying current with the latest medical knowledge and advancements.
5. Streamlined Workflow: Integration with electronic health records (EHRs) and other clinical systems.

ClinicalKey Physician is designed for:

1. Physicians (primary care, specialists, and surgeons)
2. Residents and medical students
3. Nurse practitioners and physician assistants
4. Healthcare administrators and policymakers

By providing trusted, evidence-based information at the point of care, ClinicalKey Physician supports informed decision-making, improves patient outcomes, and enhances the overall efficiency of healthcare delivery.

MedOne Education : The National Medical Library added this database in the NML-ERMED Consortium from June 2024. This database has been developed by M/s Thieme Medical Publishers. It has been specifically designed to support undergraduate students, featuring top-rated color atlases across multiple specialties, texts authored by Indian experts in alignment with the CBME curriculum, and an extensive selection of resources relevant to undergraduate studies. The platform also offers a wealth of multimedia content and a vast repository of Q&A for exam preparation, including for competitive exams like NEET and USMLE. The key features of the MedOne Education are as under:

- Ø E-Books: Access to over 215 eBooks, with more added annually.
- Ø Multimedia: A collection of over 83,361 images and 1,310 videos, including detailed dissection videos.
- Ø Clinical Capsules: A comprehensive series of clinical learning modules covering various organ systems and specialties.
- Ø Q & A: A question bank of over 11,200 questions for self-assessment and exam preparation.
- Ø Mobile App: An accessible app available for Android and iOS.
- Ø Remote Access: Built-in remote access capabilities, with compatibility with MyLOFT, Shibboleth, and OA platforms.

This new addition reflects the National Medical Library's commitment to enhancing educational resources for India's future medical professionals.

Usage Report of the Databases: The access of these databases has been extended to the members of ERMED Consortium and members of National Medical library existing in Delhi and NCR region. The usage report of these databases shows that members are making full use of this facility. The members have downloaded 3,12,625 articles, chapters of the books and other reading material from 1st January to 31st October 2024.

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.

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 978 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.

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 2020, 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 Programs

Webinar & Physical Regional Training Programs by the Publishers of the Online Journals (ERMED Consortium)

The National Medical Library (NML) is successfully managing the ERMED Consortium. In 2024, the NML subscribed 228 online journals of five publishers - British Medical Journal Publishing Group, Cambridge University Press, Oxford University Press, Wolters Kluwers - Lippincott Williams & Wilkins and Wiley. These five publishers of online journals organized 24 webinars for training purposes on different dates for the benefit of users in the last four months. In addition to this the publishers also organized Physical Regional Training programs for the benefit of users. The details of the same are as under:

Institutions	Date
Dr. Rober Healing Library, Jaipur Wolters Kluwer	12 th July 2024
SSM, Jaipur, OUP,	16 th July 2024

Institutions	Date
AIIMS, Rishikesh, OUP	25 th July 2024
All Indian Institute of Medical Sciences (AIIMS), Rishikesh Wolker Kluwer	26 th July 2024
All Indian Institute of Medical Sciences (AIIMS), Deoghar Wolters Kluwer, OUP,	6 th August 2024 8 th August 2024
ESIC Medical College & Hospital, Hyderabad Wolker Kluwer	9 th August 2024
National AIDS Research Institute (ICMR), Pune Wolker Kluwer	10 th September 2024
All Indian Institute of Medical Sciences (AIIMS), Bilaspur Wolker Kluwer	27 th September 2024
NEIGHRIMS, Shillong Wolker Kluwer	18 th October 2024
All Indian Institute of Medical Sciences (AIIMS), Jammu Wolker Kluwer	14 th November 2024

Webinars & Physical Training Programs organized by the publishers of the Databases

The NML subscribed four important medical databases for the benefit of students, faculties, researchers, physicians and other information seekers. These include Access Medicine, MedOne, BMJ and ClinicalKey. The publishers of the

databases organized 26 webinars to train the library professionals, faculties and students to extensively used the databases & retrieve their desired information in hassle free manner. In addition to this the publishers of the databases also organized three Regional Training Programs. The details of the same are as under:

Vardhaman Mahavir Medical College & Safdarjung Hospital & Institute of Pathology (ICMR), New Delhi	2 nd September 2024
All India Institute of Medical Sciences (AIIMS), Kalyani.	22 nd November 2024, time 02.00 PM to 05.00 PM PM
Dr. Ram Manohar Lohia Institute of Medical Sciences, Vibhuti Khand, Gomti Nagar, Lucknow.	28 th November 2024

NML maintains a Branch Library in Nirman Bhavan, New Delhi to cater the information needs of the staff and officers of the Dte.GHS and MoHFW. Books, magazines and newspapers are issued to the officers of the Dte.GHS and MoHFW. Reading room facility is also available.

3.3.23 Rural Health Training Centre (RHTC), Najafgarh, New Delhi

Provides Primary Health Care Services to a population of approx. 1.05 million through three Primary Health Centres Najafgarh, Palam and

Ujwa. The Centre provides curative healthcare services through 183 (20 observational beds) Bedded RHTC Hospital partially operationalized with OPD and Emergency Services.

TRAINING ACTIVITIES

RHTC, Najafgarh houses an ANM (Auxiliary Nursing & Midwifery) School with in-take capacity of 44 students per year, totaling 88 students for two years Diploma. The Centre imparts training to Medical Interns, Community Health Nursing Training to BSc, MSc, GNM students from various Institutions. Around 440 Medical Interns and 2339 Community Health Nursing Students were imparted training in rural health from 1st January, 2024 to December, 2024.

PARTICIPATION IN IITF 2024

For the first time ever, RHTC, Najafgarh successfully participated in the India International Trade Fair (IITF) 2024. During the event, RHTC showcased its expertise in Cardio-Pulmonary Resuscitation (CPR COLS) and offered a wide range of services such as dietary advices, counseling services, physiotherapy, Ayush treatments, Dental consultation and dermatology services.

FUTURE VISION AND MISSION

Starting BSc. (Nursing) College, dedicated MCH, Trauma and Geriatric center. establishment of Model Rural Health Research Unit and National Institute of Rural and School Health is under pipeline.

3.3.24 HLL Lifecare Limited (HLL)

1.1 Achievements of Akkulam Factory Thiruvananthapuram (AFT)

- Modernization and capacity enhancement of AFT substation. (i) NEW MAIN SWITCH BOARD (MSB) PANEL (ii) NEW 1000 kVA OLTC TRANSFORMER

- Velvet Menstrual cup made available in e-commerce platforms (i) Amazon (ii) Flipkart (iii) Paytm (iv) MyStore
- Setting up of 2250 Sq.Ft. Class 10000 clean room facility for Copper-T production operation.
- Setting up of 1580 sq.ft CNC area for M-cup Production. Installation and commissioning of new LSR moulding machine for M-Cup production.
- Installation and commissioning of pressure testing system for Hydrocephalus shunt.
- Implemented Clean room space enhancement project (1800 sq.ft) for Blood Bag production.
- HLL Akkulam Factory received "ENERGY CONSERVATION AWARD 2023" in medium scale industries from Energy Management Center, Govt. of Kerala as an appreciation for the commendable energy conservation achievements.
- HLL Akkulam Factory received "Industrial Safety Award" award 2023-24, for outstanding safety performance in medium scale industries from Factories and Boilers, Govt. of Kerala.
- HLL Akkulam Factory received the best SAFETY WORKER award 2023-24, from Department of Factories & Boilers. The award was bagged by Mr. Binu (Blood Bag Production).
- HLL Akkulam Factory received award for "Excellence in Safety Management-2023-24" from National Safety Council, Kerala Chapter.
- HLL Akkulam Factory received award for "Outstanding safety performance -2023-24" from National Safety Council, Kerala Chapter.

The production quantities during the period January 2024 to December 2024 is as follows

Products	UOM	01.01.2024 to 31.11.2024
Blood Bag	Mpcs	6.89
Suture	Lakh Dz	77,177
Copper T	M pcs	4.91
Tubal Ring	M pairs	0.60
Emily	Nos.	3,993
M Cup	Nos.	59,654

1.2 Achievements-Peroorkada Factory Thiruvananthapuram [PFT]

1. Inaugurated 1MW solar power plant at HLL Peroorkada Factory which is the 1st HT grid connected solar system in Thiruvananthapuram.
2. Installation of online powder finishing system in RRT lines as a part of complete automation of condom production process in Ritcher technology (RRT) lines
3. Introduction of fillers in compounding operation of Ritcher lines for reduction of latex consumption by 10%.
4. Introduced software aided micro inventory management system in online QA using barcodes for location identities for each batch.
5. Incorporated instructions inside the wallets for branded variants to eliminate IFU thereby reducing the cost as well as a green initiative with enhancement of user experiences without compromising regulatory requirements.
6. Launch of Moods Lube sachets 5s pack and Moods Dotted 2s pack in domestic market
7. Implemented Tool Box talks in Maintenance and Production in HLL PFT in daily work activities.
8. RO Water Utilized in the cooling tower circuit of chiller plant. A quantity of 10kL (Approx) per day savings obtained
9. Re initiated Counselling & Guidance Centre activities at Peroorkada Factory to ensure employee well being.
10. Initiated bi-monthly talks through 'Counseling & Guidance Centre' under the name "BRAIN TALKS".
11. In house development of top foil length measuring equipment with data logging system in BRT machine for checking foil length
12. HLL Peroorkada Factory received "ABHINANDAN PATRA" for outstanding safety performance in very large categories other than Chemical & Engineering
13. HLL Peroorkada Factory received "BEST SAFETY COMMITTEE AWARD" in very large categories other than Chemical &

Engineering from National Safety council (Kerala Chapter)

14. Received "BEST SAFETY WORKER" Award from Department of Factories & Boilers, Govt of Kerala & National Safety council (Kerala Chapter)
15. Received Second Prize for "BEST SAFETY OBSERVER" competition 2024 from National Safety Council (Kerala Chapter)
16. 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 at Gandhinagar, Gujarat.
17. HLL Peroorkada factory received **FACT M.K.K NAIR- PRODUCTIVITY AWARD** 2024 for the "Best Performance in Productivity, Safety & Environment management, Quality, Welfare, Employee satisfaction" among large industries in Kerala.

1.3 Performance and Achievements of Kakkanad Factory Cochin (KFC)

The packing quantities of male and female condoms in Mpcs during the period January 2024 to December 2024 is as follows:

Product	January 2024 – December 2024
Male Condom (Mln Pcs)	141.65
Female Condom (Mln Pcs)	4.50

Other Achievements:

A new male condom packing machine from Boryung Technologies, South Korea has been installed and commissioned in primary packing to **enhance the primary packing capacity** at Kakkanad Factory, Cochin.

The highest ever capacity utilization of male condom production was achieved in FY 2023-24: 93% (278.40 Mpcs).

The highest ever capacity utilization of female condom production was achieved in FY 2023-24: 54% (13.53 Mpcs).

The highest ever turnover (79.46 Cr) and profit (10.93 Cr) were achieved in 2023-24.

Developed customer-specific artwork and packing mode for the **ICDDR,b Bangladesh order.**

Installed magnetic sensors in the cutting units of male and female condom strip packing machines to **enhance the safety of machine operator.**

1.4 Irapuram Factory Cochin (IFC)

* Successfully completed online washing on a Lifecare machine using Kendek powdering tumbler.

* Achieved the highest-ever capacity utilization of male condom production in FY 2023-2024 at 100.3% (276.8 million pieces).

1.5 Kanagala Factory Belgaum (KFB)

• The optimization of Ormeloxifene production reduced batch time from 35–40 days to 16 days, automated labour-intensive processes with a pneumatic stirrer, enhanced worker and equipment safety, and significantly lowered operational costs.

• Optimizing Beta Pyrrolidino usage from 106 kg to 100 kg per batch reduced costs by Rs. 38,580 per batch, resulting in annual savings of Rs. 617,280, while maintaining product quality and enhancing production cost-efficiency.

• The annual transportation contract for 2024-25 was finalized with a 33% cost reduction compared to the previous year, delivering significant savings.

• Successfully restored Brine Water Chiller (Voltas) by developing a new PLC program with the assistance of an external party after a critical program failure.

• Enhanced reliability and maintenance of Moulding Machine C by replacing the PLC & HMI-based temperature control system with individual temperature controllers.

• Ensured uninterrupted data transfer to CPCB New Delhi from the Sewage Treatment Plant by upgrading from a 2G SIM-operated modem to a 4G wireless router for internet connectivity.

• Improved maintenance and operation efficiency of the OCP-Steroidal 75-station

tablet compression machine through successful rewiring modifications.

1.6 Retail Business Division (RBD)

During the period from 01st Jan 2024 to 30th Sep 2024, HLL started operation of 27 AMRIT Pharmacies in 16 States / UTs. During this period, AMRIT Pharmacies on pan India basis served 104.88 Lakhs patients and passed on discounts to the tune of Rs. 1300 Crores to the needy people from MRP. The average footfall per day is increased to 40000 by September 2024.

AMRIT Pharmacies are acting as single point solution for all medical requirements of tertiary care hospitals where they are operating. AMRIT Pharmacies are providing medical items to the Ayushman Bharat Beneficiaries on credit basis and the payments to HLL is being released by the respective hospitals to HLL.

AMRIT Pharmacy is functioning in all operating AIIMS / INIs. HLL is operating multiple AMRIT Pharmacy outlets in major AIIMS / INIs.

1. HLL started operation of 4 Jan Aushadhi stores in 4 States / Uts.
2. HLL started operation of AMRIT Pharmacies in South Eastern Coal Field Hospitals at 4 locations.
3. HLL started operation of AMRIT Pharmacies in the hospital of VOCPA, Tuticorin
4. HLL signed MoU to start AMRIT Pharmacy in the Hospital of South Eastern Railway, Kolkata.
5. AMRIT Pharmacy started its operations in Arunachal Pradesh.
6. AMRIT Pharmacy started supply of stents and orthopaedic implants in AIIMS New Delhi.
7. HLL made the first export of Jan Aushadhi Medicines to Mauritius.
8. HLL successfully completed the supplies of Medical items requirements of Hajj Pilgrims for the year 2024 to Jeddah.

1.7 Healthcare Services Division (HCS)

Health Care Services division of HLL is dedicated to delivering high-quality healthcare services at

affordable prices. Under the brand name 'Hindlabs', the division has been offering medical laboratory and imaging services since 2008. With rapid expansion, Hindlabs has established an extensive network of 161 medical laboratories and 56 imaging centers across 13 states in India, making quality healthcare more accessible to the public.

MAJOR DECISIONS

- HCS division is expanding its service offerings to encompass a wide range of clinical and non-clinical hospital services, health technology initiatives, dialysis services, Mobile Medical Unit (MMU) projects, and various other cutting-edge technology projects. These comprehensive services will be unified under the brand name 'Hincare'.
- As part of our strategic growth plan, we are actively exploring opportunities to expand our diagnostic services into the private sector. This initiative aims to leverage our expertise and capabilities to provide high-quality diagnostic solutions to a broader audience. A detailed plan is currently being developed to identify target markets, assess market demand, and outline operational requirements.

MAJOR ACHIEVEMENTS

OPERATIONAL MILESTONES

- Empowering Healthcare Access: Mahadialysis Initiative - HLL is Selected as the service provider for the Mahadialysis program of the Govt. of Maharashtra, establishing 369 dialysis centers across the state to provide comprehensive dialysis services to needy patients free of cost.

- Successfully commenced operations of the diagnostic laboratory established for AIIMS Guwahati.

Received project extensions for diagnostic projects at AIIMS

Bhopal, AIIMS Gorakhpur, CGHS Mumbai, and NIT Trichy.

- Received Extension and additional work order for additional 8 units of Door to Door TB screening project using AI

- Signed MoU with AIIMS Rajkot for

provision of facility management services under four segments and commenced operations.

- Signed MoU with SAIL for provision of manpower services.

- Signed MoU with AIIMS Mangalgiri for provision of manpower services and commenced services.

- Signed MoU with Mangalore

- International Airport for manpower service provision.

1.8 HICare Division - HCD (Projects & Services)

- **Feb 2024** – HICARE Projects & Services signed a Memorandum of Agreement (MoA) with National Highways Authority of India (NHAI) for Implementing Various Healthcare services across the country.
- **Mar 2024** - HICARE Projects & Services has signed a Memorandum of Agreement (MoA) with All India Institute of Medical Science, Raipur for Establishment of Standalone Bio Safety Laboratory (BSL Level 03). The Project construction is scheduled to complete in 18 to 20 Months span of time.
- **May 2024** - HICARE Projects & Services has signed a Memorandum of Agreement (MoA) with All India Institute of Medical Science, Rajkot for Establishment of Standalone Bio Safety Laboratory (BSL Level 03). The Project construction is scheduled to complete in 18 to 20 Months span of time.
- **Aug 2024** - HICARE Projects & Services has signed a Memorandum of Agreement (MoA) with Powergrid Corporation of India for implementing various Healthcare Projects & services under their CSR Initiative in the month of Aug 2024.
- **Sep 2024** - HICARE Projects & Services has signed a Memorandum of Agreement (MoA) with All India Institute of Medical Science, Bibi Nager for Establishment of Standalone Bio Safety Laboratory (BSL Level 03). The Project construction is scheduled to complete in 18 to 20 Months span of time.

Unit/Division	Permanent Employees	Contract Employees	Third Party Contract Employees	Total
Manufacturing Units	814	144	2404	3362
Domestic Marketing	80	99	310	489
Service Divisions	92	1306	1649	3047
Corporate Head Office R&D Centre, HLL Management Academy	145	91	149	385
GRAND TOTAL	1131	1640	4512	7283

HLL EXECUTIVES IN THE LEVEL OF VICE PRESIDENTS AND ABOVE		
No.	Name	Designation
1	Dr. Anitha Thampi	Director (Technical & Operations), Director (Finance)i/c & C&MD i/c – Board Member
2	Shri. Ajit.N.	Director (Marketing) – Board Member
3	Shri. Santhosh Cherian.C.	Senior Vice President (Finance)
4	Shri. Kuttappan Pillai.V.	Senior Vice President (T&O & GBDD) i/c
5	Dr. Roy Sebastian	Senior Vice President (HR) i/c
6	Shri. Krishnakumar.G.	Vice President (Corporate Quality Assurance) & Management Representative
7	Shri. Reju Skaria	Vice President (Marketing) & Group Head - Hospital Products
8	Dr.Unnikrishnan.S.M.	Vice President (Marketing) & Group Head (FMCG)
9	Shri. Binu Thomas	Vice President (Procurement Services) & Group Head - Health Care Services
10	Shri. Remesh.P.	Vice President (Finance) & CFO
11	Shri. Benny Joseph	Vice President & Group Head (Pharma)
12	Shri. Jaikrishnan.A.R.	Company Secretary
13	Smt. Smitha L G	Executive Director Operations & Unit Chief – Peroorkada Factory, Thiruvananthapuram
12	Shri. Mukund R	Executive Director Operations & Unit Chief – Akkulam Factory, Thiruvananthapuram

Achievements of Subsidiary Companies of HLL

1.1 Goa Antibiotics & Pharmaceuticals Limited (GAPL)
Financial Performance From January 2024 to December 2024

Details	Jan 24 to Dec 24 (Amount in lac)
Revenue from Product and Services	3,648.100
Other Operating Revenue	14.10
Stock Differential	(3.93)
Total Income	3,658.27
Total Expenditure	4,443.50
Profit / (Loss) before tax	(785.23)
GP Ratio	(0.161)

Manpower details of Goa Antibiotics & Pharmaceuticals Ltd [GAPL] as on December, 2024

Permanent Employees	Contract / Other Employees (FTC/ HK / Retainer ship/ Deputation / T&D)	Third Party Contract Employees	Total
114	21	7	142

DETAILS OF EXECUTIVES

Sr. No.	Name	Designation
1	Shri. Benny Joseph	Vice President (GAPL)
2	Shri. Sijo Joy Edapully	Deputy CEO
3	Shri. C.T. Ramanathan	Company Secretary
4	Shri. P.Vijaykumar	CFO
5	Shri. Govind R. Tilve	Deputy General Manager (MFG&RA) - HR

1.1 HLL Infra Tech Services Limited (HITES)

HITES had a landmark year in 2024, achieving significant milestones across healthcare, infrastructure, and international projects.

1. Key MoUs and Collaborations:

- o Partnered with Power Finance Corporation (PFC), ICMR, Tata Memorial Hospital, and KIIFFCON for strategic initiatives.
- o MoU signed for construction of BSL-3 lab with ICMR, Jammu under PM ABHIM.
- o Tripartite MoU signed between CAPFIMS, AIIMS-Delhi and HITES for supply of medical equipment at 960 bedded CAPFIMS hospital at Maidangarhi, New Delhi

2. Major Projects and Awards:

- o LoAs for medical equipment procurement, IT infrastructure, and Township Development in Odisha, Maharashtra, and Jharkhand.
- o Awarded pilot projects for Telehealth and RIS in Arunachal Pradesh and EV Charging Stations under NDMC.
- o Received LoA for projects for Unity Mall (Mizoram), Central Coalfield Limited (Jharkhand), and RIMS (Imphal).

3. Inaugurations & Foundation Stones:

- o In a historic move, the Hon'ble Prime Minister inaugurated and laid the foundation stones for 14 healthcare institutions and hospitals across different states in India. This large-scale initiative represents HITES' extensive role in expanding healthcare access to underserved regions.

4. International Contributions:

- o Procured medical equipment for Zambia and installed water tanks in Palau through the Ministry of External Affairs.

HITES excelled in delivering projects that strengthened healthcare, international partnerships, and infrastructure development, reaffirming its leadership and commitment to quality and innovation.

Manpower details of HITES

Financials	January 2024 - December 2024
Income	446,72,89,181.32
Expenses	413,02,90,832.19
Profit Before Tax (PBT)	33,69,98,349.12

No.	Grade	Designation	Projection of Manpower till 2020 -21 as per HMA Study	Manpower as on 30.09.2024	
			TOTAL	Regular	FTC
1	E8	SVP	9	1	0
2	E7	VP	13	2	0
3	E6	AVP / Sr. Cons	27	7	1
4	E5	DVP / CE/ CA	51	8	4
5	E4	DGM / CPM	89	16	6
6	E3	SM / PM	111	32	22
7	E2	M / PE	340	31	55
8	E1	DM / APE / BME (II)	143	8	50
9	E0	AM / SE / FE	200	0	15
10		NON - EXE (FTC)	261	11	30
	Total		1244	116	183

DETAILS OF EXECUTIVES IN THE LEVEL OF VICE PRESIDENTS AND ABOVE		
No.	Name	Designation
1	Shri. D. P Singh	CEO
2	Shri. K J Sreekumar	Vice President - IDS, South Operations
3	Shri. A S Prasad	Vice President (IDN) & Head (PMC)

1. Activities planned for various units and services of HLL

1.1 Peroorkada Factory Thiruvananthapuram (PFT)

Initiatives in pipeline

- Steam Audit - To identify the steam wastage/leak at various stages of production and to optimize the usage of steam at Peroorkada Factory.
- New SCADA system for vulcanizing in plant B & C
- Installation of LPG terminal at PFT
- Installation of Rain water harvesting system at PFT
- Firefighting system at Balaramapuram Depot to comply with statutory requirements
- Replacement of LMC with corn starch in powder finishing operation for special variant condom production
- Implementation of precision dosing system in BRT packing machine to reduce the variation from 50mgs to 15 mgs

- Digitalization of strip storage & transfer mechanism by introducing bar-coding system
- Installation and commissioning of Ammonia Preparation Plant at PFT

1.2 Akkulam Factory Thiruvananthapuram (AFT)

Projected production performance 01-01-2025 to 31-03-2025

Products	UOM	01.01.2025 to 31.03.2025 (Projected Qty)
Blood Bag	Mpcs	2.75
Suture	Lakh Dz	0.53
Copper T	M pcs	1.64
Tubal Ring	M pairs	0.25
Emily	Nos.	2,000.00
M Cup	Nos.	1,50,000.00
MESH	Nos.	2,500.00

Major Initiatives/Projects in Pipeline

- Blood Bag Space Enhancement Project
- Capacity Enhancement and Technology Upgradation of AFT Electrical Substation
- Setting up of M-Cup production facility
- Procurement of Semi-automatic Labelling Machine

1.3 Retail Business Division [RBD]

Major activities planned from Jan 2025 to March 2025

1. New 10 AMRIT Pharmacies will be set up and made operational in Q4 of FY 204-25.
2. Eco green software of AMRIT Pharmacies will be made ABDM Compliant (M1, M2 and M3).
3. AMRIT Pharmacies targets to serve 45000 people on a daily average.
4. HLL is proposing to sign agreement with Nauru and other Caribbean countries for export of Jan Aushadhi Medicines with the proper approval from MoHFW and MEA.

1.4 Healthcare Services Division (HCS)

- Commencement of private medical labs in Kottayam adjacent to the Medical College Hospital.
- Operations and Management of Radio-diagnosis dept and Clinical Laboratory dept and Establishment and Operation of Nuclear Medicine dept, Hospital Management of CCRC.
- Commencement of 1 lab at ALUVA and 10 collection centers in coordination with KIDCO.
- Establishment, operations & management of Lab services and 1.5T MRI adjacent to the District Hospital, Manjeri.

1.5 HICare Division - HCD (Projects & Services)

- HICARE Projects & Services is actively working with Multiple state NHM Departments towards supporting them to timely implement the various Infrastructure projects under the flagship scheme of PM-ABHIM.
- HICARE Projects & Services is closely associating with Department of Medical Education of various state governments towards the procurement of Bio Medical Equipments to various Medical colleges implemented under the central sponsored scheme of MoHFW, GoI.
- HICARE Projects & Services is planned to Implement a Level III Trauma facilities in association with National Highway Authority of India (NHAI).

2. Activities planned for Subsidiary Companies of HLL

2.1 HLL Infra Tech Services Limited (HITES)

Projected Financials	January – March 2025
Income:	1,61,37,33 ,434.63
Expenses:	1,41,50,88,059.41
Profit Before Tax (PBT)	19,86,45,375.22

HLL Biotech Limited Chengalpattu

- Incorporated in the year March 2012 under the 100% Subsidiary company of HLL Lifecare Limited.
- HBL demerged from HLL and taken over by the Government in April 2021.
- 100% GoI owned
- Project declared as “A Project of National Importance” by Government of India.
- First of its kind in Public Sector units.
- State of Art cGMP Vaccine manufacturing facility located in Chengalpattu, Tamil Nadu.
- Major vaccine products envisaged for Manufacturing include Rabies, JE, ROTA & MRV & HPV Vaccines.
- Has about 60 regular employees on roll & 21 employees on Deputation & 16 employees on SLWP.
- The Operations will commence shortly (after approval for operations from Ministry) 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.10.12 Cr. 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 2024.

Financial Performance

	Rs in Crs
Heads	(Actuals)
Net Worth	608.39

Net Profit / Loss	- 16.42
Revenue	17.08
Total Assets	678.59
Capital commitments	98.6
Liabilities (other CSR)	74.58.
CSR to be spent by the company*	
2021 - 22	3.76
2022 - 23	4.25
2023 - 24	4.34
Bank Balance (Reserves in Bank)	223.77

*Note. CSR amount had been reserved in Bank in separate account as Per Board instruction.

3.3.25 The New Delhi Tuberculosis Centre

The New Delhi Tuberculosis Centre, since its inception in 1940, has played a vital role in the fight against tuberculosis. The Centre has been a cornerstone in the National Tuberculosis Elimination Program (NTEP), providing invaluable advice and guidance by providing diagnosis and treatment of any case of TB and respiratory diseases and has grown up to the status of an institute of national repute. As the State TB Training and Demonstration Centre (STDC) and Intermediate Reference Laboratory (IRL), the New Delhi Tuberculosis Centre monitors NTEP activities of Delhi state and offering feedback on the basis of monthly and quarterly data at State level for betterment of the program apart being involved in different activities like teaching, training, research, and patient care to achieve the national goal of tuberculosis elimination.

Functioning as an Intermediate Reference Laboratory (IRL) under NTEP, the Centre provides

diagnostic support to Delhi state through line probe assay and liquid culture DST for first line and second line anti TB drugs. The Centre also provides EQA support for smear microscopy and coordinates with NRL for NAAT EQA activities.

The Centre actively participates in Active Case Findings (ACF), a crucial initiative for the early detection of tuberculosis in vulnerable groups within Delhi state. This proactive approach ensures that tuberculosis cases are identified and treated promptly, reducing the spread of the disease.

Highlights of the Centre's significant contributions for the year 2023-24:

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 apart from 13,305 revisits and 270 DOTS Centre's enrolment at Centre's OPD.

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.

Teaching and training: During the year, Centre has trained 3,716 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 program related aspects. During the year, 15 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 2024-2025

A.Outpatient attendance

Parameters	During the F.Y. 2023 -24	April, 2024 to September, 2024	Target for October, 2024 to March, 2025
New patient	13846	7611	8000
Revisits	13305	7350	7500
Taking treatment under DOT Centre of NDTB Centre	270	116	100
Attending special clinics (COAD)	1013	438	450
Total	28434	15515	16050

B. Patients attendance for utilizing various diagnostic/treatment facilities available at New Delhi TB Centre

Parameters	During the F.Y.2023-24	April, 2024 to September, 2024	Target for October, 2024 to March, 2025
Laboratory tests	71905	27043	35000
Attending for Mantoux test	12207	6893	7000
Radiological Examinations	2634	1694	1700

C.Training/IRL Visits/Publications

Parameters	During FY2023-24	April, 2024 to September, 2024	Target for October, 2024 to March, 2025
Personnel trained	3716	3332	3500
IRL Visits for EQA	21	13	12
Supervision & monitoring of chest clinics	13	16	10
Research and publications	15	19	---

MEDICAL, DENTAL, NURSING & ALLIED HEALTH 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 health care manpower to meet the requirement of health care delivery system at the primary, secondary and tertiary levels in country. This chapter successses the status of these sectors and various reforms therein.

4.2 NATIONAL MEDICAL COMMISSION (NMC)

1.1 The National Medical Commission Act, 2019, for setting up a National Medical Commission (NMC) and to repeal the Indian Medical Council Act 1956 received from 25.09.2022. 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).

1.2 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 happened - 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. To promote affordble, 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 health care 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.

1.3 NMC has made significant steps towards framing of following regulations:-

- Teachers Eligibility Qualifications in Medical Institutions Regulations, (Amendment), 2023
- Registration of Medical Practitioners and License to Practice Medicine Regulations, 2023
- Graduate Medical Education Regulations, 2023
- Establishment of Medical institutions, Assessment & Rating Regulations, 2023
- Graduate Medical Education Regulations, (Amendment), 2023
- NMC, National Exit Test Regulations, 2023
- National Medical Commission Registered Medical Practitioner (Professional Conduct) Regulations, 2023
- National Medical Commission (minimum standard requirements) for Establishment of New Medical College/Increase of seats in MBBS Course) Guidelines, 2023
- Maintenance of standards of Medical Education Regulation, 2023
- Post-Graduate Medical Education Regulations, 2023
- National Medical Commission (Recognition of Medical Qualification) Regulations, 2023

2. National Medical Register

The National Medical Register (NMR) is mandated under Section 31 of the NMC Act, 2019 which states that the Ethics & Medical Registration Board

(EMRB) of NMC shall maintain a National Register in electronic form containing the name, address, and all recognized qualifications possessed by a licensed medical practitioner. NMR will be a comprehensive and dynamic database for all allopathic (MBBS) registered doctors in India. The uniqueness of the NMR is that it is linked with the Aadhaar ID of the doctors which ensures the individual's authenticity. Union Minister for Health & Family Welfare, Shri Jagat Prakash Nadda launched the National Medical Register (NMR) Portal of the National Medical Commission (NMC) on 23.08.2024.

3. District Residency Program

District Residency Program (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 Program has been implemented. Taking into consideration the challenges faced by students, particularly in terms of mental health has issued an advisory to address issues related to stress and wellbeing of students.

4.3 NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES

4.3.1 About NBEMS

The National Board of Examinations in Medical Sciences is an Autonomous Organization under the Ministry of Health & Family Welfare, Govt. of India under the Societies Registration Act, 1860 with

effect from 01.03.1982, with the objective of conducting high standard post-graduate examinations in the field of modern science on all India basis, formulating basic training requirements for eligibility and developing 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) qualification. The DNB, DrNB and FNB qualification awarded by NBEMS are duly recognized as per provisions of the NMC Act, 2019 and a recent notification in this regard has been 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.

4.3.2 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
DNB/DrNB Final Examination May 2024	15th to 18th May 2024	5414
FNB Exit Examination 2023	May 2024 to June 2024	163
GPAT2024	8th June 2024	40550
NBEMS Diploma Final Examination June 2024	14th to 16th June 2024	2569

Name of Examination	Examination held on	Number of Candidates Registered
FMGE June 2024 Session	6th July 2024	36440
DRE/MRE 2024	10th July 2024	111
DNB PDCET 2024	21st July 2024	1534
NEET-PG 2024	11th August 2024	228757
DNB Final Examination, October, 2024	16th to 19th October, 2024	5099

All of the above examinations were conducted by NBEMS successfully.

4.3.3 The following examinations are tentatively scheduled till March 2025:

Name of Examination	Tentative Date
DRE/MRE 2025	10th December 2024
NBEMS Diploma	Final Examination
December 2024	13th to 15th December 2024
FMGE December 2024	12th January 2025
FDST 2024 (For BDS Graduates)	12th January 2025
NEET MDS 2025	31st January 2025
FDST 2024 (For MDS & PG Diploma Graduates)	9th February 2025
FET 2024	16th February 2025
PDCET 2025	23rd February 2025
NEET PG 2025 finalized	Schedule is not yet
NEET-SS 2024	29th and 30th March 2025

4.3.4 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
5601	2891	2968	590	3220	15270

The distribution of NBEMS seats across various Government and Private hospitals is tabulated below:

Government		Private		Total	
Hospitals	Seats	Hospitals	Seats	Hospitals	Seats
484	4602	1026	10668	1510	15270

4.3.5 Other initiatives undertaken by NBEMS

A. Faculty Development programs:

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 programs in 2023. Faculty Development Program was conducted in Jaipur on 27/04/2024.

B. Webinar classes:

NBEMS has pioneered successful launch of massive web-based learning program (webinars) in 60+ specialties. This is the first of its kind in the country in the field of medical education where an organization will conduct web-based classes in almost all the specialties of modern medicine benefiting thousands of medical trainees. More than 7000 webinar classes have been conducted by NBEMS.

C. Convocation:

22nd Convocation of NBEMS was held on 10th May, 2024 at Vigyan Bhawan, New Delhi. Smt. Droupadi Murmu, Hon'ble President of India was the Chief Guest for the Convocation. A total of 12389 candidates, in 70(Broad, Super and Fellowships) specialties were conferred DNB / DrNB/FNB degrees at this Convocation. 181 candidates were awarded Gold Medals in 54 DNB/DrNB specialties.

4.4 MEDICAL COLLEGES AND UG/PG SEATS

There are 431 Govt. MBBS Colleges with an intake of 60,422 MBBS students and 349 Private MBBS Colleges with an intake of 57715 MBBS students. There is total of 34208 Govt. Medical PG seats and 23658 Private Medical PG seats. With regard to Super Specialty Courses (DM/MCH), there are 4,217 Govt. Medical seats and 1,192 Private Medical seats.

4.5 SCHEMES FOR MEDICAL EDUCATION:

With a view to upgrade and further strengthen medical education institution in the country, the Ministry administers the following schemes-

I) Schemes for strengthening and upgradation of State Government Medical Colleges for Increase of PG Seats (Phase I & II):-

(a) Phase-I

The Phase-I of the scheme was launched in XI th Five Year Plan with the objective to strengthen and upgrade State Government Medical Colleges to create new PG seats. A total of 72 Government Medical Colleges in 21 States/UTs have been approved under the scheme for increasing 4058 PG seats, out of which 1746 PG seats have been created.

(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 Up-gradation of existing State Government medical colleges to increase PG seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special Category States and 60:40 for other States with the upper ceiling cost pegged at Rs.1.20 crore per seat. A total of 65 Government Medical Colleges have been approved under the scheme for increasing 4,000 PG seats till date. Funds to the tune of Rs.1249.49 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 atleast 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, all 24 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 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.11583.65 Crore have been released to the State Governments. 61 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 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. 83 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 Program Division of the Directorate General of Health Services (DGHS), dealing with works relating to Medical Examinations and 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. Also MCC is conducting counselling for 100% seats of PG DNB and DNB SS courses.

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).

4.7 ALLOCATION OF MEDICAL/ DENTAL SEATS FROM CENTRAL POOL

(i) MBBS and BDS Seats:

Central Pool of MBBS and BDS is maintained by the Ministry of health and Family Welfare by seeking voluntary contribution from the various States having medical colleges and certain other Medical Education Institutions. In the academic session 2024-25, 247 MBBS and 33 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 Mission abroad) and Ministry of Human Resource Development (for Tibetan Refugees)

4.8 DENTAL COUNCIL OF INDIA

National Dental Commission Act, 2023 & Rules, 2024

The National Dental Commission Bill, 2023 was passed by the Parliament in the monsoon session (August, 2023) and enacted as “The National Dental Commission Act, 2023” upon the assent of the Hon'ble President of India on 11.08.2023. National Dental Commission Rules, 2024 has been notified in the e-gazette of India on 13.03.2024 and the National Dental Commission is being constituted.

Dental Council of India

The Dental Council of India (DCI) was established as a statutory body under the provisions of the Dentists Act, 1948 (XVI of 1948) with the main objective of regulating the standards of dental education, dental profession and dental ethics in the country and for making recommendations to the Central Government for opening of new dental colleges, starting of new or higher courses of studies and increase in admission capacity. For this purpose, the Council periodically carries out inspections to ascertain the adequacy of course and facilities available for the teaching of dentistry.

Dental Colleges

At present, there are 323 dental colleges in the country, out of which 54 are in Government Sector

and 269 in private sector with annual admission capacity of about 27618 under-graduate seats. Moreover, there are 7178 post-graduate seats in 282 colleges (277 dental college + 5 Medical college running MDS course).

**under EWS category total 468 additional seats at UG level in 31 Govt. Dental Colleges and 56 additional seats at PG level in 18 Govt. Dental Colleges are running/permitted since 2019.*

Other Activities

Digital DCI

The DCI has started its Digital DCI Project in which the DCI HQ will be a prominent user of the application and shall be provided with a dedicated window/module and workflows to process various applications which will be 100% paperless and relevant certificates and overall monitoring of the DCI and associated dental colleges/institutions. 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 using 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.

National Dental Register (NDR):

The National Dental Register (NDR) was Go-LIVE with the domain name ndr.abdm.gov.in on 05.02.2024.

NDR is a dynamic database of all the dentists in India. It provides a unique identifier to all the dentists practicing in India, and also the professionals get registered in Healthcare Professional Registry (HPR), after verification by respective State Dental Councils. It would counter the challenges regarding interstate movement of dentists, duplicate registration across state, complex renewal process etc.

The NDR will also help citizens to identify the Dental Professional verified by the State Dental Councils and will facilitate the improvement in

dental care delivery across the country.

For the successful implementation of NDR, the DCI regularly keeps a check and directs all the SDC's for prompt adoption of NDR portal, creation of verifiers, and speedy action on applications received in NDR.

The awareness regarding NDR amongst dental professionals is ensured by sending emails and SMS. State Dental Council and Dental colleges are being directed to spread awareness about registration in NDR.

Assessment and Rating of Undergraduate Colleges by Quality Council of India

MoU has been signed between DCI and Quality Council of India for the assessment and Rating of Undergraduate Colleges on 05.02.2024. The objective is to ensure the delivery of quality education, promote excellence in dental education, and foster continuous improvement in dental undergraduate colleges.

The pilot testing and finalization of assessment framework is under process and actual assessment is expected to start shortly.

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 prescribing 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 Central Register of pharmacists.

2. Activities of the Council during 2024

- Inspections arranged: The Council arranged 1976 inspections of diploma, degree, Pharm.D., M.Pharm and B.Pharm (Practice) institutions during the period under report.
- Approval of 3907 Diploma and Degree institutions were extended u/s 12 of the Pharmacy Act, 1948.
- 718 new Diploma and Degree institutions were granted approval u/s 12 of the Pharmacy Act, 1948.
- 32 New Pharm.D institutions were granted approval for the conduct of course and 2

Pharm. D(Post Baccalaureate) institutions were granted approval /extended approval u/s 12 of Pharmacy Act, 1948.

Present Status of approved pharmacy institutions in the country

Courses	Approved institutions	Admission capacity
Diploma in Pharmacy	5669	340140
Degree in Pharmacy	2958	177480

4.10 NATIONAL COMMISSION FOR ALLIED AND HEALTHCARE PROFESSIONS

Background

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 Act were notified on 27th May, 2021. The National Commission for Allied and Healthcare Professions Act, 2021 came into force w.e.f. 25th May, 2021. The Central Government under the provision of the National Commission for Allied and Healthcare Professions Act, 2021 constituted the "National Commission for Allied and Healthcare Profession" on 08.01.2024 vide notification dated 11th March 2024 with appointment of the Chairperson of the Commission. Secretary of the Commission has also been appointed by ACC. The secretariat of the Commission has been made fully functional. Presently, it is situated at the National Institute of Health and Family Welfare (NIHFW), Munirka, New Delhi.

Objective

National Commission for Allied and Healthcare Professions (NCAHP) is an national regulatory body under Ministry of Health and Family Welfare. The main objective of the Commission is to maintain the standard of Allied Healthcare education and professions in the country and to maintain a live and online register of such professionals. The Schedule of the Act provides the list of 57 such professions which are to be regulated by the Commission. The core function of the Commission is to prepare the policy guidelines in form of the Regulations and the State Allied and Healthcare Councils are to execute it.

Constitution of State Councils

So far, out of 36 States/ UTs, 24 State Governments viz: Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Goa, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Tripura, West Bengal, UT of Jammu & Kashmir, UT of Dadra & Nagar Haveli, Daman & Diu have constituted the State Councils.

Launch of Website

The web-site of the Commission and the portals for enrollment of existing allied and healthcare professionals and institutions have been made live by Hon'ble Prime Minister of India on 29.10.2024.

Preparation of Curriculum

The drafts for the curriculum of (i) Dialysis Therapy, (ii) Optometry, (iii) Operation Theatre and Anaesthesia Technology, (iv) Health Information Management, (v) Radiotherapy Technology, (vi) Medical Radiology and Imaging Technology and (vii) Physiotherapy have been prepared and approval of the Commission is awaited. The draft curriculum of Occupational Therapy and Nutrition and Dietetics are in process of final draft. Applied psychology curriculum is in the process to upload for public opinion.

Inclusion of Accupunture

Notification dated 26-09-2024 was issued to include 'Accupunture Professionals' as part of the Schedule of the NCAHP Act which lists those professions whose education will be regulated under the Act.

4.11 NURSING EDUCATION

In order to improve the quality of Nursing Services, consistent efforts are being taken under which Indian Nursing Council has notified a competency based B.Sc. Nursing Program on 05.07.2021, started Nurse Practitioner courses as specialty programs, one year residency Post Basic Diploma courses, coordinating with universities to start Ph.D. in nursing etc.

The government through Central Sector Scheme of "Development of Nursing services" strengthens nursing infrastructure and services in the country. Under the "Training of Nurses" sub component of the scheme Nursing Personnel are trained in identified domains/topics. An amount of Rs. 1.74

crore was allocated for the year 2024-25 to conduct 76 short term training courses. Till 20.12.2024, an amount of Rs 0.9826 Crore has been sanctioned to conduct 43 training courses.

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. Out of the total allocation of Rs.19.76 crore an amount of RS. 10.6532 crore has been sanctioned for upgrading 4 Schools of Nursing(SoN) into College of Nursing(CoN) for the year 2024-25.

4.12 INDIAN NURSING COUNCIL

The Indian Nursing Council (INC) is an autonomous body under the Govt. of India, Ministry of Health & Family Welfare. Indian Nursing Council Act, 1947 enacted by giving statutory powers to maintain uniform standards and regulation of nursing education all over the Country. The prime responsibility is to set the norms and standards for education, training, research and practice with in the ambit of the relevant legislative framework.

(a) Inspections

On receipt of proposal to start any nursing program or for enhancement of seats in ongoing nursing programs, INC conducts inspection of the Institute. INC also conducts re-inspections for those institutions, which are found unsuitable/ not permitted by it. In addition to these, periodic inspections are conducted to monitor the standards of nursing education and the adherence of the prescribed norms. A total of 2816 inspections under Section 13 of the Indian Nursing Council Act, 1947 were conducted during financial year 2023-24. 1168 inspection were conducted during the period from 01.01.2024 to 30.09.2024.

(b) Institutions recognized by Indian Nursing Council

The course wise number of Nursing Institutions that were found suitable by the Council under Section 13 and 14 of Indian Nursing Council Act, 1947 are as follows:

S.No.	Program	Total
1.	ANM	1910
2.	GNM	3093
3.	B.Sc (Nursing)	2306

S.No.	Program	Total
4.	P.B.B.Sc (Nursing)	778
5.	M.Sc (Nursing)	723
6.	Post Basic Diploma Program (PBDP)	222
7.	Nurse Practitioner in Critical Care (NPCC)	58

(c) Activities that have been undertaken by Indian Nursing Council.

(i) Live Register of Nurses

To achieve a Live Register of Nurses, Indian Nursing Council launched the Nurses Registration and Tracking System (NRTS) in 2016-17. After verification and approval of the nurses data by concerned Registrar of the State Nursing Councils, each nurse is issued a Nurse Unique Identification Number (NUID) card and Nurse Passbook indicating Nurse Profile. Primary Registration and Reciprocal Registration have been started in Arunachal Pradesh, Chhattisgarh, Delhi, Himachal Pradesh, Manipur, Nagaland, Sikkim, Tripura, Uttarakhand, and West Bengal State Nursing Councils and a total of 11,84,584 nurses have been enrolled in NRTS till 30.11.2024.

(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 program 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.

(d) Income

An amount of Rs. 19.00 lakhs has been allocated for

Indian Nursing Council under BE 2024-25. The Council had an internal receipt of an amount of Rs. 33,21,35,844.00 from the nursing education institutions towards inspection /affiliation fee and publication sales etc. 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 78 years ago with the objective to develop model programs in Nursing Education. The College offers regular programs in B.Sc. (Hons.) Nursing and Msc. Nursing. Besides these, College also conducts short-term continuing education courses. The institution works in close association with Ministry of Health & Family Welfare, Hospitals, Health Center and Allied agencies.

ADMISSIONS AND GRADUATION

The admission to B.Sc. (Hons.) Nursing is by NEET & counseling by MCC. The admission to M.Sc Nursing is made on the basis of merit in the selection test as laid down by the Academic Council of the University of Delhi. 23 Post-Graduate Nursing students and 68 Graduate Nursing students passed out in 2023-24.

RESEARCH ACTIVITIES

Total no. of researches conducted during academic year 2023-24

- M.Sc Nursing -23
- B.Sc Nursing – 07

Faculties have published 14 research articles in various National and International Journals

CONTINUING EDUCATION:

RAK College of Nursing have enrolled students to Post Basic Nursing course under IGNOU. The college conducted two National workshop on “Empowering Nursing: Where innovation meets compassion” and “Navigating complexities of Cancer care: A Multidisciplinary Approach”.

RAK College of Nursing coordinated with Ministry of Health & Family Welfare & Indian Nursing Council, for the arrangements of Invitees from Nursing fraternity from Delhi to attend the 77th Independence Day Celebration at the Red Fort to witness the glorious celebration of Independence Day & Parade, Hosted by Hon'ble Prime Minister, India.

NEW DEVELOPMENT IN THE INSTITUTE

Virtual Inauguration of New Academic Block and Student's Hostel Block was done by Union Health Minister Dr Mansukh Mandaviya on 08.01.2024, under the project of strengthening the college as Centre of Excellence

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 program 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 under the Countess of Dufferin Fund for training Nursing personnel for M.C.H. service program is considered as one of the pioneer institutions and first of its kind for training Health Visitors. In 1931 it came under the administrative control of the Indian Red Cross Society (Maternity & Child Welfare Bureau). In 1952 the Government of India took over the school and attached Ram Chand Lohia MCH Centre to it. Total capacity of the school was 24 Health Visitor trainees from all over India, even these candidates were not available at that time. Duration of the course was of one and a half year for matriculates who were qualified midwives, which was replaced by two and half years integrated course for health visitor in 1954.

The school offers training facilities to various categories of Nursing Personnel in community health as well as M.C.H. and family welfare services through the attached Ram Chand Lohia MCH and Family Welfare Centre.

The Institution is imparting the following courses at present:

(i) Auxiliary Nurse-Cum-Midwife Course: This course is under Indian Nursing Council and eligibility criteria for the course is 12th pass. 41

students were admitted in August, 2024 for the batch 2024-26. 39 students of ANM 2nd (batch 2022-24) and 39 students (batch 2023-25) appeared in final examination in September, 2024. All students of batch 2022-24 were passed in November, 2024.

(ii) Certificate Course for Health Workers (Female) under Multipurpose Workers Scheme:

This course is of six months duration. Students are admitted twice a year i.e. in January and July every year with admission capacity of 20+2(EWS) in each batch. With the more demand of the MCD & other states more than capacity which is 20 students are being admitted. 22 students were admitted in January, 2024 batch and completed their training in June, 2024. 22 students are admitted in July, 2024 and successfully completed the training in December, 2024 after passing the final exams. 20 students admitted for January 2025 to June 2025 batch.

Clinical Experience: The students are posted for their clinical experience in Rural and Urban Health Centre, different Hospitals like Lady Hardinge Medical College, Kalawati Saran Children's Hospital in Delhi, Dada Dev Hospital, RHTC Najafgarh, Palam and Ujwa PHC and Polyclinic Sadar bazar and other Urban & MCW centres.

Ram Chand Lohia MCH and Family Welfare Centre: Students are also posted for Urban Health Experience through Ram Chand Lohia MCH and Family Welfare Centre. The Centre gives integrated MCH Family Welfare Services to over 40,000 population. Weekly clinics are conducted like Antenatal Care, Post Natal Care, Well Baby Clinics for Immunization, Family Planning Clinics, Covid-19 Vaccination Centre, General Outpatient Department specially for Diabetes, Hyper-tension, Respiratory problems. The students are also posted for their clinical experience in Rural and Urban Health Centres and various hospitals.

Pulse Polio Program: The students and staff participate in all the Pulse Polio programs organized in Delhi.

SNA Activities: Regular SNA activities are done at LRHS as extracurricular activities.

Budget: The total budget allocation for the year 2024-25 for the institution and welfare of staff is Rs. 5,00,00,000 (Rs. Five crore only).

4.15 NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA) (NAMS)

1. Introduction

The National Academy of Medical Sciences (India) is an autonomous organization under MoFHW. It is recognised as a Nodal Agency for promoting Continuing Medical Education for medical and allied health professionals by the Government of India. It is also advising the Government of India on several National Health Policies and Planning. The National Academy of Medical Sciences encourages and sponsors nationwide CME programs, Symposia, and Workshops in basic sciences and applied clinical disciplines. The Academy has a Council of 19 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 peer review rigorous process.

2. NAMS activities

During the period under report (1st Jan 2024-December 2024) the following activities were undertaken. NAMS has shortlisted Health issues of national importance requiring policy guidance and 24 'Task Forces' have been constituted. These Task Force groups analyze the existing gaps and prepare road maps to fill them and help the Govt. in rational decision-making and implementation. 14 Task forces are printed or being printed. List as below:

1. Venous Thrombosis and Embolism- Printed in Annals Vol.60, (1), 2024
2. Organ Transplants: challenges -Printed in Annals Vol.60, (1), 2024
3. Lifestyle diseases, Obesity -Printed
4. Alcohol and substance abuse -Printed in Annals Vol.60, (1),
5. 2024 Evidence based traditional medicine for health care Printed
6. TB -Under Process
7. Artificial Intelligence in Health -Under Process
8. Cancer cervix
9. Oral Cancer
10. High altitude Medical Problems
11. Gunshot & Blast injuries
12. Mental Stress

13. Antimicrobial Resistance

14. Cancer Breast

(NAMS Family consists of Fellow, Member, Assoc. Fellow and Member after DNB).

3. NAMS Fellowship: The eminent Medical/Bio-medical scientists who have contributed to the medical fraternity are selected by a rigorous process of peer review by NAMS committee, for NAMS Fellowship, 54 such eminent scientists were conferred with NAMS Fellowship during the period under report.

4. NAMS International Fellowship & Membership: NAMS awarded 9 International Fellows and 1 Membership.

5. NAMS Membership: The mid-level medical/biomedical scientists who are contributing to medical fraternity are recognized by bestowing NAMS Membership. During the period under report 92 medical/biomedical scientists were conferred with NAMS Membership.

6. Associate Fellow: The talented young (<40 years) physicians and scientists with a qualification of DM/MCh are inducted by NAMS as 'Associate Fellows'. During the period under report 19 medical/biomedical scientists were conferred with NAMS Associate Fellowship.

7. MNAMS: The young medical scientist who have successfully completed their DNB Examination are recognized as MNAMS by NAMS. Six hundred Sixty-Seven (667) such medical professionals were given MNAMS.

8. Associate MAMS: The young talent who has done MD MDS PhD in first attempt are recognized as Associate MAMS. 31 such medical professional has been given Associate Membership.

9. The Medical Scientist Junior and Middle level Exchange Program: The Academy encourages and provides sponsorship to the Junior and Middle level medical and bio-medical scientists/teachers to obtain training in the area of their choice in well-established centre/institutes of national eminence by providing financial assistance. During the period under report Academy has sponsored 3 Junior and Middle Level Medical Scientists to Centres of Excellence for training in advanced methods and technologies.

10. Emeritus Professors: NAMS Emeritus Professor are NAMS Fellows selected by a

committee through objective criteria for 5 years. They carry out academic activities in their speciality in any medical/bio-medical institution/centre in India. They organize academic activities like lectures/seminars/tutorial sessions; imparting skill-building sessions, organizing CMEs Programms for medical and Biomedical fraternity and students. They also act as Mentor and assist in developing speciality/laboratory services with newer technologies/ services in medical & allied sciences. In the period under report 3 Emeritus Professors visited various medical colleges for CME Programs and impart skill-building sessions.

11. CME Programs: NAMS has been providing a culture of high-quality Continuing Medical Education and skill development programs. During the period under report, NAMS has supported 70 CMEs (Annexure-1) throughout the country in different medical colleges. The state NAMS Conveonrs have played an important role in this activity. We are planning to strengthen state chapters of NAMS to further enhance the CME activities.

12. NAMS Annals: The Academy publishes Annals of NAMS, 4 volumes each year through Ms. Scientific Scholar Pvt. Ltd.. The Annals of NAMS is a multi speciality journal and is printed regularly. NAMS Journal is available on NAMS Website: <http://nams-india.in>. It is sent to all fellows, all medical colleges and national health institutions.

13. 64th Annual Conference: Academy Annual Conference NAMSCON-2024 was held at All India Institute of Medical Sciences, Jodhpur from 22nd to 24th November 2024. On 23th a Convocation was held and Honorable Vice President of India, Shri Jagdeep Dhankhar was the Chief Guest and Ms Punya Srivastava, IAS, Secretary (Health & Family Welfare) Government of India and Dr Rajesh Sudhir Gokhale, Secretary, Department of Biotechnology, GoI graced the occasion as Guests of Honour. Eminent medical & biomedical scientists from all over the country were bestowed with NAMS Fellowships, Associate Fellowships & Memberships by the President NAMS.

14. Technical Support to MoHFW: NAMS provides experts in various disciplines to MoHFW/DGHS as per their requirements, During the period several NAMS fellows provided technical/professional inputs to DGHS in various expert group meetings.

15. Report of NAMS 64th Foundation Day

held on 21st April, 2024 at NAMS House, New Delhi- The National Academy of Medical Sciences (India) (NAMS), established on 21st April 1961, is the premier Medical Academy in India. Every year, NAMS celebrates its Foundation Day on 21st April to which Eminent National Medical Professionals, Presidents of National Professional Organisations, and National Academies are also invited. The 64th Foundation Day was celebrated on 21st April, 2024 at the NAMS Auditorium, Ansari Nagar, Ring Road, New Delhi. (His Excellency, Shri Vinai Kumar Saxena, Lieutenant Governor of Delhi was the Chief Guest, and Dr. Vinod K. Paul, Member NITI Aayog and Dr. Rajiv Bahl, Secretary to Government of India, Department of Health Research, Ministry of Health & Family Welfare and Director General, Indian Council of Medical Research were the Guests of Honor.)

16. Leadership Development (LEAD): As approved by the Council, NAMS has launched an important initiative of the Leadership Development (LEAD) Program for Directors, Deans, and Head of the Departments and senior faculty members in the AIIMS, medical colleges and institutions of National importance, to help them to become visionaries leaders and an agent of change. The 2nd NAMS Leadership Development (LEAD) National Conference was organized from 9th to 11th May, 2024 at NAMS, Ansari Nagar, New Delhi, in which 27 participants from AIIMS and other institutions participated. This was followed by two follow-up sessions for the participants. The 3rd NAMS Leadership Development (LEAD) National Conference was organised from 5th to 7th July, 2024 at NAMS, Ansari Nagar, New Delhi, in which 24 participants from AIIMS and other institutions participated. This was followed by two follow-up sessions for the participants. The resource persons were the eminent medical leaders & administrators. The main highlight of the Conference was the “Meet the Leader” sessions, in which the eminent medical & biomedical leaders of the country shared their experiences with participants.

17. NAMS Recognition of “Women in Medicine”: The NAMS honour eminent medical & biomedical women scientists in India as NAMS “Women in Medicine” recognizing their academic achievements & contributions. For the year 2024, three eminent women medical & biomedical Scientists were honoured as NAMS “Women in Medicine 2024” for their Academic Excellence & contributions in the Conference organised by Prof. (Dr.) Meenu Singh, Executive Director & CEO,

AIIMS Rishikesh, on 10th August 2024. Dr. Pragya R. Yadav, Director-in-charge, National Institute of One Health, Nagpur played an important role during the COVID-19 pandemic, she contributed to the quick isolation of SARS-CoV-2 virus from India which was utilized by Bharat Biotech International Limited to generate the first Indigenous vaccine (COVAXIN™). Dr. Savita Malhotra, Senior Consultant at Fortis Hospital, Mohali, Ex-Dean, Prof and HOD, Psychiatry PGIMER Chandigarh, has made great contributions to research in child psychiatry, acute and transient psychosis, and telepsychiatry. She got an Indian patent for the Invention “Automated System and Method for Telepsychiatry” Dr. Shaffali Gulati, Faculty-in-

charge, Centre of Excellence & Advanced Research for Childhood Neuro-developmental Disorders, Department of Pediatrics, AIIMS, New Delhi, is a trailblazing figure in the field of pediatric neurology, renowned for her extensive contributions in Autism and other neuro-developmental disorders spans across three decades.

18. NAMS has planned to have a virtual library NAMS National Virtual Graduated Medical CME, (NAVIGATE-Medico CME) in which eminent medical faculty members /scientists may deliver state-of-the-art presentations.

5.1 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA

The Food Safety and Standards Act, 2006 was enacted with the objective of consolidating the laws relating to food and laying down science-based standards for articles of food as well as to regulate their manufacturing, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption and for matters connected therewith or incidental thereto. The Food Safety and Standards Authority of India (FSSAI) was established in September 2008 as the apex authority on all matters of food safety and to ensure safe and wholesome food for consumers.

A. Science & Standards

1. 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.

2. 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,

3. Meetings of the Scientific Committee for the time period 01.01.2024 to till date: 48th Scientific Committee Meetings (SCM) was held on 13.05.2024.

4. Scientific Panels :

There are 21 Scientific Panels that comprise 11 vertical and 10 horizontal panels. Meeting details of the Scientific Panel for the time period 01.01.2024 till date are placed below:

Meetings of the Scientific Committee for the time period 01.01.2024 till date

Scientific Panels	Number of meetings of the panel
Food additives, Flavourings, Processing aids & Materials in contact with food	3
Pesticides Residues	3
Antibiotic Residues	1
Genetically Modified Organisms and Foods	2
Functional foods, Nutraceuticals, Dietetic Products and Other similar products	2
Biological Hazards	2
Contaminants in the Food Chain	2
Labeling and Claims/Advertisements	3
Method of Sampling and Analysis	2
Fish and Fisheries Products	2
Cereals, Pulses & Legumes and their products (including Bakery)	4
Fruits & Vegetables and their products (including dried fruits and nuts)	2
Meat & Meat Products, including poultry	3
Milk & Milk Products	3
Oils & Fats	2
Sweets, Confectionery, Sweeteners Sugar & Honey	2
Water (including flavoured water) & Beverages(non-alcoholic)	2
Nutrition and Fortification	3
Spices and Culinary Herbs	3
Packaging and Food Contact Materials	3
Alcoholic Beverages	2

5. Approval of Non-Specified Food/ Food Ingredients: In order to speed up the process of approval of non-specified food, at present there are six Expert Committees for the scrutiny and assessment of the applications received under FSS (Approval for Nonspecified food and Food ingredients) Regulations, 2017. Also, to bring transparency in the approval system, the Authority has launched the ePAAS (electronic Product and Claim Applications Approval System) portal. The portal helps the applicants to file their applications and fees and to check the status of their applications. During the said period, a total of 17 meetings of Expert Committees were conducted, in which 17 applications were approved, and 57 applications were rejected under the Food Safety and Standards (Approval for Non-Specified Food and Food Ingredients) Regulations, 2017.

6. Approval of claims: 04 applications were received seeking approval of a nonstandardized claim either related to health and/or nutritional benefit.

7. Approval of Vegan Products: During the time period 01.01.2024 to till date, a total of 82 Vegan applications were received, and 23 vegan products were approved for the endorsement of the Vegan Logo.

8. Ayurveda Aahara: FSSAI has convened two meetings of the Expert Committee on Ayurveda Aahara since 01.01.2024. Further, FSSAI has issued

an Ayurveda Aahara compendium for public comments vide Notice dated 01.10.2024 wherein around 800 recipes are mentioned in accordance to the Food Safety and Standards (Ayurveda Aahara) Regulations, 2022.

9. Key Activities in 2024-25:(i) FSSAI convened a workshop for the stakeholders of Vegan Foods/Plant based food on 22.05.2024 to discuss the development of the vegan regulation and address the concerns of FBOs. A brochure on Vegan Regulation was launched during this workshop. The workshop was attended by approximately 145 FBOs (45 physical & 100 virtual) including associations like Plant Based Foods Industry Association, People for Animals Public Policy Foundation and also conducted a consultation meeting with stakeholders of vegan products/non-dairy/plant based products on 10.09.2024.

(ii) The 4th BTSF Sustained Training Mission on “Risk Assessment of Chemicals in Food in EU” was held at FSSAI from 8-12 January 2024.

(iii) FSSAI officials participated in the regional workshop of “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 at New Delhi from 6-9 February 2024.

B. Rules and Regulations

1. The details of the draft notifications of Regulations are summarised in the following tables:

List of draft regulations notified during the period 01.04.2024 to 30.09.2024		
S.No	Draft Regulations	Notified on
(i)	Draft Food Safety and Standards (Food Products Standards and Food Additives) Amendment Regulations, 2024 related to standards for ultra-pasteurization, Whey Protein Concentrate and Whey Protein Isolate, Textured soy protein, High Fructose Corn Syrup (HFCS), Saffron, Juniper berries etc.	05.06.2024
(ii)	Food Safety and Standards Authority of India (Salary, Allowances and other Conditions of Service of Officers and Employees) Amendment Regulations, 2024	05.06.2024
(iii)	Draft Food Safety and Standards (Food Products Standards and Food Additives) Amendment Regulations, 2024 related to standards for Flattened rice, Rice flour, Canned Fishery Products, Edible Rock Salt, Edible Black Salt etc.	05.06.2024

List of draft regulations notified during the period 01 .04.2024 to 30.09.2024		
S.No	Draft Regulations	Notified on
(iv)	Draft Food Safety and Standards (Alcoholic Beverages) Amendment Regulations, 2024 relating to limit of esters expressed as ethyl acetate in fruit wine	13.06.2024
(v)	Draft Food Safety and Standards (Food Products Standards and Food Additives) Amendment Regulations, 2024 w.r.t Natamycin	21.08.2024
(vi)	Draft Food Safety and Standards (Fortification of Foods) Amendment Regulations, 2024	18.09.2024
(vii)	Draft Food Safety and Standards (Contaminants, Toxins and Residues) Amendment Regulations, 2024 relating to comprehensive revision of MRL of pesticide	18.09.2024
(viii)	Draft Food Safety and Standards (Contaminants, Toxins and Residues) Amendment Regulations, 2024 relating to limits of metal contaminant, Crop contaminants & naturally occurring toxic substances and antibiotic	18.09.2024
Draft Amendment in FSS Rules		
(i)	Draft Notification for implementation of the provision of JAN VISHWAS (AMENDMENT OF PROVISIONS) ACT, 2023	29.05.2024

2. Three Draft regulations have been notified in WTO-SPS and TBT committees.

List of Draft regulations notified in WTO-SPS and TBT committees.		
S.No	Draft Regulations	Notified in WTO - SPS/TBT
(i)	Draft Food Safety and Standards (Food Products Standards and Food Additives) Amendment Regulations, 2024 related to standards for Flattened rice, Rice flour, Canned Fishery Products, Edible Rock Salt, Edible Black Salt etc.	01.08.2024 WTO -SPS
(ii)	Draft Food Safety and Standards (Food Products Standards and Food Additives) Amendment Regulations, 2024 related to standards for ultra-pasteurization, Whey Protein Concentrate and Whey Protein Isolate, Textured soy protein, High Fructose Corn Syrup (HFCS), Saffron, Juniper berries etc.	01.08.2024 WTO -SPS
(iii)	Draft Food Safety and Standards (Alcoholic Beverages) Amendment Regulations, 2024 relating to limit of esters expressed as ethyl acetate in fruit wine	31.07.2024 WTO -TBT

C. Regulatory Compliance

1. Licensing and Registration of FBOs

(i) As on 31.10.2024, the number of Active Licenses/registrations are as follows:

Central Licenses [including Airport/Seaports and Railway Stations] 79,056; State Licenses-10,57,022; Registrations - 49,17,701. Hence, the cumulative figures for the active licenses and registrations as of 31.10.2024 are 60.54 lakhs for the entire country.

(ii) Steps are being taken continually to simplify the procedure of licensing and registration of food businesses and digitization of enforcement activities. Some of the key activities are given below:

- Waiving off FSSAI Registration Fee for 'Hawkers/Street Food Vendors': In order to encourage 'Hawkers' for registration, Food Authority has waived off the registration fees of hawkers w.e.f 28th September 2024 and grant them the registration certificate for five years.

- Instant (Tatkal) issuance of licenses/registrations: To facilitate ease of doing business, FSSAI enabled the instant issuance of licenses/registrations for specific categories such as Wholesalers, Distributors, Retailers, Transporters, Storage without atmospheric control, Importers, Food vending agencies, Direct sellers and Merchant-Exporters from 28th June 2024. The instant issuance via FSSAI's Food Safety Compliance System (FoSCoS) is subjected to digital verification through GST, PAN, AADHAAR, etc.
- Introduction of New Kind of Business (KoB) for 'Direct Sellers' under FoSCoS: FSSAI has introduced a new Kind of Business (KoB) specifically for 'Direct Sellers' under the Food Safety Compliance System (FoSCoS).

2. Enforcement Activities: Both the Central Government (through ROs) and State Food Safety Authorities) undertake the task of licensing /registration of food businesses, enforcement and surveillance sampling & analysis, inspection & audits, Food Recall, investigation & raids, IEC and other activities as provisioned under the Act and rules & regulations made thereunder. In cases where the food samples are found to be nonconforming, recourse is taken to penal provisions under Chapter IX of the FSS Act, 2006. Details of the enforcement and special drives planned & undertaken by FSSAI are enumerated below:

(I) **Enforcement Drives:** The details of the enforcement drives conducted by FSSAI during FY 2024-25 (till date) are as follows:

Sr. No.	Food commodity	Period of drive
1.	Order for enforcement drive to check and restrict manufacturing of stapled tea bags	January, 2024
2.	Honey (selected brands on the basis of complaint)	January, 2024
3.	Tea	February, 2024
4.	Health Supplement (Protein Powder)	April, 2024
5.	Spices	May, 2024
6.	Infant Food	May, 2024
7.	Milk & Milk Product	June, 2024

Note: These drives are planned and conducted by FSSAI. In addition, States/UTs and ROs also independently plan and conduct monthly enforcement drives.

(ii) Surveillance Drives: FSSAI has launched the 'National Annual Surveillance Plan' (NASP) in FY 2023-24 which will be effective till FY 2024-25. This plan assists States/UTs with planning of drives in a strategic, effective and targeted manner. The surveillance drives conducted by FSSAI in all States/UTs under the NASP (till 30.09.2024) are as follows:

Sr. No.	Food commodity//Drive Name	Period of drive
1.	Flash Coffee Drive	January, 2024
2.	Milk & Milk Products	June, 2024
3.	Fruit & Vegetables	July, 2024
4.	Fish, meat, poultry & eggs	August, 2024
5.	Pulses & food grains	September, 2024

Note- These are the drives planned and conducted by FSSAI. In addition, States/UTs and ROs also independently plan and conduct monthly surveillance drives.

List of Advisories/orders issued for ensuring compliance:

- Special drives to check adulteration of milk and milk products like Khoya, sweets etc. during the festive season [21.03.2024]
- Monitoring the sale of food items during the festival season [21.04.2024]
- Advisory on Unauthorized use of Liquid Nitrogen in food by Food serving establishments/restaurants, Bars etc. [04.06.2024]
- Directions to FBOs to prohibit sale/food recall in respect of Unsafe Food Samples [18.06.2024]
- Special drives to check adulteration of sweets, savouries, milk and milk products like Ghee, Khoya, Paneer etc. during the festive season [11.09.2024]
- Testing of prohibited substances declared by the World Anti-Doping Agency (WADA) for 'Food for Sportsperson' under FSSAI license [13.09.2024]

(iii) **Advertisement Monitoring Committee (AMC):** FSSAI has constituted a specialized Advertisement Monitoring Committee, tasked with scrutinizing promotional claims by food business operators (FBOs) across various media, including social and e-commerce platforms. This committee routinely surveys the advertising landscape, swiftly identifying any misleading claims that fail to align with regulatory standards. For any apparent violations, corrective measures-such as issuing Improvement Notices under Section 32 of the FSS Act, 2006-are promptly enacted. Over the past nine months (January 2024 to September 2024), the committee has done 8 meetings and reviewed a wide array of advertisements, uncovering 219 instances of non-compliance. These cases were referred to enforcement authorities, instructing FBOs to either withdraw deceptive claims or provide scientific evidence to validate them. List of Advisories/Orders issued from FSSAI regarding misleading labeling/advertisements-January 1 - September 30, 2024.

S.No.	Advisories/Order
1.	Order dated 02nd February 2024 w.r.t Usage of the term “ORS” along with brand names
2.	Advisory dated 28th March, 2024 regarding categorization of 'Health Drinks / Energy Drinks' on E-Commerce website
3.	Advisory dated 03rd June, 2024 regarding selling/marketing of Reconstituted fruit juices as 100 % Fruit Juices
4.	Advisory dated 31st July, 2024 regarding Clarification on Selling/Marketing of fruit juices with Non-standardized ingredients

3. State Food Safety Index: FSSAI releases the State Food Safety Index based on the overall performance of the States/ UTs in the previous financial year to create a positive competitive environment across the States/ UTs. The 6th State Food Safety Index for the year 2023-2024 was released on 20th September 2024. The index was based on the performance of State/ UT on the following 6 parameters, namely; Human Resources and Institutional Data, Compliance, Food Testing-

Infrastructure and Surveillance, Training and Capacity Building, Consumer Empowerment and FSSAI Initiatives, Improvement in SFSI Rank of States/UTs from State Food Safety 2022-2023. Based on the above-mentioned criteria for Index Rankings, the top performers of the Index are:

Categories	
States & UTs	1. Kerala 2. Tamil Nadu 3. Jammu & Kashmir
Special Mention:	Gujarat
Special Acknowledgement:	Nagaland

4. Central Advisory Committee: The primary mandate of the Central Advisory Committee (CAC) is to advise the Authority on the work programme, prioritization of work, identification of potential risks and knowledge management. The Central Advisory Committee was re-constituted vide Notification dated 27.07.2022 for 3 years. During the year 2024-25, three 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.

5. 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. 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 31.03.2024, a total 41 Biodiesel manufacturers, 7 Soap manufacturers and 1 Biodiesel & Soap manufacturer were enrolled. As on 30.09.2024, there are a total 45 Biodiesel manufacturers, 9 Soap manufacturers and 1 Biodiesel & Soap manufacturer. During 2024-25, 10260.78 kiloliters of UCO has been collected.

6. 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 for the consumers. Till 31.03.2024, FSSAI has empanelled 35 Food Safety Auditing Agencies. As on 30.09.2024, a total of 19 Food Safety Auditing Agencies were active. During 2024-25, 3,833 third-party audits have been conducted.

7. Hygiene Rating: FSSAI's Hygiene Rating Scheme is an online, transparent scoring and rating process that certifies food businesses based on their food safety compliance and allows consumers to make informed choices. Till 31.03.2024, FSSAI has enrolled 37 auditing agencies for Hygiene Rating. As of 30.09.2024, there are a total of 31 auditing agencies for Hygiene Rating. During 2024-25, 12250 hygiene rating audits have been conducted across the country.

D. Quality Assurance

- 1. Notification of Testing Laboratories:** The strength of primary food testing laboratories notified by FSSAI is 242. The total number of Referral Food Laboratories is 22.
- 2. National Reference Laboratories:** FSSAI has 12 National Reference laboratories recognized in accordance with the Food Safety and Standards (Recognition and Notification of Laboratories) Regulations, 2018.
- 3. Food category-wise mapping in the FICS portal:** During the period, Eleven Laboratories have been mapped based on their food category-wise scope.
- 4. New lab categorization scheme introduced for FSSAI-NABL Integrated assessment system:** The desirous laboratory shall now seek FSSAI recognition in any of the following categories as per their capability & competency.

Category classification for laboratory for FSSAI recognition as per their capability and competency for FSSAI-NABL Integrated assessment

Category A	Adequate capability and competence for testing of all the safety and quality parameters for the applied category or sub-category in reference to standards specified under relevant Food Product Standards Regulations and amendments thereof from time to time.
Category B	Adequate capability and competence for testing of the majority of quality safety parameters (e.g. contaminants, hazards or toxins) for the applied category or sub-category but does not have capability and competence for remaining parameters/analytes.
Category C	Laboratories having capability and competence for qualitative/quantitative analysis of safety and quality parameters through rapid kits/screening kits. Laboratories falling within this category will not receive recognition and notification u/s 43 of FSS Act, 2006. Instead, they will solely be enlisted for the specified purpose

5. Scientific Panel on Methods of Sampling and Analysis (SP-09): During the period, the Panel has developed 7 different methods for determination of Iodine and Iron in Double fortified salt (DFS); Vitamin A in Milk; Vitamin A in Oils & Fats; Ochratoxin A in Wine and other Fermented Alcoholic Beverages; Iron filings in Tea and Residue Analysis of Ethylene oxide and 2-Chloroethanol in Food by Gas Chromatography Tandem Mass Spectrometry. Further, 2 Manuals of methods analysis in 2 different food categories i.e. Honey and other beehive products; Meat and Meat products and 1 manual for Microbiological examination of food and water has also been developed.

6. Rapid Analytical Food Testing (RAFT) Kit/Equipment/Method: Under the RAFT Scheme, FSSAI approves Rapid Analytical Food Testing Kit, Equipment or Methods to facilitate carrying out on-the-spot field testing by Mobile Testing Labs or Food Safety Officers (FSOs). A

Comprehensive Guide for RAFT Approval "RAFT Manual" has been developed to streamline and consolidate the procedures under RAFT policy. Till date, 80 RAFT Kits have been approved.

7. Strengthening of the Food Testing System in the Country including the Provision of Mobile Food Testing Labs" (SOFTeL): FSSAI has implemented the Scheme since 2016-17, initially for a period of three years and later was extended till 31.03.2024 without cost overrun. A grant of Rs 613.67 crores has been released to the States/UTs from 2016-17 to 2022-23. Under this scheme, FSSAI has supported States/ UTs in setting up 34 microbiology laboratories in 25 States/UTs. Till date, 12 Microbiology Laboratories have been inaugurated. On 25th February 2024, Hon'ble Prime Minister Shri Narendra Modi inaugurated 53 mobile food testing laboratories (Food Safety on Wheels, FSWs).

8. Mobile Food Testing Laboratories (Food Safety on Wheels/FSWs): To address the lack of food testing facilities in remote regions and to enhance consumer accessibility, FSSAI is allocating funds to States/UTs for the procurement of fully equipped FSWs. The objective is to deploy at least one FSW in each district by 2026. During the period, the funds have been allocated for the acquisition of an additional 65 FSWs, thereby increasing the total sanctioned FSWs from 428 to 493. Currently, 261 FSWs are deployed across the nation in 35 States/UTs. FSWs have facilitated 203855 food testing procedures, alongside conducting 11,310 awareness campaigns and 6330 training sessions from Jan, 2024 to Sept, 2024.

9. Capacity building of Laboratory Personnel: FSSAI is committed to elevate the proficiency of officials working in FSSAI-notified proficiency of officials working in FSSAI-notified laboratories under Sections 43(1) and 43(2) FSS Act, 2006. During the period, three physical training programs have been conducted at the Centre for Microbiological Analysis Training (CMAT) and Food Safety Solution Center (FSSC), NFL Ghaziabad, wherein 52 officials from state food testing laboratories and professionals from FSSAI notified private laboratories have been trained.

10. Food Analyst Examination (FAE): FSSAI has successfully conducted the 10th Food Analyst Examination Computer Based Test (CBT) at 11 different locations across India on 20th October 2024. The total number of candidates appeared for the 10th FAE CBT was 915 out of 1078. The total no.

of Gazette-Notified Food Analysts was 184.

11. Rice Fortification: The number of laboratories capable of testing fortificants in Fortified Rice (FR), Fortified Rice Kernel (FRK) and Vitamin-Mineral Premix for FRK has enhanced significantly in the last one year. The updated list of FSSAI notified Food testing laboratories including referral laboratories (i.e. up to Oct, 2024) are as follows:

Number of Laboratories	Fortified Rice	Fortified Rice Kernel	Premix for FRK
	54	27	11

12. NetSCoFAN: The "Network for Scientific Cooperation for Food Safety and Applied Nutrition (NetSCoFAN)" involves 9 specialized groups and encompasses 23 research projects across a range of topics, conducted in collaboration with leading institutions.

13. Surveillance:

- (i) **Special Surveillance Drive through States/UTs:** An amount of Rs. 27 Crores has been sanctioned to 06 states for conducting product specific surveillance in Assam, Goa, Gujarat, Rajasthan, Uttar Pradesh and Tripura in the identified food categories such as Fish and Fish Products, Tea, Fruits and vegetables, Edible Oil.
- (ii) **Monthly surveillance by States/UT:** Product Specific Surveillance drive across the country on a monthly basis is given below:

Monthly Surveillances (through states)	Food commodities	Status
October-2024	Labeling requirements	In-progress
September-2024	Food Grains including Pulses	In-progress
August-2024	Meat & Meat Products, Egg & Egg Products Fish & Fish Products	In-progress
July-2024	Fruits and Vegetables	Data Awaited
June-2024	Milk & Milk Products	Data Awaited

(iii) **Surveillance on Salmonella in Fish and Fish Products:** Conducted the Surveillance drive on Salmonella in Fish and Fish Products across three regions covering six states of India (Delhi, Haryana, Rajasthan, Uttar Pradesh, Kerala, and West Bengal) during July-August 2024.

(iv) **Pan-India Surveillance of Spices 2024:** Initiated Pan-India Surveillance of Spices in selected 250 districts of the country.

E. Food Import

1. Points of Entry: In order to ensure the safety of imported food products in the country, FSSAI has notified Authorized Officers (AO) at a total of 162 food import entry points [Airports/Sea Ports/Inland Container Depots(ICDs) / Special Economic Zones(SEZs)/Land Customs Stations(LCSs)]. At present, FSSAI has its own Authorized officers present at 78 points of entry (PoEs) whereas at the remaining 84 points of entry, Customs Officers have been notified as Authorised Officers by FSSAI.

2. Food Import Clearance process under FICS: FSSAI has its own Food Import Clearance System (FICS), which is an advanced paperless digital platform 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) periodically implements a Risk Management System, i.e., selective sampling and testing of food articles, under SWIFT as recommended by FSSAI. If the sample is found conforming, then a No Objection Certificate (NOC) is generated, and if it is not conforming, then a Non-Conforming Report (NCR) is generated. Normally, it takes an average of 5 to 7 days for clearance provided there is no delay at the importer's end in submitting clarification, fee payment, appointment for scheduling inspection, etc.

3. Revision of Risk Management System: FSSAI has revised the risk categorization of food products according to HSN and RMS criteria. In this revision, a total of 1752 HSN were identified as Food under High, Medium and Low-risk food categories, and the intervention selectivity criteria were devised.

4. Upgradation of the existing FICS to an advanced version, i.e. FICS 2.0: The Hon'ble Union Minister of Health and Family Welfare, Shri

Jagat Prakash Nadda, launched FSSAI's Food Import Clearance System 2.0 (FICS 2.0) during the second edition of the Global Food Regulators Summit 2024 on 20th September at Bharat Mandapam, New Delhi.

5. Food Import Rejection Alerts portal: The Hon'ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda, introduced the Food Import Rejection Alerts (FIRA) portal during the second edition of the Global Food Regulators Summit 2024 on 20th September 2024 at Bharat Mandapam, New Delhi. Food Import Rejection Alerts is an online portal designed to notify the public and relevant food safety authorities about food import rejections at Indian borders.

6. Facilitation to Authorized Economic Operators: To facilitate trade and ease of doing business reforms, FSSAI made provision to issue Provisional NOC (PNOC) upon satisfactory visual inspection and sampling without waiting for an analysis report from the laboratory for importers holding Authorized Economic Operators (AEO) status. Further, FSSAI has provided greater facilitation to AEO-3 and AEO-2 status holders in its Risk Management System.

7. Opening of New Import Offices: FSSAI is expanding its coverage by establishing 10 new offices in India to include an additional 25 entry points currently being manned by customs officers notified as Authorized officers by FSSAI. This will increase the coverage of FSSAI food import points of entry from 78 to 103.

8. Capacity Building of Custom Officials Handling Food Imports: In association with the National Academy of Customs, Indirect Taxes & Narcotics (NACIN) under the CBIC, both online and offline training were conducted to sensitize the Customs officials notified as Authorized Officers for food import clearance. So far, 290 officials have been trained through this portal.

9. Ease of Doing Business Initiatives in Food Import Sector:

(i) Extension of timeline for the requirement of an integrated Veterinary Health Certificate for milk and milk products: FSSAI issued an order dated 19.03.2024 regarding the extension of the requirement for the Integrated Veterinary Health Certificate for the import of "Milk and Milk Products" in India till 31.06.2024, which was further extended to 31.10.2024.

- (ii) Extension of timeline for the requirement to comply with Food Safety and Standards (Import), First Amendment Regulations, 2021 regarding Registration of Foreign Food Manufacturing Facility and the import of Food Consignments: FSSAI issued an order on 04.04.2024, extending the deadline for the mandatory registration of foreign food manufacturing facilities through a competent authority allowing foreign manufacturers additional time to meet registration requirements. A database of registered foreign food manufacturers is created through a dedicated online portal, i.e., Registration of Foreign Food Manufacturers (ReFoM), for further risk analysis. So far, 52 countries have registered, covering 3732 foreign food manufacturers.
- (iii) Implementation of the “Agreement” signed between FSSAI, Ministry of Health and Family Welfare, Government of India and Bhutan Food and Drug Authority, Ministry of Health, Royal Govt. of Bhutan, at Thimphu on 21 March 2024: An “Agreement” between FSSAI and BFDA (Bhutan Food and Drug Authority) for recognizing the official control system of BFDA on their Food Business Operator was got implemented w.e.f 21.10.2024.

10. Awards & Recognitions: FSSAI, as a Partner Government Agency (PGA), was awarded with the prestigious World Customs Organization (WCO) Certificate of Merit award during the International Customs Day celebration on the 27 January 2024. This recognition was conferred in appreciation of FSSAI's recent initiatives aimed at enhancing food import clearance in the country, commitment to ensuring food safety and facilitating ease of doing business in the nation.

F. Training and Capacity Building

1. Food Safety Training & Certification (FoSTaC): Currently there are 225 active Training Partners and more than 2467 trainers working for the FoSTaC programme. The Trainings are mainly being conducted through offline mode. During the period from 01.01.2024 till 30.09.2024, 10174 trainings of Food Safety Supervisors have been conducted and more than 4.8 lakh Food Handlers have been trained and assessed under FoSTaC Programme. Since its inception, more than 19 lakh

Food Handlers have been trained under the FoSTaC programme.

Following major training programmes conducted under FoSTaC during 2024-25.

- (i) A training and awareness programme for street food vendors was conducted in Delhi on 20th July 2024 in the presence of Hon'ble Minister for Health and Family Welfare, Sh. J P Nadda. More than 1300 Street Food Vendors were given training on basic hygiene and food safety.
- (ii) A training and awareness programme for street food vendors was conducted in Mumbai and Nagpur on 8th October 2024 in the presence of Hon'ble Minister of State for Health and Family Welfare, Sh. Prataprao Jadhav, and more than 3500 food handlers were trained.



Training and awareness programme for street food vendors, Nagpur, Maharashtra, 08.10.2024

- 2. Training for Regulatory Officials - Induction/Refresher and Need-Based Training Programs for Regulatory Officials:** During the reporting period i.e. 01-01-2024 to 30-09-2024, the Regulatory training unit of FSSAI conducted multiple induction, refresher, and need-based training programs targeting Food Safety Officers (FSOs), Designated Officers (DOs), and regulatory officials across various States/UTs, wherein a total of 534 Regulatory Officers were trained.



**Launching of the 3rd Edition of Manual for Food Safety Officers by
Hon'ble Union Minister of Health & Family Welfare**

3. Nurturing Individual Potential and Unleashing Networking (NIPUN) - Induction Training Program:

(I) 8th NIPUN: Organized from 26 December 2023 to 15 January 2024, covering 31 participants, held at NIFTEM, Sonipat and FSSAI Regional Offices.

(ii) 9th NIPUN: Conducted from 01 April to 26 April 2024, this program involved 45 participants at NIHFWS, Munirka, with on-the-job training (OJT) at FSSAI's Regional Offices.



Glimpses of Workshop and training session

G. Codex

1. In 2024, India participated actively in the Codex work for the development of international standards that are fundamental to ensuring safety and fair practices in international trade of food products. The meetings of the subsidiary bodies of the Codex

Alimentarius Commission took place both in virtual and physical mode. 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 in the year 2024 and India's contribution			
S. No.	Date(s) of Meeting	Meeting Title/Code	Outcome of the Meeting
1	29.01.2024 to 02.02.2024	7 th 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.
2	19.02.2024 to 23.02.2024	28 th Session of Codex Committee on Fats and Oils (CCFO28) at Kuala Lumpur, Malaysia	i. 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. ii. India proposed changes and supported the discussion paper on possible work that CCFO could undertake to reduce TFAs or eliminate PHOs.
3	11.03.2024 to 15.03.2024	54th Session of Codex Committee on Food Hygiene (CCFH54) at Nairobi, Kenya	India contributed actively in the finalization of Guidelines for traditional Markets of Food and 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.
4	15.04.2024 to 19.04.2024	17th Session of the Codex Committee on Contaminants in Foods (CCCF17) at Panama City, Panama	India became Chair and co-chair for the following EWGs at the 17th session of Codex committee on Contaminants in Food (CCCF17) scheduled from 15-18th April 2024 at Panama City, Panama:

Codex meetings held in the year 2024 and India's contribution			
S. No.	Date(s) of Meeting	Meeting Title/Code	Outcome of the Meeting
4	15.04.2024 to 19.04.2024	17th Session of the Codex Committee on Contaminants in Foods (CCCF17) at Panama City, Panama	- To develop the ML for AFT in RTE peanuts and the associated sampling plan for comments and consideration by CCCF18 (Chair) - To Develop a discussion paper on Acrylamide on foods with a proposal for a draft revised Code of Practice and a project document (Chair) - To develop Sampling plans for total aflatoxins and ochratoxin in certain spices (Chair) - Revision of Code of Practice for the Prevention and Reduction of Aflatoxin Contamination in Peanuts (CXC 55-2004) (Co-chair)
5	03.06.2024 to 08.06.2024	55 th Session of Codex Committee on Pesticide Residues at Chengdu, Sichuan Province, China	The draft guidelines prepared by EWG chaired by India on monitoring the stability and purity of reference materials, endorsed for draft adoption at step 5 by the committee. India became chair of the EWG reestablished by the committee to include provisions for monitoring the stability and purity of mixed pesticide standard solutions India also became co-chair for the EWG on Management of unsupported compounds without public health concerns scheduled for periodic review by JMPR and the national registration database.
6	01.07.2024 to 05.07.2024	86th Session of the Executive Committee of the Codex Alimentarius Commission at Rome, Italy	India, as a member elected on a geographic basis (Asia), actively participated in the 86th session of the Executive Committee (CCEXEC) of the Codex Alimentarius Commission (CAC) During the session, India strongly supported the advancement of standards development for various spices, including small cardamom, turmeric, and vanilla. Additionally, India backed the progression of standards for named vegetable oils, guidelines for the control of Shiga Toxin-Producing Escherichia coli, and the safe use and reuse of water in food production and processing.
7	16.09.2024 to 20.09.2024	27th Session of Codex Committee on Food Import and Export Inspection and Certification Systems (CCFICS27) at Cairns, Australia	India proposed the discussion paper on appeal mechanism in the context of rejection of imported food and the discussion paper was forwarded to CAC47 for approval. India became Co-chair for the EWG on Guidance on Standardization of the representation of sanitary requirements.

Codex meetings held in the year 2024 and India's contribution			
S. No.	Date(s) of Meeting	Meeting Title/Code	Outcome of the Meeting
8	02.10.2024 to 06.10.2024	44th Session of Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU44) at Dresden, Germany	Indian Delegation made interventions on important agenda items including General principles for establishing nutrient reference values for persons aged 6 to 36 months and methods of assessing relative sweetness of carbohydrate sources in the Standard for Follow-up Formula. India extended its support to frame a harmonized probiotic guidelines for use in foods and food supplements
9	07.10.2024 to 17.10.2024	36 th Session of Codex Committee on Fish and Fishery Products held by correspondence (through Electronic Working Group)	India actively supported the labeling provisions for fish and fishery products and supported the amendment to include <i>Sardinella lemuru</i> in the product definition of CXS 94-1981.
10	27.10.2024 to 01.11.2024	48 th Session of Codex Committee on Food Labeling at Quebec City, Canada	India co-chaired two important guidelines related to 'e-commerce' & 'use of technology' to provide food information, which have now been advanced to CAC47 for final adoption. Indian Delegation strongly advocated for India's stance on key issues, including saffron and allergen labeling. India agreed to Co-Chair EWG on Food labeling in food formats joint presentation and in multiple packages.

2. FSSAI also conducted several training programs in 2024 for creating awareness and enhancing participation in Codex among stakeholders as follows:

- (i) FSSAI, in collaboration with the World Health Organization (WHO) under the Codex Trust Fund (CTF) project, successfully conducted the first Inter Country workshop on “Enhancing Participation for Codex Activities.” The workshop took place from June 24-28, 2024, at the International Training Centre for Food Safety and Applied Nutrition (ITCFSAN) in Mumbai. The event saw the participation of 40 government officials from Bangladesh, Bhutan, India, Maldives, Sri Lanka, and Timor-Leste.
- (ii) FSSAI successfully conducted Codex Internship Program for officials from Maldives and Timor-Leste from 9th to 21st September 2024.

- (iii) A Regional Conclave on “Enhancing Regional Collaboration and Harmonization in Standard Setting” as part of this year's Global Food Regulators Summit (GFRS24) was organized by FSSAI on 21st September 2024. The event featured representatives from Codex Contact Points of ten Asian countries, including all the Codex-related ministries and stakeholders from India. The primary goal of the regional conclave was to discuss ways to enhance collaboration and harmonization of food safety standards among Asian nations, particularly in the Codex standard setting process.

H. International Cooperation

1. Approximately 70 meetings have been conducted with food regulators of various countries, including embassy officials. Major meetings conducted during the year 2024-2025 are mentioned below:

- (i) A Meeting between FSSAI and Counsellors of Netherlands was held on 3rd April 2024 to discuss certification requirements for pork/aquatics/dairy products, registered establishment list requirement and Maple syrup standards.
- (ii) A Meeting between the CEO, FSSAI and USISPF representative along with other companies' representatives was held on 4th April 2024 wherein industries issues were discussed.
- (iii) A Meeting between Director, TICD and a delegation from USFDA, was held on 15th April 2024, wherein the topics of discussion were Joint Inspections of FBO's by USFDA and FSSAI and Knowledge sharing on Import Alert System of USA – PREDICT
- (iv) A Meeting between Director, TICD and officials from the Embassy of Argentina was held on 12th June, 2024 to explore the areas of cooperation between two countries in the field of food standards and safety.
- (v) A meeting between Director, TICD and the officials of the Embassy of Malaysia to explore the areas of cooperation between the two countries in the field of food safety and standards was held on 27th June 2024.
- (vi) A Meeting between CEO, FSSAI and the Minister of Agriculture of Chile was held on 27th August, 2024 to discuss about matters related to possible signing of MoU, MRL's, FSSAI regulations and implementation and health certificate – dairy products.
- (vii) A Bilateral Meeting between CEO, FSSAI and Bhutan Food and Drug Authority (BFDA), Bhutan on Food Safety was held on 20th September 2024, on the sidelines of GFRS 2024, to discuss the implementation of the agreement signed between BFDA and FSSAI.
- (viii) A Bilateral Meeting between CEO, FSSAI and Deputy Director General, Food Safety, Ministry of Primary Industries, New Zealand was held on 20th September, 2024 on the sidelines of GFRS 2024, to discuss various activities under the arrangement signed between MPI, New Zealand and FSSAI.
- (ix) A Bilateral Meeting between CEO, FSSAI and the Ambassador, Embassy of Argentina, was held on 21st September 2024, on the sidelines of GFRS 2024 to discuss the potential areas of

cooperation on food safety.

- (x) A Meeting between the CEO, FSSAI and Officials from the Embassy of Brazil was held on 8th November, 2024 to discuss implementation of MoU.

2. MoU/ MoC/ Agreement: A Memorandum of Understanding (MoU) between Food Safety and Standards Authority of India (FSSAI) and The Ministry of Agriculture and Livestock of Brazil was signed on 20th September, 2024, at Bharat Mandapam, Pragati Maidan, New Delhi, on the sidelines of GFRS 2024.



A Bilateral Meeting between CEO, FSSAI and Bhutan Food and Drug Authority (BFDA), Bhutan on Food Safety was held on 20.09.2024



A Memorandum of Understanding (MoU) between FSSAI and The Ministry of Agriculture and Livestock of Brazil was signed on 20.09.2024

3. Trainings/Courses/Seminars: International Cooperation Division coordinated various trainings during the year 2024-2025. The major training sessions are mentioned below:

- (i) FSSAI officials participated in the Short Term Mission (STM) on “Microbiological Risk

assessment of food” under the BTSF programme from 15th to 19th April 2024, at FDA Bhawan, New Delhi.

- (ii) FSSAI officials participated in the Danida Fellowship Centre Scholarship Programme - Sustainable Food Systems: Resource Efficiency, Food Loss, and Food Waste (Online 22 April 2024 – 17 May 2024, On-Site 20 May 2024 – 7 June 2024)
- (iii) A virtual exchange between EU and FSSAI on pesticide and MRLs was held on 4th July 2024.
- (iv) A virtual exchange on the EU's RASFF (rapid alert system for food and feed) was held on 10th July 2024.
- (v) FSSAI official participated in the International Short course on Food Safety at Michigan State University, Michigan, USA, from 21-27 July 2024.

4. Global Food Regulator Summit, 2024 (GFRS)

The Second Global Food Regulators Summit (GFRS 2024), was organized by the Food Safety and Standards Authority of India (FSSAI), at Bharat Mandapam, New Delhi, from September 20th -21st, 2024. Building on the success of the 2023 summit, co-hosted with India's G20 Presidency, this year's event aimed to further solidify global regulatory cooperation in food safety.

Delegates from over 70 countries, including various regulatory bodies of different countries, representatives from international organizations such as FAO, WHO, CODEX, and WTO, Risk Assessment Authorities, Research Institutes and Universities stakeholders from the food industry, participated in this summit for fostering collaboration, dialogue, and innovation.

Important Activities of GFRS summit 2024:

- (i) Launching of the Food Import Rejection Alerts (FIRA), an online portal which is designed to notify the public and relevant food safety authorities about food import rejections at Indian borders.
- (ii) A new website was unveiled for the Food Import Clearance System 2.0 (FICS 2.0), as an advanced version of Food Import Clearance System for faster processing and transparency.
- (iii) A millet recipe show 'Flavours of Shree Anna – Sehat aur Swaad Ke Sang' was also launched

as a 13-episode series on Doordarshan, aiming at promoting millet-based recipes.

- (iv) A Regional Conclave session has been conducted, as the first-ever interaction at a single platform among representatives from FAO, WHO, Codex, WTO, and ten Asian nations, including India, alongside key industry leaders. The primary goal of the Regional Conclave was to enhance collaboration and harmonization of food safety standards among Asian nations, particularly in the Codex Standard Setting Process.
- (v) Nine technical sessions have been conducted on a range of critical topics, including Regulating food safety and security, Antimicrobial resistance, Sustainable food packaging, Health supplements and nutraceuticals, Sports nutrition, Residue and contaminant monitoring, Advanced food testing methodologies, Fortification strategies to combat hidden hunger, and the impact of animal feed on food safety.
- (vi) CEO dialogue presented an invaluable opportunity for industry and government stakeholders to come together, engage in meaningful conversations, and identify a path toward collective progress in ensuring food safety, standards, and industry growth for India's food processing sector to reach its potential.

Key recommendations of GFRS 2024:

- (i) Development of unified action plans and establishment of robust data-sharing platforms,
- (ii) Enhancement of laboratory infrastructure to ensure effective monitoring and response.
- (iii) Harmonize international standards for nutraceuticals, health supplements, sustainable food packaging, and ultra-processed foods, fostering regulatory alignment and facilitating global trade.
- (iv) Integrating advanced technologies such as artificial intelligence and machine learning into food safety systems to improve efficiency and precision.
- (v) Collaboration in the area of research and development, particularly in sectors such as sustainable packaging, risk assessment methodologies, and innovative fortification strategies.

- (vi) Recognizing the importance of capacity-building,
- (vii) Leverage international programs and partnerships to elevate technical expertise and drive meaningful progress in global food safety initiatives.

In conclusion, GFRS 2024 underscored the importance of enhancing the food safety frameworks at global, regional, and national levels. It showcased India's dedication to spearheading global efforts in raising food safety standards and promoting food security.



Glimpses of Global Food Regulator Summit 2024



Glimpses of Global Food Regulator Summit 2024



Glimpses of Global Food Regulator Summit 2024

I. Social and Behavioral Change

1. Total number of certificates awarded under the Eat Right India initiatives are mentioned below.

S.No.	Name of Initiative	Total Number of Certifications
1.	Eat Right Places of Worship	282
2.	Eat Right Campus	405
3.	Eat Right School	118
4.	Eat Right Station	41
5.	Eat Right Fruits and Vegetable Market	33
6.	Eat Right Street Food Hub	19

- 2. FSSAI developed and launched the new portal of Eat Right Campus initiative.
- 3. FSSAI organized the celebration of World Food Safety Day 2024 on 7th June 2024 at FSSAI Headquarters, New Delhi.
- 4. To raise awareness about safe and healthy diets, the Food Safety and Standards Authority of India in collaboration with MyGov launched a quiz competition titled "Eat Right Quest" in the month of August. The quiz culminated on 4th October 2024 and registered a participation of around 40 thousand people. After the successful completion of Eat Right Quest on MyGov, FSSAI launched the Eat Right Quiz on 6th October 2024 on its social media handles to create awareness regarding healthy food habits.
- 5. FSSAI ran a campaign from 15th August 2024 to 14th September 2024 on FM radio channels across the country to create awareness regarding food safety and establish FSSAI as a recognisable and trusted brand – 'Guardian of Food Safety'.
- 6. A Millet recipe TV series on Doordarshan was launched by Hon'ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda Ji during GFRS 2024 on 20th September 2024. The 13 episodes show aims to promote millet-based recipes to boost nutrition awareness.

7. A month-long food safety awareness campaign was launched on 29th October 2024 to cater to the festive season on FM radio (Metros and Tier 2 cities), LED/LCD Screen at Airport (Delhi) and Audio Announcement at Railway Stations (Pan India).

J. Human Resource and Vigilance matters

1. FSSAI has a sanctioned strength of 824. Till date, there are 512 regular employees in FSSAI. Besides, 74 posts and 27 posts have been filled up on deputation and on a deemed deputation basis respectively. In addition, 76 persons are on contract basis.
2. FSSAI has completely switched over to paperless functioning with the introduction of e-office.
3. **Vigilance Awareness:** Vigilance Awareness Week 2023 was observed from 30-10-2023 to 05-11-2023 at FSSAI(HQ) and all the Regional Offices and Laboratories. This year, the theme of Vigilance Awareness Week was "Say no to corruption; commit to the Nation" "भ्रष्टाचार का विरोध करें; राष्ट्र के प्रति समर्पित रहें". On this occasion, a pledge to maintain honesty, transparency and integrity in all spheres of life was administered to all officers and staff on 30-10-2023. This was followed by a quiz competition about the knowledge of employees on vigilance, Poster making and Essay competition (in Hindi and English) on theme of this year i.e., "Say no to corruption; commit to the Nation" "भ्रष्टाचार का विरोध करें; राष्ट्र के प्रति समर्पित रहें".were organized.

K. Information Technology

The details of key initiatives are provided below:

- (i) **Tatkal Licence and Registration:** The Tatkal license/registration process has been introduced under FoSCoS to facilitate quicker and more efficient licensing for low-risk food businesses. The total tatkal & licenses and registration issued till date are approximately 48,173. The Tatkal process is available exclusively for low-risk food businesses.
- (ii) **Street Food Vendor Portal:** A dedicated portal for street food vendors was launched by Union Health Minister Shri Jagat Prakash Nadda. This portal aims to empower street food vendors by providing a platform to share their success stories, access valuable resources on

food safety, and engage with the community.

- (iii) **Food Import Rejection Alert (FIRA) Portal:** The Food Import Rejection Alert (FIRA) portal has been developed and launched as a critical tool for the rapid exchange of information on food import rejections at Indian borders.

L. Glimpses of various activities of Regional offices

- Induction Training program for the newly recruited Food Safety Officers of Tamil Nadu, West Bengal & APHO/PHOs of DGHS (MoHFW) culminated on 06.12.2024 at Health & Welfare Training Center, Chennai.
- Study Visit of the Parliament Assurance Committee on 'Export of Food Items under Purview of Regulator' conducted on 31st Aug. 2024.
- Food Safety Awareness session on Healthy Food Habits at PM Shri Kendriy Vidyalaya ,Cochin, Kerala during the World Environment Day on 05.06.2024.
- Eastern Region, Kolkata in collaboration with the Sports Authority of India (SAI) - Eastern Regional Center, organized a comprehensive food safety and awareness session on the occasion of the 10th International Yoga Day.
- The FSSAI- Eastern Regional Office, Kolkata celebrated the World Food Safety Day, 2024 on June 7 in collaboration with Science City, Kolkata (National Council of Science Museum).
- WRO-Mumbai launched a program aimed at empowering women in India. The CONNECT program is a scheme, meticulously designed and targeted to ensure the fulfillment of the Eat Right practices set forth by FSSAI, particularly tailored to the needs and objectives of food businesses, owned and operated by SHG women. **The event was graced by Shri. Vijaykumar Gavit, Hon'ble Minister of Tribal Development, Govt of Maharashtra.**
- FSSAI Western Regional Office Conducted Licensing Mela for Street Food Vendors in Mumbai, This Programme is a step towards Ease of doing Business. Also, this programme broadens the purview of FSSAI.
- NRO and WHO hosted Maldives and Timor Leste officials, featuring industry visits under Codex Trust Fund Project Phase II.



Swachh Aahar Sankalp Program-Mumbai

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, 09 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)	SUB-ZONAL OFFICES (7)
1. North Zone - Ghaziabad	9. Sub Zone-Rishikesh
2. East Zone-Kolkata	10. Sub Zone- Varanasi
3. West Zone-Mumbai	11. Sub Zone-Goa
4. South Zone-Chennai	12. Sub Zone-Jammu
5. Zone-Hyderabad	13. Sub Zone-Indore
6. Zone-Ahmedabad	14. Sub Zone-Guwahati
7. Zone-Bangalore	15. Sub Zone-Vishakhapatnam
8. Zone-Baddi	
LABORATORIES (9)	SEA PORTS (19)
16. CDL-Kolkata	25. Mumbai
17. CDL CRI-Kasauli	26. Nava Sheva
18. CDTL-Mumbai	27. Chennai
19. CDTL-Chennai	28. Tuticorin
20. CDTL-Hyderabad	29. Cochin
21. CDTL-Indore	30. Kolkata
22. RDTL-Chandigarh	31. Kandla
23. RDTL-Guwahati	32. Hazira
24. CDTL-Bhubaneswar	33. Goa
AIR PORTS (9)	34. Vishakhapatnam
44. Delhi	35. Krishnapatanam
45. Mumbai	36. Mundra
46. Chennai	37. Gandhinagar
47. Kolkata	38. Kamarajar
48. Hyderabad	39. Tughlkabad (ICD)
49. Bengaluru	40. Patparganj (ICD)
50. Ahmedabad	41. Kodhiyar (ICD)
51. Goa	42. Dhannad (ICD)
52. Vishakhapatnam	43. Tihi (ICD)

REGULATORY FUNCTIONS OF CDSCO

1. Grant of permission/approvals for new drugs and subsequent new drugs in the country

New Drugs and Subsequent New Drugs are permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that they 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 can 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 01.01.2024 to 31.10.2024, permissions have been granted to import New Drugs Formulations in 05 cases & to manufacture New Drug Formulations in 17 cases and for New Bulk Drug Substance in 20 cases. Also, clinical trial permissions have been granted in 24 cases.

For Subsequent New Drugs:

During the year from 01.01.2024 to 31.10.2024, permissions/approval have been granted for manufacturing & marketing of Drug Products in 36 cases and for drug substance in 11 cases & for Import & Marketing of Drug Product in 05 cases. Also, permissions have been granted for clinical trials in 11 cases and BE NOC in 16 cases.

2. Quality Control over Fixed Dose Combination (FDC)

Fixed Dose Combinations are included as one of the categories under New Drugs which are required to be marketed for the first time in the country and are permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that these are safe and efficacious and comply to the requirements of the New Drug & Clinical Trial Rules, 2019.

During the year from 01.01.2024 to 31.10.2024, permissions have been granted for import and marketing of FDCs in 1 case; manufacture and marketing of FDCs in 65 cases; Clinical Trial permission in 27 cases and BE permission in 67 cases.

3. Quality Control over the 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 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 the online 'SUGAM' Portal. During the year from 01.01.2024 to 31.10.2024, total numbers of Registration Certificate and Import Licenses issued are 276 and 1262 respectively and post approval changes were approved in 126 cases.

4. Quality Control over import of cosmetics

The import of cosmetics is regulated through a registration process. Submission of applications for registration of cosmetics has become completely online from 16.08.2017 through SUGAM portal.

During the year from 01.01.2024 to 31.10.2024, total numbers of approved import Registration Certificates including registration number and post approval changes have been issued through the online portal for 1315 and 69 cases respectively.

5. Quality Control over the import of Biological products

During the period from 01.01.2024 to 31.10.2024, for vaccines, New Drug Permission for Human Vaccines for drug product in 9 cases and for drug substances in 7 cases, Import Licences in 23 cases, Registration certificates in 05 cases and Clinical Trial Permissions in 12 cases have been issued.

CDSCO, India's Vaccines Regulatory System was assessed by a team of international experts from various countries, led by WHO (HQ), Geneva, following a comprehensive and in-depth scientific review, CDSCO was declared 'functional' against all the core regulatory functions of the WHO Global Benchmarking Tool Version VI for vaccines regulatory system. CDSCO as NRA retains Maturity Level 3 with the highest marks in several functions.

During the period from 01.01.2024 to 31.10.2024 for r-DNA products, New Drug Permissions in 15 cases, Import and marketing in 25 cases and Registration certificates in 09 cases have been issued.

6. PSUR/PVPI/AEFI Division -

The 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.

PSURs submitted by the various drug manufacturers/ Importers were reviewed and 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 20 inspections were conducted from 01.01.2024 to 31.10.2024 to assess the pharmacovigilance systems of various Vaccine manufacturers/ Importers and recommendations for compliance in accordance to the Fifth Schedule of New Drugs and Clinical Trial Rules 2019 were accomplished.

7. 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 01.01.2024 to 31.10.2024, permissions for a Test License in 2577 cases, an Import License in 2552 cases, a Manufacturing License in 3342 cases (849 for Class C & D and 2493 for Class A & B, a Registration certificate for Medical Device Testing Laboratory in 23 cases and permission for Clinical Investigation in 09 cases have been issued.

8. 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 a 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 01.01.2024 to 31.10.2024, permissions for manufacturing Test License in 764 cases, import Test License in 169 cases, commercial Import License in 694 cases, commercial Manufacturing License in 163 cases, Clinical Performance Evaluation in 02 cases, Market Standing Certificate in 208 cases, Non Conviction Certificate in 285 cases, Free Sale Certificate in 187 cases and Post Approval Changes in 576 cases have been issued.

Issued manufacturing license for 04 indigenously developed in-vitro diagnostics of Monkeypox Virus considering the public health emergency of international concern in collaboration with ICMR.

CDSCO became an affiliate member of the International Medical Device Forum (IMDRF) in September 2024, enhancing global collaboration and harmonisation in medical device regulations for public health.

Providing regulatory facilitation for clinical performance evaluation, and uptake of new IVD through the MedTech Mitra programme was initiated under the guidance of NITI Aayog, ICMR in partnership with CDSCO with the aim of fostering development of affordable and accessible indigenous In-vitro diagnosis.

9. International Cell

International Cell in CDSCO, under the Ministry of Health and Family Welfare, Govt. of India, is the contact point division for communication with the foreign Drug Regulatory Authorities. To enhance cooperation with the foreign drug regulators, CDSCO signs the agreements with foreign regulatory bodies and also organizes and participates in the conferences/ seminars/ workshops.

The Central Drugs Standard Control Organization (CDSCO), under the Ministry of Health and Family Welfare, Government of India, in partnership with the World Health Organization (WHO), proudly hosted the 19th International Conference of Drug Regulatory Authorities (ICDRA) at Yashobhoomi, New Delhi, India, from October 14th to October 18th, 2024. The overarching theme of this prestigious event was "Smart Regulation: Delivering Quality Assured Medical Products for All." During the ICDRA CDSCO also signed 03 MoUs with Chile, Cuba and Russia.

During the year 2024 (01-01-2024 till now) CDSCO signed 06 agreements with the Drug Regulatory Authorities of Denmark, Ukraine, Cuba, Chile, Russia and BRICS countries. The list of agreements which were signed in 2024 is listed below:

S. No.	Country Name	Agreement	Name of DRA	Signed
1.	BRICS	MoU	ANVISA -Brazil, Russian Federation, CDSCO -India, NMPA-China, SAHPRA-South Africa (BRICS)	01.02.2024
2.	Denmark	JDI	Danish Medicines Agency (DKMA)	22.02.2024
3.	Ukraine	MoU	The State Services of Ukraine on Medicines and Drugs Control	23.08.2024
4.	Cuba	MoU	The Center for the State Control Drugs and Medical Devices (CECMED)	14.10.2024
5.	Russia	MoU	Federal State Institute "State Institute of Drugs and Good Practices" of The Ministry of Industry and Trade of The Russian Federation (FSI "SID & GP)	17.10.2024
6.	Chile	MoU	The Public Health of Chile (ISP)	18.10.2024

10. Bio Availability/ Bio Equivalence Study

During the year from 01.01.2024 to 31.10.2024, permissions/approval has been granted for conducting BA / BE studies of New Drugs/Investigational Drugs is 2102 and 13 registration certificates have been issued to BA-BE Study Centre/Bio-analytical facilities.

11. Clinical Trial

Clinical trials of new drugs or investigational new drugs are systematic studies on human subjects to generate data for discovering or verifying their clinical or pharmacological including pharmacodynamics, pharmacokinetics or adverse effects with the objective of determining the safety, efficacy or tolerance of such new drugs or investigational new drugs.

The New Drugs and Clinical Trials Rules, 2019 provide that clinical trials for new drugs, are required to be conducted under and in accordance with the permission granted by the Drugs Controller General (India). During the year from 01.01.2024 to 31.10.2024, permission was granted for conducting Global Clinical Trials of a new drug or investigational new drug in 120 cases.

12. Blood Bank

The licenses for the Blood Banks are approved by the office of DCG (I) as the Central License Approving Authority (CLAA) under the Drugs Rules, 1945. Online National Drugs Licensing System (ONDLS) for processing of the Blood Centre License applications has been implemented.

During the year, from 01.01.2024 to 31.10.2024, the licenses were granted in 524 cases including renewal certificate and the endorsement of blood components.

13. 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 advise 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) who acts as Member Secretary. Two meetings of the DTAB were held during the year from 01.01.2024 to 31.10.2024, through Hybrid mode:

- (1) The 90th meeting of DTAB was held on 25th January, 2024
- (2) The 91th meeting of DTAB was held on 14th August, 2024

The Board has deliberated various proposals in the DTAB meeting relating to streamlining of regulatory control over drugs, cosmetics and medical devices respectively. Based on the recommendations of the DTAB, the Central Government has notified various draft notifications, final notifications and Statutory Orders with respect to the Drugs and Cosmetics Act, 1940 and Rules thereunder. The details are as follows:

A. Draft Rules

1. Draft Notification published vide G.S.R. 139(E) dated 27.02.2024 of Bengaluru, Visakhapatnam, Cochin and Thiruvananthapuram Airports.
2. Draft rules notified vide G.S.R. 374(E) dated 10.07.2024 regarding rules for Compounding of offences under the D&C Act.
3. Draft rules notified vide G.S.R. 365(E) dated 10.07.2024 for No Advertisements of Drugs Specified in Schedule G under Drugs Rules, 1945.
4. Draft rules notified vide G.S.R. 391(E) dated 12.07.2024 for Inclusion of details of excipient on every strip of medicines under Rule 96, in sub-rule (7) of Drugs Rules, 1945.

B. Final Notifications

1. G.S.R 95(E) dated 05.02.2024 for Inclusion of Oseltamivir and Zanamivir in Schedule H1 in the Drugs Rules, 1945.
2. G.S.R. 216(E) dated 18.03.2024 regarding Omission of Glyceryl Trinitrate and Isosorbide Dinitrate from Schedule P1 and modification in Rule 105.
3. G.S.R 293(E) dated 28.05.2024 regarding Inclusion of Cochin and Thiruvananthapuram Ports in Rule 43A of Drugs Rules, 1945.
4. G.S.R 581(E) dated 19.09.2024 for Amendment in New Drugs and Clinical Trials Rules for registration of Clinical Research Organisation CRO
5. G.S.R. 666(E) dated 25.10.2024 Corrigendum to G.S.R 922(E) dated 28th December, 2023.

C. Statutory Order

1. S.O. 476(E) dated 05.02.2024 regarding Revoke of notification GSR 144(E) dated 17.02.2017 Oseltamivir and Zanamivir.
2. S.O. 567(E) dated 06.02.2024 regarding Notification of Government Analysts for CDTL Indore.
3. G.S.R. 91(E) dated 02.02.2024 regarding Notification of Government Analysts for NIB Noida
4. S.O. 1577(E) dated 28.30.2024 regarding implementation of Jan Vishwas (Amendment of Provisions) Act, 2023 related to Provisions of Drugs & Cosmetics Act.

5. S.O. 3285(E) to 3440(E) dated 12.08.2024 regarding Prohibition of 156 FDCs
6. S.O. 3266(E) to 3267(E) dated 12.08.2024 for Restriction of FDC (Naproxen + Esomeprazole and Naproxen + Pantoprazole)
7. S.O. 3284(E) dated 12.08.2024 regarding Notification of Prohibition of Etodolac
8. S.O. 4197(E) dated 25.09.2024 regarding Amendment for Government Analysts at CDL Kolkata

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. Two meetings of the DCC were held during the year from 01.01.2024 to 31.10.2024, through Hybrid mode:

- (3) The 63rd meeting DCC was held on 30th January, 2024
- (4) The 64th meeting of DCC was held on 19th June, 2024

Apart from the above, the meetings of various sub-committees of DCC-DTAB are also conducted time to time.

14. AYUSH Section

During the year from 01.01.2024 to 31.10.2024, WHO-GMP Certificates have been issued in 06 cases and Certificates of Pharmaceutical Product (CoPP) have been issued for 85 cases.

15. Veterinary Section

During the year from 01.01.2024 to 31.10.2024, Marketing Authorizations have been granted in 17 cases, Registration Certificate & Import License granted in 48 and 119 cases respectively, Manufacturing license granted in 06 cases, Test Licenses granted in 50 cases and post approval changes approved in 10 cases. Further, the Veterinary division also contributed as below:

- Applications for issuance of New Drug Permissions are made online through SUGUM Portal from August-2024.
- Organized Meeting with the stakeholders to understand their issues with reference to veterinary drugs/vaccine regulations and way forward for their concerns on 25.09.2024 at CDSCO (HQ), New Delhi.

- Organized 3rd edition of “Chintan Shiver” with stakeholders for enhancement of Seafood Exports and its way forward attended by DCG (I) at Lakshadweep on 10-05.2024 to 11.05.2024
- Participated and Presented on “Guidance to wildlife institute in terms of import of Immobilization drugs” during Workshop on understanding Human-Wildlife Conflict and Chemical Restraint Techniques for Mitigation for Officials of Odisha Forest Department on 26.07.202 to 31.07.2024.
- Participated in VICH meeting which aims to harmonize technical requirements for the approval of veterinary medicinal products in the European Union, Japan, and the United States, and included input from both regulatory and industry representatives in Amsterdam, Netherlands from 11.11.2024 to 14.11.2024.

16. Ethics Committee Registration Section

The 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 01.01.2024 to 31.10.2024, Registration Certificates have been issued in 247 cases.

17. Legal Cell

The Legal Cell renders effective legal assistance in the preparation of legal opinions, reports and correspondence, drafting of affidavit/ reply, review, drafting of legal documents, as required from time to time in consultation with the office concerned with the approval of a competent authority. The cases may pertain to filing the Counter on behalf of the 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 201 on-going cases in various High Courts of India and around 21 cases before the Supreme Court of India.

During the year 01.01.2024 to 31.10.2024, 39 cases (both of the Supreme Court and High Courts of India) have been disposed off.

18. 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 01.01.2024 to 31.10.2024, a total of 424 Serious Adverse Event cases have been reviewed, out of which in 163 cases the SAE is death and 261 cases the SAE is injury. In 77 cases compensation has been recommended.

19. E-Governance

During the year from 01.01.2024 to 31.10.2024, the Ministry of Health and Family Welfare and CDSCO have 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 applications for various processes as well as for issuance of online permissions. This year, enhancement was done in the portal for better performance and adding new features, etc.

National Drugs Licensing System Portal: A common platform is being developed for submission and processing of applications for grant of licenses 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 manufacturing and sales have been developed on this portal for public use.

The ONDLS Portal has been operationalized. So far, 29 States/UTs have been boarded online on the ONDLS Portal for issuing sale licenses. Further, the

development work is under progress for the addition of CLAA items, other Certificate /Post-approval Changes, etc. The issuance of online licenses for Blood Centres have been made Live and till date 14 States/UTs have been boarded online on the ONDLS.

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 was established by the Central Government with the objective of building a genuine Single Window System which can act as a one-stop shop for all the approvals required by the investor and facilitate 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.

20. Ease of Doing Business

Public Relation Office: A Public Relations office was 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 the business life cycle as per the existing focus on “Invest India/ Make in India”.

From October 2019, officers from the concerned divisions of CDSCO are also available at Public Relations office on specified days to provide regulatory guidance to the stakeholders.

Further, keeping in view of the Ease of doing Business in India, since February 2024, DCG (I) has been meeting with stakeholders in a walk in meeting setup every Tuesday and Thursday (except Gazetted holidays) in CDSCO(HQ) from 5:00 PM to 6:00 PM hearing stakeholders problems, complaints, grievances and suggestions for swift resolution.

During the year from 01.01.2024 to 31.10.2024, a total of 4911 visitors were attended in PRO and 164 visitors were attended by DCG(I) in a walk in meeting.

21. Training and Skill development

After detailed gap analysis, a 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 an annual training calendar for the FY 2023-2024 & 2024-2025. “During the period of 01-01-2024 to 31-10-2024, CDSCO has conducted 8 residential training programmes for the officers of CDSCO & State Drug Control Department and one induction residential training programme for newly recruited drugs inspectors at NIHFV and the training has been imparted to 353 participants, out of which 178 were from CDSCO and 175 State Officials”. As a part of this residential training program, pre and post assessment tests, syndicate activity, yoga were also conducted.

As per the annual calendar programme, CDSCO has also conducted 4 regional training programs at Raipur, Chandigarh, West Bengal and Lucknow, wherein 89, 70, 71 and 75 state drug officials have attended the training respectively. CDSCO has also organized 3 awareness workshops on Revision of Schedule M across India in Bangalore, Baddi and Daman for the industries wherein around 924 members have participated through offline and 11598 members through online mode.

22. Enforcement-RBI & Intelligence Cell, CDSCO (HQ)

The division is responsible for Risk Based Inspections (RBI) of manufacturing firm & private testing laboratories, handling of quality complaints from domestic and international markets, publishing of monthly drug alerts on CDSCO website, recommendation of prosecution/ administrative action for Not of Standard Quality (NSQ) & Spurious drug matters of CDSCO, handling of Right to Information (RTI), parliament questions & Public grievances (PG) related to this division etc.

During the period 01-01-2024 to 31-10-2024, a total 255 manufacturing units and 135 private testing laboratories (PTL) were inspected under risk-based inspections. The complaints received from the domestic as well as international market were jointly investigated by officers of CDSCO and the State Licensing Authority (SLA) and necessary actions were taken. 11 meetings of the screening committee were conducted to deliberate 222 cases of NSQ/spurious drugs and, accordingly recommendations for prosecution/administrative action were issued to zone & sub zone office of CDSCO. The division received 308 PG and 130 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 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.

23. Strengthening the Infrastructure of CDSCO:

Under this scheme, Govt. has approved the setting up of 07 New Drugs/Medical Devices/Cosmetics Testing Central Labs and 08 Mini Labs at Airports and Seaports for ensuring the safety, quality and efficacy of drugs, cosmetics and medical devices. The status of new Central Labs is as under:-

- (i) **Guwahati** – The work for the new building at Guwahati constructed by CPWD is also in progress and is also likely to be completed by 31.01.2025
- (ii) **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 a new contractor to restart the balance work and the building work is likely to be completed by 31.12.2025
- (iii) **Baddi**- Under the strengthening scheme, Baddi Sub-Zone has been upgraded as a 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 31.01.2025.

The work for other Labs could not be started due to non-availability of land free of cost because, as per policy, the land should be provided by States/UTs free of cost only.

5.3 INDIAN PHARMACOPOEIA COMMISSION

i. The Indian Pharmacopoeia Commission (IPC), an autonomous institution under the Ministry of Health & Family Welfare, Government of India, is functioning with the following mandates:

- i. Publication of Indian Pharmacopoeia (IP) and its Addenda at regular intervals
- ii. Development of IP Reference Substances (IPRS) and Impurity Standards for supplying the stakeholders
- iii. Publication of the National Formulary of India (NFI) for promoting rational use of medicines
- iv. National Coordination Centre (NCC) for Pharmacovigilance Programme of India (PvPI) and Materiovigilance Programme of India (MvPI)
- v. Imparting training to the stakeholders on Pharmacopoeial Standards, Pharmacovigilance and Materiovigilance

The following are the major achievements of the IPC during the index period:

1. Publication of the Indian Pharmacopoeia (IP) Addendum 2024

In order to ensure the quality of drugs in India, there is a need to develop standards for all marketed drugs. Accordingly, IPC published IP addendum 2024 to IP 2022 which contains a total of 75 monographs and its effective date was 1st July 2024.



Release of IP Addendum 2024 by Dr. Mansukh Mandaviya, Hon'ble Minister of Health & Family Welfare

2. Harmonization of IP General Chapters and Excipient Monographs with PDG Sign-off Text

Year	Project Name	Status
2011	Future of Usability Optical Microscopy	Completed
2014	Asymmetric Imaging Linear Polarization Measurement of Purkinje Step Flow Pattern Evaluation Dynamic Light Scattering	Ongoing
2015	Stratification Thermodynamic Stability of University of Computational Color-Independent method Insights on Spatial Risk Correlation and Temporal Correlation Conductivity Flow Cytometry Water-soluble Nanoparticles Anticancer Activity Cellular Photography Chemical analysis	Ongoing
2016	Teaching for Specialized Microscopy Information Visualization Links for Non-active Products Statistical Evaluation P in Public Vehicle Stability Test Flow-Permeability Control of Solvents Protein Folds Nucleic Acids Thermal Stability Conductivity Anticancer Activity Cellular Photography Chemical analysis	Pending

Harmonization work plan for general chapters



Harmonization work plan for excipient monographs

3. Launch of IP Online Portal

resource, providing seamless access to pharmaceutical standards and guidelines. Widely adopted by users across the industry, this effective platform offers real-time updates, digital resources, and an intuitive interface, allowing stakeholders to stay informed and compliant with the latest IP standards. The portal has significantly enhanced accessibility, marking a major step forward in supporting quality and safety in pharmaceuticals. The launch of the IP Online Portal underscores the government's commitment to embracing digital transformation and enhancing the global presence of Indian pharmaceutical standards.



**Launch of IP Online Portal by
Hon'ble Minister of Health & Family Welfare**

4. Global Recognitions of the IP

In pursuant to the efforts made by IPC with the support of Ministry of Health and Family Welfare, Department of Pharmaceuticals, and Ministry of External Affairs, IP has been recognized in 13 countries.



Recognition of the IP in Latin America, Africa, Asia, and Pacific countries

5. IP Reference Substances (IPRS) and Impurity Reference Substances (IMP-RS)

IPC has developed 687 IPRS (including 3 from Microbiology Division) and 600 IMP-RS and list of the same is available at the official website of IPC (www.ipc.gov.in).

During the index period, 120 IPRS were developed (07 new IPRS, 59 new IMP-RS, 50 lot changed IPRS and 04 lot changed IMP-RS). Retesting of 462 IPRS & IMP-RS was done to check their stability.

6. Drug Analysis

1096 New Drugs Samples (including both RSD and Microbiology Division) were received from the office of Drugs Controller General (India) and 2558 Samples of both RSD and Microbiology (Misc. 134 and 1214 Cough Syrups) received from Central Medical Services Society (CMSS) and Inter Laboratory Comparison (ILC) at IPC for analysis and reports of these samples were successfully submitted to the concern offices.

7. Accreditation, Certification, and Proficiency Testing - QA

- For the first time, IPC conducted a PT (Proficiency Testing) round in the field of biologically derived pharmaceuticals.
- Certification of Accreditation-ISO/IEC17025:2017 & ISO/IEC 17043:2023
- Maintained the certification of accreditation to ensure compliance in accordance with ISO/IEC17025:2017 & Proficiency testing as per ISO/IEC 17043:2023 by National Accreditation Board for testing & Calibration Laboratory (NABL) in laboratory.
- Three PT rounds were conducted between January 2024 and July 2024, and the details of each PT round are provided below:

1. **PT round 04, 2023** in biological discipline. In this PT item, Bovine Serum Albumin for the parameter Qualitative test for the range of molecular weight (Complies and not complies) of the given proteins by SDS-PAGE was successfully completed. A total of 12 labs participated in the proficiency testing (PT) round, out of which 11 participants achieved satisfactory results & one participant was found unsatisfactory.

2. **PT round 01, 2024** in the chemical discipline. In this PT round, Metoprolol Tartrate used as a

PT item for the parameter pH & chromatographic purity by HPLC, was successfully completed. A total of 65 labs participated in the proficiency testing program, and out of which 64 participants achieved a satisfactory Z score for pH & one participant was unsatisfactory in the pH parameter & A total of 65 labs participated in the proficiency testing program, and out of which 62 participants achieved a satisfactory Z score for the CP & three participants were found unsatisfactory in CP parameter.

3. **PT round 02, 2024** in biological discipline. In this PT round, lactulose used as a PT item & Qualitative determination for specific pathogen (Salmonella & Shigella) was successfully completed. A total of 32 labs participated in the proficiency testing (PT) round, out of which 27 participants achieved satisfactory results & five participants were found unsatisfactory.

8. Training/Visit/ Dissertation/Publications:

A total number of 94 Research Scholars pursuing M. Pharm/M.Sc., B. Pharm/B.Sc. and PhD. have completed their project work/summer training during the calendar year January 2024 to December 2024 in different divisions at the Indian Pharmacopoeia Commission. Hands-on training on instruments provided to the research scholar and many other activities covered during the training.

9. Microbiology Division

- a. Publication of Indian Pharmacopoeia (IP) Addendum 2024 to IP-2022/IP-2026
- b. Addition of New General Chapter - 01
- c. Revision of General Chapters - 03
- d. Revision in Chemical Monographs - 01
- e. IP-2026-Addition of New General Chapter – 01

10. Biologics

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 the same has been published in IP Addendum 2024 to IP 2022.

11. Mutual cooperation with national and international organizations: (n= 11)

S.No.	MoU/Cooperation	Name of Agencies/Departments involved
1.	United States Pharmacopoeia (USP)	IPC and USP
2.	Bhutan FDA (BFDA)	IPC and BFDA
3.	Federal State Budgetary Institution “Scientific Centre for Expert Evaluation of Medicinal Products” of the Ministry of Health of the Russian Federation (FSBI “SCEEMP”)	IPC and FSBI “SCEEMP”
4.	Ministry of Health and Medical Services, Government of Solomon Islands	IPC and Solomon Islands
5.	National Medicines Regulatory Authority, IP (ANARME, IP) Ministry of Health of the Republic of Mozambique	IPC and Mozambique
6.	Ministry of Health of the Republic of Nicaragua, on Cooperation in the field of the regulation of Medicines	IPC and Nicaragua
7.	Ministry of Health, Government of Republic of Suriname	IPC and Suriname
8.	Government of the Republic of Nauru through the Department of Health and Medical Services, Government Buildings, Yaren District, Republic of Nauru	IPC and Nauru
9.	The Pharmacy and Medicines Authority (PMRA) of the Republic of Malawi	IPC and Malawi
10.	National Institute of Pharmaceutical Education and Research (NIPER), Hyderabad	IPC and NIPER
11.	Manipal Academy of Higher Education (MAHE), Manipal	IPC and MAHE

12. Pharmacovigilance Programme of India (PvPI)

- During the index period, NCC-PvPI has submitted 120889 ICSRs from Adverse Drug Reaction Monitoring Centres (AMCs)/ Pharmaceutical industries/Healthcare professionals and consumers in WHO database “VigiBase”.
- On behalf of India, NCC-PvPI is the 8th largest contributor of ICSRs to VigiBase.
- The WHO VigiGrade™ completeness score of ICSRs submitted from India for the last quarter of the index period accounts for about 0.84 out of 1, which is the highest among all countries.
- The PvPI extended its outreach to the common masses by enrolling 104 new AMCs and delisted 5 zero reporting AMCs. At present there are 976 AMCs enrolled under PvPI.
- The NCC-PvPI has issued 10 Drug Safety Alerts to the stakeholders and advised them to

closely monitor these drug/ADR combinations. The Signal Review Panel of PvPI also recommended 4 Prescribing Information Leaflets changes of marketed pharmaceutical products to the Central Drugs Standards Control organization (CDSCO).

- The PvPI has successfully conducted nearly 1832 training programmes and trained 139624 healthcare professionals and consumers as on 31st October 2024. The training programmes included Induction-cum-Training Programme, Advanced Level Training, Skill Development Training Programme, National Accreditation Board for Hospitals & Healthcare Providers (NABH) Workshops/ Regional Workshop for Marketing Authorization Holders (MAHs), Continuing Medical Education (CME) etc.
- The NCC-PvPI, IPC in collaboration with the CDSCO, West Zone, Mumbai, has organized a capacity building programme in Pharmacovigilance on the theme “Advancing

Pharmacovigilance System in India for Patient Safety” on 10th March 2024 at Hotel Express Inn, Nashik, Maharashtra.

- h. The Hon'ble Minister of Health & Family Welfare and Minister of Chemicals and Fertilizers, Shri J.P. Nadda launched indigenously developed Adverse Drug Reaction Monitoring System (ADRMS) software of PvPI on 19th August 2024.
- i. The NCC-PvPI, IPC has published Newsletter Volume 14, Issue 1, Year 2024 on the theme “Capacity Building in Pharmacovigilance & Volume 14, Issue 2, Year 2024 on the theme “Look-alike Sound-alike” and disseminated this information to the stakeholders about the Pharmacovigilance activities.
- j. The World Health Organization (WHO)-National Regulatory Agency (NRA) Assessment for re-bench marking in respect of Vigilance function was carried out at NCC-PvPI, IPC on 18th September 2024.
- k. The NCC-PvPI and AMCs under PvPI organized **4th National Pharmacovigilance Week** on the theme “Building ADR Reporting Culture for Patient Safety” from 17th-23rd September 2024. An overwhelming response was received from across the country about the celebration of 4th National Pharmacovigilance Week.

The PvPI has also released “Pharmacovigilance Guidance Document for Marketing Authorization Holders of Pharmaceutical Products, Version 2.0, Quality Manual, Version 2.0 and Pharmacovigilance Comic” on 17th September 2024.



Release of Pharmacovigilance Guidance Document for Marketing Authorization Holders (MAH) of Pharmaceutical Products (Version 2.0) on 17th September 2024

13. Materiovigilance Programme of India (MvPI)

- a. Indigenous medical device adverse events (MDAEs) data management:

During the indexed period, MvPI has received and analyzed 11,469 MDAE reports in MvPI database. In total, MvPI has received and analyzed 33,069 MDAE reports till date.

- NCC-MvPI forwarded 21 recommendations on safe use of medical devices in India to the Central Drugs Standard Control Organization for their information and further necessary actions at their end.
 - NCC-MvPI, IPC has sent 04 safety alerts to monitoring centres for the active surveillance of medical devices.
- b. MvPI Expansion: During the indexed period, NCC has recognized 50 new Medical Device Monitoring Centres (MDMCs) in various states of India to collect more information on adverse events associated with medical devices in the Indian population.
 - c. Training/Awareness programmes conducted: 10
 - d. Programme on Materiovigilance for Bhutan Food & Drug Authority International Training Officials at Punakha, Bhutan. Based on the invitation received from the Bhutan FDA, Health Ministry, Royal Government of Bhutan, IPC officials i.e. Dr. Vivekanandan Kalaiselvan, & Dr. Shatrúnajay Shukla along with Sh. Aseem Sahu, DDC(I) sensitized the officials of Bhutan Food & Drug Authority & healthcare staff of Government hospitals on Materiovigilance and provided hand-holding support to establish a system for monitoring the quality of medical devices and promoting safety of the citizens in Bhutan.
 - e. Indian Pharmacopoeia Commission - certified by the Quality Council of India (QCI) to function as a certification body for the ICMED 9000 and ICMED 13485 certification schemes.

14. Publications: 9 Nos. of research publications have been published by IPC officials in National and International Journals.

15 Important events concerning the Administration Section at IPC

Activities include recruitments, participation in

Rozgar Mela, celebration of Independence Day, Hindi Pakhwada, etc. Other work includes report creation of MIS, and RTI.

1. Appointed three (03) Senior Scientific Officers, eleven (11) Scientific Assistants, two (02) Pharmacopoeia Proof Readers and one (01) Pharmacopoeia Editor during the above period.
2. E-office has been implemented in Indian Pharmacopoeia Commission (IPC) w.e.f. 06.09.2024.

16 Revenue Generation

Total Revenue of Rs. 22,28,34,914/- (Twenty-Two Crore Twenty-Eight Lakhs Thirty-Four Thousand Nine-Hundred Fourteen only) has been generated by the sale / distribution of IPRS, IMP-RS and Prednisone Calibrator tablets and IPC priced publications, analytical testing & proficiency testing programmes and various training programmes.

5.4 DRUG DE - ADDICTION PROGRAMME, MoHFW

As per the provision made under the Constitution of India, under Article 47, the Cabinet Sub-Committee has recommended setting up the National 'Drug De-addiction Programme (DDAP)' which came into force in 1988. The objectives of the Programme are 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 the 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 components 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 provides OPD Services to the drug addicted patients. The Ministry of Health & Family Welfare provides funds to these six institutes for

implementing the Programme. During the Financial Year 2023-24, an amount of Rs.81.80 Cr. was allocated, out of which Rs.80.59 Cr. was released under DDAP.

Institutional wise information for the printing of the Annual Report 2024-25 is prepared below:

I. National Drug Dependence Treatment Centre, AIIMS, New Delhi.

The National Drug Treatment Centre, Ghaziabad (NDDTC), AIIMS has been established as the apex Centre for treatment of drugs and substance abuse disorders. This Centre is working in a multidimensional area of drugs, and it has a well-equipped laboratory to detect various drugs in body fluids and for biochemical investigations.

a) Clinical Statistics

During Jan-October 2024, the National Drug Dependence Treatment Centre (i.e. OPD, specialty clinics, community clinics) registered 5,479 new patients and had 2,79,285 follow-up patient visits. NDDTC provided in-patient care to 1076 patients during this period. The NDDTC laboratory conducted 71,723 biochemistry, 48,937 haematology, 634 HIV screening and 58,937 drug screening tests during the said period in its toxicology, hematology, biochemistry and HIV screening labs.

NDDTC AIIMS is also implementing the Scheme "Drug Treatment Clinic (DTC)" at national level under DDAP, MoH&FW. Under this Scheme, 27 DTCs are functioning at present and a total of 2972 new patients and 216049 (cumulative) follow-up patients took treatment from these clinics. During 2023-24, total 1,86,749 patients have registered in these clinics.

b) Academic Activities

NDDTC has 15 DM Addiction Psychiatry trainees and also provides training to students from MD Psychiatry, Ph.D, M.Sc. and B.Sc. Nursing students. The academic activities include lectures, seminars, journal clubs and case conferences.

c) Important Research Activities

The NDDTC faculty members are currently conducting a total of 16 extramural, 5 intramural and 14 collaborative research projects. The extramural research projects are funded by various national funding agencies.

d) Publications

The Faculty of the institute published 53 research articles in peer-reviewed national and international journals, books, chapters in books, and reports. The Standard Treatment Guidelines for all New Psychoactive Substances (NPS) was developed as commissioned by DDAP, MoH&F.W.

e) Training/Workshop/Symposium/ Congress

The centre has organized the following Workshop/Training/CME during this period:

- Workshop titled “Workshop to review the functioning of the Drug De-Addiction Programme (DDAP), Ministry of Health and Family Welfare, Government of India on 15th April 2024 at the Centre to review the functioning of DDAP and gain meaningful insight regarding future endeavours.
- Workshop on developing Standard Operating Procedures for Psychiatrists for using controlled medications (Narcotic Drugs and Psychotropic Substances) on 29th April 2024
- Symposium on the Interface of Family and Addiction on 16th April 2024 (Annual Day)

II. National Institute Of Mental Health And Neuro Sciences (NIMHANS), Centre for Addiction Medicine (CAM), Department of Psychiatry, Bengaluru:

CAM, NIMHANS is a renowned institute in the country and has been working on drugs for a long period. CAM, NIMHANS comprises of 80 beds in-patient facility, 63 for men, 11 for women and 6 High Dependency bed for more intensive observation and treatment. CAM registered 3654 new patients and 22143 follow-up visits till September 2024. They gave IPD treatment to 1198 patients from Jan, 2024 to Sept., 2024. They have also provided the following services to the patients treated under the Center:

- After-care service
- Tele-follow-ups services
- Drug Toxicology Services
- Psychiatric Social work Services
- Clinical Psychology Services
- Occupational Therapy Services

They have also introduced an Online Digital Course by Virtual Knowledge Network ECHO and Addiction Rx for Physician Mobile app. The Center has organized various activities like National

Science Day, 2024, National Workshop to Strengthen Tobacco Product Regulation in India", World No Tobacco Day 2024, Workshop on Applications of Gas Chromatography-Mass Spectrometer (GC-MS) in Testing Abused Substances, World Drug Day Public Webinar, Workshop on initiating Tobacco Cessation Services, Mental Health Santhe 3.0, etc. during January 2024 to September 2024.

III. Drug De-addiction Treatment Centre (DDTC), Postgraduate Institute of Medical Education And Research (PGIMER), Chandigarh:

The DDTC at PGIMER Chandigarh has a facility of 20 inpatient beds that are in operation. Of which 2 private rooms are designated for women and adolescent patients. The Center has treated 28410 patients (New Registration: 2467, Follow-ups: 25943 & IPD:203) during January 2024 to September 2024. DDTC has been running its DM Addiction Psychiatry course, the first in the country. The Centre is running special clinics like, Opioid Substitution Therapy (OST) Clinic, Dual Diagnosis Clinic (DDC), Neuromodulation Clinic (NMC). The centre is also giving Tele-addiction Services in which they provide tele - reminders, Videoconferencing - based Tele-addiction consultation, Tele-therapy services and Tele-medicine assisted Buprenorphine Induction (TABI). The centre has a Drug-Toxicology Laboratory and about 10,281 samples for drugs and alcohol in urine were tested from January to September 2024. Blood samples of 1,071 were tested for biochemical tests. They have also provided Psychiatric Social Work Services, Clinical Psychology Services and Community Services to the patients.

IV. Drug De-Addiction Program, Department of Psychiatry, AIIMS, Bhubaneswar:

Drug De-Addiction Programme (DDAP) services, AIIMS Bhubaneswar runs under the Department of Psychiatry and serves people with substance use disorder and behavioural addictions by means of screening, detailed evaluation and subsequent management. The Department has 30 bedded inpatient unit with 10 beds exclusively earmarked for addiction services. The Drug De-Addiction Center of AIIMS, Bhubaneswar has treated 2912 patients in OPD (New Registration: 949; Follow-up:1963). It has also provided Tele-follow up of 1899 and IPD facilities for 98 patients during January to September 2024. The Center organised

National Mid-Term CME-2024 APSI (Theme: Enhancing Collaborative Care: Intersection of addiction and Other Medical illnesses) and Tobacco Cessation Clinic.

V. Drug De-Addiction Program (DDAP) at Central Institute Of Psychiatry (CIP), Ranchi

The Centre for Addiction Psychiatry at CIP is the only Government De-addiction Centre in the State of Jharkhand which provides holistic care to patients, which includes Pharmacotherapy, Psychotherapy, Family and Nursing interventions. Patients are motivated to visit the library, take up vocational training at the Occupational Therapy department, and rejuvenate themselves with sports activities including Yoga and relaxation classes. The Centre has treated 4300 patients (New Registrations: 1075, IPD: 528 & Follow up: 2697) from April to October 2024. The Centre has conducted IEC activities including awareness and sensitization programmes for patients, caregivers, schools and communities. The Centre has 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. Drug Addiction Treatment Centre (DATC), ABVIMS and Dr. RML Hospital New Delhi

Department of Psychiatry, ABVIMS and Dr Ram Manohar Lohia Hospital is an 80 bedded facility in which 20 beds are specifically dedicated to de-addiction. The center provides holistic treatment for De-addiction with a team consisting of the Department of Psychiatry, Clinical Psychology & Psychiatric social work. DATC has treated 3211 patients (New Registration: 1554, IPD: 225, Follow up: 1154 & Emergency de-addiction cases: 278) from 1st January 2024 to 30th September 2024. Dr. 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 an everyday basis. The Centre has also customized SOPs for indoor De-addiction services and introduced 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 established in 1942 as a subordinate office of the

Directorate General of Health Services, operating under the Ministry of Health and Family Welfare. The organization comprises seven Government Medical Store Depots (GMSDs) located in Chennai, Guwahati, Hyderabad, Karnal, Kolkata, Mumbai and New Delhi. These depots not only store and manage essential medications and vaccines but also deliver Last Mile Logistic Support to approximately 1,200 healthcare units across India.

The GMSDs play a crucial role in providing storage and logistical assistance to various National Programs, including the Universal Immunization Program, RCH, NTEP, NLEP, Family Welfare, NVBDCP and UNICEF. The Honorable Health and Family Welfare Minister has approved Rate Contracts (RC) for 692 drugs utilized by various government healthcare institutions throughout the country. Para-Military Forces and CGHS Units nationwide benefit from these Rate Contracts and the services of GMSDs, ensuring a continuous supply of medications throughout the year. Approximately 1,200 indenters across the country rely on drug supplies from the GMSDs.

The Drug and Vaccine Delivery Management System (DVDMS) & website of MSO i.e. <https://mso-gmsd.in/> has been implemented with the assistance of CDAC. The registration of 1,193 indentors, 250 vendors/suppliers, and 16 Quality Control Laboratories has been transitioned to an online format via the DVDMS portal. E-Office has been implemented, wherever feasible.

The MSO has established distinct identities and roles for Senior Officers at each GMSD on the Central Public Procurement Portal (CPPP). An e-tendering process was conducted for the procurement of 401 drugs via the CPP portal. Where in rate control for 284 drugs have been finalized. The concept of integrity pact along with details of independent external monitors has been introduced in all the e-tenders floated by MSO/GMSDs.

Rate Contracts for 352 drugs have been finalized with the endorsement of the Hon'ble HFM. Various GMSDs have placed online orders through the DVDMS portal on behalf of indentors, ensuring consistent supply to them. MSO / GMSDs have further placed supply orders worth Rs. 222 Cr. with the registered manufactures under rate contract and the supplies are expected in Feb/March 2025. The MSO/GMSDs have procured and supplied various generic and patented drugs valued at Rs. 255.68 Cr.,

in addition to managing Programme Stores worth around Rs. 3000 Cr.

Following an urgent request for the procurement of Miltefosine 10 & 50 mg capsules for the elimination of Kala Azar from NCVBDC, MSO, successfully procured drugs worth Rs. 1.16 Cr. in two phases and distributed them through GMSD Kolkata to the designated states without any service charges. MSO has also placed Supply Orders for procurement of Anti-malarial drugs for use by NCVBDC indenters.

The Generic Drugs Formulary of 2022 was recently revised and notified by the Ministry in September 2023, now encompassing 2921 formulations. The MSO/GMSDs have consistently ensured the procurement and supply of Generic Drugs to CGHS and Paramilitary Forces across India. The modernization of storage facilities, including the enhancement of the Cold Chain, has been a significant achievement during the critical period of the Covid pandemic. Notably, 25% of all Vaccine Doses and Syringes utilized in the UIP have been distributed through four GMSDs located in Chennai, Karnal, Kolkata and Mumbai under the MSO's supervision.

A total of 1,52,972 doses of the Quadrivalent Meningococcal Meningitis Vaccine (QMMV) were procured in a timely manner at a cost of Rs. 17.65 Cr. and subsequently distributed to the GMSDs in Chennai, Karnal, Kolkata and Mumbai for the inoculation of Haj pilgrims during the 2024-2025 period. Additionally, 26,854 doses of the Seasonal Influenza Vaccine (SIV) were also procured and distributed on time at a cost of Rs. 1.59 Cr. for the inoculation of Haj pilgrims during the same period. E-tenders for procurement of 1,47,649 doses of QMMV & 26,855 doses of SIV for Haj session 2025 have been finalized and the supplies are expected to be delivered in February/March 2025.

Information regarding the Citizen Charter, RTI services, Independent External Monitors, and all major modules is being regularly updated on the MSO website.

5.6 THE CLINICAL ESTABLISHMENTS (REGISTRATION AND REGULATION) ACT, 2010 & NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENTS (NCCE)

Background

The Clinical Establishment (Registration and Regulation) Act, 2010 was enacted by the Government of India for registration and regulation

of the clinical establishments of both therapeutic and diagnostic types belonging to all recognized systems of medicine from both the Government and Private sector (except those of the Armed Forces) with a view to prescribing 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 service 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.

Council for Clinical Establishments (NCCE)

The National Council for Clinical Establishments (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 its members. It compiles and publishes a National Register of clinical establishments. It develops and periodically reviews the minimum standards for ensuring uniform and proper healthcare by the clinical establishments. It also gathers 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 finalize the draft of Minimum Standards, which is

deliberated by the National Council in its meeting.

- After approval from the National Council, further necessary action is taken by the Ministry of Health & Family Welfare and necessary Gazette Notification is issued.
- 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.gov.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 and public health emergencies, and collaboration with private providers.
- The Act ensures uniform minimum standards of healthcare across the country. Compliance to the minimum standards and Standard Treatment Guidelines will improve the quality of healthcare and will boost the confidence of a patient in the healthcare system.
- There is multi-stakeholder participation in institutional systems (National Council, State Council, 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 the Act at State level and a registering authority at District level under the Chairpersonship of District Collector/ District Magistrate which is empowered to take actions including imposing penalties in respect of violation of provisions of the Act.

Applicability

Currently, the Act is adopted and implemented by 15 States/ UTs viz. Andaman & Nicobar Islands, Arunachal Pradesh, Assam, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Jammu & Kashmir, Jharkhand, Haryana, Himachal Pradesh, Mizoram, Puducherry, Rajasthan, Sikkim, Uttarakhand and Uttar Pradesh. 4 States/ UTs viz. Bihar, Ladakh, Lakshadweep and Telangana have adopted the Act and are in the process of implementing it.

The total number of Clinical Establishments which have done their Provisional Registration from 1st January, 2024 to 31st December, 2024 is 18,568. As on 31.12.2024, a total of 51,998 Clinical Establishments have provisionally registered through online mode forming a part of the Digital National Register. The details are as under:

State/UT	Allopathy	Ayurveda	Unani	Siddha	Homeopathy	Yoga	Naturopathy	Sowa-Rigpa	Total*
Andaman & Nicobar Islands (UT)	117	18	0	0	35	0	0	0	147
Arunachal Pradesh	496	40	1	1	69	12	4	3	523
Assam	11317	1394	66	32	507	535	79	4	11821
Chandigarh (UT)	780	116	5	2	47	25	7	2	857
Dadar & Nagar Haveli and Daman & Diu (UT)	646	150	10	0	160	43	7	1	851
Haryana	2883	174	19	13	104	72	45	3	2926
Himachal Pradesh	6089	3016	149	28	264	105	91	28	8519
Jammu & Kashmir (UT)	3149	193	112	14	64	35	25	6	3309
Jharkhand	12698	766	120	13	543	146	111	4	13369

State/UT	Allopathy	Ayurveda	Unani	Siddha	Homeo pathy	Yoga	Naturo pathy	Sowa- Rigpa	Total*
Mizoram	93	1	0	0	11	1	1	0	98
Puducherry (UT)	1025	48	0	48	41	10	9	0	1093
Rajasthan	4382	350	46	27	241	122	87	15	4595
Uttar Pradesh	1746	207	52	20	95	77	60	10	1770
Uttarakhand	1637	359	45	1	137	97	166	1	2120
Total	47058	6832	625	199	2318	1280	692	77	51998

*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.

Expected number of provisional registrations of clinical establishments during the period from 1st January 2025 to 31st March 2025 is 3200.

Major Achievements

1. The 14th Meeting of NCCE was conducted on 10.05.2024.
2. The 15th Meeting of NCCE was conducted on 30.10.2024.
3. A new website is ready to launch for the Act.
4. Twenty-three (23) Minimum Standards which are approved by NCCE, out of which, 22 Minimum Standards (except Physiotherapy Centre) are in the process of notification in the Gazette of India as mentioned in Table 1 below:

Table 1: 23 Minimum Standards in process of notification in the Gazette of India

1. Clinic/Polyclinic Only Consultation	2. Clinic/Polyclinic with Diagnostic Support	3. Clinic/Polyclinic with Dispensary
4. Clinic/Polyclinic with Observation	5. Hospital (Level 1)	6. Hospital (Level 2)
7. Hospital (Level 3)	8. Mobile Clinic Only Consultation	9. Mobile Clinic with Procedure
10. Mobile Dental Van	11. Sample Collection Centre	12. Dietary Counselling Clinic/ Polyclinic Centre
13. Physiotherapy Centre*	14. Hair Transplant Centers	15. Cosmetology Clinic
16. Clinic or Polyclinic (Only Consultation) of AYUSH	17. Dispensary of AYUSH	18. Therapy Centre/ Day Care Centre of AYUSH
19. Hospital up to 10 beds of AYUSH	20. Hospital with 11-30 beds of AYUSH	21. Hospital with 31-50 Beds of AYUSH
22. Hospital with 51-100 beds of AYUSH	23. Hospital with more than 100 beds of AYUSH	

* At present, it is under the purview of NCAHP (National Commission for Allied and Healthcare Professions).

E-GOVERNANCE & TELEMEDICINE

CHAPTER 06

The Ministry of Health and Family Welfare, Government of India recognizes the potential of digital health in transforming healthcare delivery and implementing effective monitoring and evaluation platforms and promoting Digital Health i.e. the use of Information & Communication Technology in the direction of **"reaching services to citizens"** and **"citizen empowerment through information dissemination"** to bring about significant improvements in the public healthcare delivery.

Digital Health Key Initiatives:

The Ministry of Health & Family Welfare has envisaged establishing a National Digital Health Eco-system to ensure and facilitate citizen-centric health service, quality of care, better access, universal health coverage. This ministry also envisioned the creation of interoperable Electronic Health Records (EHRs) of citizens, made available and accessible online to facilitate continuity of care, better affordability and better health outcomes and better decision support system. Towards this goal, the Ministry of Health & 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 - was released in October 2019 with the vision:



"To create a National Digital Health Eco-system that supports Universal Health Coverage in an

efficient, accessible, inclusive, affordable, timely and safe manner, through provision of a wide-range of data, information and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensuring the security, confidentiality and privacy of health-related personal information."

For full report, please visit:

<https://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 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 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 Health ID, creation of registries for doctors & health facilities and creation of personal health records have been initiated.



Hon'ble Prime Minister on 27th September 2021 announced the nationwide rollout of the Ayushman Bharat Digital Mission (ABDM), which will lead to

for creation of an interoperable and open network in the health ecosystem. This mission will enable equitable and wider access to healthcare for citizens. This will create employment in the healthcare ecosystem, and catalyze innovation. As on date 31.12.2024, a total 72,25,42,596 ABHA numbers have been created along with 47,12,23,798 ABHA Linked Health Records.

The ABDM is a step towards achieving Universal Health Coverage by digitalizing 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 have been notified in 2018.

The National Resource Centre for EHR Standards (NRCeS) was set up in order to augment facilitation for adoption of the notified EHR Standards in technical association with C-DAC, Pune to provide assistance in developing, implementing and using EHR standards effectively in healthcare IT applications in India.



Hospital Management Information System (HMIS): HMIS is being implemented for computerized registration and capturing EHR/EMR of patients in Public Health facilities up to PHC level. This will also facilitate workflow management, leading to better delivery of services to patients and improvement in efficiency of processes in these facilities. All the States/UTs are being provided financial assistance for the implementation of HMIS application.



Various HMIS applications like eHospital, eSushrut, eUpchaar, GHMIS, IHMS etc. are operational across the country.

Online Registration System (ORS) is a framework to link various hospitals for online registration, payment of fees and appointment, online diagnostic reports, enquiring about availability of blood online etc. ORS has been implemented in more than 748 hospitals and more than 9944230 (as on 31.12.2024) appointments have been conducted online.



SNOMED International- SNOMED CT (Systematized Nomenclature of Medicine -- Clinical Term) - is a comprehensive clinical healthcare terminology to support clinical decision-making and analytics in software programs. It is substantially being used in the NHA, Indian hospitals and other stakeholders. India is a member country and has been paying an annual membership fee since 2014.

MOHFW has appointed the Centre for Development of Advanced Computing (C-DAC), Pune to carry out activities for the promotion and adoption of SNOMED CT in the country.

India has increasingly adopted SNOMED-CT (since 2014) in large hospitals with EHRs, improving data accuracy, resource management, and patient safety. As India continues its digital health transformation, SNOMED-CT is essential for standardization, interoperability, and a cohesive digital health ecosystem.

Artificial Intelligence (AI) - The eHealth AI unit of MoHFW, operated by Wadhwani Institute of Artificial Intelligence, is working on image-based Artificial Intelligence solutions in collaboration with Centers of Excellence in AI in Healthcare viz. AIIMS-Delhi, AIIMS-Rishikesh and PGIMER Chandigarh. The unit is also working with other government institutes such as Central Tuberculosis Division, NHSRC, NCDC and CDAC-Mohali to build AI solutions to aid in early screening, follow-up, disease surveillance, clinical decision support and capacity building of healthcare staff etc. These solutions are in different stages of development and deployment. The Clinical Decision Support System (CDSS) in e-Sanjeevani and Media Disease Surveillance Solution in IDSP have been deployed PAN India. The Diabetic Retinopathy and the Binary Classifier model of Chest X-Ray solution are

deployed in the AIIMS-Delhi ecosystem and are ready for expansion in other institutes/geographies. The dermatology solution and the enhancement of Chest X-ray solutions are currently being developed in collaboration with AIIMS Delhi. Explorations are underway for Oral Cancer and Alcoholic Hepatitis Solution with PGIMER, Chandigarh. Also, few TB solutions have been deployed under the TB program and some are in the exploratory stage.

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 National Telemedicine Service. eSanjeevani has served over 311 million patients (as on 10.11.2024). This remarkable accomplishment underscores this mammoth digital health platform's far-reaching influence and effectiveness, establishing it as a transformative catalyst in delivering accessible and efficient healthcare services throughout the country.

eSanjeevani, India's national telemedicine service, stands as a crown jewel of Digital India, transforming the nation's Primary Health Care system. In just four years, it has provided millions of Indians easy access to medical services, becoming 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 specialized healthcare services to rural regions, and b) "Patient-to-Provider" model, offering outpatient services to individuals remotely in the confines of their homes.

As on 31 December 2024, eSanjeevani has been the beacon of hope and health for over 330 million patients across the nation. It operates through an impressive network of 1,31,147 Health facilities serving as spokes, supported by 16,849 hubs and 681 online OPDs, reaching out to the IT-savvy urban populace. Our ever-growing family of

healthcare providers includes 2,30,235 practitioners, ranging from doctors to medical specialists, super-specialists, and dedicated healthcare workers. Together, they actively utilize the platform, ensuring that quality healthcare is just a click away.

The eSanjeevani platform demonstrates notable adoption and growth trends over the time.



National Medical College Network (NMCN) has been established with the purpose of e-Education and e-Healthcare delivery, wherein 150 Government Medical Colleges are being interconnected, riding over NKN (National Knowledge Network – high speed bandwidth connectivity). A National Resource Centre (NRC) with required centralized 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
- R R C - S o u t h I I - S C T I M S T , Thiruvananthapuram
- RRC-AIIMS, Rishikesh



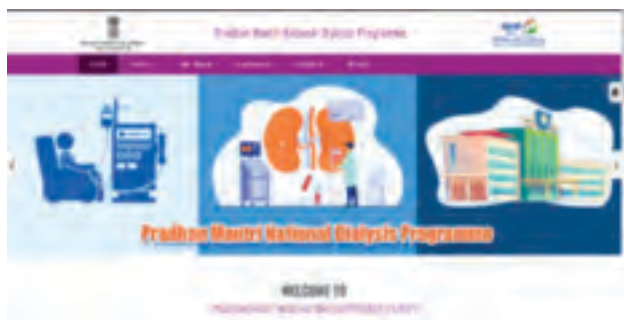
Web-portals & Mobile Applications:

NPHO (National Public Health Observatory):

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, IHIP among others), national reports (such as 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 programs, 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 1300+ 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 unique 14-digit ABHA number (Health ID) based on their Aadhaar ID. Further, the key KPIs are monitored through PMNDP Dashboard for displaying bird eye view of 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, 748 Districts, and 1558 Facilities/Centers associated with the PMNDP Portal. The program is operational and 26.07 lakhs+ patients availed the dialysis services. The program also supports the PMNDP Mobile application for the



facility and patients (who have been registered with their ABHA on the PMNDP portal).

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 175,000+ HWCs are functional, comprising of urban primary health centers, primary health centres, sub centres under the Ayushman Bharat Programme.



e-Clearance of Afterlife Remains (eCARE) IT application to expedite the clearance process of the human remains to be brought to India. Some features of the application, like notification to all the stakeholders involved in the human remains clearance process via portal for tracking, instant feedback, and easy coordination, easy for the applicant to track the application. The portal is operational, and more than 8000 human remains or ashes have been transported from across the world.



Facility Based Newborn Care, an IT application for capturing data including Special Newborn Care Units (SNCUs) and Newborn Stabilization Units (NBSUs), across all States/UTs, with 979 SNCUs/NICUs and 2774 NBSUs currently functional. Over 63 lakh+ newborns have received specialized care in Special Newborn Care Units (SNCUs) and other facility-based care centers. This has contributed to a significant reduction in neonatal mortality rate (NMR) and under-five mortality rate (U5MR). The FBNC online portal, developed with

UNICEF's assistance, is used for reporting sick and small newborns, and has collected significant public health data since 2014-15 to monitor and improve newborn care. The application has been migrated to a government-owned cloud and is currently managed by CHI.



The Digital Portal for Crowdfunding & Voluntary Donations for Patients of Rare Diseases was created to facilitate voluntary donations for the treatment of patients suffering from rare diseases. The information relating to the patients, diseases from which they are suffering, estimated cost of treatment and details of bank accounts of the treating institutions is available on this portal.

National Rabies Control Program (NRCP) an IT application created for the National Rabies Control Program (NRCP) under the Ministry of Health and Family Welfare (MoHFW) is being implemented for reporting the data of Suspected / Probable/ Confirmed Rabies Cases/ Deaths.



Pradhan Mantri Surakshit Matritva Abhiyan is an IT application supporting a national level programme for a systematic approach to engagement with the private sector which includes motivating private practitioners to volunteer for the campaign. 4cr+ Pregnant women received ANC checkup. MoHFW extended the ANC checkup days

i.e. up to 4 times/Month. New Modules of e PMSMA and HRP have been introduced in PMSMA with line listing data for pregnant women.



COVID-19 Dashboard is a comprehensive real-time based IT platform 'COVID-19 India Portal' (special surveillance system) that has been functional since March 2020 in response to COVID -19 pandemic. Real-time web platform to analyze, understand, and keep track of the COVID-19 pandemic situation across the country.



Mera Aspataal is an initiative to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as SMS, Outbound Dialing mobile application and web portal. The patient can submit the feedback in seven different languages for the hospitals visited in last 7 days. Implemented in over 11,000 hospitals across the country, including government hospitals and private hospitals empaneled under public health schemes.



The National Identification Number is a random and unique 10-digit number for all government health facilities in India (NIN-2-HFI). There are a total 18 programs currently using NIN ID. This system integrates key geographical data such as state, district, and village codes to accurately identify each facility's location.



Various other IT applications Surakshit Matritva Aashwasan (SUMAN), Home Based Care of Newborn and Young Child, National Tobacco Control Programme, Health Policy 2017, AKAM Portal are also active to support various programmes.

Global Agenda on Digital Health

1. 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 co-operation and to share policy insights and evidence of best practice in the implementation of digital health services.

- India was the Chair of GDHP in 2020.
 - Currently, 33 countries, Two International Organizations-World Health Organization (WHO) and the Organization for Economic Co-operation and Development (OECD) and One NGO – IDAIR are members of GDHP.
- 2.** In 2021, India was the Chair of BRICS (Brazil, Russia, India, China & South Africa) Health Working Group
- Hosted BRICS Digital Health Summit on September 2-3 2021
 - Facilitated adoption of BRICS digital health declaration: "Digital Health for Achieving Sustainable Health for All"
- 3.** Chair of the Commonwealth Health Working Group meeting and leading the Digital Health agenda.

7.1 INTRODUCTION

The mandate of the International Cooperation & International Health (IC/IH) Division is to foster mutually beneficial partnerships with other countries in both multilateral and bilateral formats. It also acts as an interface with foreign multilateral agencies, where the Ministry of Health and Family Welfare (MoHFW) serves as the nodal ministry in the Government of India for engagements on global health agenda items. This includes collaborations with the World Health Organization, the United Nations, its agencies, and other international organizations. Additionally, the Division coordinates the Ministry's interactions on health matters with groups such as G7, G20, BRICS, SAARC, SCO, and QUAD.

The IC/IH Division's role in bilateral cooperation involves processing proposals for agreements and Memoranda of Understanding (MoUs) and implementing them through Letters of Intent, Joint Work Agreements, and Work Plans. It also organizes Joint Working Group meetings, facilitates the exchange of visits by subject experts, scientists, officials, relevant organizations, intergovernmental bodies, and non-governmental organizations, and oversees foreign deputations of Ministers and officials of MoHFW. Additionally, the Division arranges meetings with visiting foreign dignitaries in India to promote cooperation in international health.

These activities are conducted in coordination with the Ministry of External Affairs and other concerned departments.

7.2 WORLD HEALTH ORGANIZATION (WHO)

The World Health Organization (WHO) is a United Nations body specializing in global health. It is an intergovernmental organization that collaborates with its Member States, usually through their Ministries of Health. As one of the 194 Member States, India actively contributes to WHO's mission by providing leadership in health, shaping the global research agenda, establishing international norms and standards, formulating evidence-based

policies, offering technical support, and monitoring global health trends.

Sessions of the Executive Board of WHO

The Executive Board comprises 34 Member States elected by the World Health Assembly. Member States are elected for a three-year term. The major functions of the Executive Board are to implement the decisions and policies of the Health Assembly, provide advice, and generally facilitate its work. The Board meets at least twice a year, with the main meeting held in January and a shorter meeting in May, immediately after the Health Assembly.

The 155th Session of the Executive Board of WHO was held from 4–6 June 2024 at WHO headquarters in Geneva.

World Health Assembly

The 77th Session of the World Health Assembly (WHA) was held from 27 May to 1 June 2024 in Geneva. The theme of this year's Health Assembly was “**All for Health, Health for All.**”

The Secretary (HFW), Government of India, chaired Committee A of the 77th WHA, the key and leading committee of the World Health Assembly. This committee facilitated discussions on various programmatic topics, including Universal Health Coverage, Public Health Emergency preparedness and response, antimicrobial resistance, climate change, and sustainable financing for WHO. India's leadership in Committee A underscores its growing influence in global health governance.

During the WHA, India deliberated on 38 agenda items, emphasizing its commitment to achieving SDG 3 and advancing global health. India, focusing on Universal Health Coverage (UHC), highlighted equitable access to healthcare services without financial hardship, aligning with Ayushman Bharat and its four pillars—a visionary initiative transforming the healthcare delivery system in the country.

India also stressed the importance of integrated and multisectoral approaches to reducing the burden of communicable and non-communicable diseases. Efforts include strengthening immunization

programs, enhancing disease surveillance, promoting healthy lifestyles, and increasing access to affordable diagnostics and treatment. These initiatives demonstrate India's commitment to health equity and building a resilient global health system.

Through these contributions, India underscored its leadership in health diplomacy and its commitment to shaping equitable and inclusive global health policies.

Side Events and Achievements

The Indian delegation attended 15 side events and six strategic roundtables organized on the sidelines of the 77th WHA. India organized/co-sponsored three side events:

1. **Advancing Health and Well-being of Billions in WHO SEAR**
2. **Digital Health Public Goods in Addressing Social Determinants of Health**
3. **Co-sponsoring the PMNCH event: Invest in What Matters**

The National Institute of Mental Health and Neurosciences (NIMHANS), Government of India, was awarded the 2024 Nelson Mandela Award for Health Promotion at the 77th WHA in Geneva. This recognition highlights the Government of India's dedication and outstanding contributions to promoting mental health and well-being.

Regional Committee of WHO for South-East Asia Region (SEAR)

Ministerial roundtables and Regional Committee (RC) meetings are among the most important annual events of WHO-SEARO. These events, held annually in one of the member countries, serve as forums for discussing health issues in the region and promoting bilateral and regional solidarity.

India hosted the 77th Session of the WHO Regional Committee for South-East Asia in New Delhi from 7–9 October 2024. Chaired by the Honorable Health and Family Welfare Minister, the session included representatives from Bangladesh, Bhutan, the Democratic People's Republic of Korea, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste.

The 77th Session of the WHO Regional Committee for South-East Asia adopted the following key resolutions:

1. **Ministerial Declaration on Adolescent-Responsive Health Systems**
2. **Expansion of the South-East Asia Regional Health Emergency Fund (SEARHEF) to US\$3 million**
3. **Measles and Rubella Elimination by 2026**

WHO awarded the Government of India the "Trachoma-Free" certification during the 77th Regional Committee Meeting for successfully eliminating Trachoma as a public health problem under the National Programme for Control of Blindness & Visual Impairment (NPCBVI). This recognition underscores India's commitment to eliminating preventable blindness and improving public health.

India's Contribution to WHO

India plays a significant role in supporting the World Health Organization (WHO) through both assessed and voluntary contributions, making it the 6th largest voluntary contributor. For the 2024-2025 biennium, India's assessed contribution, based on the UN scale of assessment, is USD 11.90 million. Additionally, India has provided USD 38.9 million for redeveloping the WHO South-East Asia Regional Office (SEARO), USD 19.13 million for the WHO-National Public Health Support Network (Polio) in 2023-2024, USD 0.119 million for the WHO Framework Convention on Tobacco Control (FCTC) for 2024-2025, and USD 2 million for the WHO Partnership for Maternal, Newborn & Child Health (PMNCH) in 2024. India remitted EUR 755,842 towards the membership fee to the International Agency for Research on Cancer (IARC), Lyon, France, for the year 2023.

Under its G20 Presidency, India launched the WHO-managed Global Initiative on Digital Health (GIDH) to advance digital health tools and strengthen health systems worldwide. India is committed to establishing a digital healthcare ecosystem. To fulfill this commitment, India has pledged financial support of USD 10 million to the Global Initiative for Digital Health (GIDH) to provide its Digital Public Infrastructures (DPIs) to countries in need. Additionally, India is ready to offer technical and financial support for the customization of these DPIs to meet the specific requirements of the countries through GIDH.

7.3 BRAZIL, RUSSIA, INDIA, CHINA, AND SOUTH AFRICA (BRICS) MEETINGS AND WORKSHOPS

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. In 2024, BRICS welcomed four new members: Egypt, Ethiopia, Iran, and the United Arab Emirates.

The BRICS Health Track, initiated in 2011, aims to foster and strengthen collaboration among member nations in addressing shared health challenges and promoting public health initiatives. India has chaired BRICS three times: in 2012, 2016, and 2021.

Russia held the BRICS Chairship in 2024. The BRICS Health Senior Officials Meeting, under Russia's Chairship, took place on April 18–19, 2024, in Moscow. During the meeting, the Ministry of Health and Family Welfare (MoHFW) participated in discussions on the following topics: existing health challenges within BRICS, BRICS Scientific Medical Journal projects, and BRICS Medical Association projects. The first Nuclear Medicine Working Group (NMWG) meeting was held on February 13–14 under Russia's Chairship, focusing on discussions to enhance BRICS cooperation in the field of nuclear medicine and public health.

The 14th BRICS Health Ministers' Meeting (HMM) was held on the 10th and 11th of October 2024 in Moscow, following the BRICS Senior Officials' Meeting on the 8th and 9th of October 2024. The delegation from MoHFW India highlighted India's commitments and efforts toward the BRICS Health Track priorities, such as: advancement of the BRICS Integrated Early Warning System, creation of the BRICS Health Journal and BRICS Medical Association, advancement of the BRICS TB Research Network, functioning of the BRICS Vaccine R&D Centre, AMR in the BRICS Framework, creation of a BRICS Public Health Institutes Network, and advancement of BRICS regulatory cooperation, along with other potential areas for future collaboration with BRICS members.

Russia's BRICS Chairship concluded with the following outcomes:

- Creation of a working group for the BRICS Integrated Early Warning System for the Prevention of Mass Infectious Diseases, where the Ministry of Health and Family Welfare of India nominated two officials as national experts to coordinate with the working group.
- The creation of the BRICS Health Journal was a deliverable of the Health Track. The first issue of the BRICS Medical Journal was released during the BRICS Health Ministers' meeting held in October 2024. India contributed to the first issue of the journal with two articles: one on TB research in India and another on mental health.
- The BRICS Medical Association has been established as a voluntary association of national medical associations or other relevant national bodies of BRICS countries, as a council with no legal entity.
- The BRICS Joint Statement is an outcome of the first BRICS International Conference on “AMR as a Global Challenge to BRICS National Health and Wellbeing,” held on 30–31 May 2024.
- Creation of the BRICS Public Health Institutes Network, where India actively deliberated on the establishment of this network, changing its title from the BRICS Public Health Research Network to the BRICS Public Health Institutes Network.

Brazil will assume the BRICS Chairship for 2025 and has identified the following three priorities under the health track:

1. Establishing a working group of regulatory agencies to promote cooperation and exchange technical information.
2. Mobilizing additional resources for the BRICS Tuberculosis Research Network based on a predetermined list of priorities and designing a five-year plan for the network.
3. Strengthening the BRICS Vaccine Research and Development Center.

B. SCO Meetings Held During the Period from April - November 2024

The SCO Health Ministers' Meeting, under the Chairmanship of Kazakhstan, was held on the 14th of March 2024 in Astana. During the meeting, discussions were held on “developing healthcare systems in the SCO countries, the role played by

international organizations in this area, building the potential of medical and pharmaceutical personnel, and prospects for SCO cooperation in medicine, pharmacology, and health protection.” All the SCO member states signed the ministerial declaration. The Indian delegation, along with the Indian Mission in Kazakhstan, attended two bilateral meetings with the Health Minister of Kazakhstan and the RD Europe Region, WHO.

The Shanghai Cooperation Organization (SCO) Health Expert Working Group meeting, under the Chairmanship of Kazakhstan, was held on the 15th of May 2024 in virtual mode. All the SCO member states negotiated the draft joint declaration “Ensuring Safe Drinking Water and Sanitation among the SCO Members.” The meeting was represented by the Indian delegation.

C. Quadrilateral Security Dialogue (QUAD)

The Quad is a grouping of Australia, India, Japan, and the United States, maintained by talks between member countries. The Quad Health Security Partnership is delivering on its commitments to strengthen the Indo-Pacific's ability to detect and respond to outbreaks of diseases with epidemic or pandemic potential, including through a set of new initiatives. The Quad will continue to deliver for partners across the region through the delivery of pandemic preparedness training through the Quad Health Security Partnership.

At the 2024 Quad Leaders' Summit held in Delaware, USA, the Quad launched the historic Quad Cancer Moonshot, a collective effort to leverage public and private resources to reduce the number of lives lost to cancer in the Indo-Pacific, with an initial focus on cervical cancer. Under this initiative, India has committed to providing HPV sampling kits, detection kits, and cervical cancer vaccines worth USD 7.5 million to the Indo-Pacific region. The Serum Institute of India, in partnership with Gavi, will support orders of up to 40 million HPV vaccine doses, subject to necessary approvals, for the Indo-Pacific region, with the possibility of increasing the number in line with demand.

India, through its USD 10 million commitment to the WHO's Global Initiative on Digital Health, will offer technical assistance to interested countries in the Indo-Pacific region for the adoption and deployment of its Digital Public Infrastructure that helps in cancer screening and care. Quad countries are committed to supporting health security and resiliency efforts across the region, including

continued support for the Pandemic Fund.

The Quad reaffirms its commitment to bolstering health security across the Indo-Pacific region. In 2024, the Quad Health Security Partnership advanced regional resilience through the second pandemic preparedness tabletop exercise conducted by India, building on the success of the Quad Vaccine Partnership to enhance prevention, early detection, and response to potential disease outbreaks. The Quad is also exploring the development of Standard Operating Procedures for Pandemic Response. India will also host a workshop on pandemic preparedness and release a white paper outlining emergency public health responses. The next Quad Leaders' Summit will be hosted by India in 2025.

D. Voice of Global South Summit (VoGSS)

India hosted the 3rd Voice of Global South Summit in virtual format on 17th August 2024, with the overarching theme of “An Empowered Global South for a Sustainable Future,” showcasing India's vision of a unified and proactive Global South. The Hon'ble Prime Minister of India inaugurated the summit with his opening remarks addressing the invited Global South countries. The Hon'ble PM highlighted health security, threats from climate change, and the role of digital public infrastructure in collaborative development in his speech. As part of the 3rd Voice of Global South Summit, the Health Ministers' Session was convened with the theme “One World, One Health,” to integrate the health priorities of the Global South into the global agenda. During the inaugural speech, Hon'ble HFM emphasized India's health sector initiatives, including Ayushman Bharat, Digital Public Goods, One Health Approach through coordinated surveillance, data integration, and early warning systems for zoonotic diseases and antimicrobial resistance (AMR), the National Action Plan on AMR, the National Programme on Climate Change and Human Health, Pradhan Mantri Bhartiya Janaushadi Pariyojana (PMBJP), and the establishment of the WHO-Global Centre for Traditional Medicine in India, among others.

E. 79th Session of the United Nations General Assembly (UNGA79)

The 79th session of the United Nations General Assembly (UNGA79) was held from 23rd to 27th September 2024 in New York, USA, during which India was represented by the Indian delegation led by the Hon'ble Minister of State for Health and

Family Welfare. The Indian delegation, led by Hon'ble MoS, attended 4 high-level events, in addition to several side events. The Hon'ble MoS delivered the keynote address at the “Interactive TB Vaccines Dialogue” event organized by STOP TB Partnerships on the sidelines of the session, highlighting India's research and development (R&D) with recombinant BCG VPM1002 and Immuvac, as well as the ongoing trial for the evaluation of BCG revaccination in adults.

In addition, India also delivered interventions on the following:

(i) During an event on “Revitalized Multilateralism: Recommitting to Ending AIDS Together,” organized by UNAIDS, India's commitment to achieving the target of ending the HIV/AIDS epidemic by 2030 was highlighted.

(ii) During an event on “Investing in the Present and Securing Our Future Together: Accelerating Multisectoral Global, Regional, and National Actions to Address Antimicrobial Resistance,” organized by the Quadripartite, India highlighted its progress and achievements in tackling AMR, emphasizing the need for inter-sectoral collaboration and the “One Health” framework to tackle AMR. It was highlighted that India's updated NAP-AMR 2.0 includes budgeted action plans for each sector and a comprehensive monitoring and evaluation framework. India's One Health framework strengthens coordination across human, animal, and environmental sectors to tackle AMR.

(iii) During the event “Prioritizing Investments in the Health Sector – Advancing the Development and Implementation of Debt-for-Health Swap Arrangements and the Role of Social Determinants of Health,” organized by G20 Brazil and the Rockefeller Foundation, India highlighted the role of social determinants of health in prioritizing investments in the health sector.

During the session's High-Level Meeting on Antimicrobial Resistance (AMR), global leaders approved a political declaration committing to a clear set of targets and actions, including reducing the estimated 4.95 million human deaths associated with bacterial AMR annually by 10% by 2030.

F. Fourth Antimicrobial Resistance Ministerial Summit

The Indian delegation, led by the Hon'ble Minister of State for Health and Family Welfare, participated in the 4th Antimicrobial Resistance Ministerial

Summit in Jeddah, Saudi Arabia, on 15th & 16th November 2024. The theme of the conference was 'From Declaration to Implementation – Accelerating Actions Through Multisectoral Partnerships for the Containment of AMR.' While delivering the Ministerial Statement on the Joint Draft – Jeddah Commitments, the Hon'ble Minister of State highlighted AMR as a global health threat requiring urgent action through the 'One Health' approach that fosters cooperation across human, animal, and plant health, as well as environmental and other relevant sectors. India also highlighted the need for sustainable financing and research investments for better governance in the fight against AMR. In addition, the delegation also participated in panel discussions on Strengthened Governance, Stewardship & Surveillance, Sustainable Financing, Capacity Development, Mind the Gap, and Access & Affordability.

G. G7 Health Ministers' Meeting

The G7 Health Ministers' Meeting was held in Ancona, Italy, during 9-11 October 2024, focusing on antimicrobial resistance, climate change impacts on the health sector, and promoting healthy and active aging through lifelong prevention and innovation. During the meeting, India emphasized the importance of improving surveillance systems, sustainable practices, and investing in digital health technologies.

On the sidelines of the meeting, India discussed a range of bilateral issues such as healthcare professionals, digital health solutions, supporting joint healthcare initiatives, etc., with Italy, Japan, Germany, and Brazil.

H. Working Group on Amendments to the International Health Regulations (IHR), 2005

The International Health Regulations (2005) (IHR) provide an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. The IHR are an instrument of international law that is legally binding on 196 countries, including the 194 WHO Member States. The purpose and scope of the IHR (2005) are “to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.”

This year, at the 77th World Health Assembly (WHA), the Working Group on Amendments to the IHR successfully concluded the amendments to the 2005 edition. The IHR, in its current form, comprises 66 articles and 9 annexes in 10 parts. Some targeted amendments were made to several articles, including those on equitable access to relevant health products, etc.

I. G20

The G20, or Group of Twenty, represents a multilateral forum for international economic cooperation, primarily focused on economic issues. Recognizing the interdependence between economic stability and public health, a Health Working Group was introduced in 2017 during Germany's presidency to address 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.

Until November 30, 2004, Brazil held the G20 presidency. As part of the Troika, India is actively engaged in advancing the priorities of the G20 Health Working Group through various forms of engagement, working towards the finalization of the G20 Health Ministers' Declarations.

The outcomes of the G20 Health Ministers' Meeting held from October 29-31, 2024, in Rio de Janeiro, Brazil, were as follows:

1. **G20 Health Ministers' Declaration**
2. **G20 Health Ministerial Declaration on Climate Change, Health, Equity, and One Health**

Brazil's G20 Presidency created an "Alliance for Regional Production, Innovation, and Equitable Access" on a voluntary basis, focusing on neglected diseases, vulnerable populations, preparedness for health emergencies, and enhancing technological and production capabilities for access to medicines. Additionally, India participated in other key high-level events, such as the Joint Finance-Health Ministers' Meeting, the WHO Investment Round, and discussions on Climate Change and One Health.

India's G20 legacy was reflected in Brazil's Health Ministers' Declarations in the following areas:

- Global Initiative on Digital Health (GIDH) as a key priority for discussion, including its framework, expansion of activities, and sustainable financing.

- Prioritizing Climate Change and Health, including events on One Health and AMR (Antimicrobial Resistance).
- Incorporating Traditional and Complementary Medicine (T&CM) into discussions.

During the 3rd Health Working Group meeting held in Natal, Brazil, from June 3-6, 2024, the Ministry of AYUSH organized a co-branded event focused on Traditional and Complementary Medicine to advance the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC). The event supported Brazil's Presidency by highlighting the potential of Traditional Medicine and Holistic Health Systems in achieving UHC and Health Security. It emphasized integrating Traditional Medicine with conventional healthcare to contribute to SDG 3, focusing on UHC and Health Security objectives.

7.4 AIRPORT HEALTH ORGANIZATIONS, PORT HEALTH ORGANIZATIONS AND LAND BORDER HEALTH UNITS (APHOS/PHOS/LBHUS)

Introduction

International health is becoming a major concern due to spread of various infectious diseases affecting global health security, that can be achieved by developing a robust surveillance and response system through exemplary public health approach. The Point of Entries (POEs) are essentially required in preventing importation of these infectious disease agents into a country's territory. These entry points are strategically positioned to monitor, assess and respond to health risks associated with international travel and trade.

In India, the responsibility for securing public health at PoEs rests with competent health establishments known as Airport Health Organizations (APHOs), Port Health Organizations (PHOs), and Land Border Health Units (LBHUs). These establishments are subordinate offices of the Directorate General of Health Services, each tailored to address the unique challenges and health risks associated with international travel and trade at their respective point of entry. Additionally, these health units also ensure compliance with International Health Regulations (2005), Indian Aircraft (Public Health) Rules (1954), and Indian Port Health Rules (1955).

The APHOs, PHOs and LBHUs carry out a range of critical functions, including health screening, quarantine enforcement, disease surveillance, coordinating Haj pilgrimage, clearance of Human Remains, supervision of sanitation, Yellow fever & Polio vaccination to international passengers, Food, Water & Vector surveillance and Control at POE premises, supervision of aircraft disinfection, issuance of Ship Sanitation Certificate, training of staff, thereby safeguarding public health at both national and international levels. At present, there are 29 APHOs, 11 PHOs and 3 LBHUs in India.

LIST OF EXISTING POEs (APHOs/PHOs/BORDER CROSSING HEALTH UNIT)		
Name of APHO	Name of PHO	Name of LBHUs
Ahmedabad	Chennai	Agartala
Amritsar	Cochin	Attari
Bangalore	JNPT, Sheva	Amritsar
Bhubaneswar	Kandla Kolkata	Petrapole
Calicut	Marmagoa	
Chandigarh	Mumbai	
Chennai	New Mangalore	
Cochin	PortParadip	
Coimbatore	Tuticorin	
Delhi Gaya	Vishakhapatnam	
Goa		
Guwahati		
Hyderabad		
Indore		
Jaipur		
Kannur		
Kolkata		
Lucknow		
Madurai Mangalore		
Mumbai		
Nagpur		
Port Blair		
Pune		
Tiruchirappalli		
Trivandrum		
Varanasi		
Visakhapatnam		

Achievements of the PH(IH) Section of Dte.GHS during 2024-25

- Inclusion of additional APHOs with manpower and established health services at International Airports.

- Yellow Fever Vaccination Centers have been expanded to 60 at present.
- Implementation of unique code system for tracking yellow fever vaccination records.
- Maintenance of the IHR PoE web portal (<https://www.ihpoe.mohfw.gov.in>).
- Coordination of PoE with various stakeholders during annual Haj pilgrimage for public health needs.
- Conducted routine and emergency Vector Surveillance and control activities at all PoEs.

Conclusion:

APHOs, PHOs, and LBHUs in India have put commendable efforts for safeguarding public health at PoEs in the current year. These health establishments continue to mitigate the risk of disease spread across borders while facilitating international travel and trade through proactive measures and collaborations.

7.5 BILATERAL AGREEMENTS, JWG MEETINGS, AND FIELD VISITS

The following bilateral agreements in the field of health and medicine were signed between April 1, 2024, and November 30, 2024:

- A **Memorandum of Understanding (MoU)** between India and Bangladesh was signed on June 22, 2024.
- A **Memorandum of Understanding (MoU)** between India and Singapore was signed on September 5, 2024.

The Cabinet has approved the following proposals for bilateral agreements on health and medicine:

- Memorandum of Understanding (MoU)** between India and Solomon Islands, signed on October 3, 2024.
- Memorandum of Understanding (MoU)** between India and Belarus, signed on December 6, 2024.

During this period, India held Joint Working Group (JWG) meetings under the MoUs with the following countries:

- The 13th JWG meeting with Sweden was held during the Secretary (HFW)'s visit to Sweden from April 18-19, 2024. The meeting agenda included issues such as elderly care, pharmaceutical access and development (including antibiotics), cancer and precision medicine, infection prevention and control,

the India-Sweden Health Innovation Centre, and a Memorandum of Intent on Midwifery.

- The 2nd JWG meeting with Myanmar was held on May 17, 2024, in New Delhi. The agenda covered digital health, non-communicable diseases, communicable diseases, child health, maternal health, and pharmaceutical cooperation.
- The first JWG meeting with Eswatini was held on June 13, 2024. The Indian delegation was led by the Additional Secretary (IC/IH), MoHFW, and the agenda included communicable diseases, digital health, pharmaceuticals, and the Indian Pharmacopoeia.
- The 2nd JWG with Malawi was held on November 21, 2024, in virtual mode. The Indian delegation, led by the Additional Secretary (IC/IH), MoHFW, discussed digital health, communicable diseases (including surveillance), nursing and training of health professionals, pharmaceuticals, and HIV/AIDS control.

Additionally, a delegation from Denmark visited the Indian Nursing Council (INC) and the Nursing College at AIIMS, New Delhi, from September 4-5, 2024, where they held discussions with senior officers of the INC and AIIMS Nursing College.

7.6 HIGH-LEVEL MEETINGS

During the period, the Hon'ble Health and Family Welfare Minister (HFM) held bilateral meetings with the following dignitaries to discuss various health sector issues:

- The Hon'ble Prime Minister of Malaysia, Mr. Anwar Ibrahim, at Hotel Taj Mahal, New Delhi, on August 21, 2024.
- A Zimbabwean delegation, led by the Minister of Health and Child Care, Zimbabwe, on August 21, 2024.
- A Guinean delegation, led by Mr. Ismael Nabe, Minister of Planning and International Cooperation, Guinea, on August 22, 2024.
- Mr. Pradip Paudel, Minister of Nepal, on the sidelines of the 77th Session of the WHO Regional Committee for South-East Asia in New Delhi on October 7, 2024.

In addition, around 100 meetings were held at the level of Secretary (HFW), Additional Secretary (IC/IH), and other senior officers with foreign dignitaries and delegates to discuss various health

sector matters.

7.7 PERMISSION GRANTED FOR ORGANIZING INTERNATIONAL CONFERENCES IN INDIA

During this period, the Ministry granted permission to 52 organizations, institutions, and other entities to organize international health-related conferences in India.

7.8 ISSUE OF STATEMENT OF NEED (SON) CERTIFICATE, NO OBLIGATION TO RETURN TO INDIA (NORI) CERTIFICATE, AND EXCEPTIONAL NEED CERTIFICATE (ENC)

During this period, 1,469 applications for the issuance of Statement of Need (SON) Certificates and 19 applications for Exceptional Need Certificates (ENC) were processed for undergoing higher studies/training in the USA in medical specialties/super-specialties. Additionally, 86 No Objection Certificates (NOC) for No Obligation to Return to India (NORI) were issued.

7.9 PARTICIPATION IN FELLOWSHIPS / CONFERENCES ABROAD

- During the period, 81 CHS doctors participated in international conferences, symposia, etc., abroad.
- Four officials attended the course on "Global Health Challenges" offered by the Danida Fellowship Center (DFC) in July-August 2024 in Denmark.
- Seven officials attended the course on "Health Economics and Digital Health" offered by the Danida Fellowship Center (DFC) during October-November 2024 in Denmark.
- A training program titled 'Advanced Training in the Field of Medical Science & Management for AIIMS and Relevant Institutes – Improving Hospital Management and Cancer Response Capabilities' was conducted by the Japan International Cooperation Agency (JICA) in Japan from November 10-28, 2024. A delegation of 10 members from various AIIMS institutes participated.

7.10 IMPORTANT ACHIEVEMENTS

- The **WHO-managed Global Initiative on Digital Health (GIDH)** was launched during India's G20 Presidency to advance digital health tools and strengthen health systems

worldwide. India is committed to establishing a digital healthcare ecosystem and has pledged financial support of USD 10 million to the GIDH to provide Digital Public Infrastructures (DPIs) to countries in need. Furthermore, India is ready to offer technical and financial support for customizing these DPIs to meet the specific requirements of other countries.

- **The 77th Session of the World Health Assembly (WHA)** was held from 27th May 2024 to 1st June 2024 in Geneva, with the theme “All for Health, Health for All.” The Secretary (HFW), Government of India, chaired Committee A of the 77th WHA, the leading committee at the World Health Assembly, facilitating discussions on various topics such as Universal Health Coverage, public health emergency preparedness and response, antimicrobial resistance, climate change, and sustainable financing for WHO. India's leadership in Committee A underscores its growing influence in global health governance.
- **The National Institute of Mental Health and Neurosciences (NIMHANS)** was awarded the **2024 Nelson Mandela Award for Health Promotion** by WHO during the 77th World Health Assembly in Geneva. This award is a testament to the Government's dedication and outstanding contributions to promoting mental health and well-being.
- **Working Group on Amendments of International Health Regulations (IHR), 2005:** The purpose and scope of the IHR (2005) are to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are proportional to the public health risks, avoiding unnecessary interference with international traffic and trade. At the 77th World Health Assembly, held in Geneva in May-June 2024, the Working Group on Amendments to the IHR successfully concluded the amendments to the 2005 edition. The IHR now comprises 66 Articles and 9 Annexures across 10 parts, with targeted amendments made to several Articles.
- **Voice of Global South Summit (VoGSS):** India hosted the 3rd Voice of Global South Summit in virtual format on 17th August

2024, with the overarching theme of “An Empowered Global South for a Sustainable Future.” The Hon'ble Prime Minister of India inaugurated the summit, addressing invited Global South countries and highlighting key issues such as health security, threats from climate change, and the role of Digital Public Infrastructure in collaborative development. The Health Ministers' Session, titled “One World One Health,” aimed to integrate the health priorities of the Global South into the global agenda. In his inaugural speech, the Hon'ble HFM emphasized India's health sector initiatives, including Ayushman Bharat, Digital Public Goods, One Health Approach, coordinated surveillance, data integration, early warning systems for zoonotic diseases, antimicrobial resistance (AMR), National Action Plan on AMR, National Programme on Climate Change and Human Health, Pradhan Mantri Bhartiya Janaushadi Pariyojana (PMBJP), and the establishment of the WHO-Global Centre for Traditional Medicine in India.

- **Climate Change and Health: The Climate and Health Solutions (CHS) India Conclave** was held on 25th-26th September 2024 in New Delhi. The conclave, organized in collaboration with the Asian Development Bank (ADB) as part of the ongoing cooperation under the Climate and Health Initiative (CHI) developed during India's G20 Presidency in 2023, provided a valuable platform for discussing critical healthcare issues and exchanging innovative ideas and best practices.
- **India successfully hosted the 77th Session of the WHO Regional Committee for South-East Asia** in New Delhi from 7th to 9th October 2024. India emphasized its commitment to universal health coverage (UHC) through initiatives like **Ayushman Bharat**, the world's largest publicly funded health assurance scheme. The session adopted the following key resolutions:
 - Ministerial Declaration on Adolescent-Responsive Health Systems
 - Expansion of the South-East Asia Regional Health Emergency Fund (SEARHEF) to USD 3 million
 - Measles and Rubella Elimination by 2026

- The **Government of India** was awarded the “**Trachoma-Free**” certification by WHO during the 77th Regional Committee Meeting of the WHO's South-East Asia Region (SEAR) for the successful elimination of Trachoma as a public health problem. This recognition highlights India's commitment to eliminating preventable blindness and improving public health under the National Programme for Control of Blindness & Visual Impairment (NPCBVI).
- **Bilateral Agreements, JWG Meetings, and Field Visits:** During the period from 1st April 2024 to 30th November 2024, the following bilateral agreements in the field of health and medicine were signed:
- A **Memorandum of Understanding (MoU)** between India and Bangladesh was signed on 22nd June 2024.
- A **Memorandum of Understanding (MoU)** between India and Singapore was signed on 5th September 2024.

Additionally, India held **Joint Working Group (JWG)** meetings under these MoUs with the following countries:

- The **13th Joint Working Group (JWG) meeting with Sweden** was held during the Secretary (HFW)'s visit to Sweden from 18th to 19th April 2024. The meeting agenda included discussions on the ageing population/elderly care, pharma access and development (including antibiotics), cancer and precision medicine, infection prevention and control, the India-Sweden Health Innovation Centre, and a Memorandum of Intent on Midwifery.
- The **2nd JWG meeting with Myanmar** was held on 17th May 2024 in New Delhi. The agenda included discussions on digital health, non-communicable diseases, communicable diseases, child health, maternal health, and pharmaceutical cooperation, including drugs. The Indian delegation was led by the Additional Secretary (IC/IH), MoHFW.

- The **first JWG meeting with Eswatini** took place on 13th June 2024. The Indian delegation was led by the Additional Secretary (IC/IH), MoHFW. The agenda focused on communicable diseases, digital health, pharmaceuticals, and the Indian Pharmacopoeia.
- The **second JWG meeting with Malawi** was held virtually on 21st November 2024. The Indian delegation, led by the Additional Secretary (IC/IH), MoHFW, discussed topics such as digital health, communicable diseases (including surveillance), nursing and training of health professionals, pharmaceuticals, and HIV/AIDS control.
- As part of their visit to India, a delegation from **Denmark** visited the Indian Nursing Council (INC) and the Nursing College at AIIMS, New Delhi, on 4th and 5th September 2024. The delegation held discussions with senior officers from the INC and AIIMS Nursing College.

High-level Meetings:

During the period, the Hon'ble HFM held bilateral meetings with the following leaders to discuss various issues relating to the health sector:

- **Hon'ble Prime Minister of Malaysia, Mr. Anwar Ibrahim**, at Hotel Taj Mahal, New Delhi, on 21st August 2024.
- **Zimbabwean delegation**, led by the Minister of Health and Child Care, Zimbabwe, on 21st August 2024.
- **Guinean delegation**, led by Mr. Ismael Nabe, Minister of Planning and International Cooperation, Guinea, on 22nd August 2024.
- **Mr. Pradip Paudel, Minister of Nepal**, on the sidelines of the 77th Session of the WHO Regional Committee for South-East Asia in New Delhi on 7th October 2024.

FACILITIES FOR SCHEDULED CASTES AND SCHEDULED TRIBES

CHAPTER 08

8.1 INTRODUCTION

The Scheduled Caste (SC) and Scheduled Tribe (ST) Cell (SC/ST cell) has been functioning in the Ministry of Health & Family Welfare (MoHFW) to look after the service interest of SC / ST category employees. The Cell assists the Liaison 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/OBCs category in 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	19,945	3,140	1,154	3,575	12,076	
Central Health Services (All Group 'A' posts)	3,410	558	281	866	1,705	

** Inclusive of Central Health Services Group 'A' posts*

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.

NHM 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 under served 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 67.6% increase in Health Facilities available in Tribal areas as compared to 20.4% increase at all India level, between 2005 and 2023, as per Health Dynamics of India (HDI) (previously known as Rural Health Statistics):

Type of Facility	All India (includes both urban & rural areas)			Tribal Areas		
	RHS 2005*	HDI 2022- 23*	% Increase	RHS 2005*	HDI 2022- 23*	% Increase
SHCs	1,46,026	1,69,615	16.1%	16,748	28,660	71.1%
PHCs	23,236	31,882	37.2%	2,809	4,158	48.0%
CHCs	3,346	6,359	90.0%	643	1,035	61.0%
Total	1,72,608	2,07,856	20.4%	20,200	33,853	67.6%

*RHS – Rural Health Statistics

HDI – Health Dynamics of India formerly known as Rural Health Statistics

Under NHM, tribal areas have following relaxed norms addressing the need-based intervention in terms of healthcare infrastructure and human resources:

Health facility: The population norms for setting up Sub-health Centre (SHC), Primary Health Centre (PHC) and Community Health Centre (CHC) in tribal and hilly areas has been relaxed from 5,000, 30,000, and 1,20,000 to 3000, 20,000 and 80,000 respectively.

ASHAs: 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 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 of up to 10 MMUs per district in PVTG areas under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN). For FY 2024-25, a total of 645 MMUs have been approved for PVTG areas under PM JANMAN.

Additional ANM: After Multi-Purpose Centre (MPC) will be established by Ministry of Tribal Affairs in PVTG areas, an additional ANM will be deployed in these MPCs with basic drugs and diagnostics facilities under PM JANMAN.

A total number of 39,378 and 29,896 Ayushman Arogya Mandir are operationalised in 150 Districts with a higher percentage of SC population and 178 Districts with higher tribal population, as identified by MoTA as on 31.10.2024.

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 over-arching National Health Mission (NHM).

The NUHM envisages strengthening the primary healthcare delivery systems in urban areas and providing equitable and quality primary healthcare services to the urban population, with a special focus on slum dwellers and vulnerable populations. It also seeks to decongest secondary and tertiary healthcare facilities (District Hospitals/Sub-District Hospitals/Community Health Centres) by providing robust comprehensive primary healthcare services in urban areas. NUHM covers all cities and towns with populations of more than 50,000, as well as district headquarters and state headquarters with populations of more than 30,000.

Since the beginning of the programme in FY 2013-14, 5,283 UPHCs and 245 UCHCs are functional across the states. The human resources under the programme include approximately 6,065 Medical Officers, 350 Specialists, 21,691 ANMs, 10,043 Staff Nurses, 4,268 Pharmacists, 4,129 Lab Technicians, and 530 Public Health Managers. Additionally, about 87,875 ASHAs and 98,101 MAS are in place to ensure effective community participation activities. (Source: Quarterly NHM MIS Report - Status as of 30.06.2024)

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 communities. So far, 5,139 UPHCs have been converted into Urban

Ayushman Arogya Mandirs across the States/UTs (except Delhi), and 6,035 Urban Ayushman Arogya Mandirs below the UPHC level have been operationalized. (Source: HWC Portal, data as of 12.12.2024)

The services provided through these facilities are available to all sections of the population, including SC and ST communities.

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 the 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 the cascade of TB care and support services among tribal populations in India.

Highlights of Tribal Initiative (2023-24)

To commemorate the glorious milestone of 75 years of Indian independence, Azadi ka Amrit Mahotsav, and to contribute towards achieving the Sustainable Development Goals (SDGs) set for our country, the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Tribal Affairs (MoTA) jointly committed to making 75 (later expanded to 78) TB-free tribal districts under the Tribal TB Initiative.

The 78 districts across 11 states were carefully selected in consultation with the respective states and are recognized as high-burden areas. The initiative focuses on community engagement and mobilization among tribal populations through community influencers, such as traditional healers, Panchayati Raj Institution (PRI) members, self help groups and youth. Health system strengthening and resource mobilization are also key components of the joint initiative. Some of the main activities undertaken are as below:

1. Community Engagement and Mobilization

- Sensitization of PRI members, traditional healers, tribal leaders, youth, and self-help groups (SHGs) to establish TB screening and referral mechanisms. This includes the use of pictorial referral slips and active involvement in generating community awareness to reduce

stigma associated with TB in their communities.

- Encouraging these community influencers to act as treatment supporters.
- Sensitizing students and staff of Eklavya Model Residential (EMR) Schools operated under MoTA on TB awareness and prevention.

2. Health System Strengthening

- Training PRI and Village Council Development Committee (VCDC) members for the TB-Free Gram Panchayat Initiative.
- Identifying areas for resource-sharing between the State Tribal Welfare Department and the State Health Department based on block-level needs. Proposals raised through this mechanism are appraised by the Project Appraisal Committee (PAC) of MoTA. For example, under the Chhattisgarh PAC proposal for FY 2023-24, 34 TrueNat machines were approved for funding by MoTA, and the funds were transferred to the District Health Society (DHS) account for procurement.
- Leveraging CSR (Corporate Social Responsibility) funds to support the National TB Elimination Programme (NTEP) by strengthening diagnostic capabilities.

Achievements from 1st January 2024 to 30th September 2024 in the identified districts

Total number of community influencers sensitized on TB	52,148
PRI Sensitized	29,010
Youth Sensitized	5,512
Tribal Healer Sensitized	3,700
SHG Sensitized	5,907
TB Champion Sensitized	925
Faith Leader Sensitized	2,168
Other Sensitized	4,926
Total number of individuals referred by the community influencers for testing of TB	29,226
Total number of individuals Tested for TB out of those referred	29,136 (96.7%)

Total number of individuals Diagnosed as TB Positive	394 (1.4%)
Total number of students and staff sensitized from Eklavya Modal Residential Schools	37,281

Notable Achievements:

The NTEP IEC materials were translated into 14 tribal languages Dimasa, Bhili, Bareli, Surgujiya, Karbi, Nagamese, Garo, Khasi, Gondi, Monpa, Galo, Halbi, Mising and Mizo. Translation of TB Champion training modules in 9 tribal languages such as Bodo, Ho, Mundari, Santhali, Mizo, Monpa, Galo, Khasi and Garo.

1134 panchayats across 10 States submitted claims for TB Mukut Panchayat for the year 2023. Over 20,000 PRI members were trained for the initiative. TB Mukut Panchayat award was received by 1090 (96%) Panchayats. The project staff were also selected for verification of submitted claims in Meghalaya.

8.5 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

The National Leprosy Eradication Programme (NLEP) is a Centrally Sponsored Scheme under the umbrella of the National Health Mission (NHM). Since its inception, NLEP has focused its strategies on the vision of a “Leprosy-Free India”. The current strategies under NLEP include:

- Ensuring the availability of quality diagnostic and treatment services.
- Reducing transmission.
- Preventing deformities and disabilities caused by leprosy.

India achieved the elimination status of leprosy at the national level in 2005, defined as a prevalence rate (PR) of less than 1 case per 10,000 population. Since then, India has implemented various programmatic strategies to reduce leprosy transmission. However, India still accounts for 60% of global new leprosy cases (Global Data by WHO, 2023).

To address this challenge, NLEP has introduced the “*National Strategic Plan & Roadmap for Leprosy 2023-27*”. This plan outlines strategies to achieve the goal of “*Interruption of transmission of leprosy in India by 2027*”- three years ahead of the Sustainable Development Goal (SDG) target for 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 campaign focussed towards searching 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.
 - 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, GoI, India on National Anti-Leprosy Day 2023 (30th January 23) is 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:

- a. National Guidelines for Antimicrobial Resistance (AMR) Surveillance in Leprosy, Launched by Hon'ble Union Minister of Health & Family Welfare, GoI for establishing laboratory network for detection & treatment of drug resistant leprosy cases.
- b. National Framework for Integration of Mental health Framework for Leprosy Patients: Is a step towards NLEP's aim of "Zero Stigma & Discrimination" and will for ensuring 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.,

- a. There is a provision of free self-care kits and

counselling/training for persons affected by Leprosy for prevention of disability.

- b. Provision of supply of free of cost specialized Micro-Cellular Rubber (MCR) footwear, Aids & Appliances for cases with disabilities & deformities due to leprosy.
- c. 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 case for compensation of 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 a monthly basis.

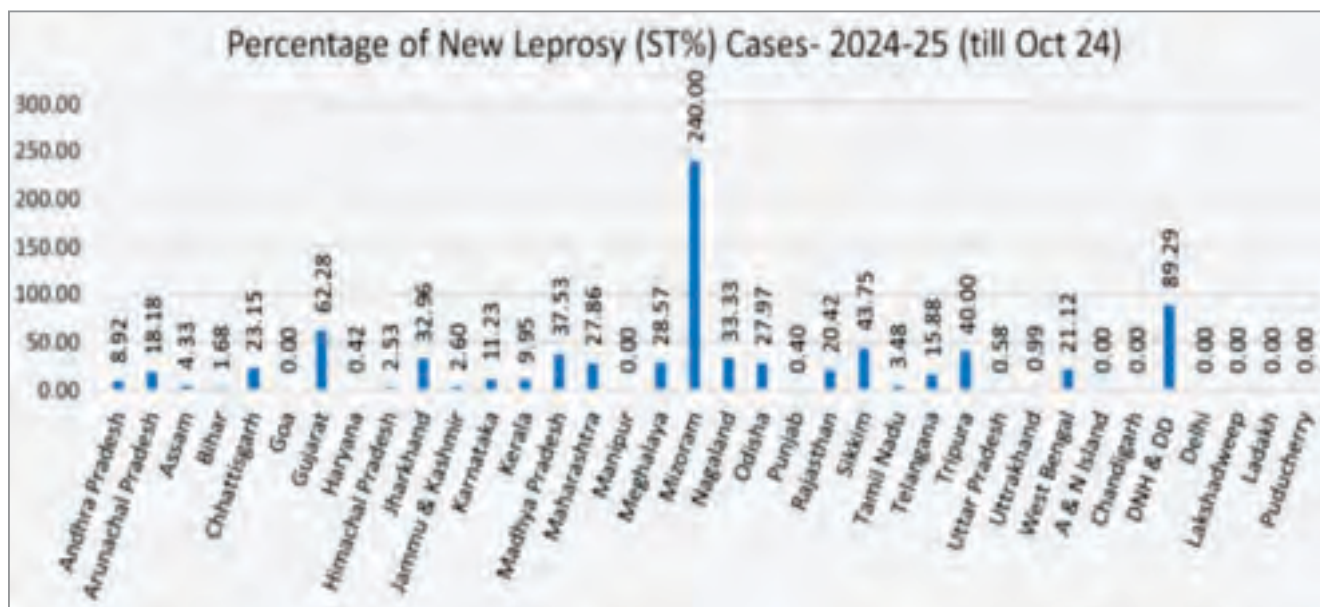
In the year 2023-24, out of total 1,07,851 new leprosy cases detected, 21,582 (20.01%) were STs and 18,625 (17.27%) were SCs. During the year 2024-25 (Till October 24), out of total 61,318 new leprosy cases detected, 12,062 (19.67%) were STs and 10,634 (17.34%) were SCs.

Financial Year	Total New Cases	%ST	%SC
2023-24	1,07,851	20.01%	17.27%
2024-25 (Till Oct 24)	61,318	19.67%	17.34%

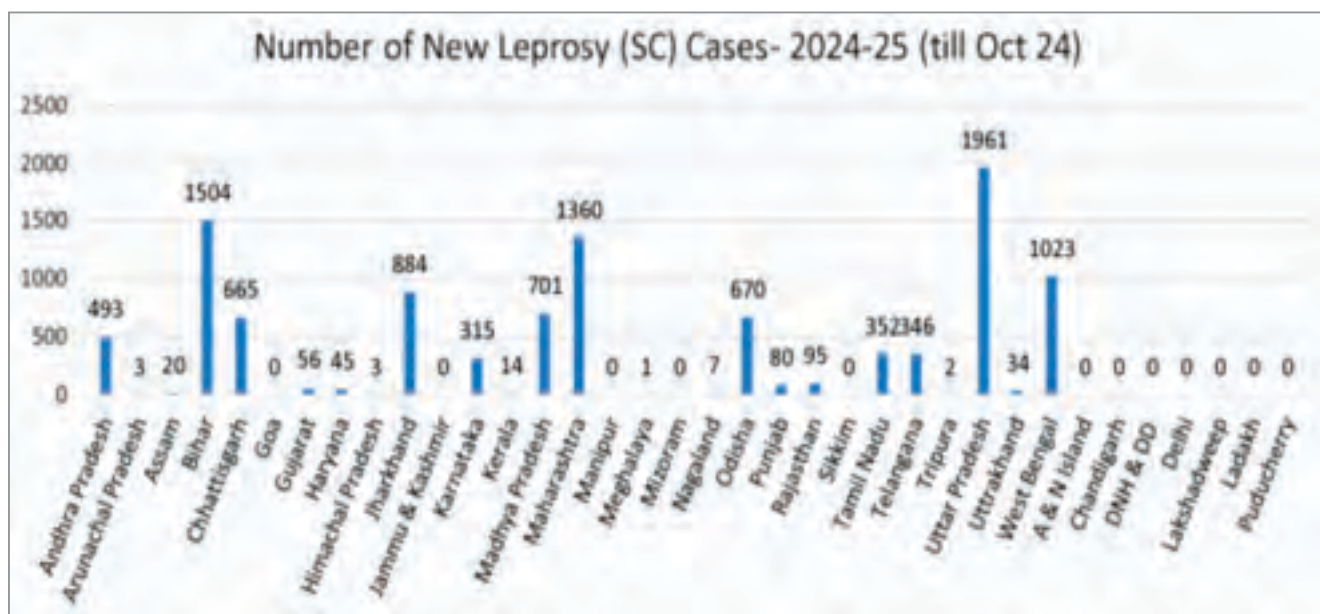
The State-wise graph of number of Schedule Tribes (ST) new leprosy cases among total new leprosy cases for F.Y. 2024-25 till Oct 24:



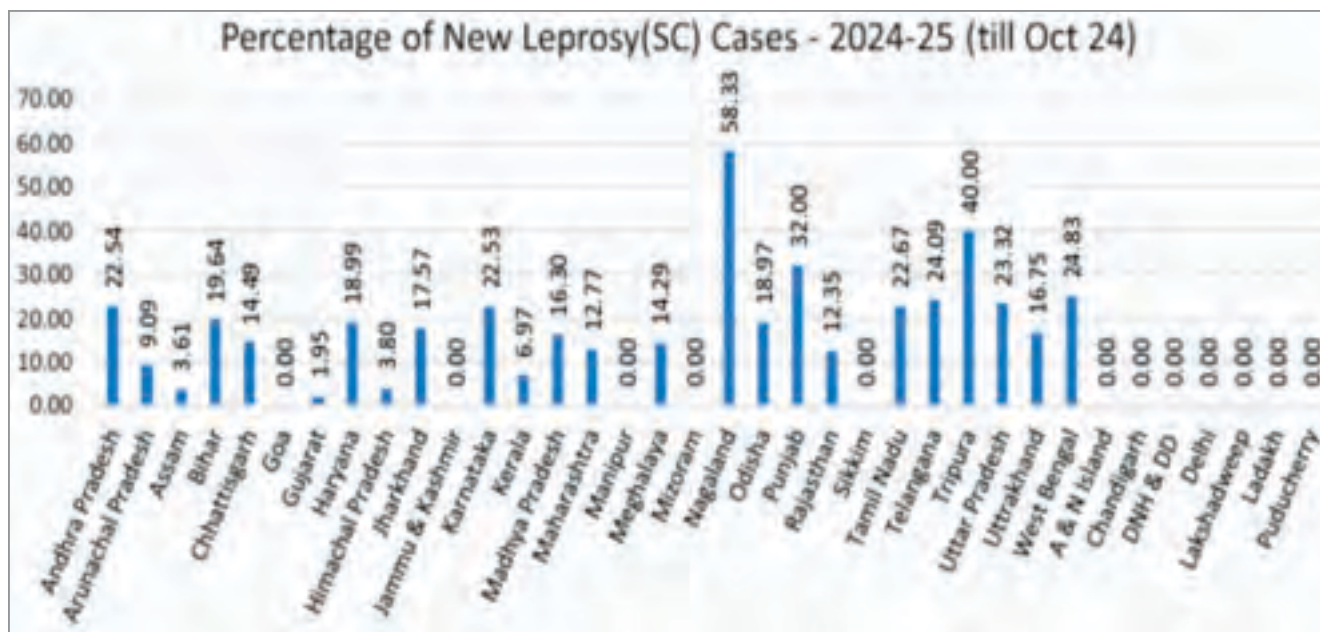
The state-wise graph of proportion Schedule Tribes new leprosy cases among total new leprosy cases for F.Y. 2024-25 till Oct 24:

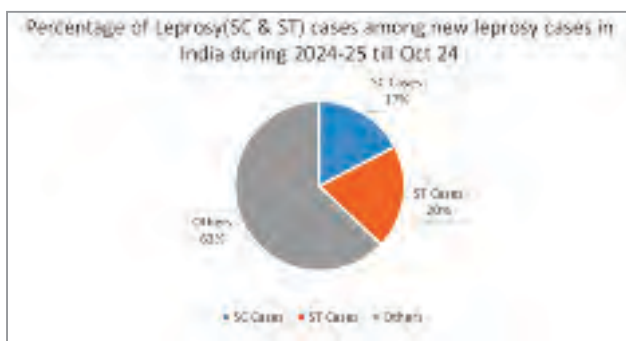


The state-wise graph of number of Scheduled Caste (SC) new leprosy cases among total new leprosy cases for F.Y. 2024-25 till Oct 24:



The State-wise graph of proportion Schedule Caste (SC) new leprosy cases among total new leprosy cases for F.Y. 2024-25 till Oct 24:





8.6 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

The National Centre for Vector Borne Diseases Control (NCVBDC) administers an umbrella programme, namely the National Vector Borne Diseases Control Programme (NVBDCP), for the prevention and control of vector-borne diseases, namely Malaria, Japanese Encephalitis, Dengue, Chikungunya, Kala-azar, and Lymphatic Filariasis.

The States/UTs are responsible for implementing the programme, whereas NCVBDC provides technical and financial assistance to the States/UTs in the form of cash and commodities under the overarching umbrella scheme of the National Health Mission (NHM).

Under NVBDCP, promotive, preventive, and curative (diagnosis and treatment) services are uniformly made available to all segments of the population, including Scheduled Castes (SCs) and Scheduled Tribes (STs), in all the States/UTs of the country. The strategies for vector-borne disease 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 district there has been an 82.29% reduction in malaria morbidity and a 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 & evaluation, advocacy, coordination &

partnerships, behaviour change communication, and community mobilization are undertaken. Along with NHM, an externally aided Global Fund project is being implemented in high-endemic States.

LYMPHATIC FILARIASIS:

In India, there are 345 Lymphatic Filariasis (LF) endemic districts spread across 20 States/UTs. As per the Tribal Ministry Annual Report 2022-23, there are 177 tribal districts. Out of these 177 tribal districts, 70 districts are endemic for LF.

The current Lymphatic Filariasis (LF) 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.

KALA-AZAR:

Under the 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.

DENGUE & CHIKUNGUNYA:

Dengue and Chikungunya are endemic in all States/UTs (except Ladakh). NCVBDC provides free diagnosis through 848 Sentinel Surveillance Hospitals (SSHs) for Dengue and Chikungunya across the country and 27 Apex Referral Laboratories (ARLs) with advanced diagnostic facilities. The Government of India provides technical guidelines on case management, integrated vector control methods, and supplies IgM test kits to all identified SSHs across the country so that every section of the population can access these services.

JAPANESE ENCEPHALITIS:

Under NVBDCP (Japanese Encephalitis), promotive, preventive, diagnostic, and management services are uniformly made available to all segments of the population, including SCs and STs, in all the States/UTs of the country. Strategies for JE control are based on the endemicity of the disease.

8.7 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES (NP-NCD) UNDER NHM

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 implements the National Program for Prevention and Control of Non Communicable Diseases (NP-NCD) 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. Apart from Cancer, Diabetes, Hypertension, Cardiovascular Diseases and stroke, the NP NCD includes NCDs such as Non Alcoholic Fatty Liver Disease, Chronic Kidney Disease, STEMI, Chronic Obstructive Pulmonary Disease/Asthma etc.

Under the programme, NCD Clinics are being setup 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 setup for providing facilities for emergency Cardiac Care and Cancer Chemotherapy respectively. Interventions for 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 the population, including SCs and STs, in all the States and UTs of the country.

Population-based prevention, control, screening, and management initiatives for common NCDs (Diabetes, Hypertension, and Cancers, viz. Oral, Breast, and Cervical Cancer) are being implemented as a part of comprehensive primary health care under Health and Wellness Centres in the National Health Mission (NHM). Under this initiative, persons aged 30 years and above are targeted. Prevention, control, and screening services are provided through trained frontline workers (ASHA, ANM, and MPWs), with referral support and continuity of care ensured through Ayushman Arogya Mandirs, Community Health Centres (CHCs), District Hospitals, and other tertiary care institutions.

The aforementioned services are accessible to all, including the SC/ST population, as per the programme guidelines. As of December 11, 2024, across India, a total of 41.46 crore individuals aged 30 years and above have been enrolled through the NCD application, with 39.53 crore screened.

Records of these individuals are maintained in the NCD application (including States using their own applications and providing aggregate data).

From January 2024 to December 11, 2024, a total of 5.71 crore individuals aged 30 years and above were enrolled through the NCD application, and 11.01 crore were screened.

Since 2014-15, the Central Government implements the Strengthening of Tertiary Cancer Care Centres Facilities Scheme in order to enhance the facilities for cancer care at tertiary level. Under this scheme, 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been approved. 14 SCIs and 18 TCCCs are functional and offering patient care services. Under the scheme, there is provision of providing a onetime grant up to Rs. 120 crore for SCI and up to Rs. 45 crore for TCCC including State share. The funds sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10. The tertiary care services are uniformly provided to all including SC/ST population.

Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic kidney disease during year 2016-17 to support in all district hospitals in-house mode / Public Private Partnership (PPP) mode under NHM. Haemodialysis services are provided under the program. Peritoneal Dialysis is also included 2020 onwards. PMNDP has been implemented in total 36 States/UT in 748 (50 Linked) Districts at 1542 centres with 10663 hemo-dialysis machines. Total 25.66 lakh patient availed dialysis services and 305.24 Lakh Hemo-dialysis sessions held- as on 31st October 2024. From January 2024 to October 2024, dialysis services made available in 3 districts (additional), 100 centres by deploying 856 machines. Total 3.84 lakh patients availed dialysis services and 56.15 lakh hemo-dialysis sessions held from 1st January 2024 to 30th October 2024.

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 minimize the out-of-pocket expenditure arising due to catastrophic expenditure on healthcare. AB PM-JAY was launched on 23rd September, 2018 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). The scheme provides free healthcare cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization.

I. Salient Features of AB PM-JAY

- Health Cover of Rs.5 Lakh per family per year for secondary and tertiary care
- 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 1961 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 any Empaneled Healthcare Providers across the Country
- 33 States/UTs are currently implementing Ayushman Bharat PM-JAY.

II. Expansion of Beneficiary base

At the time of the launch of the scheme, 10.74 crore families eligible under Socio-economic Caste Census (SECC) and Rastriya Swasthya Bima Yojana (RSBY) database were covered under the scheme constituting the bottom 40% of India's vulnerable population. However, the scheme has witnessed continuous expansion of the beneficiaries over time. Firstly, the Cabinet to Govt. of India, in 2022, approved for revised beneficiary base under AB PM-JAY from existing 10.74 crore to 12 crore families considering India's decadal population growth of 11.7 % over 2011 population. Further, in the Interim Budget Speech of 2023, the beneficiary base under the scheme was expanded by including 37 lakh families of Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW) and Anganwadi Helpers (AWH). Further, the scheme has been expanded to approx. 4.5 crore senior citizens families corresponding to 6 crore senior citizens of 70 years of age and above.

Many States/UTs have further expanded the beneficiary base appreciating the need of providing healthcare assurance to their population. It is pertinent to note that 13 States/UTs have adopted

Universal Health Coverage (UHC) in their respective States.

III. Beneficiary Identification

The Beneficiary Identification System (BIS) is one of the key components of National Health Authority's (NHA's) information technology system. It facilitates verification of eligible beneficiaries through 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 UTITSL Ltd. to ensure free issuance of cards to beneficiaries undergoing verification for the first time. Along with this, NHA has also empanelled other Card Creation and card approval 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.

National Health Authority has also revamped the card creation process, where a mobile application viz. 'Ayushman App' has been developed to ensure Ayushman card saturation. 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 grassroot network of Health Care Workers (HCWs) and Front-Line Workers (FLWS) to mobilize beneficiaries and expedite card creation.

IV. 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 launched the 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. Aapke Dwar Ayushman 3.0 campaign was

relaunched with self-verification feature enabling beneficiaries to create Ayushman card for himself/herself along with his/her family. Further, '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. Card creation was also taken up in a concerted way during the 'Viksit Bharat Sankalp Yatra'.

Further, the Govt. has launched 'Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan' (PM-JANMAN) and 'Pradhan Mantri Janjantiya Unnat Gram Abhiyan' (PM-JUGA) ensuring coverage of all the tribal population including Particularly Vulnerable Tribal Population (PVTGs) under the scheme. As on 01.12.2024, approx. 12.87 lakhs Ayushman Cards have been created for PVTG population.

V. Coverage of SC / ST under AB PM-JAY

S N	Parameter	National Coverage (as on 1 st Nov 2024)	Total progress for which SC/ST categorisation is available (SECC)	Scheduled Castes	Scheduled Tribes
1	No. of Ayushman cards generated	35.68 Crore	6.70 Crore ¹	1.97 Crore ²	97.2 Lakhs ³
2	No. of hospital admission authorized	8.19 Crore	71.38 Lakhs	NA	NA
3	Amount of hospital admission authorized	1,13,468 Crore	9,446.35 Crore	NA	NA

² and ³: Data as on 31st July, 2024

Note: ¹Categorisation of SC & ST is available for SECC database only.

² and ³: 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.

8.9 MEDICAL EDUCATION

Medical Education Division is administering a HRH & ME umbrella scheme which includes the Centrally Sponsored Schemes for establishment of new medical colleges attached with referral hospitals and Increase of 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.

8.10 BUDGET ALLOCATION FOR SC/ST

(Rs. in crores)

Schemes/Programme/ Institutes		BE 2023-24		Expenditure upto 11.12.2024 (as per E -lekha)	
		SCSP	TSP	SCSP	TSP
National Health Mission					
1.	Flexible Pool for RCH & Health System Strengthening, National Health Programme and National Urban Health Mission	5424.57	2822.14	2783.93	1917.40
2.	Infrastructure Maintenance	1735.20	810.75	1175.58	445.90
Total -National Health Mission		7159.77	3632.89	3959.51	2363.30
3.	Strengthening of State Drug Regulatory System	9.51	4.93	6.81	3.39
4.	Tertiary Care Programme	19.93	10.48	3.98	1.53
5.	Human Resource for Health and Medical Education	216.61	112.22	27.06	14.07
6.	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	519.98	268.86	153.09	67.87
7.	Ayushman Bharat -Pradhan Mantri Jan Arogya Yojana (PMJAY)	1232.25	715.15	518.03	344.92
Total -Centrally Sponsored Schemes		9158.05	4744.53	4668.48	2795.08
Grand Total		9158.05	4744.53	4668.48	2795.08

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 squarekmcoveredby10,245 health facilities (24 Medical Colleges, 94 District Hospitals, 35 Sub-District Hospitals, 363 Community Health Centres, 1,733 Primary Health Centres and 7,996 Sub Health Centres). There are also 03 (three) private medical colleges: one each in Manipur, Sikkim and, Tripura.

Although we have seen significant improvement in the healthcare infrastructure of the NE States in the last decade through substantial investment in health systems strengthening, despite a few medical colleges in Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Sikkim, and Tripura, the region is still facing a shortage of both health infrastructure and adequate manpower (especially specialist / super specialist 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 programs, capacity building, and improved fund absorption under the umbrella of National Rural Health Mission, later known as National Health Mission (NHM).

Flexibilities have been provided under Reproductive Child Health (RCH) and 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, considering the difficult geographical terrain and topography that 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-Centres (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, taking into account 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-by-case basis, depending on the local conditions without compromising on quality through capacity building.

9.2.1 Achievements under NHM in respect of NE Region

Health Facilities & Human Resources: As per the Management Information System (MIS) Report for March 2024, 353 CHCs, 713 PHCs, and 153 centres working as First Referral Units (FRUs) 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, 653 PHCs, and 332 other health facilities above SCs but below Block level). Further, 228 specialists, 1323 medical officers, 1575 Ayush Doctors, 7102 paramedics, 7243 staff nurses and 8000 ANMs have been augmented under NHM. As of September, 2024, the total number of ASHAs in NE States is 60,418 as per State sources.

Facility-Based Newborn Care: 72 Special New-Born Care Units (SNCUs), 265 New-Born Stabilization Units (NBSUs), and 1921 New-Born Care Corners (NBCCs) had already been commissioned till 31.10.2024 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 facility 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 175 MMUs and 1480 Ambulances [26 ALS, 992 BLS, 419 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 355 ambulances [29 ALS, 58 BLS, 218 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 Mandir (AAM), formerly Health & Wellness Centres (HWCs). As of 30.09.2024, a total of 6519 SHC-AAMs, 1543 PHC-AAMs and 378 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 13 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 6 NE States (Arunachal Pradesh, Assam, 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, an inhouse 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 Arunachal Pradesh, Assam, Sikkim, and Tripura. The program is implemented in house mode in Mizoram and Meghalaya.

Tele Radiology Services: This program has been implemented in Assam and Tripura.

Dialysis Services: The Pradhan Mantri National Dialysis Program (PMNDP) is being implemented in 128 districts through 83 hemodialysis centers putting 516 hemodialysis machines (operational in 14 medical colleges & hospitals, 58 district hospitals, 5 sub-district hospitals and 6 community health centers).

9.3 NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES (NEIGRIHMS), SHILLONG, MEGHALAYA

NEIGRIHMS is a super specialty teaching institute established in 1987 as a Tertiary Care Centre in Shillong 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.

The existing functional departments in the hospital are:-

Hospital Administration

Preclinical & Paraclinical Sciences:

- Anatomy
- Physiology
- Biochemistry
- Forensic Medicine & Toxicology
- Microbiology
- Pathology
- Pharmacology
- Community Medicine

Medical Speciality:

- Anaesthesiology
- Dermatology
- General Medicine
- TB and Respiratory Diseases
- Paediatrics
- Psychiatry
- Radiology
- Radiation Oncology

Surgical Speciality:

- ENT
- General Surgery
- Obstetrics & Gynaecology
- Ophthalmology
- Orthopaedics

Medical Sub-Speciality:

- Cardiology
- Neurology

Surgical Sub-Speciality:

- Burns & Plastic Surgery
- CTVS
- Neuro-Surgery
- Urology
- Surgical Oncology

Other services of the hospital are:-

- Ambulance Services
- Blood Bank
- Central Sterile Supply Department
- Dentistry
- Dietetics
- Dialysis unit
- Emergency & Casualty Services
- Medical Social Work
- Mortuary Services
- Pain Clinic
- Pharmacy
- Physiotherapy
- Private Ward facility

NEIGRIHMS has a sanctioned bed capacity of 603 beds, including 78 ICU beds in the main hospital and 252 beds in the Regional Cancer Centre. The percentage of bed occupancy is 70%. The Regional Cancer Centre is not yet fully operational due to a lack of external power supply.

SANCTIONED STRENGTH AND INCUMBENCY POSITION:

1. MANPOWER:

(I) PERMANENT - The manpower strength in the Institute as on 31/10/2024 present is as follows:

Sl	Category	No. of sanctioned posts	Filled up		Total posts filled up	No. of vacant posts
			Regular	Adhoc/ contract		
1	Faculty	157	90	5	95	62
2	Group A	83	59	1	60	23
3	Group B	1115	934	0	934	181
4	Group C	330	297	0	297	33
	Group C (MTS)	58	55	0	55	3
5	SRD	126	50	10	60	66
6	JRD	110	88	1	89	21
	Total	1979	1573	17	1590	389

(ii) OUTSOURCING

Sl	Particulars	Highly -Skilled	Skilled	Semi - Skilled	Unskilled	Total
1	Manpower	148	328	71	434	981
2	Staff Nurse	70	-	-	-	70
3	Security	13	297	-	-	310
4	Housekeeping	-	16	-	454	470
	Total	231	641	71	888	1831

Manpower for Under Graduate Medical College:

Construction of the Under Graduate Medical College building for 100 annual intakes has been completed and inaugurated by the former Hon'le HFM on 14.10.2023. The Institute has submitted the proposal for the creation of additional Group A, B, & C posts for a 100 annual intake to the Ministry.

Regional Cancer Centre:

The Ministry has created a total of 341 posts comprising faculty, SRD, JRD, Group A, B, & C

posts for the 252 bedded RCC for the 1st phase. Twenty faculty posts at the level of Assistant Professor were sanctioned and advertised by the Institute. Interviews have been conducted, and 6 (six) posts are filled up.

ACADEMIC ACTIVITIES:

The Institute is conducting undergraduate MBBS & B.Sc Nursing courses with an annual intake of 50 seats each, along with Post Doctoral (DM) and Post-Graduate (MD/MS) & M.Sc. (Nursing) courses. Postgraduate (MD/MS) & Postdoctoral courses are conducted in the following departments.

Sl No	DM	No. of Seats
1	Cardiology	2
2	Neurology	2

Sl.No	MD/MS	No. of Seats
1	Pathology	3
2	Microbiology	3
3	Obstetrics & Gynaecology	2
4	Anatomy	2
5	Radio Diagnosis & Imaging	2
6	General Medicine	2
7	Oto-Rhino Laryngology	2
8	Dermatology	2
9	Forensic Medicine	3
10	Biochemistry	2
11	Ophthalmology	2
12	Pharmacology	2
13	Orthopaedics	2

The institute is awaiting the grant of affiliation by the affiliating university for the starting of PG courses in the department of Physiology and Anaesthesiology with an annual intake of 2 & 4 seats, respectively. Proposals to start PG courses in the departments of General Surgery, Paediatrics, and Radiation Oncology and postdoctoral course in Surgical Oncology are in process, along with the increase of seats for MBBS & B.Sc. (Nursing) courses to 100 seats; increase of DM Cardiology to 4 seats; Obstetrics & Gynaecology to 6 seats; General Medicine to 10 seats; and Microbiology to 4 seats is also under process.

B.Sc. Nursing - 8 (eight) supernumerary seats under the Prime Minister's Special Scholarship Scheme for the state of Jammu & Kashmir 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.

National and International Conference, symposia, workshops, teleconferences, and telemedicine 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.

Sl. No	Name of Scheme
1	Rashtriya Arogya Nidhi (RAN)
2	Health Minister's Discretionary Grant (HMDG)
3	Rashtriya Bal Swasthya Karyakram (RBSK)
4	Janani Suraksha Yojana (JSY)
5	Janani Shishu Suraksha Karyakram (JSSK)
6	PMJAY–MHIS (Meghalaya Health Insurance Scheme)
7	Prime Minister's National Relief Fund (PMNRF)
8	Chief Minister Arogya Arunachal Yojana (CMAAY)

MAJOR HIGH-END EQUIPMENTS:

State of Art Radiology & Imaging Department exists with various radiology equipment, including 128-slice CT Scan, 1.5 Tesla MRI, Digital Radiography and Digital Radio Fluoroscopy System, various advanced Ultrasonography Systems, Mobile DSA systems, Mammography, DEXA Scan.

The Institute also has the following high-end medical equipment, including a cath lab, lithotripsy machine, transoesophageal echocardiography, stereotactic navigational system for neurosurgery, CUSA, ECMO, holmium laser, virtual dissection table, and virtual autopsy system.

The hospital has got a Gas Manifold System with centralised pipelines. It has got the following oxygen supply System:

1. 2 Nos. Liquid Medical Oxygen Plant, each having 10 KL capacity.
2. 2 units of PSA (Pressure Swing Adsorption) plants, each having a capacity of 300L/min and 700 L/min respectively

HOSPITAL STATISTICAL REPORT (JANUARY 2024 TO OCTOBER 2024)	
Parameters	2024 (Jan to Oct)
Out Patients (OPD)	294699
Casualty Patients	15977
IN Patients (IPD)	13430
Death	650
Birth	613
Major OT	2767
Minor OT	592
Laboratory & Radiology Investigations	
Pathology	763264
Microbiology	357127
Biochemistry	1361575
Radiology	116264
Bed Occupancy %	64.22

GRANT-IN-AID AND BUDGET

The Institute receives Grants-in-Aid from the Ministry as shows in the table below.

Amount in Crore as per TSA		
Budget Estimate for 2024-25	Allocation for 2024-25	Funds release by MoHFW as on 31st October 2024
665.92	500.00	333.50

MAJOR EXPANSION PROJECTS OF NEIGRIHMS

The Hon'ble Union Minister of Health & Family Welfare and Chemical and Fertilisers inaugurated the following projects at the Institute on 14.10.2023:

- (i) Undergraduate 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) Modular OTs – 8 Nos.
- (v) Virtual Autopsy
- (vi) Laying of foundation for 150 beds Critical Bedded Hospital Block Regional Cancer Centre with a 252 bed capacity with patient guest house of 28 rooms is currently equipped with State of the Art Medical Equipment: - Linear Accelerators, Brachy Therapy, CT Simulator, 3 Tesla MRI, 128 slice CT Scan, Digital Mammography, DSA, DRF, DR systems etc.

The Radiation Oncology in the RCC has already started providing diagnostic services to patients. Apart from Radiation Oncology, there will also be departments of surgical and medical oncology.

CONSTRUCTION OF CRITICAL CARE BLOCK (CCB) WITH 150 BEDS:

Ministry accorded approval 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 and M/s HSCC India Ltd placed the Notification of Award to M/s SPD Construction Ltd vide No. HSCC/NEIGRIHMS/CCB/2023 dated 17.01.2023, with a Scheduled Time of Completion of 15 calendar months from date of commencement.

The work started on 11.04.2023. There were initial delays due to site clearance by Forest Department, Internal shifting / relocating of service lines, Labour issues, climatic conditions, law and order etc that lead to delay in the construction works.

The Physical progress as on 27.11.2024 is 37% and financial progress is 34%. The work is likely to be completed by July / August 2025.

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

Matter was placed in the 1st Estate Committee held on 22-11-2023, wherein the Committee directed the Institute to have an EOI for identification of consultant as per GFR provisions. E-tenders for the EOI are in progress.

The works proposed to be taken up in the Additional land are the following :-

- I. Boundary Wall
- II. Public amenities / shopping complexes
- III. Parks , parking
- IV. Sports facilities (Tennis courts , basket ball , football)
- V. Road networks , Internal and external electrification
- VI. RCC - Over head 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. Rain water harvesting , PHE works etc

Future Plans:

In the next phase, plans are on the anvil for developing:

- a. Regional Trauma Centre
- b. Clinical Biological Radiological Nuclear Centre of 150 beds
- c. Skills Labs for training of faculty and Paramedics of the Region
- d. Setting up a Dental College, Paramedical College and School for technical courses.
- e. School and a crèche for children of the faculty and staff.
- f. Air Ambulance for improving medical tourism
- g. Up gradation and increasing Sports facilities within the campus.
- h. Portable water supply from State, PHE Department Govt. of Meghalaya.
- I. Enhancement of power supply as additional back up supply to the hospital from MePDCL, Govt. of Meghalaya.
- j. Indoor Badminton Courts with 200 seating capacity.

- k. Indoor Synthetic Tennis Court
- l. Multi utility play ground with galleries with 500 seating capacity.
- m. Multi-level parking facility

9.4. REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

Regional Institute of Medical Sciences, set up in 1972, has been functioning 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. It has a teaching Hospital with more than 1,200 beds, equipped with modern state-of-the-art equipment and teaching facilities, a Dental College and a Nursing College.

2. MANAGEMENT OF THE INSTITUTE

The Institute has a Board of Governor headed by Union Minister of Health and Family Welfare as the President and an Executive Council headed by the Secretary, Health and Family Welfare, Govt. of India as the chairman.

The Board of Governors is the highest authority of the Institute, which has the power to do all necessary acts for the attainment and administration of the objectives of the Institute. 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 Bye-laws and procedures for conduct of the affairs of the Institute etc.

The Director, RIMS, Imphal acts as Head of all academic, scientific and administrative functions of the Institute and is the overall in-charge of 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 of the teaching Hospital. The functioning of the Dental College, Nursing College and different Medical specialities is directly under the respective Principals/ Heads of the Department.

3. COURSES OFFERED

The courses being run along with intake capacity in the Institute are as follows:

Sl.	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	All Beneficiary states
5	B. Sc. Nursing	50 seats per annum	All Beneficiary states
6	BDS	50 seats per annum	15% All India Quota
7	BASLP	10 seats per annum	All Beneficiary states
8	M.Sc. (Nursing)	10 seats per annum	All Beneficiary states and one seat reserved for children of RIMS employee
9	B.Sc (MLT)	15 seats per annum	All Beneficiary states
10	B.Sc. (MRIT)	5 seats per annum	All Beneficiary states

3.1 Allocation of Seats for undergraduate courses:

The detail of distribution of seats amongst All India quota and beneficiary states is as under:-

Sl.	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	10	-	-
10.	EWS	11	-	-
Grand Total		125	50	50

3.2 Beneficiaries of 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

3.3 ACADEMIC ACHIEVEMENT

The main objective of the Institute is to impart quality medical education and to produce medical doctors/specialists and health care providers. As per the record maintained by the institute, the number of the students passed out as on 30.09.2024 is as under:

1	Total no. of MBBS doctors passed out	3859
2	Total no. of MD/MS/DCP passed out	2370
3	Total no, of M.Ch./students passed out	33
4	Total no. of M.Phil. (Clinical psychology)	79
5	Total no. of B.Sc. (Nursing) Passed out	427
6	Total no. of B.D.S. passed out	237
7	B.Sc. (MLT) passed out	15

4. STAFF STRENGTH IN RIMS

Sanctioned Posts	Filled
1933	1340

5. PATIENT CARE SERVICES

RIMS Hospital serves as the main referral Hospital in the state and provides health care services to a large number of patients both out-door as well as indoor patients. The Hospital is giving treatment to 6 lakh outdoor patients and 38,000 in-patients annually. The following data shows the number of patients getting treatment from RIMS Hospital, during the period from January, 2024 to September, 2024:

2024	Outdoor	Indoor	Major Operation	Minor Operation
January	41473	2987	578	3987
February	41958	2996	517	4387
March	45702	2714	697	4582
April	49779	2519	658	4433
May	51633	2924	676	4052
June	49172	2901	693	3938
July	56268	2876	771	4374
August	52430	2794	706	4134
September	49139	3128	698	3757
Total	437554	25839	5994	37644

6. NEWLY PROCURED EQUIPMENTS / INSTRUMENTS

The Institute added various new and advanced equipment and medical devices, for improving health care services and learning experience to medical students. A few of such equipment and machines are highlighted below:

- Neuro Navigation System Machine installed and inaugurated at CTVS OT Complex, RIMS Hospital, which is the first one in Manipur;
- One ENT Work station in ENT Department
- An Optical Biometer (IOL MASTER 700) inaugurated at the Department of Ophthalmology RIMS, Imphal on 30th August, 2024;
- Cobaltor II in the ENT Department;
- Mobile Therapeutic Cryo Workstation for Respiratory Medicine Department
- Five Haemodialysis machine for Nephrology Department;
- Integrated Console system for ENT Department;
- Nerve Integrity Monitoring System in the Neuro surgery Unit;
- A Lumenis Pulse 120-Watt Holmium Laser machine procured and installed in the Department of Urology RIMS, Imphal on 6th September, 2024;

- A Cryoablation Machine inaugurated in the Department of Physical Medicine and Rehabilitation (PMR), which would help in pain management and Intervention.

7. OTHER ACHIEVEMENTS

- The Institute started of Renal Transplant in RIMS Hospital and kidney transplants has been done successfully on two patients.
- Cardiothoracic Unit of the Surgery Department started Open Heart surgery in RIMS Hospital and so far 12 patients have been operated upon successfully.
- A Hyperbaric Oxygen Therapy (HBOT) Centre was inaugurated at Burn Unit, RIMS Hospital with the installation of a 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.
- A New Genetic Clinic was inaugurated at Paediatrics OPD, RIMS Hospital.
- Prof. (Dr.) Atul Goel, DGHS, Ministry of Health & Family Welfare, Govt. of India inaugurated a Genetic Lab at Anatomy Department.
- The faculty of the Dental College of the Institute got four patents in MMD Colour Coded Periodontal Probe, Precision MMD Periodontal Colour Coded Probe with Temperature Measurement, Manual Periodontal Probe with a Digital Read out Monitor and T-shape Dental Suction Tip.

8. AWARDS AND PRIZES

- Dental College, RIMS was awarded for outstanding Performance by the Ministry of Health and Family Welfare on the occasion of the World Oral Health Day 2024.
- The Dental College got the 1st prize under Nanhi – Muskan (Little Smile) Project by the Indian Society of Pedodontics and Preventive Dentistry.
- The Dental College also got 1st prize (Consolation Prizes) under World Oral Health Day Celebration 2024, by the Indian Society of Pedodontics and Preventive Dentistry.

9. BUDGET

Budget Estimate for FY 2023-24	Budget Allocation for FY 2024-25
629.16	619.00

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 Ministry of Health & Family Welfare w.e.f. 01.04.2007.

9.5 REGIONAL INSTITUTE OF PARAMEDICAL AND 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

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. Optometry	4 years
6	M. Pharm	2 years
7	MSc. Nursing	2 years
8	M.MLS (Masters in Medical Laboratory Science)	2 years
9	Ph. D in Pharmacy	6 years

(a) Achievement during the year 2024-2025 : (01.01.2024- 31.12.2024)

(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 2024-2025	No. of students passed out in 2023-2024
1	BSc. Nursing	198	56	39
2	B.MLS (Bachelors in Medical Laboratory Science)	149	37	32
3	B. Pharm	160	41	31
4	BSc. RIT (Radio Imaging Technology)	145	39	30
5	B. Optometry	133	38	27
6	M. Pharm	51	29	20

Sl No	Name of course	Total strength of Students	No. of students newly admitted in 2024-2025	No. of students passed out in 2023-2024
7	MSc. Nursing	50	25	-
8	M.MLS (Masters in Medical Laboratory Science)	28	20	8
9	Ph.D. in Pharmacy	11	-	-

(ii) About 99% of passed out students are getting placement in various Central/ State Government Institutes/ Departments and private establishments such as CSIR Laboratories, AIIMS, Safdarjang 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 (NTA).

(i) Project Development of RIPANS :

- 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 was started on 01.03.2021 and the schedule date of completion is 28.02.2023. Due to incompleteness of works at the schedule period, request for extension of time to the Ministry is awaited.
- The main components of the projects are as under:-

Construction of 8 nos. buildings:

Sl No	Name of Buildings	Main Components
1	Hospital (G+4)	100 bedded
2	Medical Superintendent's Quarter (G+1)	Single unit
3	Resident Doctor's Quarter (G+1)	22 units
4	Staff/ Nurse Quarters (G+5)	18 units
5	Academic Block -IV (G+5)	18 classrooms, 32 Labs, 2 Lecture Theatre, 4 faculty room, 6 Dept office, 6 HoD room, Museum & Library
6	Guest House (G+3)	10 units
7	General Hostel Block (G+5)	168 single rooms
8	Indoor Sports Complex and Auditorium (G+3) 1000 sitting capacity	

(IV) Creation of 141 priority posts

(V) Financial Position during the year 2024-2025 : (from 01.01.2024-31.12.2024)

(Rs. in crore)

Sl No	Particulars	BE (In crore)	Amount release by the Ministry	Internal Resources	Less: Expenditure as on 22-11-24	Balance of Fund as on 31.12.2024
1	GIA General	40.00	19.34	-	10.06	9.28
2	Grants for creation of Capital Assets	55.61	44.16	-	26.89	17.27
3	GIA Salaries	34.39	10.50	-	7.52	2.98
	TOTAL	130.00	74.00	-	44.47	29.53

9.6 LOKPRIYA GOPINATH BORDOLOI REGIONAL INSTITUTE OF MENTAL HEALTH (LGBRIMH), TEZPUR

The Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), founded in 1876 in Assam's Sonitpur district, is a leading mental health and behavioral sciences institute in Northeast India. Funded and administered by the Government of India, it has served the region for 148 years.

The Institute actively contributes to mental health research, service provision, and human resource development. Over the past five years, it has established three specialty departments and strives to become an Institute of National Importance. It offers free outpatient and inpatient care with 336 beds, along with community-based extension programs.

The Institute provides courses in M.D. Psychiatry, M.Sc. Psychiatric Nursing, Master in Medical Laboratory Sciences, M.Phil. in Psychiatric Social Work and Clinical Psychology, and a Post-Basic Diploma in Psychiatric Nursing, all under Gauhati University. Additionally, Ph.D. programs in Psychiatric Social Work, Nursing, and Clinical Psychology are available, alongside training for visiting students from various institutions.

(a) Patient Care Statistics (April to October, 2024)

Sl. No	Name of Facility	Patients Attended
1	OPD	95541
2	Inpatient	1509
4	Referral	25110
5	Laboratory Investigation	272663
6	Radiology Investigation	1322
7	Community Extension Clinics	5003
8	EEG	710
	Total	401858

IPD (April to October, 2024)

Admission			Discharge		
Male	Female	Total	Male	Female	Total
1105	404	1509	1130	420	1550

OPD (April to October, 2024)

New Case Registration			Old Case Registration		
Male	Female	Total	Male	Female	Total
9103	6992	16095	48707	30739	79446

Rehabilitation Services:

Services	Number of Activities	April to October, 2024
Physiotherapy	Total Number of Clinical Services (Patients)	5485
Occupational Therapy	Total Number of Clinical Services (Patients)	1886
Speech Therapy	Total Number of Clinical Services (Patients)	1680
Special Education	Total Number of Clinical Services (Patients)	2131
Wellness Centre	Total Participants	261
	Total Sessions	2332
Yoga Session	Total Number of Clinical Services (Patients)	11335

Outreach Extension Service: Mental Health Community Extension Service was one of the major initiatives planned & organized by the Department of Psychiatric Social Work, in coordination from Department of Psychiatry, Department of Psychiatric Nursing and other departments. Dr. I. Banerjee, Assistant Professor of the Department of Psychiatric Social Work coordinates the Community 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 this community extension clinic consists of Psychiatry consultant, Senior Resident, Junior Residents, Psychiatric Social Work

consultant and trainees, Clinical Psychology Consultant, Nursing consultant and trainee, and Staff of the hospital.

Psychiatric medicines and psychosocial services are provided free of cost for the patients. Referral services are provided to higher centres, as and when needed by the team. 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 the process of getting disability certificates and various Govt. 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 by PSW team along with Nursing personnel. Awareness on physical hygiene, segregation of waste, hand washing, prevention of open defecation, is discussed during the meetings. The feedback regarding the community needs and how to improve the services used to be discussed with stakeholders.

A total 5003 patients were received treatment during the period.

Student Intake:

A total 79 number of students were enrolled under different course i.e. Clinical Biochemistry- 4, Haematology & Blood Banking-4, Medical Microbiology-5, Post-Doctoral Fellowship in Geriatric Mental Health – 1, M. Sc. Nursing (Psychiatric Nursing) – 18, DPN – 3, Ph. D. (Psychiatric Nursing) – 03, M. D. (Psychiatry) – 11. M. Phil in Clinical Psychology – 12, Ph. D. in Clinical Psychology – 4, M. Phil in Psychiatric Social Work – 10, Ph. D. in Psychiatric Social Work- 4

Swachhta Bharat Mission- As a commitment to Swachh Bharat Mission announced by Hon'ble Prime Minister Mr. Narendra Modi, the Institute celebrated the Special Swachhta Drive throughout the year. The institute organised various activities under Swachh Bharat Mission during the session April to October, 2024. During April October, 2024 the institute organized various activities in institute, schools, community and community extension clinics.

MEET LGBRIMH (Digital Academy) continued to provide training programs to various healthcare providers through its certificate courses. It is running 9 certificate courses and 2 ECHO programs

through its platform. Data for the various courses during the period from 1st April to 31st October 2024 is as follows.

Sl No.	Course Name	Total Enrolled	Total Certified
1.	Fundamentals of Geriatric Mental Health ECHO	75	60
2.	ECHO on Emergency Psychiatry	85	63
3.	Suicide Prevention	16	10
4.	Women's Mental Health	16	9
5.	Nursing Care for Older Adults	30	16
6.	Psychosocial Support in Disaster Management	16	5
7.	Basic course on mental Health for Social Work	19	3
8	Fundamentals of Family Therapy	5	3
9	Community Wellbeing for Youth	40	15
10	Basic Mental Health Care	11	0
11	Fundamentals in Substance Use Disorder	34	11
Total		347	195

Telemedicine Center:

The telemedicine centre continues to provide online teleconsultations for LGBRIMH's follow-up patients. From 1st April 2024 to 31st October 2024, 485 appointments were made, and 231 patients sought teleconsultations from remote locations. A separate email and phone number are used for communication and appointments. Email: lgbtelemed@gmail.com. Ph: +91-9531205260.

Training of Medical Officers:

Continuing the training of Medical Officers from Assam, 20 Medical Officers completed 80 hours of training on "Identification and Essential Care of Psychiatric Disorders for Primary Care Physicians" held in the institute from 19th August to 31st August 2024. In total, 193 MO has been trained in the institute regularly since the beginning of the training program in 2018.

Tele-MANAS

LGBRIMH is the Regional coordinating center and Mentoring institute for the eight North Eastern States.

Addiction Treatment Facility funded by Ministry of Social Justice and Empowerment

The Addiction Treatment Facility which is funded by Ministry of Social Justice and Empowerment,

Govt. of India is functional under the Department of Addiction Medicine in collaboration with NDTC, AIIMS and DDTC, AIIMS since February, 2023. This centre is giving service in the field of Drug Dependence to the people of the entire NE Region. Under this scheme patients received free medicines along with other supportive services.

9.7 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:

1. Cataract Surgeries
2. Distribution of spectacles to school children
3. Corneal Collection

Each state/UT is given yearly targets in all above-mentioned deliverables.

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.

Achievements of the Programme during last three financial years is as under:

Cataract operations

Year	Target	No. of Cataract operations performed
2022-23	75,00,000	83,44,824
2023-24	90,00,000	90,29,242
2024-25*	105,00,000	51,62,927

School Eye Screening Programme

Year	No. of free spectacles provided to school children suffering from refractive errors	
	Target	Achievement
2022-23	15,00,000	8,60,327
2023-24	16,00,000	11,20,487
2024-25*	17,00,000	4,66,281

Collection of donated Eyes for corneal transplantation

Year	No. of donated eyes collected	
	Target	Achievement
2022-23	71,000	62,370
2023-24	75,000	66,395
2024-25 *	80,000	37,199

Training of Eye Surgeons

Year	No. of Eye Surgeons trained
2022-23	145
2023-24	141
2024-25 *	105

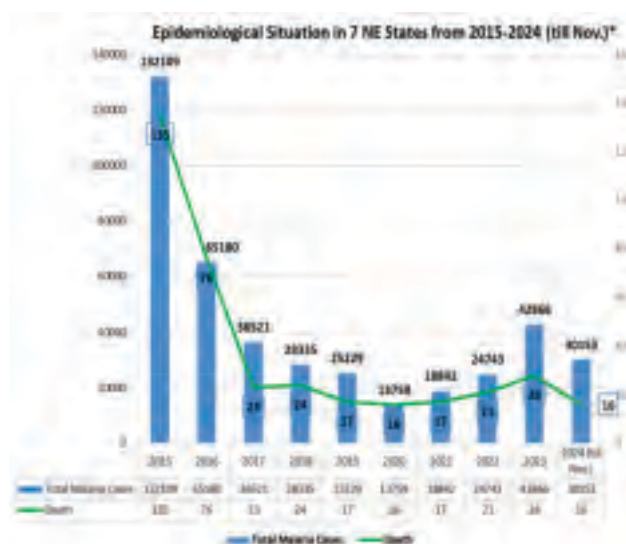
* The report for the year 2024-25 is upto November, 2024
Note: - The data is based on the reports furnished by States/UTs

9.8 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

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 November Provisional)				
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	30153	14908		16

Trend of malaria in 7 NE states, 2015 to 2024 (till November Provisional)



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:

- There is a reduction of 67.55% in malaria cases, 76.87% in Pf cases and 79.26% in deaths in 2023 as compared to 2015 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 2024 onwards, Intensified Malaria Elimination Project-3 has been implemented in all 7 North-Eastern 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 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:

Dengue cases and deaths from NE States during 2023 to 2024 (Provisional 15th December) are as follows:

Sl. No.	Affected States	2023		2024 (Prov. till 15 th December)	
		Cases	Deaths	Cases	Deaths
1	Arunachal Pradesh	130	0	20	0
2	Assam	8208	7	2237	0
3	Meghalaya	114	0	65	0
4	Manipur	2548	0	2434	5
5	Mizoram	2060	2	736	1
6	Nagaland	4943	2	43	0
7	Sikkim	311	0	366	0
8	Tripura	1447	0	1122	0

Chikungunya:

Clinically Suspected Chikungunya cases from NE States during 2023 to 2024 (Provisional till 15th December) are as follows:

Sl. No.	Affected States	2023	2024 (Prov. till 15 th December)
1	Arunachal Pradesh	9	15
2	Assam	100	69
3	Meghalaya	128	166
4	Manipur	0	0
5	Mizoram	511	248
6	Nagaland	72	6
7.	Sikkim	1116	659
8.	Tripura	1557	2852

Japanese Encephalitis:

Japanese Encephalitis (JE) is endemic in all North-Eastern States except in Mizoram and Sikkim. The details of Acute Encephalitis Syndrome AES/JE cases are as follows:

Sl. No	Affected States	2023				2024 (P) (30.11.2024)			
		AES		JE		AES		JE	
		Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Assam	1415	123	525	34	1665	129	661	52
2	Manipur	1025	1	64	1	777	2	43	2
3	Nagaland	41	0	14	0	69	0	14	1
4	Arunachal Pradesh	18	1	7	1	22	0	5	0
5	Meghalaya	471	0	89	0	489	0	93	10
6	Tripura	156	0	9	0	235	0	15	0
Total		3126	125	708	36	3257	131	831	65

For Control of JE, Govt. of India established 51 Sentinel Surveillance Hospitals (SSH) in North-Eastern States for diagnosis of JE cases, of which 37 Sentinel sites in Assam, 6 in Meghalaya, 2 each in Arunachal Pradesh, Manipur and Tripura & 1 each in Nagaland, Mizoram. Out of total 15 Apex Referral Laboratories (ARLs), one ARL is situated at ICMR - Regional Medical Research Centre, Dibrugarh, Assam.

Total 81 districts out of 355 endemic districts have been identified in NE States and included under JE vaccination programme in children aged 1-15 years; 33 districts in Assam, 4 in Arunachal Pradesh, 16 in Manipur, 8 in Tripura, 8 in Nagaland and 12 in Meghalaya. In addition, adult (>15-65 years) JE vaccination has been completed in the identified 18 districts of Assam as adult JE is a major concern in Assam.

9.9 NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)

• Introduction:

Iodine is an essential micronutrient required daily at 100-150 micrograms for normal human growth and development. Deficiency of iodine can cause physical and mental retardation, cretinism, abortions, stillbirth, deaf mutism, squint & various types of goitre. As per the surveys conducted by the Directorate General of Health Services, Indian Council of Medical Research, Health Institutions and the State Health Directorates, it has been found that out of 414 districts surveyed in all the 29 States and 7 UTs, 337 districts are endemic i.e. where the prevalence of Iodine Deficiency Disorders (IDDs) is more than 5%.

Realizing the magnitude of the problem, the Government of India launched a 100 per cent centrally assisted National Goitre Control Programme (NGCP) in 1962. In August, 1992 the National Goitre Control Programme (NGCP) was renamed as National Iodine Deficiency Disorders Control Programme (NIDDCP) with a view of wide spectrum of Iodine Deficiency Disorders like mental and physical retardation, deaf mutism, cretinism, still births, abortions etc.

NIDDCP is being implemented in the following districts of the North Eastern states:

State	Endemic Districts
Arunachal Pradesh	Lower Subansiri, Kamle, West Siang, East Siang
Assam	Barpeta, Baksa, Darrang, Dhubri, Dibrugarh, Goalpara, Jorhat, Kamrup, Karbi Anglong, Kokrajhar, Lakhimpur, Nagaon, Nalbari, Sivasagar, Tinsukia.
Manipur	Imphal East, Imphal West, Thoubal, Bishnupur, Ukhrul, Chandel, Churachandpur, Senapati, Tamenglong, Jiribam, Kakching, Kamjong, Tengnoupal, Pherzawl, Kangpokpi, Noney

State	Endemic Districts
Meghalaya	East Khasi Hills, West Khasi Hills, South-West Khasi Hills, East Jaintia Hills, West Jaintia Hills, Ri-Bhoi, East Garo Hills, West Garo Hills, South-West Garo Hills, North Garo Hills, South Garo Hills.
Mizoram	Aizwal East, Aizwal West, Lunglei, Kolasib, Serchhip, Mamit, Champhai, Saiha, Lawngtlai
Nagaland	Mon, Mokokchung, Zunheboto, Wokha, Tuensang, Kohima, Phek, Noklak, Shamator, Tseminyu
Tripura	West Tripura, Sepahijala, Khowai, North Tripura, Unakoti, South Tripura, Gomati
Sikkim	Gangtok, Pakyong, Mangan District, Namchi District, Soreng District, Gayzing District

The National Iodine Deficiency Disorders Control Programme (NIDDCP) is being implemented in all the North Eastern States. State level IDD Control Cell and IDD Monitoring Laboratory have been set up in all the NE States. IDD prevalence surveys have been conducted in all the States.

Goal:

1. To bring the prevalence of IDD to below 5% in the country
2. To ensure 100% consumption of adequately iodated salt (15ppm) at the household level.

Objectives:

The Objectives of the National Iodine Deficiency Disorders Control Programme are as follows:

- Surveys to assess the magnitude of Iodine Deficiency Disorders in the districts.
- Supply of iodated salt in place of common salt.

- Resurveys to assess iodine deficiency disorders and the impact of iodated salt after every 5 years in the districts.
- Laboratory monitoring of iodated salt and urinary iodine excretion
- Health Education and Publicity

Activities:

- Technical guidance to the States/UTS.
- Inter-sectoral co-ordination at Central level and maintenance of close liaison with the Ministry of Industry/Transport etc.
- Coordination of the various facets of NIDDCP in States/ UTS
- Undertaking independent IDD surveys and monitoring in various States/UTS.
- Imparting training to the State Health Personnel, involved in NIDDCP.
- Collection, compilation and analysis of relevant data from States/UTs with a view to render more effective and meaningful advice

- Monitoring of the quality control of iodated salt at production level through the Salt Commissioner and at the distribution and consumer level through the State Health Directorate.
- Monitoring the procurement and distribution of iodated salt in States/UTS
- Managing the IEC activities at apex level and the financial and other physical aspects of State level IDD Cells.

Good Practices:

- Salt testing is being conducted at the household level.
- Urinary Iodine Excretion (UIE) estimation is being carried out.

Challenges:

- ASHA Incentives: There is a need to increase the incentives provided to ASHA workers for conducting onsite household testing of salt samples for iodine content.

1st and 2nd Quarter Report (April-September, 2024)

North-Eastern States 1st & 2nd quarter Report (April -September, 2024) *Data is as per the reports received from the states/UTs till 30 September 2024. Subject to updation as and when report received from the States/UTs.	Parameter	
	Total No of Salt Samples Collected (Volumetric)-9252	No of Samples adequately Iodized(Volumetric) - 8636
	No of Urine Samples tested (UIE)-7170	No. of samples with UIE >100ug/L-6544
	Total No of salt Samples collected (STK) - 5497613	No of Samples adequately iodized (STK) - 5392952

9.10 DEVELOPMENT OF MEDICAL EDUCATION 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 Govt 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 institution 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 157 medical colleges have been approved in 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 are below;

Details of the fund released under the Scheme for establishment of new medical colleges

(Rs. In Crore)

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

State	S. No.	District/ Constituency	Date of Approval	Total Project Cost	Central Share	State Share	Funds Released till Now	Status	Inauguration/Foundation stone
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 only 03 medical colleges are yet to inaugurated. However, none is ready for the same.

9.11 DEVELOPMENT OF NURSING SERVICES IN NORTH EAST

An amount of Rs. 13,01,00,000/- has been released under the Scheme of Development of for upgradation of SoN to CoN for the year 2023-24 and an amount of Rs. 4.7032 cr till 30.11.2024 for the FY 2024-25. An amount of Rs. 52,55,500 for Training of Nurses for conducting seven (23) short term courses for nursing personnel for FY 2023-24 and Rs. 36,60,000/- till 30.11.2024 for FY 2024-25.

9.12 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA (FSSAI)

FSSAI activities in North East region of India during FY 2024-25

1. **Licensing and Registration of FBOs:** As on 31.10.2024, the number of Active Licenses/registrations in North Eastern States (namely Arunachal Pradesh, Mizoram,

Meghalaya, Tripura, Nagaland, Manipur and Assam) are as follows: Central Licenses [including Airport/Seaports and Railway Stations] 1,735; State Licenses- 25,535; Registrations – 92,368. Hence, the cumulative figures for the active licenses and registrations as of 31.10.2024 are 1.19 lakhs for North Eastern States in country.

2. **MoU with North Eastern States:** During the year 2024-25, an amount of Rs.9.75 crore is released to 3 North Eastern States namely Arunachal Pradesh, Mizoram and Assam under Work Plan 2024-25.
3. **State Food Safety Index:** During current year, the special Acknowledgement of the Index for North Eastern Hilly State has gone to Nagaland.
4. Trainings conducted under FoSTaC program in North Eastern states in this FY 2024-25:

Trainings conducted under FoSTaC program in North Eastern states (FY 2024-25)			
S.No.	State	No. of Trainings	No. of Trainee Trained
1	Arunachal Pradesh	1	10
2	Assam	68	2467
3	Meghalaya	16	650
4	Nagaland	13	243
5	Sikkim	4	110
6	Tripura	10	483
	Total	112	3963

1. FSSAI ran a campaign from 15th August 2024 to 14th September 2024 on FM radio channels across the country to create awareness regarding food safety. The campaign ran in the different states of North East on different radio channels like Big FM Agartala, Red FM Shillong, Radio Gupshup Aizwal, Radio Gupshup Guwahati, Radio Gupshup Itanagar.

9.13 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS (NPPCF)

In the North Eastern Region, the National

Programme for Prevention and Control of Fluorosis (NPPCF) is being implemented only in the State of Assam. As on November 2024, out of the 35 districts in Assam, NPPCF is being implemented in 7 districts viz. Nagaon, Kamrup, Karbi Anglong, Dhubri, Nalbari, Karimganj, Udalguri. Further, the Fluorosis Laboratory has been established along with Ion meters in all 7 districts.

The details of the programme implementation in the State of Assam are as follows:

Sl. No.	Parameters	Assam
1	Number of Children (aged 6–11 years) examined	50,217
2	No. of children (aged 6 – 11 years) with suspected dental Fluorosis	3,222
3	No. of persons examined in the community	8,792
4	No. of suspected cases of Dental Fluorosis in the community survey	2,560
5	No. of suspected cases of Skeletal Fluorosis in the community survey	1,036
6	No. of water samples tested	1,282
7	No. of water samples found above 1ppm	97
8	Total urine samples analysed	2,719
9	No. urine samples above 1 ppm	717

**Data as of 30th September, 2024*

9.14 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIO VASCULAR DISEASES AND STROKE (NPCDCS)

National Programme for Prevention and Control Noncommunicable 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 NP-NCD at all levels in the North-Eastern States established till September 2024 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

Strengthening of Tertiary Cancer Care Centres Facilities Scheme

Under Strengthening of Tertiary Cancer Care Centres Facilities Scheme of NP-NCD, the 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 Sohygang (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 Sohygang (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.

The testing capacity of the States in the North East Region has been increased with 1538 DMCs and 475 NAAT centres. They were able to test 6.83 Lakhs presumptive TB cases out of which 2 Lakhs cases (29%) were offered NAAT tests. Their presumptive TB case examination rate increased by 12% i.e from 1575 per lakh population per year to 1770 per lakh population per year.

Name of the State	Number of DMCs	Number of NAAT centres
Arunachal Pradesh	45	39
Assam	969	196
Manipur	51	21
Meghalaya	152	89
Mizoram	87	27
Nagaland	50	29
Sikkim	34	26
Tripura	150	48
North Eastern States – Total	1538	475

Total case notification, 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
Arunachal Pradesh	2639	252 (10%)	93%	99%	68%	83%
Assam	46093	1391 (3%)	94%	95%	77%	88%
Manipur	2275	64 (2.8%)	90%	88%	74%	78%
Meghalaya	4250	278 (6.5%)	95%	96%	79%	83%
Mizoram	2179	143 (6.6%)	94%	98%	86%	80%
Nagaland	3737	204 (5.5%)	98%	94%	87%	85%
Sikkim	1207	42 (3.5%)	96%	99%	95%	85%
Tripura	3040	54 (1.8%)	96%	98%	85%	89%
India	23,93,485	137576 (5.7%)	96%	97%	85%	88%

A few of the notable activities by the States are as given below:

Arunachal Pradesh:

Best Practices of community-led TB Elimination efforts in Arunachal Pradesh

Background: Tuberculosis (TB) remains a significant public health challenge in India, particularly in tribal regions where healthcare access is limited. Arunachal Pradesh, collaboration with National Health Mission, has encouraged a community-driven TB elimination initiative. This holistic approach of the state has empowered tribal communities to take ownership of TB elimination efforts, integrating it with the management of co-morbidities like diabetes and hypertension amongst others.

1. Community-Led TB Elimination: A Transformative Approach

Panchayati Raj Collaboration: The TB Mukta Panchayat (TB-Free Village) initiative, facilitated by interdepartmental collaboration, is a cornerstone of the program. Panchayat lead awareness campaigns, organize screenings, and encourage referrals, making TB elimination a community priority. A directive from the Mission Director, NHM, also emphasized the importance of this initiative, with District Collectors playing a crucial role in its implementation in 7 priority districts. The state has successfully declared 70 villages TB Free in 2023.



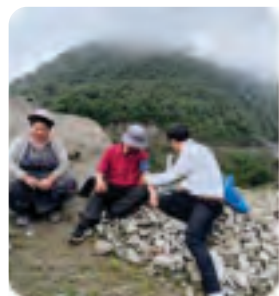
TB Mukht Panchayat at Taraso circle For 2024-25

Engagement of Youth, SHG, traditional healers, & dedicated NGOs: Youth leaders and SHGs are instrumental in community mobilization, addressing stigma, and ensuring adherence to treatment. For example, SHG "Sharua Amua" distributed nutritional food baskets under the Nikshay Mitra Program, strengthening patient support.



SHG "Sharua Amua" delivering the Nutritional Food basket under Nikshay Mitra Programme

2. TB-Free Workplaces: Extending Efforts to congregate settings Targeting workplaces and congregate settings has been pivotal in reaching high-risk groups for TB. The TB-Free Workplace Initiative focuses on sensitization, screening, and peer-led leadership to sustain health promotion efforts.



Sensitization, Screening on TB & sample collection



TB awareness and screening at Indigenous Faith Day

Stone Quarry & Construction Sites (Tawang District): On June 12, 2024, sensitization and mass screening programs were conducted at stone quarries in Nakula and construction sites in Taksang. Outcome: 32 labourers were sensitized, 10 presumptive TB cases were identified, and sputum samples collected. Additionally, blood pressure and sugar level checks were provided, addressing comorbidities like hypertension and diabetes.



Sensitization, screening and sample collection at District Jail, Tezu

Tea Estates and Factories: In Medo Tea Estate and Katah Factory, workers were sensitized about TB prevention and screened. Estate managers were assigned as focal points to ensure sustained awareness and communication. Total Impact: 200 workers sensitized across both sites, strengthening TB awareness in vulnerable populations.



3. Multi-Sectoral Collaboration for TB Elimination:

District Jail, Tezu: With HLPPT and DISHA-MICTC, an Active Case Finding (ACF) initiative screened 47 inmates, identified 14 presumptive TB cases, and ensured timely sample collection and transportation.



Medical camp at Tipi, West Kameng

Free Medical Camps: A camp organized by the Arunachal Pradesh Building & Other Construction Workers Welfare Board (APB&OCWWB) in Tipi, West Kameng, saw 37 individuals screened, with 9 samples collected for further testing.

4. Addressing Co-Morbidities and Strengthening Integrated Care: Recognizing the link between TB and Non-Communicable Diseases (NCDs), the initiative integrates screening for diabetes and hypertension during TB outreach efforts. This dual approach improves health outcomes and increases community trust in the program.



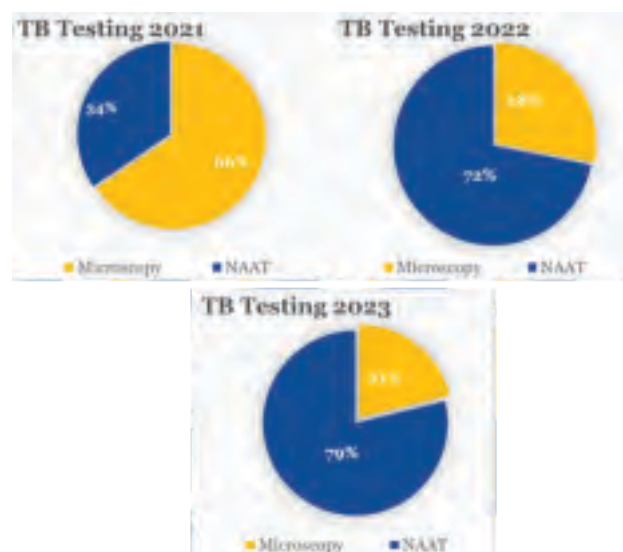
The State in collaboration with development partners have focused on Tribal TB Elimination Initiative in Arunachal Pradesh which exemplifies the power of community ownership, multi-sectoral collaboration, and integrated care. By empowering tribal communities, engaging local governance structures, and addressing co-morbidities, the state has laid the foundation for a sustainable and scalable model of TB elimination. This effort not only strengthens health systems but also inspires a collective commitment towards a TB-free Arunachal Pradesh.

Meghalaya:

Block level molecular testing:

The State has expanded Molecular testing to all the 39 Blocks with 58 sites

The availability of NAAT machines at the block level has led to a shift in testing preference towards molecular diagnostics.



Engagement of Traditional Healers for TB Screening:

- Traditional healers are prominent in Meghalaya, particularly in rural areas, serving as the first point of consultation for patients.
- They assume a different role, particularly in areas where traditional medicine is deeply embedded in the cultural heritage.
- The program recognized the potential for involving Traditional Healers to enhance the early detection of TB cases. Sensitization programs were conducted across the State to

identify individuals showing signs of TB and refer them to the program for further evaluation.

- There are 2530 numbers of Traditional Healers that will be trained in the next three months.

Media Engagement:

NTEP, National Health Mission, Meghalaya, collaborated with the Union-ACSM to host a media sensitization meeting in June 2022 at Shillong. The session was attended by 35 journalists.



Two Types of Media Agency Engaged

Directorate of Information & Public Relation (Government) and

Shillong Press Club (Private)

Sensitized about the signs and symptoms of TB, burden of TB in the state of Meghalaya (notified 4,189 TB cases in 2021, 5020 in 2022) and the need for publishing TB related articles or the services available for TB.

Outcome:

- There was an increase in number of articles highlighted on TB programme and services on an average of 3-40 coverage monthly. Coverage on field activities, awareness programme, administrative and political leaders engagement, TB champion and survivors stories etc. were highlighted.
- These articles and coverage were published voluntarily in all languages of the state (English, Khasi, Jaintia and Garo).
- More media engagement could lead to increase in TB awareness and contribute towards better health seeking behavior of the population.

Objective

Door-to-door Mobile Screening Of Tuberculosis

And Other Lung Ailments Using Digital X-ray, AI Based.

Duration

12 Months

Program Start Date

13.10.2023

Introduction Phase

East Khasi Hills-1 Unit

PROJECT COVERAGE	
Total Sites Covered	17
District Covered	East Khasi Hills
Average covered Distance Per Day	38 Kms
Avg Distance From Camp Site To NAAT Site	16 Kms
Avg Time Taken To Deliver Sputum To NAAT Site	30 Mins

"IGRA TESTING FOR EXPANSION OF TB PREVENTIVE TREATMENT"

- Implementation of Interferon Gamma Release Assay (IGRA) testing to identify TB infection amongst contacts and other vulnerable population.
- To expand TPT to all the "Other at risk group"
- Ensure all identified Latent TB infected individuals are initiated on TB Preventive Treatment.

Differentiated TB Care:

- Comprehensive TB Care is a State specific initiative and innovative approached to improve treatment and success rate of TB patients in Meghalaya with special focus to reduce Mortality, Morbidity, and Out of Pocket Expenditure.
- Under this initiative, different parameters of patient will be assessed and necessary investigation will be offered before initiation of treatment to assess the severity of patients and subsequently categorized into Low risk, Moderate Risk and High Risk patients.
- This will help in identification of high risk TB patients thereby providing early interventions

and necessary medical attention there by avoiding potential fatality.

- Comprehensive TB Care Service will enable TB patients to get free additional investigations, free transport along with attendant, ancillary drugs and admission to health facilities whenever required.

Mizoram:

In Mizoram, several impactful initiatives have been successfully implemented to combat tuberculosis in tribal villages and all these tribal initiatives are done by Piramal. The most recent initiative is

1. **TB Free Accelerator Initiative Project:** By this project Piramal conducted ACF camps in Aizawl and Lunglei districts which were attended by 33211 out of which 10315 were presumptive by 4S Screening, on further examination of these presumptive cases 90 are positive for TB out of which 85 are initiated on ATT.
2. **TB Mukht Panchayat Initiative:** The TB Mukht Panchayat Initiative empowered Village Council members on NTEP programs and resources which resulted in making 43 villages of Mizoram being certified as TB-free.
3. **Portable AI Hand X-Ray machines:** For the first time in Mizoram these machines are used to screen individuals for TB in hard to reach areas of Aizawl and Lunglei districts.
4. **TB Awareness camps in hard to reach areas:** TB Sensitization programs are organised for communities residing in remote areas. This program had 100% reach in Kolasib and Serchhip districts and 80% reach in remaining districts during 2023-24.
5. **IEC materials:** IEC materials have been designed in the local Chakma and Bru language for the wider reach in these communities.
6. **Sensitisation Of Religious Leaders:** The involvement of religious leaders in raising TB awareness through church services significantly amplified the reach of health initiatives, creating a united effort towards a TB-free future.

ASSAM

Active Case Finding:



Recently, in collaboration with the Gandhi Fellows from Piramal Foundation and Mr. Bishwajit Bora from NTEP team Bokajan, the team screened 187 people and referred 43 samples from Mr. Sam Singh Lekthe in Kidy Tissu village to the nearest TB Unit in Bokajan to promote early TB detection and treatment.

Establishing Healer Arogya Kendra

The recent inauguration of Healer Arogya Kendra under the Tribal Health Collaborative program, Piramal Foundation in Dhemaji district along with two other districts of Baksa and Udalguri will enhance in the activities of Traditional Healers in promoting Early detection of TB cases and Referral services, enhanced accessibility in areas where traditional healers are often the first point of contact, community Awareness, education and the importance of seeking timely medical care, stigma reduction by normalizing discussions and consultations within the familiar and culturally accepted environment of a traditional healer's center, establish partnerships between traditional healers and formal healthcare providers to create a robust network for TB diagnosis, treatment, and follow-up.

DHEMAJI:

1. Luka Ukhadhi Arogya Kendra at Telijan, Under Dhemaji TU, Dhemaji
2. Luka Ukhadhi Arogya Kendra at Ghilaguri, Under Dhemaji TU.
3. Luka Ukhadhi Arogya Kendra at Kenduguri, Under Silapather TU.

BAKSA:

1. Luka Ukhadhi Arogya Kendra at Thamna, Under Mushalpur TU, Baksa

UDALGURI:

1. Luka Ukhadhi Arogya Kendra at Orang, Under Orang TU, Udalguri

Innovative approach to combat tuberculosis (TB) in these areas by identifying TB survivors from within the tribal population and training them to become TB Champions. These individuals, having personally experienced the disease, are uniquely positioned to raise awareness and provide support within their communities.

Through sharing their personal experiences with the treatment and diagnostic processes, these TB Champions help reduce stigma, educate on preventive measures, and encourage timely diagnosis and treatment. This peer-driven approach fosters trust and bridges the gap between healthcare services and tribal communities.

To date, over 200 TB Champions have been trained across Udalguri, Chirang, and Kokrajhar, with efforts ongoing to further expand this impactful initiative. This best practice demonstrates how community-driven strategies can overcome cultural and systemic challenges in addressing health issues in tribal areas.

TB Champions are actively conducting awareness activities at the village level. They share their personal experiences during women's self-help group meetings, and engage with students in schools to discuss TB symptoms and guide them on where to seek help if such symptoms arise.



Un-interrupted NTEP services delivery of TB patients during Manipur crisis.

- Most of the health program activities were hampered during the crisis in Manipur.
- Mostly affected areas are the hill districts.
- Coverage's of NTEP services do not get hampered during the Crisis of Manipur.
- Transportation of TB drugs at the affected area un-interrupted.
- Air lifting of all TB drugs supply from centre and from State Drug store to the District Drug store.
- Access to TB Drugs for the needy TB patients are available at the facilities both in hills and valley areas.
- Follow up and monitoring of patients were not missed and were done at the relief camp by the NTEP staffs at both in hills and valley district.
- Screening and testing of Presumptive TB were done at relief camp.
- STC with support from NHM-Manipur and collaboration of Plan India, undertaken some of the activities for smooth availability of TB drugs to different hill districts of Manipur during this crisis period.
- TB drugs for Kangpokpi, Senapati and Tegnoupal was transported through Army Convoy with support from NHM Manipur.
- Un-interrupted TB drugs and logistics were available at the affected district.

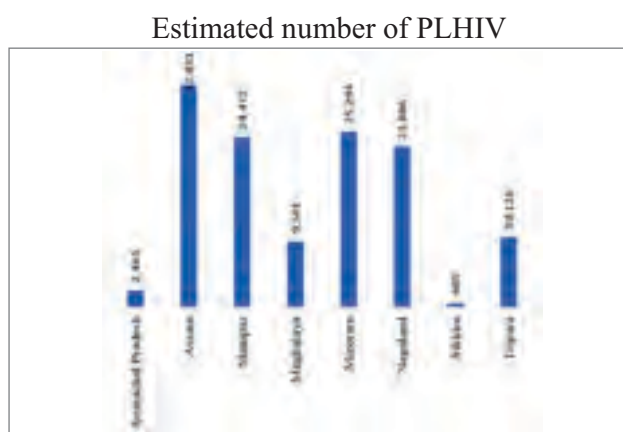
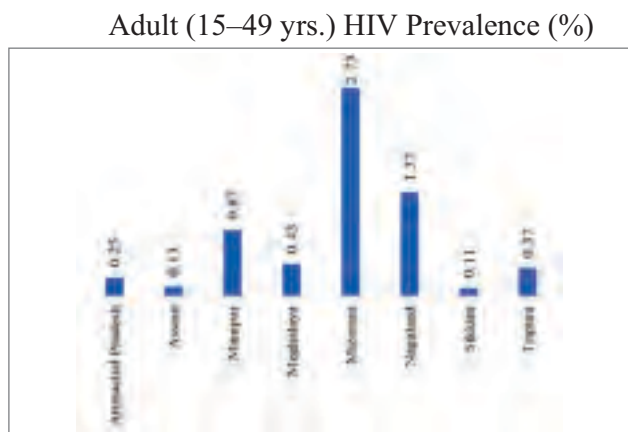
9.16 NATIONAL AIDS AND STD CONTROL ACTIVITIES IN THE NORTH-EAST STATES

The National AIDS and STD Control Programme's (NACP) 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 are carried out through the respective State AIDS Control Society (SACS).

9.16.1 HIV EPIDEMIC SCENARIO: State-wise adult (15–49 yrs.) HIV prevalence (%) and estimated number of People Living with HIV (PLHIV) are given in the graphs below:

Graph 1: HIV epidemic scenario, North East States (HIV Estimation, 2023)



9.16.2 MAJOR ACHIEVEMENTS

9.16.2.1 Information, Education and Communication (IEC) and Youth

Strategic communication is crucial in addressing the entire spectrum of the HIV programme, encompassing prevention, treatment, care, and support. Building on lessons learned, Information, Education, and Communication (IEC) are integrated with all program components to achieve HIV prevention and increase the utilisation of services. NACO places a strong emphasis on the North Eastern states for HIV awareness, conducting specific activities aligned with the strategic communication goals. several significant activities were undertaken under IEC, Youth, and Mainstreaming:

Awareness Campaigns State-specific awareness campaigns were conducted across North Eastern states, using multimedia platforms to reach a broader audience, keeping in mind the HIV prevalence in these regions.

Intensified IEC Campaign: Special focus was given to an intensified IEC campaign in the North Eastern states to create awareness about the factors related to HIV infection.

Advocacy and Training: Advocacy efforts and training programs were implemented to educate community leaders and stakeholders on reducing stigma and discrimination. Various North Eastern states conducted SCA meetings.

By integrating these activities, the North Eastern states effectively supports the strategic communication goals of the NACP, fostering a comprehensive approach to HIV prevention, treatment, and care in the North Eastern states.

9.16.2.2 Targeted Interventions (TI)

Currently, there are 282 functional TIs/LWS and 101 Opioid Substitution therapy (OST) centers and 157 Satellite OST centers in the North-Eastern states implementing NACO's prevention activities.

Table 1: State-wise and Typology-wise distribution of Targeted Interventions (TIs) supported by NACO as of November 2024

States	FSW	MSM	IDU	TG	CC	Migrant	Truckers	Total
Arunachal Pradesh	3	0	0	0	22	6	0	31
Assam	6	0	2	0	37	3	3	51
Manipur	1	0	37	0	14	1	0	53
Meghalaya	1	0	4	0	6	0	0	11

States	FSW	MSM	IDU	TG	CC	Migrant	Truckers	Total
Mizoram	1	1	22	0	8	4	0	36
Nagaland	2	2	27	0	16	1	1	49
Sikkim	3	0	3	0	0	0	0	6
Tripura	0	0	2	0	10	0	1	13

Table 2: State-wise and Typology-wise Coverage of High-Risk Groups and bridge populations under the Targeted Interventions as on November 2024

State	High Risk Groups			Bridge Population		
	FSW	MSM	PWID	TG	Migrant	Truckers
Arunachal Pradesh	7234	1125	7987	193	56772	0
Assam	18928	6616	21547	916	11743	27500
Manipur	6942	1766	29251	1027	5018	0
Meghalaya	2440	270	2364	42	702	0
Mizoram	1239	1081	14968	0	29626	0
Nagaland	4434	3082	34047	173	19715	10000
Sikkim	1107	0	1526	0		0
Tripura	5492	976	7152	145	18960	5000

Table 3: Number of Opioid Substitution Therapy (OST) Centers for PWIDs in NE States as on September 2024

States	No. of OST Centres	Satellite OST Centres	Coverage
Arunachal Pradesh	4	15	802
Assam	6	12	4109
Manipur	26	32	4935
Meghalaya	6	5	1162
Mizoram	17	51	3833
Nagaland	32	32	9911
Sikkim	4	3	2462
Tripura	6	7	2774

9.16.2.3 HIV Counselling and Testing Services

Details of 'Clients other than Pregnant Women' and 'Pregnant Women' tested/screened for HIV in

various screening facilities as well as ICTCs across India and HIV positive diagnosed during January 2024 till November 2024 are provided in Table 4.

Table 4: Number of clients tested and diagnosed as HIV in North-East states during January 2024 till November 2024

State	Clients other than Pregnant Women		Pregnant Women (ANC+ DIL)	
	Tested for HIV	Diagnosed HIV Positive	Tested for HIV	Diagnosed HIV positive (new Cases)
Arunachal Pradesh	71,427	533	17,865	9
Assam	3,48,377	6,053	3,65,112	175
Manipur	1,14,981	722	32,302	36
Meghalaya	90,502	1,092	70,695	141
Mizoram	90,392	1,902	21,134	110
Nagaland	1,61,232	1,806	20,027	150
Sikkim	31,105	46	10,130	2
Tripura	1,20,660	1,273	36,220	42
Total in NE region	10,28,676	13,427	5,73,485	665

To enhance the identification of People Living with HIV (PLHIV), NACO implemented index testing in campaign mode from January to November 2024. This campaign helped in identification of 4,608 HIV-positive cases through testing of 27,591 contacts of index clients in the northeastern region up to November 2024.

Out of the 250 Sampoorna Suraksha Kendras (SSKs) established across India, 38 SSKs are located across seven north-eastern states and have registered 6262 at-risk clients for Sampoorna Suraksha services.

9.16.2.4 Elimination of Vertical Transmission of HIV and Syphilis:

HIV and Syphilis screening among pregnant women in North-East states was 52% and 51% respectively in 2024 (till November) against estimated pregnant women. During 2024 (till November), out of 1834 pregnant women detected with syphilis infection, 1260 were initiated on treatment. Out of Annual Estimated 1398 pregnant WLHIV in NE region, 1419 (new and known) pregnant WLHIV were enrolled for EVTHS services and 94.08% were initiated/already on treatment. The HIV and Syphilis positivity among pregnant women in the north eastern states was reported higher than the national average.

Table 5: HIV and Syphilis positivity among pregnant women during January 2024 till November 2024

State/UTs	PW HIV Positivity (%)	PW Syphilis Positivity (%)
Arunachal Pradesh	0.05	1.44
Assam	0.05	0.09
Manipur	0.11	0.02
Meghalaya	0.20	1.17
Mizoram	0.52	0.76
Nagaland	0.75	0.45
Sikkim	0.02	0.60
Tripura	0.12	0.11
National Average	0.03	0.04

The Early Infant Diagnosis (EID) coverage for HIV-exposed infants at six weeks was reported as follows: Manipur (75%), Tripura (83%), Assam (90%), Nagaland (97%), Mizoram 98%, 100% coverage in Meghalaya & Arunachal Pradesh, Sikkim has Nil Positive cases.

Antiretroviral (ARV) prophylaxis coverage for HIV-exposed infants reached 88% in Assam, (95%) in Mizoram, 96% in Tripura & Manipur, 99% in Meghalaya, 100% in Arunachal Pradesh, Sikkim & Nagaland.

9.16.2.5 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 high-risk groups (HRGs) through 270 static clinics at TI-sites under TI programme. These services are also provided through prison interventions.

Around 1.8 lakh clients availed STI/RTI services at DSRCs, and 1.9 lakh syphilis screening were conducted between January 2024–November 2024. The total number of Syphilis reactive cases amongst the DSRC clients were 3,272 with syphilis seropositivity reported to be 1.7% among DSRC clients. Around 2.3 lakh HRGs including prison inmates availed STI/RTI services.

Table 6: STI/RTI Services Delivery under NACP-V across North-Eastern States (January 2024–November 2024)

Sr No.	Indicator	Coverage
1.	Total number of DSRCs/ Suraksha Clinics	112
2.	Total number of TI -Sites providing STI/RTI Services	270
3.	Total number of clients managed for STI/RTIs at DSRCs	1.8 lakh
4.	Total number of clients managed for STI/RTI among HRGs, Bridge Population and through Prison interventions	2.3 lakh
5.	Total number of clients tested for syphilis at DSRCs	1.9 lakh
6.	Total number of Syphilis reactive cases at DSRCs (with positivity)	3272(1.7%)

9.16.2.6 Care, Support and Treatment (CST)

NACP will engage with National Health Mission, the Ministry of Development of North Eastern Region, the North Eastern Council and all other line departments to halt and reverse the epidemic curve

in the region for community-led planning, implementation, and monitoring of integrated AIDS response in north-eastern States. Summary of facilities and beneficiaries in North Eastern Region is as below (Table 1):

Table 7: State wise progress under the Care, Support, and Treatment Programme as on November 2024

States	Number of ART Centres	Number of Link ART Centres	Number of CSC	Cumulative Number of PLHIV alive and on ART as on November 2024
Arunachal Pradesh	02	4	-	1343
Assam	09	10	03	16,394
Manipur	12	15	04	14,554
Meghalaya	04	2	01	6,244
Mizoram	14	4	03	17,000
Nagaland	12	8	03	14,395
Sikkim	01	1	-	367
Tripura	03	5	01	5,598

9.16.2.7 Laboratory Services

Viral Load Testing: For the North Eastern States, NACO had installed one viral load (VL) machine at RIMS, Imphal. Additionally, States like Mizoram and Nagaland have installed a viral load machine on

a reagent rental model and is carrying out viral load testing. The States have also hired sample transportation agencies for transporting whole blood/ plasma samples from all the ART centres to their linked viral load lab.

Table 8: Viral Load testing data from January 2024 to November 2024

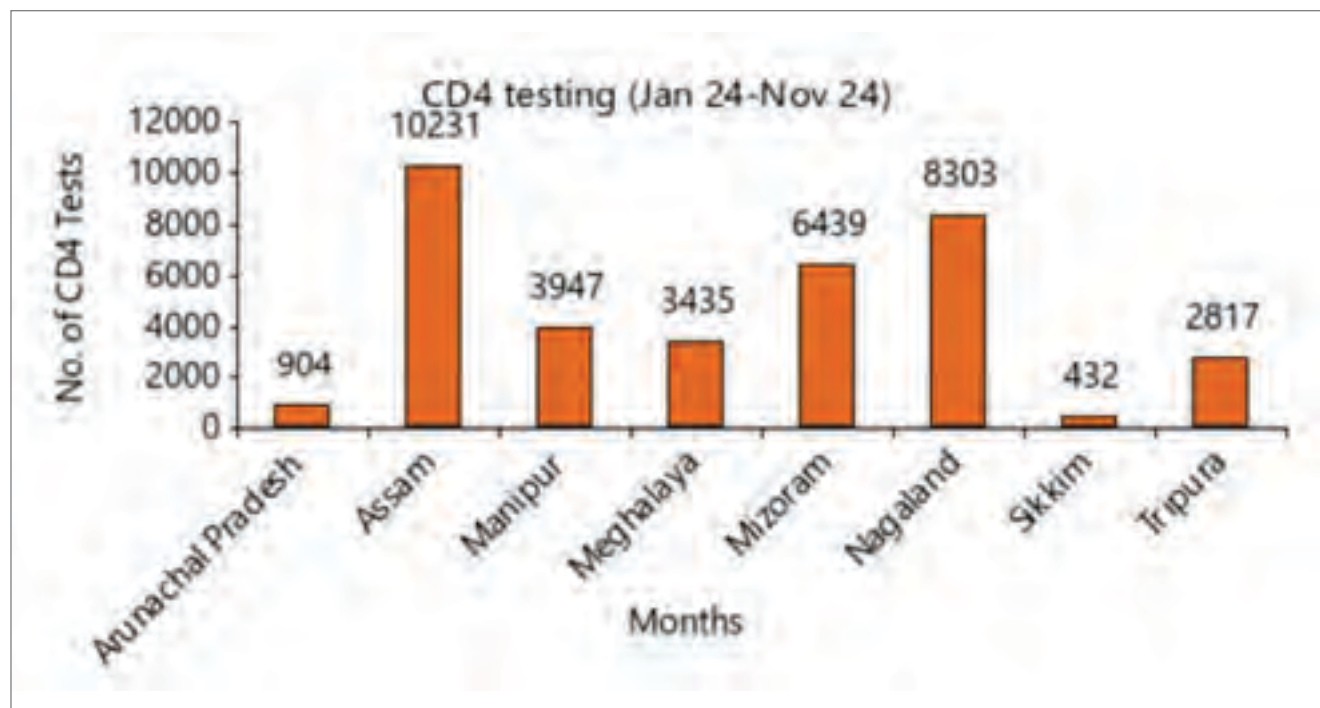
S.No.	State Name	No. of valid VL tests	% suppression
1	Arunachal	490	96
2	Assam	9675	94
3	Manipur	11931	98
4	Meghalaya	4571	93
5	Mizoram	13278	96
6	Nagaland	10823	97
7	Sikkim	316	97
8	Tripura	2024	86
	Total	53108	96

CD4 Testing:

Currently, there are 460 functional CD4 testing machines under NACP out of which 46 CD4 machines are installed in North East. A total of

36,508 CD4 tests have been carried out in the north eastern states from January 2024 to November 2024 as depicted in the graph below.

Graph 2: CD4 testing from January 2024 to November 2024



9.17 NATIONAL PROGRAMME FOR PREVENTION & CONTROL OF DEAFNESS (NPPCD)

The status of NPPCD activities in the North-Eastern states are as follows:-

I. Physical progress of North east Region:

As per Progress Report from January to September

S.No	State	Cases Examined With Deafness (Jan- Sep)	Hearing Aids recommended (Jan-Sep)	ENT Surgery (Jan- Sep)	Rehabilitation (Jan- Sep)
1	Arunachal Pradesh	*	*	*	*
2	Assam	27590	444	1494	1001
3	Manipur	7467	341	66	83
4	Meghalaya	5913	45	729	228
5	Mizoram	38084	1866	1290	705
6	Nagaland	*	*	*	*
7	Tripura	*	*	*	*
Total		79054	2696	3579	2016

*Reports are pending from states

The State NPPCD Cell along with other districts of North Eastern States observed **World Hearing Day** on 3rd march, 2024 and **International week of Deaf** in the last week of September 2024. Various

2024, In the North Eastern States overall 79054 cases with Deafness were examined, 2696 Hearing aids were recommended, 3579 ENT surgeries were performed and 2016 cases were provided speech & language rehabilitation in the North Eastern region from January to September 2024.

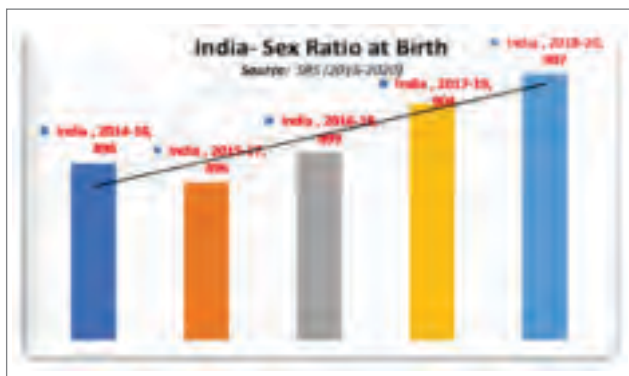
programmes such as IEC activities, free ear screening camps including information about sign language were given to the public during “**World Hearing Day**” and “**International week of Deaf.**”



10.1 IMPLEMENTATION OF PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUE ACT, 1994

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**. (Detailed Table-10.1)



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), 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 a declining trend with maximum decline in West Bengal (-8) and Madhya Pradesh (-8) each, followed by Telangana (-7), Orissa (-6), Andhra Pradesh (-5), Assam (-5), Delhi (-5), & Maharashtra (-5) each, Uttarakhand (-4) and Jharkhand by -2 points. These States have to strive to improve their SRB by expediting their efforts.

Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) PC&PNDT 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 further 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, so as to curb their misuse for detection and disclosure of sex of the foetus. More stringent punishments are prescribed under the Act, so as to serve as a deterrent against violations of the Act. The implementation of the Act has been entrusted with the States/UTs 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 Quarterly Progress Report (QPR) of June, 2024 submitted by 29 States/UTs, 91,925 diagnostic facilities including Genetic Counselling Centres, Genetic Laboratories, Genetic Clinics, Ultrasound Clinics and Imaging Centres have been registered under the PC&PNDT Act: 1,037 Genetic Counselling Centre (GCC), 507 Genetic Laboratories (GL), 3,863 Genetic Clinic (GC), 75,890 Ultrasound Clinic/Imaging Centre (USC/IC), 7,479 Jointly as Genetic Counselling Centres/Gen. Labs./Gen. Clinics (JAGCC/GL/GC), 231 Mobile Clinics, and 2,918 Other bodies/IVF Centres/Infertility Centres.

Over 8,99,791 premises were inspected, and 3,473 machines were sealed and seized for violations of the law. The District Appropriate Authorities filed 3,811 court cases under the Act. Additionally,

12,251 facilities registered under the PC&PNDT Act were suspended or cancelled.

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 with 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

Monitoring and review of the implementation scaled up

- National Inspection and Monitoring Committee (NIMC) constituted in the States/ UTs, are conducting regular inspections on the ground. NIMC is composed of multidisciplinary members for monitoring and inspection visits to the State/UTs/Districts to assess the implementation at the various levels. In FY 2024-25 NIMC visits were conducted in states of Maharashtra and

Karnataka. Accordingly, ten centres were inspected, and five were sealed for violating the provisions of the law.

- This Ministry, through its Nodal Agency is monitoring online advertisements promoting sex selection/determination and seeking further compliance from search engines by removing such content. Nodal Agency has received over 61 complaints & prepared 366 Suo Moto complaints since 2017, resulting in the identification of more than 6,200 URLs that violate Section 22 of PC&PNDT Act and also worked on approximately 700 keywords for monitoring the search engines such as Google, Yahoo and Bing till 30 Aug 2024.
- 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 virtual platform.
- 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.

Table-10.1

STATE WISE SEX RATIO (Female per 1000 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

STATE WISE SEX RATIO (Female per 1000 Male) AT BIRTH (Source: SRS 2016-18 to 2018-2020)							
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

Table-10.2

State wise status of implementation of PC&PNDT Act upto June, 2024				
S. No.	State/UT	No. of Bodies Registered	No. of on going Court Cases	No. of Machines Seized / Sealed
1	Andhra Pradesh	3775	21	20
2	Arunachal Pradesh	106	3	-
3	Assam	1906	17	17
4	Bihar	3337	202	274
5	Chhattisgarh	1065	15	3
6	Goa	215	1	-
7	Gujarat	9446	330	328
8	Haryana	3161	552	975
9	Himachal Pradesh	392	4	1
10	Jammu & Kashmir	841	1	5
11	Jharkhand	1002	46	0
12	Karnataka	6149	115	39
13	Kerala	2365	2	1
14	Madhya Pradesh	2878	53	20
15	Maharashtra	12387	620	474
16	Manipur	195	0	-
17	Meghalaya	97	0	-
18	Mizoram	61	0	-
19	Nagaland	82	0	0

State wise status of implementation of PC&PNDT Act upto June, 2024				
S. No.	State/UT	No. of Bodies Registered	No. of on going Court Cases	No. of Machines Seized / Sealed
20	Odisha	1623	78	8
21	Punjab	1956	177	81
22	Rajasthan	4966	776	538
23	Sikkim	41	0	0
24	Tamil Nadu	9405	227	166
25	Telangana	5807	34	124
26	Tripura	145	0	-
27	Uttarakhand	846	49	13
28	Uttar Pradesh	9996	318	72
29	West Bengal	5467	27	40
30	A & N. Island	25	-	-
31	Chandigarh	184	4	-
32	D. & N. Haveli and Daman & Diu	28	0	0
33	Delhi	1777	139	342
34	Lakshadweep	9	-	-
35	Puducherry	190	0	-
36	Ladakh	-	-	-
	Total	91,925	3811	3541

10.2.ASPIRATIONAL DISTRICT PROGRAMME (ADP)

The Ministry of Health & Family Welfare is committed to achieve the desired health outcomes across all the 112 Aspirational Districts identified by NITI Aayog under the Aspirational Districts Programme. (List of Districts is given at Table 3.1).

To achieve the desired goals and objectives for Health sector under the 'Aspirational Districts Programme, focused and context specific strategies such as operationalization of HWCs, Institutionalizing AB - School Health & Wellness Program, Special Newborn Care Unit (SNCU), Nutrition Rehabilitation Centre (NRC), LaQshya, Home Based Newborn Care (HBNC), Home Based Young Childcare (HBYC), National Tuberculosis Elimination Program (NTEP). have been prioritized for significant contribution in the overall development across all the Aspirational Districts. .

Status of key Health Programmes across Aspirational Districts (ADs)

- **Transformation of all SCs and PHCs into Ayushman Aarogya Mandir**
- A total of 22557 AB-HWCs were made functional till June 2024.

» Institutionalizing AB - School Health & Wellness Ambassadors in all schools

- » 111 ADs have started School Health & Wellness Ambassadors (HWA) trainings till September 2024.
- 75378 out of 76992, Government/ Government aided schools started trainings in 111 ADs.

» Sick New-born Care Unit (SNCU)

- Till June 2024, 108 ADs have fully functional SNCUs. A total of 146 SNCUs are functional in Aspirational districts.

» Nutrition Rehabilitation Centre (NRC)

- A total of 275 NRCs were functional in 99 Aspirational districts till September 2024.
- 13 out of 112 ADs did not have the functional NRC unit till September 2024

» Labour Room Quality Improvement Initiative (LaQshya)

- LaQshya programme is implemented across all Aspirational districts, except in Soreng, Sikkim.
- 425 Labour rooms & 310 Maternity-OT of public health facilities were identified under

LaQshya programme in Aspirational districts and out these 154 Labour room & 101 Maternity-OT of public health facilities have achieved National LaQshya certification till September 2024.

» **Home Based Newborn Care (HBNC)**

- A total of 553672 new-borns have received all scheduled HBNC visits by ASHAs till June 2024.
- A total of 37097 (6.7% identified sick new-borns out of total visited) were referred to the nearest Health facility till June 2024.

» **Home Based Young Children (HBYC)**

- All ADs have started training of ANM/ASHA/ASHA facilitators. Total of 1,92,048 (90.15%) ANM/ASHA/ASHA facilitators have been trained in these till June 2024.

» **National Immunization Programme-**

- 66 Aspirational districts out of 112 have more than 90% Full Immunization Coverage (FIC) till September 2024.

» **National Tuberculosis Elimination Programme (NTEP)**

- 57 ADs have success rate of more than 90%, during Jan-September 2024.
- 94 out of 112 ADs have > 85% TB treatment success rate in public and private, during Jan-September 2024.
- 97ADs have achieved a Tuberculosis (TB) case notification rate of greater than 75%, during Jan-September 2024.

Table No.3.1

List of Aspirational Districts (ADs)

Sl. No.	Name of State	Total No. of Aspirational Districts	Name of Aspirational Districts
1	Andhra Pradesh	3	Alluri Sitharamaraju (newly added district from Vishakhapatnam)
			Y.S.R.(Cuddapah)
			Parvathipuram Manyam (newly added district from Vizianagaram)
2	Arunachal Pradesh	1	Namsai
3	Assam	7	Darrang
			Dhubri
			Barpeta
			Goalpara
			Baksa
			Udalgiri
			Hailakandi
4	Bihar	13	Katihar
			Begusarai
			Sheikhpura
			Araria
			Sitamarhi
			Khagaria
			Purnia
			Aurangabad

Table No.3.1**List of Aspirational Districts (ADs)**

Sl. No.	Name of State	Total No. of Aspirational Districts	Name of Aspirational Districts
4	Bihar	13	Banka
			Gaya
			Jamui
			Muzaffapur
			Nawada
5	Chhattisgarh	10	Korba
			Mahasamund
			Bastar
			Bijapur
			Dantewada
			Kanker
			Kondagaon
			Narayanpur
			Mohla-Manpur-Ambagarh Chowki
			Sukma
6	Gujarat	2	Narmada
			Dahod
7	Haryana	1	Mewat
8	Himachal Pradesh	1	Chamba
9	Jammu & Kashmir	2	Kupwara
			Baramula
10	Jharkhand	19	Sahebganj
			Pakur
			Godda
			Latehar
			Lohardaga
			Palamu
			PurbiSinghbhum
			Ramgarh
			Ranchi
			Simdega
			West Singhbhum
			Bokaro
			Chatra
			Dumka
			Garhwa
			Giridh

Table No.3.1			
List of Aspirational Districts (ADs)			
Sl. No.	Name of State	Total No. of Aspirational Districts	Name of Aspirational Districts
10	Jharkhand	19	Gumla
			Hazaribagh
			Khunti
11	Karnataka	2	Yadgir
			Raichur
12	Kerala	1	Wayanad
13	Madhya Pradesh	8	Damoh
			Singrauli
			Barwani
			Vidisha
			Khandwa (East Nimar)
			Chhatarpur
			Rajgarh
			Guna
14	Maharashtra	4	Nandurbar
			Washim
			Osmanabad
			Gadchiroli
15	Manipur	1	Chandel
16	Meghalaya	1	Ribhoi
17	Mizoram	1	Mamit
18	Nagaland	1	Kiphire
19	Odisha	10	Rayagada
			Kalahandi
			Kandhamal
			Gajapati
			Dhenkanal
			Balangir
			Koraput
			Malkangiri
			Nabarangpur
			Nuapada
20	Punjab	2	Firozpur
			Moga
21	Rajasthan	5	Baran
			Jaisalmer
			Dholpur

Table No.3.1			
List of Aspirational Districts (ADs)			
Sl. No.	Name of State	Total No. of Aspirational Districts	Name of Aspirational Districts
21	Rajasthan	5	Karauli
			Sirohi
22	Sikkim	1	Soreng
23	Tamil Nadu	2	Ramanathapuram
			Virudhunagar
24	Telangana	3	Jayshankar Bhoopalpalli
			Kumuram Bheem Asifabad
			BhadradriKothgudem
25	Tripura	1	Dhalai
26	Uttar Pradesh	8	Chitrakoot
			Balrampur
			Bharaich
			Sonbhadra
			Chandauli
			Siddharthnagar
			Fatehpur
			Shrawasti
27	Uttarakhand	2	Haridwar
			Udham Singh Nagar
TOTAL		112	

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 (List of Blocks is given at Table 4.1) 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.

Key Performance Indicators in Health under Aspirational Blocks Programme is given below:

S.N	Key Performance Indicators in Health
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)

Progress of 500 Aspirational Blocks can be assessed through- <https://abp.championsofchange.gov.in>

10.3 NATIONAL AMBULANCE SERVICES (NAS)

National Ambulance Services (NAS): As on date, 34 States/UTs have facilities where people can dial dedicated Toll free No. 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.

As on 31st March, 2024, 3044 ALS (Advanced Life Support) ambulances, 15250 (Basic Life Support) ambulances, 3923 PTV (Patient Transport Vehicle), 17 Boat Ambulances and 81 Bike Emergency Response Service Vehicles are Supported Under NHM, besides 7319 empaneled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities.

10.4 KILKARI AND MOBILE ACADEMY (KMA)

Several initiatives have been undertaken by MoHFW for improving the health care delivery of services and spreading the health care services to the unreached and ensure provision of better health services for all including those living in remote and inaccessible areas through innovative ideas and technologies. One of the key service and Digital India initiative undertaken by GoI is Kilkari & Mobile Academy.

This m-health service is a powerful tool in 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 right health practices and behavior. The Union Health Minister launched the m-health service i.e. Kilkari and Mobile Academy on 15th January, 2016.

Kilkari, which means “a baby's gurgle”, delivers free, weekly and time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families' mobile phones from the second trimester of pregnancy until the child is 1 year old. The programme is integrated with centralized Reproductive Child Health (RCH) portal of MoHFW's and is the single source of information for this mHealth service. The program informs mothers and families about behaviors and practices to be adopted during the pregnancy and infancy. The weekly messages help families to educate, remind and reinforce the prioritized actions for each week during this crucial period. This action not only saves lives of pregnant women and children from several risks but also ensures a healthy outcome. This service is FREE of cost for States/UTs and beneficiaries.

Kilkari has been rolled out in 23 States/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, Maharashtra, Goa, Karnataka, Dadra and Nagar Haveli and Daman and Diu. The Ministry is in the process to launch the Kilkari in the remaining States/UTs with the regional languages. A total of 68.96 Crore successful calls (average duration of content played in each call approximately 1 minute) were made to 5.87 Crore beneficiaries under Kilkari **(since inception till 31st December 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. A total of 4.04 Lakh ASHAs registered in RCH portal, have completed the Mobile Academy course (since inception till 31st December 2024).

Together, Kilkari and Mobile Academy are improving family health including family planning, reproductive, maternal and child health, nutrition, sanitation and hygiene – by generating demand for healthy practices by empowerment and capacity building at the individual and community level and by creating an enabling environment.

10.5 DRUGS AND VACCINES DISTRIBUTION AND MANAGEMENT SYSTEM (DVDMS)

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 31 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. 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 WORK PLACES (CCSH)

An Internal Complaint Committee for dealing with cases related to Sexual Harassment at Work Place has been constituted within the Department of Health and Family Welfare. No complaints were received by the Committee during the year 2024-25. Further, the officers and staff of the Ministry are regularly sensitized about prevention of sexual harassment at work places through information boards, workshops, mandatory courses on iGoT Karmayogi platform related to POSH Act, 2013.

10.7 DEVELOPMENT OF NURSING SERVICES

Nursing Personnel are the largest workforce in a Hospital. They play an important role in the health care delivery system. Training of Nursing Personnel in identified domains/topics is done as one of the major activities under the scheme of Development of Nursing Services This will enable the nursing personnel to update their knowledge and skills in various nursing specialty. Nursing personnel are better equipped through this programme to provide quality patient care in the Hospitals and in other settings also. As per the available statistics, majority of the beneficiaries are women only and therefore, the programme will have significant impact on women empowerment.

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 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 that Centre and State Government to work in mission mode to uplift the identified Districts. Every Ministry/ Department, in partnership with the State Governments, to ensure that:

- The KPIs in selected Districts surpass State average in the next 1 year.
- Within next 2 years, these Districts come at par with the National Average.

Key Performance Indicators (KPIs)

Sl. No.	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, GoI has identified 14 Districts based on the composite score of the 9 Key Performance Indicators (KPIs) as follows:

Sl. No.	State identified	Districts
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 Hills	South West Khasi
10	Meghalaya	North Garo Hills
11	Mizoram	Lawngtlai
12	Nagaland	Mokokchung
13	Manipur	Kamjong
14	Manipur	Pherzawl

Identification of Districts by MoHFW:

The Ministry of Health & Family Welfare, GoI has identified **14 Districts** based on the composite score of the **9 Key Performance Indicators (KPIs)** 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

<i>District</i>	<i>Baseline value (Apr-Dec) 2021</i>	<i>Target (2022-23)</i>	<i>Target (2023-24)</i>	<i>Upto March 2024</i>
Papum Pare	21.23	32.93	80.16	47.16
Upper Subansiri	14.57	32.93	80.16	72.34
Darbhangha	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 Target 2nd Year 23-24- 95.25

KPI-2: % Pregnant Women receiving 180 Iron Folic Acid Tablets:



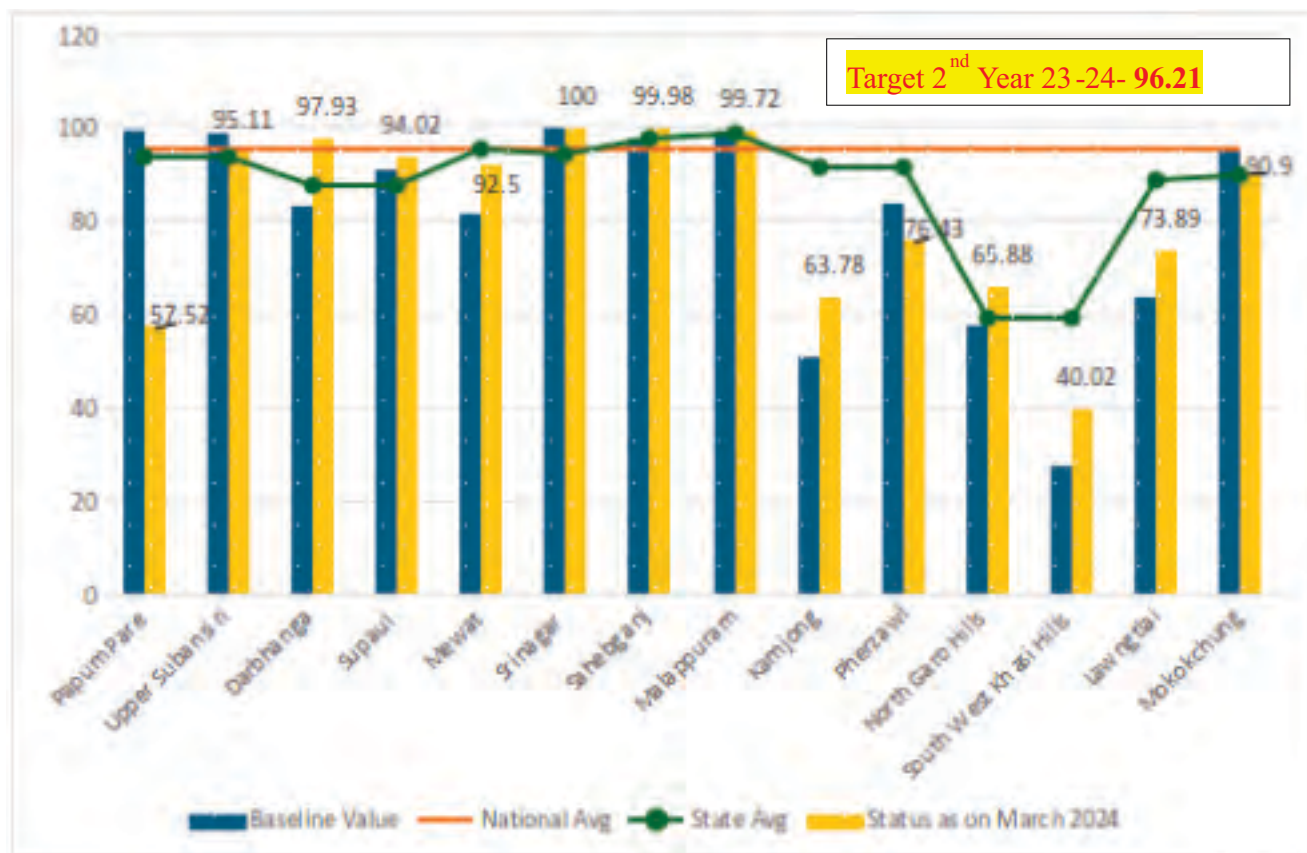
Data Source Mission UTKARSH Dashboard

KPI-3: % Institutional Deliveries against total reported deliveries:

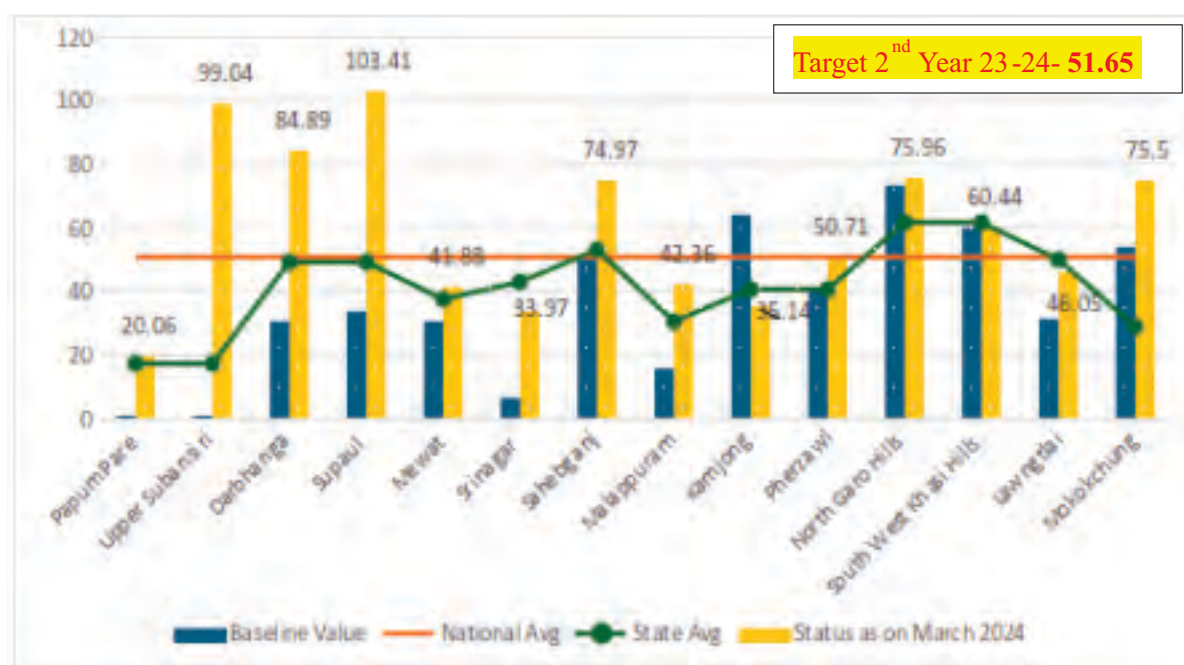
<i>District</i>	<i>Baseline value (Apr-Dec) 2021</i>	<i>Target (2022-23)</i>	<i>Target (2023-24)</i>	<i>Upto March 2024</i>
Papum Pare	99.62	90.75	95.25	66.59
Upper Subansiri	98.78	90.75	95.25	99.18
Darbhangha	80.92	85.53	95.25	88.09
Supaul	91.03	85.53	95.25	93.62
Mewat	81.42	96.23	95.25	87.6
Srinagar	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:



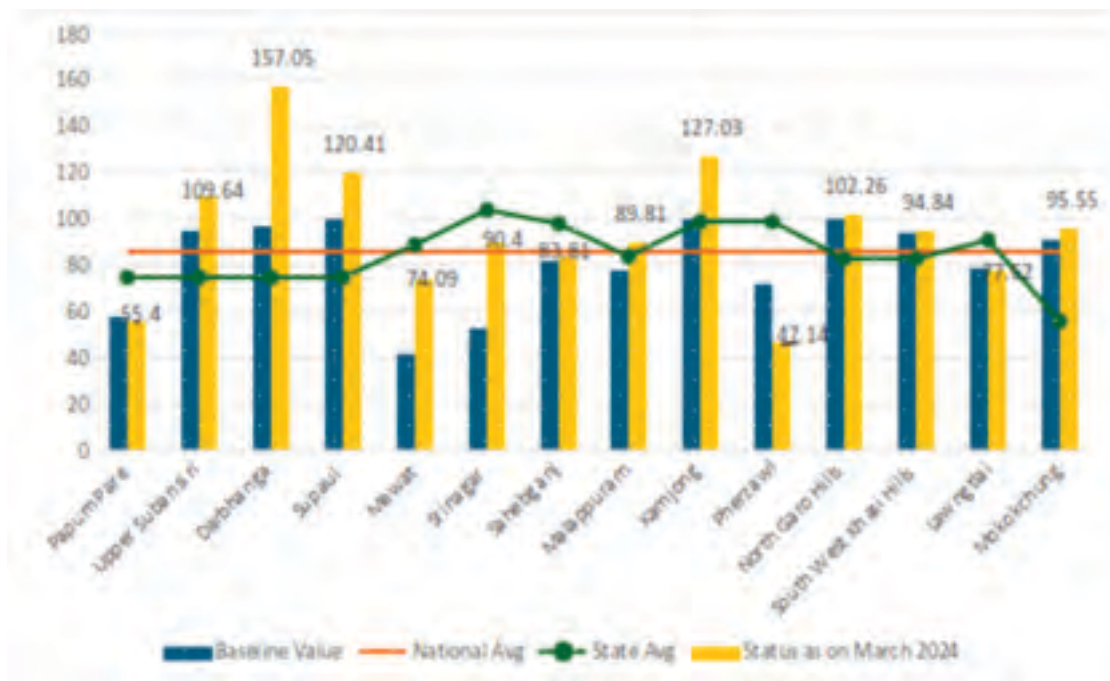
KPI-5: % Home Based Neonatal Care (HBNC) Coverage:



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
Darbhanga	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

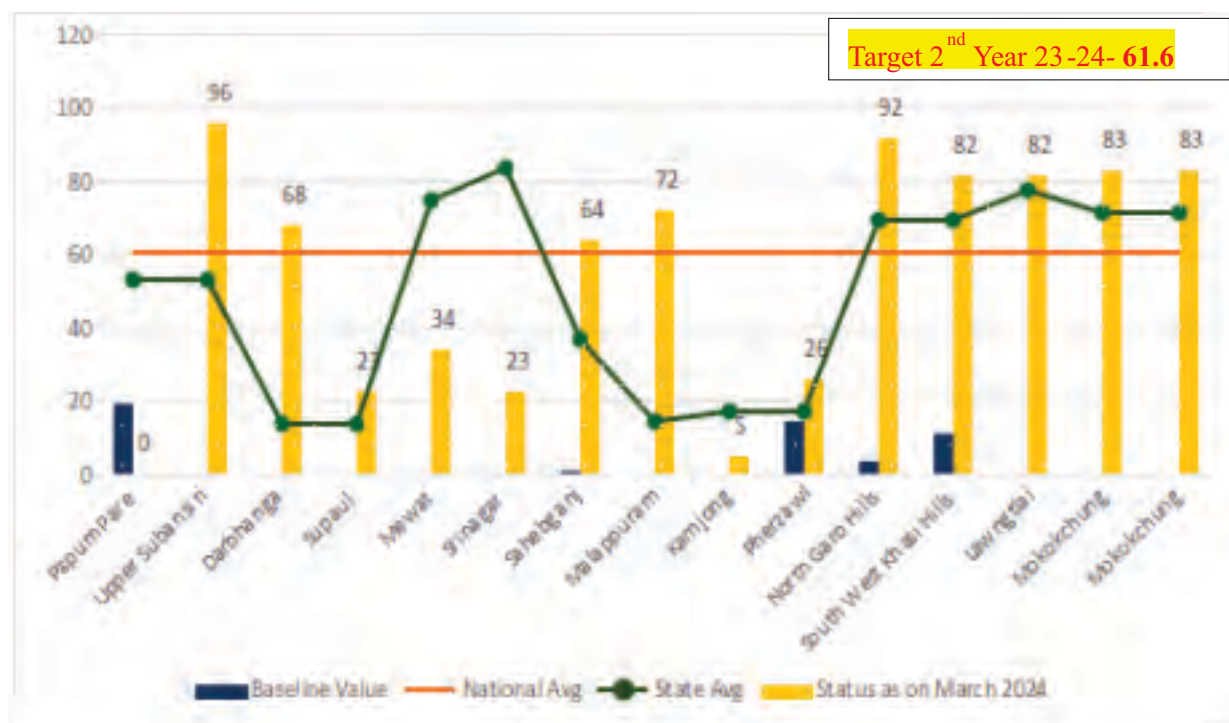
KPI-6: % Full Immunization Coverage:



<i>District</i>	<i>Baseline value (Apr - Dec) 2021</i>	<i>Target (2022 -23)</i>	<i>Target (2023 -24)</i>	<i>Upto March 2024</i>
Papum Pare	57.66	75.54	86.84	55.4
Upper Subansiri	94.54	75.54	86.84	109.64
Darbhang	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):



<i>District</i>	<i>Baseline value (Apr -Dec) 2021</i>	<i>Target (2022-23)</i>	<i>Target (2023-24)</i>	<i>Upto March 2024</i>
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:

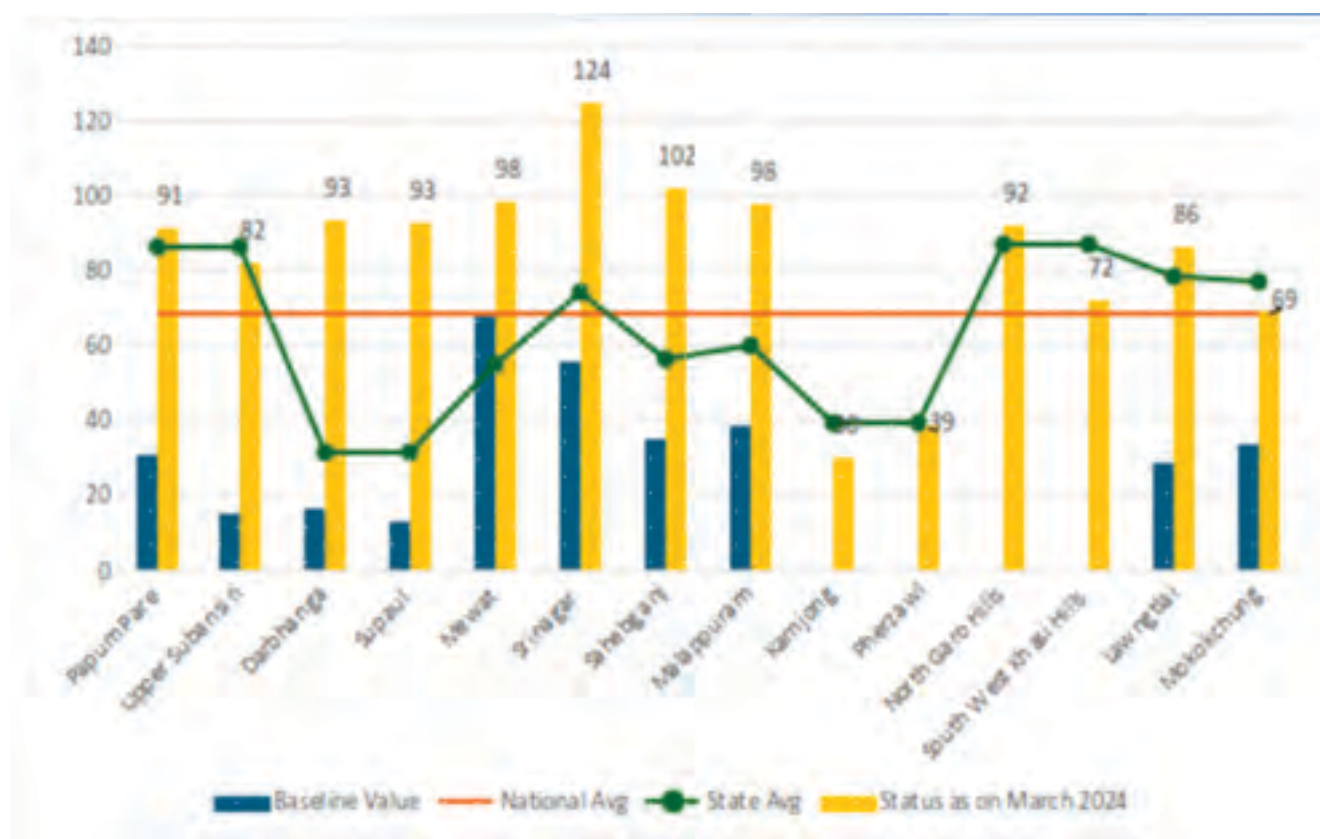


<i>District</i>	<i>Baseline value (Apr - Dec) 2021</i>	<i>Target (2022 -23)</i>	<i>Target (2023 -24)</i>	<i>Upto March 2024</i>
Papum Pare	63.15	68.2	71.5	72.97
Upper Subansiri	58.28	68.2	71.5	51.17
Darbhangha	47.03	64.31	71.5	78.04
Supaul	50.98	64.31	71.5	82.24
Mewat	60.89	77.74	71.5	86.17
Srinagar	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)

<i>District</i>	<i>Baseline value (Apr-Dec) 2021</i>	<i>Target (2022-23)</i>	<i>Target (2023-24)</i>	<i>Upto March 2024</i>
Papum Pare	31	87	69	91
Upper Subansiri	15	87	69	82
Darbhangā	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

11.1 INTRODUCTION

The main objective of Swasthya Nagrik Abhiyaan (SNA) is to conduct campaign which will lead to the generation of demand for health services and promote health seeking behavior. The SNA strategy aims to disseminate information and create awareness to improve the health seeking behavior, and also share information about the benefits available under various schemes / programmes of the Ministry of the Health and Family Welfare (MoHFW). Towards this, different modes of communication have been leveraged to reach out to rural & urban masses.

11.2 STRATEGIC COMMUNICATION PLAN

The Ministry of Health and Family Welfare (MoHFW) has developed a strategic framework for targeted IEC activities, utilizing a 360-degree communication approach. A comprehensive range of media platforms, including mass media, mid-media, inter-personal communication, and social media, is employed to disseminate information about various health schemes. A year-long IEC/Communication Plan has been conceptualized, focusing on health days and themes.

While some activities were aligned with specific dates observed as 'Health Days,' others were designed as week-long or month-long focused multi-media campaigns for MoHFW schemes. These initiatives addressed topics such as Ayushman Bharat, Immunization, TB Management, Anaemia Mukta Bharat, Integrated Diarrhoea Control Fortnight (IDCF), Breastfeeding Week, Tobacco Control, and more. Targeted campaigns were also undertaken for seasonal ailments like Dengue and H1N1.

Recognizing the power of social media for real-time and cost-effective message amplification, the SNA Division has actively engaged across platforms such as X (formerly Twitter), Facebook, YouTube, Instagram, ShareChat, WhatsApp Channels, and the Public App. These platforms have been instrumental in spreading awareness on various health aspects, including Covid-19, for the benefit of the public.

11.3 PRINT

The SNA Division has been consistently publishing advertisements on health-related issues in leading newspapers across India, including those in regional languages. These advertisements aim not only to encourage people to adopt healthy behaviors but also to raise awareness and provide information about the availability and access to quality healthcare services offered by the Government.

In 2024-25, print advertisements focused on key initiatives such as Ayushman Bharat, Polio Immunization, and the inauguration or foundation stone ceremonies of health infrastructure projects. These included projects in the North East Region as well as those under the National Health Mission (NHM) and the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM).

11.4 TELEVISION

The SNA Division has extensively utilized this medium to generate public discourse on health-related themes and promote positive health messages. During 2024-25, several campaigns were undertaken by MoHFW through the DD Network, including the Awareness Campaign during Vasectomy Week to enhance male participation in family planning, the National TB Elimination Programme, the TVC Media Campaign on "Ayushman Bhava," campaigns on Lymphatic Filariasis, National Immunization Day (NID) for Polio, and the STOP Diarrhoea Programme.

11.5 RADIO

Several campaigns were run on AIR to promote awareness on health issues like Awareness Campaign on Vasectomy for enhancing Male participation in Family Planning, National TB Elimination Programme, Campaign on "Ayushman Bhava", Campaign on Lymphatic Filariasis, Campaign on National Immunization Day (NID) for Polio and Campaign on STOP Diarrhoea Programme etc. through AIR Network.

Central Bureau of Communication (CBC-MoIB), Doordarshan and All India Radio have supported MoHFW by making media plans for print

advertisements, as well as for telecast/broadcast of the spots through satellite channels/Private FM and Community Radio Stations respectively.

11.6 SOCIAL MEDIA

Social media continues to be a pivotal tool for the Ministry of Health & Family Welfare (MoHFW) in amplifying public health messages and engaging citizens across India. Leveraging seven popular platforms-Facebook, Twitter, YouTube, Instagram, ShareChat, WhatsApp Channels, and Public App-the Ministry ensures tailored communication for diverse audiences nationwide. These platforms are used effectively to cover key events, disseminate health messages, and foster meaningful public engagement.

Impactful Campaigns in 2024-25

MoHFW spearheaded several dynamic campaigns to raise health awareness and drive public participation, using innovative content formats like reels, statics, carousels, and polls. Notable initiatives include:

- **#StopDiarrhoea Campaign:** A two-month-long campaign focusing on prevention and treatment of diarrhoea in children.
- **#SAANS Campaign:** Addressing pneumonia in children to reduce mortality rates.
- **#TB Harega Desh Jeetega and #TB Mukht Bharat Abhiyan:** A 100-day intensive IEC campaign aimed at eliminating tuberculosis in India.
- **#CPRYourSuperpower:** Promoting CPR as a critical life-saving skill.
- **#TobaccoFreeYouthCampaign2.0:** A two-month campaign educating youth on the harmful effects of tobacco and promoting tobacco-free lifestyles.
- **#SickleCellAwarenessMission:** Educating communities on prevention and management of sickle cell disease.
- **Expansion of Ayushman Bharat:** Highlighting the inclusion of senior citizens above 70 years of age in universal health coverage.

- **Launch of U-WIN:** Enhancing immunization tracking with innovative digital solutions.

The Ministry also amplified awareness during Health Days such as World Health Day, No Tobacco Day, World Diabetes Day, and Breastfeeding Week, engaging millions across India. These campaigns, supported by strategic and impactful social media efforts, have inspired healthier lifestyles and strengthened public health initiatives nationwide.

The Ministry's YouTube channel hosts an extensive library of short films, updates, and speeches by the Hon'ble Prime Minister and Health Minister. In 2024-25, the channel recorded remarkable growth:

- **Views:** Approximately 1.6 million views, a 38% increase from the previous year.
- **Watch Time:** 24,000 hours, reflecting a 19% growth.

The platform was also used for live relays of key events, further amplifying reach and accessibility.

The Ministry's sustained focus on innovative content has led to exponential growth in public engagement:

- **Facebook:** Grown to over 6 million followers since its inception in September 2014.
- **Twitter:** Increased followership from 22 lakh in April 2021 to 34 lakh in December 2024.
- **Instagram:** Achieved over 4 lakh followers since its launch in March 2020.
- **YouTube Subscribers:** Surpassed 6.31 lakh subscribers.

The Ministry's social media initiatives have not only extended its digital reach but also fostered meaningful connections with citizens, furthering its mission of making health information accessible, engaging, and impactful for all. Through its strategic use of social media, MoHFW continues to set new benchmarks in public health communication.

PROGRESSIVE USE OF HINDI

CHAPTER 12

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 Joint 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 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 and poetry recitation as well as Hindi Dictation Competition for MTS were organized. The winners of these competitions were awarded cash prizes including certificates. Simultaneously, the first edition of Hindi magazine 'Swasthya Srijan' was published.

12.5 OFFICIAL LANGUAGE CONFERENCES / SEMINARS

During the period, fifteen representatives of the Ministry participated in the 3rd All India Official Language Conference held in Pune, Maharashtra on 14-15 September, 2024 under the chairmanship of the Union Home Minister.

12.6 HINDI WORKSHOPS ORGANIZED

During the period, four 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 REGARDING PROGRESSIVE USE OF HINDI

During the period third sub-committee of the committee of parliament on official language

inspected subordinate office of the Ministry CGHS Hyderabad. In this inspection meeting Joint Secretary (Incharge Rajbhasha) represented the Ministry. In addition to it, to achieve the targets set in the Annual Programme released by the Department of Official Language, the officers of this Ministry inspected their attached/subordinate/autonomous offices. During this period suggestions were also given to the offices to increase the use of official language Hindi in their day to day work.

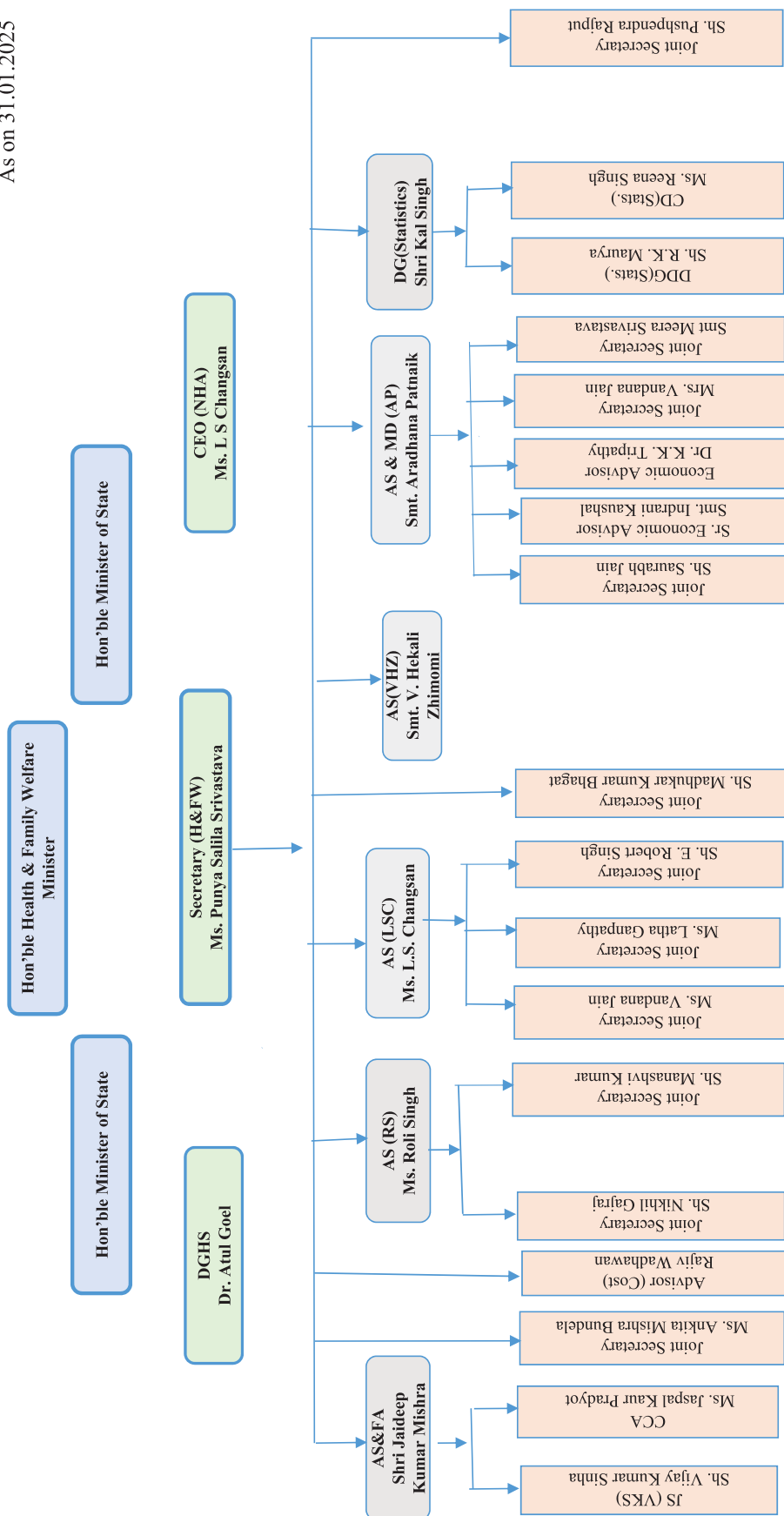
12.8 ORAGAINZING VISHWA HINDI DIWAS

Vishwa Hindi Diwas was organized in the Department on 10th Jan, 2025. The main function was inangurated by Hon'ble MOS, Health & Family Welfare at Dr. Ambedkar International Centre. Virat Kavi Sammelan was also organized on this occasion in which renowned Hindi poets recited poems. In this celebration, certificates were distributed to the winner employees of Hindi Pakhwara by Hon'ble MOS, Secy. (Health) and Jt. Secy. Release of the first Hindi magazine of the Ministry of Health & Family Welfare 'Swasthya Srijan' was the main attraction of this occasion.



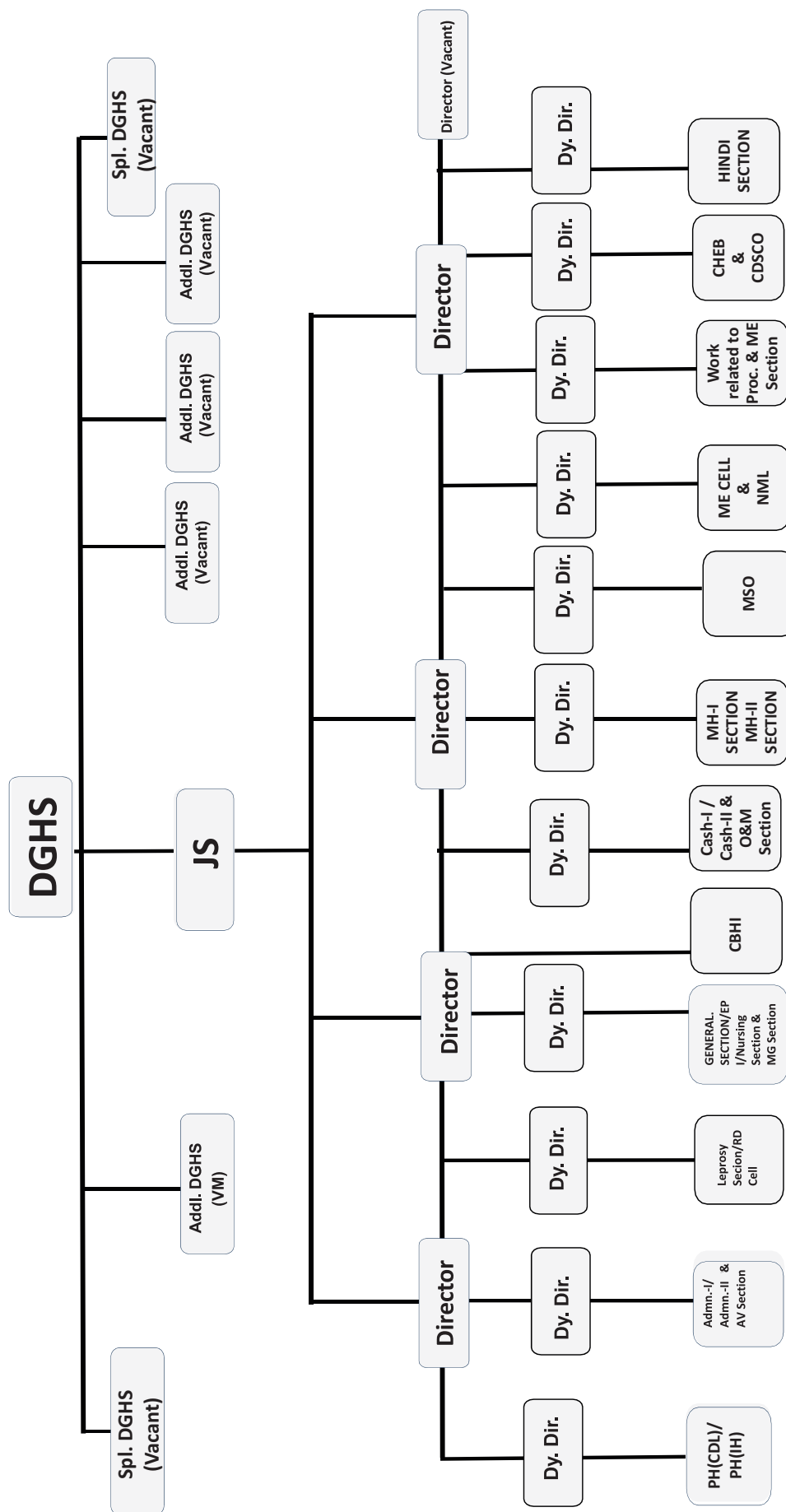
**DEPARTMENT
OF
HEALTH & FAMILY WELFARE**

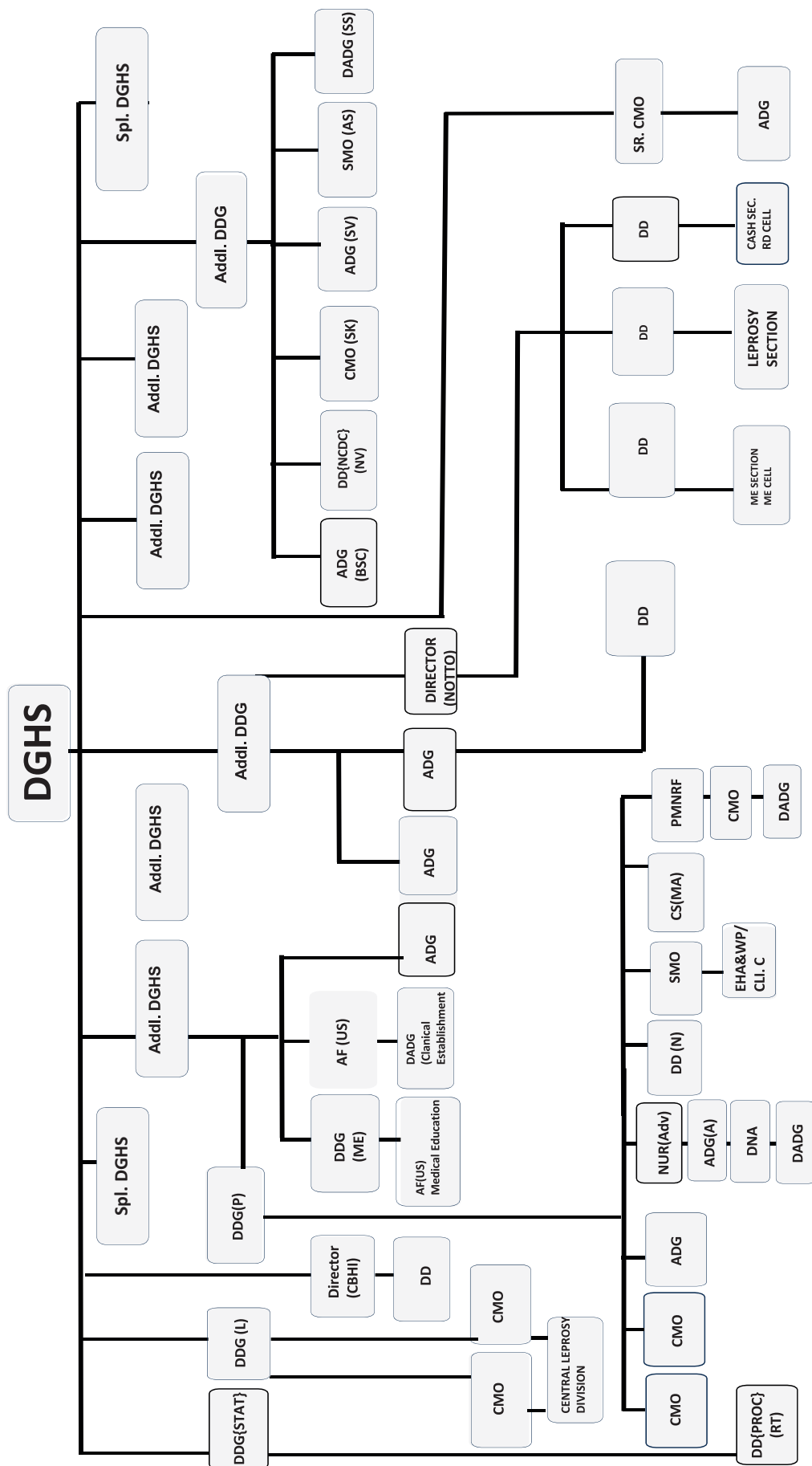
As on 31.01.2025



**DIRECTORATE GENERAL
OF
HEALTH SERVICES**

Organization Chart of Directorate General of Health Services
Administrative Wing (As on 17th December, 2024)





Department of Health & Family Welfare Scheme-wise Statement of BE, RE & Actuals Expenditure from 2023-24 to 2024-25

(Rs. in crore)

Sl. No.	Scheme/Programme/Institute	BE 2023-24	RE 2023-24	Actual 31/03/24	BE 2024-25	RE 2024-25	Actual 31/01/25 (Prov.)
1	Establishment Expenditure of the Centre						
1.01	Secretariat - Social Services	267.40	234.44	203.24	251.50	235.00	190.65
1.02	Direction & Admn.						
	Direction & Admn. (Dte. G.H.S)	80.21	72.45	62.67	102.00	85.00	61.01
	Direction & Admn. (Dte.C.G.H.S)						
	Total	80.21	72.45	62.67	102.00	85.00	61.01
1.03	Central Government Health Scheme	2220.24	1856.00	1827.09	2161.16	2279.70	1846.49
1.04	Safdarjang Hospital, New Delhi	1826.94	1906.67	1818.37	1840.00	1890.00	1554.06
	Vardhman Mahaveer Medical College, New Delhi	26.40	26.40	25.36	34.00	36.50	29.56
1.05	Dr. Ram Manohar Lohia Hospital, New Delhi	1075.00	1070.00	986.47	1360.00	1000.00	805.29
	Dr. RML PGIMER, New Delhi	197.18	234.10	208.82	250.00	220.00	184.09
1.06	Lady Hardinge Medical College & Smt. Sucheta Kripalani Hospital & New Delhi	768.15	625.00	572.52	750.00	630.00	532.11
1.07	Kalawati Saran Children's Hospital, New Delhi	168.53	167.14	149.25	180.00	155.85	129.18
1.08	Other Hospitals/Institutions						
	National Medical Library	48.03	38.45	28.63	40.00	48.08	35.35
	Medical Stores Organization	68.26	72.35	50.64	57.92	51.69	42.52
	Central Institute of Psychiatry, Ranchi	144.19	128.16	116.95	134.00	124.15	97.02
	All India Institute of Physical Medicine and Rehabilitation, Mumbai	28.88	32.12	26.20	48.00	29.74	24.87
	RAK College of Nursing, New Delhi	34.33	23.69	38.05	29.96	29.54	18.65
	Lady Reading Health School	4.73	4.52	4.18	5.00	5.42	4.21
	Port Health Estt. Including APHO	70.00	56.00	46.44	65.89	53.88	44.58
	Port Health Office, JN Port, Nhava Sheva						
	National TB Training Institute, Bangalore	22.17	20.73	17.50	20.00	19.05	15.54
	Central Leprosy Teaching and Research Institute, Chengalpattu	29.20	18.00	15.89	27.33	18.93	15.57
	Regional Leprosy Training and Research Institute, Aska	7.11	4.67	3.51	7.00	3.91	3.15
	Regional Leprosy Training and Research Institute, Raipur	10.98	7.37	5.83	11.00	5.49	4.37
	Regional Leprosy Training and Research Institute, Gauripur	7.26	6.36	5.39	10.70	5.62	4.57
	National Institute of Communicable Diseases (National Centre for Disease Control), Delhi	92.19	76.14	70.17	97.00	80.31	64.49
	Central Drugs Standard Control Org.	185.00	179.54	168.06	210.00	187.05	154.75
	BCG Vaccine Laboratory, Guindy, Chennai	33.71	31.44	27.53	35.00	27.00	19.21
	Central Research Institute, Kasauli	76.91	57.06	50.25	65.00	50.59	40.05
	Institute of Serology, Kolkata	9.51	8.51	7.96	10.95	9.14	7.37
	All India Institute of Hygiene and Public Health, Kolkata	44.75	43.81	42.47	60.00	47.86	39.15
	Child Care Training Centre, Singur	24.88	25.44	23.78	30.00	24.93	20.04
	Central Health Education Bureau, New Delhi	6.58	5.88	4.23	8.00	8.00	3.96
	Regional Health Offices	54.98	47.63	41.07	55.00	45.57	36.58

Sl. No.	Scheme/Programme/Institute	BE 2023-24	RE 2023-24	Actual 31/03/24	BE 2024-25	RE 2024-25	Actual 31/01/25 (Prov.)
	National Institute of Public Health Training and Research, Mumbai	19.52	12.74	11.67	20.00	12.00	9.05
	Rural Health Training Centre, Najafgarh	38.50	40.00	31.80	65.00	36.71	31.23
	Strengthening of HIMS	4.81	2.75	2.69	5.00	3.83	1.34
	National Advisory Board for Standards	1.10	0.56	0.40	1.00	1.00	0.29
	Project Feasibility Testing Scheme	0.01			0.01		
	Total - Other Hospital/Institutions	1067.59	943.92	841.29	1118.76	929.49	737.91
	Total - Establishment Expenditure of the Centre	7697.64	7136.12	6695.08	8047.42	7461.54	6070.35
2	Central Sector Schemes/Projects						
2.01	Pradhan Mantri Swasthya Suraksha Yojana	3365.00	1900.00	1390.03	2200.00	1736.00	1552.36
2.02	Family Welfare Scheme						
	Mass Education - IEC (Information, Education and Communication)	35.87	34.40	25.66	38.45	35.00	13.83
	Information, Education and Communication on PNDT Act.	0.69	0.32	0.12	0.69	0.39	0.12
	Population Research Centres	39.82	31.71	30.87	37.00	32.98	20.68
	Management Information System (MIS)	56.88	181.15	176.89	90.03	50.00	46.17
	Supply of FP Commodities under Free Supply and Social	225.04	225.00	224.74	367.55	412.00	270.99
	WHO supported National Polio Surveillance Project (NPS)	158.30	167.07	158.30	161.00	89.00	8.77
	Total - FW	516.60	639.65	616.58	694.72	619.37	360.56
2.03	National AIDS and STD Control Programme	2916.97	2300.00	2313.45	2700.00	2858.00	2177.24
2.04	Blood Transfusion Service	161.00	119.06	136.20	190.00	140.00	4.41
2.05	National/State Blood Transfusion Council (GC)	2.00	1.50		2.00	2.00	0.10
2.06	Global Fund under Covid-19 Response Mechanism 2021	495.00	15.00	6.13	125.00	125.00	4.77
2.11	National Pharmacovigilance Prog.	8.53	8.00	7.87	8.53	8.53	5.97
2.12	Development of Nursing Services	33.41	23.40	22.86	22.00	22.00	11.64
2.14	Health Sector Disaster Preparedness & Management	128.14	71.68	30.51	94.00	15.00	5.27
2.15	National Organ Transplant Programme	15.68	11.00	7.45	15.00	10.00	2.69
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	55.54	27.52	17.05	52.00	30.37	19.27
2.22	Pradhan Mantri Garib Kalyan Project - Insurance Scheme for Health Care Workers fighting COVID-19	0.01	16.90	15.50	0.10	0.01	
2.23	Prime Minister -Ayushman Bharat Health Infrastructure Mission (PMABHIM)	645.86	200.21	169.55	556.57	380.00	206.60
2.24	ECRP-I(EAP)	1.78					
2.26	Expenditure in UTs - Emergency Epidemic Preparedness and Response (EAP)						
2.27	National Digital Health Mission - Ayushman Bharat Digital Mission (ABDM)	341.02	200.00	175.36	200.00	225.00	112.97
2.29	National Tele Mental Health Programme	133.73	65.00	32.90	90.00	45.00	31.03
	Total - Central Sector Schemes/Projects	8820.27	5598.92	4941.44	6949.92	6216.28	4494.88
3	Other Central Expenditure, including those on CPSEs and Autonomous Bodies						
3.01	Medical Treatment of CGHS Pensioners (PORB)	3846.19	4296.40	4282.72	5384.00	5440.00	5087.28
3.02	Purchase of Material in India and Abroad	375.00	375.00	292.73	390.00	380.00	253.25
	Deduct Recoveries	-375.00	-375.00	-272.14	-390.00	-380.00	-190.50
	Net			20.59			62.75
3.03	International Cooperation/ International Health						
	(ii) Contribution to WHO	34.00	54.50	60.85	54.00	54.00	2.45
	(iii) Delegation to International Conference	5.00	4.50	4.90	5.00	3.71	3.43
	(IV) Int. Conf. on Med. & Public Health	37.00	20.00	27.78	10.00	4.22	2.81
	(vi) Membership for International Org.	91.00	7.00	6.83	8.00	7.00	6.89

Sl. No.	Scheme/Programme/Institute	BE 2023-24	RE 2023-24	Actual 31/03/24	BE 2024-25	RE 2024-25	Actual 31/01/25 (Prov.)
	(vii) International Co-operation (FW)	25.00	25.00	24.84	25.00	25.00	20.87
	(viii) Redevelopment of WHO-SERO Building	62.00	45.00	45.00	77.23	78.13	25.00
	Total	254.00	156.00	170.20	179.23	172.06	61.45
3.04	Other Miscellaneous Expenditure						
	National Centre for Disease Control Programme	13.00	12.93	5.13			
	Discretionary Grant	2.88	1.04	0.40	2.00	1.13	0.66
	Haj Pilgrims	9.27	22.69	22.65	20.00	19.95	19.29
	Rashtriya Arogya Nidhi	67.28	20.00	13.34	35.00	27.36	20.65
	Award of Prizes in Hindi	0.13	0.11	0.09	0.16	0.16	0.09
	Award of Prizes to Govt. Hospitals/Institutions under Kaya Kalp Scheme	9.67	9.67	9.58	9.67	9.67	
	<i>Counselling for UG/PG seats in Government Colleges</i>	<i>1.50</i>	<i>1.05</i>	1.32	<i>1.50</i>	<i>11.50</i>	0.07
	<i>Deduct Recoveries</i>						
	Net	1.50	1.05	1.32	1.50	11.50	0.07
	Compensation to the victims or to their families on account of accidents, injury or death at public places	0.10			0.10	0.01	
	National Policy for Rare Disease (NPRD)	144.19	103.32	109.00	120.00	118.82	57.97
	Total - Deduct Recovery						
	Total - Net	248.02	170.81	161.51	188.43	188.60	98.73
3.05	Autonomous Bodies and PSUs						
	Statutory Bodies						
1	All India Institute of Medical Sciences (AIIMS), New Delhi	4134.67	4278.00	4489.67	4523.00	5000.00	4520.50
2	Post Graduate Institute of Medical Education & Research, Chandigarh	1923.10	2123.00	2123.00	2200.00	2240.00	1797.22
3	Jawaharlal Institute of Post Graduate Medical Education & Research, Puducherry	1490.43	1307.00	1307.00	1440.00	1370.00	1073.75
4	National Institute of Mental Health & Neuro-Sciences, Bangaluru	721.15	750.54	750.54	850.00	780.00	622.50
5	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong	528.83	455.67	416.30	500.00	475.00	389.00
6	Regional Institute of Medical Sciences, Imphal	629.16	611.00	611.00	619.00	632.30	464.25
7	Locopriya Gopinath Bordolo Regional Institute of Mental Health, Tejpur	63.66	72.53	71.10	60.00	50.00	44.70
8	Regional Institute of Paramedical and Nursing Sciences, Aizawl	125.04	115.04	101.90	130.00	101.00	74.00
9	Establishment Expenditure of New AIIMS	6835.00	6735.00	6579.64	6800.00	7500.00	6699.69
10	Other Autonomous Bodies						
	National Institute of Tuberculosis and Respiratory Disease, New Delhi	137.00	150.00	154.67	145.38	165.00	145.38
	Vallabh Bhai Patel Chest Institute, Delhi University	75.02	72.00	72.00	77.00	77.00	77.00
	Kasturba Health Society, Wardha	105.82	103.82	110.04	118.97	118.97	118.97
	Cancer Control (CNCI, Kolkata)	115.16	84.79	71.05	100.00	90.00	84.01
	All India Institute of Speech & Hearing, Mysore	125.04	108.00	81.88	130.00	90.82	71.57
	National Institute of Biologicals, Noida	61.43	55.32	52.81	63.00	63.20	59.87
	Pasteur Institute of India, Conoor	76.21	67.88	67.80	90.00	77.66	60.12
	New Delhi TB Centre	6.60	6.40	6.40	6.83	6.83	5.12
	Indian Red Cross Society	0.40	0.20	0.20	0.40	0.40	
	St. Johns Ambulance	0.04	0.04	0.04	0.04	0.04	
	Institute of Human Behavior & Allied Sciences						
	National Institute of Health and Family Welfare, New Delhi	91.37	85.46	79.56	100.00	100.00	70.56
	International Institute for Population Sciences, Mumabi	77.42	69.21	69.12	60.00	40.50	29.52
	Total	871.51	803.12	765.57	891.62	830.42	722.12

Sl. No.	Scheme/Programme/Institute	BE 2023-24	RE 2023-24	Actual 31/03/24	BE 2024-25	RE 2024-25	Actual 31/01/25 (Prov.)
	Regulatory Bodies						
11	Food Safety & SAI	574.86	590.00	557.72	620.00	520.00	390.00
12	Indian Pharmacopeia Commission	30.75	30.75	30.72	32.00	30.50	24.70
13	Medical Council of India	0.01			0.01	0.01	
14	Dental Council of India	0.30	0.30	0.30	0.30	0.30	0.23
15	Pharmacy Council of India	0.20	0.20	0.15	0.20	0.20	
16	Indian Nursing Council	0.19	0.19	0.19	0.19	0.19	0.19
17	National Academy of Medical Sciences	2.28	2.28	2.28	2.50	3.00	2.50
18	National Board of Examination	0.01			0.01	0.01	
19	National Commission for Allied & Health Care Professions	30.50	10.26	2.63	20.00	9.26	0.75
	Total - Regulatory Bodies	639.10	633.98	593.99	675.21	563.47	418.37
	Total - Autonomous Bodies	17961.65	17884.88	17809.71	18688.83	19542.19	16826.10
	Total - Autonomous Bodies and PSUs	17961.65	17884.88	17809.71	18688.83	19542.19	16826.10
	Total - Other Central Expenditure, including those on CPSEs and Autonomous Bodies	22309.86	22508.09	22444.73	24440.49	25342.85	22136.31
	Total	38827.77	35243.13	34081.25	39437.83	39020.67	32701.54
	Total - Net (Health)	38827.77	35243.13	34081.25	39437.83	39020.67	32701.54

Part - II (NHM)

Sl. No.	Scheme/Programme/Institute	BE 2023-24	RE 2023- 24	Actual 31/03/24	BE Regular 2024-25	RE 2023- 24	Actual 31/01/25 (Prov.)
1	National Health Mission (NHM)						
1.01	Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission	22094.57	23331.25	24851.20	28783.00	28783.00	25755.87
1.02	Strengthening of National Programme Management of the NHM	192.32	239.96	214.21	217.00	217.00	172.89
1.03	Infrastructure Maintenance	6798.37	7979.66	7977.20	7000.00	7000.00	5864.37
Total - NHM		29085.26	31550.87	33042.61	36000.00	36000.00	31793.13
	Strengthening of State drug regulatory system	72.14	52.00	48.58	75.00	50.00	45.10
3	Tertiary Care Programme/Schemes						
a	National Mental Health Programme	33.79	23.00	15.14	30.71	19.99	2.49
b	Assistance for Capacity Building for Trauma Centres						
	i) Trauma Centers	18.84	13.00	8.13	18.00	18.00	6.31
	ii) Prevention of Burn Injury						
	<i>Total-Assistance for Capacity Building</i>	<i>18.84</i>	<i>13.00</i>	<i>8.13</i>	<i>18.00</i>	<i>18.00</i>	<i>6.31</i>
c	National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and stroke (NPCDCS)	100.03	50.00	72.40	109.00	80.00	36.48
d	National Programme for Health care for Elderly	16.52	45.37	32.20	51.00	60.91	0.98
e	National Programme for Control of Blindness	3.77	5.00	4.07	6.55	6.00	3.16
f	Tobacco Control Programme & DDAP	81.86	101.27	88.14	115.00	90.00	56.55
g	Telemedicine	35.00	38.75	38.75	39.00	48.00	30.66
	Total - Tertiary Care Programme/Schemes	289.81	276.39	258.83	369.26	322.90	136.63
4	Human Resources for Health & Medical Education						
4.01	Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges (NIF).	6500.00	1169.87	928.78	1054.79	379.12	163.08
	Inter Account Transfer			4500.00			
	Augmenting Nursing Education - Establishment of New Medical Colleges		350.00	250.00	220.00	200.00	11.50
	Total - Human Resources for Health & Medical Education	6500.00	1519.87	5678.78	1274.79	579.12	174.58
5	Rashtriya Swasthya Bima Yojna (RSBY) - RSSY	0.01	81.21	78.13	0.01	3.09	
6	Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)	7200.00	6800.00	6551.47	7300.00	7605.54	4970.56
7	Senior Citizens Health Insurance Scheme	0.01	1.32	0.16	0.01	1.16	
8	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	4200.00	2100.00	1805.77	3200.00	3000.00	1190.33
9	India COVID-19 Emergency Response Health System Preparedness Package (Phase-II) (DBS)						
	Total - NHM	47347.23	42381.66	47464.33	48219.07	47561.81	38310.33
	Deduct Recoveries			-1253.57			-602.81
	Grand Total	86175.00	77624.79	80292.01	87656.90	86582.48	70409.06

**Status of Action Taken notes on Audit Observations included in C&AG's Reports against
Department of Health and Family Welfare (F.Y. 2024-25)**

Sl. No.	Report No. (Date of Laying of the Report)	Para No.	Brief Subject of Paras	Status of Action taken Note (ATN)
1.	25 of 2023 (09.02.2023)	4.1	Excess payment of water charges to MADC, Nagpur amounting to ₹68.09 lakh (All India Institute of Medical Sciences, Nagpur)	Final ATN has been uploaded on APMS Portal on 04.11.2024. The same has been forwarded to Lok Sabha on 11.11.2024
		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)	Final ATN has been uploaded on APMS Portal on 23.08.2024. The same has been forwarded to Lok Sabha on 23.08.2024
		4.4	Non observance of the provisions of GST act resulted in loss to the exchequer	Final ATN has been uploaded on APMS Portal on 06.08.2024. The same has been forwarded to Lok Sabha on 08.08.2024.
2.	11 of 2023 (08.08.2023)	Entire Report	Performance Audit of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY)	This report has been converted to PAC Report No. 151
3.	21 of 2023 (10.08.2023)	17 Paras	Financial Audit of the Accounts of Union Government (Civil)	Out of 17 Paras, 01 para (Para No. 3.8.2.3) does not pertain to this Department & the same has been communicated to the Audit with a request to remove the para from APMS portal. Out of remaining 16 paras, Draft ATNs on 13 Paras have been uploaded on APMS Portal and remaining 03 paras are pending.
4.	8 of 2024 (12.08.2024)	2.6	2.6 - Loss due to expiry of anti-TB & other drugs	Draft ATN has been uploaded on APMS Portal on 03.12.2024. The same has been vetted by Audit on 27.12.2024. Now, Final ATN is pending.
		2.7	Avoidable expenditure on electricity charges	Final ATN has been uploaded on APMS Portal on 23.01.2025. The same has been forwarded to Lok Sabha on 24.01.2025.

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