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MINISTRY OF
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INTRODUCTION

The Department of Health & Family Welfare (DoHFW) is committed to ensure the highest possible level of health and well-being of all through a preventive and promotive healthcare orientation in all developmental policies and universal access to good quality health care services while mitigating financial hardship. Towards this objective, the Ministry of Health & Family Welfare (MoHFW) is implementing various schemes, programmes and national initiatives to provide universal access to quality healthcare. The approach is to increase access to decentralized public health systems by establishing new infrastructure in deficient areas and by upgrading the infrastructure in existing institutions. There is also a need to strengthen the role of the public sector in social protection against the rising costs of healthcare services and the need to provide a comprehensive package of services with due prioritization to the health of women and children.

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

Ayushman Bharat, a flagship scheme of the Government of India, was launched as recommended by the National Health Policy 2017, to achieve the vision of Universal Health Coverage (UHC). This initiative has been designed to meet Sustainable Development Goals (SDGs) and its underlying commitment, which is to "leave no one behind".

Ayushman Bharat is an attempt to move from a sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. This initiative aims to undertake path breaking interventions to holistically address the healthcare system (covering prevention, promotion and ambulatory care) at primary, secondary and tertiary level. It adopts a continuum of care approach, comprising of four pillars, which are:

1) Ayushman Arogya Mandir (AAM)
2) Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)
3) Ayushman Bharat Digital Mission (ABDM)
4) Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM- ABHIM)

The existing Sub-Health Centres (SHCs) and Primary Health Centres (PHCs) are being upgraded to **Ayushman Arogya Mandir (AAMs)** to deliver universal, free comprehensive primary healthcare services, with a focus on wellness and delivery of an expanded range of services closer to the community. The services span from promotive, preventive, curative, rehabilitative and palliative care targeting holistic healthcare service delivery. AAMs deliver expanded range of services which go beyond maternal and child healthcare services to include care of non-communicable diseases, palliative and rehabilitative care, oral, eye and ENT care, mental health and first level for emergencies and trauma management, including availability of free essential drugs (106 drugs at SHCs, 172 at PHCs, 300 at CHCs, 318 at SDHs and 381 drugs at DHs) and diagnostic services (14 services at AAM-SHCs, 63 at PHCs, 97 at CHCs, 111 at SDHs and 134 at DHs) at public health facilities.

All AAM-PHCs and AAM-SHCs are provided with sufficient space for outpatient care, dispensing medicines, diagnostic services, adequate spaces to display communication material of health messages, including audio-visual aids and appropriate community spaces for wellness activities, including the practice of Yoga and physical exercises.

Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families, constituting the economically vulnerable bottom 40% of India's population. On 29.10.2024, the scheme was further extended to cover 6 Crore senior citizens aged 70 years and above, representing 4.5

Crore families, through the Vay Vandana Card, irrespective of their socio-economic status. Additionally, AB PM-JAY now covers ASHA workers, Anganwadi workers and their families, providing Rs.5 lakh annual health cover, expanding on previous social security benefits like free insurance premiums. This inclusion brings about 37 lakh ASHA families under the scheme for cashless, quality secondary/ tertiary care.

Ayushman Bharat Digital Mission (ABDM) aims to create an online platform enabling interoperability of health data within the health ecosystem. Its core components include Ayushman Bharat Health Account (ABHA) for citizens, Health Professional Registry (HPR), Health Facility Registry (HFR) and ABHA Application. The digital health ecosystem created by ABDM supports continuity of care across primary, secondary and tertiary healthcare in a seamless manner.

Launched in 2021, **Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** is a Centrally Sponsored Scheme with certain Central Sector components, aimed at strengthening primary, secondary and tertiary healthcare facilities. It focuses on enhancing grassroots public health institutions to ensure universal access to comprehensive primary healthcare services, including diagnostics and critical care. It emphasizes expansion of IT- enabled disease surveillance systems to e ectively detect, investigate, prevent and manage public health emergencies and disease outbreaks, making the healthcare system more responsive during crisis. Under PM-ABHIM, support is provided for development of infrastructure, including Building-less Sub-Centres in rural and urban areas, Block-level Public Health Units, Integrated Public Health Laboratories and Critical Care Hospital Blocks. As a measure to strengthen emergency coordination and on-site emergency care to disaster victims for better disaster preparedness, fifty (50) Bharat Health Initiative for Sahyog, Hita & Maitri (BHISHM) Cubes have been deployed to AIIMS and other Institutes of National Importance. These rapidly deployable, Make in India cubes are modular units that provide flexible emergency healthcare infrastructure during disaster situations and mass gatherings.

This year, the e ort of DoHFW has enabled progress towards the commitments of National Health Policy, 2017. The **National Health Mission (NHM),** which is the flagship health systems reform programme, provides a robust platform for implementation of a range of interventions focused on primary and secondary healthcare in rural and urban areas. NHM's e orts at strengthening health systems in the States/UTs by allocating additional financial resources, flexibility in design and implementation ensured sharper focus on particularly marginalized and vulnerable populations and enabled us to achieve impressive improvements in several key indicators of Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition (RMNCHA+N) and communicable diseases. NHM seeks to strengthen the public health delivery system at all levels.

Guided by the National Health Policy 2017, MoHFW has strengthened the public health delivery system to ensure accessible, a ordable and quality healthcare. A cornerstone achievement is operationalization of over 1.82 lakh AAMs as on 31.12.2025, aiming at providing Comprehensive Primary Health Care. Leveraging technology to bridge the rural-urban divide, e-Sanjeevani platform has facilitated over 42.66 Crore tele-consultations.

As per latest SRS (2021-23), the **Maternal Mortality Ratio (MMR)** of India is **88 per lakh live births** against Sustainable Development Goal (SDG) target of below 70 per lakh live births. **Eight States have achieved the SDG target** of MMR viz. Kerala (30), Maharashtra (36), Tamil Nadu (35), Andhra Pradesh (30), Telangana (59), Jharkhand (54), Gujarat (51) and Karnataka (68). MMR of India has reduced by 86% since 1990, far exceeding the global average of 48%, as per current United Nations Maternal Mortality Estimation Inter-Agency Group (UN- MMEIG) Report 2000-2023.

India has implemented a comprehensive range of maternal health initiatives to ensure free and equitable access to quality healthcare services for all pregnant women and lactating mothers. These initiatives include, **Janani Suraksha Yojana (JSY)** which safe motherhood intervention by encouraging institutional deliveries through financial incentives and **Janani Shishu Suraksha Karyakram (JSSK)** which provides free and comprehensive care for pregnant women and newborns in public health facilities.

The **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** and **Extended PMSMA** ensure quality antenatal check-ups and tracking of the High-Risk Pregnancy (HRP), whereas the Scheme for Optimizing Postnatal Care focuses on early detection and timely management of post-partum complications. The assured and respectful service delivery initiatives like **Surakshit Matritva Aashwasan (SUMAN)** is also being implemented.

The Government is rolling out Midwifery Services, functionalizing First Referral Units (FRUs), establishing Maternal and Child Health (MCH) Wings, Birth Waiting Homes (BWH) and operationalizing obstetric High Dependency Units (HDU) and Intensive Care Units (ICU). Together, these initiatives and services ensure well-being of mothers and their babies throughout pregnancy and beyond.

MoHFW launched the Nationwide campaign **"Swasth Nari, Sashakt Parivar Abhiyaan" (SNSPA)** from 17.09.2025 to 02.10.2025, focusing on the health and nutrition of women, adolescent girls and children, **aiming to strengthen early detection, access to essential health services and empower families** to adopt healthier lifestyles for a stronger and healthier India. The campaign was inaugurated by the Hon'ble Prime Minister during the national launch event held on 17.09.2025 at Dhar, Madhya Pradesh. The campaign was organized at all Ayushman Arogya Mandirs (AAMs), Community Health Centers (CHCs) and District Hospitals (DHs) across the country. The initiative also involved Central government institutes, medical colleges and private organizations. During the campaign, over 19 lakh health camps were organized, registering a massive footfall of nearly 11 Crore citizens nationwide.

The **Child Health** programme under RMNCHA+N strategy of NHM comprehensively integrates the interventions which improve child health and nutrition status, and addresses the factors contributing to neonatal, infant, Under-Five mortality and malnutrition.

According to the latest Sample Registration System (SRS) Report 2023, India's Under-Five Mortality Rate is **29** per 1,000 live births, the Infant Mortality Rate is **25** per 1,000 live births, and the Neonatal Mortality rate is **19** per 1,000 live births. As per the report, **eight (8) States/ UTs** have already achieved the SDG target for neonatal mortality (NMR ≤12 by 2030) [i.e. Kerala (4), Delhi (9), Tamil Nadu (9), Jammu & Kashmir (10), Maharashtra (11), Himachal Pradesh (11), Karnataka (11) and Punjab (12)] also **thirteen (13) States/ UTs** have also met the SDG target for Under-five mortality (U5MR ≤25 by 2030) i.e. [Kerala (8), Tamil Nadu (13), Jammu & Kashmir (15), Delhi (16), Maharashtra (16), Himachal Pradesh (17), Karnataka (17), West Bengal (18), Andhra Pradesh (21), Punjab (22), Telangana (22), Gujarat (23) and Uttarakhand (23)].

As per the UN Inter-Agency Group for Child Mortality Estimation (UN IGME) Report released on 25.03.2025, India achieved a 78% decline in the Under-Five Mortality Rate (U5MR) surpassing the global reduction of 61% and 70% decline in the Neonatal Mortality Rate (NMR) compared to 54% globally in during 1990-2023. UNIGME identifies India as an **exemplar** for its demonstrable success in reducing child mortality through effective strategies and policies.

Various **facility-based** and **community-based interventions** are also being implemented to reduce child morbidity and mortality. As of now, 1,114 Special Newborn Care Units (SNCUs)/ Neonatal Intensive Care Units (NICUs) have been established at District Hospitals and Medical Colleges to provide round- the-clock care for sick newborns. Additionally, 3,215 Newborn Stabilization Units (NBSUs) at FRUs and CHCs level, along with 22,150 Newborn Care Corners (NBCCs) at delivery points, have been sanctioned to ensure availability of essential and emergency newborn care. Recently, MoHFW released revised Operational Guidelines on Facility-Based Newborn Care (FBNC) and training modules on Oxygen Support System for Newborns and Empowering Mothers and Caregivers in providing Nurturing Care to small and sick newborns. These revised FBNC guidelines and training modules strengthen the quality of care for small and sick newborns by improving clinical practices, ensuring safer oxygen management and empowering families to support optimal newborn growth and development.

MoHFW has released operational guidelines on **Stillbirth Surveillance and Response in Public Health Facilities.** These initiatives are critical towards achieving Sustainable Development Goal

(SDG) 3.2, which aims to end preventable deaths of newborns and children Under-five years of age by 2030.

Under community-based initiatives, **Home Based Newborn Care (HBNC)** and **Home-Based Care for Young Child (HBYC)** programmes are implemented through scheduled home visits by ASHAs in the country. These visits empower families as well as facilitate early identification of danger signs and timely referral to health facilities. ASHAs act as a crucial bridge between the community and health facilities, with the aim of reducing child morbidity and mortality. During FY 2024-25, around 1.51 Crore newborns were visited, and more than 73 lakh newborns were visited upto Quarter 2 (April–September) of FY 2025-26. Similarly, a total of 4.81 Crore home visits were conducted for young children (3-15 months) in FY 2024-25, and 2.98 Crore visits were conducted by Quarter 2 (April- September) of FY 2025-26. The programmatic intervention focuses strongly on "at-risk" children at the community level.

Under **Rashtriya Bal Swasthya Karyakram (RBSK),** the focus is on early identification of 4D's and management of health conditions. 11,472 Mobile Health Teams screen children in the age group of 0-18 years of age at Anganwadi Centres and Schools. 451 **District Early Intervention Centres (DEICs)** have been set up for therapeutic management and follow-up care. These interventions aim to enhance the overall quality of life of children through early detection and intervention for birth defects, diseases, deficiencies, and developmental delays (4Ds), while also helping to reduce out-of-pocket expenditure for families. During April-June, 2025 (Q1 of FY 2025-26), 4.72 Crore children were screened; 33.32 lakh children were identified with any of 4Ds; 24.31 lakh children availed services in secondary tertiary facilities.

MoHFW is implementing several integrated nutrition specific programmes in life cycle approach for interrupting the inter-generational cycle of under-nutrition, such as **Nutrition Rehabilitation Centre (NRC), Mother's Absolute A ection (MAA), Anemia Mukt Bharat (AMB)** Strategy, **National Deworming Day (NDD)** and **Lactation Management Centres.** A network of 1182 NRCs have been established across 31 States/UTs to provide medical and nutritional therapeutic care of Moderate and Severe Acute Malnourished (MAM and SAM) children under 5 years of age with medical complications as of FY 2025-26 (Q2).

MAA is an intensified program implemented to revitalize e orts towards promotion, protection and support of breastfeeding practices at both community and facility level. To address the pervasive challenge of anemia, AMB programme is implemented to reduce anemia among children, adolescents and women. The Iron and Folic Acid (IFA) tablet coverage during FY 2025-26 (Q2, HMIS) is 43.8% of children of age group 6-59 months were provided 8-10 doses of IFA syrup every month, 61.0% of children of age group 5-9 years were provided 4-5 IFA Pink tablets every month, 62.1% of children of age group 10-19 years were provided 4-5 IFA Blue tablets every month, 95% of pregnant women and 66.0% of lactating women were provided 180 IFA Red tablets during ANC and PNC respectively.

NDD programme is implemented as a single fixed day approach to reduce the intestinal worm infection among children and adolescents (1-19 years). Albendazole tablets are administered to children and adolescents via schools and Anganwadi centres. In the year 2025 (February round), 17.9 Crore children (1-19 years) were covered, with a coverage of 91.5 percent against the State target.

Comprehensive Lactation Management Centres (CLMCs) and Lactation Management Units (LMUs) ensure access to safe pasteurized donor human milk and expressed mother's own breast milk for feeding sick, preterm and low birth weight babies. As of FY 2025-26 (Q2), a network of 72 CLMCs and 74 LMUs are functional.

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, the Ministry launched **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 2020, MoHFW introduced **Ayushman Bharat-School Health & Wellness Programme (AB- SHWP)** which is a collaborative e ort integrating school-based health promotion

into the Health and Wellness component. During FY 2025-26 (upto September 2025) with 8980 Adolescent Friendly Health Clinics nationwide, 82.60 Lakh adolescents accessed the services. The Peer Educator Programme trained 1.84 lakh educators, and around 1.35 lakh Adolescent Health and Wellness Days were celebrated. The Weekly Iron Folic Acid Supplementation (WIFS) reached 5.4 Crores adolescents monthly and, under the Menstrual Hygiene Scheme, sanitary napkins were distributed to 43.44 Lakh girls monthly. AB-SHWP extended to 539 Districts by training 12.09 lakh Health and Wellness Ambassadors by September 2025.

The **National Menstrual Hygiene Policy** for school-going girls, released in November 2024, has been rolled out with the objective that all girls of Government and Government-aided schools have access to safe and low-cost menstrual hygiene products and gender-responsive sanitation facilities for menstrual hygiene management in a supportive environment, fostering an improved quality of life. This has been developed in collaboration with various Ministries/ Departments, State and UTs and relevant stakeholders.

India was the first country in the world to launch a Family Planning program in 1952. With the various strategies under Family Planning, India has made substantial progress. The country has achieved a **Total Fertility Rate (TFR) of 2.0** as per NFHS-5 (2019-21). In alignment with the National Population Policy 2000 and the National Health Policy 2017, the program focuses on voluntary adoption of family planning services, with programmatic interventions addressing critical concerns of healthy timing and spacing of pregnancies for health and well- being of mother and child. A Continuum of Care integrated approach across maternal, child, and adolescent health is supported with various IEC and awareness activities to safeguard health of mother and child.

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 2.54 Crore newborns, in over 1.36 Crore immunization sessions annually. Under UIP, a total of 12 phases of Mission Indradhanush (MI) was carried out, for the left out, dropped out children, vaccinating 5.46 Crore children and 1.32 Crore pregnant women, nationwide. The last IMI was conducted in FY 2023-24. A total of 14.32 Crore beneficiaries has been registered and 60.98 Crore vaccine doses have been administered on UWIN digital platform (as on 31st December, 2025). The **Full Immunization Coverage (FIC)** for FY 2025-26 (April to November 2025) is 99% (HMIS).

Under the **National Vector Borne Disease Control Programme (NVBDCP),** three diseases are under elimination namely Malaria, Kala Azar and Lymphatic Filariasis. For **Kala Azar,** elimination threshold of less than one case per 10,000 population has been attained in 2023 in all 633 endemic Blocks of 54 Districts in four endemic States well ahead of the 2030 Global SDG target and the same has been sustained till date. India has achieved a reduction of 78.15% in malaria cases and 77.60% in **malaria** deaths between 2015 and 2024. Total 160 Districts across 23 States have reported Zero indigenous cases since 2022 for three consecutive years and are, therefore, eligible for Sub- National Verification for Malaria Elimination. As per World Malaria Report 2025, India officially exited the list of High Burden to High Impact countries in 2024 and on track to meet the Global Technical Strategy for malaria 2016–2030 target for reductions in incidence by 75% in 2025, with reductions of 70% or more in 2024. The target for **Lymphatic Filariasis** elimination is Microfilaria rate <1% for which during Mass Drug Administration (MDA) campaigns in 2025 country achieved 94% coverage in 111 Districts (696 Blocks) in 13 States in February round and 95% Coverage in 50 districts (394 Blocks) in 4 States in August round.

TB Mukt Bharat Abhiyaan (National TB Elimination Programme) has been a priority intervention implemented under NHM, to accelerate the decline of TB incidence in India. The Global TB Report 2025 by the World Health Organization, documented that the incidence rate of TB has reduced by 21% from 237 per lakh population in 2015 to 187 per lakh population in 2024, which is almost twice the pace of global decline (12%). At the same time, TB deaths have also seen a 25% reduction from 28 per lakh population in 2015 to 21 per lakh population in 2024.

With use of advance diagnostics like AI enabled hand-held X-Ray and upfront molecular diagnostics (NAAT tests), the programme was able

to notify 26.2 lakh cases in 2024 and in 2025 (January to October) the TB cases notification has reached 26.4 lakhs, including 9.4 lakhs from the private sector. TB preventive treatment was also scaled up. The diagnosed TB cases were initiated on treatment along with nutrition support of Rs.1,000/- per month & di erentiated TB care for ensuring successful treatment outcomes.

The key strategies under TB Mukt Bharat Abhiyaan includes focusing on vulnerable population & congregate settings for early detection of TB including asymptomatic TB through screening by Chest X-ray, upfront Nucleic Acid Amplification Test (NAAT) for all presumptive TB cases, timely treatment initiation & completion, di erentiated TB care for managing high-risk TB cases, nutrition support and preventive treatment to eligible vulnerable population.

Jan Bhagidari was at the core of the TB Mukt Bharat Abhiyaan strategy which led to active involvement of elected representatives, Panchayati Raj Institutions, Urban Local Bodies. The Abhiyaan demonstrated a 'Whole of Government' & 'Whole of Society' approach with large-scale involvement of youth, schools & colleges, 23-Line Ministries along with community support through Ni- kshay Mitras. The strategies of TB Mukt Bharat Abhiyan have now been scaled up and expanded nationwide across all Districts. Since 07.12.2024 under the Abhiyan, over 20 Crore vulnerable individuals have been screened through which 28.6 lakh new TB cases were notified, including more than 9.8 lakh asymptomatic TB cases, which otherwise would have been missed and continued to transmit TB infection in the community.

The **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 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 Special Campaigns like **'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 which 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 a ected by HIV/AIDS. NACO has signed 18 Memorandums of Understanding with key Ministries/ Departments to catalyse HIV/AIDS response under their respective mandates.

Under NACP-V, prevention services for High-Risk and other vulnerable populations are being provided through 1587 Targeted Intervention sites, 162 Link Worker Schemes, 489 OST centres including Satellite centres and 1267 Prison and 1140 Other Closed Settings. There are 1,130 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 4571 counselling and testing centres. 77 public health laboratories are conducting HIV-1 viral load testing for treatment monitoring of People living with HIV (PLHIV). More than 18.14 lakh PLHIV are currently on life-saving free antiretroviral treatment through 829 Antiretroviral Therapy (ART) centres and 1337 link ART centres. Around 15.60 lakh viral load tests were conducted during January 2025 to November 2025.

India's **Blood Transfusion Services (BTS)** network comprises 4,498 licensed blood centres across the States/UTs, spanning the government, private and charitable sectors. Of these, 1,131 centres receive support from the Central Government for manpower, blood bags, testing kits, VBD camps, and IEC activities, including AV films and jingles to promote awareness. Mobile vans enhance access in remote areas. As of November 2025, the country collected 1.43 Crore units of blood, meeting a national requirement of 14.6 million units, with 74.6% from voluntary donors. Around 72% of centres now have Blood Component Separation Units, improving clinical efficiency. Key milestones included the national rollout of EQAS guidelines, updated VBD protocols, and region-wise nurse training. Two major events i.e.

National Conclave on Blood Centre Practices (Kochi) and Workshop on Rational Use of Blood and Blood Products (Visakhapatnam) strengthened best practices in transfusion medicine and patient blood management. These initiatives reflect India's commitment to safe, adequate, and quality-assured blood services nationwide.

Under **Integrated Disease Surveillance Program (IDSP),** substantial progress was achieved in strengthening disease surveillance and outbreak response through the Integrated Health Information Platform (IHIP). During the period from 1st January 2025 to 31st December 2025, an average of 77.86%, 81.89% and 83.15% of reporting units reported through the Syndromic (S), Presumptive (P) and Laboratory Confirmed (L) forms, respectively, on the IDSP- IHIP portal. Further, the IDSP network successfully detected and responded to various outbreaks reported between 1st January 2025 and 14th December 2025 (Week 50), reflecting strengthened surveillance systems and timely public health action.

During the current year, the National Centre for Disease Control (NCDC) placed focused emphasis on strengthening multi-sectoral capacity building. This included national-level capacity-building workshops for State and District officials under the National Program for Climate Change and Human Health (NPCCHH). Sector Connect (Field Epidemiology Program-One Health) trainings conducted across four states covering 36 Districts and building competencies of 182 District- level officers across human, animal and environmental health sectors; conduct of simulation exercises; launch of specialized training modules on chemical emergency management; and institutional preparedness strengthening through disaster response exercises. Collectively, these initiatives enhanced India's preparedness, surveillance, response readiness, and technical leadership in public health capacity building.

To promote judicious antimicrobial use, updated National Treatment Guidelines for Antimicrobial use in Infectious Disease Syndromes has been published. The National Action Plan on Anti-Microbial Resistance (AMR) 2.0 (2025- 29), developed in coordination with multiple stakeholder Ministries and Departments in consultation with NITI Aayog, has been launched reinforcing India's commitment towards a coordinated One Health approach for AMR Containment.

As a measure to enhance emergency preparedness and response capacities, a number of nation-wide awareness generation campaigns have been conducted in collaboration with the States/ UTs viz. fire safety audits for healthcare facilities, improve emergency evacuation and fire response capabilities, enhance and strengthen national capacity in by-stander Compression-Only Cardiopulmonary Resuscitation (CPR).

Non-Communicable Diseases (NCDs) like cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes are leading causes of death in the country and amount to considerable loss in potentially productive years of life. In order to prevent and control NCDs, the Government of India implemented the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in all States/ UTs 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 e ect, 'NPCDCS' has been renamed in 2023 as **"National Programme for Prevention and Control of Non- Communicable Diseases (NP-NCD).**

The objectives of NP-NCD are prevention and health promotion through awareness and behavioural change; early detection through population-based and opportunistic screening; standardized management, referral, and continuum of care; strengthening health systems through infrastructure, capacity building and digital health; and integration of emerging NCDs (NAFLD, COPD, CKD, STEMI, Stroke) for comprehensive coverage. Under NHM component of NP-NCD, 770 NCD Clinics at District level and 6,410 NCD clinics at CHC level, 233 Cardiac Care Units (CCUs) and 372 District Day Care Cancer Centres (DCCCs) have been set up in the country.

Additional 297 DCCCs have been approved for FY 2025-26 to ensure cancer care accessibility in every District Hospital.

A population-based initiative for prevention, control and screening for common 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.

Till date, there are major achievements in screening, cancer care expansion, digital integration and convergence with national health priorities. Key highlights are 51.22 Crore individuals have been enrolled (30+ population); 39.66 Crore screened for Hypertension and 39.47 Crore for Diabetes; 33.45 Crore individuals screened for Oral Cancer; 15.65 Crore individuals screened for Breast Cancer; 8.29 Crore individuals screened for Cervical Cancer; Integration of NAFLD, COPD, CKD, STEMI and Stroke under NP-NCD; 364 functional DCCCs and 297 new DCCCs sanctioned under NHM for FY 2025-26; Launch of special screening drive (February-March 2025) covering more than 36 Crore citizens; Hon'ble Prime Minister's post-budget call for 10% reduction in edible oil and sodium consumption by 2030; and Strengthened digital platform - over 50 Crore beneficiaries on National NCD Portal. NP-NCD also achieved substantial progress under the '75 by 25' initiative and launched major health promotion activities through various awareness drives across the country.

Since FY 2014-15, the Central Government has been implementing 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) had been approved. 15 SCIs and 18 TCCCs are functional and o ering patient care services. The Scheme has a provision of providing one time grant upto Rs.120 Crore for SCI and upto Rs.45 Crore for TCCC, including the State share. The funds sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10.

To enhance awareness of the harmful e ects of tobacco use, particularly among youth, MoHFW launched the **Tobacco-Free Youth Campaign 3.0** on 09.10.2025. The campaign was implemented across all States/UTs from 09.10.2025 to 08.12.2025.

Universal access to mental healthcare constitutes a core objective of the National Mental Health Policy, 2014. The **National Mental Health Programme,** implemented as a part of the Tertiary Care Programme, seeks to operationalize this objective through the Manpower Development wherein financial assistance is provided to medical colleges and institutes for increasing post-graduate training capacity in Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing. In addition to expanding the mental health workforce, the aim is to strengthen the capacity of tertiary mental health facilities through development of physical infrastructure. State-of-the-art mental healthcare facilities are essential to ensure the delivery of cost e ective, accessible and high-quality treatment for individuals affected by mental health disorders across the country.

Augmentation of mental health human resources, coupled with enhancement of infrastructure and equipment, has led to strengthened service delivery at tertiary care levels. During the period from 01.01.2025 to 30.06.2025, a total of 11,94,581 psychiatric outpatient consultations and 3,12,523 counselling services were reported across the Centres of Excellence. Under the Manpower Development Schemes, 10,844 inpatient beds are available across tertiary care hospitals nationwide.

Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic kidney disease during FY 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. The PMNDP portal was launched on 05.05.2022. It is integrated with ABHA ID. The PMNDP portal provides for portability and integration of dialysis centres under NHM. PMNDP has been implemented in 36 States/UTs in 751 Districts at 1,750 centres with 12,575 haemodialysis machines. Total 29.79 lakh patients availed dialysis services and 382.94 Lakhs Haemodialysis sessions were held as on 31.10.2025.

The **National Programme for Control of Blindness and Visual Impairment (NPCBVI),** launched in 1976, continues to be a flagship initiative of the Government of India for reducing avoidable blindness and visual impairment. Implemented as a Centrally Sponsored Scheme with a funding pattern of 60:40 (90:10 for North-Eastern and hilly States), the programme focuses on ensuring equitable, accessible, and quality eye care services across the country. NPCBVI addresses major causes of blindness and visual impairment such as cataract, refractive errors, glaucoma, diabetic retinopathy, childhood blindness, and corneal blindness through a comprehensive approach encompassing prevention, early detection, treatment, and rehabilitation. The programme is aligned with the goal of reducing the prevalence of blindness to 0.20 percent by 2030. Key performance indicators including cataract surgeries, distribution of free spectacles to school children, and cornea collection are closely monitored against the annual targets assigned to States and Union Territories ensuring accountability, improved outcomes, and sustained progress towards people centric eye care.

The National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMT&BI), evolved from earlier schemes during 9th–11th Five Year Plans aimed at strengthening trauma and burn care in government hospitals. Under the programme, **196 Trauma Care Facilities (TCFs) and 47 Burn Units (BUs)** have been established. The Programme continues beyond 12th Five Year Plan from 2017-2021 and from 2021-22 to 2025-26 under the umbrella scheme - National Tertiary Care Scheme (NTCS). The achievements are establishment of **14 Centres of Excellence,** training of doctors, nurses and other para medical sta in trauma and burn management, development of Standard Treatment Guidelines for Trauma Care management, Standard Treatment Guidelines for Burn Care management, Standard Operating Procedure for Pre- hospital Care in Road Traffic Injuries.

The **National Organ Transplant Program (NOTP)** is a Central Sector Scheme focused on expanding access to organ transplantation, promoting deceased organ donation, and strengthening public-sector infrastructure and manpower. A three-tier network i.e. 1 National Organ & Tissue Transplant Organization (NOTTO) at National level, 5 Regional Organ & Tissue Transplant Organizations (ROTTOs) at Regional level and 26 State Organ & Tissue Transplant Organizations (SOTTOs) at State level ensures efficient organ procurement, equitable allocation, and maintenance of a national donor–recipient registry. The network is linked with 1,090 hospitals, including 764 transplant centres, 149 NTORCs (Non-Transplant Organ Retrieval Centres), and 177 tissue centres.

India ranks 3rd globally in total organ transplants and 1st in living donor transplants, with transplants rising from 4,990 (837 from deceased donors) in the year 2013 to 18,911 (3403 from deceased donors) in the year 2024. Over 4.5 lakh citizens have pledged for organ donation via the NOTTO portal. The website of NOTTO and 24×7 toll-free helpline (1800-11-4770) support nationwide awareness and coordination. The "Angdaan – Jeevan Sanjeevani Abhiyaan" and Indian Organ Donation Day 2025 reinforced public engagement and recognized donor families and transplant professionals/institutions.

Under the **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY),** out of 22 new All India Institute of Medical Sciences (AIIMS) approved for establishment, 18 AIIMS are functional with teaching learning, research, IPD/OPD, emergency, trauma, diagnostic and other super specialist tertiary care facilities. The remaining 4 AIIMS are at various stages of operationalization. In 2024-25, new AIIMS significantly scaled up delivery of healthcare services to the people in the remote and underserved areas and played an important role in bridging regional imbalances in the availability of a ordable/ reliable tertiary healthcare services and also in augmenting facilities for quality medical education in the country. In 2024-25, new AIIMS provided OPD consultation to 1.3 Crore people and Inpatient treatment to 6.9 lakhs patients. The new AIIMS conducted advanced surgeries including liver, kidney & heart transplant. The new AIIMS also promoted quality research and innovation in the bio-medical field besides enhancing MBBS, Post Graduate and Nursing student intake.

India's healthcare education and workforce infrastructure has witnessed significant growth in recent years, reflecting a sustained policy focus on

expanding access and improving quality. As of December 2025, India has a total of 819 medical colleges (455 government and 364 private), 325 dental colleges (56 government and 269 private), 5,253 nursing institutions (809 government and 4,444 private), around 4369 allied health sciences institutes and 6,225 pharmacy colleges. This robust institutional framework serves as the foundation for building a qualified and diverse health workforce.

The Government has set up regulatory bodies for monitoring the standard of medical, dental, nursing, pharmacy and allied healthcare education, promoting training and research activities. This is being done to sustain the production of medical and allied health care manpower to meet the requirement of the health care delivery system at the primary, secondary and tertiary levels in the country.

Setting up the National Medical Commission (NMC) as per the provisions of the National Medical Commission Act, 2019 is a historic reform aimed to steer the direction of medical education towards a transparent, qualitative and accountable system. The Commission has powers to regulate medical education at undergraduate and post-graduate level including, determining standards thereof; carrying out inspections to assess, as well as, rate medical colleges / institutions and to regulate professional conduct and promote medical ethics.

Dental education in the country is governed by the Dental Council of India. The process is underway for the constitution of the National Dental Commission, which shall replace the Dental Council of India, established in 1948 and repeal the Dentists Act, 1948. The National Dental Commission Act, 2023 has been passed by the Parliament to regulate the profession of dentistry in the country, to provide for quality and a ordable dental education, to make accessible high quality oral healthcare and for matters connected therewith or incidental thereto. In a similar reform-oriented approach, the National Nursing and Midwifery Commission Act, 2023, was notified on 14 August 2023 to bring comprehensive improvements to the nursing education sector by replacing the existing Indian Nursing Council (INC). The Indian Nursing Council (INC) is an autonomous body under the Govt. of India, Ministry of Health & Family Welfare governing Nursing Education at present and set-up under the Indian Nursing Council Act,1947.

The Pharmacy Council of India (PCI) is a body constituted under Section 3 of the Pharmacy Act, 1948 to regulate the profession and practice of Pharmacy. The objective of the Council is to prescribe minimum standards of education required for qualification as a pharmacist, uniform implementation of educational standards, approval of course of study and examination for pharmacists, withdrawal of approval, approval of qualifications granted outside India; and maintenance of Central Register of pharmacists.

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 Professions (NCAHP) on 08.01.2024 vide notification dated 11th March 2024. The main objective of this Commission is to provide for regulation and maintenance of standards of education and services for 57 allied and healthcare professionals, assessment of institutions, maintenance of a Central Register and State Register and creation of a system to improve access, research and development.

To give a further fillip to the medical education infrastructure in the country, the government approved the Centrally Sponsored Scheme (CSS) for up-gradation of existing State Government/ Central Government medical colleges to increase 5,023 MBBS seats was extended and Phase-III of the scheme for strengthening and upgradation of State Government Medical Colleges for increase of 5,000 PG Seats was approved in September 2024.

MoHFW has made substantial progress in **digital healthcare delivery** and has demonstrated full use of digital health in major national health programmes such as Hospital Management Information System, Online Registration System, Pradhan Mantri National Dialysis Programme, Pradhan Mantri Surakshit Matritva Abhiyan, National Rabies Control Program, Mera Aspataal (a patient feedback system), Integrated Health Information Platform, and many more which have benefited patients with timely services delivery.

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, the platform has been implemented nationally for MoHFW as National Telemedicine Service. The platform has served over 4.3 Crore patients (as on 02.12.2025). The service is operational through a vast network of 1,36,273 health facilities (spokes), supported by 18,126 hubs and 771 online OPDs, ensuring seamless access to quality healthcare. Over 2.29 lakh healthcare providers, including doctors, specialists, super-specialists, and frontline health workers, are actively using the platform to deliver consultations.

These are the glimpse of activities and campaigns undertaken by DoHFW during the financial year 2025-26 and the details of achievements and developments are described further in this Annual Report.

HEALTH SYSTEMS

CHAPTER 1

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 Ministers of State for Health and Family Welfare – **Shri Prataprao Jadhav** and **Smt. Anupriya Patel.**



Shri Jagat Prakash Nadda



Smt. Anupriya Patel



Shri Prataprao Jadhav

1.1.2 INTRODUCTION

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

(a) Department of Health & Family Welfare (DoHFW)

(b) Department of Health Research (DHR)

In addition, the Ministry has following two attached offices:

(a) Directorate General of Health Services (DGHS)

(b) National Health Authority (NHA)

1.1.3 ADMINISTRATION

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

Administration Division is responsible for personnel management of DoHFW. It also attends to service-related grievances of the staff in the Department.

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

1.1.4 CENTRAL HEALTH SERVICE OVERVIEW

The Central Health Services, which was constituted in 1963, was restructured in 1982 to provide medical manpower to various participating units e.g. Directorate General of Health Services (Dte.GHS), Central Government Health Service (CGHS), etc. Since inception, a number of participating units like Employees' State Insurance Corporation (ESIC), New Delhi Municipal Corporation (NDMC), Municipal Corporation Delhi (MCD), Himachal Pradesh, Manipur, Tripura, Goa, etc. have formed their own cadres. Jawaharlal Institute of Postgraduate Medical Education Research (JIPMER), Pondicherry which has become an autonomous body in 2008 has gone out of CHS cadre. Govt. of NCT of Delhi, which has made their own cadre namely Delhi Health Service (DHS) for Non-Teaching and General Duty Medical (GDMO) doctors has also gone out of CHS cadre in respect of these two Sub-cadres. At the same time, units like CGHS have also expanded. CHS now consists of four sub-cadres and the present strength of each sub-cadre is as under:

- General Duty Medical Officer (GDMO) Sub-cadre - 2319
- Teaching Specialist Sub-cadre - 1752
- Non-Teaching Specialist Sub-cadre -625
- Public Health Specialist Sub-cadre - 104

- Higher Administrative Grade Posts - 19

Besides CHS, the service matters of Dental Doctors under MoHFW and that of Dialysis Medical Officers at Dr. RML Hospital, New Delhi are also looked after by CHS Division. The sanctioned strength of Dental Doctors working under MoHFW is 44 and that of Dialysis Medical Officers at Dr. RML Hospital is 5.

1. Recruitment in CHS:

A total of 133 offer of appointments have been issued under CMSE during the year. Requisitions for 145 Teaching Specialists in various specialities and 18 Public Health Specialists have been sent to UPSC. Recommendations in respect of 61 officers in various specialities of Teaching Sub-Cadre has been received. Approximately 154 offer letters were issued to candidates for appointment to the post of Assistant Professor/Specialist Grade-III of Teaching/ Public Health Sub-cadre of CHS. Requisitions have been sent to UPSC for 95 vacant posts in Non-Teaching Specialist Sub-cadre. Requisitions have also been sent to UPSC to fill 4 posts of Dental Surgeon and 2 posts of Dialysis Medical Officers.

2. Promotions:

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

Sub-Cadre	Grade		Number of officers promoted
	From	To	
GDMO	Medical Officer	Sr. Medical Officer	68
	Sr. Medical Officer	Chief Medical Officer	36
	Chief Medical Officer	Chief Medical Officer (NFSG)	24
	Chief Medical Officer (NFSG)	SAG	5
Teaching	Assistant Professor	Associate Professor	115
	Associate Professor	Professor	66
	Professor	Director Professor	84
Public Health	Specialist Grade II	Specialist Grade-I	05
	Specialist Grade-I	SAG	03
Combined HAG promotion	SAG	HAG	13
Non-Medical Scientist	S-4	S-5 (Level 14 of 7th CPC)	03
NFU (GDMO)	Number of Officers granted NFU in the scale of HAG		195
NFU (Teaching & Public Health)	Number of Officers granted NFU in the scale of HAG		06

3. Appointment in CHS:

8 posts of Additional Medical Superintendents in the Central Government Hospitals have been filled during the period. The post of Director, CGHS has been filled. The posts of Director, NCDC, Delhi and Director, NIPHTR have been filled during the year. Director & Medical Superintendents of Central Government Hospitals have been appointed.

4. Notification for appointment in CHS:

Gazette Notifications for appointment of 146 CHS doctors have been notified in the Gazette of India.

5. Probation:

Order for probation clearance in respect of 176 CHS officers have been issued during the period.

6. Deputation in CHS:

Deputation Circular issued to States/ UTs/ Central Government Departments to fill 70 CHS posts. 6 doctors have been appointed on deputation. 9 doctors have been granted extension of deputation.

7. PwBD officials appointed during the period

- Dental & Dialysis Medical Officer - 0
- Non-Teaching Sub-cadre - 0
- Teaching Sub-cadre & Public Health - 5
- GDMO Sub-cadre – 01

(Total 06 PwBD candidates have been recommended by UPSC through CMSE - 2024 in the year 2025. 1 candidate has joined. 3 candidates have availed extension to complete their PG Course and candidature of 2 candidates are still provisional.)

8. Details of other miscellaneous works:

- 236 RTI applications and 14 First Appeals and first case of second RTI Appeal have been disposed of.
- 9 Court cases including 1 Contempt case have been disposed of.
- Grievances related to APARs resolved via e-mail. 16 representations related to APAR have been disposed of.
- 6 Medical posts were encadred into CHS.
- 3 disciplinary cases finalized.
- 771 Public Grievances disposed of.
- Study Leave granted to 5 officers.

Activities projected for January to March 2026 in CHS Division:

Recruitment:

- Requisition for approximately 300 Teaching Specialists in various Specialties will be submitted to UPSC.
- Offer of appointment to Category-I candidates (CHS) selected through CMSE-2025 (except provisional candidates).
- Cadre allocation of Category-II candidates (Railways, MCD, NDMC) selected through CMSE-2025.
- Approximately, 10 appointment letters in Teaching and Public Health sub-cadres will be issued.
- Approximately, 121 appointments in various specialties in Non-Teaching Sub-cadre will be done

Confirmation/ Probation:

- Confirmation of probation of the GDMO Sub-cadre of CHS for officials of CMSE-2022
- Publication of Notification in E-Gazette in respect of officials appointed through CMSE2023 and CMSE-2024.
- Approximately, 45 officers of Teaching/ Public Health Sub cadre will be confirmed in service.
- Probation clearance for 15 Non-Teaching officers will be issued.

Notification:

- Approximately, 45 Gazette Notifications will be published in the Gazette of India, after verification of service records in respect of CHS Cadre.
- Preparation of Draft Rules for CMSE - 2026.

Appointment:

- Appointment to the post of Director, CIO, VMMC & SJH, New Delhi will be done till March, 2026.

Promotion:

- Promotion of CMI to CMO(NFSG) level for the batch year 2025.
- Approximately, 5 HAG Promotions to be finalized.
- Promotion of officers in Non-Teaching Sub-cadre

(i) Specialist Grade-III to Specialist Grade-II - 02

(ii) Specialist Grade-II to Specialist Grade-I - 02

- Civil list updation of the General Duty Medical Officer (GDMO) Sub-cadre of Central Health Service (CHS):

(i) Senior Medical Officer to Chief Medical Officer

(ii) Chief Medical Officer to Chief Medical Officer (NFSG)

(iii) Chief Medical Officer (NFSG) to SAG

Deputation in CHS:

- Appointment of 2 officers on spouse ground is in pipeline.
- Some more appointments may also take place as various applications for deputation in CHS in pursuance of vacancy circular have been received.
- Extension of tenure to 2 officers presently on deputation may be granted.

1.1.5 ACCOUNTING ORGANISATION

1. General Accounting Setup

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

2. Accounting Setup

MoHFW has two Departments viz. Department of Health and Family Welfare (DoHFW) and Department of Health Research (DHR). 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

a) The Internal Audit Wing of MoHFW handles the internal audit work of the MoHFW and Ministry of AYUSH under overall supervision of CCA who is assisted by CA and DCA. In addition, there are 5 Internal Audit Parties located in Delhi, Chandigarh, Mumbai, Kolkata and Bengaluru.

b) During FY 2025-26 (upto October, 2025), Internal Audit Wing has conducted audit of 26 Institutions/ Organizations working under MoHFW; 22 units of DoHFW and 4 of DHR.

During FY 2025-26 (upto October, 2025), a total of 201 audit paras have been raised which includes financial propriety/ implications amounting to approx. Rs.1955.51 lakhs. A total of 101 Paras have been settled in which an amount of approx Rs.6.45 lakhs were recovered during FY 2025-26 (upto October, 2025).

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

4. Principal Accounts Office (Compilation)

The Principal Accounts Office (Compilation) in O/o CCA is responsible for the following:

1) Preparation of Monthly Accounts - The monthly accounts compiled by the Pay and Accounts Offices are consolidated in the Principal Accounts Office at the headquarters. The consolidated accounts of the Ministry are rendered to the Controller General of Accounts (CGA) by 8th of the following month. During the year of report, Monthly Accounts were submitted to O/o CGA through PFMS well before the due date each month.

2) Preparation of Appropriation Accounts- The Appropriation Accounts is an aid for the Parliament and the Public Accounts Committee to ascertain the expenditure performance of the Government against the budgeted provisions. There are three Grants under MoHFW for which Appropriation Accounts are prepared, namely -

a. Grant No. 46 (DoHFW)

b. Grant No. 47 (DHR)

c. Grant No. 4 (M/o AYUSH)

The Principal Accounts Office prepares the Head-wise Appropriation Accounts for each Grant in the prescribed form upto the Sub-head level, strictly in accordance with the given nomenclature and lettering.

The Appropriation Accounts 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 also been undertaken. All stages of Appropriation Accounts were prepared and submitted timely - manually as well as through PFMS to O/o CGA.

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 of 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. upto 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 Grants-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 the States under various Central Sector schemes and Centrally Sponsored Schemes. These are release 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 of Nostro Accounts/ US Dollar Bank Accounts via Reserve Bank of India through PrAO.

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

Requests for opening of new Heads of Accounts under Grant No.46, Grant No.47 and Grant No.4 are acted upon promptly by Budget Division.

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

Under the revised fund flow mechanism in Govt releases; TSA heads of Accounts are opened in RBI in respect of Central Sector schemes having allocation more than Rs.100 crore in all Grants under MoHFW. These are opened by PrAO by liaison with RBI and, then, sent to O/o CGA for approval on E-Lekha portal. After this approval, these are mapped in PFMS portal by PrAO for release of funds.

9) Preparation of Statement of Central Transaction

Principal Accounts Office prepares SCT after submission of March (Supplementary-I) Accounts to O/o 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 upto 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 C&AG.

10) Preparation of Journal Entries (JEs)

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

11) Budget Estimates and Revised Estimates of Receipt Budget are prepared by 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 MoHFW 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. CCA is the Nodal Officer for implementation of PFMS in the Ministry. O/o CCA keeps a close tab on development / updation taking place on the portal and implements it in the various program divisions by providing technical support, guidance and training.

Formation of Dedicated PFMS Cell under O/o CCA

A dedicated PFMS Cell for Capacity Building & Grievance Resolution has been formed under O/o CCA. In FY 2025-26 (upto November, 2025), 18 training programs have been conducted (Online/ Physical mode) have been imparted for different stakeholders in the Ministry under various modules of PFMS. The PFMS Cell ensures prompt resolution of PFMS implementation issues.

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

S. No.	Model of PFMS	No. of Trainings
1	Treasury Single Account (TSA)	2
2	TSA HYBRID	7
3	SNA SPARSH	3
4	Central Nodal Account (CNA)	2
5	Overview of PFMS	4
	Grand Total	**18**





A. Treasury Single Account

Hon'ble Union 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.

a. Sensitisation of ABs by conducting hands-on training sessions.

b. Preparation and circulation of user-friendly manuals on TSA module.

c. 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.

d. Handholding, active grievance redressal and helpdesk support for all ABs.

All the above activities have been successfully completed and following 13 ABs are onboarded on TSA:

a. Department of Health & Family Welfare

1. All India Institute of Medical Sciences (AIIMS), New Delhi

2. Postgraduate Institute of Medical Education & Research (PGIMER), Chandigarh

3. Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Puducherry

4. Food Safety and Standards Authority of India (FSSAI), New Delhi

5. Regional Institute of Medical Sciences (RIMS), Imphal

6. National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore

7. National Health Authority (NHA), New Delhi

8. North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Shillong

9. All India Institute of Speech and Hearing (AIISH), Mysore.

10. National Institute of Tuberculosis & Respiratory Diseases (NITRD), Delhi

11. Chittaranjan National Cancer Institute (CNCI), Kolkata

12. Kasturba Health Society (KHS), Wardha

b. Department of Health Research

1. Indian Council of Medical Research (ICMR) , New Delhi

B. Single Nodal Account (SNA)

The concept of Single Nodal Account (SNA) was introduced by the 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, the States are required to designate one Single Nodal Agency for each CSS and open a Single Nodal Account (SNA) in a Scheduled Commercial Bank authorized to conduct Government Business. The Central Government release funds as Central share to State Treasury. The State Governments are required to transfer the Central share along with State share to the SNA within a period of 21 & 40 days respectively.

C. SNA-SPARSH

In order to bring more efficiency in cash management at both Centre and State levels, the

Department of Expenditure vide O.M. No.1(27)/PFMS/2020 dated 13th July, 2023 notified an alternative fundflow 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 SNASPARSH.

Vide O.M. No. 1(27)/PFMS/2020 dated 04.10.2025, the Department of Expenditure notified that the Schemes - Pradhan Mantri Ayushman Bharat Health & Infrastructure Mission (PM-ABHIM), Flexible Pool for RCH & Health System Strengthening under the National Health Programme and National Urban Health Mission, and Human Resources for Health and Medical Education (HRHME) - were to be implemented through SNA-SPARSH model. Under PM-ABHIM, SNA-SPARSH has been implemented in 31 States, while under the Flexible Pool, 28 States have operationalized the model, and under HRHME, implementation has been completed in 12 States, with the remaining States at various stages of IFMS technical integration for onboarding. As per the latest O.M. No. 1(27)/PFMS/2020 dated 10.06.2025, it has been mandated for implementation under Scheme Codes 2035 – Tertiary Care Programs and 3663 – Strengthening of State Drug Regulatory Systems. However, in FY 2025-26, total Central share paid by PAO is Rs.5492.91 crore, out of mother sanction issued of Rs.13891.14 crore. Remaining States are at various levels of technical testing and development of their IFMS so as to onboard the new model.

D. C-SNA

In order to implement SNA system uniformly for a CSS, Central-SNA Module is conceptualized for implementation vide O.M. 1(13) PFMS/2021 dated 24.05.2023. The implementation of C-SNA for fund releases from the Government of India directly to implementing agencies having no State share, under CSS. The C-SNA module is available for the Program Divisions and implementing agencies.

E. Central Nodal Account (CNA)

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

There are two models as under:

Model-1 (for schemes under Government Financial Reforms having an annual outlay more than Rs.100 crore) - Implementation through Treasury Single Account (TSA); and

Model-2 (having annual outlay less than Rs.100 crore) - Implementation through Scheduled Commercial Banks.

Total 17 Central Sector schemes in this Ministry, out of which 12 Schemes in DoHFW having annual budget of Rs.5594.76 crore, and 5 Schemes in DHR having annual budget of Rs.711.17 crore have been identified for on boarding on CNA module.

F. CNA M-1A (TSA- Hybrid)

All Central Sector Schemes with an annual budget of Rs.100 crore or more must now use the TSAHybrid system, whether they are run by Central or State agencies. As per guidelines and showing steady implementation, six schemes of MoHFW have been placed on the TSA-Hybrid (1/1A) mode. These Schemes are PM-ABHIM (4080), Family Welfare (3255), Global Fund (4162), NACO (9316), NDHM (3893) and BTS (4061). During FY 2025-26, Rs.2510.37 crore was released under these Schemes, out of which Rs.1585.18 crore was used. This shows progress in shifting to TSA-Hybrid and better monitoring of fund flow.

CNA Model-2

The Schemes with an annual outlay of less than Rs.100 crore will be implemented through Model-2, under which funds are operated through Scheduled Commercial Banks. Six schemes of DoHFW are operated through CNA Model-2.

G. Electronic-Bill (e-bill)

Hon'ble Union 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 are to be submitted digitally and to 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 of this Ministry (11) have been selected for e-Bill implementation. As on 30.11.2025, these 11 PAOs have processed 23,564 e-Bills, out of which, approx. 99% bills have been processed within stipulated time i.e. less than 5 days.

H. Normal Bills

As on 30.11.2025, 11 PAOs have processed 2,45,675 normal Bills, out of which, approx.. 99% bills have been processed within stipulated time (i.e. less than 5 days).

I. Pension Module

To streamline pension related process, O/o CGA has launched Pension Module in PFMS and it is integrated with Bhavishya Portal of the 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 pensioner is forwarded to CPAO electronically also to ensure timely release of pension to the pensioner.

J. CDDO Module

O/o CGA has introduced the Cheque Drawing & Disbursing Office (CDDO) Module for smooth and transparent functioning of CDDOs. All 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 MoHFW.

L. GPF Module

All PAOs and merged DDOs under MoHFW are on boarded on GPF Module of PFMS. The GPF Ledgers of subscribers is maintained in the module and also the Annual GPF statement of subscribers are 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 effort 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. Hindi Pakhwada (2025)

प्रधान लेखा कार्यालय, स्वास्थ्य एवं परिवार कल्याण मंत्रालय के द्वारा 14 से 30 सितंबर 2025 तक हिन्दी पखवाड़े का आयोजन किया गया, जिसमें प्रधान लेखा कार्यालय तथा मुख्य लेखा नियंत्रक कार्यालय के नियंत्रणाधीन कार्यालयों में "हिन्दी निबंध प्रतियोगिता" में कुल 15 प्रतियोगियों नें, "राजभाषा प्रश्नोत्तरी, हिंदी टिप्पण एवं प्रारूपण प्रतियोगिता" मे कुल 9 प्रतियोगियों नें, "हिन्दी श्रुतलेख प्रतियोगिता" में कुल 5 प्रतियोगियों ने तथा "कविता पाठ प्रतियोगिता" में कुल 04 प्रतियोगियों ने भाग लिया।

(i) हिन्दी निबंध प्रतियोगिता (17.09.2025)

(ii) राजभाषा प्रश्नोत्तरी प्रतियोगिता / हिन्दी टिप्पण एवं प्रारूपण प्रतियोगिता (23.09.2025)

(iii) हिंदी श्रुतलेख प्रतियोगिता (29.09.2025)

(iv) कविता पाठ प्रतियोगिता

8. Swachhta campaign (Special Campaign 5.0)

In consonance with the directions of the Ministry, O/o CCA took part in Special Campaign 5.0 for institutionalizing 'Swachhata' and minimizing the pendency in various offices in Delhi and outside Delhi during 2nd October to 31st October, 2025.

9. Vigilance Awareness Week (27th October to 2nd November, 2025)

The circular received from CVC, Delhi for Observance of Vigilance Awareness Week 2025 was circulated to all concerned offices. Integrity pledge was also taken by all the offices. All officers also attended the training on vigilance related topics on iGOT and INGAF. Banners were displayed at multiple points during the week by all the offices under control of CCA.

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 the Ministry of Health & Family

Welfare under Department of Health & Family Welfare.

Shri Rajesh Kumar Verma, Deputy Secretary has been nominated as Nodal Officer to receive applications for information under RTI Act, 2005 on behalf of all CPIOs for the Ministry of Health & Family Welfare.

The facility of filing Applications and First Appeals under RTI Act, 2005 through RTI online Web Portal developed by DOP&T has been introduced in Department of Health & Family Welfare w.e.f. 3rd June, 2013 and the general public are sending their RTI applications through this facility in large numbers.

15,535 RTI applications and 631 First Appeals have been received during the period from 01/01/2025 to 31/12/2025. About 3,880 RTI Applications and 160 First Appeals are anticipated to be received during the period January-March, 2026.

1.1.7 VIGILANCE

Vigilance Wing of DoHFW is under the control of an officer of the rank of Joint Secretary to the Government of India who also works as part-time Chief Vigilance Officer (CVO) for MoHFW. JS & CVO is assisted by a Director, an Under Secretary and staffs of Vigilance Section.

The Vigilance Division of MoHFW deals with vigilance and disciplinary cases having a vigilance angle against Group 'A' officers of DoHFW, Dte.GHS, CGHS, CHS, DHR and other Divisions of the Ministry and all Autonomous Institutes under the administrative control of the Ministry, where there is no independent/ in-house CVO.

During the period 01.01.2025 to 30.09.2025, the following actions have been taken/ dealt with by Vigilance Division:

S.no.	Particulars	Number
1.	Charge Sheet Issued under Rule 14 of CCS (CCA) Rules	3
2.	Examination of Inquiry Report	0
3.	Advice given to other Divisions of the Ministry	7
4.	Instances of Suspension review/extension	10
5.	No. of complaints received from CVC for appropriate action and which are under examination/processed	5
6.	Examination of CO's Reply on IO report	1
7.	No. of CVC complaints (downloaded from CVC portal) disposed off	286
8.	Misc. complaints received & disposed of from CBI for appropriate action	13
9.	Public Grievances disposed off	228
10.	Complaints received from other sources	74
11.	Cases sent to CVC for advice	14
12.	Cases sent to UPSC for advice	6
13.	Cases referred to Law Ministry for advice	0
14.	RTI applications received and disposed off	15
15.	RTI appeals received and disposed off	4
16.	No. of court cases processed	2
17.	Vigilance clearance granted	3052
18.	Cases of appointment of Chief Vigilance Officer/Vigilance Officer	12
19.	Penalty order issued	1
20.	Finalization of disciplinary case	2

As per the directions of CVC, a three-month campaign on the theme i.e. "Vigilance: Our Shared Responsibility **सतर्कता: हमारी साझा जिम्मेदारी"** was observed by the Ministry from 18.08.2025 to 17.11.2025 during the Vigilance Awareness Week, 2025.

1.1.8 PUBLIC GRIEVANCES CELL

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

Centralized Public Grievances Redress and Monitoring System (CPGRAMS) is an online webenabled system over NICNET developed by NIC, in association with Directorate of Public Grievances (DPG) and DARPG. It is a portal wherein a citizen can register a grievance online. W&PG Section being nodal section refers the grievances to the concerned Grievance Redressal Officers at the level of Director/ Deputy Secretary, of respective Divisions within DoHFW. Status of disposal of public grievances received during FY 2025-26 on CPGRAMS portal is as follows:

Year	Brought forward grievances as on 01.04.2025	Grievances received during 01.04.2025 - 31.12.2025	Grievances disposed during 01.04.2025 - 31.12.2025	Balance as on 31.12.2025
2025-26	2219	41667	41880	2006

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 at Kartavya Bhavan -1, New Delhi. The Centre, inter-alia, provides information on:

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

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

1.1.10 PROCUREMENT

Procurement Division has two Sections namely (i) Procurement-I Section (Vaccine Procurement Cell), and (ii) Empowered Procurement Wing (EPW) 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 ensuring 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, the responsibility for procurement of UIP vaccines stands transferred from the Vaccine Procurement Cell (VPC) of the Ministry to the Central Medical Service Society (CMSS), the Central Procuring Agency of the Ministry. Accordingly, during FY 2025–26, procurement activities continue to be carried out by CMSS as per existing institutional arrangement.

II) Procurement-I (EPW) Section acts as a Nodal Section of DoHFW to coordinate for implementation of the Government policies related to public procurement i.e. GFR 2017, Public Procurement Policy for Micro and Small Enterprises (MSEs) Order 2012, Government e-Marketplace (GeM), Make in India Orders, etc. This Section is also responsible for handling the administrative matters of CMSS and Medical Stores Organization (MSO).

1.1.11 CENTRAL MEDICAL SERVICES SOCIETY (CMSS)

CMSS is the Central Procurement Agency of MoHFW. It was registered as a Society on 22.03.2012 for procuring health sector goods in a transparent and cost-effective manner with a view to ensuring uninterrupted supply of such items to State/UT Governments. CMSS carries out these tasks by setting up IT enabled supply chain infrastructure including warehouses at 50 locations though, at present, warehouses are functional at 18 locations covering all States/UTs.

The Additional Secretary In-charge of Procurement in MoHFW is Ex-Officio Chairman of CMSS. 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 responsible for Procurement, Logistics, Finance, Quality Assurance, Administration and medical equipment.

Procurement Related Achievements: -

The procurement from 01.01.2025 to 31.12.2025 is as under:

A total of procurement cases worth Rs 4236.90 crores from **01.01.2025 to 31.12.2025** were finalized by CMSS, including procurement of following medicines:

(From 01.01.2025 to 31.12.2025)		
Programmes of MoHFW	**Procurement of medicines/ other goods/ services**	**Procurement Total Value**
NACP (National AIDS Control Programme)	Procurement of Buprenorphine Drugs, Condoms (free Supply), ARV Drugs, CD4 Testing Machine, HIV (Rapid) Antigen Test Kit 1, HIV (Rapid) Test Kits 2 & 3	Rs. 652.23 crores
NTEP (National Tuberculosis Elimination Programme)	Procurement of DRTB Drugs, 2nd Line TB Drugs, LCDST (MGIT), X-Ray, Ethambutol 800 mg, Ethambutol 100mg, Rifapentine 300 mg, Clofazimine 100 mg, DSTB IP (A), TrueNaat Chips	Rs. 1,535.69 crores
NVHCP (National Viral Hepatitis Control Programme)	Procurement of Sofosbuvir 400 mg + Daclatasvir 60 mg & Velpatasvir 100 mg	Rs. 35.13 crores
FWP (Family Welfare Programme)	Procurement of Contraceptives, Social Marketing Contraceptives, CHHAYA (OCP)	Rs.251.19 crores
NCVBDC	Procurement of Bivalent - RDT (Malaria)	Rs. 23.76 crores
UIP	Procurement of Vaccines – (MR, TD & IPV), RVV, Pentavalent Vaccine & BoPV Vaccine	Rs. 1,735. 27 crores
NHM	Procurement of Sickle Cell	Rs. 3.63 crores

1.2 NATIONAL HEALTH MISSION (NHM)

1.2.1 INTRODUCTION

The **National Health Mission (NHM)** is a comprehensive initiative designed to provide universal access to equitable, affordable, and high-quality healthcare that remains responsive to the needs of all citizens. **National Rural Health Mission (NRHM)** was launched on 12.04.2005, to specifically target the healthcare needs of rural and vulnerable populations. On 01.05.2013, the Mission was expanded to include the **National Urban Health Mission (NUHM)** as a Sub-Mission, establishing the overarching NHM framework. The Mission focuses on strengthening health systems, managing Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), and controlling both communicable and non-communicable diseases.

Further, the Union Cabinet, vide its decision dated 21.03.2018, approved continuation of National Health Mission (NHM) from 01.04.2017 to 31.03.2020. Department of Expenditure, vide O.M. dated 10.01.2020, accorded approval for interim extension of 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 of India accorded the approval for continuation of NHM from 01.04.2021 to 31.03.2026 or till further review as communicated vide Department of Expenditure's O.M. No. 01(01)/PFC-1/2022 dated 01.02.2022.

1.2.2 MAJOR ACHIEVEMENTS UNDER NRHM/NHM

1) Comprehensive Primary Health Care (CPHC) through Ayushman Arogya Mandir (AAM):

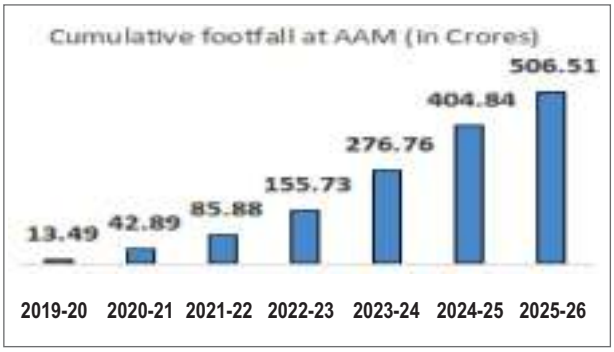
Ayushman Arogya Mandir (AAM) initiative under Ayushman Bharat program represents country's major leap toward achieving universal access to quality primary healthcare. Launched in 2018, more than 1.82 lakh AAMs in various States/UTs are providing Comprehensive Primary Health Care (CPHC) in both rural and urban areas (Source: AAM portal; till 31st December 2025). Multi-pronged reforms at AAM showcases India's commitment for achieving promotive, preventive, curative, palliative and rehabilitative aspects of Universal Health Coverage.

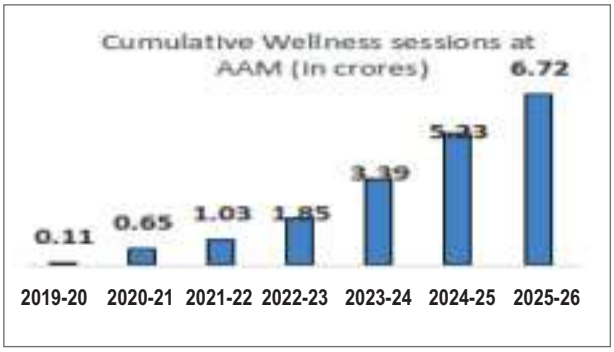


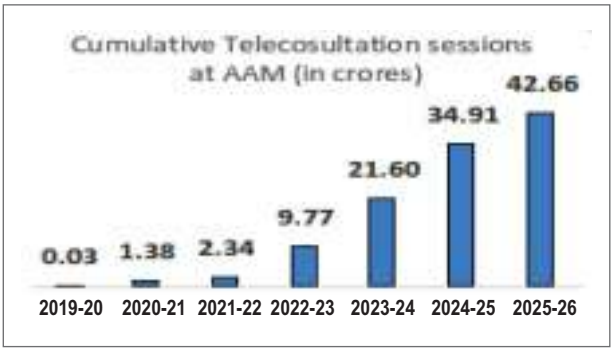
The expansion of service provision at AAM includes strengthening of the existing Reproductive & Child Health (RCH) services and Communicable Diseases services and including services related to Non- Communicable Diseases (NCD)- Hypertension, Diabetes and three common cancers of Oral, Breast and Cervical, with incremental addition of 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 31.12.2025, 1,51,116 AAMs have already rolled out all 12 expanded packages of services (Source-AAM Portal).

Status Update:

• As of 31.12.2025, a cumulative footfall of 506.51 crore has been reported at more than 1.82 lakh AAMs.







• Various services for NCDs at AAM comprises of screening of five common NCDs at SHC (Sub-Health Centres) and further examination & diagnosis at PHC (Primary Health Centres). As on 31.12.2025, beneficiaries screened includes more than 43.88 crore for hypertension, 43.66 crore for diabetes, 37.39 crore for oral cancer, 17.59 crore for breast cancer and 9.08 crore beneficiaries for cervical cancer at Primary Health Care Facilities including AAMs.



Provision of ANC services and Screening of NCDs at AAM

• So far, 6.72 crore wellness sessions including Yoga, Meditation, fitness sessions, lifestyle modification programs, health promotion on important health days etc. have been organized at AAMs to promote healthier living.





Yoga and health education sessions at AAM

• Leveraging e-Sanjeevani tele-consultation platform, AAMs expand access to specialist care through a hub-and-spoke model. As of 31.12.2025, the platform has facilitated more than 42.66 crore tele-consultation sessions at AAM, significantly lowering the cost of care for patients.

• Primary healthcare team at SHC level is being led by Community Health Officers (CHOs), comprising certified healthcare providers trained in public health skills and supported by Multi-Purpose Workers (MPWs) and ASHAs. As of 31.12.2025, more than 1.20 lakh AAM-SHCs are led by CHOs across the country.

• AAMs have significantly strengthened India's primary healthcare system by expanding access to Comprehensive Primary Health Care (CPHC) services across rural and urban areas. Through operationalisation of over 1.82 lakh AAMs, the programme has led to substantial increases in community utilisation of public health facilities, particularly for outpatient care, free essential medicines and diagnostics, non-communicable disease screening and management, maternal and child health services, etc. Large-scale population-based screening for hypertension, diabetes and common cancers has improved early detection and continuity of care, while teleconsultation services have enhanced access to specialist advice in remote and underserved areas. The programme has also strengthened preventive and promotive health interventions, including wellness activities and lifestyle counselling.

Ayushman Arogya Shivir Campaign

Building on the success of Ayushman Bhav Campaign in delivering healthcare directly to households, MoHFW launched Ayushman Arogya Shivir in April 2024. This initiative was designed to

maintain the momentum of community participation and ensure that essential services reach the grassroots level through monthly, fixed-day outreach programs. These health camps are organized at SHCs and PHCs, featuring scheduled visits from Medical Officers and specialist camps at both PHCs and CHCs.

In this, as on 31.12.2025, a total of 30.20 lakh Ayushman Arogya Shivirs have been organized at AAMs with more than 16.49 crore footfall. In this Ayushman Arogya Shivir, over 32.86 crore screenings were conducted for TB, hypertension, diabetes, oral cancer, breast cancer, cervical cancer, and cataract. Additionally, so far over 11.85 crore and 9.26 crore people benefited from free drugs and diagnostic services respectively. Over 13.32 lakh minor surgeries were conducted in the Shivir. Additionally, over 51.85 lakh pregnant mothers and 90.30 lakh children were immunized as per due list during the Shivir.

To ensure specialist services at every Block, so far 44,997 Ayushman Arogya Shivirs have been conducted at CHCs in coordination with medical colleges /District Hospitals with a total footfall of more than 1.84 crore. In these CHC level Ayushman Arogya Shivir, 70.85 lakh free laboratory tests have been conducted. Additionally, over 1.75 lakh people availed major and minor surgeries facility in CHC level Arogya Shivir. More than 1.01 lakh spectacles and more than 51 thousand hearing aids were distributed in these Shivirs. Over 15.37 lakh beneficiaries availed RCH Services.



Ayushman Arogya Shivir at Jharkhand

Swasth Nari, Sashakt Parivar Abhiyaan

MoHFW and the Ministry of Women & Child Development (MoWCD) had jointly launched the "Swasth Nari, Sashakt Parivar Abhiyaan" in convergence with 8th Rashtriya Poshan Maah. Screening and Specialist Camps were organized at AAMs, CHCs and District Hospitals (DHs) with active participation of Medical Colleges, Central Government Institutions and Private Organizations across the country from 17.09.2025 to 02.10.2025, with a focused approach to address the specific healthcare needs of women and children. The campaign reinforced the government's vision of a Healthy, Empowered and Viksit Bharat by 2047.

During the campaign, over 19 lakh health camps were organized, registering a massive footfall of nearly 11 crore citizens nationwide. Over 1.78 crore citizens were screened for hypertension, 1.72 crore screened for diabetes, more than 37 lakh women were screened for breast cancer and over 19 lakh women screened for cervical cancer. Also, more than 62.60 lakh antenatal check-ups were done, with over 1.43 crore children receiving life-saving vaccines. More than 1.51 crore people were screened for anaemia and over 85 lakh citizens were screened for TB with more than 2 lakh Nikshay Mitra registered during the campaign. Also, more than 10.23 lakh people were screened for Sickle Cell Disease and more than 2 crore people were counselled on various health programmes, including menstrual hygiene and nutrition. Under blood donation campaign, more than 4.30 lakh blood donors were registered with more than 3 lakh units of blood collected and 1.6 lakh blood donation pledges. Under Ayushman Bharat, more than 14.71 lakh Ayushman/PM-JAY Cards were issued.



Inauguration of Swasth Nari, Sashakt Parivar Abhiyaan by Hon'ble PM

(2) National Sickle Cell Anaemia Elimination Mission

To address the challenge of sickle cell disease in India, the Government launched the National Sickle Cell Anaemia Elimination Mission (NSCAEM) on 01.07.2023. The mission focuses on 17 high priority States with the objective of eliminating sickle cell anaemia as a public health threat by 2047. It aims to screen 7 crore individuals by 2025-26 period, targeting the entire population from birth and 40 years of age in affected tribal districts. This large-scale effort is supported by integrated counseling and collaborative partnerships between various Central Ministries and State governments. As of 31.12.2025, the Mission has achieved significant progress, with 6.70 crore people screened across 17 identified States and 3.75 crore Sickle Cell cards distributed to facilitate ongoing care. These screening efforts have successfully identified 2.35 lakh individuals living with the disease and 19.08 lakh sickle cell carriers.



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 3.78 lakh health human resources to the States including 18,922 GDMOs, 4,964 Specialists, 77,874 Staff Nurses, 96,720 ANMs, 93,034 Allied & Health Care Workers (Paramedics), 519 Public Health Managers, 2,701 LHV and 53,540 State Programme Management unit on contractual basis, as on 30th June, 2025. (Source: NHM MIS June 2025).

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. NHM also supports colocation of AYUSH services in health facilities such as PHCs, CHCs and DHs. As per latest data, a total of 24,266 AYUSH doctors and 3,416 AYUSH Pharmacist & 2,275 AYUSH Paramedics have been deployed in the States with NHM funding support.

4) Community Participation:

a. Accredited Social Health Activists:

The ASHA program is a key component of the community processes element of 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 NHM. ASHAs are honorary community health volunteers who are 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 an incentive of Rs.2000/- for routine and recurring activities from the Government of India. Additionally, ASHAs are provided with performance-based incentives for a varied set of activities under various National Health Programmes.

There are 10.34 lakh ASHAs and 46,938 ASHA Facilitator, in position across the country in rural and urban areas under the NHM as on 30th June 2025. (Source: NHM MIS, June 2025).

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 AAM, ASHA's role is expanded to deliver comprehensive primary healthcare.

b. Village Health Sanitation & Nutrition Committee (VHSNC)

At the Village Level, the Village Health, Sanitation and Nutrition Committee (VHSNC) monitors the services provided by the Anganwadi Workers, ASHAs and SHCs. 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 sub-committee or statutory body of the Gram Panchayat. The same institutional mechanism is also mandated in urban areas. More than 5.66 lakh VHSNCs have been set up across the country till June 2025. (Source: NHM MIS, June 2025).

c. Village Health & Nutrition Days (VHNDs)

At VHNDs, AWWs, ASHAs and PRI members provide their services effectively to the community during monthly VHND and help in educating them on the matters related to health. The cumulative number of monthly VHNDs held in the State/UTs as on June 2025 are 16,90,80,342.

d. Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society

It 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. 36,065 Rogi Kalyan Samitis (RKS) have been set up involving the community members in almost all District Hospitals (DHs), Sub-Divisional Hospitals (SDHs), CHCs and PHCs till June 2025. (Source: NHM MIS, June 2025).

5) National Ambulance Services (NAS)

As on 30.06.2025, 36 States/UTs have a facility for calling ALS (Advanced Life Support) and BLS (Basic Life Support) ambulances depending upon the condition of the patient. ALS is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma, and accident victims. BLS ambulance services are aimed at transfer of Emergency patients for treatment, who require non-invasive airway management and basic monitoring. Moreover, States/UTs are also supported for basic Patient Transport Vehicle (PTV) which is also aimed to cater the needs of pregnant women and children through Janani Shishu Suraksha Karyakram (JSSK) entitlements e.g. free transport from home to facility, inter-facility transfers in case of referral and drop back for mother and children are the key focus.

This service can be accessed through a toll-free number. As on 30.06.2025, 3,144 ALS ambulances, 15,546 BLS ambulances, 3,928 PTV, 19 Boat Ambulances and 81 Bike Emergency Response Service Vehicles are supported under NHM, beside 5,792 empanelled vehicles for transportation of patients, particularly pregnant women and sick infants from home to public health facilities. (Source: NHM MIS, June 2025).

6) National Mobile Medical Units (NMMUs)

In order to provide services at the doorsteps of the population living in the most remote and hard-to-reach areas, the States/UTs have been supported with Mobile Medical Units (MMUs). It is one of the key strategies to facilitate access to public health care for the people in under-served and hard-to-reach areas. As on 30.06.2025, the States/UTs have 1,477 MMUs which include mobile health units, mobile medical/ health vans, boat clinics under NRHM and NUHM. (Source: NHM MIS, June 2025).

Common Review Mission

MoHFW undertakes regular monitoring and concurrent evaluation of the National Health Programmes under NHM to ensure that public health services remain accessible, affordable and of assured quality. As part of this mandate, MoHFW undertakes the Common Review Mission (CRM) as an annual review mechanism to assess the progress of NHM and validate its strategies at the field level. The first CRM was conducted in November 2007, and since then, sixteen successive CRMs have been organized and have provided valuable insights into programme implementation, service delivery gaps, innovations, and areas requiring mid-course corrections. Findings and reports from previous CRMs are publicly available and can be accessed from the website ***https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=795&lid=195.***

So far seventeen total of 17 CRMs have been undertaken by MoHFW.

During FY 2025-26, 17th Common Review Mission was undertaken in November 2025, covering 17 States/UTs viz. Andhra Pradesh, Assam, Bihar, Chhattisgarh, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Uttarakhand and Uttar Pradesh.

The findings and learning from CRM support evidence-based planning, quality improvement initiatives and mid-course corrections under NHM. Insights from the mission are expected to contribute to improved service delivery, enhanced programme accountability and strengthened health system performance as a routine activity.

7) 24x7 Services and First Referral Facilities

MoHFW has established 24x7 PHCs and First Referral Units (FRUs) across the country to expand emergency health services and provide comprehensive obstetric care services including caesarean section, newborn care, emergency care of sick children, a full range of family planning services, safe abortion services, treatment of STI/RTI, availability of blood storage unit, and referral transport services. As on 30.06.2025, 12,523 PHCs have been made 24x7 PHCs, 5,591 CHCs have been made 24x7 CHCs and 3,193 facilities (including 674 DH, 920 SDH, and 1599 CHCs and other levels) have been operationalized as FRUs. The operational guidelines for upgrading all CHCs to FRUs have been revised to include expanded services under the primary care essential service package, to strengthen service availability and ensure referral linkages at the secondary level. (Source: NHM MIS, June 2025).

8) Free Diagnostic Service Initiative

MoHFW 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 (OOPE). The programme has ensured the availability of essential diagnostics at the public health facilities and reduced OOPE.

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

As on 31.12.2025, the free diagnostic pathology service is operational in 36 States/UTs (13 States/UTs through PPP mode and 23 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 12 States/UTs (11 States/UTs through PPP mode and 1 States through in-house mode).

9) Free Drugs Service Initiative

MoHFW launched the "Free Drugs Service Initiative" in July 2015 to ensure access to essential quality generic medicines in all public health facilities, and reduce OOPE on essential medicines. To ensure access to essential medicines, MoHFW has recommended Essential Medicine List (EML) be notified by the States/UTs, which should be made available at public healthcare facilities. To standardize medicine availability, the Government of India, under Indian Public Health Standards (IPHS), has recommended the facility-wise EMLs - 106 at AAM-SHC, 172 at AAM - PHC, 300 at CHC, 318 at SDH and 381 at DH.

MoHFW is currently revising the IPHS EML, categorizing medicines as Essential which must be available at the respective facilities for regular and emergency care and desirable may be included based on regional needs such as dynamic disease trends, patient load, and distance from higher-level facilities and ensure uninterrupted medicine availability across public health facilities.

The DVDMS Central Dashboard tracks IPHS medicine availability, stock and buffer levels, consumption trends, and near-expiry or expired stock. Quarterly virtual training sessions were conducted with the states & UTs to address the data discrepancies between State LMIS and the DVDMS Central dashboard. A diagnostic module for adding stock status of reagents and consumables used in laboratory services has been added to DVDMS portal.

MoHFW has also developed and disseminated “Guidelines for Planning and Establishing Drug Warehouse”, to support the States/UTs in designing, implementing, and operationalizing the drug warehouses and by providing solutions to modern day challenges and requirements.

The efforts are also being made towards strengthening the drug supply chain system in five selected states (Bihar, Chhattisgarh, Jammu & Kashmir, Madhya Pradesh and Sikkim) by implementing customized models specific to their unique challenges.

10) Biomedical Equipment Management and Maintenance Programme

MoHFW had launched the Biomedical Equipment Management & Maintenance Program (BEMMP) in 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 BEMMP has helped in providing assured quality diagnostics service.

As on 31.12.2025, the program status of BEMMP is as follows:

• The Biomedical Equipment Management and Maintenance Program (BEMMP) is currently operational in 33 States/UTs.

• A total of 22 States/UTs viz. Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Goa, Jammu & Kashmir, Kerala, Ladakh, Maharashtra, Madhya Pradesh, Manipur, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tripura, Uttar Pradesh, Uttarakhand, and West Bengal have implemented through PPP mode and a total of 11 States/UTs viz. Andaman & Nicobar Islands, Chandigarh, Delhi, D&N Haveli-Daman & Diu, Gujarat, Haryana, Karnataka, Lakshadweep, Meghalaya, Telangana, and Tamil Nadu have implemented through In-house mode.

11) Mera Aspataal

'Mera Aspataal' is a simple, multilingual, patient-centric ICT (Information & Communication Technology) system that quickly collects feedback on services from public and private empanelled health facilities. Initially, it used SMS (Short Message Service), OBD (Outbound Dialing), a mobile app, and a web portal; currently, feedback is taken only through SMS and OBD. The system consolidates and analyses responses on a real-time dashboard to support quality improvement. Mera Aspataal 2.0 is under development, with work ongoing to fully operationalize the current portal.

It is currently functional in 34 States/UTs (except for Andaman & Nicobar Islands and Lakshadweep). Till 30.11.2025, the number of facilities integrated into 'Mera Aspataal' portal from 2017-18 onwards is more than 11,700 facilities.

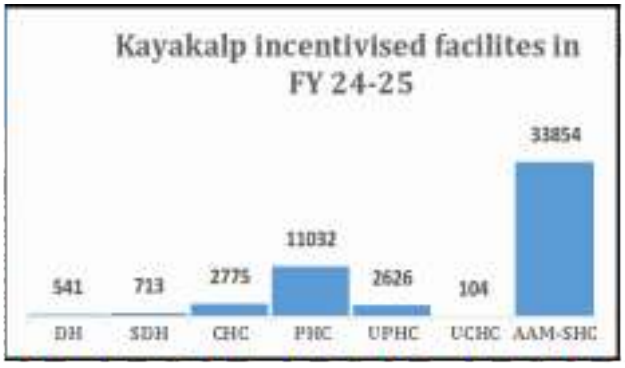
12) Swachh Swasth Sarvatra (SSS) Initiative

"Swachh Swasth Sarvatra," launched in December 2016 by MoHFW and the Ministry of Jal Shakti, promotes better health through improved sanitation and healthy living, building on Swachh Bharat Mission and Kayakalp. Its rural success led to expansion into urban areas in 2019 with MoHUA (Ministry of Housing and Urban Affairs). CHCs receiving Kayakalp incentives under SSS increased from 62 in 2017–18 to 147 in 2024–25.

13) Kayakalp

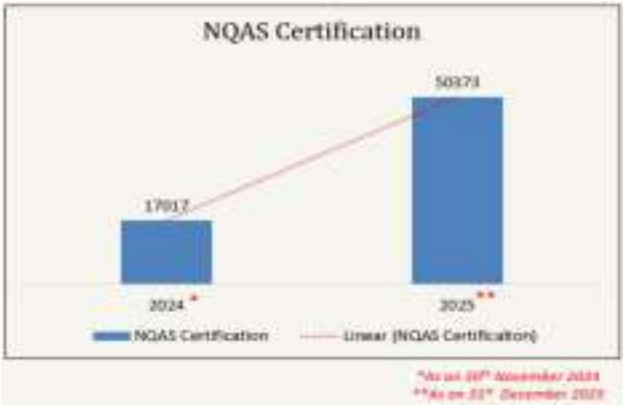
As part of the Swachh Bharat Abhiyan, MoHFW launched the Kayakalp Scheme on 15.05.2015 to recognize public health facilities that uphold strong cleanliness, hygiene, and infection control standards. It promotes annual assessments and timely gap closure and applies to all facility levels—AAM-SHCs, PHCs, CHCs, SDHs, and DHs.

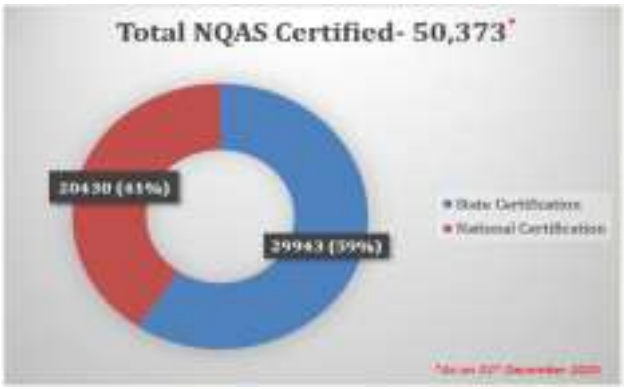
Number of Kayakalp winner facilities increased from '97' in FY 2015-16 to '51707' in FY 2024-25 in 34 States/UTs, except Andaman & Nicobar Islands and Lakshadweep.



14) National Quality Assurance Standards (NQAS)

Quality in healthcare improves outcomes, access, efficiency, clinical practice, and patient satisfaction. MoHFW introduced NQAS (National Quality Assurance Standards) for District Hospitals, CHCs, AAM-PHCs, AAM-UPHCs, and AAM-SHCs.





NQAS is indigenously developed quality standards especially for public health facilities which is accredited internationally by ISQua and also recognized by IRDA and NHA. AAM-SHCs form about 77.4% of public facilities which provide preventive, promotive and curative health services through twelve service packages. As physical assessments for quality certification are resource-intensive, MoHFW has launched virtual NQAS assessments for AAM-SHCs on 28.06.2024.

Till 31.12.2025, a total of 50,373 public health facilities has achieved NQAS Certification (*State + National)*.

• NQAS for Integrated Public Health Laboratory

To strengthen accessible, efficient, and reliable lab services, MoHFW is supporting states in setting up Integrated Public Health Laboratory under PM-ABHIM. National Quality Assurance Standards for IPHLs was launched on 28.06.2024 to ensure accurate and trustworthy test results. Till date, national assessments of two IPHL have been completed. IPHL at District Hospital Raipur and District Hospital Balodabazar in the State of Chhattisgarh are NQAS certified.

• LaQshya (Labour Room Quality Improvement Initiative)

LaQshya, launched by MoHFW in 2017, aims to reduce preventable maternal deaths by improving the quality of care during childbirth and the immediate post-partum period. It focuses on labour rooms and maternity OTs and is implemented in medical colleges, district hospitals, FRUs, and high-load CHCs. As on 31st December, 2025, a total of 1,229 Labour Rooms & 902 Maternity Operation Theatres are LaQshya certified at national level. In FY 2025-26, 86 Labour Rooms & 72 Maternity Operation Theatres have achieved national level LaQshya certification.

• MusQan – Quality improvement Initiative of child health service

The MusQan Scheme, launched on 17.09.2021, builds on NQAS and LaQshya to provide safe, childfriendly services and reduce preventable newborn and child deaths. It covers OPDs, SNCUs/NBSUs, Paediatric wards, and NRCs, and is implemented in District Hospitals, CHCs, and LaQshya-certified facilities. As of 31.12.2025, total 233 facilities are nationally certified.

• National Quality Assurance Standards External Assessors' Training

A pool of experienced external assessors has been created to support the NQAS. These assessors conduct national & state assessments, train healthcare professionals, and help states with the surveillance assessments. NHSRC conducts a six-day training for External Assessors. As of 31.12.2025, 49 training batches have been completed, and 2040 assessors have been empanelled.

• Standard Treatment Guidelines (STG) Series

Standard Treatment Guidelines (STGs) provide evidence-based guidance for clinical decision-making. To improve adherence to clinical standards in public facilities, NHSRC run a monthly online STG Lecture Series, held every third Saturday. Each session covers the diagnosis and treatment of common conditions, with 12 topics per series. In total, 36 sessions have been conducted in all 3-webinar series.

• SaQushal: Safety and Quality Self-Assessment Tool for Health Facilities

SaQushal, launched on 07.09.2022, is a self-assessment tool developed by NHSRC to strengthen patient safety practices and streamline NQAS certification. It supports better reporting and monitoring of adverse events and promotes learning from them. District Hospitals assessed increased from 237 in 2023 to 502 in 2025, a 37% rise.

15) Indian Public Health Standards (IPHS)

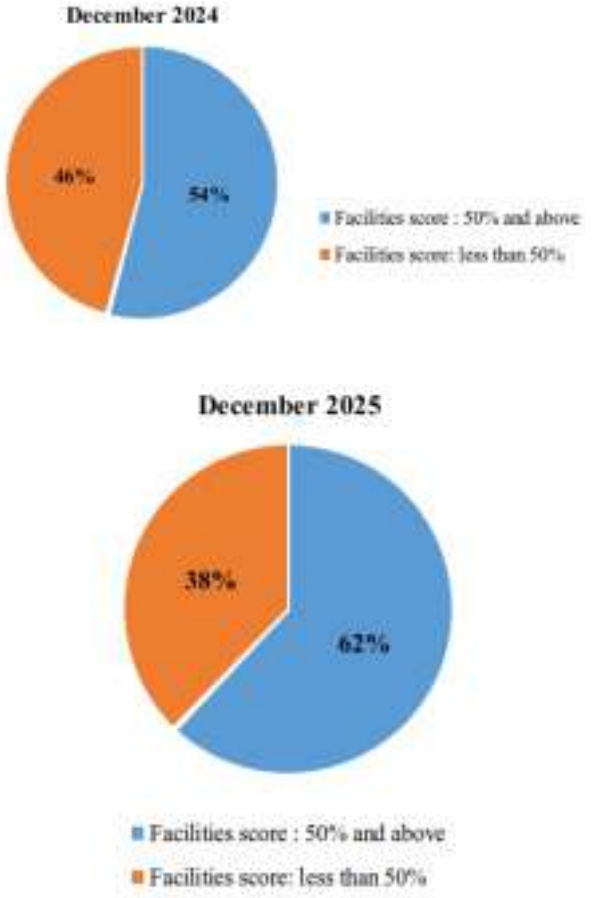
The Indian Public Health Standards (IPHS) are essential benchmarks that ensure the delivery of minimum essential services through public healthcare facilities, including DHs, SDHs, CHCs, PHCs and SHCs. IPHS was developed in 2007 and revised in 2012 and 2022. These standards align with recent public health initiatives and are fundamental to our healthcare system.

MoHFW has been actively implementing the IPHS 2022 guidelines to provide uniform, high-quality health services across all States/UTs. Implementing IPHS is vital for improving healthcare delivery nationwide and ensuring all citizens access essential minimum standards of health services.

Further, the Ministry has launched an open-source toolkit (ODK) and a dashboard under IPHS on 28.06.2024 which will aid the National, State and District health facilities in quickly monitoring compliance with respect to IPHS 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 31.12.2025, all the public health facilities have carried out self-assessment for IPHS. Among total assessed facilities, 62% of health facilities have scored IPHS Compliance score above 50% which has been increased from 54% in December 2024.

IPHS Compliance Score among Total assessed PHFs



16) PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched by the Hon'ble Prime Minister on 25.10.2021, with a total outlay of Rs.64,180 crore, to be implemented till FY 2025-26. The budget allocation under this mission is in addition to NHM. It is the largest PAN-India initiative aimed at strengthening healthcare infrastructure and building robust public health systems across the country to respond effectively to current and future pandemics or disasters.

Objective of the Scheme:

The main aim of the scheme focuses 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 also targets to build an IT enabled disease surveillance system by developing a network of surveillance laboratories at block, district, regional and national levels, in Metropolitan areas & strengthening health units at the Points of Entry, for effectively detecting, investigating, preventing, and combating Public Health Emergencies and Disease Outbreaks. Further it strengthens grass root public health institutions to deliver universal comprehensive primary health care and governance capacities for comprehensive diagnostic and treatment including for critical care services.

Components of PM-ABHIM

The scheme has two components, which are Centrally Sponsored Scheme (CSS) Components and Central Sector (CS) components. Under CSS components, the provision has been made for construction of 17,788 building less Sub-Centres as Ayushman Arogya Mandirs and 11,024 Health & Wellness Centres in Urban areas with a focus on slum and slum like areas are envisioned under the scheme during FY 2021-22 to 2025-26. Further 3382 Block Public Health Units (BPHUs) at the Block level, establishment of 730 District Integrated Public Health Labs in the country, wherein each District will have one such lab. All the Districts with more than 5 lakh population will have 50 to 100 bedded Critical Care Hospital Blocks and remaining Districts will have referral linkages.

Details of CSS Components are as under:

1. Rural Building-less Sub-Health Centers –

Health & Wellness Centres (Ayushman Arogya Mandir): Under PM-ABHIM, dedicated efforts have been made to strengthen rural health infrastructure by transforming SHCs and PHCs into AAMs, providing Comprehensive Primary Health Care (CPHC) services. The initiative primarily targets facilities operating without their own buildings, such as those functioning from rented, panchayat, or voluntary society premises. Support has been extended to seven High Focus States - Bihar, Jharkhand, Odisha, Punjab, Rajasthan, Uttar Pradesh, and West Bengal, and three North-Eastern States - Assam, Manipur and Meghalaya for establishment of 7367 Building less Sub-Centres as AAMs in rural areas. Additionally, based on requests from Karnataka and Andhra Pradesh, approvals for constructing building-less SHCs were granted using state savings under the scheme. Functional AB-HWCs/ AAMs are contributing significantly towards improved population coverage, reduced out-of-pocket health expenditures, strengthened care coordination, better disease surveillance, and enhanced promotion of health and wellness activities thereby helping decongest higher healthcare facilities and ensuring stronger preparedness for health emergencies and outbreaks.

2. Urban Ayushman Arogya Mandirs (U-AAM): The Urban Ayushman Arogya Mandirs (UAAMs), established under PM-ABHIM, aim to ensure universal access to public health services in urban areas. These centres are designed to transform urban healthcare delivery by strengthening both upward and downward linkages across levels of care and functioning as gatekeepers to secondary and tertiary health facilities. U-AAMs provide a comprehensive range of services, including reproductive, maternal, new-born, child, and adolescent health (RMNCH+A), communicable disease control, and screening for major non-communicable diseases (NCDs) such as hypertension, diabetes, and oral, breast, and cervical cancers. They also promote community engagement, outreach activities, and access to specialist services through nearby Polyclinics, delivering preventive, promotive, and curative care closer to communities. This approach is enhancing equitable access, reducing financial burdens, and improving health outcomes in urban populations. Under the scheme, support is provided for human resources, essential drugs, diagnostics, rent, consumables, IT systems, untied grants, and polyclinic services.

3. Block Public Health Units (BPHU): The Block Public Health Units (BPHUs) have been established under PM-ABHIM to strengthen the integration between clinical services and public health functions while improving disease surveillance and epidemic response. The COVID-19 pandemic revealed major gaps in India's decentralized public health infrastructure, particularly at the block level, where limited capacity hindered timely interventions. To address these challenges, the Government of India initiated the establishment of BPHUs to reinforce local-level public health systems and enhance preparedness for health emergencies. Under the scheme, 3,382 BPHUs are being supported across the country including 2,334 units under the PM-ABHIM share and 1,048 under the 15th Finance Commission (XV- FC) share, in eight High Focus States and three Hill States. Each BPHU includes a Service Delivery Facility (CHC/PHC/SDH), a Block Public Health Laboratory, and a Block HMIS Cell, forming the hub for surveillance, diagnostics, and public health management at the block level. The BPHUs aim to promote decentralized, data-driven public health action, strengthening early disease detection, outbreak investigation, and epidemic response, while also providing supervision and support to Health and Wellness Centres (HWCs) for preventive and promotive health initiatives. The establishment of BPHUs is driving synergy and horizontal integration among various national health programmes. By linking clinical services, laboratories, and health data systems, BPHUs serve as pivotal nodes for evidence-based planning, efficient service delivery, and strengthened disease surveillance, thereby building a resilient and responsive health system at the block level.

4. Integrated Public Health Labs (IPHL): The Integrated Public Health Laboratories (IPHLs) established under the PM-ABHIM aim to create an apex network linking block, district, state, and regional public health and veterinary laboratories. This integrated framework supports multi-sectoral collaboration for clinical management, disease surveillance, and timely public health response. The establishment of IPHLs in all districts is enhancing disease surveillance capacity and strengthening existing Integrated Disease Surveillance Programme (IDSP) units. These laboratories are interconnected through the Integrated Health Information Platform (IHIP), following a hub- and spoke model, wherein district laboratories serve as hubs for peripheral facilities, reducing the need for

patients to travel to higher-level centres for diagnostic services. States and Union Territories are also developing in- house capacities for IPHL setup and, where necessary, utilizing Public- Private Partnerships (PPP) or outsourcing arrangements to fill operational gaps. Each IPHL provides comprehensive diagnostic services for both infectious and non-infectious diseases, facilitating early detection, confirmation, and public health action. Serving as district-level nodal hubs, IPHLs integrate laboratory services across multiple health programs and sectors, while also functioning as training and mentoring centres for Block Public Health Laboratories (BPHLs) and other peripheral health facilities, supporting capacity building and quality assurance. The operationalization of IPHLs has significantly enhanced district-level diagnostic and surveillance capacities, enabling timely disease detection, diagnosis, and reporting, and ensuring prompt initiation of treatment and public health interventions. This initiative has reduced diagnostic delays, improved access to laboratory services, and strengthened coordination across surveillance networks bolstering health system preparedness and response to outbreaks and public health emergencies.

5. Critical Care Hospital Blocks (CCBs): The Critical Care Blocks (CCBs) established under the PM-ABHIM aim to strengthen district-level capacity for the treatment and management of infectious diseases and critical illnesses. These facilities are designed to provide comprehensive intensive care, emergency services, and supportive and ancillary care within District Hospitals. During COVID-19 pandemic, many hospitals lacked adequate infrastructure to isolate infectious disease patients, leading to the conversion of entire hospitals into COVID-dedicated facilities. This caused severe disruptions in essential health services such as institutional deliveries, dialysis, blood transfusions, and chemotherapy, particularly in rural districts where the District Hospital served as the primary healthcare provider. To address these gaps, the Government initiated the establishment of CCBs to ensure dedicated, well-equipped critical care units at the district level. Each CCB is a 50/75/100-bedded facility, integrated within existing District Hospitals or Medical College Hospitals, and equipped with Intensive Care Units (ICUs), isolation wards, oxygen-supported beds, emergency and operation theatres, Labour-Delivery-Recovery (LDR) rooms, and newborn care units. These facilities are further supported by Medical Gas Pipeline Systems, Oxygen Generation Plants, Air Handling Units (AHUs), and robust infection prevention and control systems to ensure safe and efficient operations. The establishment of these CCBs has significantly bolstered district level preparedness and response capacity for pandemics and health emergencies. By ensuring timely diagnosis, treatment, and management of critically ill patients while maintaining continuity of essential health services, CCBs are reducing the burden of inter-district referrals, lowering out-of-pocket expenditures, and improving access to advanced critical care closer to communities. This initiative represents a major step toward building a resilient, responsive, and equitable public health system across the country.

Current status of CSS component: Under the scheme (excluding XV-FC share), total financial allocation for the State/UTs during the scheme period (2021- 2026), is Rs.34932.27 crore. Under the Centrally Sponsored Scheme (CSS) component of PM-ABHIM, administrative approval has been accorded to the States/UTs for an amount of Rs.32928.82 crore for construction/ strengthening of 9519 SHC-AAMs, 5456 Urban AAMs, 2151 BPHU, 744 IPHLs at District level and 621 CCBs so far.

17) Stakeholders Consultation: Extensive stakeholder consultations regarding continuation of NHM were undertaken during 2025, including a national workshop held in New Delhi on 16th– 17th July, 2025, where senior officials and policymakers from all States/UTs identified emerging priority areas through collective discussion. These sector-wide inputs were systematically reviewed and have informed the design of interventions for NHM 2026–31. A National Stakeholder Consultation on Haemoglobinopathies was conducted on 30.07.2025 as a way forward to "Stakeholder Consultation on National Health Mission". Further, focused consultations covering Sickle Cell Disease, Reproductive and Child Health (RMNCHA+N), and Urban Health enabled deep-dives into specialized domains, ensuring targeted strategies for the next cycle. Notably, the NUHM Technical Consultation on 12.08.2025 emphasized the strengthening of urban health services through four strategic pillars—service delivery and access, governance and ULB integration, community engagement, and technology-driven health systems— highlighting actionable innovations and intersectoral convergences. These collaborative exercises across multiple thematic areas ensure that

proposed NHM interventions are robust, context responsive, and aligned to the aspirations and needs of all stakeholders, thereby strongly justifying the scheme's continuation.

18) National Health System Resource Centre (NHSRC): Set up in 2007, the National Health System Resource Centre (NHSRC) serves as the technical support unit for MoHFW. Its core mandate includes advising on policy formulation, developing strategic frameworks, and strengthening the capacity of various states to implement health initiatives. The organization operates under a Governing Board chaired by the Secretary of the MoHFW and an Executive Committee led by the Additional Secretary & Mission Director of NHM. To address regional requirements, NHSRC maintains a branch known as Regional Resource Centre, North East (RRC-NE), which provides specialized technical assistance to the North-Eastern States.

19) Aspirational District Programme (ADP)

MoHFW is committed to achieve the desired health outcomes across all 112 Aspirational Districts identified by NITI Aayog under the Aspirational Districts Programme.

To achieve the desired goals and objectives for health sector under the Aspirational Districts Programme, focused and context specific strategies such as operationalization of Ayushman Arogya Mandirs (AAMs)/ Health & Wellness Centres (HWCs), Institutionalizing Ayushman Bharat - 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 overall development across all the Aspirational Districts.

Status of key Health Programmes across Aspirational Districts (ADs)

Transformation of all Sub-Centres (SCs) and Primary Health Centres (PHCs) into AAMs:

- A total of 23304 AB-HWCs were made functional till September 2025.

Institutionalizing AB - School Health & Wellness Ambassadors in all schools

- 55 ADs have started School Health & Wellness Ambassadors (HWA) trainings till September 2025.
- 30125 out of 58845, Government/ Government aided schools started trainings in 55 ADs till September 2025.

Sick New-born Care Unit (SNCU)

- Till September 2025, 108 ADs have fully functional SNCUs. A total of 146 SNCUs are functional in Aspirational Districts.

Nutrition Rehabilitation Centre (NRC)

- A total of 285 NRCs were functional in 102 Aspirational Districts till September 2025.

Labour Room Quality Improvement Initiative (LaQshya)

- 434 Labour Rooms (LR) & 311 Maternity Operation Theatres (Maternity-OT) of public health facilities were identified under LaQshya programme in Aspirational Districts and, out of these, 171 LR & 106 Maternity-OT of public health facilities have achieved National LaQshya certification till September 2025.

Home Based Newborn Care (HBNC)

- A total of 1153860 new-borns has received all scheduled HBNC visits by ASHAs till September 2025.
- A total of 83818 (7.26% identified sick new-borns out of total visited) were referred to the nearest Health facility till September 2025.

Home Based Young Children (HBYC)

- All ADs have started training of ANM/ASHA/ASHA facilitators. Total of 194471 (91.16%) ANM/ASHA/ASHA facilitators have been trained in these till September 2025.

National Immunization Programme-

- 87 Aspirational Districts, out of 112, have more than 90% Full Immunization Coverage (FIC) till September 2025.

National Tuberculosis Elimination Programme (NTEP)

- 57 ADs have success rate of more than 90%, during Jan-September 2025.

- 94 out of 112 ADs have > 85% TB treatment success rate in public and private, during Jan-September 2025.
- 104 ADs have achieved a Tuberculosis (TB) case notification rate of greater than 75%, during Jan-September 2025.

Aspirational Blocks Programme

The Aspirational Blocks Programme was launched by the Hon'ble Prime Minister on 7th January, 2023, during 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 initially 500 Aspirational Blocks across 329 Districts in 27 States and 4 Union Territories. Recently. Additional 13 Blocks from Arunachal Pradesh and Odisha have been included and, thus, bringing the total to 513 Aspirational Blocks across 331 Districts in 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:

Sl. No.	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 2500 g) (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 513 Aspirational Blocks can be assessed through- https://abp.championsofchange.gov.in

20) Drugs and Vaccine Distribution 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, under NHM, Free Drugs Service Initiative (FDSI) was rolled out under which the States/UTs are being supported to provide free generic drugs to patients coming to public health facilities. In order to effectively operationalize this initiative, an IT-backed drugs supply chain and logistics system, namely, Drugs and Vaccine Distribution Management System (DVDMS) was launched. DVDMS has been developed and customized by CDAC in consultation with MoHFW.

DVDMS is a web-based application and it deals with the purchase, inventory management and distribution of various drugs and consumable items to various Regional/ District Drug Warehouses of the States/ UTs and Health Facilities Such as District Hospitals (DH), Sub District Hospitals (SDH), Community Health Centres (CHC), Urban Community Health Centres (UCHC), Primary Health Centres (PHCs)/ Ayushman Arogya Mandir-PHC (AAM-PHC), Urban Primary Health Centres

(UPHC), Sub-Centres (SC)/ Ayushman Arogya Mandir-Sub Centres (AAM-SC), Specialty Hospital (SH) and Medical College (MC). Therefore, the DVDMS application is effective till the level of Sub Centre or Ayushman Arogya Mandir (AAM).

A total 31 States/UTs have been on-boarded with DVDMS central dashboard and the data is available on a real-time basis. Out of these 31 States/UTs, 9 States/UTs have been integrated through States/UTs application web APIs with DVDMS Central Dashboard.

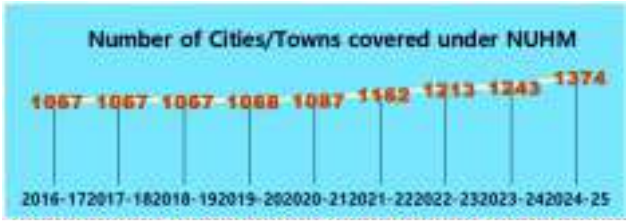
In order to develop the centralized procurement of drugs and vaccine for schemes/programmes under NHM, the Generalized DVDMS application has developed for the integration. Till date, National Vector Borne Disease Control programme (NVBDCP) and NI-KSHAY AUSHADHI Application (NTEP) have been successfully on-boarded on Generalized DVDMS application for all the States/UTs.

Further, Indian Public Health Standards (IPHS) Dashboard and NCD Dashboard have been developed for Sub-Centres, Primary Health Centres, Community Health Centres, Sub-District and District Hospitals. IPHS set benchmarks for the availability and quality of drugs in public healthcare facilities, defining lists of "essential medicines" free distribution, such as anaesthetics, anti-bacterial, and cardiovascular drugs. These standards also outline that facilities should ensure drugs of acceptable quality are available in adequate quantities, and they specify guidelines for both essential (minimum) and "desirable" services, which include the provision of drugs and necessary equipment. States and UTs are live on CMS for DVDMS. On the lines of drugs monitoring through Central Monitoring System for DVDMS, monitoring of Reagents and Tests at States / Districts will be facilitated through a separate application module in Central Monitoring System for DVDMS, for monitoring and evaluation the Diagnostic dashboard is live in Central Monitoring System for DVDMS.

1.2.3 NATIONAL URBAN HEALTH MISSION (NUHM)

Background

National Urban Health Mission (NUHM) was approved in May, 2013 as a Sub-Mission under NHM for providing equitable and quality primary health care services to the urban population with special focus on the slum and vulnerable population. States/UTs 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 Lakshadweep) and cover cities/towns with population above 50,000 and State & District Hqs above 30,000 populations; and also establishes AAM-USHCs in urban areas with 15,000-20,000 population. Currently, 1374 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 PHCs are upgraded to Ayushman Arogya Mandirs as AAM-UPHCs to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that includes preventive, promotive, curative, palliative and rehabilitative services universal, free and close to the community. Further Urban-AAM – Urban SHCs (AAM-USHCs) are operationalised on 15,000 to 20,000 population under 15th Finance Commission Grants and PM-ABHIM to decentralize primary healthcare services. The AAM-USHCs are expected to increase its reach in the urban areas and cover the vulnerable and the marginalized by acting as satellite centres to AAM-UPHCs. 98% of AAM-UPHCs and 60% AAM-USHCs are operational against approvals as on 31.10.2025.



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 FY 2025-26, more than sixty thousand health workforce is in place under NUHM.



Best Practices under NUHM

Home-based NCD care in Urban Areas	Integrated Palliative Care Model	BEST PRACTICES ON SERVICE DELIVERY IN URBAN AREAS



- Makkalai Thedi Maruthuvam (MTM) Scheme offers a comprehensive home-based care focusing on non-communicable diseases.
- Through doorstep delivery of medicines, physiotherapy, palliative care, and regular screening, the scheme addresses both preventive-promotive and chronic care needs, especially for older adults with functional limitations and multimorbidity.

Location: Tamil Nadu

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 31.10.2025, about 869 UPHCs have been quality certified at the National level and 317 UPHCs are certified at State level.

1.2.4 IMPROVEMENT IN THE QUALITY OF HEALTHCARE

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 particular 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 18.4 births in 2023. 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 6.4 deaths in 2023 indicating India has prevented around 18.7 deaths per 1000 population since 1951. India has witnessed a significant demographic transition, marked by a substantial decline in the Total Fertility Rate (TFR) from 6.0 children per woman in 1951 to 3.1 in 2001, and further to 1.9 in 2023. This decline reflects sustained efforts in population stabilization, improved access to healthcare, and rising awareness around reproductive choices. In recent years, India has also witnessed a notable improvement in maternal health by bringing down the Maternal Mortality Ratio to 88 maternal deaths per 100000 live births in 2021-23, 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 19 in 2023 and Under Five Mortality Rate (Per 1000 live births) by reducing from 59 in 2010 to 29 in 2023. 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 70.3 years in 2019-23 (mid-year 2022).

Table 1: Achievements of Health & Family Welfare Programme

S.N	Parameter	1951	2001	2005	2010	2015	2017	2018	2019	2020	2021	2022	2023
1	Crude Birth Rate (Per 1000 Population)	40.8	25.4	23.8	22.1	20.8	20.2	20.0	19.7	19.5	19.3	19.1	18.4
2	Crude Death Rate (Per 1000 Population)	25.1	8.4	7.6	7.2	6.5	6.3	6.2	6.0	6.0	7.5	6.8	6.4
3	Total Fertility Rate (Per woman)	6.0	3.1	2.9	2.5	2.3	2.2	2.2	2.1	2.0	2.0	2.0	1.9
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)	93 (2019-21)	88 (2020-22)	88 (2021-23)
5	Neo-natal Mortality Rate (Per 1000 live births)	NA	40	37	33	25	23	23	22	20	19	19	19
6	Under Five Mortality Rate (Per 1000 live births)	NA	NA	NA	59	43	37	36	35	32	31	30	29
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)	69.7 (2015-19)	70.0 (2016-20)	70.0 (2016-20)	69.8 (2017-21)	69.9 (2018-22)	70.3 (2019-23)

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) is designated as Chief Data Officer (CDO) of Department of Health and Family welfare to lead the open data initiative of the Department. In this open data initiative, CDO is required to upload both dynamic and static datasets on the platform and its metadata on data.gov.in from his/her account, in compliance with the guidelines of National Data Sharing and Accessibility Policy (NDSAP)- 2012.

1.2.5 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

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

HMIS is a facility-level aggregated data collection system. The health facilities registered on HMIS 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 2.77 lakh health facilities are registered on HMIS, out of which 2.36 lakh are public, and 0.41 lakhs are private health facilities. Each public and private health facility, based on the type of services it provides, is assigned one format for reporting Service Delivery & HR Data.

The Health Management Information System (HMIS) boasts extensive coverage that continues to expand. This reach is further extending to include Railway Hospitals, CAPFs Hospitals, ESI/ESIC Hospitals, AYUSH Hospitals & Dispensaries, and CGHS Hospitals & Dispensaries. 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.

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:

The key features of HMIS are given below:

- Each facility is mapped using LG Directory based, with State, District, Sub-District, Block (in case of Rural), Urban Local Body (in case of Urban), Parliamentary Constituency and 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 follow 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.
- Preparation of annual publication "Health Dynamics of India (HDI)" 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, Aspirational Blocks and poor performing districts under Mission UTKARSH.
- State Health Index and DH ranking by NITI Aayog.
- PM Dashboard (Prayas) .
- 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. Regional Workshop on HMIS & RCH 2024-25 were organized on 7-8th January 2025 at Puri, Odisha and 22-24th January 2025 at Guwahati, Assam. Participants included representative from States/UTs, Programme Divisions of Health Ministry and Development Partners. During these regional workshops, various new features and data quality reported during 2024-25 in HMIS were discussed with the participants. In addition, data definitions of the various HMIS data elements were discussed along with the validation rule. Status of physical verification of the HMIS data through Android based mobile application during field visits was shown and discussed.

Further, regular physical/virtual meetings were also held with all States/UTs to orient them about new features in HMIS. Trainings conducted during the period from January 25 to December 2025 is listed below.

1) Haryana, 30 th January 2025	1. Chandigarh, 31 st January 2025
2) Meghalaya, 25 - 27th February 2025	2. Tripura, 18 -19th March 2025
3) Punjab, 20 -21 March 2025	3. Manipur, 7th March 2025
4) Mizoram, 22 -23rd April 2025	4. Delhi, 6th May 2025
5) Nagaland, 12 th June 2025	5. Lakshadweep, 13-14th November 2025
6) A & N Islands, 8 - 9th December 2025	

A dashboard has been developed to monitor the 100 lowest performing Aspirational Blocks onmonthly 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. DDG (Stat.) and team visited for on-site verification of HMIS data at various facilities in Vellore district of Tamil Nadu for the FY 2024-25 and FY 2025-26 (April 25 to June 25). HMIS Team visited various facilities of Tripura and Bihar for assessing facility and data verification. HMIS team also actively participated in Common Review Mission (CRM) during 01-11-2025 to 08-11-2025 in Maharashtra, Madhya Pradesh, Nagaland and Bihar (15-11-2025 to 22-11-2025).

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

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, 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 in 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.

RCH portal has been a vital tool, which helps health workers in planning for service delivery and identification of beneficiary due for Antennal 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.

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), ANM On-Line (ANMOL), Kilkari and Mobile Academy (KMA). Data from RCH Portal is also used for direct transfer of Janani Suraksha Yojana (JSY) benefits to pregnant women and payments to ASHAs, wherever possible. The portal is currently running in 29 States/UTs and three States/UTs (Dadra & Nagar Haveli and Daman & Diu, Gujarat and Rajasthan) are sending their data through web services and rest four States namely, Madhya Pradesh, Tamil Nadu, Telangana, and West Bengal are in the process of integration with the portal for sending their data. A total of 27.97 crore pregnant women and 24.63 crore children have been registered in RCH portal till 31st December 2025 since its inception.

ANM ONLINE (ANMOL) Mobile Application: -

ANM on line (ANMOL) is an android-based mobile application also 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. ANMOL app 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 facilitates beneficiaries may get on family planning, pregnancy and child care. Presently it is operational in 29 States / UTs with four different languages i.e. Hindi, English, Telugu and Kannada. Approximately 1.82 Lakh ANMs are registered and using ANMOL application till 31.12.2025.

Revamped Version of RCH Portal (RCH 2.0): -

MoHFW is upgrading the RCH portal to align with the requirements of Ayushman Bharat Digital Mission (ABDM). This initiative aims to strengthen the RCH ecosystem by leveraging advanced technological solutions to improve service delivery and data management. Taking advantage of the rapid advancements in India's mobile ecosystem and technology services coupled with ease of use and access provided by today's cloud services, MoHFW in joint collaboration with UNICEF, has developed of RCH 2.0. This upgraded version aims

to enhance the efficiency and effectiveness of our healthcare delivery system, addressing the evolving needs of reproductive, maternal, new born, and child health services.

As part of this modernization initiative, MoHFW has developed RCH 2.0, a robust web and mobilebased application aimed at capturing and monitoring beneficiary services throughout the entire continuum of maternal and child health care. The application covers the dedicated modules of Hierarchy Master Module like Health Facility with HFR and Health Provider with HPR, Beneficiary Registration, High-Risk Pregnancies (HRP), Antenatal Care (ANC), Delivery, Postnatal Care (PNC), Child Health Services and Family Planning including, Integration with other national digital health systems, such as ABDM, POSHAN Tracker and UWIN application for comprehensive health data exchange.

MoHFW initiated the pilot rollout of RCH 2.0 across all States/UTs in a phased manner. The first phase commenced in Jammu & Kashmir, Puducherry, and Tripura from 01.11.2025. The second phase of pilot roll out was commenced in Bihar, Delhi, Goa, Haryana, Jharkhand, Ladakh, Maharashtra, Punjab, Sikkim, and Uttarakhand from 01.12.2025. The third phase was rolled out in Arunachal Pradesh, Chandigarh, Himachal Pradesh, Lakshadweep, Manipur, Mizoram, and Nagaland from 24.12.2025. Pilot roll out of RCH 2.0 will be commenced in rest States/UTs in subsequent phases.

A total of 99,757 pregnant women and 2,016 children have been registered with ABHA-linked records for States/UTs that have been onboarded on the RCH Portal 2.0 during the rolled-out period of 01.11.2025 to 31.12.2025.

Additionally, since inception, a total of 1,71,595 Health Providers have been registered with HPRverified records, and 1,84,180 ASHAs have been registered with ABHA-verified records in RCH 2.0.

1.2.7 INTEGRATED CALL CENTRE

The call centre initiatives have been taken up by the Ministry in various healthcare areas such as health awareness, health service delivery feedback, grievances, health counselling etc. These call centres are running as per their specific requirement of the programmes/schemes. During the course of implementation, it has been felt that there is a need to start integrated call centres which cater to the combination of above-mentioned requirements. An integrated call centre for providing different services would be more efficient and cost-effective as compared to a multitude of call centres, each providing a particular type of service. Considering this, an Integrated Call Centre comprising of Mother and Child Tracking Facilitation Centre (MCTFC), Kilkari and Mobile Academy (KMA), National Family Planning (NFP) Call Centre, and Surakshit Matritva Aashwasan (SUMAN) Call Centre has been set up in the Ministry and made functional since 21st July 2025. The centre is operational with 150 Helpdesk Agents, 2 Medical Specialists, Supervisors and few more administrative and IT staff.

Through the Integrated Call Centre, calling activities are prioritized for high-risk categories such as high-risk pregnant women and low birth weight infants. This focused outreach aims to contribute significantly to the reduction of Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) by promoting safe deliveries, comprehensive child care, and timely immunization. Additionally, the initiative plays a vital role in improving health and hygiene practices, ensuring sanitation and cleanliness, and addressing various other determinants that impact the overall well-being of both mother and new-born. The Integrated Call Centre is operational in 32 States/ UTs which are using RCH or integrated with RCH. The key objectives of Integrated Call Centre are as follows:

- Feedback on Health Service Delivery
- Awareness and providing information to beneficiaries about various Govt. Health Schemes, Health Centres and Programs and for promoting right health practices.
- Reminders and follow-ups to beneficiaries regarding Health services
- Grievance Redressal of beneficiary and Front-Line Workers for PMSMA.

The brief of different components of Integrated Call Centre are as follows-

a. Mother and Child Tracking Facilitation Centre (MCTFC) was initially set up in April, 2014 with the objective to support RCH portal in improving its data quality and assessing the effectiveness of service delivery and implementation of government schemes and programmes at field level. It is a major step taken by Government of India under the National Health Mission in improving the maternal and child health care services. The key activities of MCTFC project

are Inbound and Outbound calling through Helpdesk Agents, Inbound and Outbound SMS and run the campaign as per the direction of the Ministry. Inbound calling has been implemented with short code 10588 to resolve the queries of beneficiaries and health workers. For Outbound calling, helpdesk agents directly connect with the RCH registered beneficiaries and health workers. Outbound SMS is sent to the called beneficiary (who is not aware) regarding details of ANM/ASHA and feedback on the MCTFC calls collected from the beneficiary/ health worker through Inbound SMS.

As on 31.12.2025 since inception (April 2014), more than 2.70 crore calls were made to beneficiaries through MCTFC for promotion and facilitation in availing maternal and child health services and government schemes. More than 19.8 lakh calls were made to ANMs and ASHAs for resolution of their queries, and more than 1.05 crore-voice messages on Maternal and Child Care have been delivered to the beneficiaries

b. Kilkari is an IVRS technology based Mobile Health awareness service for Pregnant Women (per month from the 2nd Trimester of pregnancy), Mothers of children (per month up-to one year of age of child) and their families used for delivery of accessible, accurate, and pertinent time-sensitive audio messages through a female character named Dr. Anita on "Pregnancy" and "Child Health care" directly to the mobile phones of the beneficiaries registered in RCH Portal. Subscribers can re-listen to the monthly message multiple times during the month, by dialing a short code **14423**. HSP to develop system to make the IVR calls on monthly basis to all Pregnant Women and Mothers of Children registered in RCH.

c. Mobile Academy is an anytime anywhere learning tool which provides inexpensive, standardized, and high-quality learning training course at the time and location of their choosing with a bookmarking feature for enhancing the knowledge on maternal and child health benefits and personal development of ASHA without disrupting routine service delivery. The database for Mobile Academy is drawn from the RCH Portal where ASHA's numbers are registered and avail training opportunity via dialing short code 14424 from their registered mobile phones which is both cost-effective and efficient.

d. National Family Planning helpline helps to facilitate information flow between the Team, Family Planning Division and other stakeholders equipped with specialized knowledge and skills, supported by training and capacity building efforts. It runs Inbound and Outbound Call services to the beneficiaries which are fetched from RCH Portal database for raising awareness related to Family Planning methods. Family Planning Users may also connect with the NFP Call Centre using Toll Free no. 1800-116-555. Since 21st July 2025, more than 6.3 lakhs calls were made to beneficiaries through NFP call centre and more than 3000 inbound calls have been received as on 31.12.2025.

e. SUMAN call centre is operational in PAN India basis and in 2 languages- English and Hindi. The helpline is established to provide the beneficiary with information regarding the program, benefits and the PMSMA camp details. This helpline also helps the volunteer to register on portal and register complaints if any regarding portal accessibility. Customer (Beneficiary/ citizen/ health volunteer) can directly call to the toll-free number 1800-180-1104 or may register the complaint/ grievance through mail Id suman.pmsma@gmail.com to get information w.r.t health programs like SUMAN, PMSMA, JSSK, JSY etc. or register complaint. The helpline number helps the beneficiary to avail the facilities and getting aware of the initiative. Helpdesk will also register complaint of the beneficiaries and will forward the complaint to the concerned nodal officer for effective resolution. Since 21st July 2025, more than 3300 calls have been received through SUMAN call centre as on 31st December 2025.

1.2.8 SURVEYS AND EVALUATION ACTIVITIES

Ministry of Health and Family Welfare (MoHFW) 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 and sixth round of NFHS 2023-24 is ongoing. 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.

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.

3. The survey has emerged as a major data source for tracking the progress at disaggregated levels towards achieving SDG targets. 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 reflected in the findings of the NFHS-5.

4. NFHS-6 is the first survey in the NFHS series conducted without any foreign technical or financial assistance. All technical work, including data processing and tabulation, are being carried out entirely by IIPS, Mumbai. Currently, the main survey fieldwork, conducted in two phases, has been completed in all States/UTs except Manipur and data processing is also at the advance stage. The survey could not be conducted in Manipur due to administrative reasons.

1.2.9 POPULATION RESEARCH CENTRES (PRCs)

MoHFW has established 18 Population Research Centres (PRCs) in various Universities and Institutions in the Country. At present, these are spread over 16 major States of India, 12 of which are located in Universities and 6 in reputed Research Institutions. These PRCs operate under a Central Sector Scheme "Family Welfare Scheme" and MoHFW provides 100% Grants-in-Aid for meeting expenditure towards salary, allowances, approved research studies, infrastructure development, nonrecurring expenditure, etc. These PRCs are autonomous in nature, governed by the rules and regulations of the Universities/ Research Institutes (Host Organizations) in which these are located but following broad guidelines provided by the MoHFW from time to time.

The objective of these centres are to provide critical research based inputs related to the Health and Family Welfare Programs and Policies at the National and State levels. 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 areas of research are Demography, Family Planning, Reproductive and Child Health, Maternal Health, TB, Adolescent Health, Nutrition, Women and Child Development, Hygiene and Sanitation etc. These PRCs are also engaged in research work on various flagship schemes like HWC, HBNC, LaQshya, NQAS, Kayakalp, NCDs, NVHCP, etc. of NHM. 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 helps to improve the design and implementation of health programs and ensure that they are responsive to India's diverse demographic needs. In FY 2024-25, the PRCs completed 75 Research Studies and monitored 261 districts, covering 241 District Hospitals, 472 Community Health Centres, 973 AAM-PHC, 1000 AAM-SHC. In addition, the centres are also involved in the various activities like District Hospital Ranking, concurrent evaluation of LASI, HMIS, NFHS, etc.

The other important activities related to PRCs, carried out in 2025-26 are given below:

• Meeting of the PRC Scientific and Advisory Committee (PSAC) 2025-26 was conducted during 4th –5th June, 2025 at PRC Udaipur to review the research studies proposed by PRCs under the Annual Work Plan 2025-26.

• Steering Committee meeting was held on 3rd October, 2025 under the chairperson ship of the Secretary (HFW) to review the overall technical, financial and administrative functioning of PRCs.

• The 9th Dissemination Workshop / Expert Discussion was held during 15th to 16th October 2025 at the Population Research Centre (PRC), Institute for Social and Economic Change (ISEC), Bangalore. The workshop focussed on the Research Studies completed by PRCs under the Annual Work Plans (AWP) for 2023–24 and 2024–25.

• A virtual meeting of the PRC Scientific and Advisory Committee (after merger of PSAC and PMU) was held on 29th October 2025 followed by 15th December 2025 to discuss the research tools and methodology of Multi-Centric Studies and Primary Studies for FY 2025-26.

• PRCs actively participated in the Swastha Naari, Shashakta Parivar Abhiyan launched by the

Ministry of Health & Family Welfare during 17th September-2 nd October, 2025.

• PRCs took part in Special Campaign 5.0 (conducted from 2nd to 31st October 2025) aimed at institutionalizing Swachhta and minimizing pendency in Government offices.

• PRCs organized a series of events to commemorate World Population Day.

• PRC officials have been nominated to participate in the 17th Common Review Mission (CRM) of National Health Mission starting from 1st-7th November, 2025 (1st round) and 17th-21st November, 2025 (2nd round).

In order to comply the instructions of Department of Expenditure for appraisal and approval of Centrally Sponsored Schemes (CSSs) and Central Sector Schemes (CSs) for their continuation into 16th Finance Commission (16 FC) Cycle, which begins on 01.04.2026, MoHFW has carried out a third party evaluation of PRC scheme through Arun Jaitely National Institute of Financial Management (AJ NIFM), Ministry of Finance, for continuation of scheme 16th Finance Commission Cycle (2026-2031). The evaluation report strongly recommends for continuation of the PRC scheme, which has consistently delivered valuable policy inputs and evidence-based results for several decades. The scheme has played a pivotal role in supporting India's health and demographic agenda, providing insights that have shaped both national and State-level policies. However, to ensure its continued effectiveness and to maximize its future impact, the scheme must be further strengthened in key areas like establishment of Centre of Excellence such as Dharwad, Delhi, Gandhigram, Bangalore and Thiruvathapuram, Institutionalization of policy uptake mechanism through systematic dissemination, ensuring continuity and expansion of scheme as PRC scheme has a unique irreplaceable role in India's health policy ecosystem with no parallel mechanism in the country. Strengthening the PRC network will ensure that India continues to benefit from high-quality, regionally relevant, and policy-oriented research as it advances towards the goals of SDG 2030 and Viksit Bharat 2047.



PRC Scientific and Advisory Committee Meeting at PRC Udaipur, Mohanlal Sukhadia University (4th-5 th June, 2025)



Under the Swasth Nari Sashakt Parivar Abhiyaan, MoHFW, the Population Research Centre, Bhubaneswar conducted a Health Awareness Campaign on 'Menstrual Hygiene Practices' among women prisoners at Special Jail, Bhubaneswar

1.2.10 LONGITUDINAL AGEING STUDY IN INDIA (LASI)

The Longitudinal Ageing Study in India (LASI) is a national survey of scientific investigation of the health, economic, and social, determinants and consequences of population ageing in India. LASI is a nationally representative survey of 73,396 older individuals aged 45+ covers all States and Union Territories of India. The International Institute for Population Sciences (IIPS), an Autonomous Institution under the MOHFW, is the nodal institution for the LASI project.

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 the following major subject and policy domains of adult and older population namely:-

• Demography, Migration and Marital status, and Housing & Environment

- Health: Disease Burden and Risk factors (reported and measured)
- Health Care Utilization and Financing
- Social: Family, Social Network and Social Welfare Programmes for the Elderly
- Economic: Income, Wealth, Consumption, Employment, Retirement and Pension

LASI Wave-1 covered a panel sample of 73,396 older individuals aged 45+ covers all States and Union Territories of India. 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 on 6th 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, follow-up study of the households and individuals who were interviewed in Wave-1, is presently in implementation stage

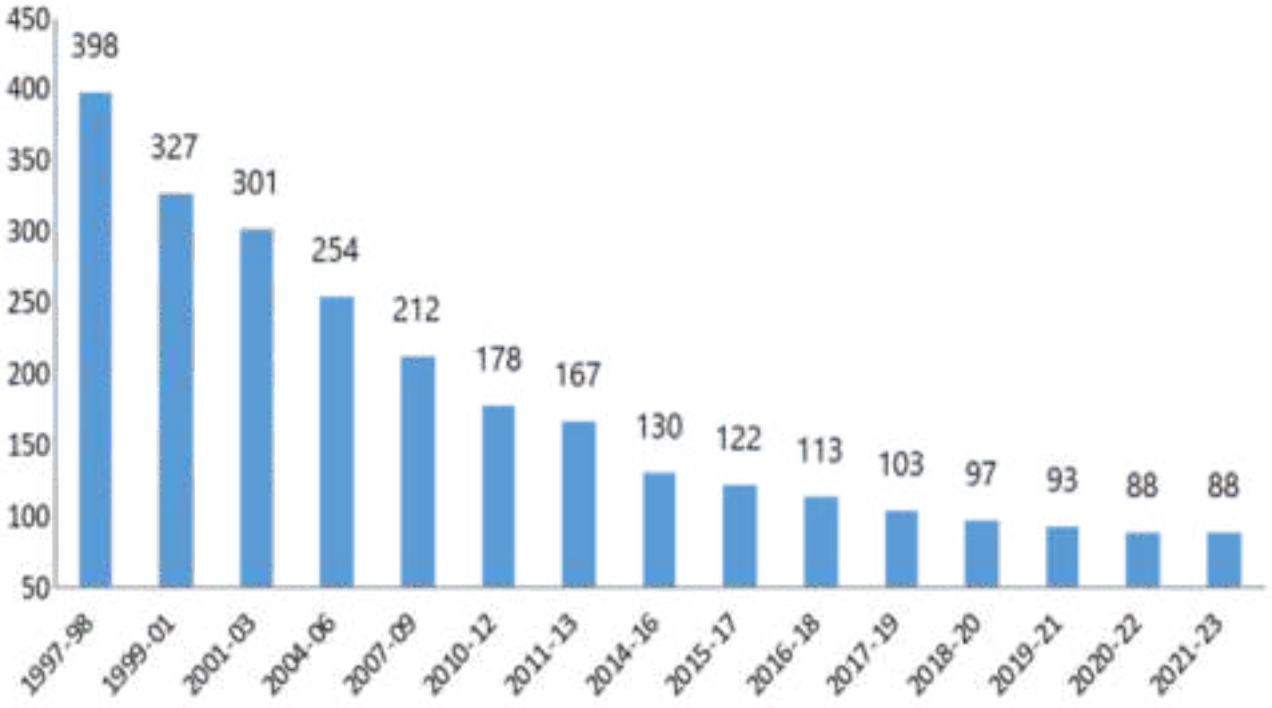
1.3 MATERNAL & ADOLESCENT HEALTHCARE

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 areas 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 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 42 points from 130 per 100,000 live births in Sample Registration System (SRS) 2014-16 to 88 per 100,000 live births in SRS 2021-23. Our progress in maternal health is globally recognized and according to the latest United Nations Maternal Mortality Estimation Inter-Agency Group (UN-MMEIG) Report (2000-2023), India has achieved an 86% reduction in MMR since 1990, which far exceeds the global average of 48%.



National MMR Trends (as per SRS)

MATERNAL MORTALITY RATIO (per 1,00,000 live births)		
Sl.No.	**Name of State/UT**	**SRS 2021-23**
	India	88
1	Andhra Pradesh	30
2	Assam	110
3	Bihar	104
4	Jharkhand	54
5	Gujarat	51
6	Haryana	89
7	Karnataka	68
8	Kerala	30
9	Madhya Pradesh	142
10	Chhattisgarh	146
11	Maharashtra	36
12	Odisha	153
13	Punjab	90
14	Rajasthan	86
15	Tamil Nadu	35
16	Telangana	59
17	Uttar Pradesh	141
18	Uttarakhand	91
19	West Bengal	104
20	Other States	86

Source: *Sample Registration System (SRS) 2021-23*

Following are the Global and National Targets for MMR:

• India has made significant strides towards achieving the Sustainable Development Goal (SDG) target of reducing the Maternal Mortality Ratio (MMR) to below 70 per 100,000 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.

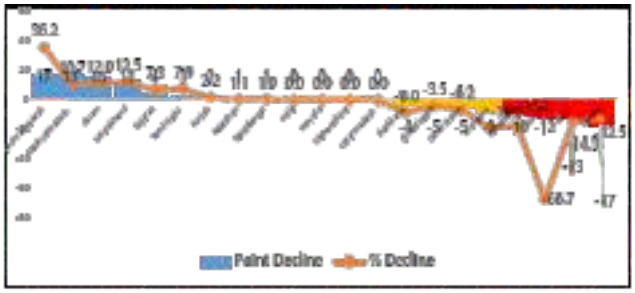
State-wise decline in MMR (Point decline)

• **Four States** have shown the highest decline in MMR i.e. Andhra Pradesh (17 points), Madhya Pradesh (17 points), Assam (15 points), Uttarakhand (13 points), in SRS 2020- 22 in comparison to SRS 2021-23.

State-wise decline in MMR (Percentage decline)

• **Four States** have shown the highest decline in MMR i.e. Andhra Pradesh (36.2%), Uttarakhand (12.5%), Assam (12.0%), Madhya Pradesh (10.7%) in SRS 2020-22 in comparison to SRS 2021-23

States achieved SDG (70 per lakh live births)	**8 States**	Andhra Pradesh (30), Kerala (30), Tamil Nadu (35), Maharashtra (36), Gujarat (51), Jharkhand (54), Telangana (59), Karnataka (68)
States achieved NHP 2017 Goals (100 per lakh live births)		



Graphical Representation: State-wise decline in MMR in SRS 2020-22 in comparison to SRS 2021-23

Upto 5% decline	Punjab (2.2%), Rajasthan (1.1%), West Bengal (1.0%).
5%- 10% decline	Tamil Nadu (7.9%), Gujarat (7.3%).
10- 15% decline	Uttarakhand (12.5%), Assam (12.0%), Madhya Pradesh (10.7%).
>15%	Andhra Pradesh (36.2%).

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 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 BenefitTransfer) 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 entitles all pregnant women delivering in public health institutions to have free and no-expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet during the stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements have been put in place for all sick newborns & infants accessing public health facilities. During FY 2024-25, more than 2.09 crore beneficiaries availed the benefits under JSSK. During FY 2025-26 (till 31st Dec 2025), 1.70 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 2025), more than 6.95 crore antenatal check-ups have been conducted at PMSMA sites for comprehensive services under the programme and more than 1.05 crore 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 PMSMA visit.





Glimpses of PMSMA Session- USG by doctors, Counselling and Yoga session

d. Surakshit Matritva Aashwashan (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 2025, total 96481 facilities have been notified under SUMAN.

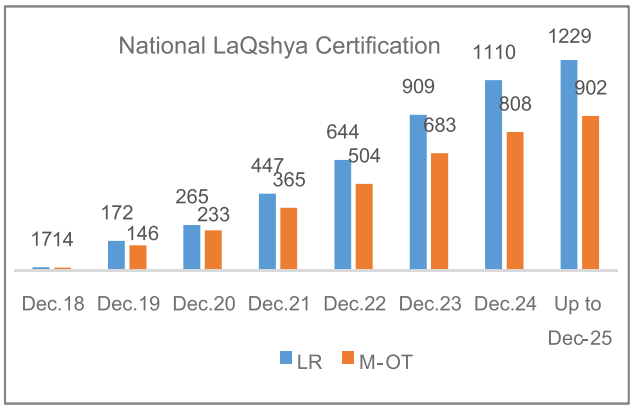


Glimpses from the Mother's Picnic initiative under SUMAN

e. 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 31st December 2025, 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 healthcare workers, and adherence to clinical guidelines and improving quality processes in Labour Room and Maternity OT. 1229 Labour Rooms and 902 Maternity OT of public health facilities have achieved National LaQshya certification till 31st December 2025.











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 668 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 Skill Lab is comprised 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 RMNCAH+N 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 Skill 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) are an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with ICDS.

p. Comprehensive Abortion Care (CAC) Comprehensive Abortion Care (CAC) is being provided as it is an important element in the reproductive health component of the RMNCAH+N strategy as 8% (2001-03 SRS) of maternal deaths in India are attributed to unsafe abortions. More than 30,000 Medical Officers have been trained in CAC trainings.



CAC Training at Sadar Hospital Samastipur, Bihar

Across the country, more than 9000 public health facilities are equipped with Drugs, Equipment & Trained Providers for the provision of safe abortion care services. This program is governed by the Medical Termination of Pregnancy Act, 1971. The amended MTP Act is a step towards safety and well-being of women and thereby enlarging the ambit and access of women to safe and legal abortion without compromising on safety and quality of care.

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:

• Post-natal care for reduction of maternal mortality is one of the resolutions in the Chief Secretaries Conference held under the Chairmanship of Hon'ble Prime Minister in January, 2023. Subsequently, approval of Hon'ble Union Minister of Health & Family Welfare has been granted on the scheme on **Optimization of Post-natal Care** and it aims for reduction of approximately one third of maternal mortality- which apparently happens after the delivery and discharge from hospital. Thus, this programme is a nudge for the health system not only for early detection of risk in new mothers but also for healthy outcome. Incentivization of ASHAs for prompt detection, referral & treatment of such high-risk postpartum mothers.

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 which 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 Home 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 Institutional 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 2024-25, the number of JSY beneficiaries reported by State/UTs were 96.15 lakhs). Expenditure on the scheme has also increased from Rs. 38 crores in FY 2005- 06 to Rs.1686.20 crores in FY 2024-25.
- In current FY 2025-26 (Upto 3rd Quarter, Provisional) the number of JSY beneficiaries reported by States/ UTs are 46.11 lakhs and expenditure reported is Rs. 649.29 crores (Upto 3rd Quarter, Provisional).

1.3.4 RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

In order to ensure holistic development of adolescent population, MoHFW 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 and 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 Centre (AFHC)

Adolescent Friendly Health Centres (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 8980 AFHCs have been established across the country with 1.70 crore adolescent clients accessing services at these AFHCs in FY 2024-25.

In FY 2025-26 total 1.32 cr. adolescents accessed the services of the AFHCs from April '25 to Dec. '25. (HMIS portal).



Adolescent Friendly Health Centres(AFHCs)

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-twohour participatory sessions on adolescent health. Adolescent Health & Wellness Day (AH&WDs) 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. Adolescent Health Counsellors and Peer Educators facilitate organization of Adolescent Health and Wellness Day and refersn adolescents to Adolescent Friendly Health Centre (AFHCs).

Total 6 Lakh Peer Educators have been trained since 2017 till up to FY 2024-25 for taking sessions with their peer groups. Total 1.94 lakh PEs were trained from Apr '2025 to Dec '25 in FY 2025-26 and 2.43 Lakh Adolescent Health & Wellness Days (AH&WDs) were conducted during the same period.



C. Weekly Iron Folic Acid Supplementation (WIFS) programme

WIFS entails provision of weekly supervised IFA tablets to in-school boys and girls and outof-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 of 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. Average monthly coverage under Weekly Iron Folic Acid Supplementation (WIFS) was 6.31 crore during FY 2024-25. (upto Q3), 6.6 crores adolescents had been provided Weekly Iron Folic Acid Supplementation (WIFS).



Weekly Iron Folic Acid Supplementation

Scheme for Promotion of Menstrual Hygiene among Adolescent Girls

MoHFW 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.



Menstrual Hygiene Scheme

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. 55.68 Lakh adolescent girls were provided sanitary napkins every month in FY 2024- 25. While in FY 2025-26 Dec '25, 49.46 lakh Adolescent Girls were provided sanitary napkins every month.

The National Menstrual Hygiene Policy for school going girls, released in November 2024, has been rolled out with the objective that all girls of Government and Government-aided schools have access to safe and low-cost menstrual hygiene products and gender-responsive sanitation facilities for menstrual hygiene management in a supportive environment, fostering an improved quality of life.This has been developed in collaboration with various Government Ministries, State and UTs and relevant stakeholders.

1.3.5 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 a 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.

Since its launch in 2020, the Programme has reached 539 Districts in 35 States/ UTs. 14.82 lakh Health and Wellness Ambassadors (HWAs) have been trained till up to December, 2025 since inception.

1.3.6 KILKARI AND MOBILE ACADEMY (KMA)

In order to improve 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, MoHFW has taken several initiatives. One of the key service and Digital India initiative undertaken by the Government of India 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 and, thus, creating awareness among them about health services and promoting right health practices and behaviour. The Union Minister of Health & Family Welfare launched the m-health service i.e. Kilkari and Mobile Academy on 15th January, 2016.

Kilkari, which means "a baby's gurgle", delivers free, monthly and time-appropriate 18 audio messages about pregnancy, child birth and child care directly to families' mobile phones from the second trimester of pregnancy until the child is one-year-old. The programme is integrated with centralized Reproductive Child Health (RCH) portal of MoHFW and is the single source of information for this m-health service. The program informs mothers and families about behaviours and practices to be adopted during the pregnancy and infancy. The monthly messages help families to educate, remind and reinforce the prioritized actions for each month 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.

The Kilkari project is currently operational in 27 States/UTs namely, Andhra Pradesh, Andaman & Nicobar Islands, Assam, Bihar, Chhattisgarh, Chandigarh, Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Tripura, Uttar Pradesh, West Bengal, Uttarakhand, Gujarat, Maharashtra, Karnataka, Goa, Dadra & Nagar Haveli and Daman

& Diu, Arunachal Pradesh, Manipur, Mizoram and Nagaland and the project is running in 13 regional languages viz. Assamese, Bengali, Bhojpuri, Gujarati, Hindi, Kannada, Konkani, Marathi, Meiteilon, Mizo, Odia, Telugu and English. A total of 92.37 Crore successful calls were made to 7.5 Crore beneficiaries under Kilkari (till 31st December 2025 since inception).

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/UTs namely 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 Islands. 4.82 Lakhs ASHAs registered in RCH portal have completed the Mobile Academy course (till 31st December 2025 since inception).

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.

1.4 CHILD HEALTH PROGRAMME & IMMUNIZATION

1.4.1 INTRODUCTION

The Child Health programme under the Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH+N) 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).

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	19 (SRS, 2023)	16 by 2025	≤12
Infant Mortality Rate	25 (SRS, 2023)	28 by 2019	-
Under-5 Mortality Rate	29 (SRS, 2023)	23 by 2025	≤25

** Source: Sample Registration System (SRS)*

1.4.2 CHILD MORTALITY

- The Under-5 Mortality Rate (U5MR) declined from 45 per 1,000 live births in 2014 (SRS)to 29 per 1,000 live births in 2023(SRS).Under-5 Mortality Rate (U5MR) for the country has shown decline of 1 point (Annual Decline Rate: 3.3%) from 2022 (29 per 1000 live births in 2023 against 30 per 1000 live births in 2022).
- The Infant Mortality Rate (IMR) declined from 39 per 1,000 live births in 2014(SRS) to 25 per 1,000 live births in 2023(SRS). Infant Mortality Rate (IMR) has also registered 1- point decline to 25 per 1000 live births in 2023 from 26 per 1000 live births in 2022 (Annual Decline Rate: 3.8%).
- The Neonatal Mortality Rate (NMR) declined from 26 per 1,000 live births in 2014(SRS) to 19 per 1,000 live births in 2023(SRS).
- As per the UN Inter-Agency Group for Child Mortality Estimation (UN IGME) Report released on 25 March 2025, India achieved a 78% decline

in the Under-Five Mortality Rate (U5MR) surpassing the global reduction of 61% and 70% decline in the Neonatal Mortality Rate (NMR) compared to 54% globally in during 1990-2023. UNIGME identifies India as an exemplar for its demonstrable success in reducing child mortality through effective strategies and policies.

Significant progress towards achieving Sustainable Development Goals (SDG-3):

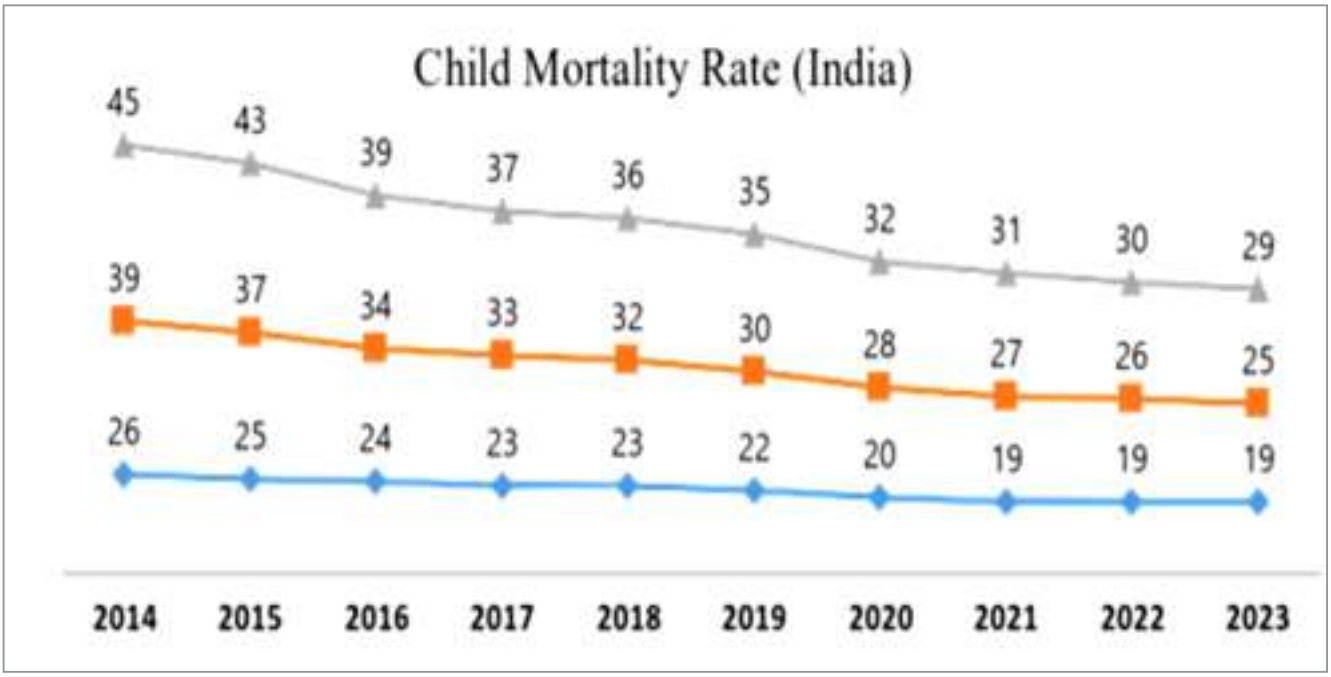
- **As per SRS 2023 Report, 8 States/ UT have already attained SDG target of NMR (<=12 by 2030):** Kerala (4), Delhi (9), Tamil Nadu (9), Jammu & Kashmir (10), Maharashtra (11), Himachal Pradesh (11), Karnataka (11) and Punjab (12).
- **As per SRS 2023 Report, 13 States/UTs have already attained SDGs target of U5MR (<=25 by 2030):** Kerala (8), Tamil Nadu (13), Jammu & Kashmir (15), Delhi (16), Maharashtra (16), Himachal Pradesh (17), Karnataka (17), West Bengal (18), Andhra Pradesh (21), Punjab (22), Telangana (22), Gujarat (23) and Uttarakhand (23).

Table-1.4.2: State-wise status of Early-neonatal, Neonatal, Infant and Child Mortality Rates

	Early Neonatal Mortality Rate (ENMR)	Neonatal Mortality Rate (NMR)	Infant Mortality Rate (IMR)	Under 5 Mortality Rate (U5MR)
India	13	19	25	29
A&N Islands			9	
Andhra Pradesh	11	16	19	21
Arunachal Pradesh			20	
Assam	15	21	30	33
Bihar	14	18	23	27
Chandigarh			7	
Chhattisgarh	20	26	37	41
D&N Haveli and Daman & Diu			9	
Delhi	6	9	14	16
Goa			6	
Gujarat	12	15	20	23
Haryana	13	19	26	30
Himachal Pradesh	7	11	14	17
Jammu & Kashmir	6	10	14	15
Jharkhand	15	20	29	32
Karnataka	7	11	14	17
Kerala	3	4	5	8
Ladakh			4	
Lakshadweep			9	
Madhya Pradesh	20	27	37	44
Maharashtra	8	11	14	16

	Early Neonatal Mortality Rate (ENMR)	Neonatal Mortality Rate (NMR)	Infant Mortality Rate (IMR)	Under 5 Mortality Rate (U5MR)
Manipur			3	
Meghalaya			34	
Mizoram			13	
Nagaland			10	
Odisha	16	21	30	35
Puducherry			7	
Punjab	8	12	17	22
Rajasthan	15	21	29	34
Sikkim			6	
Tamil Nadu	6	9	12	13
Telangana	9	14	18	22
Tripura			15	
Uttar Pradesh	19	26	37	42
Uttarakhand	10	14	20	23
West Bengal	9	13	17	18

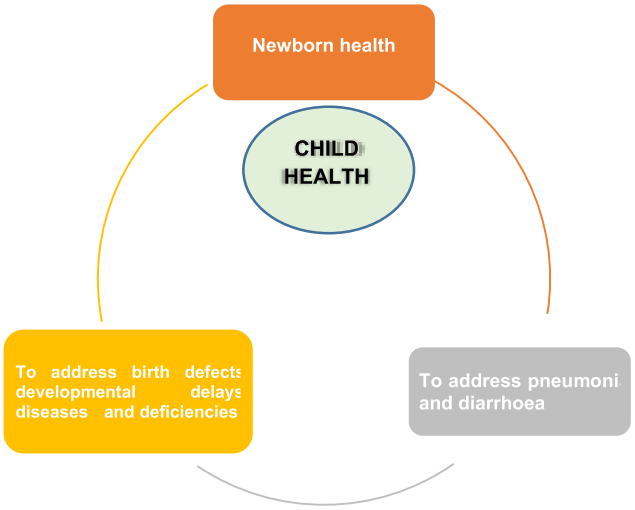
Source: Sample Registration System, RGI 2023 Report; Unit: Per 1000 live births



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:

1. Newborn health Interventions
2. Nutrition related interventions
3. Interventions to address pneumonia and diarrhoea
4. Interventions to address birth defects, disabilities, delays and deficiencies
5. Immunization activities



• Besides, Maternal Health and Family Planning interventions are also linked inextricably to child health outcomes. Therefore, RMNCAH+N 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.

• **Stillbirth Surveillance and Response:** MoHFW released operational guidelines on Stillbirth Surveillance and Response in Public Health Facilities on 18 July, 2025. This initiative is a critical step towards achieving Sustainable Development Goal (SDG) 3.2, which aims to end preventable deaths of newborns and children under five years of age by 2030. It also aligns with the India Newborn Action Plan (INAP), which sets a national target of reducing the stillbirth rate to less than 10 per 1,000 births by 2030. As of now, three Regional Training of Trainers (ToT) conducted where participants of 16 States/ UTs trained.



• **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. MoHFW has also released revised training package on Navjat Shishu Suraksha Karyakaram (NSSK) in November 2020 and disseminated to all the States/ Uts.



Home Visit to Newborn by ASHA

b) Home Based New-born Care and Home-Based Care of Young Children (HBNC/ HBYC):

Children require care both at the facility and community levels for better survive and thrive. To bridge the gap between facility and community and to reduce child morbidity and mortality, as well as to promote overall child growth and development, community-based child health programmes are being implemented. These programmes ensure that newborns and young children receive essential care at their doorstep, even in remote hard to reach areas, through Home Based New-born Care (HBNC, 0–42 days) and Home-Based care for Young Child (HBYC, 3–15 months).

Under these initiatives, ASHAs conduct scheduled home visits across the country with a focus on promoting essential newborn care, early identification of danger signs and timely referral for neonatal and childhood illnesses. They also monitor breastfeeding practices, complementary feeding, nutrition, and early growth & development of child by using the HBNC/HBYC kits and the MCP card. ASHAs are provided incentives under both programmes for undertaking these visits.

c) Further, the Government continues to make concerted efforts to ensure that every "at-risk" child receives care from the very first day at the community level, where ASHAs along with ANMs and CHOs, would be functioning as a vital links between families and health facilities.



TAG meeting on HBNC and HBYC Program

d) As per State/UT reports, during FY 2024-25, a total of 1.51 crore newborns and during FY 2025-26 (April-September) more than 73 lakhs newborns were visited by ASHA under HBNC programme.

Similarly, a total of 4.81 crore scheduled home visits were conducted for young children (3–15 months) during FY 2024–25, while 2.98 crore home visits have been completed during FY 2025–26 (April–September) under HBYC programme.

Facility Based New-born Care (FBNC) is being scaled up for care of small or sick newborns. 1114 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. 3215 New-born Stabilization Units (NBSUs) at the level of TAG meeting on HBNC and HBYC Program Home Visit to Newborn by ASHA 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 2025-26 (April-December, 2025) more than 11.36 lakh sick and small new-born received essential and emergency care in SNCUs and NICUs and 84.7% successfully discharged from these units. State/ UT wise details of Facility Based New-born Care is placed at Table.

During the National Newborn Week in November 2025, under the chairpersonship of AS&MD (NHM), MoHFW, revised Operational Guidelines on Facility-Based Newborn Care (FBNC) & training modules on Oxygen Support System for Newborns and Empowering Mothers and and sick newborns were released. The new resources and guidelines integrate the latest scientific evidence, technologies and best practices, with emphasis on critical interventions such as establishing **Mother-Neonatal Care Units (MNCUs),** promoting **Kangaroo Mother Care (KMC),** ensuring **rational use of oxygen and CPAP,** mentoring and monitoring using Tele SNCUs and enhancing **nurturing care and safe newborn practices** during the hospital stay.

These new resources will be helpful in setting up better standards of care in public health facilities for our newborns. The newer released guidelines aim to ensure, every newborn gets the best start to life and provided an equal opportunity to survive, thrive and to reach their full potential.



Release of Revised FBNC Operational Guideline & Training Modules during National Newborn Week (NNW) 2025



e) MoHFW launched **MusQan initiative** on 17th September, 2021 under the umbrella of NQAS 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 31st December 2025, 233 Facilities has been Nationally certified under MusQan.

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

f) 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 2025-26 was rolled out in the States/ UTs from 12th November, 2025 with the aim 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.

g) STOP Diarrhoea Campaign 2025: MoHFW has implemented the "STOP Diarrhoea Campaign 2025, to achieve zero preventable childhood diarrhoeal deaths using PPT (Prevent, Protect, Treat) strategy. The slogan for the year 2025 is **"Diarrhoea ki roktham, safai aur ORS se rakhen**

apna dhyaan" *(prevent diarrhoea through ORS, proper hygiene & sanitation).*

The Campaign was implemented through a convergent approach involving six key departments: MoHFW, Ministry of Women and Child Development, Ministry of Drinking Water and Sanitation, Ministry of 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 was designed to impact 12.97 crore under 5 children through distribution ofcopackaging of two packets of Oral Rehydration Solution (ORS) with 14 Zinc tablets, and 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. As per the report received from States/UTs, 10.71 crore of Under 5 children were reached with a coverage of 82.6%.

Status of Facility Based Newborn Care Units as on November 2025

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	62	162	1306
Arunachal Pradesh	6	24	169
Assam	40	172	1086
Bihar	45	41	812
Chandigarh	1	3	7
Chhattisgarh	30	178	1704
Dadra &Nagar Haveli and Daman & Diu	2	1	14
Delhi	32	0	57
Goa	3	1	9
Gujarat	61	151	1701
Haryana	29	66	430
Himachal Pradesh	16	51	124
Jammu and Kashmir	33	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	342	1408
Maharashtra	78	205	1779
Manipur	5	10	69
Meghalaya	7	17	148
Mizoram	6	6	124
Nagaland	5	16	156
Odisha	45	72	533
Puducherry	4	6	10

Punjab	24	86	208
Rajasthan	67	284	2065
Sikkim	3	3	44
Tamil Nadu	88	145	2429
Telangana	46	47	562
Tripura	7	16	125
Uttar Pradesh	120	436	2240
Uttarakhand	15	37	289
West Bengal	70	286	475
TOTAL INDIA	**1114**	**3215**	**22150**

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

• Birth defects account for 9.6% of all new-born 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.

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 2024-25, 22.3 crore children were screened; 195.3 lakh children identified with any of 4Ds; 143.54 lakh children availed services in secondary tertiary facilities.

During April-September, 2025 (Q2), FY 2025-26, 10.83 crore children were screened; 89.47 lakh children identified with any of 4Ds; 65.99 lakh children availed services in secondary tertiary facilities.

Establishment of District Early Intervention Centres (DEICs) – DEICs are made operational in the Districts of the country for providing management of cases referred from the Blocks and link these children with tertiary level health services in case surgical management is required. 451 DEICs are operational as of June, 2025.



Screening of Children at Anganwadis and Schools by RBSK Team

District Early Intervention Centre



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.

1.4.4 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).

• As per NFHS-5 (2019-21),60.6% Under-5 children with diarrhoea episode in preceding 2 weeks received ORS and 20.3% received Zinc during diarrhoea.

• 67.1% of children in age group 6 months-59 months are anaemic (NFHS-5, 2019-21).

• Coverage of Vitamin-A has improved from 64.5% in 2015-16 to 71.2% in 2019-21 as per NFHS-5.

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 Moderate and Severe Acute Malnourished (MAM and 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 1182 NRCs across31 States/UTs. In FY 2025-26 (upto Q2), the number of functional Nutrition Rehabilitation Centers (NRCs) are 1198 NRCs with total 1.22 Lakhs children are admitted in these NRCs.

b) National Deworming Day (NDD): National Deworming Day (NDD) is observed biannually 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 2025-(February round) 17.9 crore children (1-19 years) were covered in first round of National Deworming Day 2025, with a coverage of 91.5 percent against the State target.

c) Anaemia Mukt Bharat (AMB) programme: It was launched in 2018 to reduce anaemia prevalence (nutritional and non-nutritional) in six age groups namely preschool 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 interministerial coordination, National Anemia Mukt Bharat Unit, National Centre of Excellence and Advanced Research on Anemia Control, convergence with other ministries, strengthening supply chain and logistics, AnemiaMukt Bharat dashboard and digital portal.

To address anaemia in children, bi-weekly 1 ml 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 2025-26 (Q3) the coverage for IFA supplementation is as follows (SourceHMIS):

- 5.1 crore children of age group 6-59 months were provided 8-10 doses of Iron Folic Acid (IFA) Syrup every month.
- 4.0 crore children of age group 5-9 years were provided 4-5 IFA Pink tablets every month.
- 5.1 crore children of age group 10-19 years were provided 4-5 IFA Blue tablets every month.
- 2.4 crore pregnant women and 1.4 crore 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 2025. 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.









Glimpses of Mothers' Absolute Affection (MAA) programme

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 Glimpses of Mothers'Absolute Affection (MAA) programme Vitamin-A has improved from 64.5% in 2015-16 to 71.2% in 2019-21 as per NFHS data. During FY 2025-26 (upto Q2), 12247783 and 10742854 children were provided 1st dose and 9th dose of Vitatin-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 neurodevelopmental 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.

MoHFW has initiated establishment of Lactation Management Centres in public health facilities at two levels: i) CLMC (Medical Colleges/high load District Hospitals), and 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 FY 2025-26 (uptp Q2), Total functional CLMCs and LMUs established are 72 CLMCs and 74 LMUs. (Source: LMC Progress Report 2025-26 (Q2).

1.4.5 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 2.54 crore infants 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.
- 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. Only Japanese Encephalitis (JE) vaccine is provided sub-nationally in endemic districts.

Major Achievements of Universal Immunization Programme

- India is maintaining the Polio-free status in the country since 2014 and Maternal and Neonatal tetanus eliminated since 2015.
- Full Immunization Coverage (FIC) of more than 90% as per National Health Policy 2017, has been achieved. The Full Immunization coverage is 98.7% for the period Apr-Dec 2025.
- As per WUNEIC (WHO & UNICEF Estimates of National Immunization Coverage) 2024 report released 15 July 2025, the number of Zero Dose Children in India has dropped significantly to 9.09 lakh, marking a more than 43% decrease from 16 lakh in 2023, the percentage of Zero Dose Children relative to the total population declined from 0.11% in 2023 to 0.06% in 2025.
- In the month of September 2025, the Hon'ble Prime Minister of India launched the campaign 'Swasth Nari, Sashakt Parivar Abhiyaan' for strengthening healthcare, Vaccination and nutrition services for women, adolescent girls, and children across India. During this campaign, Immunization services were provided to all, including Zero dose children by targeting Measles Rubella elimination across the country. During the 15-day campaign period, over 1.43 crore vaccine doses were administered.
- One Sub-National Immunization Day (SNID) was conducted in October 2025 while one National Immunization Day (NID) was conducted in 15 States in December 2025. 8.80 crore children up to the age of 5 years were vaccinated with Oral Polio Vaccine in these rounds.

Vaccine Logistics & Cold Chain Management

India's cold chain for vaccine management is a robust system, comprising various components that ensure vaccines are stored and transported at the recommended temperature to maintain their potency. There are more than 30,000 functional Cold Chain Points in the country. The system includes number of 55,641 Ice Lined Refrigerator

(ILR), 51,172 Deep Freezers (Dfs), 339 Walk-In Coolers (WICs), 115 Walk-In Freezers (WIFs) and 1239 Solar Direct Drive (SDDs) which are strategically installed and kept functional for maintaining vaccines temperature between +2 to +8 degree Celsius at State, District, and PHC levels. These components work together to ensure that vaccines are stored and transported safely, within the recommended temperature.

Adverse Events Following Immunization (AEFI) System

A Concise Guide to AEFI reporting, investigation and management for PHC staff was developed and distributed to the states with open files to enable translation into local language. A Guidance document for conducting active Vaccine Safety Surveillance in India has been developed and approved by a group of national experts. The Signal Management Framework for AEFIs version 2.0 has been developed and implemented. A guidance document on management of adverse events following BCG vaccination in adults has been developed for further dissemination to the districts in which the study is being implemented. National AEFI Committee meetings are conducted regularly.

Cascaded AEFI surveillance trainings are going on in district and Sub-district levels using standardised training packages and is being monitored at various levels. Multiple State-level trainings have been facilitated on AEFI surveillance, UWINSAFEVAC, and on Quality Management System for AEFI surveillance in various states.



Demand Generation Activities:

For effective communication and outreach, Information, Education and Communication (IEC) materials are regularly being shared with all States/UTs. IEC materials include: Posters, Banners, Radio Jingles, TVCs, Launch Film, Testimonial Videos etc. for Polio (NID and SNID), U-WIN digital platform, Zero MR Elimination campaign among others. Audio jingles have been used effectively at large public gathering places like railway stations etc.

The States/ UTs are further guided to proactively leverage the IEC materials on their official social media channels and in the community outreach programs (e.g., at VHSND, schools, and religious gatherings).

To effectively address vaccine hesitancy and increase immunization rates, strengthening communication and outreach efforts is useful. Trusted local and community leaders are encouraged to use these messages and address vaccine hesitancy in the community. Customizing these IEC resource packages to local languages, dialects, and cultural contexts helps in delivering the messages effectively. This adaptation also helps in addressing community-specific myths and fears directly, which is crucial for building trust and improving vaccine uptake.

MoHFW's official Social Media handles also uses these IEC materials to create awareness regularly.



Pic 4: Use of IEC materials by the State of Mizoram during SNID 2025.



Pic 5: Social Media video posts on U-WIN benefits by MoHFW official X handle.



Pic 1: Under Baitho Bithao aur Baat Karo (Madhya Pradesh) initiative under Zero MR Elimination campaign



Pic 2: Reaching migratory population (picture from Andhra Pradesh, vaccinating workers and their children at a poultry farm during MR catch up campaign)



Pic 3: Use of IEC materials post adaptation by state of Rajasthan during SNID 2025

India International Trade Fair (IITF) 2025 was held in New Delhi from 14th to 27th November 2025, the Universal Immunization Programme (UIP) stall saw a total footfall of nearly 2200 in the two weeks. At the UIP stall, engagement with parents and caregivers, focusing on the national immunization schedule, the importance of completing their children's full immunization, and the use of U-WIN digital platform.

Measles-Rubella (MR) Elimination:

With the aim to eliminate Measles and Rubella in the Country, "Zero Measles Rubella Campaign" was launched by Hon'ble Union Minister of Health & Family Welfare in April 2025. To achieve elimination, children till the age of 5 years are being vaccinated with two doses of MR vaccine. States are identifying areas of low immunization coverage and are undertaking supplementary immunization activities to bridge the immunization gap. The National MR1 is maintained above 95% (HMIS 98.6% Apr-Dec 2025)

Major Meetings and Capacity Building

a. A series of review meetings with States/UTs were held under the Chairmanship of Hon'ble Union Minister of Health and Family Welfare on the status of Measles Rubella Elimination.

b. Augmented training for updated information on vaccine management in various States/UTs was held.

c. Follow-up meetings were held nationally with all States/UTs. The meeting was held to review the Zero dose children, Measles Rubella Elimination and the Universal Immunization Programme.

Zero Dose Implementation Plan:

Zero dose Implementation Plan provides a roadmap and operational guidance through 11 strategic activities to identify and reach zero-dose children and missed communities. It envisages a multifaceted approach to reach every child with life-saving vaccines, building on Health System Strengthening strategy. Approaches and interventions customized to local contexts are key to address the barriers to both service provision and utilization. India's Zero Dose Implementation Plan (ZIP), 2023-2026 aims to achieve the objective of 30% reduction of zero-dose children against 2019 baseline by 2026. Under ZIP, a total of 143 districts and 214 NUHM cities across 11 states are targeted,

to maximize the impact. As per the WUNEIC (WHO & UNICEF Estimates of National Immunization Coverage) 2024 report released 15 July 2025, the number of Zero Dose Children in India has dropped significantly to 9.09 lakh, marking a more than 43% decrease from 16 lakh in 2023. The Pentavalent 1 vaccination coverage has been sustained above 95% for the year.

Strengthened governance and review mechanism: Every Quarter, progress of the activities under the ZIP (Zero dose Implementation Plan) is reviewed and monitored at the National, State, District and Block level. Immunization coverage data as reported through HMIS, National surveys, U-WIN, VPD Surveillance, and concurrent monitoring are triangulated to identify areas with high number of zero dose/ unvaccinated and partially vaccinated children. Furthermore, based on the findings, the States are preparing detailed action plan to bridge the identified gaps.

• **Digital Intervention-UWIN**: Building on successful launch of UWIN by the Hon'ble Prime Minister on 29th October 2024, UWIN platform has been rolled out in all States/UTs of the country. The achievement of UWIN till 3rd Quarter of 2025-26 is as follows:-

o Total registered beneficiaries: 14.32 crore

o Total RI session held: 2.65 crore

o Vaccination doses administered and recorded: 60.98 crore

Strengthening RI Microplanning: Availability of updated and complete microplans at planning unit is critical for delivery of quality immunization services. Urban slums, peri-urban areas, hard-to-reach, migratory and underserved communities have emerged as major gap areas, where service delivery provision is challenging due to weak/incomplete microplanning. Similarly, weak/ incomplete microplans in rural areas especially in remote locations, difficult terrains, scattered small villages, riverine settlements, erratic climatic conditions have missed the communities which led to accumulation of zero-dose and under immunized children. To ensure availability of robust quality and inclusive microplans, microplanning trainings at state, district/city, and block levels have been organized with below objectives: Mapping of unmapped areas, migrants, new beneficiaries, and missed communities. Clear demarcation of catchment areas at every session site, urban & peri-urban settlements, among ANMs and planning units. Session's planning based on community need and demand. Desk review and validation check to ensure the quality and completeness of microplans. Digitalization of microplans and synchronization of missed communities with CSOs and Monitoring and mentoring intervention. Periodic microplan review meetings to sustain the quality service delivery.

Digital microplans: It includes digitalized version (excel sheet) of all formats of the microplans to be consolidated at the planning units/ CCP/ UPHC level which will be utilized by the respective program managers i.e., Block/ District Immunization Officers through UWIN platform. All the eleven Gavi intervention States have completed digital microplanning.

Revision of Routine Immunization Manual for Medical Officers and Health Workers:

Both manuals have been tailored specifically to empower the Medical Officers, Programme Managers and Health Workers with essential knowledge and practical guidance on latest guidelines and strategies evolved recently in Universal Immunization Programme. The Revised Routine Immunization Manual for Medical Officers and Revised Routine Immunization Manual for Healthcare workers was launched on 20th October 2024 and 11th November 2024 respectively.



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

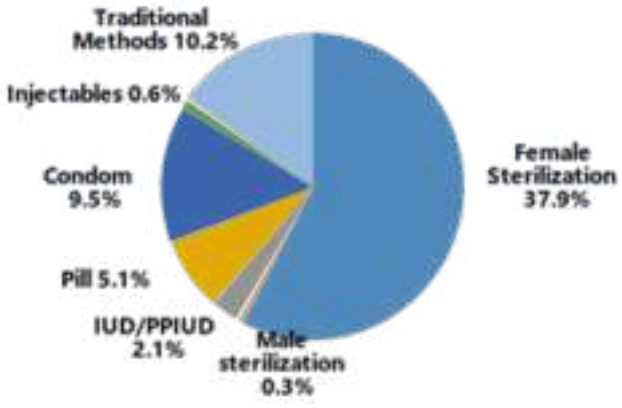
India was the first country in the world to launch a National program for Family Planning way back in 1952. The objectives, strategies and activities of the Family Planning programme are aligned with the goals and objectives of various policies (National Population Policy 2000, National Health Policy 2017 etc.) and compliments India's commitment at International Forums (viz. International Conference on Population and Development-ICPD, Sustainable Development Goals-SDG, FP2020/2030 and others). The program focuses on voluntary adoption of family planning services, with programmatic interventions of healthy timing and spacing of pregnancies for health and well-being of the mother and child. A Continuum of Care integrated approach across maternal, child, and adolescent health is supported with various IEC and awareness activities to safeguard health of the mother and child. Key factors influencing population growth include Crude Birth rate, Unmet need for Family Planning, variability in contraceptive use, short birth intervals, age at marriage, and various sociocultural and economic factors.

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:

NFHS-5 findings indicate a substantial improvement in the adoption of modern contraceptive methods, with the modern Contraceptive Prevalence Rate (mCPR) at 56.5 percent nationally.



The diagram shows the method mix for the country

Unmet Need for Family Planning: As per NFHS-5 (2019-21), the Unmet need for Family Planning is 9.4%. The urban–rural difference is minimal (8.4% in urban areas and 9.9% in rural areas).

Demand Satisfaction by Modern Contraceptives: As per NFHS, Demand satisfied, has increased from 72.0% in NFHS4 (2015-16) to 74.2% in NFHS-5 (2019-21).

1.5.2 CURRENT FAMILY PLANNING EFFORTS:

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 methods are reversible and can be adopted and discontinued as per an individual's choice-

- Oral contraceptive pills (Combined oral contraceptive pill (Mala N), Centchroman (Chhaya)
- Condoms (Nirodh)
- Intrauterine Contraceptive Devices (IUCD 380A – effective for 10 years, IUCD 375- effective for 5 years)
- Contraceptive Injectable MPA (Antara Program)

b. Permanent Methods: These methods are irreversible and permanent in nature

- Female Sterilization

o Minilap

o Laparoscopic sterilization

Male Sterilization

o Conventional vasectomy

o Non scalpel vasectomy (no incision no stitches)

c. Emergency Contraceptive Pills - Ezy Pills is a pill to be taken within 72 hours of unsafe sexual contact as an emergency method and not a replacement of a regular contraceptive.

d. Other Commodities - Pregnancy testing kits- Nishchay Kits.

Table 1: Performance under the National Family Planning Programme:

FP Method	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26 (Upto Dec. 25)
Sterilization (lakh)	26.98	29.96	33.31	31.35	29.99	18.67
Total IUCD (lakh)	54.72	60.44	66.39	67.93	70.41	51.77
PPIUCD (lakh)	27.43	30.96	34.68	37.89	38.33	28.24
PPIUCD Acceptance (%)	21.0	24.0	25.8	28.34	30.40	30.06
Injectable MPA (lakh)	18.81	23.47	36.14	44.25	52.41	38.36
Centchroman (lakh)	57.11	76.79	108.50	127.34	160.65	137.38

Source- HMIS Data

1.5.3 KEY INITIATIVES UNDER THE FAMILY PLANNING PROGRAMME

• **Mission Parivar Vikas (MPV)** – Mission Parivar Vikas (MPV), aims to substantially enhance access to family planning services in 146 high-fertility districts with a Total Fertility Rate (TFR) of 3 and above. Since November 2021, the scheme has been extended and is currently being implemented in 13 States, including Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Chhattisgarh, Jharkhand, Odisha, and Assam. Key initiatives under MPV include the Nayi Pahel Kit for newlyweds, Saas Bahu Sammelan, and Saarthi Vahan (awareness on wheel) etc.

In FY 2025-26 (Upto December 2025), more than 5.75 lakh Nayi Pahel Kit were distributed and 2.49 lakh Saas Bahu Sammelans have been conducted.

• **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.

• **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.

• **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.

The available benefits under the Family Planning Indemnity Scheme are as under:

Section	Coverage	Limits
SECTION I (A–D): For Beneficiaries		
IA	Death following sterilization (inclusive of death during process of sterilization operation) in hospital or within 7 days from the date of discharge from the hospital	Rs.2 lakh
IB	Death following sterilization within 8-30 days from the date of discharge from the hospital	Rs.50,000/-
IC	Failure of sterilization	Rs.30,000/-
ID	Cost of treatment in hospital and up to 60 days arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge	Actual not exceeding Rs.25,000/-
SECTION II: Empanelled Doctors under Public and Accredited Private/NGO Sector and Health Facilities under Public and Accredited Private/NGO Sector		
II	Indemnity coverage up to 4 cases of litigations per doctor and per health facility in a year	Upto Rs.2 lakh per case of litigation

• ASHA Schemes

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

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

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

o **Post-partum IUCD (PPIUCD) and Post-abortion IUCD (PAIUCD) Incentive Scheme-** For escorting or facilitating beneficiary to the health facility to avail PPIUCD/PAIUCD services, incentive of Rs. 150/- per insertion.

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

• Observation of World Population Day Campaign -

o The World Population Day Campaign was organized across all the States/UTs, districts and blocks from 11th to 18th July 2025. The theme of the campaign was "Healthy Timing & Spacing between Pregnancies for Planned Parenthood."

• 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.

• **Quality Assurance in Family Planning-** Quality Assurance Committees are functional across all States and Districts.

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

» Under the Integrated Mother and Child Tracking Facilitation Centre (MCTFC), Family Planning tele-counselling is provided through a dedicated toll-free helpline No.1800-11-6555. The service operates from 9:00 AM to 6:00 PM on all days, except national holidays, offering Family Planning counselling to beneficiaries across the country. In FY 2025-26 (since inception of Integrated MCTFC helpline in the month of Aug 25 to Dec 25), the helpline handled a total of 5,94,229 calls, including both inbound and outbound.



Re-Orientation on FPLMIS by GoI team in the state of Telangana



Additional Commissioner, MoHFW, GoI made poster presentation in FP2030 Asia-Pacific Focal Points/ South-South Learning Workshop, Bali, Indonesia.

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. The various interventions are as under:

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 2025-26 considering the available stock at GMSDs, CMSS warehouses and pending deliveries by the Suppliers with a total value of Rs. 302.45 crore approximately.

Item	Allocated Quantity for Procurement for FY 2025-26		Total Procurement Quantity for FY 2025-26
	HLL	CMSS	
Condom (lakh pcs)	5,930.96	1,976.99	7,907.95
OCP (lakh cycles)	373.21	305.35	678.56
ECP (lakh tabs)	56.34	46.09	102.43
Cu-T 380A (lakh pcs)	32.42	26.53	58.95
IUD 375 (lakh pcs)	24.57	20.10	44.67
Tubal Ring (lakh pairs)	11.64	9.52	21.16
Chhaya (lakh strips)	123.22	100.81	224.03
Antara (lakh doses)	0	39.82	39.82
PTK (lakh kits)	183.95	150.51	334.46

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.

This has enabled expansion of access to quality Reproductive Health products and services at affordable prices complementing the free supply distribution and outreach of contraceptives under family planning programme while meeting 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 (in Rs. 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 under the scheme and through them one Government brand and different SMOs brands of condoms are sold in the market. Similarly for Oral Pill, one Government brand and different SMOs brands of Pills are sold.

The following quantities of contraceptives are proposed for procurement for FY 2025-26 with a total value of Rs. 96.76 crore approximately under the scheme:

Item	Allocated Quantity for Procurement for FY 2025-26		Total Procurement Quantity for FY 2025-26
	HLL	CMSS	
Condom (lakh pcs)	3,577.50	1,192.50	4,770.00
OCP (lakh cycles)	39.05	31.95	71.00

To assure smooth and on time procurement and distribution of supplies of the centrally procured drugs and consumables of MoHFW, it is done through an autonomous agency viz. Central Medical Services Society (CMSS) of MoHFW.

A statement showing the quantities of contraceptives procured from private manufacturers during the FY 2024-25 by CMSS is given below:

Commodities	Free Supply of Contraceptives Scheme	Social Marketing of Contraceptives Scheme
Condom (lakh pcs)	1,094.75	1,306.25
OCP (lakh cycles)	299.25	22.50
ECP (lakh tabs)	62.55	NA
Cu-T-380A (lakh pcs)	26.55	
IUD-375 (lakh pcs)	23.85	
Tubal Ring (lakh pairs)	8.10	
Chhaya (lakh strips)	108.00	
Antara (lakh doses)	55.00	
PTK (lakh kits)	153.45	

1.6 HEALTH POLICY AND HEALTH INSURANCE

1.6.1 AYUSHMAN BHARAT PRADHAN MANTRI JAN AROGYA YOJANA (AB PM-JAY)

Introduction

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) is the world's largest publicly funded health assurance scheme, launched on September 23, 2018, with the vision of achieving Universal Health Coverage (UHC) as envisaged under Sustainable Development Goal 3.8. The scheme aims to provide financial protection against catastrophic health expenditure and ensure access to quality healthcare for India's economically vulnerable population.

AB PM-JAY provides a health cover of Rs.5 lakh per family per year for secondary and tertiary care hospitalization to over 12 crore poor and vulnerable families i.e. nearly 40% of India's population. The scheme is entirely cashless and paperless, delivered through empanelled public and private health care providers, ensuring that beneficiaries can avail treatment without financial hardship at the point of service delivery.

This report presents the key achievements, operational highlights, and programmatic progress of AB PM-JAY during January- December, 2025 (data as on December 31, 2025). It captures major milestones in scheme expansion, technological advancements, quality improvements, and beneficiary empowerment initiatives under AB PM-JAY during the period that has strengthened India's healthcare delivery ecosystem.

Expansion and National Coverage

The year 2025 marked a notable expansion of AB PM-JAY with the onboarding of Delhi and Odisha in April 2025 to the scheme. Currently, all States/UTs (except West Bengal) are implementing the scheme, demonstrating near-universal geographical coverage across the country. Its implementation continues through diverse models, with 27 States/UTs operating in Trust mode, 6 in Insurance mode, and 2 in Hybrid mode, allowing flexibility to suit State administrative frameworks while assuring standardised quality and service delivery.

A momentous policy decision in October 2024 extended AB PM-JAY benefits to all senior citizens aged 70 years and above, irrespective of their socio-economic status, covering an additional 4.5 crore families (approximately 6 crore individuals). As of 31st December 2025, 96.69 lakh beneficiaries are enrolled under this component of AB PM-JAY. This expansion under the Ayushman Vay Vandana initiative of AB PM-JAY reflects the government's commitment to ensuring healthcare security for India's aging population.

Progress Overview (January - December 2025) The implementation of AB PM-JAY during 2025-26 has

witnessed substantial progress across diverse operational dimensions as under:

Beneficiary Enrolment: Beneficiary enrollment is a foundational activity for realizing service utilization under AB PM-JAY. Between January-December 2025, over 6.89 crore new Ayushman Cards were created, making the cumulative total to 42.81 crore cards since the inception of the scheme. As on 31st December 2025, a cumulative of 96.69 lakh Ayushman Vay Vandana Cards have been issued to senior citizens, and 41.70 lakh cards are created for frontline health workers (ASHA/ AWW/ AWH).

Provider Network Expansion: On the supply side of AB PM-JAY's service delivery, the network of empanelled hospitals reached 32,403, with 3,256 new hospitals joining during the reporting period (JanDec 2025). Notably, 66% of these newly empanelled facilities are private hospitals, reflecting strong equity in healthcare delivery.

Beneficiary Support: Beneficiary empowerment and support system remain central to AB PM-JAY people centric design. The PM-JAY National Helpline (14555) continued as the primary touchpoint for beneficiaries, handling 12.00 lakh inbound and 26.60 lakh outbound calls between January-December 2025, to address queries on eligibility, entitlements, empanelled hospitals and to support awareness efforts/ while the dedicated lines for empanelled health care provider/hospital support (14413) and other state-level helplines under AB PM-JAY provided targeted assistance to empanelled facilities and implementation partners, thereby improving utilization and timely claim processing. During January– December 2025, ECHP/ Hospital helpline (14413) handled 6633 calls.

A robust multi-tier **grievance redressal mechanism** stands operationalised through the Central Grievance Redressal Management System (CGRMS) portal and Centralised Public Grievance Redress and Monitoring System (CPGRAMS) portals. During January–December 2025, 93,537 grievances were registered on CGRMS and 5,877 on CPGRAMS, of which 99.46% and 99.74% respectively were resolved within the prescribed timelines. Quality audit of closed grievances-covering action taken reports, supporting evidence, adherence to turnaround time and closure intimation to complainants has helped improve the responsiveness and transparency of the grievance management system.

Quality Assurance being of paramount importance under AB PM-JAY, is being strengthened through structured self-assessment checklist, Quality Certification and clinical standardization (Standard Treatment Guidelines). A Monthly Quality Audit Checklist on HEM 2.0, aligned to Bronze Quality Certification standards, helps empanelled hospitals assess and improve key quality parameters, with results displayed on dashboards to Hospitals and SHA for continuous monitoring on monthly basis. A dedicated PM-JAY Quality Certification program, developed with the Quality Council of India (QCI), offers Bronze, Silver, and Gold Certifications through an online portal and mobile app, ensuring smoother assessments and quicker closure of non-conformities. Furthermore, to enhance quality in implementation, 28 sets of 675 STGs covering >1,500 procedures have been integrated into the Transaction Management System to promote evidence-based care and rational claims.

Fraud Prevention and Control: Given the wide reach and operational scale of AB PM-JAY, a wellstructured anti-fraud mechanism is also in place to maintain the integrity of processes and protect beneficiaries from potential misuse or inappropriate practices. This anti-fraud architecture is built on the core pillar of prevention, detection and deterrence, supported by a National Anti-Fraud Unit (NAFU) at the centre and SAFU (State Anti-Fraud Unit) at the States/UTs level. An Integrated Analytical Framework with 61 trigger-based mechanisms, including 11 AI/ML and OCR-powered triggers, continuously scans claim and document data for anomalies. From inception of the AB PM-JAY (till 31st December 2025), these systems helped identify and prevent fraudulent claims worth Rs.633.02 crore; enforcement actions including de-empanelment of 1,184 hospitals, suspension of 411 hospitals, 26 FIRs and penalties totalling Rs.231.88 crore, alongside ongoing training and advisories for state and district teams to strengthen compliance.

Information, Education & 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. IEC efforts in 2025-26 focused on large-scale, multi-platform outreach to improve awareness and uptake of AB PMJAY Scheme. Campaigns included extensive outdoor and transit media, radio spots, metro wraps in Delhi and Chennai, and a three-month digital awareness campaign with IRCTC across its website, app and ticketing touchpoints. Social media engagement initiatives including trending

hashtags such as **#PMJAYbeneficiary, #AyushmanApp, #PMJAYComic, #PMJAYQuiz, #PMJAYFacts, #ABHA and #AyushmanCard** spread focused multimedia content and interactive formats to sustain scheme's engagement among public, while special campaigns for Ayushman Vay Vandana ran across 21 States/UTs using 14 diverse formats including bus wraps, hoardings and digital boards.

Monitoring and Research (M&R) are essential for effective implementation of any programme, as it ensures accountability, transparency, and continuous improvement. M&R Division at NHA closely monitors the implementation of AB PM-JAY using advanced dashboards and information tools where it acts as a comprehensive, real-time, data-driven support system for AB PM-JAY. NHA's Dashboards track more than 100 KPIs across beneficiary enrolment, utilization, claims, grievance redressal and fraud risk, with tailored views for national and state stakeholders and thematic initiatives such as Aapke Dwar Ayushman. A monthly State Scorecard provides each State/UT with a concise two-page comparison against national averages and flags key implementation issues, while a public State Factsheet series offers regular, state-wise performance snapshots. To deepen evidence for policy, NHA and partners (research organizations) have produced 19 policy briefs, 24 working papers and 9 reports up to December 2025 on topics such as package utilization, disease patterns, equity in service use and financial protection, feeding into scheme refinements.

Capacity Building activities under AB PM-JAY are envisaged to equip the necessary skills and knowledge among the stakeholders of the scheme, covering officers and officials. As scheme's efforts in this direction, following was implemented during January–December 2025:

- 225 trainings and workshops (35 in-person, 190 virtual) covering 22,929 participants across SHAs, empanelled hospitals, PMAMs, ISAs, TPAs, DIUs and NHA officials have been conducted.
- A hybrid cascade model with 248 state-level master trainers has enabled wide outreach on scheme operations, IT systems, anti-fraud protocols, financial management and quality assurance.
- The Mission Karmayogi iGOT platform and NHA's Learning Management System (LMS)-hosting 27 courses on major PM-JAY portals (TMS, BIS, UMP, CGRMS and Help Desk) has been used by over 50,000 registered learnersb support continuous, modular learning.

Scheme Policy & Coordination acts as a bridge between AB PM-JAY's vision to the ground-level implementation through scheme operational/ technical/ coordination support by State coordination unit, inter-ministerial coordination, evidence-based policymaking, etc. As of October 2025, all 35 States (Except West Bengal) have onboarded on AB PMJAY, of which 25 States/UTs have converged their health schemes with AB PM-JAY and 13 States/UTs adopted Universal Health Coverage models, enabling comprehensive protection, national standards, and care portability. Certain key initiatives during this period are highlighted below-

- **Tribal Card Creation:** June–August 2025 Drive created over 15 lakh cards in tribal districts under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA);
- **Hospital Kiosk:** Over 16,500 hospital kiosks support beneficiaries' enrolment, provide information about the scheme, hospitals admissions, grievance addressal at the point of care in the scheme, etc., through attached PMAMs (Pradhan Mantri Aarogya Mitras);
- **Scheme Expansion:** Expansion to all senior citizens 70+ (4.5 crore families/~6 crore individuals) via Ayushman Vay Vandana, with a cumulative of 96.69 lakh enrolled on the Vay Vandana initiative of AB PM-JAY.

Information Technology Initiatives: AB PM-JAY's IT continues to be upgraded to support expansion, convergence and digital health integration. Beneficiary Identification System i.e. BIS 2.0 provides district-level data access and open BIS capabilities for self and assisted verification (e-KYC), while the Ayushman mobile app enables on-the-spot beneficiary verification and card creation with face-auth technology (available for both Android and Apple mobile platforms), aiding door-to-door campaigns. TMS 2.0 has been implemented in 29 States/UTs, with the remaining six Brownfield States using it for portability cases, and the unified User Management Portal offers Aadhaar-linked single sign-in across PM-JAY applications.

National portals and analytical dashboards integrate data on enrolment, empanelment, claims, grievances and fraud, helping managers act quickly on emerging trends.

Scheme Convergence: NHA leads convergence of central and state health assurance schemes with AB PM-JAY, leveraging a unified IT platform and nationwide hospital network to collaborate with ministries including Ministry of Home Affairs (MHA), Ministry of Health and Family Welfare (MoHFW), Ministry of Labour and Employment (MoLE), Ministry of Social Justice and Empowerment (MoSJE), Ministry of Women and Child Development (MoWCD), Ministry of Road Transport & Highways (MoRTH), Employee State Insurance Corporation (ESIC), and State Welfare Boards for Building and Other Construction Workers Welfare Board (BoCW), etc. This integration eliminates overlaps, standardizes benefits, and enables seamless portability across the schemes.

Scheme	Beneficiary Base	Claims Raised	Amount Raised	Claims Paid	Amount Paid
Ayushman CAPF	~41 lakh	10.3 lakh	₹2,223.6 Cr	8.44 lakh	₹927.5 Cr
CGHS	~19 lakh	56.8 lakh	₹5,847.4 Cr	~43.5 lakh	₹3,320.3 Cr
RAN	(Antyodaya Beneficiaries)	143	₹17.4 Cr	56	₹1.7 Cr
HMDG	NFSA excluding Antyodaya beneficiaries	249	₹13.1 Cr	5	₹3.4 lakh
ESIC	~13.3 Cr	306	₹1.8 Cr	234	₹1.1 Cr
PM Cares for Children	~4,500	18	₹1.3 lakh	2	₹32,790
BoCW	1.41 Cr	61,380	₹107.1 Cr	103	₹26.5 Lakh

These convergences processed thousands of claims, enhancing efficiency and coverage for diverse beneficiary groups.

Financial Allocation

For the financial year 2025-26, the Budget Estimate stands at ₹9,406 crore, while the Revised Estimate is ₹9,144 crore. This represents a significant increase compared to the previous year's allocation of ₹7,300 crore. As of October 31, 2025, ₹4,477.45 crore has been released and utilized (including both GIA Implementation and Administrative expenses at the State and national Headquarters), demonstrating steady financial progress in scheme implementation.

Financial Outlay (Rs. in Crore)

Financial Year	BE (Budget Estimate)	RE (Revised Estimate)	Funds Released / Utilized
2018-19	2,400	2,001	1,965
2019-20	6,400	3,200	3,129
2020-21	6,400	3,100	2,636
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	7,300	7,069.92	6,881.65
2025-26 (Dec)	9,406	9,000	6,662.07

Table 1: Financial Allocation and Utilization under AB PM-JAY (2018-19 to 2025-26)

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 1954. Over the time, it has spread to 81 cities. It serves nearly 15,93,741 primary cardholders and 42,30,229 beneficiaries through a network of 342 Allopathic Wellness Centres and 111 AYUSH Units.

I. Salient Features of CGHS facilities available to CGHS beneficiaries

CGHS provides comprehensive healthcare services to its beneficiaries through a wide network of Wellness Centres, polyclinics and laboratories offering OPD facilities and medicines. For investigations and indoor treatment, CGHS has empanelled hospitals and diagnostic centres across various cities. Beneficiaries are referred by CGHS Wellness Centres to Government hospitals or specialists of empanelled hospitals for expert consultation, and based on such recommendations, are further referred to private empanelled hospitals for indoor treatment wherever required. OPD consultation with specialists at empanelled private hospitals is permitted on referral by a CGHS Medical Officer/CMO, while beneficiaries aged 70 years and above are entitled to direct specialist consultation at empanelled hospitals. Medicines are issued as per prescriptions of CGHS or other Government doctors in accordance with the CGHS formulary and are supplied through CGHS dispensaries; medicines not available in the dispensary are procured through Authorized Local Chemists and provided to beneficiaries.

II. Subscription rates for CGHS membership
Membership for CGHS card depends upon the level of pay of the serving/ pensioner beneficiary, which is as under:-

(In Rs.)

Pay 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/-
Level12 & above	1000/-	12,000/-	1,20,000/-

III. The Ministry has taken following recent initiatives for improvement of CGHS:

a) A sanction order for opening of 22 new CGHS Wellness Centres across the country has been issued by this Ministry in accordance with the approval from DoPT as well as Department of Expenditure. The 22 new Allopathic Wellness Centres shall be located at Bhilai, Durg, Narmadapuram , Bahdurgarh, Rewari, Rohtak, Jamshedpur, Sabarmati, Bharatpur, Alwar, Haldwani, Nainital, Dharmshala, Kangra, Patiala, Udupi, Shivamogga, Warangal, Tirupathi, Navi Mumbai, Hapur and Mangaluru.

b) Rates for nearly 2000 tests/ investigations have been revised which came into effect from 13.10.2025. The applicability of these revised rates shall be governed by the tier-wise classification of cities, namely Tier-I, Tier-II and Tier-III. Health Care Organizations (HCOs) situated in these cities shall now be eligible for empanelment under CGHS as per the revised norms. CGHS beneficiaries shall be entitled to avail medical services directly from such empanelled hospitals in accordance with the existing CGHS guidelines.

c) CGHS has made significant strides in adopting technology to enhance service delivery. A major achievement is the customization and deployment of "E-Sushrut," a Hospital Management Information System (HMIS) developed in partnership with the Centre for Development of Advanced Computing (CDAC). This system integrates critical modules such as the CGHS Card Module, Registration Module, and Medical Reimbursement Claim Module etc.

d) The digital transformation extends to beneficiary engagement through the "myCGHS 2.0" mobile application. This app allows beneficiaries to book appointments, access medical history (medications and referrals), and download electronic CGHS cards and geo-locate CGHS wellness centres and offices.

e) To ensure the availability of essential medicines, CGHS has implemented the Drug & Vaccine Distribution Management System (DVDMS). This web-based supply chain solution manages the distribution and demand prediction of drugs across the network, featuring a central dashboard for oversight. The system ensures that common medicines are dispensed immediately from wellness center stocks, while non-available items are indented through Authorized Local Chemists

(ALC) and typically made available by the next working day.

IV. Details of CGHS Hospitals and Wellness Centres:

CGHS has 453 CGHS Wellness Centres and Units (342 Allopathic and 111 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.

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

Sl. No.	State/Union Territory	City	Number of Allopathic Dispensaries	Number of Ayush Dispensaries
11	Jammu & Kashmir	Jammu	2	0
		Srinagar	1	0
12	Jharkhand	Ranchi	3	1
		Dhanbad	1	0
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	Puducherry	1	1
24	Rajasthan	Jaipur	7	2
		Ajmer	1	0
		Kota	1	0
		Jodhpur	1	0

Sl. No.	State/Union Territory	City	Number of Allopathic Dispensaries	Number of Ayush Dispensaries
25	Sikkim	Gangtok	1	1
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

Financial Year	Total expenditure (Rs. in Crore)	No. of beneficiaries (Crore)	Per capita expenditure (Rs. in Actual)
2014-15	1799	0.28	6425
2015-16	1,977	0.29	6817
2016-17	2,238	0.31	7219
2017-18	2,843	0.32	8884

Financial Year	Total expenditure (Rs. in Crore)	No. of beneficiaries (Crore)	Per capita expenditure (Rs. in Actual)
2018-19	2,983	0.33	9039
2019-20	3,966	0.36	11331
2020-21	4,204	0.38	11063
2021-22	4,334	0.39	10862
2022-23	6,409	0.43	14905
2023-24	6,109	0.45	13522
2024-25	7,751	0.47	16491
2025-26 (upto 30.12.2025)	6748	0.42	16066
2025-26 (estimate upto 31st March 2026)	8021	0.42	19097

1.6.3 HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG)

Under Health Minister's Discretionary Grant (HMDG), financial assistance upto a maximum of Rs.1.25 Lakh is provided to economically weaker patients to cover part of expenditure on hospitalization / treatment of life - threatening diseases in Government hospitals / Institutes. During FY 2025-26 (upto 23.12.2025), financial assistance amounting to Rs. 1.24 crore has been released for medical treatment of 201 patients.

1.6.4 UMBRELLA SCHEME OF RASHTRIYA AROGYA NIDHI (RAN)

Under the umbralla scheme of Rashtriya Arogya Nidhi (RAN), one-time financial assistance is provided to economically weaker patients suffering from life-threatening diseases for undergoing medical treatment in Government hospitals / Institutes.

Currently, the Scheme has two components viz. (i) Rashtriya Arogrya 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 (HMCPF) - to provide financial assistance to patients suffering from cancer (maximum financial assistance Rs.15 Lakh).

Details of funds released during FY 2025-26 (upto 23.12.2025) under the two components of Umbrella Scheme of RAN are given below:

Component	Funds Released (Rs. in Crore)	No. of Beneficiaries
Rashtriya Arogrya Nidhi (RAN)	15.87	283
Health Minister's Cancer Patient Fund (HMCPF)	7.47	

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, MoHFW has identified 15 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
13. Regional Institute of Medical Sciences, Imphal
14. All India Institute of Medical Sciences, Patna
15. Assam Medical College & Hospital, Dibrugarh

1.6.6 INDIAN RED CROSS SOCIETY (IRCS)

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 January to 31st December, 2025

Disaster Management

A. Disaster Relief Operations Throughout 2025, IRCS efficiently dispatched relief materials-including blankets, kitchen sets, and tarpaulins-worth over Rs. 12 crores from regional warehouses across Bahadurgarh, Guwahati, Arakkonam, Kolkata, Noonmati and Viramgam. These efforts provided timely aid to flood, cyclone, and weather-affected States like Punjab, Rajasthan, Uttar Pradesh, Himachal, Maharashtra, West Bengal, Assam, Manipur, Uttarakhand, Andhra Pradesh, Tamil Nadu, Odisha, and Tripura, supporting vulnerable communities across India.

B. Disaster Preparedness – Kitchen Sets

In October 2025, the Finance Committee approved procurement of 16,000 stainless steel kitchen sets (32 items each) from Salem Steel Plant at Rs.5,287.40 per set, enhancing disaster preparedness infrastructure.

C. Diploma in Disaster Preparedness & Rehabilitation

IRCS NHQ is renewing its affiliation with GGSIPU to relaunch the Post-Graduate Diploma program from 2026–27, after its successful run from 2006–2018 that trained over 400 professionals.

D. Scale-Up of SERV Programme

Supported by IFRC, the community-based Social Emergency Response Volunteers (SERV) programme is expanding in high-risk states to strengthen local resilience and emergency response capacity.

E. Warehouse Development & Maintenance

The progress continues the Mumbai Vikhroli warehouse redevelopment, pending approvals. Repairs at Bahadurgarh (Rs.25.08 lakhs) are underway, and boundary wall construction at Noonmati (Rs.21.17 lakhs) is awaiting commencement.

F. Capacity Building

Online disaster preparedness training sessions expanded nationwide, boosting volunteer skills and community readiness.

Blood Program

IRCS (NHQ), Blood Centre collected 18259 blood units by organizing over 364 Blood Donation Camps in and around Delhi from 1st January to November, 2025.

- IRCS NHQ, Blood Centre Achieved 100% voluntary blood collection and prepared 100% Blood Components of blood.
- IRCS Blood Centre collected a total of 205 units of blood on World Blood Donor Day. One weeklong program (14.06.2024 to 20.6.2024) was celebrated and 705 blood units collected on World Blood Donor Day during this period.
- 40297 units of Blood / Blood Components were prepared and a total of 22174 units of blood/ blood components issued to the patients.

- IRCS NHQ, Blood Centre issued 10796 units of blood to 900 Thalassemia patients in and around Delhi, 11378 units for stock of blood to other Government Hospitals.
- 11378 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 15480 units of surplus plasma/FFP to Promea Thheropetice Sciences Pvt. Ltd.
- The Blood Transfusion Services (BTS) of MoHFW, in collaboration with IRCS, set up an informative and engaging public awareness stall at the India International Trade Fair (IITF) held in New Delhi from 14th to 27th November 2025. The stall aimed to educate visitors about the vital importance of blood and its life-saving products, promote voluntary, regular, and non-remunerated blood donation, and provide on-the-spot blood grouping and donor registration services. It also distributed IEC materials to dispel myths and increase awareness about blood donation. To make learning interactive and impactful, a quiz on blood donation and general health was conducted, encouraging visitors to participate, learn, and become ambassadors for this life-saving cause.
- On 13th December 2025, a heartfelt Blood Donation Camp was organized at the Parliament House to honor 17th Commemoration Day of the brave security personnel who made the ultimate sacrifice while protecting the nation during the terrorist attack on Parliament House on 13th December 2001. The solemn event saw Members of both Lok Sabha and Rajya Sabha come together to pay their floral tribute to the martyrs, honoring their courage and dedication. In a powerful display of patriotism and solidarity, 142 individuals, including family members of the martyrs, voluntarily donated blood to salute their sacrifice and keep their spirit alive. This noble act of giving reflected the collective resolve to remember and honor the valor of those who laid down their lives in the line of duty.

First Aid

- Online examination in First Aid: To reduce the paperwork and the time taken for issue of proficiency certificates, the NHQ has introduced online registration, examination and issue of certificates in three State Centres i.e. Delhi, Haryana and Punjab as a pilot project, where the project is running successfully. NHQ is contemplating expansion of the project to other State Centres also.
- During the period from January 2025 to till date the National Headquarters has issued 85000 approx. First Aid Proficiency Certificates in Offline mode and 42882 certificates were issued through online mode (for the candidates of Delhi, Punjab, Haryana and Chandigarh UT). The National Headquarters issued 1031 Lay Lecturer certificates during this period
- CPR Awareness Week: MoHFW conducted a "CPR Awareness Week" from 13th-17th October, 2025 throughout the country with the participation of IRCS & St. John Ambulance (India). During this period training in CPR was imparted by the St. John State Centres and IRCS State Branches in a nationwide campaign. Around 1,05,000 participants were imparted CPR training during the campaign.

IRCS-ICRC Programme and J/YRC

IRCS-ICRC Program 2025 with a budget of Rs.55,24,87,96 is implemented across nine State Branches and NHQ.

- Odisha State Branch conducted workshops on Branch Development, Project Cycle Management, Safer Access Framework, and capacity-building for Youth Red Cross (YRC) counsellors.
- Gujarat celebrated World Red Cross Day with a "Red Cross Rath" and strengthened JRC/YRC units in schools and colleges.
- Andhra Pradesh trained 5,200 YRC volunteers in Climate Action, First Aid, and Disaster Management across 52 colleges.
- ICRC donated 17,000 Tarpaulins and 6,000 Blanketsto IRCS for emergency response in 2024-25.
- In 2025-26, IRCS handled 29 Red Cross Messages and 16 tracing cases across State Branches and partners.
- Haryana Branch will host an Inter-State Youth Red Cross Training Camp (22-28 August 2025) with 200-250 youth participants.
- IRCS nominated volunteer Sh. Somalica Sharma to the IFRC-APYN Leadership & Innovation Fellowship (April-October 2025).

Health Programs

TB Programme, supported with Rs.24.13 lakhs, the TB intervention in Haryana, Gujarat, and Punjab

aims to assist 1,300 patients through community awareness, screening camps, and monitoring, under an 80:20 funding model.

Important Meetings

The National Managing Body Meeting of IRCS, under the Chairmanship of Shri Jagat Prakash Nadda, Chairman, IRCS and Hon'ble Union Health and Family Welfare Minister, was held on 02.05.2025 at Nirman Bhawan, New Delhi



Important visits

• Dr. Anant Pandhare, Vice Chairman of IRCS NHQ, visited IRCS TNB and praised their outstanding work. He commended Dr. Justice M. Jaichandren's leadership, the organization's positive transformation, and the dedication of all departments, especially the Blood Bank. His motivational feedback and dinner meetings boosted morale and reinforced the Red Cross's vital mission in the community.

New Initiatives

• Marked a significant milestone in the digitization of IRCS services with the signing of an MOU with the State Bank of India for the new SBI ePay payment gateway. This collaboration was aimed at streamlining our services and making transactions easier and more secure for everyone.

Other Activities

• In 2025, IRCS, South 24 Parganas, celebrated 80 years of dedicated service at Gangasagar. Over 300 volunteers worked tirelessly from January 6-17, providing medical aid, first aid, ambulance services, and essential supplies to over 15,000 pilgrims. Their efforts included organizing blood donation camps, participating in community rallies, and earning recognition for their commitment. This year's Mela was a shining celebration of compassion, service, and community spirit, showcasing the enduring legacy of the Red Cross in Gangasagar.

• IRCS proudly supported the grand Car Festival with a range of services including FA support, ambulance assistance, crowd control, water distribution, lost and found, and a cleaning drive.

• IRCS provided extensive medical services, including health camps, hospitals, and first-aid centers, with ambulances and emergency response teams, at Mahakumbh Prayagraj 2025. They also ensured access to clean drinking water, sanitation facilities, nutritious food, and a comprehensive disaster management plan.

1.6.7 ST. JOHN AMBULANCE (INDIA)

St. John Ambulance (India) is the largest philanthropic, non-sectarian voluntary, charitable and humanitarian organization engaged in providing relief of suffering to the distressed, sick and injured irrespective of their nationality, race, sex. religion, belief, language and class or political affiliations. It has a vast network of State & Union Territory Centres and Centres in Railways and Army Units. It also has a large number of volunteers spread throughout the country.

The Hon'ble President of India is the President of St. John Ambulance (India). The Chairman is nominated by the Hon'ble President, who often nominates the Hon'ble Union Minister for Health & Family Welfare, Government of India, as Chairman. At State/UT level, the Hon'ble Governors/ Lt. Governors act as the President of the respective State/UT Centres. St. John Ambulance (India) is governed by its Memorandum of Association and the Rules & Regulations. The National Council is the highest decision-making body of St. John Ambulance (India).

Imparting trainings in First Aid & allied subjects of health, as part of its objectives, is a major activity of St. John Ambulance (India). The trainings are conducted by the State & Union Territory Centres and the Centres in Railways and Army Units. The National Headquarters issues Proficiency Certificates in First Aid to the candidates who successfully complete the training.

During the period from April to December 2025, the National Headquarters of St. John Ambulance (India) has issued 72,102 First Aid Proficiency Certificates in offline mode. 30,624 certificates were issued in Online mode through 4 State Centres viz Delhi, Punjab, Haryana and UT Chandigarh

Centres. 1031 Lay Lecturer Certificates, authorizing Instructors to impart training in First Aid, were also issued during this period.

Apart from above, MoHFW conducted a "CPR Awareness Week" from 13th -17th October, 2025 throughout the country with participation of Indian Red Cross Society and St. John Ambulance (India). During this period, training in CPR was imparted by the St. John State Centres and IRCS State Branches in a nationwide campaign. Around 1,05,000 participants were imparted CPR training during the campaign.







1.7 DISEASE CONTROL PROGRAMMES (NHM)

1.7.1 THE NATIONAL CENTER FOR VECTOR BORNE DISEASES CONTROL (NCVBDC)

The National Center for Vector Borne Diseases Control (NCVBDC) is an umbrella programme for prevention and control of vector borne diseases viz. 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 NHM. Malaria, Filaria, JE, 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 JE.

Malaria:

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 bite of infective 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.

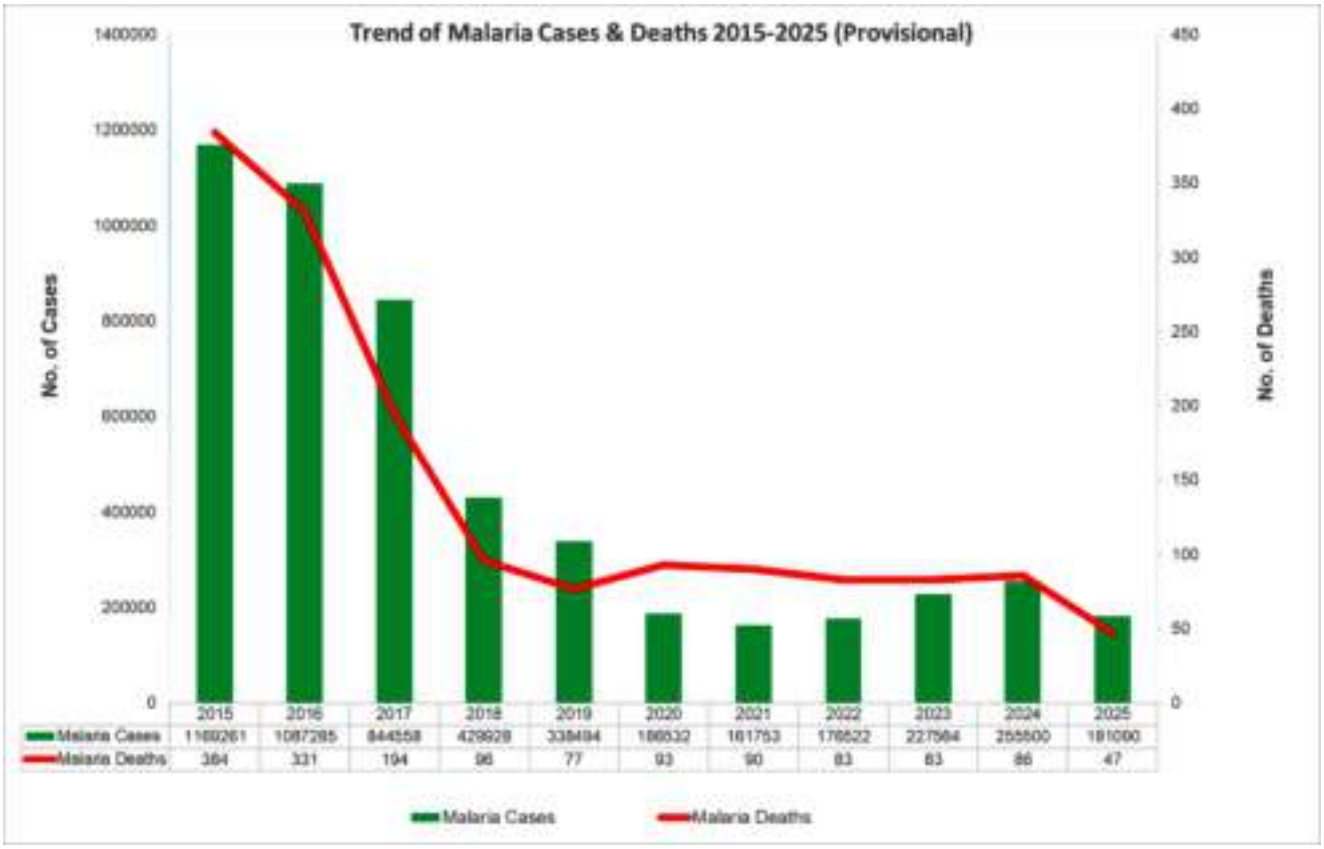
Vision: To eliminate malaria in India by 2030.

Goal:

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

Epidemiological Situation:

- In 2024, total 2,55,550 malaria cases and 86 deaths were reported as compared to 2,27564 malaria cases and 83 deaths in 2023.
- In 2025 (provisionally till September 2025) a total of 1,81,090 malaria cases and 47 deaths have been reported.



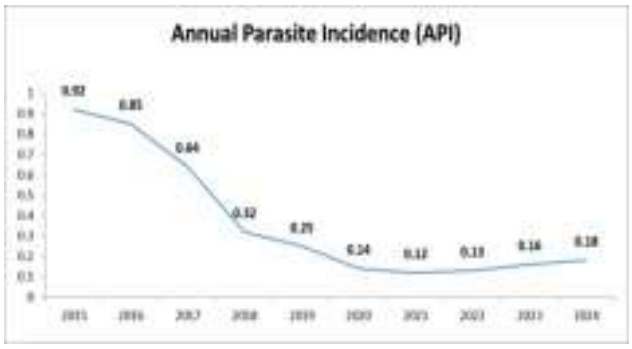
Strategies for elimination of Malaria as per NSP 2023-27:

- 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 78.1% in malaria morbidity and 77.6% in malaria mortality between 2015 and 2024.
- In 2024, National API is 0.18 per 1000 population and total 33 States/UTs have achieved API less than one except 3 States Tripura (2.47) Mizoram (12.89), and Odisha (1.48).
- In 2024, Surveillance increased in 30 States/UTs with Annual Blood Examination Rate (ABER) of Country as 12.78.





In 2024, 103 Districts in the country have reported 'zero malaria cases' and only 37 Districts have API 1 and above.

- Among 182 tribal districts, there has been 80.32% reduction in malaria morbidity and 79.12% reduction in malaria mortality in 2024 as compared to 2015.
- Malaria has been made notifiable in 35 States/UTs (except Bihar).
- All 36 States/UTs have on-boarded on IHIP VBD portal since January 2023. A total of 28 States/UTs are reporting paperless.
- 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 41 L-1 and 21 L-2 WHO certified Laboratory technicians for strengthening microscopic activity and laboratory capacity building.



• Under GFATM IMEP-2:

o Overall expenditure is 101% for GFATM IMEP-2 (April 2021 – March 2024).

o 1.58 crore LLINs supplied and distributed to states (Chhattisgarh, Madhya Pradesh, and Tripura).

o 89 vehicles supplied to States and RoHFWs.

o 34 districts under GFATM project states reported zero indigenous malaria cases in last 3 year from 2022-2024.

o 15 Entomological zones have been strengthened by providing entomological kits, microscopes & laptops.

Training activities in 2025:

- In 2025, National level refresher trainings (5 batches) and External Competency Assessment (ECA) (2 batches) on malaria microscopy was conducted at NCVBDC for certification of Lab technicians from different RoHFWs, States and Uts.
- NCVBDC organized 3 days training of District Vector Borne Disease Consultants (DVBDCs) from Malaria endemic districts at Raipur, Chhattisgarh, from 7-9 January, 2025,
- NCVBDC organized a 3-day training for District Vector Borne Disease Specialists (DVBDS) from malaria-endemic districts in Ahmedabad, Gujarat, from 10-12 March, 2025.
- NCVBDC organized 'Training of District Vector Borne Control officers and Medical Officers at NCVBDC Delhi from 21-25 May, 2025.

- NCVBDC organized 'Training of District Vector Borne Disease Consultant at NCVBDC Delhi from 11-13 June, 2025.
- NCVBDC organized training of Entomologists on Malaria and VBDs from 16-20 June, and 23-27 June, 2025
- NCVBDC organized training of District Vector Borne Disease Control Officers/Block Medical Officers/Medical Officers from 28-30 July, 2025.
- NCVBDC conducted Entomology Training on Malaria from 8th to 12th and 22nd-26th September, 2025 at NCVBDC Delhi.
- NCVBDC conducted 'Training of District Vector Borne Disease Consultant at Ranchi Jharkhand from 23-25 September, 2025
- 5 Days Refresher Training of Medical Officers from various health facilities, Meghalaya from 13- 17January, 2025.



National Refresher Training of Laboratory Technicians from 10-14 February 2025 at NRL NCVBDC Delhi



National Refresher Training of Laboratory Technicians from 07-12 July 2025 at NRL NCVBDC Delhi



ECAMM from 15-19th September 2025 in Bengaluru organized by NCVBDC in coordination with RoHFW Bengaluru & NCVBDC-Karnataka

Review Meetings and Advisories issued during 2025:

- Central Team visit to Madhya Pradesh for VBD review along with the field visit from 8-10 January, 2025.
- First Malaria - National Review Meeting (NRM) from 27th -29th January, 2025 at Goa.
- 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 1-3 May, 2025 at Shillong, Meghalaya.
- A Central team visited Kandhamal and Boudh districts in Odisha for a malaria review from 14 to 17 July, 2025.
- 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 7-9 October, 2025 at Aizawl, Mizoram.
- Review of VBDs under chairpersonship of AS&MD on 15th October, 2025 at Ranchi, Jharkhand.
- Advisory on Malaria Surveillance regarding the introduction of new formats for reporting asymptomatic malaria cases, modifications to the existing malaria reporting formats, and the introduction of revised malariometric indicators to strengthen malaria surveillance and data reporting across all endemic areas.

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 55.31 million USD.

Key activities: Support to the Project States are provided for 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 and LLIN support to Madhya Pradesh and NE States.

Kala-azar:

The National Kala-azar Elimination Programme is implemented in 633 endemic Blocks in 54 districts acrossf 4 States i.e. Bihar (33 Districts), West Bengal (11 Districts), Uttar Pradesh (6 Districts) and Jharkhand (4 Districts).

Programme Goal and Objective:

- Goal: To improve the health status of vulnerable groups and at-risk population living in Kalaazar endemic areas by the elimination of Kala-azar so that it no longer remains a public health problem
- Objective: To reduce and sustain the annual Kala-azar incidence to less than one case per 10,000 population at the block level by end of 2023.
- To achieve this goal, the programme has implemented the following key strategies:

o Early diagnosis & complete case management

o Integrated Vector control and Vector Surveillance

o Supervision, monitoring, surveillance, and evaluation

o Strengthening the capacity of human resources in health

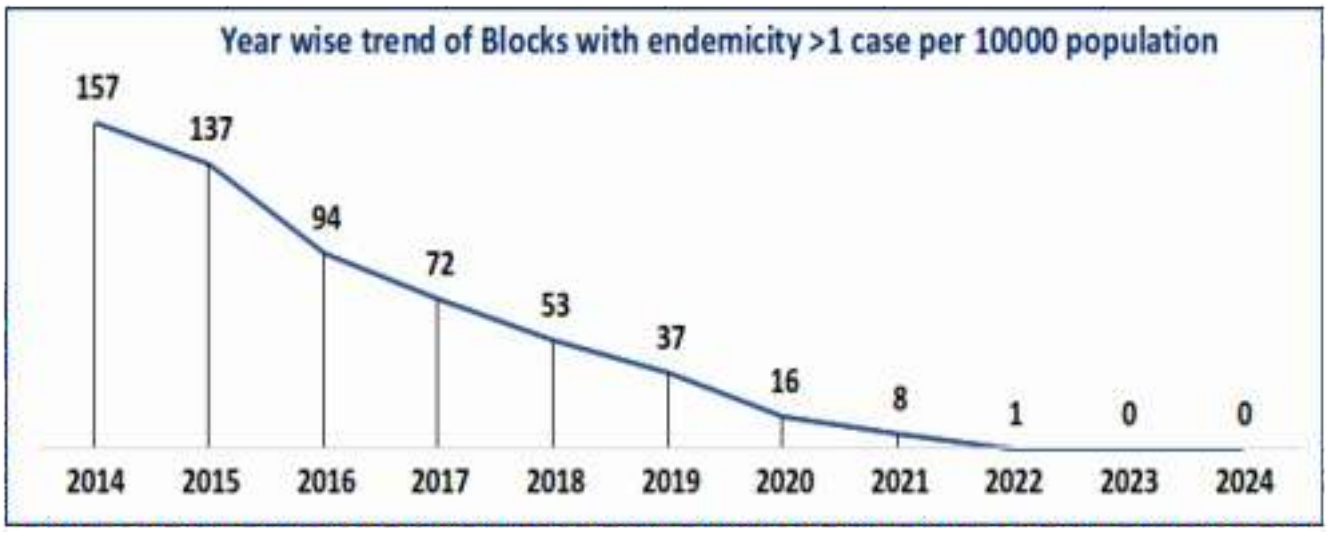
o Advocacy, communication and social mobilization for behavioral impact and inter-sectoral convergence

o Programme management.

Key Achievements:

Achieving Kala-azar Elimination Target ahead of Schedule

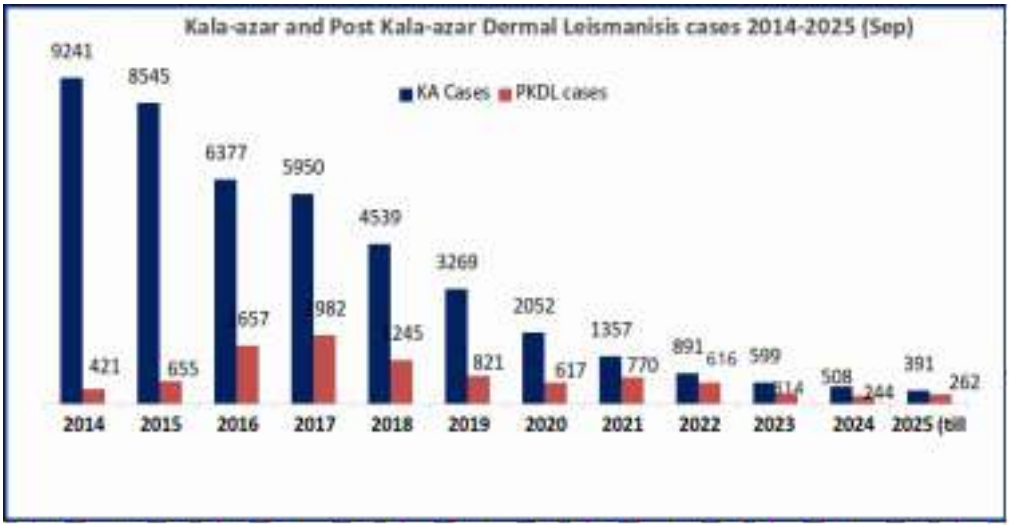
The country achieved the elimination target of less than one Kala-azar case per 10,000 population across all 633 endemic blocks in 54 districts of 4 states in 2023, well ahead of the 2030 global SDG target.



As of September 2025, all the 633 endemic blocks reported the incidence less than 1 case per 10,000 population.

Significant Decline in Kala-azar Morbidity: The program led to a 95% decrease in Kala-azar cases, reducing from 9,241 in 2014 to 508 cases in 2024, while maintaining the case fatality rate below 1%. As of September 2025, there were 391 Kala-azar and 262 PKDL cases reported which amounted to a 2% decrease in Kala-azar cases and a 39% increase in Post Kala-azar Dermal Leishmaniasis (PKDL) compared to the same period in 2024

Kala-azar and PKDL cases 2014 to 2025 (till September, 2025)



Programme Implementation & Initiatives during 2025

- **Strengthening Data Systems-** Periodic review of IHIP-KAMIS conducted to enhance data accuracy and visibility. Additional indicators such as priority villages, relapse cases, and IRS register formats are being integrated to improve program tracking and analysis.
- **Progress on Awards and Dossier documentation:** Regular meetings held with endemic and nonendemic states to review Sub-national Award claims and expedite dossier documentation and submission for Kala-azar elimination verification.
- **Capacity Building of Non-Endemic States**: IHIP-KAMIS credentials created and shared with nonendemic states. Orientation sessions were conducted to ensure consistent data entry and reporting, including NIL reporting, for sustained surveillance and prevent resurgence.

• Programmatic Reviews:

o Regular review meetings were conducted to assess progress, strengthen implementation and address emerging programmatic priorities under the National Kala-azar Elimination Programme on 16th April, 15th May, 9th July, and 8th September 2025 .

o To address high sand fly density in Kala-azar–affected areas, a high-level meeting on vector control was held under the Chairpersonship of DGHS, on 19 June 2025.

o A technical consultation chaired by Director, NCVBDC was held on 1st August 2025 to explore the feasibility of developing indigenous Hand Compression Pumps (HCPs) for Indoor Residual Spray (IRS).

o To enhance participation and sensitization of non-endemic states on the country situation, dossier requirements and regular IHIP-KAMIS reporting, a meeting chaired by Director, NCVBDC was held on 16 September 2025.

o National Kala-azar Review Meeting, ToT on Dossier Preparation, Case Management & Sensitization of Medical Colleges was held on 25-26 September 2025 at Ranchi, Jharkhand

o A review meeting on VBDs including Kala-azar elimination programme was held in Ranchi on 15 October 2025, chaired by AS&MD, MoHFW, and attended by state and district officials of Jharkhand.



National Kala-azar review under the Chairpersonship of AS&MD, MoHFW

Field Visits

- A central team visited Jharkhand from 15–17 January, 2025 to monitor Kala-azar elimination activities.
- Two central entomology teams visited Pakur, Godda, and Sahibganj (11–15 February, 2025) and Dumka and Pakur (19–22 February, 2025) to

monitor pre and post-IRS entomological activities and MDA implementation.

- A central team visited Dumka and Pakur (6–9 May, 2025) to review KA elimination activities, including IRS, case detection, IEC, logistics, and M&E.
- Two central entomology teams visited Pakur and Dumka (22–29 June, 2025) for post-IRS entomological monitoring under the KA programme.

Training/ Capacity Building·

- A state-level training and review meeting on Kala-azar was organized by the state of Uttar Pradesh on 28th March, 2025.
- The state of Jharkhand organized state-level training on Kala-azar treatment for Medical Officers and ToT on Active Case Surveillance and Indoor Residual Spray on 8th and 25th August 2025, respectively.
- A state-level training on Kala-azar dossier preparation for Deputy CMOH-II was held at the Institute of Health and Family Welfare, Kolkata, on 23rd September, 2025.

Lymphatic Filariasis

Lymphatic Filariasis (LF), commonly known as Elephantiasis (Haatipaon) is a serious debilitating and incapacitating disease transmitted through the bite of a culex mosquito. LF has been identified as a priority tropical disease, with the Government of India targeting its elimination by 2027 - well ahead of the global goal set for 2030.

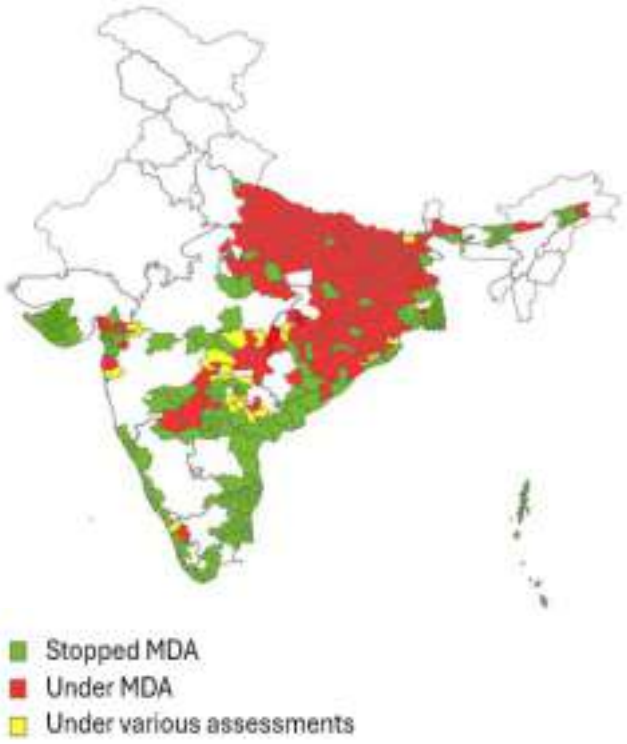
Current Status

The estimated population at risk of lymphatic filariasis infection is approximately 746 million, residing across 348 endemic districts in 20 States and Union Territories. Notably, 75% of the MDA districts are concentrated in five States i.e. Bihar, Jharkhand, Uttar Pradesh, Odisha, and Chhattisgarh.

As of October 2025 (Figure 1 – Country Status):

- 174 (50%) districts across 14 States reported a microfilaria (Mf) rate exceeding 1% and continued to implement Mass Drug Administration (MDA).
- 143 districts (41%) have discontinued MDA after successfully clearing Transmission Assessment Survey 1 (TAS-1).

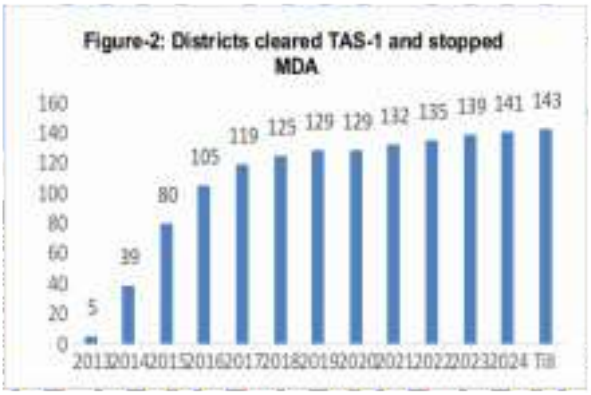
Figure 1: Country status



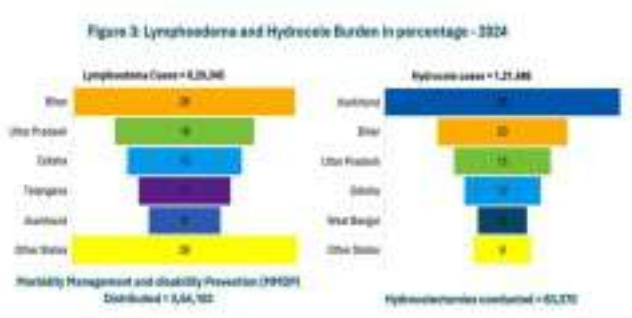
- 31 (9%) districts are currently undergoing various stages of assessment.

Progress in clearing Transmission Assessment Surveys: As of October 31, 2025, a total of 143 districts have successfully cleared Transmission Assessment Survey-1 (TAS-1), 132 districts have cleared TAS-2, and 125 districts have cleared TAS-3, thereby cumulatively stopping Mass Drug Administration (MDA).

Figure 2: Cumulative number of districts passed –TAS1



Lymphatic Filariasis Disease Burden: In 2024, the endemic states collectively reported 6,20,345 cases of lymphoedema and 1,21,486 cases of hydrocele.



Programme Strategy

The Lymphatic Filariasis (LF) elimination program, which initially followed a two-pronged strategy, was upgraded to a five-pronged strategy in January 2023 under the guidance of the Hon'ble Union Minister of Health & Family Welfare to accelerate progress towards elimination.



Key Activities/ Achievements

• 3,54,103 Morbidity Management and Disability Prevention Kits were provided to lymphoedema patients and 63,370 hydrocelectomy surgeries conducted in 2024.



NTD illumination at India Gate New Delhi on 30th Jan 2025

• **World NTD Day 2025** – On World NTD Day 30th Jan 2025, India Gate in New Delhi was illuminated in NTD colors, symbolizing the nation's commitment to eliminating neglected tropical diseases. The event featured cultural performances and extensive mediam outreach, generating over 65 national and 30 state-level stories.

• **MDA Campaign Launch:** The annual MDA campaign was implemented in two phases. The Hon'ble Union Minister of Health & Family Welfare and Chemicals & Fertilizers, Shri J. P. Nadda, virtually launched the first phase of the Mass Drug Administration campaign for LF elimination on 10 February 2025, covering 111 districts across 13 states.

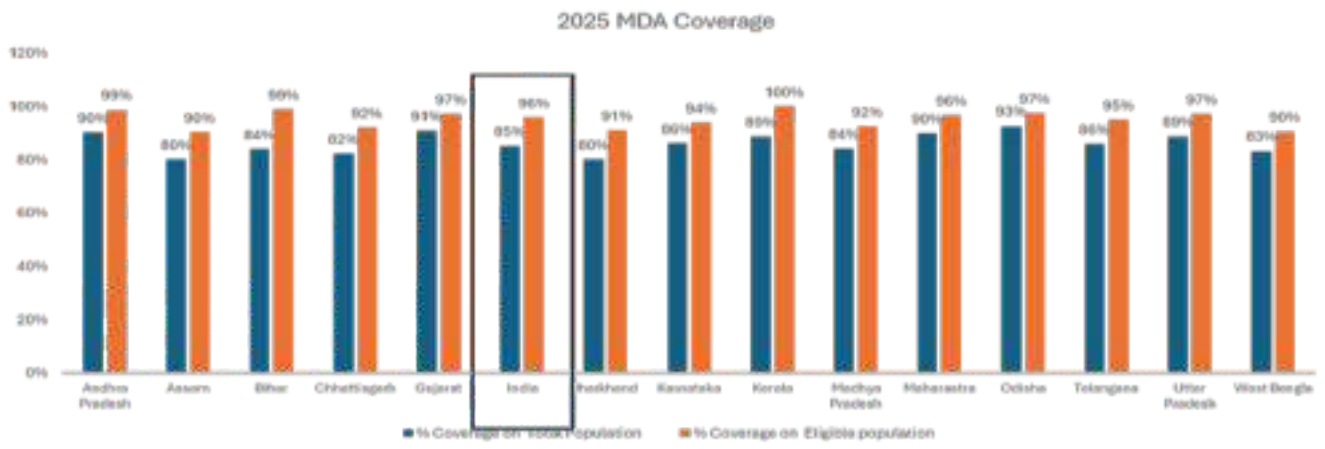


MDA Campaign launch 2nd Phase

The second phase of the Bi-annual Nationwide MDA campaign was launched on 10 August 2025 across 50 districts in four states — Uttar Pradesh, Jharkhand, Odisha, and Telangana.

Mass Drug Administration Reported Coverage: In 2025, a total of 1090 blocks across 161 districts in 14 states conducted the MDA in two phases, achieving an impressive **96% reported coverage among the eligible population** through **directly observed drug consumption.**

The **state-wise consolidated details** of both phases — showing **reported coverage against total and eligible population** — are presented in the **graph below.**



The following table provides Phase 1 MDA campaign (10th Feb 2025 round) coverage details.

S. No.	State	Total Population	Eligible Population	Reported coverage (consumed)	% coverage against total population	% coverage against the eligible population
1	Andhra Pradesh	128864	117977	116348	90%	99%
2	Assam	1237242	1097269	988890	80%	90%
3	Bihar	70559631	59969855	59233579	84%	99%
4	Chhattisgarh	14392671.81	12903860	11847823	82%	92%
5	Gujarat	546685	511184	496218	91%	97%
6	Jharkhand	20581307	18090718	16297094	79%	90%
7	Karnataka	1864317	1713907	1605996	86%	94%
8	Kerala	399910	354390	353942	89%	100%
9	Madhya Pradesh	5556727	5056622	4676425	84%	92%
10	Maharashtra	5518925	5149881	4968440	90%	96%
11	Odisha	3618119	3457538	3272756	90%	95%
12	Uttar Pradesh	10949972	10183474	9910936	91%	97%
13	West Bengal	12117016	11147657	10081733	83%	90%
	India	**147471387**	**129754332**	**123850180**	**84%**	**95%**

The following table provides Phase 2 MDA campaign (10th Aug 2025 round) coverage details

S. No.	State	Total Population	Eligible Population	Reported coverage (consumed)	% coverage against total population	% coverage against the eligible population
1	Jharkhand	14355330	12682295	11689877	81%	92%
2	Telangana	643574	583060	552729	86%	95%
3	Odisha	9721557	9229513	9068677	93%	98%
4	Uttar Pradesh	44981452	40933121	39686247	88%	97%
	India	**69701913**	**63427989**	**60997530**	**88%**	**96%**

Review Meetings on LF Elimination Progress:

To strengthen program implementation and monitor progress under the Lymphatic Filariasis (LF) Elimination Programme, several review meetings were organized during 2025:

A review meeting to assess the challenges of the February 2025 MDA round across 13 states was held on 31 January 2025 at Nirman Bhawan, New Delhi, under the chairmanship of the Additional Secretary & Mission Director (AS&MD), MoHFW.

A review meeting on National Health Programmes, including those under NCVBDC, was held on 3 April 2025 under the chairmanship of the Director General of Health Services (DGHS) to assess programmatic progress, strengthen inter-program collaboration, and identify state-level challenges for which actionable solutions were proposed.

An Expert Committee Meeting on the Revision of Morbidity Management and Disability Prevention (MMDP) Services was also held on 13 May 2025 at Nirman Bhawan, New Delhi, under the chairpersonship of the DGHS.

A high-level virtual review meeting was convened on 29 August 2025 under the chairpersonship of the AS&MD (NHM) to review state and district-level progress of MDA campaign, involving 50 districts from four MDA-implementing states.

A National LF Review Meeting was organized from 13–14 October 2025 in Lucknow, bringing together State Programme Officers, Regional Directors of Health and Family Welfare, and State LF Consultants to review program progress and strategies.

A comprehensive review of Vector-Borne Diseases (VBDs) with a focus on Kala-azar, Lymphatic Filariasis, and Malaria elimination was conducted on 15 October 2025 at Ranchi, under the chairpersonship of Smt. Aradhana Patnaik, AS&MD, Government of India, in the presence of Dr. Tanu Jain, Director, NCVBDC, along with state and district officials from Jharkhand.

Engagement of Medical Colleges: Periodic sensitization meetings were conducted to strengthen implementation and monitoring of the LF elimination activities. The Coverage Evaluation Survey (CES) undertaken by Medical Colleges has shown a significant improvement — increasing from 16% in 2021 to 74% in 2023, and further to 96% in 2025. For the August 2025 MDA round, the Coverage Evaluation Survey is being conducted by 33 Medical Colleges across 50 districts.

Intersectoral Convergence for MDA Campaign: Various line ministries and departments — including Panchayati Raj, Rural Development (NRLM), Women and Child Development, Higher Education, School Education & Literacy, Youth Affairs, Tribal Affairs, and Agriculture — were periodically sensitized and actively engaged in supporting campaign implementation.

Information, Education and Communication / Behavior Change Activities: To enhance community awareness, sensitization meetings were organized at village, block, and district levels with Panchayat members, teachers, self-help group leaders/members, religious leaders, and local influencers. Public announcements through miking, nukkad nataks, and awareness rallies were conducted. NSS/NCC cadets and students actively participated in these rallies to promote the campaign messages. Lymphatic Filariasis (LF) patients were engaged as "LF Champions," along with members of patient support groups, to further spread awareness on LF, address drug consumption hesitancy, and emphasize the importance of taking antifilarial drugs.



Ratri Chaupal in Odisha & Jharkhand



Awareness for MDA through Mobile Van in Jharkhand

At the national and state levels, extensive media engagement and sensitization meetings were held to widely disseminate information on the disease and the campaign through print, electronic, and social media platforms. A comprehensive social media toolkit—including posters, leaflets, brochures, radio spots, and audio/video messages—was developed and shared with states and allied ministries/departments for uniform communication and outreach.



IEC Materials in local languages

Reporting of LF MDA data in IHIP portal: IHIP LF module inducted in August 2024 with the MDA coverage form. 94% (585/620), 93% (347/372) blocks and 99% (391/394) entered the MDA coverage data in IHIP in August 2024, Feb 2025 blocks and Aug 2025 respectively. 1st time under the LF elimination program, states started reporting detailed lymphedema/hydrocele and MF positive patients line list details:

- 44% (3.29 / 7.4 lakh) lymphedema/hydrocele cases line list data entered for the 1st time.
- 20,231 MF positive patients line list entered for the MF positive patients



IHIP-LF Portal for MDA reporting



Dengue & Chikungunya

Dengue and Chikungunya are a rapidly spreading, outbreak-prone arboviral disease transmitted by *Aedes* mosquitoes. *Aedes aegypti* is the primary vector, while Aedes albopictus has also been implicated in transmission in several States. Currently, there is no specific drug or vaccine available for Dengue and Chikungunya. Maximum number of cases are reported during the monsoon and post-monsoon seasons. Additionally, increases in temperature also lead to paradigm shift of transmission of both diseases from seasonal to perennial in many parts of the Country especially in southern and western States. Rising temperatures accelerate the mosquito life cycle, shortening the time it takes for eggs to develop into adults. Warmer conditions reduce the extrinsic incubation period of pathogens within mosquitoes. Higher temperatures also enable mosquitoes to survive and thrive in regions that were previously too cold, expanding their geographical range.

In addition, climate change, unplanned urbanization, population movement, developmental activities, changes in human behaviours, spreading

to rural areas lead to reporting of Dengue and Chikungunya from all States/UTs (except Ladakh) earlier limited to some States are presently reported. Both genders and all age groups are equally affected for both the diseases.

1. Dengue: In 2024, a total 2,33,519 cases and 297 deaths were reported. During 2025 (Prov. till 26th October) 88,567 cases and 63 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 regular training of clinicians on case management. Dengue cases and CFR in the Country during 2013-2025 (till 26th October) is as below:



2. Chikungunya: Chikungunya is a debilitating viral illness caused by the Chikungunya virus and transmitted by both Aedes aegypti and Aedes albopictus mosquitoes. The disease re-emerged in thecountry in 2006 after a gap of nearly three decades. It is characterized by fever, severe joint pain (arthralgia), and rash. Joint pain may persist for a prolonged period even after recovery.

In 2024, a total of 2,40,180 clinically suspected cases were reported. During 2025 (Prov. till 26th October) 1,45,855 clinically suspected cases were reported. Till date, no death directly attributable to Chikungunya reported from any State. Chikungunya cases in the Country during 2013-2025 (till 26th October) is as below:



Activities carried out by Government of India

- **Advisory issued:** During 1st January to 31st October 2025, a total of 13 advisories were issued to sensitize the States. These were issued by Secretary (HFW) to all Chief Secretaries; Additional Secretary & Mission Director (NHM) to all Chief Secretaries; Director General of Health Services (DGHS) to all Directors of Health Services (DHS) and All India Institutes of Medical Sciences (AIIMS); and Director, NCVBDC to all States/UTs.
- **Reviews:** During 1st January to 31st October 2025, a total of nine review meetings were held to assess the situation and provide technical guidance to the States. These included two reviews chaired by the Hon'ble Union Minister of Health and Family Welfare; one on 10th September 2025, and another on 15th September 2025 focusing on preparedness for the prevention and control of dengue in Delhi-NCR, attended by the Health Minister of GNCTD and senior officials from MoHFW.



Hon'ble HFM reviewed Dengue in DelhiNCR

Other reviews included a joint review bySecretary (HFW) and Secretary (MoHUA) with municipal corporations on 2nd July 2025; AS&MD, NHM reviewed VBDs situation in Jharkhand at Ranchi on 15th October 2025; meeting of the Committee under the Chairpersonship of DGHS on 28th August 2025; a review by Joint Secretary (VBD) on 7th April 2025; and several reviews held from time to time by senior officers of MoHFW and NCVBDC.



Committee under the Chairpersonship of DGHS reviewed Dengue

Inter-Ministerial meeting: Chairpersonship of Secretary (HFW) with Secretary (MoHUA) and 17 Municipal Corporations (MCD, NDMC, Ahmedabad, Vadodara, Surat, Bengaluru, Greater Mumbai, Pune, Nashik, Nagpur, Thane, Jaipur, Chennai, Hyderabad, Lucknow, Kanpur Urban and Kolkata) of 9 States (Delhi, Gujarat, Karnataka, Maharashtra, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal) for sensitization on their roles and responsibilities for Dengue prevention and control on 2nd July, 2025



- **Diagnostic Facilities:** To augment free diagnostic facility for Dengue and Chikungunya, as on 31st October 2025, a total of 869 Sentinel Surveillance Hospitals (SSHs) with laboratory support and 27 Apex Referral Laboratories (ARLs) with advance diagnostic facility have been identified across Country
- **IgM Test Kits Supply (1 kit=96 tests):** In 2025 (till October), GoI supplied 7318 Dengue and 3233 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 Integrated Vector Management:** Organized trainings on Integrated Vector Management for Entomologists on 16th to 21st June 2025; 23rd to 27th June 2025; 8th to 12 September 2025; 22nd to 26 September, 2025 at NCVBDC, Delhi
- **Training on IHIP portal:** Organized virtual trainings on entry of Dengue and Chikungunya data on IHIP-VBD portal for all States/UTs in collaboration with WHO
- **Webinar:** Organized Webinar series on commemoration of 10th National Dengue Day on 16th May, World Environment Day on 5th June and on 20th August on the observance of World Mosquito Day

- **Field visits in 2025**: Director, NCVBDC along with Officers & Consultants visited Madhya Pradesh from 8-10 January; Uttarakhand from 24-25 February; Telangana from 5-7 March; Karnataka from 20-24 May; Jharkhand from 4-6 June & 12-16 October; Mumbai from 4-6 July; Arunachal Pradesh from 27-28 October 2025.

- **Monitoring**

o Disease trend is monitored through regular reports submitted by the States/UTs and IHIP-VBD portal

o Ensured uninterrupted supply of IgM kits for Dengue and Chikungunya to all identified hospitals/laboratories

- **Initiatives for meeting the Climate Change:** Both diseases are climatic sensitive. To meet the challenges, the following initiatives have been taken:

o Prepared National Adaptive National Adaptation Plan for Climate Change and VBDs including Dengue and Chikungunya

o Meetings organized under the Chairpersonship of the DGHS on 29th May 2025; under chairpersonship of Director, NCVBDC on 19th May 2025; 10th June, 2025; 4th July, 2025; 10th July, 2025 and 14th July, 2025 to view implementation of climate change and VBDs related interventions and initiatives

o Webinar organized on Impact of climate change on Dengue on 2nd June 2025 and on 5th June, 2025

oTwo advisories issued from the Director, NCVBDC to all States/UTs on 3rd June, 2025 and on 4th June 2025

- **Financial support:** Adequate funds are provisioned for prevention and control of Dengue nd Chikungunya under NHM through State PIPs

- **IEC activities**

o Observed World Neglected Tropical Diseases (NTDs) Day by illuminating the iconic India Gate in vibrant hues of purple and orange on 30th January

o Observed 'Anti Dengue Month' in July across the Country for intensification of preventive measures

o 10th National Dengue Day' was observed across the Country on 16th May to accelerate the preventive activities and advocacy before the onset of Monsoon

o Disseminated messages for awareness on social media for personnel protection, elimination of mosquito breeding sites etc.

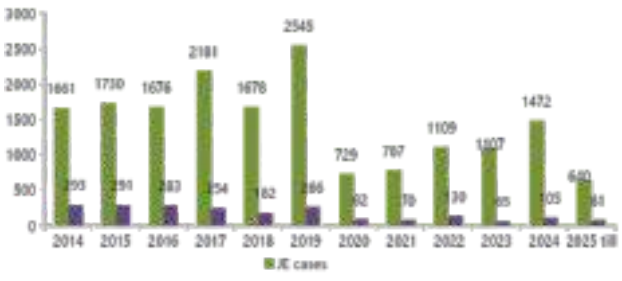
Japanese Encephalitis:

- Japanese Encephalitis (JE) is an arbo-viral disease caused by JE virus.
- It is transmitted through the bite of infected Culex vishnui group of mosquitoes, mainly by Culex tritaeniorhyncus. These mosquitoes mostly breed in the rice fields, irrigation cannels, 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 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 disease where safe and effective vaccines are available to prevent JE

Epidemiological Situation:

JE is endemic in 355 districts of 24 States / UTs. JE case burden was primarily contributed by the following States (2024): Assam (47.5%), Meghalaya (9.3%), Madhya Pradesh (9.1%), Jharkhand (7.4%), Uttar Pradesh (4.3%) and Bihar (3.5%).

Fig 1:- Trends of JE since 2014



Achievements:

(1) JE Vaccination

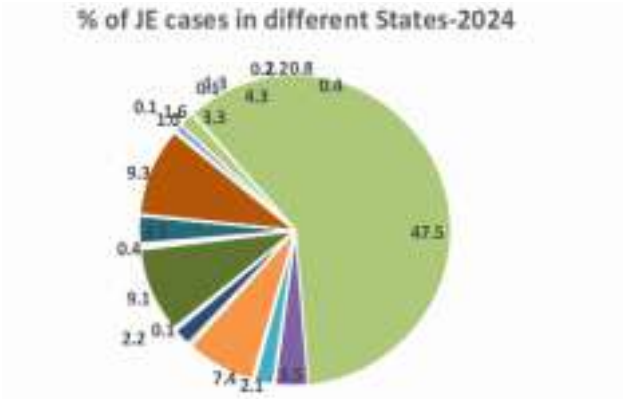
Out of six vector borne diseases, JE is the only disease against which vaccination is available. This is most effective preventive tool available for JE. At present, States/UTs are being provided indigenous vaccines (JenVac & Jeev). JE vaccine is included in the Routine Immunization (RI) under Universal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

- JE vaccination incorporated in the Routine Immunization in 341districts (96%) out of 355 endemic districts.
- Adult vaccination (>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.

(2) Case Fatality Rate (CFR)

CFR has been reduced to 7.1 % (2024) from 18.6% (2014).

Fig 2:- % of JE cases in different States among the total JE cases in 2024



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:

- 175 JE Sentinel Surveillance Hospitals (SSHs) for monitoring and surveillance of JE.
- 15 Apex Referral Laboratories (ARL) with higher level of diagnostic tests for JE.
- 725 JE IgM Mc ELISA Kits were supplied in 2024. During 2025 (till October) 570 JE IgM Mc ELISA Kits were supplied to the JE endemic states.

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:

- Advisory issued on 07.01.2025 to all endemic states regarding JE/AES prevention and control from NCVBDC.
- A meeting of Expert Committee for JE Vaccination Policy held under the Chairmanship of DGHS on 06.03.2025
- A meeting review of Sub-Committee for JE Vaccination Policy held under the Chairmanship of Director, NCVBDC on 21.04.2025.



Meeting of Expert Committee for JE Vaccination Policy held under the Chairmanship of DGHS on 06.03.2025



Sub-Committee for JE Vaccination Policy held under the Chairmanship of Director, NCVBDC on 21.4.2025

1.7.2 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

The National Leprosy Eradication Programme (NLEP) is a centrally sponsored scheme functioning under the umbrella of the National Health Mission (NHM). The strategy of NLEP was based on controlling the disease through reduction in the quantum of infection in the population and reduction in source of infection, thus breaking the chain of disease transmission. India has made remarkable progress in leprosy control over the past four decades, achieving national elimination (PR <1/10,000) in 2005. MoHFW continues to advance the vision of a "Leprosy-Free India." The recently launched National Strategic Plan & Roadmap for

Leprosy 2023–27 provides a clear framework to accelerate efforts toward interrupting leprosy transmission by 2027.

Key initiatives under NLEP are as follows:

- Leprosy Case Detection Campaign (14 days) in high endemic districts.
- Focused Leprosy Campaign (FLC) in low endemic districts for case detection.
- Special plans for Hard-to-Reach areas for early case detection and treatment and Focused Leprosy Campaign (FLC) in low endemic districts.
- Convergent leprosy screening under NHM through RBSK (0–18 yrs.'), RKSK (10–19 yrs.'), and CPHC–Ayushman Bharat (30+ yrs.').
- Prevention among contacts through Single-Dose Rifampicin (SDR) as Post-Exposure Prophylaxis (PEP).
- Reconstructive surgeries provided at district/medical college/central institutes, with a ₹12,000 welfare allowance per patient.
- IEC & Training, including year-round awareness and the annual Sparsh Leprosy Awareness Campaign (SLAC), promote stigma reduction through Gram Sabha's, community participation, and school-based activities.
- Under initiative of data digitalization, ICT platform- Nikusth 2.0 is being implemented for digital reporting and case base surveillance.

Major achievements under NLEP in a decade are as follows:

I. The number of districts with a prevalence rate of less than 1 per 10,000 population which were 542 (2014-15) and 588 (2018-19) has increased to 638 districts in 2024- 25.

ii. Prevalence Rate (PR) has shown a decline, i.e. PR has reduced from 0.69 in 2014-15 and 0.62 in 2018-19 to 0.57 in 2024-25.

iii. The G2D amongst new cases per million population which was 4.48 in 2014-15 and 2.65 in 2018-19 has decreased to 1.31 in 2024-25.

iv. Child case percentage in new cases detected was 9.04 in 2014-15 and 7.67 in 2018- 19 has reduced to 4.68 in 2024-25.

v. A total of 100957 new cases were detected during the year 2024-25, which give an Annual New Case Detection Rate (ANCDR) of 7.00 per 100,000 population, as against 8.69 per 100,000 population in 2017-18 and 9.73 in 2014-15.

vi. The digital reporting system Nikusth 2.0 under National Leprosy Eradication Programme maintains a national case-based registry with over 2,31,532 registered patients, including 76,599 cases in 2024–25 and 43,242 in 2025–26 (Till Nov.).

vii. Leprosy is declared as a notifiable disease in 12 States States (Assam, Goa, Haryana, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Meghalaya, Mizoram, Odisha, Tamil Nadu and West Bengal) till date to help strengthen surveillance, improve diagnosis and accelerate progress towards the interruption of transmission.

viii. Introduction of Pharmacovigilance under NLEP is being piloted in 3 states (Haryana, Delhi and UP.)

ix. A Special Monitoring plan is implemented for 121 high endemic districts to facilitate Joint Supervisory and Monitoring visits to high priority districts to ensure consistent oversight and support.

x. A Workshop on Strengthening of Anti- microbial Resistance under NLEP in collaboration with ICMR- National JALMA institute of Leprosy and other mycobacterial diseases was conducted for the surveillance of resistant leprosy cases.

Year-wise trend of Important NLEP Indicators

Year	New cases Detected	ANCDR/100000	PR/10000	Percentage of Child Cases	G2D Cases	G2D%	G2D Per million
2013-14	126913	9.98	0.68	9.49	5256	4.14	4.13
2014-15	125785	9.73	0.69	9.04	5794	4.61	4.48
2015-16	127334	9.71	0.66	8.94	5851	4.60	4.46
2016-17	135479	10.17	0.66	8.69	5179	3.82	3.89

Year	New cases Detected	ANCDR/100000	PR/10000	Percentage of Child Cases	G2D Cases	G2D%	G2D Per million
2017-18	126164	9.27	0.67	8.15	4552	3.61	3.34
2018-19	120334	8.69	0.62	7.67	3666	3.05	2.65
2019-20	114451	8.13	0.57	6.87	2761	2.41	1.96
2020-21	65147	4.56	0.40	5.76	1572	2.41	1.10
2021-22	75394	5.52	0.45	5.45	1863	2.47	1.36
2022-23	103819	7.44	0.57	5.38	2363	2.28	1.69
2023-24	107851	7.55	0.60	5.18	2335	2.17	1.63
2024-25	100957	7.00	0.57	4.68	1893	1.88	1.31
2025-26 till Nov. 2025)	60152	6.21	0.57	4.32	1088	1.81	1.12

1.7.3 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

The National Tuberculosis Elimination Programme (NTEP), is an ongoing centrally sponsored programme, implemented under the aegis of NHM, 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.

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.

TB Diagnostics: Key activities in the year 2025

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 25222 Designated microscopy centres and 9826 molecular testing equipment (CBNAAT & Truenat machines) across the country (as on 30th Nov. 2025). A total of 2.8 crore of presumptive TB tests has been conducted with 1.5 crore molecular test offered in the year 2025 (January – September, 2025).

The key initiatives in 2025 involved expansion of DST for newer drugs (Bedaquiline and Pretomanid). A total of 43 laboratory staff has been trained for newer drug DST in 23 States/UTs. Fifteen laboratories have completed proficiency testing and are in advanced stages of certification. This would support DST for newer drugs at baseline and follow up (FU) samples for all RR/MDR patients ensuring better management of DR TB patients and clinician in deciding appropriate regimen.

CTD expanded the Diagnostic Network Optimization (DNO) analysis to all districts under the TB Mukt Bharat Abhiyan campaign. Population accessibility assessment was conducted using geo coordinates of health facilities and diagnostic devices to evaluate coverage and access. This enabled identification of catchment areas, service gaps, and travel distances, supporting optimization of diagnostic service delivery.

Line probe assays are widely used for rapid detection of drug resistance, and interpretation requires technical expertise. To address this, NTEP developed an AI tool for LPA interpretation which was validated by ICMR. The tool has recently been successfully integrated within the Ni-kshay

platform to assist in the automated interpretation of LPA test strips, enabling direct information transfer to Nikshay.

NTEP is working closely with Indian Council of Medical Research (ICMR) to uptake and roll out the tests/technologies validated by ICMR. PathoDetectTM MTB RIF & INH Resistance Detection test, manufactured by M/s MyLab, an Indian indigenous multiplex real time PCR assay for an in-vitro qualitative detection of M. tuberculosis complex and its resistance to Rifampicin and Isoniazid was validated by ICMR. Based on validation results and recommendations of National Technical expert Group (NTEG), 109 new Pathodect equipment have been procured on Reagent rental model to augment the Diagnostic capacity of lab network. In addition, Field feasibility of Huwel Quantiplus Open RT-PCR kit for TB detection were conducted at identified sites representing different geographical areas of the country. This would help utilizing the RT-PCR machines and testing platforms which were established during the COVID-l9 pandemic for TB testing.

The Programme Division is planning to conduct the Second National Drug Resistance survey in the country with aim to understand the epidemiology of drug-resistant TB in the country to guide national policy and accelerate the TB elimination efforts in India. Also, a multicentric evaluation of the diagnostic utility of FujiLAM for Tuberculosis detection in People Living with HIV, children, and NonHIV adults with presumptive extrapulmonary TB is also planned. Both the proposals have received ethical approval.

Moving forward, the Programme aims to offer upfront NAAT to all Presumptive TB patients enabling rapid and accurate diagnosis, in turn leading to earlier treatment initiation and improved patient outcomes.

1. Case Finding:

The Global TB Report 2025 shows that India is progressing towards the SDG goals with a decline in TB incidence by 21% from 237 in 2015 to 187 in 2024 and 25% reduction in TB mortality rate by 25% from 28 in 2015 to 21 in 2024.

In 2023, India pioneered a mathematical model for TB Burden Estimation, a first among nations, to estimate the TB incidence and TB Mortality rate at Sub-National level.

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 has been notified till Dec 2023. The number of patients notified for 2024 was 26.2 lakhs. In 2025 (Jan to October) the TB cases notification reached 22.6 lakhs.

Private Sector Notifications: 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% of total notifications. The programmatic collaborative efforts resulted in 8 times increase in cases reported from the private sector. In the year 2024, TB patients notified in the Private sector was 9.5 lakhs contributing to 36% of the total notification. Currently, the TB cases notified in the private sector is 7.9 Lakhs (Jan to October 2025). 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, the success rate increased to 89%. Currently the treatment success rate is 90%.

2. Management of DRTB cases:

There are 815 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.

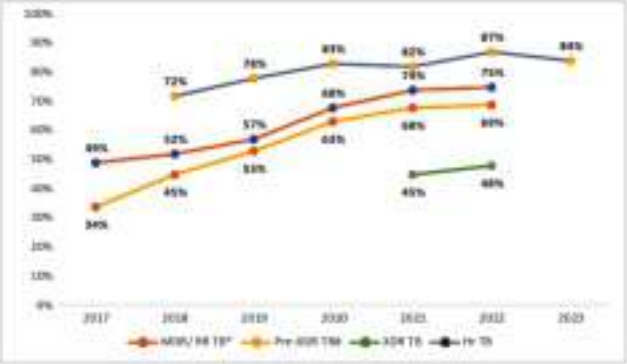
With the approval from Hon'ble Union Minister of Health & Family Welfare, experience from ICMR with mBPaL and experts' opinion, the program has introduced 6 months BPaLM regimen for all eligible MDR/RR-TB patients across the country. Following national and regional capacity building

workshops, cascade trainings were conducted in all the states/ UTs and the implementation scaled-up across the country during the year.

For the benefit of the pregnant mothers with DRTB, the policy has been undertaken as per WHO's recommendations for replacing the teratogenic drug, Ethionamide in the 9-11m shorter oral regimen by 2 months Linezolid and this has been scaled-up across the country.

During the year 2024, 55,447 MDR/RR-TB patients were diagnosed including 8,317 Pre-XDR-TB and 108 XDR-TB patients. Total of 26,695 H mono/poly DR-TB patients were diagnosed during 2024. Out of diagnosed 45,674 (82%) MDR/RR-TB and 26,023 (97%) were initiated on treatment. In 2025 (Jan to October), 50,647 MDR/ RR-TB cases have been notified.

Fig 01. Trend of treatment success rate of DRTB patients.



** - Excluding Pre-XDR/ XDR TB patients*

 # - Excluding 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. Following national and regional trainings, facility level trainings have been conducted across the 185 identified institutes. Among the 185 institutes assessed for airborne infection control measures, expert assessment teams have proposed minor civil works in 121 sites and installation of Germicidal Ultraviolet (GUV) in 110 sites which is under process.

Other partner, Tata Institute of Social Sciences (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. CTD with the support of TISS has developed training modules on soft skill training and TISS has been supporting in building capacity of NTEP staff in soft skill training including counselling skills.

3. 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 (2024):

TB cases attributable to harmful use of alcohol	2,45,287 (86,908-4,84,382)
TB cases attributable to diabetes	3,21,655 (2,17,722-4,45,548)
TB cases attributable to HIV	32,958 (19,992-49,111)
TB cases attributable to smoking	93,425 (20,029-2,22,248)
TB cases attributable to undernutrition	3,57,528 (2,63,183-4,66,103)

Note: Data are for 2023, (Source: Global TB Report 2025)

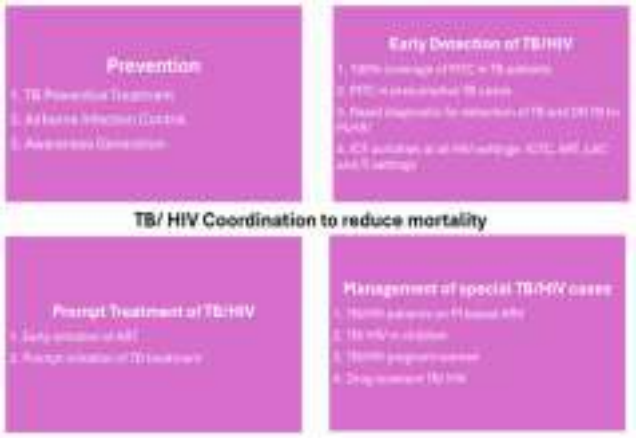
Major health-related risk factors such as diabetes, HIV infection, alcohol-use disorders, tobacco smoking, and undernutrition are some of the most significant comorbidities and drive the TB incidence. The National TB Prevalence Survey (NTBPS) in India - 2019–21 indicated a higher incidence of TB among 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 bidirectional 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.

3.1. TB HIV Collaborative activities

The TB HIV Coordination mechanism is focusing on the reduction of mortality through the fourpronged 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.

3.1.1. ICF at ART centre: Under ICF activities at the ART centre, 96% 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 98% were tested for TB, among which 25,073 (5%) were diagnosed as TB patients and of this 15,868 (63%) were bacteriologically confirmed TB. The total number of TB-HIV co-infected cases for the year 2024 are 33,190 and out of this 95% were started on ART and CPT. (Source: NACP).

3.1.2. 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 97% and 81% were screened for TB respectively. (Source: NACP).

3.1.3. 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. Outmof 1330 total prisons (central and district), 1244 are covered under the programme and are undertaking the ICF activities as per the joint framework. During this period, 12.26 lakh inmates were screened for TB out of 14.47 lakh (85%) and they could identify 824 (1%) TB cases.

3.2. 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.

3.3. 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.

Progress

In 2024, out of 26.2 lakh notified TB patients, 25.2 lakh (96%) had known HIV status, 24.4 lakh (93%)

had known diabetes status, 19.3 lakh (74%) had known tobacco consumption status and 19.0 lakh (73%) had known alcohol consumption status. Out of these, 33,190 (1.3%) were diagnosed HIV positive, 1.7L (7%) were diagnosed with DM, 2.1 lakh (11%) were tobacco users and 1.34 lakh (7%) 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.

4. TB prevention: NTEP emphasizes TB prevention as vital to ending transmission and reducing future TB burden. In addition to early diagnosis and treatment of TB disease to prevent the spread of TB in the community, TB Preventive Treatment (TPT) is critical to prevent progression of TB infection to TB disease.

4.1. Key strategies for TB prevention under NTEP:

Figure 1: Strategies for TB prevention under NTEP



4.2. TB preventive treatment (TPT) in India: NTEP introduced the shorter TPT regimens like 3-month regimen of weekly Isoniazid and Rifapentine (3HP) for Household contacts and other risk groups other (excluding PLHIV) and daily doses of Isoniazid and Rifapentine (1HP) as a TPT regimen for PLHIVs. These shorter regimens were the main stay and prioritized in implementing TPT pan India in 2024 onwards under the TB Mukt Bharat Abhiyan Campaign.

Fig 2: TPT coverage among PLHIV, Household Contact of Pulmonary TB from 2017-2024



4.3. Airborne Infection Control (AIC): Airborne Infection Control (AIC) has emerged as a critical pillar of the National TB Elimination Programme (NTEP) in India. Since the national AIC guidelines in 2010, NTEP is in the process of revising these guidelines in 2025 updating the recent advances in infection control practices across healthcare and community settings. Key include priorities includes strengthening Hospital Infection Control Committees (HICC), capacity building the health facility staff in conducting baseline assessments, and implementing administrative, environmental, and personal protection interventions for AIC. These range from triaging and cough etiquette to ventilated waiting areas, UVGI installations, and >12 airchanges per hour in highrisk zones. Training of healthcare workers, integration of AIC indicators into hospital accreditation systems, and dissemination of national IPC guidelines have further strengthened institutional capacity.

Recent years have seen large scale projects under NTEP, supported by FIND and CDC SHARE INDIA, which have assessed and upgraded 185 DR TB centres across 30 states and 6 union territories. Activities include minor civil works, installation of germicidal UV systems in 185 DR -TB centers, supply of airflow measurement tools, and mentoring of HICC members. At the community level, AIC kits, family counselling, and sustained COVID appropriate behaviours are being promoted. The TB Mukt Bharat IPC initiative has expanded to 10 new states, with healthcare workers trained and regular follow up assessments conducted. Together, these efforts reflect India's leadership in embedding airborne infection control into TB prevention, protecting both patients and healthcare workers while accelerating progressb toward TB elimination.

Fig 03: Best Practices-Provision of AIC Kits



4.4. Adult BCG Vaccination: Introducing a TB vaccine is essential to accelerate the current 2-3% annual decline in TB incidence and help India achieve TB-related Sustainable Development Goals before 2030. While several TB vaccine candidates are in development, BCG remains the only approved vaccine with a century-long safety record. MoHFW launched a three-year programme implementation research study in January 2024, in collaboration with ICMR/DHR to evaluate effectiveness of adult BCG vaccination in six high-risk groups.

Approved by the Central Ethics Committee of ICMR, the study spans 20 States/UTs with intervention and control districts. Supported by capacity building and microplanning, over 11.2 million adults werevaccinated by June 2025. Beneficiaries include people with previous history of TB, close contacts of TB patients, individuals with low BMI, smokers, diabetics, and adults aged 60 years or above. Digital platforms (TB WIN and SafeVac) support registration and safety monitoring, while partnerships with health programs, workplaces, and old age homes expand coverage. The study aims to generate realworld

evidence on the effectiveness and safety of adult BCG vaccination in reducing TB incidence.

5. Training and Capacity Building

The year 2024 marked a significant turning point in training and capacity building under 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 ystems like Swasth-eGurukul (www.swasth-egurukul.in) and SAKSHAM LIMS (https://lmis.nihfw.ac.in). The 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, an 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 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.

6. 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 Crore)	Expenditure (Rs. in Crore)	% 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	3176.40*	3173.27	99.90%
6	2025-26#	6356.26*	2301.72	36.21%

** From the year 2020-21 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.*

 # Expenditure till 04.12.2025

7. 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. 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 6.1 Lakh calls queries have been answered by the TB call centre from Jan-25 to Nov-25. TB Call centre also resolves queries of citizens/patients related to Hepatitis under National Viral Hepatitis Control Programme (NVHCP). Total 1272 queries of Hepatitis have been answered from January to November, 2025.

TB Call Centre has successfully Tele-counselled to 7.49 lakhs TB patients on treatment support provided under the programme from January to November, 2025.

8. Pradhan Mantri TB Mukt Bharat Abhiyaan (PMTBMBA) - (Ni-kshay Mitra Initiative)

The Pradhan Mantri TB Mukt Bharat Abhiyaan (PMTBMBA) is an ambitious initiative launched by

MoHFW as a part of the country's commitment to achieving the Sustainable Development Goals (SDGs), particularly the goal of eliminating tuberculosis (TB), 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.

The key features of the initiative are:

- Community Engagement: Engaging the local communities by involving volunteers known as Ni-kshay Mitra (NM)/Donors, who support TB patients and their families through various forms of assistance focussed on nutritional and psycho-social support etc.
- Holistic Support: Improving access to essential services, nutritional aid, diagnostics, and vocational training.
- 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.
- 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 andensuring 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). Current Status (As of 8 th December, 2025)

• Ni-Kshay Mitras Registered: 6,90,257

• Ni-Kshay Mitras Agreed: 3,78,545

• Number of patients supported: 20,38,841

• Food Baskets Distributed: 45,76,059

9. Advocacy, Communication, and Social Mobilization (ACSM)

ACSM strategy for TB Mukt Bharat Abhiyan engages diverse stakeholders for wider dissemination of TB messages not only for stigma reduction but also raising demand for TB services. The Central TB Division provides impetus for ACSM interventions at the national as well as state level emphasizing on Janbhagidari (People's participation) for accelerating TB elimination efforts.

The 360-degree IEC campaign for TB Mukt Bharat Abhiyaan was aligned with clinical intervention to create awareness on 10 symptoms of TB, messages on Vulnerable population, Nutrition, diagnosistreatment and prevention. The thematic messages on TB Mukt Bharat Abhiyaan have reached millions through mass media (television, radio, cinema, and new age social media platforms) and communitybased outreach activities. Few ACSM thematic areas that were focused during 2025 are:

- Multi-faceted approaches to reach diverse stakeholders
- Leveraging cost-effective new age digital media to enhance the impact of TB elimination efforts
- Intensified use of Interpersonal Communication (IPC) strategy for stigma reduction
- Outreach activities through Ni-kshay Shivirs/ TB screening camps organised in/around Ayushman Arogya Mandir's.
- Dissemination of TB messages in local languages

TB awareness activities are undertaken in educational institutions (schools/ colleges) and sensitization activities are being carried out for youth platforms such as My Bharat Volunteers, NSS, & NCC throughout the country.

Special awareness drives are organized in congregate settings such as Tea Gardens, Industries, Mines, Hostels, Orphanages, Old age homes, prisons, etc. to motivate people for TB screening. TB awareness activities are being carried out with opinion leaders, community influencers, religious leaders and faithbased organizations to elicit support and organize TB awareness activities in temples, churches, gurudwaras, and mosques.

To accelerate TB preventive actions, a Communication campaign focussed on cleanliness & TB prevention – New creatives on anti-spitting and importance of Swachhata for preventing TB are being disseminated through social media and on ground activities. These activities are also amplified at Railway stations, Schools, Panchayats, Cinema Halls, etc.

The engagement through national and regional media platforms aids demand for TB services in the community and motivates vulnerable people to undergo TB testing.

9.1. Capacity Building/ ACSM Reviews:

The capacity building to intensify TB Mukt Bharat Abhiyan through ACSM activities have been conducted through virtual as well as physical sessions to provide guidance to spread awareness about the complete TB care cascade. These sessions ensured that the ACSM team for TB Mukt Bharat Abhiyan from National, State to District level work as a cohesive force to undertake 360-degree IEC campaign. However, any capacity building exercise is incomplete if it does not incorporate thorough monitoring and evaluation processes including resource allocation through budgets. These year sessions also highlighted the sensitization on ACSM reporting format on Ni-kshay portal from State as well District level to monitor the progress of the activities on Advocacy, Communication & Social Mobilization as per the approved ACSM plans.



9.2. Participation on Outreach Activities: The Central TB Division has been participating in special outreach activities to showcase bundle of TB services to diverse stakeholders in collaboration with different line ministries & States/UTs.

National Youth Festival with the Ministry of Youth Affairs and Sports in January 2025, Delhi.



TB Mukt Bharat Abhiyan stall during the special interaction programme with Sarpanches organized in New Delhi by Ministry of Jal Shakti



Tribal women from Rayagada sensitized on TB Mukt Bharat Abhiyan at the stall of Pravasi Bhartiya Divas, Odisha

During 3-day period, the TB Division held several TB sensitisation and awareness activities for the youth coming from all over the country.



During Swasth Nari Sashakt Parivar Abhiyaan, the TB division actively participated in the campaign by prioritizing TB activities focusing on women and children. In addition, MoHFW was supported by compiling daily tracking reports on Media Coverage across National and Regional Media, Social Media Coverage and Coverage of On-ground field activities across States/UTs during the campaign period.



Hon'ble Prime Minister of India, Shri Narendra Modi interacting with the officials of TB Mukt Bharat stall during the launch of Swasth Nari Sashakt Parivar Abhiyaan, Madhya Pradesh

9.3. Meri TB Ki Kahaani: TB Vijetas (cured persons with TB) involvement in TB Mukt Bharat Abhiyan is an integral ingredient for the stigma reduction. The Meri TB Ki Kahaani has been providing opportunity to TB Vijetas to share their journey in this digital platform for raising awareness as well as inspired others to join hands for TB elimination efforts. TB Vijeta across States/UTs have already shared stories and people can see them in this digital platform *(www.meritbkikahaani.org)*.





Hon'ble Union Minister of Health & Family Welfare Shri J P Nadda addressing at the World TB Day Celebration on 24th March 2025, New Delhi

9.4. Commemoration of World TB Day: TB Mukt Bharat Abhiyan leverages its awareness campaign nation-wide by organizing widespread awareness programs on World TB Day. The major events of World TB Days normally are national seminars, rallies, outreach with educational institutions etc., community awareness meeting organized in collaboration with States and district administration.

The World TB Day on 24th March 2025 was commemorated nationwide by organizing various awareness activities. The highlight of this year World TB Day celebration in New Delhi was the felicitation of best performing States/UTs during 100 Day Intensified TB campaign.

9.5. Participation in the 44th India International Trade Fair, 2025:

The Central TB Division participated in the event to sensitize visitors/ stakeholders about TB & create Janbhagidari for TB Mukt Bharat Abhiyaan. The community support to TB patients is central to Janbhagidari and is exemplified by the Ni-kshay Mitras who support TB patients with additional nutrition, psycho-social support etc. The stall showcased basket of services offered under TB Mukt Bharat Abhiyaan. More than 40,000 visitors were sensitized on TB through various touch points and 157 Ni-kshay Mitra enrolled at TB Mukt Bharat Abhiyan stall at IITF. Every day public were engaged through Ni-kshay Mitra Mascots, Magic shows etc on TB during the Trade Fair.



Smt. Punya Salila Srivastava, Union Health Secretary, visited the TB Mukt Bharat Abhiyan stall at the 44th India International Trade Fair, New Delhi



Magic Show on TB at the Health Pavilion of India International Trade Fair 2025

9.6. Highlights of the IEC Activities under the TB Mukt Bharat Campaign:

- Radio awareness: TB jingles were broadcast 101 times across All India Radio, 175 local radio stations, 28 FM stations and 39 Vividh Bharati stations till the second week of October 2025. From the second week of December 2025, the campaign again started in Radio.
- Television and Cinema: TB awareness spots were aired 156 times on the Doordarshan network (30 channels) till the second week October 2025, the campaign started again in December 2025. 4 awareness videos were screened in cinema halls.
- Print media: Coverage included 5,902 national and 7,650 regional print media articles/news items in 14 languages.
- Digital and social media: Campaign activities generated over 501.2 crore impressions, involving 8,103 unique authors, with a reach of 28.44 crore people.
- Community-level communication: Special awareness videos on TB-Mukt Panchayats

highlighting treatment adherence and community support were used to raise awareness in rural areas.

10. 100 Days TB Mukt Bharat Campaign:

10.1. 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

10.2. Geographical prioritization:

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

Sr. No.	Criteria	Number of Districts
1	Death rate >=3.6% & presumptive TB examination rate (testing rate) <1700/lakh population	195
2	Death rate >=3.6% & presumptive TB examination rate (testing rate) >=1700	119
3	Incidence rate >=200/lakh population	21
4	TB Prevalence > 400/lakh population	12

10.3. 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.

10.4. 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 pro-active extensive screening & testing campaigns (Ni-kshay Shivir). 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.

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

a) Screen 100% of line-listed vulnerable populations through active case finding in the community

High Risk Groups

- Previous TB patients
- Household contacts of TB patients
- People with malnutrition,
- People with diabetes,
- People with HIV,
- People over 60 years

b) Screen 100% among those attending special Outpatient Department (OPDs) like HIV, Non-Communicable Diseases (NCD), Tobacco Cessation Clinics, Cancer, Dialysis, etc.

c) Screen at least 10% of adult OPD in CHCs, SDHs, DHs and Medical Colleges and 5% in PHCs and SHCs (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.

10.5. 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.

10.6. Achievements

- Ni-kshay Shivirs held - 13,46,248
- Ni-kshay Vahan deployed – 836
- Vulnerable Screened - 12,97,68,249
- Total Patients notified - 7,19,824

o Public Sector- 4,77,374

o Private Sector - 2,42,450

o Asymptomatic notified - 2,85,033

- Total Patients Treated Successfully - 4,21,696
- Ni-kshay Poshan Yojana - Patients paid all benefits - 9,02,859
- Total number of additional Ni-kshay Mitra Registered - 1,05,509
- Total number of food baskets distributed – 3,06,368
- TB patients assessed for Differentiated TB Care - 3,11,003
- No of eligible individuals started on TB preventive treatment – 1,84,701

1.7.4 NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAMME (NIDDCP)

Introduction:

In August 1992, the National Goiter 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.

Achievements:

- Over the years, Total Goiter Rate (TGR) in the entire country has reduced significantly.
- As per NFHS (National Family Health Survey, India) India has achieved 94.3% in using adequately iodized salt at Household level in year 2020-2021.
- 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 49.3% in NFHS -2 (1998-99).
- Salt samples analyzed/tested during the period

April-September 2025 by States/UTs indicated 93.3% samples adequately iodized (Iodine content > 15ppm) by Volumetric method & 93.4% salt samples are good quality by Salt Testing Kits (STKs).

- 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.
- 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.

	Parameter	
NIDDCP Data (January-December, 2025) *Data is as per the reports received from the states/UTs till 31 December 2025. Subject to updation as and when report received from the States/UTs.	**Total No of Salt Samples Collected (Volumetric) 109121**	**No of Samples adequately Iodized (Volumetric)102003**
	No of Urine Samples tested (UIE)37576	**No. of samples with UIE >100ug/L35438**
	Total No of salt Samples collected (STK) 58316384	**No of Samples adequately iodized (STK) 54782600**

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.

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:

According to the India HIV Estimation 2025 report, an estimated 25.61 lakh (21.89–30.67 lakh) people were living with HIV (PLHIV) in 2024, with an adult (15–49 years) HIV prevalence of 0.20% (0.17%– 0.24%). The report also indicates that annual new HIV infections declined by 48.70% and AIDS-related deaths declined by 81.40% in India between 2010 and 2024, compared with the global average declines of 40% and 54% respectively. Key national epidemiological updates from HIV Estimation 2025 are summarized in the table below.

Table 1: National Summary of the HIV/AIDS Epidemic Estimates 2024

Indicators	Disaggregation	Value
Adult (15-49 years) Prevalence (In %)	Overall Adult Prevalence	0.20 (0.17-0.24)
	Adult Prevalence Among Men	0.21 (0.18-0.27)
	Adult Prevalence Among Women	0.19 (0.16-0.22)
Number of people living with HIV (In Lakh)	Overall PLHIV Size	25.61 (21.89-30.67)
	PLHIV Size Among Men (15+ years)	13.67 (11.69-16.47)
	PLHIV Size Among Women (15+ years)	11.37 (9.75-13.48)
	PLHIV Size Among Children (<15 years)	0.57 (0.45-0.72)
Annual New HIV Infections (In Thousand)	Overall Annual New Infections	64.47 (42.96-105.11)
	New infections Among Men (15+ years)	36.74 (24.58-59.83)
	New infections Among Women (15+ years)	25.84 (17.32-41.43)
	New infections Among Children (<15 years)	1.89 (1.06-3.85)

Indicators	Disaggregation	Value
AIDS-related deaths (In Thousand)	Overall AIDS-related Deaths	32.16 (21.47-49.95)
	AIDS-related Deaths Among Men (15+ years)	20.32 (15.00-28.97)
	AIDS-related Deaths Among Women (15+ years)	11.10 (6.10-19.08)
	AIDS-related Deaths Among Children (<15 years)	0.74 (0.37-1.90)

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. Against BE 2025-26 of Rs.2460.00 crore, sanctions amounting to Rs.1959.91 crore have been issued upto 19th December, 2025.

1.8.3 Major Achievements from January 2025 to December 2025

1.8.3.1 Information, Education and Communication (IEC)

Information, Education and Communication (IEC) initiatives have been central to expanding awareness on HIV prevention and motivating people for testing, treatment, care and support services. These efforts have contributed to measurable progress in influencing behaviour change among both High-Risk Groups and the general population, while reinforcing sustained healthy practices at the individual and community levels.

To achieve wider outreach, NACO adopts an integrated multimedia strategy encompassing mass media, mid-media and digital platforms at both national and State levels. Communication themes are aligned with programme priorities under the National AIDS & STD Control Programme (NACP) and are delivered through diverse channels such as Doordarshan, cable and satellite television, All India Radio (AIR), FM radio, print media, outdoor publicity and social media. Innovative use of folk media has further enhanced outreach in underserved and hard-to-reach regions, while social media platforms have been leveraged to effectively engage younger audiences.

At the State level, State AIDS Control Societies have implemented extensive outdoor communication activities - including hoardings, bus panels, pole kiosks, wall paintings, railway and metro panels - to disseminate key prevention messages and promote linkage to HIV-related services.

The Intensified IEC Campaign (IIC), launched by NACO in 2024, adopted a multi-layered approach to awareness building through village-level meetings, folk performances, school and college outreach, social media engagement, slum interventions and door-to-door activities. Building on success, the second round of the IIC was rolled out nationwide in August 2025 and successfully reached nearly 23.5 million individuals across 100,721 villages, 56,645 schools, and 15,050 colleges.

Complementing these efforts, the National Toll-Free AIDS Helpline (1097) continues to be widely promoted as a reliable source of information and a critical gateway for connecting individuals to available HIV services.

Adolescence Education Programme (AEP): The Adolescent Education Programme (AEP) aims to build life skills among students of Classes IX and XI by enabling them to cope with negative peer pressure, develop positive behaviours, enhance sexual and reproductive health awareness, and prevent HIV infections through a structured 16-hour curriculum. The programme is implemented in Government schools in collaboration with NCERT and is currently being delivered across more than 80,000 schools nationwide.



Red Ribbon Club (RRC): Red Ribbon Clubs (RRCs) target youth aged 15–29 years studying in colleges. The objective of RRCs is to provide young people with accurate and comprehensive information to enhance awareness on HIV/AIDS, sexually transmitted infections (STIs), and related issues. These clubs also promote voluntary blood donation and safe sexual practices. At present, over 14,925 RRCs are functional in colleges across the country.



Social Media Outreach and Digital Communication: In line with its mandate to strengthen information dissemination, public awareness and stakeholder engagement, NACO continued to strategically leverage social media platforms, it being a key communication tool for amplifying national campaigns, disseminating programme updates, promoting awareness on HIV prevention, testing and treatment and addressing stigma and discrimination, particularly among youth and digitally active populations.

NACO recorded substantial growth across platforms, with Instagram followers rising from 16,456 to 44,800 (172% increase), Facebook followers from 44,062 to 52,047 (18% increase), and YouTube subscribers from 13,550 to 25,732 (90% increase). Consistent content dissemination including Reels, Shorts, static posts, carousels, infographics, GIFs, memes and interactive stories combined with campaign-based messaging and influencer engagement, drove high reach, impressions and engagement rates, particularly among youth and digitally active populations. It also got a strong from boost major national campaigns such as World AIDS Day 2025, Red Run, Red Ribbon Quiz and the Red Fest Multimedia Campaign with live coverage and creative visuals to maximise visibility and participation. The intensified IEC campaigns, influencer collaborations and diversified content formats collectively strengthened NACO's digital footprint, making social media a central pillar of the National AIDS Control Programme's communication strategy.



National Toll-Free AIDS Helpline– 1097: The helpline provides information on HIV and AIDS, counselling for potential HIV exposure, and referrals to appropriate service facilities, while ensuring complete anonymity and confidentiality of callers. During January-November 2025, the helpline received 3,53,802 calls, offering 24×7 support in 16 languages to ensure nationwide accessibility. The platform continues to play a vital role in delivering anonymous, stigma-free assistance to both the general population and key and high-risk groups.



Red Ribbon Quiz Competition: The Grand Finale of the Red Ribbon Quiz Competition was successfully organised on 31 October 2025 by the Nagaland State AIDS Control Society (NSACS)under the aegis of the National AIDS

Control Organisation (NACO), MoHFW at Tetso College, Sovima, Chümoukedima. The Red Ribbon Quiz Competition, an initiative of NACO, is designed to enhance knowledge and awareness on HIV, sexually transmitted infections (STIs), and other public health issues among school students of Classes VIII, IX and XI from both government and private schools. The competition is conducted in a phased manner, progressing from the district level to the national level. The Grand Finale witnessed participation from four regional zone winners—Manipur, Telangana, Uttarakhand and Kerala, with two students representing each State as a team. The event was attended by approximately 400 school students from various schools and institutions, who actively witnessed and engaged with the programme.



Red Run 3.0: Red Run 3.0 was successfully organised on 30 October 2025 at the Agri Expo Ground, 4th Mile, Chümoukedima, Nagaland. The event was organized by the Nagaland State AIDS Control Society (NSACS) in collaboration with the Nagaland Olympic Association (NOA) and the Nagaland Athletics Association (NAA), hosted by the Government of Nagaland, with support from the National AIDS Control Organization (NACO), Ministry of Health & Family Welfare, Government of India.

The event aimed to promote awareness on HIV and AIDS and encourage community participation through sports and fitness. Red Run 3.0 featured two participation categories:

- **10 km Red Run (Competitive Category):** A total of 136 participants from 34 States and Union Territories took part, comprising 69 male and 67 female runners.
- **2 km General/ Open Category:** Approximately 800 participants joined the run, including students from schools and colleges, officials from government departments, district administration and police, representatives from NGOs and youth organisations, SACS officials, social media influencers, senior citizens, children from Chavara Home, and members of village councils from Sovima, Diphupar A, Diphupar B, Model, Unity and Tenyiphe-1.

The 10 km Red Run was flagged off by Ms. V. Hekali Zhimomi, Additional Secretary and Director General, NACO, MoHFW. The 2 km General/ Open Category run was flagged off by Shri Abu Metha, Advisor to the Hon'ble Chief Minister of Nagaland; Chairman, Investments & Development Authority of Nagaland (IDAN); Vice President, Athletics Federation of India (FI); and Secretary General, NOA.





Intensified IEC Campaign: Keeping in mind the objectives of NACP-V, NACO along with the State AIDS Control Societies (SACSs) launched the 'Intensified IEC Campaign' in 2024 across the country. Following the success of the campaign, this year again the Intensified IEC Campaign 2.0 was launched on the occasion of International Youth Day.

The objectives of 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.



The campaign witnessed support from the leaderships of the State/UTs. The Hon'ble Governor of Manipur; Chief Ministers of 04 States/UTs; Hon'ble Health Ministers of 14 States and several important notable dignitaries participated in the State level campaign launch events. The campaign also engaged influencers and popular personalities. The second round of the campaign successfully reached nearly 23.5 million individuals across 100,721 villages, 56,645 schools, and 15,050 colleges.









Observance of World AIDS Day 2025: Hon'ble Union Health Minister, Shri Jagat Prakash Nadda inaugurated the National event of World AIDS Day 2025 at Vigyan Bhawan, highlighting India's strong progress in HIV control with major declines in new infections, AIDS-related deaths and mother-to-child transmission, surpassing global averages. He reaffirmed commitment to a rights-based, stigma-free response, launched new multimedia campaigns and programme reports, and emphasized India's leadership in supplying affordable medicines worldwide. With expanded testing, treatment and viral load suppression, India is firmly on track to achieve the 95-95-95 targets by 2030, driven by community participation, innovation and inclusive care.



The event was also graced by the presence of Smt. Punya Salil Srivastava, Union Health Secretary. This year, the programme featured impactful activities, such as an innovative exhibition showcasing NACP journey, City Barn Initiative of Nagaland, Integrated Health Campaign of Assam, Fast Track City intervention of Mumbai, felicitation of distinguished scientists and experience sharing by programme beneficiaries.



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 & Other Closed Settings and Bridge Populations like Migrants and Transport Workers. These groups receive services through a network of 1,587 NGOs/CBOs-led Targeted Interventions (TIs), 162 Link Worker Schemes (LWS), 489 Opioid Substitution Therapy (OST) centers including satellite centres, and 1,267 Prison and 1,140 Other Closed Setting (OCS) including Juvenile Homes and Drug Rehabilitation Centers.

Performance of TI Activities under NACP (January to November 2025)

• TI covers more than 95% of the estimated HRGs Populations, providing prevention services, including screening for HIV and Syphilis, STI treatment, provision of condoms and needles/syringes, Behavior Change Communication (BCC), community engagement, and care and support linkages, based on the risk and vulnerability evidence.

Table 3: Typology-based TIs and Coverage in India as of November 2025

Sr. No.	Typology	No. of TIs	Coverage (In Lakh)	Coverage against the estimated population (%)
1.	Female Sex Workers	275	11.97	>95
2.	Men Having Sex with Men	70	4.34	>95
3.	People Who Inject Drugs	207	3.29	95
4.	Hijra/Transgender	41	1.09	>95
5.	Migrants	195	58.06	67
6.	Truckers	68	11.50	>95
7.	Core Composite*	771		

Source: Monthly Indicators for TI Reporting (MITR),
** Core composite interventions include multiple HRGs and Bridge population groups within a single TI*

- Biannual HIV screening is provided to all HRG once in every six months with more than 85% screening being undertaken in the reporting period.
- All HRG are provided with regular medical check up for STI/RTI once in a quarter. Percentages of STI diagnosis in 2025-26 (Jan-Nov) among different HRGs were as follows: 1.44% for FSW, 1.08% for MSM, 0.36% for PWID, and 1.36% for TG/H with more than 95% of the treatment coverage amongst those diagnosed with STI Syndrome.
- Biannual syphilis screening is provided to all HRG once in every six months with more than 83% screening being undertaken in the reporting period.
- TB-HIV linkage activities ensure screening for HRGs four times per year. Bridge populations are screened at their clinic visits. Approximately 70.56 lakh HRGs and 32.25 lakh bridge populations were screened for TB. 0.02% of HRGs and 0.01% of bridge populations were diagnosed with TB and more than 95% were linked to treatment.

- Needle and syringe distribution to PWID reached 85% (709 lakh) of the demand with 79% (561 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 around 98% across all the typologies.

Table 4: HRG living with HIV under NACP (January to November 2025)

Typology	No. of HRG living with HIV registered at ART Centers	No. of HRG currently on ART	Achievement (in %)
FSW	16,348	15,968	98
MSM	12,552	12,272	98
PWID	25,921	25,019	97
TG/H	3,923	3,868	99
Migrant	6,263	5,689	91
Trucker	1,731	1,637	95
Total	**66,738**	**64,453**	**97**

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. 64,310 of the active clients are registered at 489 OST centers including Satellite centres as of November 2025.

Link Worker Scheme (LWS) - Reaching-out to Rural Populations

• In 2006, NACO initiated the LWS to address rural HIV infection amongst the HRG and vulnerable population. 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 2025, 162 LWS have been implemented across 162 districts in 20 states, against the 171 approved LWS in the current financial year. As of November 2025, LWS covered 73,037 FSWs, 12,957 MSMs, 18,287 PWIDs and 1,889 TG/Hs. It also reached 6.16 lakh Migrants and

Transport Workers, 7.47 Other Vulnerable Populations and 39,388 PLHIVs.

Intervention in Prisons and Other Closed Settings

• NACO, in collaboration with SACS, State Prisons Departments (SPD), and the Department of Women and Child Development, and the Department of Social welfare have implemented HIV and TB interventions in prisons and other closed settings (P & OCS) across the country since the year 2017.

• Till November 2025, 20,57,843 inmates (Prison-19,76,673 and OCS- 81,170) were covered and 18,44,626 (Prison-17,82000 and OCS-62,626) received HIV counselling and testing services, with 5,783 inmates (0.31%) diagnosed with HIV, of whom 5,492 (~95%) were linked to ART centres.

Additionally, 1,489 TB cases and 3,550 STI cases were diagnosed and were successfully treated.

Other key activities done under prevention among HRGs and bridge population during January 2025 to November 2025

• The National Workshop on 'Strengthening Prevention through Enhanced Peer led approach under NACP' was conducted from 18th to 20th March 2025 in Lucknow, Uttar Pradesh. Dr. Shobini Rajan, CMO (SAG) and HoD (Prevention, BSD and STI), Dr Saiprasad Bhavsar, Deputy Director (Prevention, BSD and STI), and Prevention official from NACO, attended this Workshop. The objectives of the National Workshop to discuss and develop the differentiated strategy to reach the last mile , Provide a platform for cross learnings and sharing of experiences to optimize access to prevention services and to Collate inputs for prevention summit in-terms of grass root worker experience. During the three-day workshop hosted by Uttar Pradesh State AIDS Control Society, a total of 215 participants attended, including 125 Peer Educators representing FSW, MSM, H/TG and PWID communities from various states except Jharkhand, SACS. The participants, deliberated on the role of Peers in Prevention Programme, issues

and challenges, and expectations; learnings and best practices of States; conducted SWOT and BEEM analysis of five major Service Delivery Approaches, inputs on seven core programmatic areas including ensuring Prevention Summit and newer areas that requires strengthened peer led outreach under NACP-VI, etc.





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 the HIV positive patients are linked to the ART Centre for the cascade of services, the at risk HIV negative population are registered in the program under the Sampoorna Suraksha Strategy 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 HIV Counselling and Testing 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:**

• There are 4,569 ICTCs available at general health system such as Sub-District Hospitals/CHCs/HWC/ Mobile Van 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 linkage to the ART Centres and initiation of treatment for those confirmed HIV positive.

• Total 3,52,27,879 crore tests for 'clients other than pregnant women' were conducted in the reporting period. Amongst these 1,48,764 new cases were diagnosed of HIV positive in 2025 (till January to November). The HIV sero-positivity rate at the national level stands at 0.42%, with considerable variation observed across States/UTs, reflecting differences in local epidemiological dynamics. States/UTs reporting HIV sero-positivity higher than the national average include Assam (1.66%), Meghalaya (1.32%), Mizoram (1.23%), Punjab (1.18%), Nagaland (0.98%), Haryana (0.77%), Telangana (0.72%), Tripura (0.70%), Jharkhand (0.62%), Manipur (0.59%), Chhattisgarh (0.58%), Andhra Pradesh and Chandigarh (0.54% each), Arunachal Pradesh (0.52%), Mumbai (0.49%), Uttarakhand (0.46%), Uttar Pradesh (0.45%), and Bihar (0.45%).

Sampoorna Suraksha Kendra (SSK):

• SSK integrates preventive services, engaging at-risk negative populations to keep them HIVnegative 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.

• There are 350 functional Sampoorna Suraksha Kendra (SSK) in 350 districts across of 31 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-2025 to November-2025, a total of 2,22,498 at-risk negative clients have been

registered under SSK and are provided with the preventive services.

1.8.3.4 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 EVTHS guideline 2024 had been released to provide guidance on various strategies and activities to be undertaken for successful and timely elimination of vertical transmission. The training material has been shared with the States/UTs for down training of State level, district level and facility level staff. 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:

- During January-November 2025, HIV and syphilis testing among pregnant women achieved 73% (after adjustment of de-duplication factor of 21%) and 73% as per annual estimation coverage, respectively. The sero-positivity for HIV was 0.03 %and for syphilis was 0.05% among pregnant women.
- The programme diagnosed 11,360 syphilis-infected pregnant women and around 83% of those are treated for syphilis.
- In 2025 (till November 2025) the programme also successfully detected 6,964 new HIVpositive pregnant women through testing during pregnancy and delivery. Additionally, there were 9,014 known women living with HIV (WLHIV) on treatment who were registered for EVTHS services. Thus, programme have identified 15,978 pregnant WLHIV against estimated annual estimation of pregnant WLHIV as 18,473 with 99% 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 2025 (till November), 99% of HIV exposed babies received ARV prophylaxis, and 45,324 EID test were conducted resulting in identifying of 591 HIV positive babies.
- o Similarly, 301 Syphilis exposed babies have received the treatment at the health facility during Jan-November 2025.

1.8.3.5 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.

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 1,587 Targeted Interventions (TI) clinics and 162 Link Worker Scheme (LWS) in coordination with the general health system. Moreover, these services are also delivered through the prison interventions. The services provided at STI/RTI Clinics are counselling, promotion of condoms, screening of HIV and syphilis, screening of STIs, management of STIs through syndromic colour coded drug kits, referral for resistant & failure cases and referral to ICTC for confirmation of diagnosis for HIV and Syphilis.

During January-November 2025, total 69.03 lakh STI/RTI Clients were managed at 1127 DSRCs. Total 46.41 lakh HRGs including the inmates of Prison and Other Closed Settings were provided the STI/RTI services through Targeted Intervention and interventions under Prison and Other Closed settings. Around 50.03 lakh syphilis screening were conducted among the DSRC clients. The total number of Syphilis reactive cases were 51,347 with the Syphilis positivity found to be of ~1.0%.

Table 5: STI/RTI service delivery under NACP-V across India (January-November 2025)

Sr. No.	Indicators	Data
1.	Total number of DSRCs/ Suraksha Clinics	1127
2.	Total number of TI-Sites providing STI/RTI Services	1,587
3.	Total number of clients managed for STI/RTI at DSRCs	69.03 lakh

Sr. No.	Indicators	Data
4.	Total number of clients managed of STI/RTI managed among HRGs, Bridge Population and through Prison interventions	46.41 lakh
5.	Total number of clients screened for Syphilis at DSRCs	50.03 lakh
6.	Total number of Syphilis reactive cases at DSRCs (with positivity)	51,347 (1.0%)

1.8.3.6 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 1.8 million PLHIV across the country as on November 2025 (Table 6(a) & 6(b).

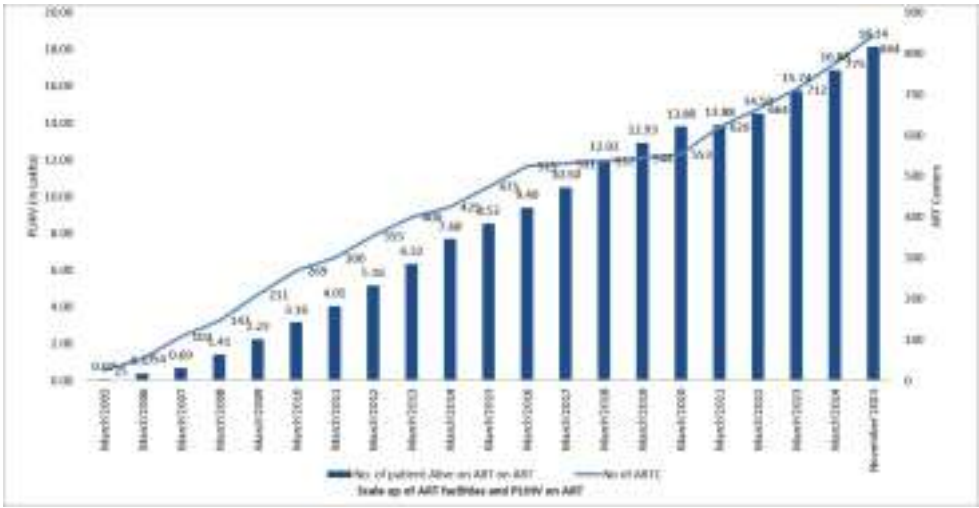
Table 6(a): Number of PLHIV Alive and on ART under the Care, Support, and Treatment division as on November 2025

Beneficiary	Number of PLHIV Alive and On ART
Adult Male	9,43,868
Adult Female	8,35,537
TS/TG	6,909
Children	27,128
INDIA	**18,14,054**

Table 6(b): Details of service facilities under the Care, Support, and Treatment division as on November 2025

	ART Centres *(includes ART centres, ART Plus Centres, Fi-ART Centres, PPP ART Centres and ART Centres under NMC)*	844
	Link ART Centre *(includes LAC-Plus Centres)*	1337
	Care & Support Centres	320

Figure 1: Scale-up of facilities and services (till November 2025)



ART Initiation and 12-Month Retention:

The 12-month retention among newly registered PLHIV in India increased slightly from 93% to 94% in FY 2024–25 in comparison to last financial year. Several states and UTs maintained high retention rates above 95% in both years, including Kerala (95%–97%), Mizoram (98%–96%), Puducherry (100%– 97%), Sikkim (96%–96%), and Tamil Nadu (95%–96%), demonstrating consistently strong programme performance. Some states showed notable improvements, such as Arunachal Pradesh (73% to 90%), Assam (81% to 92%), Chhattisgarh (82% to 92%), Manipur (76% to 98%), Mumbai (88% to 95%), Nagaland (88% to 95%), Odisha (85% to 92%), and Tripura (54% to 83%), indicating successful interventions to enhance retention. A few states, however, showed slight declines or variability, such as Himachal Pradesh (94% to 87%), Delhi (95% to 90%), Rajasthan (93% to 89%), and Uttarakhand (98% to 92%), suggesting the need for targeted follow-up strategies.

Other key activities implemented under CST during January- November 2025:

1- National review meeting of Centres of Excellence for HIV care under NACP was conducted during 3rd & 4th February 2025 in Bengaluru, Karnataka.

The key objective of the two-day meeting held under the chairperson of HoD-CST was to review activities of Centre of Excellence on HIV care and to discuss mechanism to strengthen role of CoE in context of evolving needs of PLHIV under NACP.

2- National Review meeting of Care, Support & Treatment Services of all States/UT during 11-12 November 2025 in Vijayawada, Andhra Pradesh

A two day review meeting of Care, Support & Treatment Services of all States/UT was held under the Chairpersonship of AS & DG, NACO in Vijayawada, Andhra Pradesh during 11th & 12th November 2025. The Key objectives of the meeting were to review implementation of care, support & treatment services, performance of State AIDS Control Societies (SACS) on ART Centre scorecard for FY 2024-25 & 2025-26 for all States/UT.

3- Supportive Supervision visits to 43 poor performing ART centres based on scorecard indicators

In August 2025, CST division identified 43 'poor performing' ART centres based on the scorecard. To improve the performance of these 43 centres, CST Division, provide on-site mentoring and supervisory support by a team of technical and programme experts. During the visit SACS and district officials under NACP were also involved to ensure that the discrepancies observed during the visit are resolved. A digital tool (Supportive Supervision Tool) in form of mobile application was used to identify the gaps in the service delivery, access, coverage, and linkages at the ART centre, and this facilitated programmatic mentoring, promote informed decision-making, and standardize supportive supervision.

4- Interstate & Intrastate Data triangulation:

Interstate & Intrastate 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 reported by SACS.

5- Implementation of revised Guidelines of Care Support Centres (CSC)-2.0 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.

Along with revised guidelines of Care Support Centres, which was launched in June 2025, CSC mobile application was also launched on the same day to ensure seamless sharing of data between SOCH portal of ICTC/ART centres and CSC. Virtual training on CSC Mobile application of SACS and CSC staff across the country has been conducted.

6- National and Regional Distance Learning Seminars (NDLS/RDLS)

A total of 15 online NDLS sessions were organized for healthcare providers from January to September 2025, successfully engaging over 15,000 participants nationwide. The sessions aimed to enhance clinical and programmatic performance at the ART centres and ensure patient-centric care. The sessions focused on strengthening family-centric care at ART centres and enhancing clinical decision-making in ART initiation and advanced disease management. The sessions are also expected to

improve the quality of counselling for adolescents and reinforce prevention and monitoring interventions. The other topics covered included PEP, HIV-NCD, TB screening and diagnosis, viral load monitoring, and TB preventive treatment in line with NACO's revised guidelines. The sessions emphasized on integrated management of non-communicable diseases at ART centres, supported early identification and management of ART treatment failure and also reinforced decentralized ART service delivery through LAC and LAC Plus centres.

At the regional level, 57 online RDLS sessions were conducted in collaboration with the CoEs/pCoEs, reaching over 8,000 participants. The sessions focused on improving the management of co-infections, including Hepatitis B and C, TB, and other opportunistic infections. The sessions strengthened the prevention, screening, and treatment of cervical cancer, STIs/RTIs, non-communicable diseases, and advanced HIV disease. Additional emphasis was placed on optimizing ART services for adults, children, adolescents, pregnant women, and HIV-exposed infants. The sessions reinforced familycentric care and enhanced child-centred interventions, including immunisation, nutrition, and early childhood development. They also focused on improving the quality of counselling for CLHIV, ALHIV, caregivers, serodiscordant couples, and at-risk adolescents. The sessions also supported improved retention in care and viral suppression.

1.8.3.7 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:

HIV-1 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 testing machines have been made functional (Fig.2). Additionally, NACO has utilized the existing capacity of 10 high-throughput viral load machines installed by ICMR (Indian Council for Medical Research) during COVID-19 for HIV VL testing. Further, States like Assam, Mizoram & Nagaland have installed viral load machines on a reagent rental model and have initiated testing. At present, 77 viral load laboratories are functional. These laboratories are optimised through systematic mapping and linkages with all Antiretrovial 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 15,60,602 HIV VL tests were conducted with a VL suppression rate of 94% from January to November 2025 (See Figure 3 for trends).

Figure 2: Programme Viral Load Labs

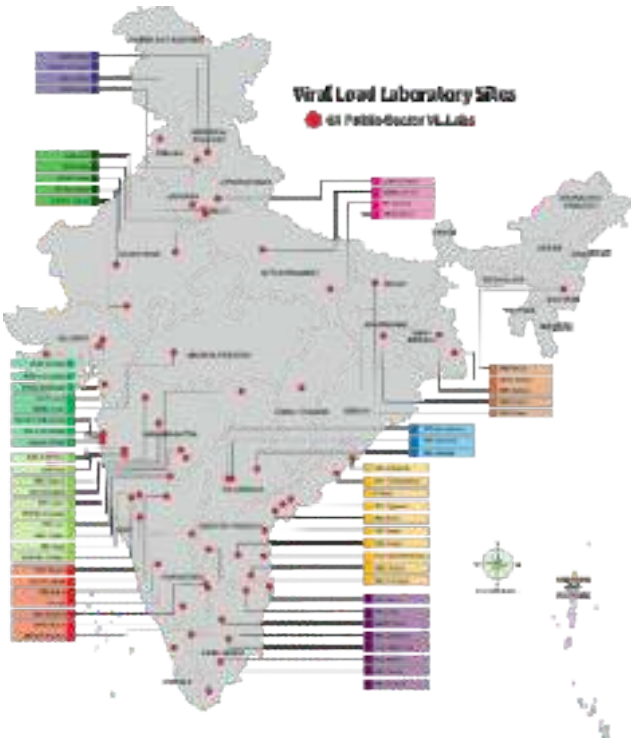
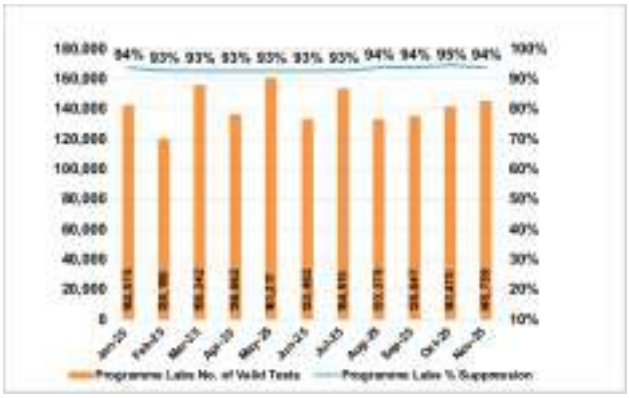


Figure 3: Monthly trends in viral load (VL) testing and suppression rates for both programme and non-programme public sector labs from January to November 2025



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, 3 more EID labs were operationalised at: 1) NHAK, Kohima, Nagaland and 2) ACSR GMC, Nellore, Andhra Pradesh 3) KGMC, Lucknow, Uttar Pradesh to cater to the excess load. These labs conducted a total of 17,433 EID tests from January 2025 to November 2025. (Refer Figure 4 for trends).

Figure 4: Monthly trends in EID testing from January to November 2025



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 November 2025, there are 460 CD4 testing machines under NACP. A total of 7,63,892 CD4 tests were conducted from January to November 2025. (Refer Figure 5 for trends)

Figure 5: Monthly trends in CD4 testing from January to November 2025



Quality Assurance (EQA) under NACP: The process of administering EQA for HIV serology is done in two ways as depicted in Figure 6.

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 2025, 100% NRL participated in panel testing with 100% concordance. Participation of SRL and ICTC in panel testing in depicted in Table 7.

b. Re-testing: For Re-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 6: 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 2025

EQA System	S. No.	Participation (%)	Discordance (%)
Panel sera testing	NRL	100	0
	SRL	98.3	0
	ICTC	91.15	0.4
Re-testing	ICTC	93.36	0.06

• **CD4 EQA:** ICMR-NITVAR conducts CD 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.

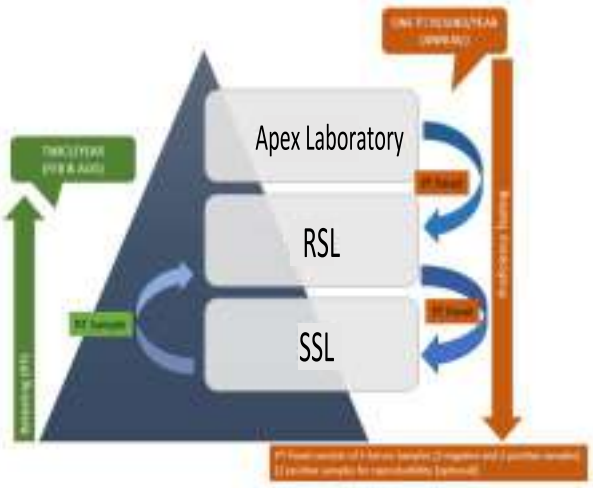
• **HIV-1 Viral Load EQA:** ICMR-NITVAR -Pune conducts viral load EQA for all VL laboratories performing HIV 1 viral load under NACP.

• **Syphilis EQA:** EQA programme for Syphilis is implemented in two ways as depicted in Figure 7.

1) Annual proficiency testing for Syphilis serology, and

2) Biannual re-testing of routine specimens- conducted in February and August each year.

Figure 7: EQA system for Syphilis Serology under NACP



The participation of Regional STI laboratories and State STI laboratories in Annual Proficiency and Biannual re-testing programme for Syphilis serology EQA in 2025 is depicted in Table 8.

Table 8: Syphilis serology EQA

EQA System	Sl. No.	Participation (%)
Annual proficiency testing	RSL (Regional STI Labs)	100
	SSL (State STI Labs)	84
Re-testing	RSL (Regional STI Labs)	100
	SSL (State STI Labs)	77

• **Accreditation of HIV Reference laboratories:** As on November 2025, all NRLs, 88% SRLs, 70% viral load labs and 78% EID laboratories are accredited as per International standard ISO 15189. (Refer Table 9 for accreditation status).

Table 9: Accreditation Status of HIV Reference and Viral Load Testing Laboratories

Sl. No.	Type of laboratory	No of laboratories	No. Accredited & applied
1	National Reference Laboratory	13	13
2	State Reference laboratory	117	103
3	Viral load laboratory	77	54
4	Early Infant Diagnosis	9	7
	Total	**216**	**177**

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. 900 (approx.) ICTCs have been RSL SSL Apex Laboratory approved by NACO for "Certificate of Excellence" who have achieved grade 5 or scored more than 90% in the final assessment.

1.8.3.8 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)

Achievements on Output and Outcome Monitoring Framework (OOMF) indicators under NACP during FY 2025-26:

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:

The Output-Outcome Monitoring Framework (OOMF) is anchored by NITI Aayog facilitating target setting and monitoring on key output and outcome indicators by the Ministries/Departments. For FY 2025-2026, NACP has three outputs and one outcome indicator. While progress on output indicators is reported quarterly, the progress on outcome indicator is reported annually. The progress on output indicators in FY 2025-2026 (Till Q2) is presented in Table below.

Table 10: Progress on OOMF under NACP during FY 2025-26 (till September 2025)

Sl. No.	Indicators	Annual Target	Achievement (April-Sep. 2025)
1	No. of "At risk" individuals/populations tested for HIV (Excl. pregnant women)	601.0 lakh	315.48 lakh
2	No. of PLHIV on ART (Cumulative, including those in private sector)	20.00 lakh	19.15 lakh
3	No. of viral load test conducted	18.50 lakh	8.54 lakh

Source: https://outcomedashboard.niti.gov.in/iFileNITI/indicator/indicatorUpdate

Sankalak: Status of National AIDS and STD Response

"Sankalak"- 'Status of the national AIDS and STD response' is the flagship report of NACO. This report details the achievements of the programme with a brief narrative and States/UTs fact sheet. Seventh edition of Sankalak was released on the occasion of World AIDS Day 2025 by Hon'ble Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda.

SOCH -Strengthening Overall Care for HIV /AIDS beneficiaries:

SOCH is the 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. Key updates on SOCH made are listed below.

EVTHS Module

- EVTHS module has been updated

Dashboard

- 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.
- Progress on 95-95-95 update on real-time basis is populated for all States-UTs.

MPR & MLL of CST Module

- Monthly Progress Report generated on monthly basis; however monthly line list is updated on real-time basis.

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 to December, 2025

- **SOCH Down-level training on EVTHS Module:**

States/UTs AIDS Control Socities organised SOCH training on (all) modules including EVTHS module for down-level staff to improve the quality reporting and inventory tracking to ensure programmatic deliverable to beneficiaries.





• **Global AIDS Monitoring (GAM) Report:** NACO successfully submitted the GAM report 2025 in the month of June 2025 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

- NACP-V is implementing a range of activities under the Integrated and Enhanced Surveillance and Epidemiology (IESE) framework to monitor the levels and trends of HIV, STIs, and related co-infections. The framework encompasses high-risk groups, bridge populations, low-risk populations, and PLHIV through both facility-based and community-based data collection activities.
- Model-based annual HIV burden estimation using UNAIDS recommended modelling tool is a key outcome under the IESE framework. This annual exercise provides the latest update on the key epidemiological parameters of prevalence, incidence, mortality and vertical transmissions. HIV Estimations 2025, the latest round in the series, was implemented in 2025. The technical report for the same was released by Hon'ble Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda.
- NACP also implemented a range of ongoing surveillance activities to collect bio-behavioral data from various population groups. These activities include HIV sentinel surveillance among antenatal clinic attendees and prison populations, programmatic mapping and population size estimation, and integrated bio-behavioral surveillance using respondent driven sampling method. All activities are conducted in accordance with the standard operational manual, following a cascade of training provided to site personnel. A capacity building workshop was also organized by NACO in collaboration with AIIMS Jodhpur and ICMR-National Institute for Research in Digital Health and Data Science (New Delhi) in August 2025.



National Pre-Surveillance Meeting, HRG HSS 2026, 13th-14th October, New Delhi



National Training of Trainers Workshop, Programmatic Mapping and Population Size Estimation (Round 2), 3rd-4rd March 2025, Bhubaneshwar



Capacity Building Workshop on District-level HIV burden estimations, 27th -29th August 2025, Jodhpur



National Training of Trainers Workshop, Integrated Bio-Behavioral Surveillance among HRG, 30th April-1 st May 2025, Kolkata

- NACP has developed HIV-ALERT building upon the SOCH MIS as a fundamental component of real-time programmatic case-based surveillance. This system focuses on the augmentation and linking of epidemic and response tracking by harnessing epidemiological and intervention arms in synergy. In 2025, SOCH-MIS was upgraded to enable alerts by NACP facilities based on media report, field experience/interactions.

Research and Evaluation

Research and Evaluation is a vital component of Strategic Information Management. Key activities undertaken in the year 2025 are as follows:

- Five esearch studies have been concluded till March 2025, which included topics such as prevalence of selected STI/RTI among high risk populations in India, Gender Affirmative Care among transsexuals in Tamil Nadu, Partner testing for HIV through assisted partner notification and community based screening, Development and Validation of adherence tool and Feasibility of genexpert platform and dried blood spots for HIV viral load testing.
- Three new research studies were initiated in FY 2025-2026 to generate evidence through operational research on critical gaps in programme implementation. These areas vary from HIV drug resistance survey, understanding the factors associated with LFU and comparison of bio-markers for inflammaging in HIV patients with and without multi-morbidities on ART.
- Under the Global Fund Grant 2024-2027, 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. A total of ten evaluation studies on important components of the programme are planned, of which the main phase of Stigma and Discrimination study, Test and Treat study, Evaluation of ISHTH Campaign, Evaluation of One Stop Centres, Evaluation of Intensified IEC Campaign, are being undertaken by TISS, Mumbai currently.
- NACO Ethics Committee meeting was held on 29th January 2025 under the chairmanship of Dr. Srikanth Tripathy, Foremr Director, JALMA to ethically review the research proposals, data collection tools, participant information sheets and informed consent forms. Three proposals technically approved by the NACO TRG-SI in August 2024 were reviewed by the NEC members in this meeting.



NEC meeting held on 29th January 2025

- Technical Resource Group on Research & Evaluation held its first meeting of FY 2025-2026 on 25th September 2025 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. Three research proposals 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 2023-2024 completed and 53 abstracts were published in a Research Compendium Vol. III from Research

studies undertaken by SACS in FY 2023-2024. The samewas released on World AIDS Day, 2025.



Release of Research Compendium Vol III during World AIDS Day 2025

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, three orientation meetings/ exposure visits to NACP were organised - 2 educational visits were conducted for Undergraduate Nursing students of Holy Family College of Nursing, New Delhi on 24th January 2025 and 28th October 2025 and one orientation visit was held for Masters in Public Health students of NEIGRIHMS, Shillong. Interactive discussions and presentation on NACO overview, NACP and research activities was held with the visiting students/ faculty and NACO officers at NACO.



Visit of students from Holy Family College of Nursing for orientation of NACP on 24th January 2025

Data Analysis and Use: NACO focuses on NACP data security, quality, analysis and dissemination of results and data management. Key activities undertaken during January to December 2025:

- Programme and HIV related data analysis is one of the most important activities for measuring programme performance. Report on seven such analyses undertaken by the division were converted into technical briefs. These technical briefs along with a technical brief on the Scorecard and two technical briefs developed from the secondary data analysis undertaken in the second round of National data analysis plan were released by on 2nd December 2025.
- National Data Analysis Plan (NDAP) is undertaken periodically with the objective of systematically analysing the available programme and related data. The national report on the third round of NDAP is in the process of 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. A compendium of the technical reports on secondary data analysis undertaken by SACS in FY 2023-24 is currently under finalization. Majority of the SACS has submitted their final technical reports of FY 2024-25 incorporating the inputs from the experts and NACO SI team on their draft reports. Preparation of a compendium of these reports are also underway. Currently all SACS are at different stages of finalization of the technical reports on the identified secondary data analysis topics for FY 2025-26.
- 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.
- Four batches of 'Regional Capacity Building on NACP Data Management with a focus on Data Analysis and Scientific writing' was held for SI officers and other programme managers of State AIDS Control Societies (SACS) during June to July 2025. The main objective of these regional trainings is to build the capacity of the SACS SI officials in secondary data analysis and technical report preparation to generate strategic information for the programme implementation at the state level. Additionally, the workshops are designed to support the SACS SI- division in finalising the concept notes of the secondary data analyses to be undertaken in FY 2025-26. A total of 66 SACS officials participated across the four

Regional Capacity Building Workshops. The first batch was conducted in Mumbai during 4-5 June 2025; second batch was held at Kochi, Kerala during 19-20 June 2025; third batch at Guwahati, Assam during 4-5 July 2025 and the fourth batch was conducted at Chandigarh from 18-19 July 2025.

- NACO has also initiated the development of a capacity building module on data management focusing on data analysis and scientific writing for SI officers of SACS.
- 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 third and the fourth scorecards of FY 2024-25 pertaining to the programme activities for the period, 1st April 2024 to 31st December 2024 and 1st April 2024 to March 2025, respectively were prepared and shared with all programme divisions and SACS. The first two scorecard of FY 2025-26 for the period, 1st April 2025 to 31st June 2025 and 1st of April 2025 to 30th September 2025 respectively were also prepared and shared during this period. Preparation for the third scorecard for the period 1st April to 31st December 2025 has already been initiated. The State/UT scorecard is used during the 360 degree review meetings with SACS/DACS to assess the performance in programme implementation.
- Representatives of NACO attended the meetings organised by the Statistics Division, GoI to discuss the top-level findings of NFHS-6.
- NACO reviewed and provided inputs on the draft tabulation plan for 'Household Social Consumption: Health' national report based on the NSS 80th round, pertaining to HIV and STI.



Regional Capacity Building Workshop of the Northeastern region and West Bengal held at Guwahati, Assam on 4th and 5th July 2025



Regional Capacity Building Workshop of the Western region held at Mumbai, Maharashtra on 5th and 6th June



Regional Capacity Building Workshop of the Northern and Central regions at Chandigarh on 18th and 19th July 2025



Regional Capacity Building Workshop of the Southern region held at Kochi, Kerala on19th and 20th June 2025

1.8.3.9 Programme Management and Review (PMR)

1. Formation of Annual Action Plan for FY 2025-26 Regional meetings for the formulation of Annual Action Plan 2025 – 26 with all 36 SACS/DACS were held under the Chairpersonship of AS&DG (NACO) in four batches. These meetings were held in New Delhi (Headquarters).

Sl. No.	Date	Region	States who participated in the meeting
1	9th-10th January 2025	North	Chandigarh, Delhi, Jammu Kashmir & Ladakh, Haryana, Himachal Pradesh, Punjab, Rajasthan, Uttar Pradesh and Uttarakhand.
2	21st-22nd January 2025	Central & West	Bihar, Chhattisgarh, DD& DNH, Goa, Gujarat (incl. Ahmedabad), Jharkhand, Madhya Pradesh, Maharashtra and Mumbai DACS.
3	6th-7th February 2025	East & North East	Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura and West Bengal.
4	18th-19th February 2025	South	Andaman & Nicobar Islands, Andhra Pradesh, Karnataka, Kerala, Pondicherry, Odisha, Tamil Nadu and Telangana.

2. Monthly Review meeting with Project Director of SACS/DACS

Monthly review meeting with Project Director of SACS/DACS (State AIDS Control Society/ Department of AIDS Control) was conducted under the Chairpersonship of AS&DG NACO, in which one meetings was conducted physically on 6th August 2025 at Vigyan Bhawan, New Delhi whereas rest of the meetings were conducted virtually. The objective of the meetings was to review the expenditure incurred by SACS, status update on month wise progress on 95-95-95, progress made by State on EVTHS, adherence to treatment and strategies to reduce loss to follow-up, status update on Integrated Health Campaign, Intensified IEC Campaign – challenges and way forward, Prevention and Sampoorna Suraksha Strategy, Supply Chain Management, Mainstreaming of NACP activities and HR recruitment for vacant position at SACS & district level facility.



Monthly Review meeting under the Chairpersonship of AS&DG NACO with States AIDS Control Society/Department of AIDS Control on 6th August, 2025 at Vigyan Bhawan, New Delhi

Major Recommendations given during the meetings were:

Sl. No	Major Recommendations
1	a) Regular monitoring of utilization of funds by Project Directors (including funds released by SACS/ DACS to Child Agencies). b) Assess the expenditure capacity w.r.t to approved AAP 2025-26 based on actual utilization of funds as on 31.08.2025 and inform NACO.
2	a) All States and UTs to achieve their 95-95-95 targets by December 2025 b) All SAC/DACS were suggested to adopt Strategic case detection approach to achieve first 95
3	a) All SACS to monitor EVTHS progress through the core indicators pertaining to EVTHS and perform Root Cause Analysis for HIV-positive Infants to reduce Mother to Child Transmission(MTCT) Rate b) Strengthening of Syphilis Care Cascade, SACS/DACS should ensure complete treatment of Syphilis-reactive pregnant women and testing of all Syphilis-exposed infants for diagnosis of Congenital Syphilis. c) Test every pregnant women for HIV & Syphilis without fail. (Target setting for pregnant women be ensured by all the SACS and DACS). d) All States/ UTs to investigate each case of HIV-positive infant to identify missed prevention opportunities to eliminate vertical transmission of HIV and Syphilis e) Improve Viral Load suppression in pregnant & breastfeeding WLHIV as presently only 50% of eligible pregnant women living with HIV have undergone viral load (VL) testing f) States to coordinate with NHM for availability of HIV – Syphilis dual test kits at sub – district level health facilities. All SACS to submit stock status of HIV – Syphilis dual kit availability (supplied by NHM).
4	a) AS & DG (NACO) instructed States/UTs to strengthen the Bi-annual Track Back Campaign in all States and UTs in February and September of every year, that will help LFUs to re - start their treatment. b) To reduce LFU cases among PLHIV on ART by adopting enhanced adherence counselling, utilizing the services of outreach workers, Care Support Centres in a pro-active manner.
5	a) AS & DG (NACO) directed all the States/ SACS to submit the detailed micro-plans, including stakeholder advocacy, day- wise planning, and team composition for health camps and to clarify who will flag off the campaign. Also to focus on proper extended outreach activities in hotspot areas to ensure optimal outcomes and to ensure timely reporting of coverage as per the reporting format. b) All SACS/DACS to follow the best practices of Assam SACS and Arunachal SACS to carry out the IHC in high prevalence or bordering districts.
6	a) SACS to ensure the installation of updated and approved IEC material at all the facilities. b) To prepare the activities for upcoming Intensified IEC campaign which is to be rolled on 12th August 2025 till 12th October 2025. c) Project Directors to ensure participation of Hon'ble Chief Minister/ Hon'ble Health Minister/ Political Leaders/ Senior Government officials during the campaign. d) It was suggested to SACS/DACS to focus on the visibility of IEC in the remote areas of State/ UT, focus on multi - media campaigns, Social media activities, Youth activities and main streaming activities which were presented by them during Annual Action Plan meeting.
7	a) All SACS were directed to scale up the OST coverage of PWIDs upto 50 % and ensure that all PLHIV PWID should be on OST. b) All SACS were asked to ensure that mobile vans must function as testing sites, and data should be reported in SOCH.

Sl. No	Major Recommendations
8	SOCH: Timely completion of pending entries at facility level including ante – natal testing of all pregnant women for HIV and Syphilis as well as testing of all HIV & Syphilis exposed infants.
9	a) All SACS & DACS to undertake assessment of storage capacity, equipment and cold chain infrastructure within their State/UT and ensure efficient planning for logisitics and infrastructure. b) To ensure compliance with SCM SOP to reduce wastage, prevent stockouts and strengthen SCM practices
10	To plan Integrated Health Campaign in high priority and bordering districts of all States and submit the Micro-plan in advance to the NACO
11	All SACS to ensure that on-boarding of TIs in the respective States to be completed and ensure the coverage of HRG population and provisioning of preventive services.
12	All SACS & DACS to timely pay the TA/DA to the SACS, Facility and DISHA staff as per the existing norms of NACO
13	SACS/DACS to complete recruitment process for filling up of vacant positions at SACS, Facility, District and Cluster Level
14	All SACS and DACS to release funds to NACP labs in their State/ UT for accreditation

3. Meetings with Sub Recipients of NACO & NGPRs (Non-Government Principal Recipients)

• A review meeting of HIV Non-Government Principal Recipients (NGPRs) of Global Fund Grant 2024-27 (GC-7) i.e. India HIV/ AIDS Alliance (IHAA), HLFPPT, SAATHII and PLAN India was held on 9th April 2025 at NACO under the chairpersonship of AS & DG (NACO).

The components that were reviewed during the meeting are implementation status of 'Care & Support Centres including EVTHS', 'Prison & other closed setting intervention', 'Community system strengthening', 'Red Ribbon Bus', 'Virtual Intervention', 'Training of targeted intervention through Kshmata Kendras' and 'One Stop Centers for TG, IDU & Bridge population'.

• A review meeting of Sub Recipients (SRs) of NACO under Global Fund Grant 2024-27 was held on 17th & 23rd April 2025.The aim of the meeting was to review the activity wise expenditure for the FY 2024-25 and also to understand the proposed month wise activity calendar along with the budgetary details for FY 2025-26 so that timely planning of activities may be done to achieve the targets.

4. Activities under Community System Strengthening Component:

• A meeting of the Project Steering Mechanism (PSM) for Community System Strengthening, including Community-Led Monitoring under the NACP, was held on 4th July 2025 in New Delhi. The meeting was chaired by the Director, NACO, along with Dr. Nagpal, Technical Advisor, PSM. The primary objective was to discuss strategies for enhancing community involvement and engagement in the implementation of prevention, testing, and treatment services, as well as in efforts to reduce stigma and discrimination.

• NACO has organized Training of Community Master Trainers on Community-Led Monitoring

CLM) under the Community System Strengthening (CSS) component of the National AIDS and STD Control Programme (NACP) in two batches (17th-18th and 19th to 20th December 2025). The objective of the training is to deepen the knowledge of Community Master Trainers on the various stages of CLM implementation and introduce them to digital CLM tools and processes.\

Glimpse of Master Training of Community Master Trainers on CLM



5. Trainings of Master Trainers under Global Fund Grant 2024-27 by SRs of NACO

I. During the period January 2025 to December 2025, national and regional-level trainings were conducted for various cadres under the National AIDS Control Programme (NACP), including sensitization of all DACO/DTO (District AIDS Control Officer/District TB Officer) in State Program Management of SACS officials, ART Centre Lab Technicians, NACP Counsellors, ART Medical Officers/Senior Medical Officers, and on District Integrated Strategy for HIV/AIDS Nodal Officers at SACS. These trainings were organized by the Sub-Recipients of NACO under the Global Fund Grant (2024–2027). The primary objective was to enhance the knowledge and skills of Master Trainers on NACP's programmatic components, implementation strategies, and management processes at various levels. These trained Master Trainers will, in turn, facilitate cascade trainings within their respective SACS.

1.Glimpse of MToT on Program Management of SACS officials





2. Glimpse of MToT of ARTC Lab technicians





3.Glimpse of MToT of HCTS Counsellor







5. Glimpse of MToT on DISHA.







4. Glimpse of MToT of ART Medical Officers/SMO



6. Glimpse of Training of DISHA Nodal Officer on







7. Two days orientation training on TSA Hybrid Model was conducted for Sub Recipients of NACO and Sub-Sub Recipients. The purpose of the training was to provide operational framework of PFMS Portal and hands on training on PFMS management. Other key areas were also discussed like budgeting & fund flow mechanisms, compliance, audit readiness and good practices from partners.

1.8.1 BLOOD TRANSFUSION SERVICES /NATIONAL BLOOD TRANSFUSION COUNCIL

Blood is vital for saving lives, and it is essential in emergencies, surgeries, and managing various medical conditions. To meet the country's blood needs, a safe and adequate supply is ensured through voluntary donations and a well-regulated blood transfusion system. The National and State Blood Transfusion Councils guide and oversee these services to maintain uniform standards, safety, and accessibility.

Blood Transfusion Services in India: India's Blood Transfusion Services comprise 4,498 licensed Blood Centres across all states and union territories, covering Government, Private, and Charitable sectors. The Directorate General of Health Services supports 1,131in the public and charitable sectors through trained manpower, blood bags, testing kits, VBD camps, and IEC activities. To enhance outreach and list-mile access, states and UTs are also provided with mobile blood Donation buses and vans, enabling on-site donation and ensuring safe, quality blood services in rural and remote areas.

Achievements/Initiatives taken by Blood Transfusion Service (BTS) 2025

Data overview (January – November 2025)

The annual blood requirement for the country is estimated at 14.6 million units, and a total of 1,43,74,520 units of blood were collected across the country in 2025.



Fig: Total Blood collection 2021- 2025 (January – November)

Registration of the Blood Centre on the e-RaktKosh Portal

There has been a steady and significant increase in the number of blood centers registered over the years.

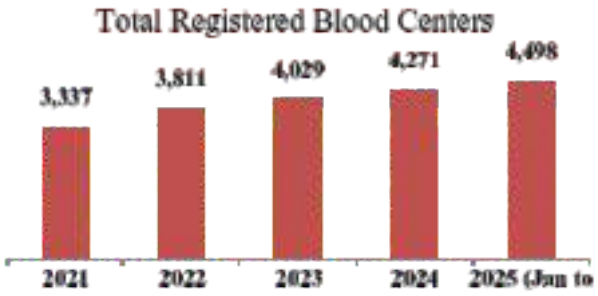
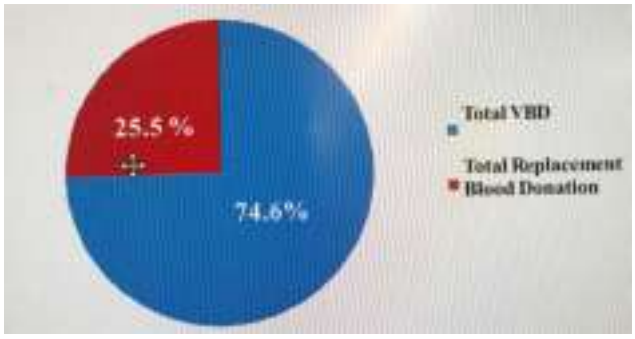


Fig: Total Number of blood centers registered at e-Raktkosh over 5 years

- Voluntary blood donation is around 74.6 %.
- About 72% of blood Centers are equipped with blood component separation units (BCSUs), enhancing the availability of specific blood components.



Total blood collection, Voluntary Vs Replacement Donation 2025 **(January – November)**

Awareness and Observance

- **World Blood Donor Day (WBDD) 2025:** WBDD was observed by the Blood Transfusion Services (BTS), Directorate General of Health Services (Dte.GHS), Ministry of Health and Family Welfare (MoHFW), in collaboration with the

RHTC, Najafgarh, New Delhi, with great enthusiasm and a strong sense of solidarity, on June 14th, 2025, under the theme "Give Blood Give Hope: Together We Save Lives". The celebration featured an engaging cultural program presented by the ANM students of RHTC. The event witnessed the release of the 4th edition of the e-newsletter. All participants – students, staff, and officials took a collective pledge to donate blood regularly and to encourage voluntary blood donation within their communities.



National Voluntary Blood Donation Day, 1st October: Blood Transfusion Services, Dte. GHS, MoHFW, in collaboration with AIIMS New Delhi, commemorated National Voluntary Blood Donation Day ON 1ST October, 2025. The programme included the felicitation of the states and union territories for their contribution towards the promotion of Voluntary Blood Donation. The event served to enhance public awareness, inspire regular

blood donation, and recognize the commitment of voluntary blood donors whose selfless efforts play a vital role in strengthening the country's healthcare.



Mega Voluntary Blood Donation Drive 17th September to 2nd October 2025

The campaign, held from 17th September to 2nd October 2025, with the theme "Give Blood, Give Hope: Together We Save Lives," saw broad participation from ministries, Departments, States/UTs, Blood Centers, and partner institutions. Awareness activities, donor mobilization efforts, and blood donation drives were organized in educational institutions, the workplace, and public spaces. States and UTs conducted multiple blood donation camps with support from SBTCs. The e-Raktkosh portal served as the central platform for donor registration and real-time tracking of blood collection data throughout the campaign.

A live tracking dashboard displayed real-time data on blood units collected and other data across States/UTs throughout the aforesaid campaign period are as follows-

- Total Blood Units Collected: 32,89,907
- Total Donors Registered: 4,30,625
- Total Pledge Taken: 1,60,211

These figures reflect the active participation of citizens, youth, NGOs, and states/UTs in making the campaign a remarkable success.

Voluntary Blood Donation Awareness Initiative

An IEC and public awareness program was organized in collaboration with SBTCs on voluntary blood donation to create awareness among donors in public gathering festivals like Durga Puja, Dev Deepawali, Ganesh Utsav, etc.





Workshops / Interactive Sessions regarding VBD Awareness in collaboration with Inter-Ministerial Departments:

Inter-ministerial workshops and interactive sessions were organized with the National Science Centre, the Department of Posts, the Ministry of Railways, etc., for the promotion of voluntary blood donation and creating awareness among the government officials and youth.





The Poster Making Competition was successfully organized by the Blood Transfusion Services in collaboration with the Prime Minister's Museum and Library, Nehru Planetarium, and Teen Murti House, New Delhi, on 6th October 2025. The event brought together over 200 students from classes 8th to 11th, representing more than 100 schools across DelhiNCR.The competition was held in two categories, with the top three entries in each category receiving awards, along with ten consolation certificates per category.



Innovations and Guidelines

- The External Quality Assurance Scheme (EQAS) is initiated in the country for Dte.GHS supported blood Centers in collaboration with Christian Medical College (CMC) Vellore, Santokba Durlabhji Memorial Hospital (SDMH), Jaipur & Indian Red Cross Society (IRCS), and Mumbai.
- The Voluntary Blood Donation Guideline was released on 5th February, 2025.
- Operational Guideline released for the National External Quality Assessment programme (EQAS) for blood centers on 16th January, 2025.

Training and Capacity Building

Region-wise Training Programme for Nurses has been conducted from July 2025 to October 2025, in which about 140 Nurses have been trained.



Navi Mumbai, 29 – 31 July 2025



Bengaluru, 20–22 August 2025



Lucknow, 09–11 September 2025



Imphal, 16-18 October 2025

- The National Workshop on Operationalizing the External Quality Assessment Programme for Blood Centres in promoting patient safety and access to safe blood transfusion services in India was organized by the Blood Transfusion Services Division, Directorate General of Health Services (Dte. GHS), Ministry of Health and Family Welfare, Government of India, in collaboration with the WHO India on 16-17 January 2025, at Vellore, Tamil Nadu.



- A national conclave on blood center practices and transfusion medicine took place on February 5th and 6th, 2025, in Kochi, Kerala. The best blood centers in each state and territory were honored based on predefined indicators.



- National Workshop on Rational Use of Blood and Blood Products, Vishakhapatnam, 7th & 8th October, 2025. This workshop successfully with valuable insights shared by national experts, clinicians, and state representatives. The workshop covered key areas such as national policies, clinical transfusion practices, patient blood management, management of massive Navi Mumbai, 29 – 31 July 2025 Bengaluru, 20–22 August 2025 Lucknow, 09–11 September 2025 Imphal, 16-18 October 2025 blood loss, trauma, PPH, transfusion reactions, and logistics, along with state-level best practices.



1.9 PUBLIC HEALTH

Public Health (PH) Division acts as an interface with other Ministries where MoHFW is the Nodal Ministry for the Programmes being implemented by National Centre for Disease Control (NCDC), Disaster Management (DM) Cell, Point of Entry (PoE). The Division is also the Nodal Division for the Central Sector Components of the flagship program i.e. Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). It is also the Administrative Division for All India Institute of Hygiene & Public Health (AIIH&PH) and the Public Health Foundation of India (PHFI).

The Central Sector component of PM-ABHIM launched by the Hon'ble Prime Minister in October, 2021 strengthens 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. PM-ABHIM has an overall financial outlay of Rs.64,180 Crore. It has two components:

- **Central Sector Components** aims to strengthen public health response capacity for any health emergency (Rs.9339.96 Crore)
- **Centrally Sponsored Components** focus on augmenting the existing systems at the subnational level (Rs.54204.5 Crore)

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.

Table 1: Central Sector Components of PM-ABHIM (2021-22 to 2025-26)

Sl. No.	Component	Implementing Agency	Financial Outlay (Rs. In Crore)
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
5	Bio-security preparedness and Strengthening Pandemic Research	ICMR	1670 (1347+323*)
6	Additional needs for COVID-19 response**	ICMR	1765.18
Total outlay (CS Component)			9339.96
Estimated Committed Liability (ECL)			7669.78

*Additional amount given to ICMR from additional needs for COVID-19 response Rs.323 Crore as demanded by DHR

** For 2021-22 only.

1. NCDC: Strengthening Surveillance of Infectious Diseases and Outbreak Response

During 2025-26, the National Centre for Disease Control (NCDC) continued to strengthen national capacity for surveillance, early detection and response to infectious diseases and public health emergencies through laboratory strengthening, integrated surveillance systems and institutional capacity building.

a) Strengthening of Laboratory Network: NCDC strengthened laboratory-based surveillance through advanced diagnostics and biosafety-compliant laboratories supporting outbreak investigations and routine surveillance. WHO-accredited national reference laboratories for polio, measles–rubella, influenza and respiratory viruses maintained high standards of quality, achieving 100% scores in international proficiency testing. Molecular diagnostics and reference testing were expanded for influenza, SARS-CoV-2, viral hepatitis, arboviral, zoonotic and antimicrobial resistant pathogens.

b) Strengthening of Surveillance: Disease surveillance was reinforced through the Integrated Disease Surveillance Programme (IDSP), with all 36 States/UTs reporting through the Integrated Health Information Platform (IHIP). Average reporting during the year exceeded 75% across syndromic, presumptive and laboratory-confirmed formats. A total of 1,785 outbreaks were detected, investigated and responded to through the IDSP network. Event-based surveillance was strengthened through AI-enabled media scanning and verification. At the district level, 386 District Public Health Laboratories were functional as per IDSP norms. Surveillance for vaccine-preventable diseases was integrated with IDSP in a phased

manner, with Phase-I completed in 90 units across 22 States and 4 Uts.

c) NCDC Strengthening and Upgradation:

c1) India–Epidemic Intelligence Services (EIS) Programme: Field epidemiology capacity was strengthened through the EIS Programme and allied training initiatives, with officers supporting outbreak investigations, surveillance system evaluations and operational research. Capacity building was further expanded through Intermediate Field Epidemiology Training Programme (IFETP) and MPH (Field Epidemiology).

c2) National AMR Containment Programme: Under the National Programme on Antimicrobial Resistance Containment, the AMR surveillance network expanded to 70 institutions across 34 States and UTs. National reference laboratories confirmed emerging resistance patterns through advanced diagnostics and genome sequencing. National AMR surveillance reports and bulletins were published and India's AMR data was submitted to the WHO Global AMR Surveillance System (GLASS).

c3) Centre of Excellence for Occupational Health & Climate Change: Activities under the National Programme on Climate Change and Human Health (NPCCHH) were implemented across all States and UTs to address climate-sensitive health risks. Sentinel surveillance for airpollution-related illnesses and heat-related illnesses was operationalised through IHIP, supported by public health advisories, IEC campaigns, capacity building and promotion of climate-resilient healthcare facilities.

c4) One Health and Inter-sectoral Coordination: The One Health framework was strengthened through implementation of the National One Health Programme for Prevention and Control of Zoonoses, enabling integrated surveillance, joint outbreak investigations and coordinated action across human, animal and environmental health sectors.

c5) Division for Fungal Infectious Diseases: Preparedness for fungal infectious diseases was strengthened through national reference testing and surveillance of invasive fungal infections, including monitoring of fungal antimicrobial resistance.

d) Establishment of Regional Centres for Disease Control: Progress continued in establishment of Regional Centres for Disease Control and NCDC State/UT branches through execution of MoUs, land transfers and lease deeds. Operational improvements included shifting of the NCDC Patna branch to a newly constructed facility and functionalisation of the Coonoor branch through co-location arrangements.

e) Metropolitan Public Health Surveillance Units (MSUs): Urban surveillance capacity was strengthened through establishment and operationalisation of MSUs in selected metropolitan cities, integrated with IDSP-IHIP to support outbreak detection and response.

f) Expansion of IHIP – Pan India: IHIP was fully operational across all districts in 36 States and UTs, enabling case-based, near real-time surveillance with geo-tagging and integration of multiple disease domains including outbreaks, AMR, zoonoses, vaccine-preventable diseases and climate-sensitive illnesses.

Other Significant Achievements

- **Public Health Emergency Preparedness:** The Public Health Emergency Operations Centre (PHEOC) was activated in response to critical public health events and preparedness exercises, strengthening national coordination, real-time information sharing and emergency decision-making. Environmental surveillance, including poliovirus surveillance and wastewater-based monitoring, complemented routine surveillance by providing early warning signals.
- **Laboratory Quality and Accreditation:** NCDC laboratories achieved and maintained NABL accreditationin line with updated quality standards and WHO accreditationfor national reference laboratories, consistently securing high scores in international proficiency testing and strengthening confidence in laboratory-based surveillance and outbreak response.
- **Research and Knowledge Products:** NCDC contributed to research and knowledge dissemination through peer-reviewed publications, national surveillance reports, technical manuals, guidelines and standard operating procedures across key disease domains, supporting evidence-based policy and programme implementation.
- **Human Resource Development:** Capacity building remained a priority through preservice and in-service training under field epidemiology and laboratory programmes, along with structured educational and orientation visits for medical, nursing and public health students to strengthen the future workforce.

- **International and Inter-sectoral Collaboration:** NCDC strengthened international, inter-ministerial and inter-sectoral collaboration through engagement with WHO networks and coordinated action with relevant Ministries and agencies, enhancing preparedness and response to emerging and re-emerging public health threats.

Chintan Shivir on Strengthening NCDC Branches

A one-day Chintan Shivir was organised on 1st September, 2025 at NCDC, Delhi, with virtual participation, to deliberate on the operationalisation and strengthening of upcoming State and Regional NCDC branches. The programme was attended by 45–50 participants, including nodal officers of new NCDC branches and officials from finance, procurement, infrastructure and technical divisions. Discussions focused on development of standard operating procedures, governance and administrative frameworks, procurement mechanisms, human resource onboarding and resolution of operational challenges related to branch commissioning.

The importance of timely commissioning of NCDC branches to strengthen surveillance, coordination and containment capacities was emphasised. Progress updates were shared on State and UT branches targeted for commissioning during 2025–26, along with key timelines and statespecific challenges. Deliberations covered financial procedures, GeM-based procurement, staffing norms and harmonisation of human resources across branches.

Infrastructure readiness was discussed in detail, including statutory clearances, building handover requirements and standardisation of BSL-2 laboratory design specifications, with emphasis on fire safety, utilities, accessibility and biosafety compliance. A guided visit to laboratory facilities at NCDC (HQ), Delhi, provided participants with practical exposure to laboratory infrastructure and safety standards.

The Chintan Shivir concluded with an emphasis on close coordination among NCDC Headquarters, NPMU, State and Regional branches, CPWD and the Ministry of Health and Family Welfare to ensure timely commissioning and effective functioning of NCDC branches, reinforcing commitment to agreed action points and timelines.

2. Public Health (IH): Strengthening Surveillance Capacity of Points of Entry (PoE)

A. Strengthening of Headquarters at PH-IH to enhance operational efficiency and coordination: Headquarter strengthening has been done by placing essential IT infrastructure and essential technical manpower.

B. Strengthening of Quarantine Infrastructure: Construction of 10 Quarantine Centres(QCs) to improve containment measures at key points of entry.

C. Achievement: Construction activities at 2 QC at APHO Bangalore & Hyderabad has been completed.

D. Expansion of PoE Surveillance: Strengthening 33 existing Points of Entry (PoEs) and establishment of 17 new PoEs to enhance disease surveillance at international borders, ports, and airports. 11 new PoEs has been established.

3. DM Cell: Strengthening Disaster and Epidemic Preparedness

A. Establishment of Health Emergency Operation Centres (HEOCs): 16 HEOCs are being set up nationwide to improve disaster response and public health emergency management

B. Deployment of BHISHM Cubes: 50 Bharat Health Initiative for Sahyog, Hita, and Maitri (BHISHM) Cubes has been deployed in 22 AIIMS/ INI distributed throughout the country.

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 vectorborne 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/UTs 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, the State/UTss are given financial support under the umbrella of NHM. The funds are being provided to States/UTs 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. Upto 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 2025-26 (up to 27.10.2025): 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 10 years is as under:

Sl. No.	Type of facility	Cumulative no. of facilities established	
		As on 28.04.2014	As on 30.11.2025
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 (NPNCD), has undertaken an array of impactful health promotion and Information, Education, and Communication (IEC) activities in 2025 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) National NCD Workshop (Hyderabad, 8–9 January, 2025)

MoHFW, in collaboration with the Government of Telangana, organized a National Workshop on NCDs to review progress, challenges, and best practices in prevention, screening, and management of diseases such as hypertension, diabetes, cancer, CKD, and NAFLD.



Key sessions highlighted priorities under NP-NCD, showcasing initiatives like the India Hypertension Control Initiative and National NCD Portal. States including Assam and Rajasthan shared innovative models for community-based interventions.

Sessions on health promotion emphasized campaigns such as Fit India Movement, Eat Right India, and Tobacco-Free Youth, alongside AYUSH's role in integrating yoga for wellness. The research session underscored the need for digital health, AI applications, and community-based studies to strengthen evidence-based action.

Further discussions expanded the scope of NP-NCD to STEMI, CKD, and NAFLD, highlighting scalable models from Himachal Pradesh and Uttarakhand. Sessions on cancer care and service strengthening showcased state innovations like

Kerala's HPV vaccination, Telangana's hub-andspoke diagnostic model, and Tamil Nadu's home-based care scheme, reinforcing India's commitment to comprehensive and equitable NCD care.

B) Series of Training Webinars Every Week:

NP-NCD has introduced an innovative and impactful feature: a series of national training webinars conducted every week. These webinars aim to build capacity and strengthen knowledge across all tiers of the healthcare system, from State-level officers to PHC and AAM. 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 ensures 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) Government of India Launched Intensified Special NCD Screening Drive:

Recognizing the growing burden of NCDs, MoHFW has announced a Special NCD Screening Campaign from 20th February to 31st March, 2025. The campaign aimed to ensure 100% screening of all individuals aged 30 years and above for common NCDs, including Diabetes, Hypertension, and three common cancers - Oral, Breast, and Cervical.

The campaign was implemented across AAMs and other healthcare facilities nationwide under NP-NCD.



Key Highlights of the Campaign are:

- Door-to-Door Outreach: ASHAs, ANMs, and frontline workers will conduct community visits to maximize screening coverage.
- Essential Supplies: States/UTs will ensure the availability of BP monitors, glucometers, and medications at all healthcare centers.
- Real-Time Monitoring: Data on screening, treatment, and follow-ups will be uploaded on the NP-NCD Portal daily.
- Multi-Level Coordination: Nodal officers will be appointed at facility, block, district, and state levels for seamless execution.
- Daily Progress Review: States/UTs will submit updates to the Ministry by 6 PM daily, with continuous monitoring and technical support.

Expected Outcomes:

- 100% Screening Coverage – Ensuring early detection and timely intervention.
- Improved Linkage to Care – Reducing complications through structured treatment and follow-up.
- Better Health Outcomes – Lowering healthcare costs and enhancing the quality of life.

Smt. Aradhana Patnaik, Additional Secretary & Managing Director (NHM) conducted a virtual meeting with the Mission Directors of NHM from all States/UTs on 19th February. 2025. During the meeting, State-wise targets for the screening drive were communicated, emphasizing the need for a concerted effort to ensure maximum outreach and coverage. Key preparatory measures, including mobilization of healthcare teams, ensuring the availability of diagnostic facilities, streamlining data reporting mechanisms, and strengthening community engagement strategies, were discussed to enhance the effectiveness of the campaign.


देश में 30 साल से ऊपर वाले 89 करोड़ लोगों की शुगर, बीपी, कैंसर जांच होगी



Glimpse of NCD Screening Drive from States

C) Liver Health Camp (World Liver Day – April 2025)

In observance of World Liver Day, MoHFW, in collaboration with the Institute of Liver and Biliary Sciences (ILBS), Delhi organized a two-day Liver Health Camp for the officers and staff of Nirman Bhawan on 21st and 22nd April 2025.

The camp was inaugurated by the Hon'ble Union Minister of Health and Family Welfare, in with esteemed presence of the Hon'ble Minister of State for Health and Family Welfare.





D) 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 medial handles of MoHFW. As part of this effort, creative IEC materials focusing on NCD prevention and management are posted on daily basis, helping to disseminate key health messages to a broader audience to amplify the reach and visibility of NCD awareness initiatives.





E) NCDs Screening at Swasth Nari Sashakt Parivar Abhiyaan:

Under the Swasth Nari, Sashakt Parivar Abhiyaan, a special focus has been placed on screening and early

detection of NCDs such as hypertension, diabetes, and breast, cervical, and oral cancers among women. The initiative emphasizes that a healthy woman is the foundation of a healthy family and society. Through extensive health camps and community-based screening drives across Ayushman Arogya Mandirs and other public health facilities, women are being encouraged to undergo regular check-ups, adopt healthy lifestyles, and access timely treatment and counseling - reinforcing the vision of "Swasth Nari, Sashakt Parivar" and contributing to the nation's fight against NCDs.



Under #SwasthNariSashaktPariwar Abhiyan, the Directorate General of Health Services, MoHFW, in collaboration with Lady Hardinge Medical College & Associated Hospitals, organized a dedicated health camp for women employees of MoHFW on 25–26 September 2025 at Nirman Bhawan, New Delhi. The camp witnessed an encouraging participation of around 550 employees, who availed a wide range of services including 473 lab tests, 126 body fat analyses, 75 FibroScans, and 30 PFTs. Comprehensive specialty consultations were also provided across Medicine, Surgery, Gynae & Obs, Ophthalmology, ENT, Dental, Psychiatry, and Ayush. The initiative successfully brought essential preventive and diagnostic services closer to women employees, reinforcing the Ministry's commitment to holistic health and well-being.



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 Ayushman Arogya Mandir 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, DH 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 30.11.2025, Pan India, total enrolment (30 years+) through NCD portal is 51.22 Crore and 51.60 Crore were screened and their record is maintained in National NCD Portal.

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. 15 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

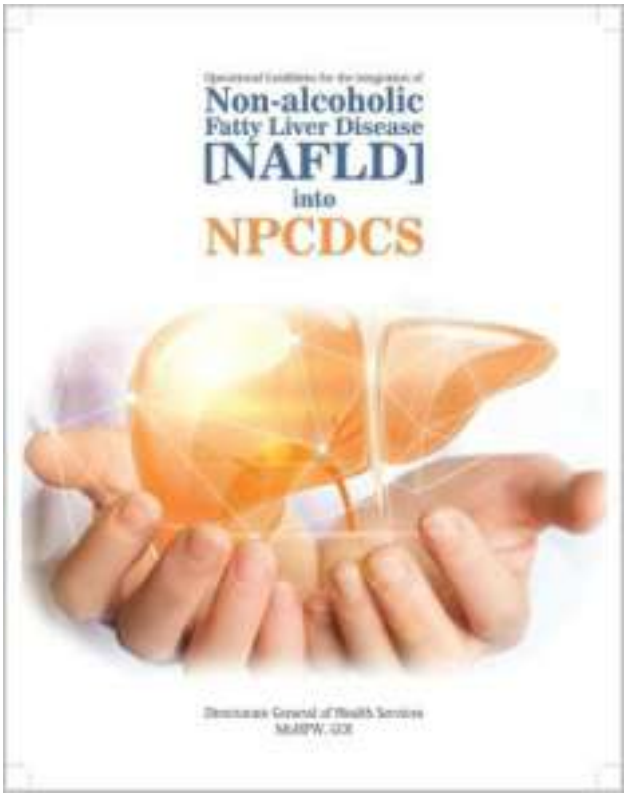
during year 2016-17 to support in all district hospitals in-house mode / Public Private Partnership (PPP) mode under NHM. Haemodialysis services are provided under the program. Peritoneal Dialysis is also included 2020 onwards.

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 PMNDP has been implemented in total 36 States/UT in 751 Districts at 1,750 centres with 12,575 hemo-dialysis machines. Total 29.79 lakh patient availed dialysis services and 382.94 lakh Hemo-dialysis sessions held as on 31st October 2025.

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 (NTCP) in 2007-08 during the 11th Five-Year Plan with the objective of reducing tobacco consumption and mitigating the health burden caused by tobacco-related diseases. NTCP undertakes a range of activities including capacity building of health workers and enforcement personnel, school-based awareness programmes, mass media campaigns, monitoring of compliance with tobacco control laws, and establishment of cessation services.

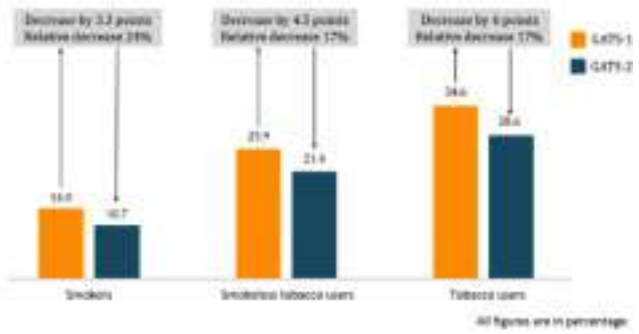
The programme is implemented through a three-tier institutional structure:

1. National Tobacco Control Cell (NTCC) at the Central level

2. State Tobacco Control Cell (STCC) at the State level

3. District Tobacco Control Cell (DTCC) at the District level

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)].



Financial support for NTCP is provided to States through NHM based on their Programme Implementation Plans (PIPs). The Government also provides support to four National Tobacco Testing Laboratories (NTTLs) for testing of contents and emissions of tobacco products, as well as to two technical support bodies – the National Tobacco Regulators Forum (NTRF) and the Scientific Support Group (SSG). Four National Tobacco Quitline Centres operate under NTCP to provide telephone-based cessation counselling.

2. Major Achievements (January 2025 – December 2025)

2.1 Establishment of the Fourth National Tobacco Testing Laboratory

India established its fourth NTTL at NIMHANS, Bengaluru on 13 October 2025, expanding national capacity for tobacco product testing Section 11 of Cigarettes and Other Tobacco Product Act, 2019. The lab complements the three existing NTTLs forming part of the WHO Tobacco Laboratory Network (TobLabNet).

2.2 World No Tobacco Day 2025

MoHFW observed World No Tobacco Day (WNTD) 2025 on 31 May 2025 under the global theme "Unmasking the Appeal - Exposing Industry Tactics on Tobacco and Nicotine Products." As part of national observance:

- 5th **National Summit (virtual) on World No Tobacco Day (WNTD)** 2025 was held on **30 May 2025, with 868 participants,** including policymakers, youth, public health professionals and international experts.
- A booklet titled "Let's Say NO to Tobacco: An Appeal to the Teenagers of India" was released by Central Health Education Bureau.
- A special live programme **"Total Health"** on tobacco cessation aired on Doordarshan News on 1 June 2025.

2.3 Global Recognition for India's Cessation Initiatives

India received the Bloomberg Philanthropies Award 2025 for outstanding achievement in implementing the "O – Offer help to quit tobacco use" component of the MPOWER package at the World Conference on Tobacco Control 2025 (Dublin). The award recognized MoHFW's efforts in expanding cessation services across medical, dental and Ayush institutions, along with the nationwide promotion of the National Quitline number 1800-11-2356.

2.4 Tobacco-Free Youth Campaign (TFYC) 3.0



MoHFW launched Tobacco-Free Youth Campaign (TFYC) 3.0 on 9th October 2025 at Dr. Ambedkar International Centre, New Delhi. TFYC 3.0 builds on earlier editions by expanding the existing five strategies and introducing a sixth on capacity building. The core strategies include:

1. Enhancing public awareness of the harms of tobacco
2. Ensuring compliance with guidelines for Tobacco-Free Educational Institutions (ToFEI)
3. Strengthening enforcement of COTPA 2003 and PECA 2019
4. Promoting Tobacco-Free Villages
5. Social media engagement
6. Capacity building

The campaign continues to emphasize a comprehensive 'whole of government' approach through strengthened partnership and coordination between key Ministries, such as Ministry of Education, Ministry of Electronics and Information Technology, Ministry of Information and Broadcasting, Ministry of Panchayati Raj, Ministry of Rural Development, Ministry of Youth and Sports Affairs, Ministry of Tribal Affairs, Ministry

of Finance, Ministry of Telecommunication, Ministry of Home Affairs, Ministry of Social Justice and Empowerment, among others, as well as enhanced collaboration with development partners. Recognizing that tobacco is often a gateway product leading to other forms of substance abuse, the campaign also dovetails with the Nasha Mukt Bharat Abhiyaan (NMBA) being implemented by the Ministry of Social Justice and Empowerment, thereby ensuring convergence in protecting young people from tobacco, alcohol and other addictive substances. Further, the campaign aligns with the national priority of achieving a TB Mukt Bharat, as tobacco use is a known risk factor for tuberculosis, worsening disease outcomes and increasing mortality. TFYC 3.0 provides an opportunity to reinforce antitobacco messaging within TB prevention and control efforts. Monitoring and evaluation through an official MIS portal ensure transparency, accountability, and recognition for top-performing states and union territories.

Key highlights of the launch event included:

- Administration of the enhanced "Say No to Tobacco" pledge
- Release of four educational videos for national school distribution
- A **Voice of Tobacco Victims (VoTV)** testimonial segment
- Dedication of the **4th National Tobacco Testing Laboratory** at NIMHANS
- Release of **Operational Guidelines for Establishing Tobacco Cessation Centres in Ayush Institutions**
- A flash mob performance to the campaign anthem *"Aaj Zindagi Jeete Hain"*
- An awareness bike rally by **Harley Owners Group** and the **Delhi Bikers Breakfast Run**



Further, during the campaign phase (60 days), the momentum increased and the States/ Uts picked up the pace in implementing the campaign activities. The campaign achieved significant impact, with over 12 lakh IEC activities, over 24,000 villages declared tobacco free, 1.7 lakhs educational institutions declared tobacco free, over 1 crore fine were collected through enforcement drives. As part of newly added sixth strategy of TFYC 3.0, several capacity-building workshops were conducted by the Ministry of Health & Family Welfare in collaboration with NIMHANS, the National Resource Centre for Oral Health and Tobacco Cessation and Vallabhbhai Patel Chest Institute, New Delhi. The sessions covered training of tobacco cessation counsellors in medical institutions and dental colleges, counsellors under NP-NCD and DMHP, Community Health Officers and National Quitline counsellors. Further, in collaboration with the Ministry of Education, MoHFW conducted a national session on ToFEI implementation for training district/state nodal officers and medical/district education officers.



2.5 National Workshops

I. National Workshop on Good Laboratory Practice Manual for Tobacco Testing Laboratories

Under MoHFW-supported project "Strengthening National Tobacco Testing Laboratories" PGIMER, Chandigarh organized the "National Workshop on Good Laboratory Practice Manual for Tobacco Testing Laboratories" on 28 February 2025. The workshop was chaired by Smt. V. Hekali Zhimomi, Additional Secretary, MoHFW, and saw participation from experts representing MoHFW, ICMR, IITs, WHO, NIHFW, NIMHANS, JIPMER, AIIMS, NTTLs and Vital Strategies. The workshop focused on strengthening regulatory science for tobacco product testing in alignment with WHO-FCTC Articles 9 and 10.

II. National Consultation on Tobacco Product Regulation (6–7 March 2025)

The National Consultation on Tobacco Product Regulation was convened by NTRF, JIPMER, Puducherry with support from MoHFW. The consultation brought together MoHFW officials, State Nodal Officers, representatives from partner organizations, technical experts, and students to deliberate on national and global tobacco product regulation (TPR) practices. Key sessions addressed TPR frameworks, functioning of the three NTTLs and the role of the NTRF and SSG.

2.6 Global Commitments (COP11 and MOP4)

India participated in the Eleventh Session of the Conference of Parties (COP11) to the WHO FCTC (17–22 November 2025) and the Fourth Session of the Meeting of the Parties (MOP4) to the Protocol (24–26 November 2025), held in Geneva. India delivered strong, evidence-based interventions across all agenda items, receiving appreciation from Parties for its leadership, technical depth and public health commitment. Notably, India contributed to the SEARO regional intervention under Article 2.1, for which SEARO received the Orchid Award for its comprehensive, whole-of-region statement. India emphasized forward-looking regulatory approaches and countered industry misinformation throughout the deliberations.

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 767 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 2025-26

NMHP Achievement data for FY 2025-26

Services Provided	Q1 (April-June 2025)	SRS 2021-23
Number of patients seen in Mental Health OPD	42,43,797	49,50,692
Number of Patients admitted for mental health disorder	2,35,707	2,20,981
Number of outreach campaigns conducted by DMHP team	15,141	22,179
Number of patients examined in outreach campaigns	3,27,467	4,51,116

Observance of Mental Health Events

- **Suicide Prevention Day** was observed on **10th September 2025** with the theme "Changing the Narrative on Suicide." Various **States/UTs and medical colleges** across India organized multiple **IEC and awareness activities** to create awareness about suicidal behaviors and prevention strategies, and to encourage medical students to speak about their challenges and seek support.



A special training session on "How to Support a Friend in Distress" was organized at Government Medical College, Ernakulam in observance of World Suicide Prevention Day.

- **World Mental Health Month** was observed from **10th October to 10th November 2025** with the theme "Access to Services – Mental Health in Catastrophes and Emergencies." Various awareness campaigns, outreach activities, and educational

programmes were conducted nationwide to promote mental health and enhance service accessibility during emergencies.



Poster presentation by MBBS students at Shaheed Hasan Khan Mewati Government Medical College, Nuh, Haryana in observance of Mental Health

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 10th October, 2025, on the occasion of World Mental Health Day marking the third anniversary of Tele MANAS, some new initiatives were launched by the Hon'ble Union Minister of Health and Family Welfare. The new initiatives include launch of Tele MANAS App Enhancements (Multi-lingual UI, Chatbot, Accessibility, Emergency Module). Tele MANAS App will now be available in 10 regional languages, in addition to the English and Hindi languages. These languages include Assamese, Bengali, Gujarati, Kannada, Malayalam, Marathi, Tamil, Telugu, Odia, Punjabi. This step is towards providing mental health support in regional languages for enhancing accessibility. In addition, recognizing that persons with disabilities and vulnerable groups face barriers in accessing digital health services, the app now includes accessibility features to make the interface more user-friendly for visually impaired users. A chatbot feature ('Asmi') has also been introduced, allowing users to engage with the app and seek information or help regarding mental health. Furthermore, emergency response content has been incorporated to ensure timely guidance and support during emergencies.



Another important advancement included Ms. Deepika Padukone designation as the Mental Health Ambassador for raising awareness about access to mental health services. Her involvement as a national advocate will help focus attention on mental health and encourage people to seek timely support through government-approved mental health resources. The partnership with Ms. Deepika Padukone will help widely disseminate awareness about mental health issues in India, normalize discussions to reduce stigma, and highlight mental health as an integral aspect of public health.

As on 30.10.2025, Tele MANAS is Operational in all 36 States/ UT's through 53 functional Tele MANAS cells (including 2 additional cells at AFMC Pune and at Nagpur in collaboration with Aditya Birla Empower Initiative Group). 28,52,000 calls have been handled on the helpline number (14416 & 1-800-891-4416) since launch of the program with Counsellors engaging in more than 20 different languages.

Mental health is a critical public health priority in the National Health Policy. The Ministry of Health and Family Welfare has taken significant steps to address this challenge through various initiatives including the Ayushman Arogya Mandirs, National Tele Mental Health Programme (Tele MANAS) and the District Mental Health Programme.

Tele-MANAS continues to play a critical role in addressing a wide range of mental health issues, including severe cases, and has helped many individuals achieve positive outcomes. The Government of India reaffirms its commitment to build a resilient, inclusive, and accessible mental health ecosystem. By leveraging technology,

capacity-building, and awareness initiatives, India continues to move towards bridging the mental health treatment gap and ensuring that no citizen is left behind.

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 Statesand 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 0.20% by 2030.

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

Progress report in respect of NPCBVI for the period from January 2025 to December, 2025

Activities	Average Target 2025-26	Achievement January, 2025 to September, 2025	Projection (October to December, 2025)*	Projection (January 2026 to March, 2026
Cataract Operation	100,00,000	54,46,454	23,63,867	17,64,974
No. of free spectacles provided to school children suffering from refractive errors	18,00,000	90,5347	3,50,796	6,72,741
No. of donated eyes collected	85,000	60,176	13,855	32,644

* The report is provision as final reports for the month of October to December, 2025 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.

1.10.5 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS (NPPCD)

Hearing loss is the most common sensory deficit in humans today. To manage 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 595 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 identified 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

- 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 is underway.

Major achievements of the Programme activities in 2025

Indicator	January-December 2025
Total no. of persons screened for deafness	3536436
Total no. of hearing aids fitted	37235
Total Surgeries performed	74232
Total no. of persons referred for rehabilitation	194580

Note: This is a provisional/estimated data till 31.12.2025 based on the reports received from States/UTs

Projections/Estimates for 01.01.2026 – 31.03.2026

Indicator	January-March 2026
Total no. of persons to be screened for deafness	884108
Total no. of hearing aids to be fitted	9309
Total Surgeries to be performed	18557
Total no. of persons expected to be referred for rehabilitation	48645

IEC Campaigns/activities:

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 to raise awareness about preventing deafness and hearing loss, and to promote ear and hearing care.

1.10.6 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS (NPPCF)

Fluorosis is a crippling disease caused by the consumption of water and food containing excessive levels of fluoride. 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). The Desirable limit for Fluoride in drinking water, as per NPPCF Guidelines of 2014, is 1.0 mg / litre, Currently, NPPCF is being implemented in 163 Districts across 19 States/UT and is being expanded in a phased manner.

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: -

1. Strengthening manpower in endemic districts by providing for:
   1. Consultant (1),
   2. Laboratory Technician (1),
   3. Field Investigator (3) for six months
2. Purchase of equipment for the lab including an Ion meter for water and urinary analysis

of fluoride levels.

3. Training of medical and paramedical workers at various levels.

4. Health Education and Publicity.

5. Supplementation with vitamins and minerals and treatment including reconstructive surgery and rehabilitation.

Key Highlights under the Programme

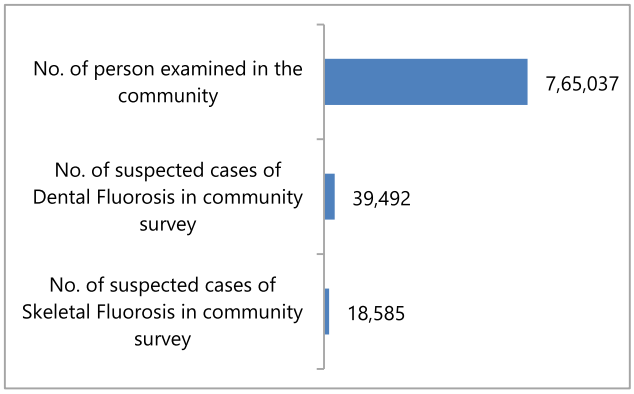
The programme is now being implemented in 163 Districts across 19 States/ UTs. Further, additional districts have been proposed to be added.

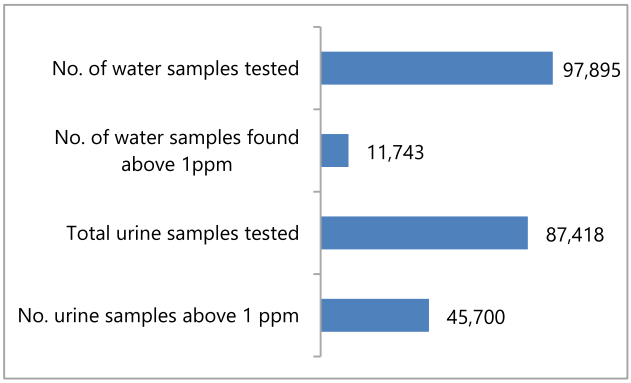
Details of Programme Implementation:

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 tested	No. urine samples above 1 ppm
National	11,99,048	54,148	7,65,037	39,492	18,585	97,895	11,743	87,418	45,700

** Data is as per the report submitted by States/UT and is provisional*

**Data is from 1st January 2025 till 31st December 2025 except Maharashtra, West Bengal, Madhya Pradesh, Haryana and Kerala (till 30th November, 2025), Rajasthan and Uttar Pradesh (till 31st October, 2025) and Assam, J&K, Jharkhand, Odisha, Punjab, Gujarat, Andhra Pradesh, and Bihar (till 30th September, 2025)*





1.10.7 NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY

The Ministry of Health & Family Welfare had launched "National Programme for Health Care of the Elderly" (NPHCE) in 2010 to address various health related issues of elderly.

The Objective of NPHCE is to provide accessible, affordable, and high-quality long-term, ncomprehensive and dedicated healthcare services to the elderly.

Components of the Program:

1. NHM Component: Primary & Secondary care service delivery through District Hospitals (DH), Community Health Centers (CHC), Primary Health Centers (PHC), SubCentre/Health & Wellness Centers.

2. Tertiary Component: ('Rashtriya Varisth Jan Swasthya Yojana') These services are being provided though Regional Geriatric Centers (RGCs) located at 17 Medical colleges and two National Centers of Aging (NCAs) one in AIIMS, Ansari Nagar, New Delhi and another in Madras Medical College, Chennai.

3. Research: 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.

Package of Services:

At Sub Health Centre:

a) Health Education related to healthy ageing.

At Primary Health Centre:

a) Weekly geriatric clinic by a trained Medical Officer (MO).

At Community Health Centre:

a) Biweekly geriatric Clinic and Rehabilitation services.

b) Domiciliary visits by the rehabilitation worker.

At District Hospital:

a) Dedicated Geriatric OPD services, In-door services, laboratory investigations and rehabilitation services.

At Tertiary Level Regional Geriatric Centres & National Centres of Aging:

a) Providing tertiary level services for complicated/serious Geriatric Cases referred from Medical Colleges, District Hospitals and below.

b) Conducting post graduate courses in Geriatric Medicine. Each RGC to produce 2 post graduates (MD geriatrics) every year.

c) Providing training to the trainers of identified District hospitals and medical colleges

d) Developing/and updating Training modules, guidelines and IEC materials.

e) Conducting Research on specific elderly diseases.

Research Component: The Longitudinal Ageing Study in India (LASI) is a nationally representative survey of older persons in India. LASI wave-1 survey was conducted during 2017- 18 in all 30 States and 6 Union Territories of India with a panel sample size of 72,250 older adults aged 45 years including 31464 people aged 60 years 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 Achievement Data for 2025 as on 31.10.2025

NPHCE achievements based on HMIS reports from all the States/UTs:

Services provided	January 2025 to March 2025	April 2025 to June 2025	July 2025 to September 2025
Number of patients seen in Geriatric OPD	2,22,84,608	2,41,84,863	3,17,62,918
Number of patients admitted in Geriatric Ward	23,11,126	24,37,943	28,29,562

Projections/estimation of NPHCE achievements based on HMIS reports from States/UTs

Services provided	Estimated total report for F.Y. October 2025 to December 2025*	Estimated total report for F.Y. January 2026 to March 2026*
Number of patients seen in Geriatric OPD	2,86,00,000	2,70,00,000
Number of patients admitted in Geriatric Ward	26,60,000	24,90,000

**** The projections are based on the previous year's quarter-wise data trends***

International Day of the Older Persons was celebrated nationwide on 1st October 2025. The activities related to the day were carried out throughout the month of October. All the States and UTs organized dedicated OPD, IPD & Rehabilitative services for elderly population along with various outreach activities like Screening camps in community, homebased care, health-talks and IEC activities for health promotion and awareness throughout the month of October'2025.





Facility level services for the elderly patients: Dedicated OPD, Rehabilitative services for elderly





Home based rehabilitative services to bed-bound elderly patients during International Day of older persons



Health promotion and awareness activities

1.10.8 THE NATIONAL ORAL HEALTH PROGRAMME (NOHP)

The National Oral Health Programme (NOHP) was initiated in 2014–15 with the objective of strengthening public health facilities across the country to ensure accessible, affordable, and quality oral health care. The programme supports States/UTs in establishing and strengthening Dental Care Units (DCUs) at District Hospitals and sub-district levels.

Programme Support

Under NOHP, financial and technical support is provided to States/UTs for:

- Establishment and strengthening of dental care units
- Procurement of dental equipment including dental chairs and instruments
- Supply of consumables
- Information, Education and Communication (IEC) activities
- Training and capacity building
- Contractual engagement of dental professionals, including dental surgeons, dental hygienists, dental assistants, and dental technicians

At the Central level, the programme focuses on:

- **Development of IEC material for awareness generation on oral diseases**
- **Capacity building and training**
- Conduct of review and coordination meetings
- Development of guidelines, operational frameworks, and training manuals

Programme Coverage and Infrastructure

NOHP is operational across all 36 States and Union Territories. As of December 2025, a total of 9,183

Dental Care Units are being supported partially or fully under the National Health Mission (NHM), comprising:

- 731 District Hospitals (DHs)
- 1,224 Sub-District Hospitals (SDHs)
- 4,692 Community Health Centres / Urban CHCs (CHCs/UCHCs)
- 2,501 Primary Health Centres / Urban PHCs (PHCs/UPHCs)
- 35 Mobile Dental Units

Centres of Excellence and Resource Centres

The Centre for Dental Education and Research (CDER) at AIIMS New Delhi has been designated as the National Centre of Excellence for implementation of NOHP.

In addition, the following National Resource Centres (NRCs) have been established:

- National Resource Centre for Oral Potentially Malignant Disorders at Lady Hardinge Medical College, New Delhi
- National Resource Centre for Oral Health and Tobacco Cessation at Maulana Azad Institute of Dental Sciences, New Delhi
- National Resource Centre for Oral Health of Children and the Elderly at PGIMER Chandigarh

The National Referral and Research Institute for Higher Dental Studies has also been established at CDER, AIIMS New Delhi.

Key Activities (April 2025 – December 2025)

Policy, Planning and Governance

- Conduct of the 5th National Steering Group (NSG) Meeting for formulation of the National Oral Health Roadmap at PGIMER, Chandigarh
- Conduct of the 6th NSG Meeting at CDER, AIIMS New Delhi for development of the Tertiary Care Component under NOHP
- Brainstorming Workshop for formulation of the National Oral Health Implementation Framework at PGIMER, Chandigarh
- Meetings with Dental Professional Associations, including Indian Dental Association, for formulation of State Centres of Excellence under the Tertiary Care component
- Establishment of a Working Group on Oral Health and Fluorosis, comprising leading national experts

Service Delivery and Monitoring

- Roll-out of oral health service delivery indicators in the Health Management Information System (HMIS) from April 2025
- Capacity building of State Nodal Officers on newly introduced oral health indicators in HMIS
- As per HMIS, 1,66,99,046 beneficiaries were provided oral health services under NOHP during April–December 2025

Capacity Building and Training

- Monthly National Webinar Series conducted on the first Friday of every month on priority oral health topics, targeting dental professionals from States/UTs, dental colleges, and IDA branches
- Training and capacity building of 373 dental professionals working under State NOHP clinics across Rajasthan
- Virtual National Training Programme for dental professionals, with 570+ faculty members trained across 323 dental colleges
- National Conclave of State Nodal Officers on Strengthening System-Driven Approaches to Oral Health Promotion for Schoolchildren and Older Adults at PGIMER, Chandigarh
- Workshop on IEC Development for State NOHP Nodal Officers and National Resource Centres

IEC, Awareness and Observance of Health Days

- Observance of World Oral Health Day 2025 through a month-long nationwide campaign, followed by felicitation of best-performing States/UTs, dental colleges, and IDA branches
- Observance of World No Tobacco Day 2025 across all States/UTs and dental colleges

Inter-Programme Convergence

- Collaboration with the National Programme for Prevention and Control of Fluorosis (NPPCF) and Rashtriya Bal Swasthya Karyakram (RBSK) for sensitisation of RBSK Mobile Health Teams on screening of Dental Fluorosis in Madhya Pradesh.

1.10.9 NATIONAL PROGRAMME FOR PREVENTION AND MANAGEMENT OF TRAUMAAND BURN INJURIES (NPPMTBI)

MoHFW under "National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMTBI)" established 196 Trauma Care Facilities (TCFs) and 47 Burn Units during 11th and 12th Five year Plans.

The Programme continued as "National Programme for Prevention & Management of Trauma and Burn Injuries" (NPPMTBI) during 2017-2021. It is

continuing during 2021-22 to 2025- 26 under the umbrella scheme- National Tertiary Care Scheme (NTCS) wherein financial support is being provided in terms of release of the balance share of Central assistance, capacity building , establishment of COEs and awareness generation, etc.

Main objectives of the programme are:

- To reduce the mortality and morbidities occurring due to injuries;
- to promote Capacity building 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 create Centre of excellence for Trauma and Burn Care in existing Government Medical Colleges

Key Highlights and Achievements (up to 03.11.2025) are:

- 7 COEs during 2025-26 in addition to earlier 7 COEs have been established under NPPMT&BI.
- Capacity building- approx. 2000+ Healthcare Professionals such as doctors, nurses and other para medical staff have been trained by COEs and Dr. RML Hospital
- Standard Treatment Guidelines for Trauma Care management, Standard Treatment Guidelines for Burn Care management, Standard Operating Procedure for Pre-hospital Care in Road Traffic Injuries have been developed.

1.10.10 NATIONAL ORGAN TRANSPLANT PROGRAM (NOTP) AND TRANSPLANTATION OF HUMAN ORGANS AND TISSUES ACT, 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 in organs and tissues. The Amendmed Act has been adopted by all States/UTs except State of Andhra Pradesh.

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 usually only a few tissues can be donated (like cornea, bone, skin etc.), whereas after brain stem death up to 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.

The Government of India has notified in the Gazette - Transplantation of Human Organs and Tissues Rules (amendment), 2025 - amending Form-15 under the Transplantation of Human Organs and Tissues Rules, 2014, published on 6th November, 2025, whereby the requirement of a clinical specular microscope for registration of corneal transplantation centres has been made optional. The amendment is expected to help address the large unmet need for corneas in the country and improve access to corneal transplantation services, particularly in rural and semiurban areas, by facilitating registration of smaller hospitals and centres. Since transplant centres are authorised to harvest corneas from deceased donors, this step is expected to enhance both donation and transplantation rates in the country.

National Organ Transplant Program – Objective and Implementation

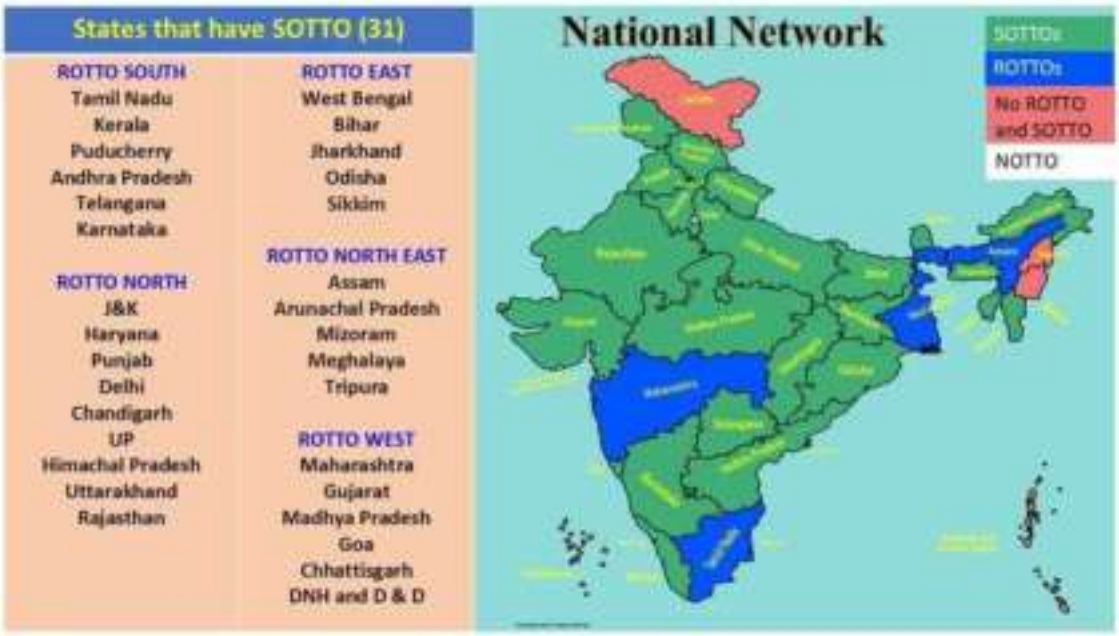
The Government of India is implementing the National Organ Transplant Program (NOTP), a central sector scheme to enhance access to life-saving transplantations, improve awareness about

healthy lifestyle, prevention of organ failure and deceased organs and tissues donation, augmenting infrastructure for organ donation, transplantation and tissue banking especially in Government institutions, and capacity building of manpower and research.

In pursuance to the mandate given under Transplantation of Human Organs & Tissues Act 1994, Government of India has setup 3 tier structure of Organ and Tissue Transplant Organizations, one at the national level (NOTTO), and 5 at the regional level (ROTTO) and 26 State levels (SOTTO), which network with organ and tissue transplant/retrieval hospitals/centres and tissue banks to provide for an efficient and organized system of organ procurement and distribution in the country and to maintain a national registry of donors and recipients of human organs and tissues.

The network at present is linked with 1090 Hospitals including 764 transplant centres, 149 Non Transplant Organ Retrieval Centres (NTORCs) and 177 Tissue Banks (Biomaterial Centres).

In last one year, four new SOTTOs have been established in the states of Arunachal Pradesh, Tripura, Meghalaya and Sikkim to give impetus to the Organ Donation and Transplantation in the North-Eastern Region.



National Network of Transplant organizations (NOTTO, ROTTO and SOTTO)

National Organ and Tissue Transplant Organization (NOTTO)

NOTTO is the apex body established under the Directorate General of Health Services (Dte.GHS), MoHFW and is located at Safdarjung Hospital Campus, New Delhi. It plays a vital role in overseeing and coordinating activities related to organ and tissue donation and transplantation nationwide.

Key Functions of NOTTO:

1. Drafting Policies and Guidelines in line with pursuance of THOT Act and Rules.

2. Establish Network with Transplant Centres, NTORCs and Biomaterial Centres including Tissue Banks to carry out organ and tissue donation, transplantation and tissue banking.

3. National Registry: Maintains a centralized database of organ and tissue donors and recipients, and facilitates fair and transparent allocation based on defined protocols.

4. Coordination: Acts as the apex coordinating body with the Regional (ROTTO) and State (SOTTO) level and hospitals transplant organizations to ensure synchronised efforts nationwide for putting in place an efficient system of organ and tissue procurement, storage and distribution.

5. Capacity Building: Organises training programs, workshops, and awareness campaigns for transplant professionals, transplant coordinators, and the public.

6. Public Awareness: Drives national campaigns such as "Angdaan Jan Jagrukta Abhiyaan" and "Angdaan- Jeevan Sanjeevani Abhiyan" to promote voluntary organ donation. Indian Organ Donation Day is celebrated on 3rd August every year. A 24x7 call centre helpline - 1800-11-4770 and website www.notto.mohfw.gov.in has been working.

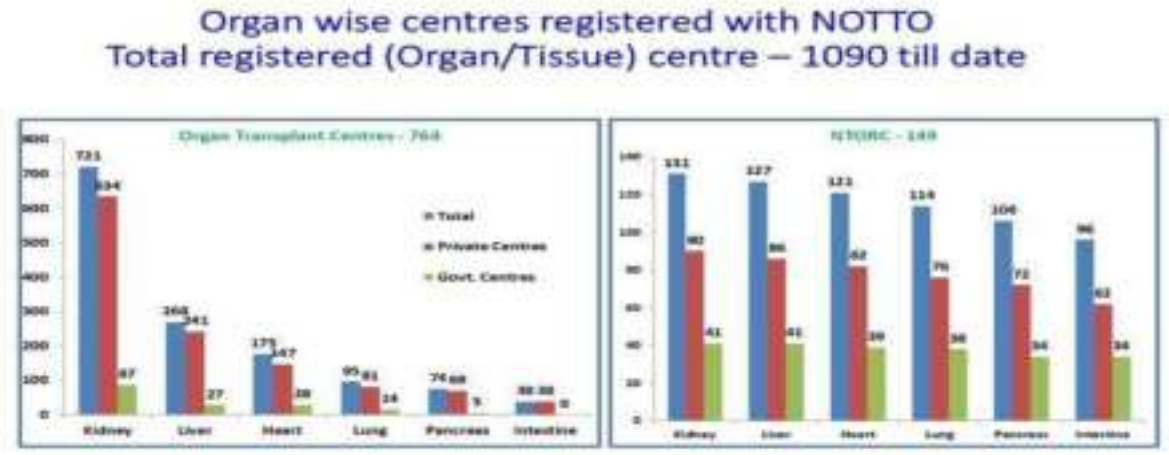
7. Developing Guidelines and SOPs

8. Implementation of the Central Sector Scheme **"National Organ Transplant Program"**

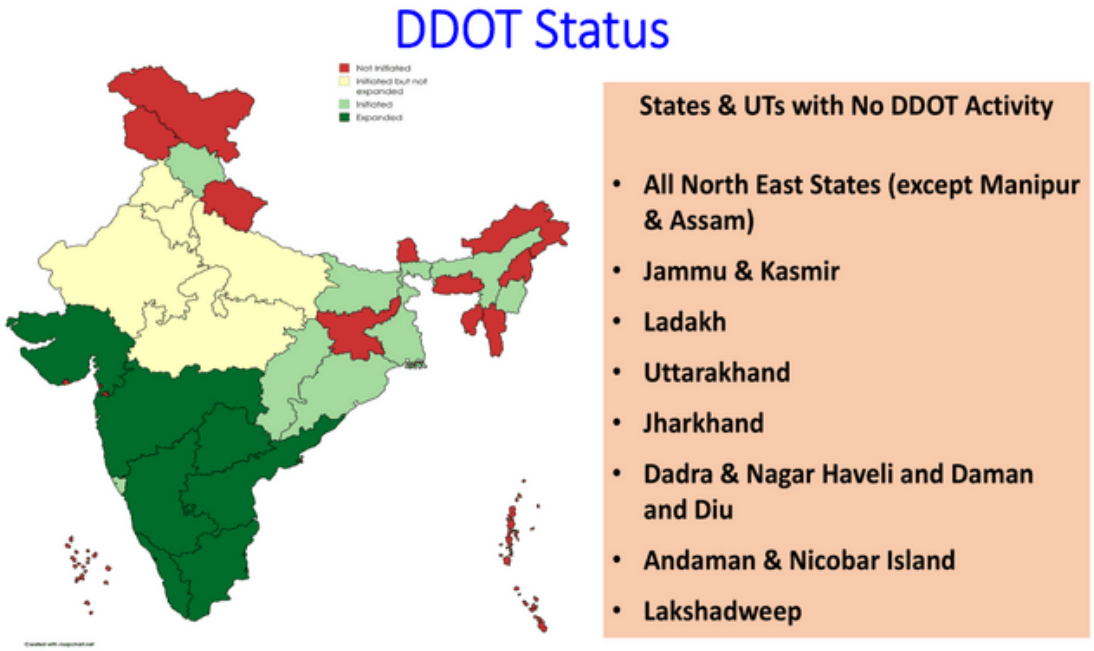
Pledge Registration for Organ and Tissue Donation

The registration of pledge for organ & tissue donation after death has been made very simple. An AADHAR-linked digital web-portal **notto.abdm.gov.in** for registering pledges for organ & tissue donation has been launched since 17th September, 2023, the birthday of Hon'ble Prime Minister Shri Narendra Modi.

As of date, more than **4.6 lakh citizens** have registered their pledge to donate their organs and tissues after death.



Picture: Organ wise transplant centres and non- transplant organ retrieval centres in Govt and Private sector



Picture: Map indicating Deceased Donor Organ Transplant (DDOT) Status in States/UTs



Picture: Number of total transplants performed over the years 2013 to 2024

Tentative key statistics of organ donation and transplantation for the year 2025 is given in the table under:

S. No.	Jan – Sep 2025		
1.	Living Donors		11912
2.	Deceased Donors		888
3.	Domino Donors		1
4.	Total Donors (1+2+3)		**12,801**
5.	Kidney Transplant	Live	9149
		Deceased	1489
		Total	10,638
6.	Liver Transplant	Live	2760
		Domino	1
		Deceased	778
		Total	3,539
7.	Heart Transplant		176
8.	Lungs Transplant		143
9.	Pancreas Transplant		24
10.	Small Bowel	Live	1
		Deceased	12
		Total	13
11.	Total Transplant (5+6+7+8+9+10)		**14,533**
12.	Organ Transplant	Live Transplant	11910
		Domino Transplant	1
		Deceased Transplant	2622
		Total Transplant	**14,533**
13.	Multi-Organ Transplant		84
14.	Grand Total (11+13) or (12+13)		**14,617**

**The Data provided above for the year 2025 is till September, 2025 as per the records available.*

India is a global leader in successful Hand transplants. There is a total of 9 centres registered for hand transplants, and more than 80 hands have been transplanted to date, which is the highest in the world.

Key Activities Organized

15th Indian Organ Donation Day (IODD)

NOTTO under the aegis of Ministry of Health & Family welfare, has been observing the Indian Organ Donation Day every year since 2010. This year (2025-26), a year-long public awareness campaign on organ donation is being run by the name of "Angdaan -Jeevan Sanjeevani Abhiyaan" (अंगदान जीवन संजीवनी अभियान)". As part of the campaign, July was observed as Organ Donation Month. 15th Indian Organ Donation Day (IODD) was celebrated on August 2nd, 2025 to commemorate the first deceased donor organ transplant, which was also the first Heart transplant performed on 03rd August 1994 in the country, after promulgation of "The Transplantation of Human Organs Act" on 8th July, 1994. NOTTO also issued a 10-point advisory to states on the occasion of the 15th IODD for augmenting organ donation and transplantation.

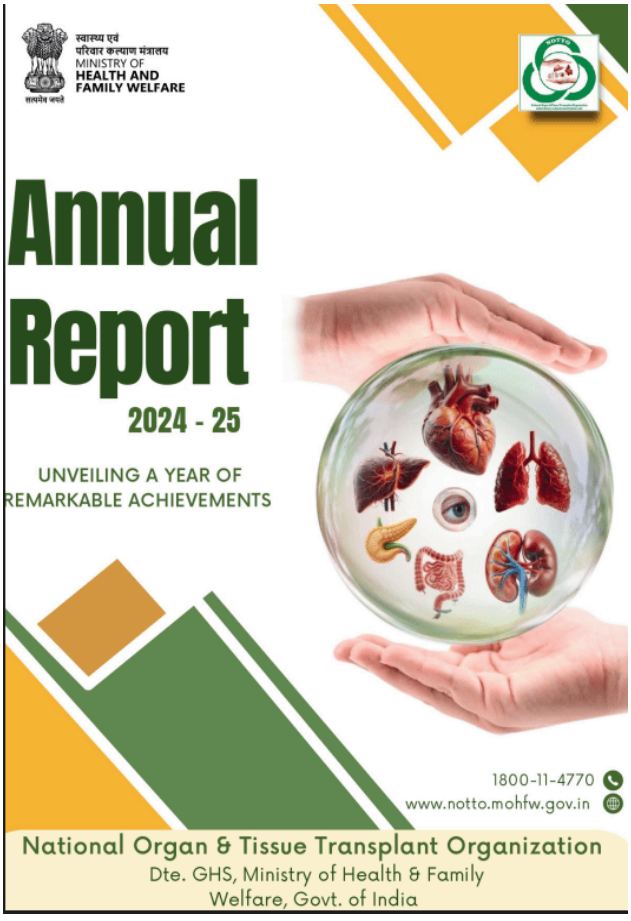
The main event held on the eve of 15th Indian Organ Donation Day in New Delhi, was graced by Hon'ble Union Minister of Health & Family Welfare Shri Jagat Prakash Nadda ji as Chief Guest.



Pictures of 15th IODD event: A tribute to selfless donors and life-saving heroes!!

Publications released by Hon'ble Union Minister of Health & Family Welfare during the event of 15th IODD on 2nd August, 2025:

1. NOTTO's Annual Report 2024-2025, highlighting the yearly national and State data related to organ donation and transplantation.



2. NOTTO's e-newsletter highlighting the key initiatives/ activities of NOTTO, ROTTOs, and SOTTOs



3. Awareness booklet for the general public and students.





4. Booklet on the Promotion of Organ Health through Ayurveda and Yoga

5. Booklet on Best Practices of States in Organ Donation and Transplantation



During the event, Transplant Professionals and institutions that are excelling in the field of Organ Donation were awarded.

TRAININGS

1. 2 Batches of Transplant Coordinator (TC) Training NOTTO organized the 13th & 14th Batch of Transplant Coordinator (TC) Training from 15th–19th Sept, 2025 and 15th–19th Dec, 2025 respectively at NOTTO. 50+ participants from across the country participated in the training. The week-long program included expert-led lectures & hands-on sessions including field visits by leading transplant professionals.



Picture of 13th batch TC Training

2. Cadaveric Multi-Organ and Tissue Retrieval Workshop A Cadaveric Multi-Organ and Tissue Retrieval Workshop was conducted on June 28, 2025, at Amrita Hospital, Faridabad, in collaboration with NOTTO. Nine surgeons nominated from 5 Government hospitals of Delhi were trained in multi-organ and tissue retrieval procedures by Dr. Shaleen Agarwal from Amrita Hospital, Faridabad, and Dr Guhan Venkatkrishnan from Amrita Hospital, Kochi, to further strengthen the national organ donation and transplantation framework.

3. National Webinar

National Level Webinar Organized by NOTTO in Organ Donation Month (July 2025) under ***Angdaan–Jeevan Sanjeevani Abhiyan.***

As part of the Organ Donation campaign titled Angdaan–Jeevan Sanjeevani Abhiyan, a NationalLevel Webinar on "Bridging the gaps in organ transplantation…transcending barriers, transforming lives" was organised by the National Organ and Tissue Transplant Organisation (NOTTO) on July 4, 2025, during the organ donation month. The event featured insightful lectures delivered by seven eminent experts in the field of organ donation and transplantation.

PULSATHON - Run for a Cause, Gift of Life!!
NOTTO organized PULSATHON – 5 KM Run for Organ Donation Awareness under "Swasth Nari Sashakt Parivar" and "Angdaan & Jeevan Sanjeevani Abhiyaan" in collaboration with AIIMS Student Association (ASA).





44th Indian International Trade Fair 2025

NOTTO participated in 44th Indian International Trade Fair (IITF) to raise awareness among the general public about Organ & Tissue donation. The stall was visited and appreciated by Secretary (HFW), DGHS and many other senior officials of the Ministry. The stall was saw huge footfall of visitors who were also provided facilities of counselling for organ and tissue donation and transplantation, pledge registration, BMI measurement, BP and Sugar Testing. Skit performance by Medical students, professional

academy and singing by national youth icon were organized during the fair.



Organ Donation Awareness Sessions: Collaboration activities like lectures/sessions, games, quizzes related to Organ Donation with NGOs, Schools, Colleges, Universities, Hospitals, Government Institutions, etc are being organised regularly to raise awareness on Organ Donation and Transplantation

Transplantation Update 2025, a scientific event organized by IKDRC Ahmedabad, SOTTO Gujarat was inaugurated by Sh. Bhupendra Patel, Hon'ble CM of Gujarat. Dr. Anil Kumar, Director NOTTO delivered a talk on the outcome of online pledging & chaired the session on expanding the living donor pool.

Transplant Games 2025, Over 300 inspiring athletes, both recipients and donors, from 15 states showcased their strength and spirit in many sports during the ROTTO-PGI transplant games event organized at Chandigarh.



Indian Army, Mumbai in collaboration with NOTTO organised Mega Organ donation drive achieving the highest ever pledge registration by a single institution with more than 26000 army personnel signed up for the noble cause in a single campaign.

More than 100 medical officers of ITBP from all over the country attended the #Sanjeevani Masterclass on Organ Donation by Dr. Anil Kumar, Director NOTTO conducted at Base Hospital ITBP, New Delhi on 17th April, 2025.



As part of the School Outreach Program, an Organ Donation Awareness session was held at the Air Force School by LHMC under the aegis of NOTTO. Northern Railway Central Hospital (NRCH), New Delhi, in collaboration with NOTTO, organised an awareness session on Organ & Tissue Donation on July 7, 2025, during the Organ Donation Month, July 2025, under the Angdaan-Jeevan Sanjeevani Abhiyaan campaign.

India shines at the World Transplant Games 2025!

57 athletes - organ recipients & living donors - won a historic 63 medals (16 gold, 22 silver, 23 bronze) at World Transplant Games 2025 held in Dresden, Germany. Many of these were also winners in the Transplant games 2025 organised by ROTTO North. Each medal challenges the stigma and hesitation around organ donation by showing the world that life after transplant is full of possibilities, strength, and triumph.

A proud moment for India—where sports met service, and hearts united for a cause

Empowering Women, Saving Lives!



NOTTO & Vallabhbhai Patel Chest Institute organized a Health Camp & Organ Donation Awareness and pledge registration kiosk at Miranda House college for women at the University of Delhi on 30th September 2025

The MEU–Student Leadership Mission Organ Donation Awareness Group of Lady Hardinge Medical College, organized the 5th Intercollegiate Workshop for Medical and Paramedical Students under the aegis of NOTTO, to empower them with knowledge about Organ and Tissue Donation.

Swasth Nari Sashakt Pariwar Abhiyan

During the Swasth Nari Sashakt Parivar Abhiyaan (17th September to 2nd October, 2025), many people came forward to pledge for women's health & for organ donation through the MyGov portal.



Picture: Under aegis of NOTTO a skit competition was organized on the theme of Organ donation at the Prime Minister's Museum & Library auditorium. wherein 117 students from 12 schools, participated.

1.10.11 NATIONAL VIRAL HEPATITIS CONTROL PROGRAM (NVHCP)

The Government of India launched National Viral Hepatitis Control Program (NVHCP) under the aegis of NHM in 2018 in line with Sustainable Development Goal (SDG) 3.3. The key strategies adopted include preventive promotive, and curative interventions with the focus on awareness generation, increasing access, promoting diagnosis, and providing free diagnostic and treatment for viral hepatitis and collaborated with other existing programs such as the National Program for Surveillance of Viral Hepatitis (NPVSH), Reproductive Maternal Newborn Child Adolescent Health plus Nutrition (RMNCAH+N), Universal Immunization Program (UIP), National AIDS Control Program (NACP) etc. for effective implementation of the program.

During 2018 - September 2025, nearly 18.23 crore individuals have been screened and more than 5.46 lakhs patients of viral hepatitis have been treated.

Sl. No.	Indicator	Achievements (January - September 2025) approx.)	Projection (Jan uary - March 2026) (Approx.)
1	No of new patients initiated on treatment of hepatitis C	79,000	25,000
2	Number of new patients completed treatment of HCV	55,000	22,500
3	Number of new patients initiated on treatment of hepatitis B	32,600	10,000
4	Number of patients of hepatitis B who were put on treatment continuing on treatment	1,05,000	1,16,000

Source:- NVHCP MIS Portal

CHAPTER 2

EMERGENCY RESPONSE

2.1 DISASTER MANAGEMENT CELL

The Disaster Management Cell (DM Cell), established under the Ministry of Health and Family Welfare in December 2020, is mandated to plan, coordinate, and strengthen national preparedness and response to disasters with public health impact and other public health emergencies. 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 manmade disasters.

Monitoring of disasters and preparedness

The Disaster Management Cell was involved in monitoring the progress and health impact of Cyclone Montha (October, 2025) that affected State of Andhra Pradesh, Telangana, Odisha, and Tamil Nadu. Prior to the landfall of the cyclone, communication was made with all the costal State/UT for necessary public health preparedness measures.

During Myanmar earthquake (March, 2025), as per directions received, multi-disciplinary medical teams were kept in a state of readiness for deployment.

Preparedness activities for disaster management

(a) Crisis Management Plan for Biological Disasters:

In accordance with the Cabinet Secretariat's National Crisis Management Plan 2019, the Crisis Management Plan (CMP) for Union Ministry of Health & Family Welfare is prepared and update annually. For the year 2025, Crisis Management Plan has been updated and also circulated among all concerned Central Ministries/departments as well as States and UTs.

Also, pursuant to the directions received from Cabinet Secretariat, in context of need for strengthening preparedness measures and as well as to maintain continuity of essential services, the State specific model crisis management plan template for managing Biological Disaster as prepared by this Ministry has been circulated with all State/UTs with the request to consider suitably adapting and adopting State/UT specific Crisis Management Plans on preparedness and response to biological disasters, while also to consider the issuing of similar directions to all districts in this regard.

(b) National Pandemic Preparedness Plan for Respiratory Viruses (NPPP-RV)

A Pandemic Preparedness Plan for Respiratory Viruses (NPPP-RV) has been prepared in consultation with experts and officials from institutes/ organizations and has been circulated for comments with relevant Ministries/Departments/ Organization for seeking their comments/ inputs. The said plan is based on learning from India's COVID-19 management, contemporary developments in global health governance and follows a phase wise, whole of government, whole of society approach to guide actions during all phases of pandemic management.

(c) Fire safety at health facilities:

To promote fire safety at healthcare facilities, Fire Safety Week was conducted from 21-25 April, 2025. All State/UTs were requested to conduct Fire Safety Audit in their respective healthcare facilities. To facilitate the same a checklist on Fire & Electrical safety audit was also shared with the State/UTs and provisions were created in the Integrated Health Information Platform (IHIP) for submission of data. A total 52,368 public and 48,076 private healthcare facilities across the nation participated in this activity. After the completion of the Fire Safety Week communication was sent to State/UTs on the necessary fire preventive preparedness activities including fire safety audits.

DM cell in collaboration with National Fire Service College, Nagpur conducted one-day workshop on "Preparation of Patients for Safe Evacuation during

Fires" on 27th April, 2025. The workshop focused on evacuation strategies, critical disconnection procedures, and effective fire response coordination in healthcare settings, aiming to strengthen preparedness and ensure patient safety during fire emergencies. A number of participants from AIIMSs, Central Government hospitals and partner training institutes attended the training program.

(d) National Workshop on Health Sector Disaster Preparedness and Response & Fire Safety in Healthcare Facilities:

The second National Workshop on "Health Sector Disaster Preparedness and Response & Fire Safety in Healthcare Facilities" was held on 6 -7 May, 2025 at Dr. Ambedkar International Centre, New Delhi. The objective of the workshop was to cultivate a culture of safety and preparedness in healthcare institutions across the country from various disasters including fire incidences at healthcare facilities.



The workshop was inaugurated by Hon'ble Union Minister of Health and Family Welfare, Government of India in presence of Member and HoD, National Disaster Management Authority (NDMA), Secretary (Health), Director General (Health Services) and Additional Secretory (PH&P). The workshop brought together key stakeholders: NDMA, National Institute of Disaster Management; Bhabha Atomic Research Center; Directorate General Fire Services, Civil Defence & Home Guards; National Fire Service College, Nagpur; National Center for Disease Control; AIIMS New Delhi, Central Design Bureau; WHO – India Country office and representatives of various Central Government hospitals along with representatives from State/UTs.

To promote capacity building of healthcare professionals, Hon'ble Union Health Minister also launched an online course on 'Fire Safety in Healthcare Facilities' on the iGOT Karmayogi (available at: https://portal.igotkarmayogi.gov.in/public/toc/do_1143052789530787841562/overview). The course has launched with an aim to provide accessible and structured learning to personnel across various levels of the healthcare system. Best performing State/UTs during the pan-India Fire Safety Week, 21-25 April, 2025 were also felicitated during the workshop.

The workshop covered several key areas: Challenges posed by climate change, preparedness and response to Biological Emergencies, Response to Radio-nuclear emergencies, Role of Health Emergency Operations Centers (HEOCs) in health sector disaster management, Mass Casualty Incident Management, Crisis Management Plan, Fire Safety at Healthcare Facilities etc.



Interactive table-top exercises ware also conducted on fire safety at healthcare facilities as well as other disaster scenarios including public health emergencies. The exercise engaged participants in structured, scenario-based discussions, fostering critical thinking and collaborative problem-solving. Attendees provided practical inputs and response strategies aligned with established emergency protocols.

(e) Cardiopulmonary Resuscitation CPR Awareness Week

The Ministry of Health and Family Welfare organized a pan-India CPR Awareness Week from 13 to 17 October 2025 with the objective of enhancing public awareness and strengthening national capacity in Compression-Only Cardiopulmonary Resuscitation (CPR). The initiative sought to sensitize citizens to the critical importance of early bystander intervention during

cardiac arrest and other medical emergencies, particularly in light of India's low bystander CPR rates compared to global benchmarks.

The event was inaugurated with a pledge taking ceremony under Union Secretary (HFW) which was followed by a physical demonstration and hands-on training on CPR for senior officials of this Ministry. This was followed by a series of coordinated activities conducted throughout the week to promote CPR knowledge across diverse population groups. A national pledge and live CPR demonstration were conducted through the online platforms, joined by 14,701 participants, while 83,733 citizens took the digital CPR pledge on the MyGov portal. A panel discussion on "CPR Techniques and the Role of Bystanders", featuring experts from various Central Government Hospitals, engaged 10,129 participants and included demonstrations of CPR and the use of Automated External Defibrillators (AEDs).

Extensive hands-on training sessions were conducted by States and UTs, various Central Ministries/ Departments/ Organizations as well as professional bodies, resulting in 8,28,221 individuals being trained nationwide. Demonstration sessions were also organized at Nirman Bhawan throughout the week. Citizen engagement was further enhanced through a national CPR Quiz hosted on MyGov and MyBharat, in which 60,742 participants took part, supported by 380 youth volunteers under the volunteer for the Bharat Initiative.

The CPR demonstration held on 13th October in the presence of the Secretary (HFW) received extensive media coverage through Doordarshan and other agencies. Additionally, DD News broadcast a special programme on 19th October titled "Total Health – Medical Emergency", featuring expert discussions and live CPR demonstrations from AIIMS New Delhi.

Overall, more than ten lakh citizens were engaged through various activities conducted during the week, and 8,28,221 individuals received hands-on CPR training, significantly enhancing national preparedness and capacity for timely bystander response in medical emergencies.





(g) Operation Sindoor: During Operation SINDOOR, Union Ministry of Health and Family Welfare deployed BHISHM Cubes to UT Administration of Jammu & Kashmir to enhance the Union Territory's capacities for on-site triage, stabilization, and referral, in the face of high-impact emergencies. Further, a 24x7 helpline was activated in the Cell to coordinate intra- and inter-sectoral response in case of any exigencies.

Programme areas: The division implements two Central Sector Schemes

(i) Human Resource Development for Emergency Medical Services (HRDEMS): The scheme has provisions for setting up and equipping of National Emergency Life Support (NELS) Skill Centres at Government (Central/State) Medical Colleges in States/UTs for imparting skill-based trainings on emergency life support for different categories of health functionaries working in emergency departments and those providing pre-hospital care.

A total of 120 NELS Skill Centres are being set up at Government Medical Colleges and Autonomous Institutes 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 fashion. In 2025,

till 19th December 2025, a total of 1044 doctors, nurses and paramedics have been trained as Master Trainers in NELS courses through 42 training programs.

Further, for wider access to a larger population, the NELS course for paramedics has been digitized and is available on the SAKSHAM portal (https://lmis.nihfw.ac.in/course/index.php?categoryid=86&short&instructor=0&class=nmcn&categoriesFetched=false&restrict=0&page=0).



(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 up gradation of its infrastructure, skill and knowledge for disaster management.



In 2025, till 19th December 2025, a total of 580 healthcare functionaries has been trained through 17 trainings under this program. Eight training programmes are scheduled to be conducted between January and March 2026.

- **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 2025, till 19th December 2025 a total of 675 healthcare functionaries has been trained through 19 trainings under this program. It is proposed to conduct three more training programmes during January–March 2026.



- **Medical management of Radiological & Nuclear Emergencies:** It includes medical management of cases during Radiological and Nuclear disasters. In 2025, till 19th December 2025, a total of 378 healthcare functionaries has been trained through 13 trainings under this program. One additional training session is planned for January 2026.



- **Psycho-social care in disaster settings:** It includes necessary psychosocial support to

victims and dear ones to cope with the disaster situation. In 2025, till 19th December 2025, a total of 543 healthcare and allied functionaries have been trained through 14 trainings under this program.

Details of all 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 crises and/or to undertake further trainings at peripheral levels.

The scheme also includes infrastructure development for medical management of Chemical, Biological, Radiological and Nuclear emergencies in the country by providing for setting up of CBRN medical management centres. Of these works related to establishment of two tertiary level CBRN medical management centres (one each) (with Integrated Bone Marrow Transplantation Centre) at Chengalpattu Medical College, Chengalpattu, Tamil Nadu and Bhopal Memorial Hospital and Research centre (BMHRC), Bhopal have been initiated.

(iii) DM Cell components under PM-ABHIM:

As a part of initiatives aimed at strengthening of disaster and epidemic preparedness, the following activities were undertaken by DM Cell:

- **Establishment and operationalization of sixteen Health Emergency Operations Centers (HEOCs) in identified States/UTs:** These HEOCs are expected to function as a command and control Centres, equipped with Information Communication Technology (ICT) tools from where emergency management functions are performed targeting all phases of disaster management. MoUs have been signed with all sixteen identified States/UTs for the setting up of the HEOCs, including Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Nagaland, Odisha, Puducherry, Rajasthan, and Uttarakhand.
- **Procurement and operationalization of fifty Bharat Health Initiative for Sahyog Hita & Maitri (BHISHM) Cubes in identified twenty-two Central Government hospitals:** The BHISHM Cubes are portable, rapidly deployable and modular medical facility intended to provide on-site emergency lifesaving clinical care in event of disasters or other mass casualty events. Each BHISHM cubes has the capacity to handle about 200 cases of diverse nature in emergency situations such as trauma, bleeding, burns, fractures, etc. Apart from procurement, the doctors and nurses in these institutes have also been trained on use of BHISHM Cubes.

Fifty BHISHM Cubes have been deployed to the twenty-two identified central institutions/hospitals and the training has been imparted to all the institutes. The draft SOP framework for the deployment of the BHISHM Cubes has been prepared.

Other activities undertaken by DM Cell

1) Medical oxygen management

Ministry of Health and Family Welfare released National Guidelines on Medical Oxygen Management on 27th March 2025 in a significant step toward strengthening the country's medical oxygen infrastructure and ensuring uniform best practices in oxygen management across healthcare facilities.

In 2025, to assess operational readiness of Medical Oxygen Infrastructure, the Ministry has organized two rounds of pan-India PSA plant mock drill from 2nd April- 2nd June and 22nd September- 4th November respectively. The PSA mock drill was aimed to evaluate the functionality of PSA plants, ensuring preparedness to meet any future surge in medical oxygen demand.

- **Clinical Trainings-** Capacity Building Programme for Medical & Nursing Officers on Medical Oxygen Management and its use (AIIMS, New Delhi) –A total of 448 master trainers have been trained from AIIMS, INIs, premium medical institutes across the regions and, State Nodal Officers (SNOs) for Oxygen management through seven regional workshops.



- **Technical Training-** Capacity Building Programme for Technical Personnel on Operation and Maintenance of Medical Oxygen Equipment (NIHFW, Delhi) - Till 19th December 2025, a total of three training workshops for biomedical engineers, PSA plant operators, manifold technicians and other staff responsible for operation and maintenance of medical oxygen equipment has been held, with approx. 320 participants trained.

2) 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, as Secretariat to the SCRP, 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 SCRP meetings.

Since its inception, till 19th December 2025, the Screening Committee for Research Proposals (SCRP) reviewed 288 research proposals received through the Biological Research Regulatory Approval Portal (BioRRAP) under Department of Biotechnology.

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 220.69 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 of age 18 years and above 26 weeks (6 months) 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 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 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 31st December 2025, more than 220.69 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 dose has been administered across the country.

TRAINING AND TRAINING INSTITUTIONS

CHAPTER 3

3.1 TRAINING INSTITUTIONS

3.1.1 THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE



The National Institute of Health and Family Welfare (NIHFW) was established on 9th March, 1977, following the merger of two existing institutions the National Institute of Health Administration and Education (NIHAE) and the National Institute of Family Planning (NIFP). This merger initiated by the Government of India, aimed to create an integrated institution focused on strengthening health and family welfare programmes nationwide.

A. Post-Graduate Education: NIHFW conducts advanced academic programmes aimed at preparing skilled professionals in the fields of health and family welfare. These programmes include a variety of post-graduate courses that equip learners with essential knowledge and practical competencies to tackle emerging public health challenges. The courses are offered in both full-time and distance learning modes to cater to diverse learner needs.

Full-time, on-campus Courses

- NIHFW offers several full-time academic programmes affiliated with the Faculty of Medical Sciences, University of Delhi, aimed at preparing professionals for leadership roles in health administration and public health.
- **M.D. in Community Health Administration (CHA):** The three-year postgraduate degree programme currently has 30 residents enrolled — ten each in the first, second, and third year.
- **Post-Graduate Diploma in Health Administration (DHA):** In the two-year diploma Six residents were enrolled during 2023-2025, and in 2024-26, Six residents were enrolled. In all, presently twelve residents are pursuing the course.
- **Master of Public Health (MPH):** The programme has an intake capacity of 20 students, with admissions conducted through the PG-CUET examination. The inaugural batch began in the academic year 2024–25 with 16 students, followed by a full cohort of 20 students in 2025–26. The MPH programmes focus on developing research aptitude, analytical abilities, and public health project management skills, preparing students to assume leadership roles in the health sector.
- **Doctoral Programme (Ph.D. in Public Health):** The Institute launched its Ph.D. programme in Public Health in collaboration with Jawaharlal Nehru University (JNU), New Delhi. NIHFW is recognized under Section 12(B) of the UGC Act for the grant of UGC-NET/JRF fellowships. Enrolled students are registered with JNU, and the degree is jointly awarded by JNU and NIHFW. Currently thirteen students are pursuing their degree in the Second batch (2024-25) and eight students in the First batch (2023-24).
- **One-Year Post-Graduate Diploma in Public Health Management (PGDPHM):** This one-year programme for in-service health professionals has been conducted since 2008 in collaboration with NHM, and the Public Health Foundation of India (PHFI). During the academic year 2024-25, a total of nine participants were enrolled - two self-sponsored and seven sponsored by the State Governments of Uttarakhand and Bihar.

Distance Learning Courses

Affiliated with the AICTE, the Distance Learning courses at NIHFW aim to facilitate continuous upgradation of knowledge and skills among health and allied professionals to enhance the delivery of healthcare services across the country. The Institute offers six modular Post-Graduate Diploma programmes of 15 months' duration in the areas of Health and Family Welfare Management, Hospital Management, Health Promotion, Health Communication, Applied Epidemiology, and Public Health Nutrition. These programmes are conducted through at the NIHFW campus and its satellite centre in Bengaluru. To date 5,844 health professionals have successfully completed these courses. In the academic year 2024-25 there are 702 candidates are pursuing various courses. Presently admission process is going on.

B. Training / Workshops/ Conference

The Institute conducts ongoing training and capacity-building programmes for medical and paramedical personnel to ensure that healthcare providers remain updated with the latest policies, practices, and methodologies in healthcare delivery. During the academic year under review, 84 training/workshops/contact programmes are planned, of which around 56 training courses and workshops were organized for various categories of health personnel from across India at the NIHFW till October 2025. From January to October 2025, a total of 1,616 participants from different States and Union Territories attended these programmes. Other than planned programmes few of the significant training/workshops organized are mentioned as follows-

- Two rounds of the Foundational Training Programme (Aarohan) for General Duty Medical Officers (GDMOs) under the Central Health Services (CHS) cadre— the 5th FTP–3rd CHS Batch from 9 June to 4 July 2025 (45 participants) and the 5th FTP–4th CHS Batch from 1 to 26 September 2025 (49 participants). The programme focused on leadership, governance, and public health administration, and featured expert sessions by senior officials and health sector leaders.
- A capacity-building programme on Operation and Maintenance of Medical Oxygen Equipment for biomedical engineers and operation theatre technicians was launched, with the first training held on 6 October 2025, attended by 37 participants. The project aims to train around 2,000 technical personnel through hands-on demonstrations.
- A Hospital Management Training Programme was conducted for the Border Security Force (BSF) from 21 to 25 July 2025, training 20 Senior Medical Officers in hospital planning, management, finance, and disaster preparedness.
- "Difficult Conversations, Compassionate Expressions" organized in collaboration with University College of Medical Sciences (UCMS), Delhi on 6th October 2025 for 20 participants across India and 8 faculty members. The expert Dr. Ranjana Srivastava (Melbourne, Australia) explored the principles of navigating sensitive dialogues with patients and colleagues.
- The SAMANVAYAK Orientation Programme for newly appointed Deputy Directors (Administration) of new AIIMS institutions was held in two batches - 21st–25th April and 27th–31st October 2025 - with seven participants per batch. The course covered legal frameworks, digital governance, project management, and institutional leadership, with sessions led by eminent administrators and experts.
- Around 95 participants from across India attended the Resilience, National Conference on Disability and Mental Health, Scope and Boundaries of Rehabilitation Psychology in India, held from 30th July to 1st August 2025. The conference featured interactive sessions focused on policy formulation, best practices, and emerging trends in rehabilitation psychology.

C. Research & Evaluation Work

NIHFW undertakes research activities to generate evidence-based knowledge that informs health policies and programmes. The Institute also evaluates existing health initiatives to assess their effectiveness and impact across various dimensions

of health and family welfare. During the year under review, the faculty supervised 38 dissertations/research projects of MD and DHA students, along with 9 research studies by PGDPHM students. Additionally, NIHFW is currently pursuing six new and eight ongoing research studies approved by the Programme Advisory Committee of the Institute. Five of the new studies are being conducted in collaboration with the National Centre for Disease Control (NCDC), one by ICMR and another one with National AIDS Control Organisation (NACO).

D. Student Development Programme

- Educational Visits at NIHFW: Enhancing Public Health Perspectives: As part of their academic exposure, a total of 102 students pursuing MD, MBA, MPH, and Nursing programmes from 7 institutions, colleges, and universities visited NIHFW. These visits provided students with a comprehensive understanding of public health and allied areas. They had the opportunity to interact with experts and practitioners, gaining insights into key public health initiatives, national health policies, and the challenges associated with implementing these programmes.
- Summer Training and Dissertation Projects at NIHFW: Bridging Classroom Learning with Real-World Public Health Experience NIHFW provided 32 students from MPH and MBA programmes with opportunities for summer training and dissertation projects, lasting from one to three months under the expert supervision of faculty members and senior research officers, equipping them with essential analytical and professional skills, preparing them to contribute effectively to India's dynamic public health sector.

E. Official Publications

- Jan Swasthya Dhaarna is a flagship publication of NIHFW that serves as a platform for deliberation on critical issues related to public health, health policies, and the progress of various government initiatives. The release of its 30th issue marks a significant milestone in the Institute's continued efforts to promote awareness and understanding of public health matters among Hindi-speaking populations across India.
- Health and Population: Perspectives and Issues-it is a peer-reviewed, open-access, UGC-CARE listed interdisciplinary journal, published quarterly in the months of January–March, April–June, July–September, and October–December. It publishes original research papers, review articles, and papers of scientific and educational interest based on primary or secondary data. The journal focuses on a wide range of topics related to Population, Health, and Family Welfare programmes, with the overarching aim of promoting public health initiatives through the dissemination of evidence-based research. Volume 48, Number 2, April-June 2025 is published and next one is in the pipeline.

F. MoUs /collaborations

NIHFW collaborated and signed MoU with different Institutes/ organizations during the academic year 2024-26 as follows-

Memorandum of Understanding (MOU)	Subject
National Health Authority (NHA)	MoU to collaborate for training and capacity building of professionals working under NHA's administered flagship scheme's i.e. AB PM-JAY "Ayushman Bharat Pradhan Mantri Jan Arogya Yojana" and ABDM "Ayushman Bharat Digital Mission" was extended by two years effective from March 23, 2025 to March 22, 2027

Memorandum of Understanding (MOU)	Subject
The Institute of Cooperative and Corporate Management, Research and Training (ICCMRT)	Academic collaboration for Short and Long Certification program for hospital and healthcare professionals signed on 27th May, 2024
Ministry of Health and Family Welfare	Training programs under "Capacity Building in Public Health Emergency and Hospital Preparedness for Health Emergencies" signed on 13th June, 2024
Centre of Social Medicine and Community Health School of Social Sciences, JNU	To promote mutual cooperation and collaboration for academic and research activities specifically affiliation for PhD (Public Health) degree at NIHFW signed on 12 August, 2024
National AIDS Control Organization (NACO)	For fund flow and monitoring utilization of funds released under the NACP Scheme (CSS) signed on 28th August, 2024
AMTRON (Assam Electronics Development Corporation Ltd.	For development of IT infrastructure signed on 4th October, 2024
National AIDS Control Organization (NACO)	Sets forth the provisions /activities, budget, time lines and related implementation arrangements signed on 21st October, 2024
Jaypee Brothers Medical Publishers Pvt. Ltd.	Collaborate with each other with the Intent to publish the NIHFW's Quarterly Journal, "Health Population and Perspectives and Issues" (HPPI) accredited under the UGC are Listed signed on 13 May, 2025

G. Specialized Services

NIHFW also extends specialized services in key areas such as family welfare, maternal and child health, and disease prevention, thereby contributing significantly to the overall strengthening of public health across the country.

- **Clinic Facility-** NIHFW Clinic offers a range of clinical services, including the management of infertility, reproductive endocrinological and gynaecological disorders, antenatal care, immunization for antenatal patients, infants, and children, as well as contraceptive services. In addition, specialized clinics such as the Adolescent & Youth Clinic and the Well-Women Clinic are conducted in the afternoon. From April to October 2025, the clinic recorded the following patient statistics:

  - **Infertility cases:** 261 new couple registrations, 1,532 female follow-up cases, and 857 male follow-up cases
  - **Reproductive Endocrinology & Gynaecology:** 364 new cases and 503 follow-up cases
  - **Antenatal Care (ANC):** 57 new cases and 187 follow-up cases
  - **General Cases:** 163 new and 204 follow-up cases
  - **Immunization (Children):** 147 new cases and 270 follow-up cases

- **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 67 complaints & prepared 551 Suo-moto complaints, resulting in the identification of 7100+ URLs that violate section 22 of the PC & PNDT Act and also worked on approx. 800 keywords for monitoring the search engines. During the period from April to October 2025, 112 Suo-moto complaints were prepared, identifying 494 violating URLs along with monitoring of search engines with 50 keywords.
- **National Documentation Centre (NDC)-** The National Documentation Centre (NDC) houses one of the finest library facilities in India with comprehensive and up-to-date collection of 62,000 documents, including books, periodicals, reports, conference proceedings, training modules, and special collections on health, population, and family welfare. NDC being an active member of the Developing Library Network (DELNET) provides access to various databases and resources such as postgraduate research records, a union catalogue of non-print materials, and a compendium of reports in health and family welfare. The first phase of its digitization project has been completed, covering rare and important publications, including committee and technical reports, HPPI journals, and NIHFW publications. NDC offers online services such as the Online Public Access Catalogue (OPAC), access to 13,000 online journals from 30 international publishers, an e-Health news repository in Hindi and English, and bibliographic access through the NIHFW website. The NDC also conducted its 20th capacity-building programme titled "Transforming Libraries in Digital Environment" from 14th to 18th October 2024 for Library professionals.
- **Computer Centre Facility**– The Computer Centre is equipped with state-of-the-art infrastructure that supports both e-learning and administrative functions. It plays a vital role in enhancing the educational experience of students and staff. The fully operational e-Office system has streamlined administrative processes, improving efficiency and transparency across the Institute.
- **Teaching Block, Auditorium and Training Infrastructure-** The Institute's teaching block and auditorium are equipped with modern facilities for conducting training programmes, workshops, seminars, and conferences. These facilities are also utilized by various divisions of the Ministry of Health and Family Welfare and other external agencies for organizing academic and professional events, thereby contributing to the Institute's revenue generation. The Institute also provides well-furnished Hostel and International Hostel facilities to accommodate residents, students, participants of training programmes, workshops, and conferences. These residential facilities offer a comfortable environment conducive to learning and collaboration, supporting both national and international participants.

H. Different Projects/ Programmes at the NIHFW

The Institute undertakes a range of national projects and programmes that support evidence-based policy, training, and implementation across India as described below-

- **National Cold Chain and Vaccine Management Resource Centre (NCCVMRC):** The National Cold Chain and Vaccine Management Resource Centre (NCCVMRC) continues to strengthen India's immunization supply chain through training, technical support, and monitoring of cold chain systems nationwide. During 2025–26, the Centre conducted four national batches of Training on Vaccine and Cold Chain Management (T-VaCC), and trained 94 mid- and senior-level

Immunization Programme Managers from 25 States. Two additional batches are planned for November 2025 and February 2026. Five training batches on repair and maintenance of Ice-Lined Refrigerators, Deep Freezers, and Voltage Stabilizers were organized, benefitting 89 Cold Chain Technicians (CCTs) from 19 States. Similarly, 18 CCTs from five States were trained in maintenance of Walk-In Coolers and Walk-In Freezers, with another batch scheduled for January 2026. Training on repair and maintenance of Solar Cold Chain Equipment (Battery-Driven and Direct-Drive) is also planned for December 2025 and February 2026. Under the National Cold Chain Management Information System (NCCMIS), three online review workshops were held for 230 participants from Odisha, Tripura, and Manipur. A National Training-cum-Data Review Workshop for State Programme Officials was organized in July 2025, with another planned for November 2025. NCCVMRC functions as the Secretariat for the National Technical Advisory Body (NTAB) on Cold Chain and Logistics, as well as the Technical Specification Development Group (TSDG). Two TSDG meetings were organized during 2025–26. One activity under the Master Resource Pool initiative was conducted, and EVM cIP Review Workshops for Rajasthan and Uttarakhand are planned for November and December 2025.

- **The Centre for Health Informatics (CHI):** The Centre for Health Informatics (CHI) focuses on developing and implementing innovative health informatics solutions to enhance healthcare delivery and systems management across India. The Centre technically manages and maintains multiple national level (G2G, G2C) applications of MoHFW which enable data-driven decision-making and policy formulation. The CHI work includes array of activities related to proposal making of complex IT application ecosystem, SMS and DLT on boarding and management, development of portals, dashboards, cloud on boarding, etc from April 2025 to October 2025, CHI focused on strengthening cybersecurity and consolidation of cloud services for MoHFW. Between November 2025 and March 2026, the focus will be on cloud consolidation, and on enhancing cybersecurity measures for MoHFW applications. These efforts aim to improve data security, scalability, and overall technical, financial, administrative efficiency. Its commitment ensures stronger governance, seamless integration, and better healthcare service delivery nationwide.
- **National Technical Advisory Group on Immunization (NTAGI):** Between March and October 2025, the NTAGI Secretariat under the Ministry of Health and Family Welfare organized one meeting of the National Technical Advisory Group on Immunization (NTAGI) under the chairpersonship of the Hon'ble Secretary (Health & Family Welfare) and co-chairpersonship of the Secretaries, Department of Biotechnology and Department of Health Research. The Secretariat also convened meetings of the Standing Technical Sub-Committee (STSC), Sub-Working Group on Vaccine Preventable Disease Surveillance, HPV Working Group, PCV for SCD Working Group, Vaccine Cost-Effectiveness Analysis Working Group, Japanese Encephalitis Working Group, and the Drafting Committee for the revision of the National Vaccine Policy. For all these activities, the NTAGI Secretariat provided comprehensive techno-managerial support. During November 2025 to March 2026, the forthcoming meetings include those of the NTAGI-STSC, Working Group on RSV Vaccine, Sub-Working Group on Immunization and Vaccine Research and Capacity Building (IVRCB), Typhoid Working Group, and the Drafting and Special Technical Committees for the revision of the National Vaccine Policy.

- **SAKSHAM:** Digital Learning Media Lab: The SAKSHAM Digital Learning Media Lab was inaugurated on 9th March 2025 by Smt. Anupriya Patel, Hon'ble Minister of State for Health & Family Welfare and Chemicals & Fertilizers, in the august presence of Dr. Atul Goel, Director General of Health Services, MoHFW. The lab is designed to support the audio-visual recording and production of online learning content for the SAKSHAM portal of MoHFW, thereby strengthening digital learning initiatives in the health sector.





- **Mission Karmayogi:** Under Mission Karmayogi, NIHFW conducted comprehensive training programmes for the officials of MoHFW, ranging from MTS to Director level, as part of the Rashtriya Karmayogi Large Scale Jan Seva Program. A Sensitization Workshop for MTS was organized on recommended e-learning courses, attended by 52 participants during the National Learning Week. A three-day Training of Master Trainers for Phase II of the programme was held at NIHFW from 8th to 10th October 2025, with 17 master trainers from four MoHFW organizations—National Institute of Biologicals (NIB), National Institute of Tuberculosis and Respiratory Diseases (NITRD), Indian Pharmacopoeia Commission (IPC), and NIHFW. These master trainers will subsequently implement Phase II within their respective institutions. Further, a one-day training on Phase II of the Rashtriya Karmayogi Large Scale Jan Seva Program was organized for all NIHFW employees in five batches on 4th, 6th, 7th, 10th, and 11th November 2025.

- **Extracurricular Activites:** NIHFW continued to promote holistic development through a range of extracurricular and community-oriented activities involving students, faculty, and staff. These initiatives aimed to enhance leadership, teamwork, and social engagement alongside academic learning. During the period, over 250 students and faculty members participated in various events organized under cultural, sports, and social outreach categories. Cultural programmes were organized on Independence Day (15th August 2025), International Yoga Day (21st June 2025), and NIHFW Foundation Day (9th March 2025), featuring student performances, poster exhibitions, and health-themed competitions. Sports and fitness activities included inter-batch tournaments in cricket, badminton, table tennis, and chess, with active participation from over 120 trainees. Winners were felicitated during the annual sports meet.
- In addition, environmental and cleanliness drives were organized within the campus and nearby communities under the Swachhata Hi Seva initiative, engaging over 100 students and staff members.



- Through these varied activities, NIHFW strengthened its commitment to creating a vibrant, inclusive, and socially responsible institutional culture.
- P.P. Talwar Oration 2025 was delivered by Dr. Sunil Mehra, Executive Director, MAMTA Health Institute for Mother and Child, on Wednesday, 13th August 2025, on the theme "Adolescent Health – Have We Done Enough?"
- 21st Ved Prakash Memorial Oration was delivered by Dr. B.S. Garg, Director, Dr. SushilaNayar School of Public Health, on the topic "Relevance of Gandhian Values in Public Health."on October 15th, 2025

Swasth Nari Sashakt Parivar Abhiyan

- Health Awareness and Service Activities (September–October 2025): a series of health awareness and service activities were organized with a focus on women's health, nutrition, and preventive care. The campaign included ANC check-ups, immunization services, creation of ABHA IDs, and NCD and nutritional screenings at the NIHFW Clinic and nearby slum areas, benefitting over 800 individuals, including 452 women and 60 children. From 18–20 September 2025, students conducted community outreach at Moti Lal Nehru Camp, engaging residents through awareness sessions on menstrual hygiene, safe listening, breast cancer, balanced diet, maternal and child nutrition, and healthy eating practices, supported by IEC materials and pamphlet distribution. On 26 September 2025, students visited PM SHRI Kendriya Vidyalaya, NMR, JNU Campus, where interactive sessions were held on nutrition, WASH, oral and mental health, followed by quiz and poster competitions to promote health awareness among school children. Specialized health camps were also organized as part of the campaign.







- A Hearing Camp held on 23–24 September 2025 in collaboration with Sound Hearing 2030 and MAMC, New Delhi, benefitted 114 individuals (64 females, 40 males, and 10 children). Eye and Dental Check-up Camps, organized on 29–30 September 2025 in collaboration with the Sharp Sight Team and NIHFW dentists, covered 148 beneficiaries (86 males, 54 females, and 8 children). Additionally, pulmonary function tests, bone density assessments, nutritional surveys among adolescent girls, and physiotherapy services were provided. The campaign concluded on 1 October 2025, successfully engaging NIHFW staff, students, and community members in comprehensive health promotion and empowerment initiatives.
- Faculty Development Programme: On 31st July 2025, NIHFW organized a special lecture by Dr. Uttara Bharath Kumar, Senior Advisor, Social and Behavioural Science,

Centre for Communication Programs, Johns Hopkins Bloomberg School of Public Health, and Dr. Sanjeeta Agnihotri, Director, Centre for Communication and Change India. The session attended by 56 participants, including Faculty, MD, PhD, PGDPHM, and MPH students, focused on Behavioural Science—exploring insights into human decision-making, Systems 1 and 2 thinking (based on Daniel Kahneman's work), and practical applications of behavioural Economics principles.





- A session on "Systems Thinking: A Catalyst for Care Integration and Effective Health Service Delivery" was organized on 13th October 2025 by Johns Hopkins University, in collaboration with NIHFW and coordinated by the PMU team. The session was led by Dr. Cyrus Engineer, Clinical Professor and Director of the Health Care Management Program at Towson University, and Senior Research Assistant and Professor of the Practice at the Johns Hopkins Bloomberg School of Public Health, supported by the local JHU team. Dr. Engineer's extensive academic and professional experience, including his engagement with Indian Administrative Service officers at LBSNAA, enriched the learning experience of participants. The training was attended by 44 Faculty &students from the DHA, MPH, PhD, and MD programmes.
- In reference to Department of Personnel and Training vide O.M. No.36022/01/2014-Estt. (Res.) dated 20.8.2014 on percentage employment of Persons with Disabilities (PwDs) for inclusion in the Annual Report, 2025-26.

Sl. No.	NAME	POSITION	CATEGORY	GROUP
1.	Dr. Rekha Meena	R.O. on adhoc basis	VH	A
2.	Shri Vinay Kumar	Section Officer	PH	B
3.	Dr. Raj Narayan	Assistant Research Officer	PH	B currently on lien
4.	Shri Saket Kumar	Asstt. Librarian	OH	C
5.	Shri Sudhir Gorai,	Lab. Assistant	OBC PH and HH	C

Way Forward: As NIHFW moves into 2026-27, the Institute continues to advance its mission through a strategic, top-down approach that integrates modernization, innovation, and collaboration to address emerging and persistent public health challenges. This forward-looking strategy positions NIHFW not only as a centre for training and research but also as a key driver of national health transformation.

3.1.2 NATIONAL INSTITUTE OF PUBLIC HEALTH TRAINING & RESEARCH (NIPHTR), MUMBAI

The National Institute of Public Health Training & Research, NIPHTR (erstwhile Family Welfare Training & Research Centre, Mumbai) is a Central Training Institute of MoHFW established in June, 1957. The institute conducts in-service training for healthcare personnel across the country on 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) which are affiliated to the 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 Master of Public Health (MPH) and 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.

Activities conducted-

A. Training:

Regular courses-

1. Diploma in Health Promotion Education (DHPE): The 39th batch of the Diploma in Health Promotion Education (DHPE) for the Academic Year 2025-26 was started since 23rd June 2025. A total of 29 trainees joined the DHPE course from various states like Maharashtra, Telangana, Andhra Pradesh, Odisha, Nagaland and Chhattisgarh. The course curriculum includes two-semester examinations and field postings. The course will be completed in May 2026. 29 students of the 38th batch of DHPE Course was appeared and passed the Final exam successfully in March 2025. The students of DHPE and PGDCHC courses visited national capital to gain insight into the working of countries various premier institutes like NHSRC, NCDC, NCVBCDC, ICMR and learnt about the role played by them in developing and implementing public health policies & programmes during educational tour at New Delhi.

2. Post-graduate Diploma in Community Health Care (PGDCHC): 16th batch of 4 trainees for PGDCHC commenced on 23rd June 2025 at NIPHTR, Panvel campus. The students completed the first semester examination and are in second term. The course will be completed in May 2026. The 15th batch of PGDCHC of 08 students completed course in May 2025, all the students passed and convocation was held at IIPS to receive their degrees.

New Public Health Courses-

1. Masters of Public Health (MPH): The institutes conduct MPH as regular two-year duration course affiliated to the Maharashtra University of Health Sciences (MUHS), Nashik with an intake capacity of 10 seats.

- **MPH Batch II (AY-2023-25):** The second batch of MPH comprising ten students after passing their first-year examinations, completed their two-month internships in different institutes along with family postings in urban and Rural areas. The students did their research projects in different domains of public health and will be submitting their final report before final examinations. There end-of-second-year University examinations due in December 2025.
- **MPH Batch III (AY-2024-26):** The third batch of MPH started in October 2024 and presently has eight students enrolled for it. The students have completed urban and rural field postings and have their end of the first-year examinations scheduled in winter 2025 session of MUHS.
- The two batches went for an educational tour to SEARCH, Hemal-kassa and PHI Nagpur to gain first-hand experience of Tribal health and public health activities done by state.
- **MPH Batch IV(AY-2025-27):** The fourth batch of MPH started in October 2025 with full strength of ten students. The students will appear for first-year examinations in October 2026.

2. Post Graduate Diploma in Hospital Management (PGDHM): The fourth batch of the PGDHM course started in June 2025, and 4 students have been enrolled for the course. Their curriculum comprises regular theory sessions, hospital-based research projects and Internships to ensure adequate skill development of the students. The course will be completed in May 2026. The third batch of PGDHM of 10 students completed the course in May 2025 and all the students passed. Convocation was held at IIPS where degrees were awarded to students.

3. Intermediate Field Epidemiology Training Programme (I-FETP): The Institute in collaboration with the National Centre for Disease Control (NCDC), Delhi, MoHFW, launched the first cohort of the Intermediate Field Epidemiology Training Programme (I-FETP) in 2024. In 2025, the first cohort (2024–25) comprising seven officers completed all five contact sessions and associated field activities including outbreak investigations. Graduation of first I-FETP cohort (batch) was held in September 2025. A research paper out of I-FETP work in Second International conference of Safetynet at Kuala Lumpur, Malysia. The second cohort (AY 2025–26) commenced in September 2025 with 10 officers [Maharashtra (2), Goa (1), Gujarat (2), and Telangana (5)]. The first contact session was held from 15–20 September 2025 at NIPHTR, Panvel Campus.

Skill development training courses:

NIPHTR is conducting Skill Development Training Programmes as identified by MoHFW namely – (i) Sanitary Inspector – 12 months duration, (ii) Diabetes Educator - 3 months duration, (iii) Home Health Aide - 4 months duration (iv) General Duty Assistant - 4 months duration, (v) First Responder – 4 days.

1. Sanitary Health Inspector (SHI): The Sanitary Health Inspector Course (Batch VIII) for the academic year 2024–25 successfully completed a six-week internship followed by the final examination. The Batch IX commenced on 1st July 2025, with 23 students currently enrolled. The students are undergoing regular academic sessions, field visits, and practical postings to enhance their technical and field competencies. The first semester examination for Batch IX is scheduled for December 2025.

2. First Responder (FR): The Institute is offering skill-based training on First Responder techniques to various categories of the employees and general public. The institute organized special batches of this course for the Asha Workers under Panvel Municipal Corporation (PMC). A total of 5 batches and 168 Asha workers were trained in these batches with essential life-saving skills.

Other trainings:

1. Mission Karmayogi: MoHFW 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 i-GOT platform to enhance the knowledge, skills, and attitude of officials and thus facilitate building their career trajectory. NIPHTR has successfully onboarded all 39 faculty and staff members onto the i-GOT platform. A total of 1698 courses were completed till March 2025 by officers & staff through i-GOT. Courses namely (i) Leadership in Nursing, (ii) WASH, (iii) Awareness about Yellow Fever Vaccination and (iv) BCC in Public Health has been finalised.

NIPHTR have completed master trainers training from 15th July 2025 to 17th July 2025 where we trained 17 participants from 6 Institutes. Institute has completed Rashtriya Karmayogi Jan Seva (large scale) on 17th September 2025 in Khetwadi campus and 8th October 2025 in Panvel campus.100 percent of faculty and staff of the institute are trained by 4 master trainer and 1 lead trainer.

2. 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 the Regional Kshamata Kendra (RKK) for Mumbai District AIDS Control Society (MDAC's) & Goa State Aid Control Society (GSAC's). The purpose is to provide capacity building support to Targeted Intervention Projects in their respective states. In 2025-26, NIPHTR has completed 15 batches and trained 297 participants which includes ORW, PE, Counsellor, M&E, PM, of TI service providers for Induction and Spa & Massage parlour (SMP) Training in Mumbai district and 1 batch for induction training in Goa with 31 participants.

B. Research

Extramural Projects

ICMR Project on Burn: NIPHTR, Mumbai is one of the ten peripheral centres for the ICMR's National taskforce 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 completed Phase II of the project under which it 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 & Ajiwali PHC). The institute has received sanction for third year 2025-26 and has started collecting data for 3400 households from survey area post IEC intervention as last phase of the project.

Intramural Projects

Research is being conducted by involving NIPHTR trainees. The research projects undertaken were namely, (i) Health-Seeking Behaviour and Out- of-Pocket Expenditure for Childhood Illnesses, (ii) Health Perception, Health-seeking Behaviour and Occupational and Sexual Risks Among Bridge Population, (iii) Risk Factors and Preventive Practices, Influencing Dengue Outcomes, (iv) Perception of Patients Suffering from Common Musculoskeletal Disorders Towards Treatment Modalities, (v) Challenges Faced by People Living with Locomotor Disability, (vi) Knowledge and Practices and Challenges Faced by Sickle Cell Patients, (vii) Prevalence of Modifiable Risk Factors of NCDs among Urban ASHA workers, (viii) Factors Associated with Anaemia among the Women of Reproductive Age, (ix) KAP of Oral, Breast and Cervical Cancer and its Screening.

C. SIP (Summer Internship Programme): The Institute conducted fourth year in running Summer Internship Programme (SIP) done by MUHS Nasik. The institute organized a comprehensive two-week program from May 26th to June 6th 2025, to provide experiential insights for three learning goals approved by MUHS. The learning goals taught were "Health Education", "Nutrition and Health & Diseases" and "IHR-from Policy to People's Health Security". The learning goals were undertaken by a group of 11 students.

D. National and International Health Days: Important International and National Health Days were being observed regularly at NIPHTR. Some of the activities done around the year is mentioned below:

1. Swachhta Hi Seva: NIPHTR observed "Swachhotsava" the Swachhata campaign under the "Swachhata Hi Seva Abhiyan" during 17 September to 2 October, 2025. As part of the mission Shramdan event was organized at both Panvel and Khetwadi campus and surrounding areas with the name "Ek Din Ek Ghanta Ek Saath" with help of local leaders and NGOs.



2. Health Week: Breastfeeding week, Nutrition week, Vigilance Week, Leprosy Day, were observed in both Panvel and Khetwadi campus and nearby areas.

3. The institute observed the **International Yoga Day** on 21 June 2025 at Panvel Campus. On this occasion Yoga Expert demonstrated Yogasana to the participants. In this program 10 officers and 35 staff members actively participated and performed yogasana.



4. Foundation Day of NIPHTR: The institute celebrated its 68th foundation day on 27 June 2025. On this occasion a Symposium on One Health: a new frontier in Public Health was organized. Eminent speakers from the various Public Health Institute and Medical collages enlightened the participants on various dimensions of One Health.



5. Swastha Nari Sashakta Parivar Abhiyaan (SNSPA): SNSPA activities were conducted from 17th September to 2nd October, 2025 to contribute towards achieving the goal. Majority of activities were carried out in coordination with the state and district health authorities. Activities like comprehensive check-up, laboratory testing and basic investigations, mental counselling, adolescent counselling, health exhibition, awareness rallies were carried out.

E. Clinical Services: The Institute provide OPD services through its clinic at Khetwadi and Panvel Campus with an attached laboratory which provides basic investigations. Following services are offered:

i. Mother & Child Health services: ANC, PNC, Family Planning services including IUD insertion, RTI/STI management, management of common childhood illness etc. in 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.

F. 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.

G. हिंदी राजभाषा विभाग / Hindi Raj Bhasha Vibhag: हमारे कार्यालय का हिन्दी विभाग सक्रिय रूप से कार्यरत है। कार्यालय में मंत्रालय द्वारा दिये गये सभी आदेशों, अनुदेशों का पालन किया जाता है। कार्यालय में निदेशानुसार नवीनीकरण के साथ हम कार्य के कार्यान्वयन में प्रयासरत रहते है। प्रत्येक तिमाही मे राजभाषा संबंधी प्रगति रिपोर्ट ऑन लाइन भेजी जाती है। प्रत्येक छः माह में छ्माही प्रगति रिपोर्ट, नगर राजभाषा कार्यान्वयन समिति, मुंबई को भेजी जाती है। नगर राजभाषा कार्यान्वयन समिति, मुंबई की सभी बैठक में कार्यालय प्रमुख एवं प्रतिनिधि उपस्थित रहते है एवं हिन्दी कार्यान्वयन में पूर्ण रूप से सहयोग देते रहते है। हर वर्ष हिन्दी पखवाड़ा दि. 14 से 30 सितंबर तक मनाया जाता है, जिसमे हिन्दी निबंध, तात्कालिक भाषण, टिप्पण– मसौदा लेखन, अनुवाद एवं यूनिकोड में टंकण, चित्र–कहानी, समाचार वाचन प्रतियोगिता आदि का आयोजन किया जाता है तथा सभी विजेता सदस्यों को प्रथम, द्वितीय एवं तृतीय पुरस्कार, हिन्दी समारोह में बुलाये गये सम्मानित अतिथि द्वारा प्रदान किए जाते है। राजभाषा के वार्षिक कार्यक्रम में दिए गए लक्ष्यों को ध्यान में रखते हुए हमारे संस्थान के सभी अनुभाग द्विभाषी रूप से कार्य करते हैं|

3.1.3 THE GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST (GIRHFWT), GANDHIGRAM:

The Gandhi gram Institute of Rural Health and Family Welfare Trust (GIRHFWT), is an autonomous Institution of the MoHFW, New Delhi

contributes towards promotion of health and family welfare in the state and country. The main activities of the Institute are in-service training of medical and para-medic personnel, carrying out research studies, monitoring & evaluation, conduction of Diploma and Post-graduate Diploma courses and specialized projects in the field of health and family welfare.

A. Training:

1. Health and Family Welfare Training Centre

Health and Family Welfare Training Centre (HFWTC), Gandhigram provides trainings to the various healthcare professionals from the six health unit districts (HUD) in Tamil Nadu allotted by NHM-Tamil Nadu. These training enhances and updates on knowledge and skills of the healthcare providers with the latest programs, practices and methodologies. The training Centre trained 2164 health care professionals during the period January to October 2025. Among the 2164 health care professionals, 416 were Medical Officers (MOs) and 1748 were para medical staff includes Staff Nurses, MLHPs, Pharmacists, Health Inspectors, Lab Technicians, OT assistant and ANM/VHN/UHN.

Domains of Training programs conducted	Domains of forthcoming Training programs
• Comprehensive Training (UHC)	• Comprehensive Abortion Care -MTP
• Integrated Refresher Training	• Routine Immunization
• Lakshya Training	• Dakshata Training
• Dakshata Training	• Family Welfare Programmes - Laparoscopic and MiniLap sterilization training
• Midwifery -Led Care Unit training	• Comprehensive Training (UHC)
• Family Welfare Programmes - Laparoscopy, IUCD & Minilap	
• Induction training to Medical Officers	

(i) Research & Publications

Sathya Jeganathan and et al. (2025) "Continuation of Kangaroo Mother Care when transitioning from Facility to Community: Maternal and Familial perspectives from south India" - BMC Health Services Research (preprint).

(ii) Conferences

DPHICON 2025-4th ANNUAL INTERNATIONAL PUBLIC HEALTH CONFERENCE was held in Salem from 27 & 28 September, 2025. Four research papers were presented on the titles given below.

- Bridging policy and practice - Skin-to-skin contact, Breastfeeding, Zero separation in LaQshya certified facilities in Tamil Nadu-Cross sectional Study
- Respectful Maternity Care (RMC) in LaQshya certified Government Health Facilities in Tamil Nadu
- Maternal Autonomy and Child Nutrition Outcomes in Tamil Nadu: Evidence from NFHS-5 Data (2019–21)
- Trends and determinants of caesarean deliveries in Tamil Nadu: A comparative analysis of NFHS-4 and NFHS-5

Paper presentations in DPHICON-2025 conference



Paper presentations by our faculty
KM CCON 2025







(iii) Award



Lifetime Achievement Award

Dr. Sathya J, Principal of HFWTC, received a lifetime achievement award for newborn care in NeoCORE 2025 conference which was organized by Sri Ramachandra Medical College and Research Institute, Chennai

2. Post graduate Diploma in Health Promotion and Education

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 30 students each academic year, ensuring personalized attention and a focused learning environment.

Our Institute has successfully produced 1559 students (till 61st Batch) who are effectively and efficiently involved in the aspect of health promotion and education in all the National Health programs and thus effectively contributing their services in NHM.

(i) Concurrent Field Training (CFT) Orientation Program: The CFT orientation program was conducted for the 61st batch students (12 students) from 27.01.2025 to 04.02.2025 (8 days).

(ii) Concurrent Field Training (CFT): The CFT program was conducted for the 61st batch students (12 students) from 7th May 2025 to 30th May 2025 by the concerned DHPE department faculty at Munnilaikottai village, Dindigul District.



(iii) Supervisory Field Training (SFT): As per the time schedule, the Supervisory Field Training (SFT) was carried out by 12 students under the guidance of 2 faculties.

(iv) University Examinations: Completed the university theory examination for 12 students in October 2025.

(v) 62nd Batch (2025–2026): Admissions for 62nd batch for the year 2025-26 were completed with 17 candidates from different

states: Chhattisgarh – 2, Sikkim – 1, Andaman & Nicobar – 1, Telangana – 5, Andhra Pradesh – 8. Theory and Practical sessions to the PGDHPE students being inculcated as stipulated by the university.

3. Regional Health Teachers Training Institute

(i) Health Visitor Course (HV Course) - 6 months:

We have enrolled 15 candidates for 13th batch deputed from the Directorate of Medical & Rural Health Services (DMS), Directorate of Medical Education (DME) and DMS (ESI). Theory and practical sessions were handled till March 2025. The candidates appeared for the Government board examination and results were declared by DPH&PM, GoTN, Chennai. Preliminary works were initiated for commencing 14th batch of HV Course.



Short term training programs namely MCH Skill Training (Self Sustainable model), Induction training on MLHPs and Community Health Nursing were conducted to enhance the knowledge and skill of the B.Sc.(N) students totaling 526.



B. Research

Population Research Centre:

I. Research Studies -Multi-centric Studies

- **National Rehabilitation Centre Services and Linkages (Lead: PRC Kerala):** Completed in Tamil Nadu districts (Thiruvannamalai, Madurai, Dharmapuri, Vellore). Data submitted for national compilation.
- District Mental Health Programme (Lead: PRC Bangalore) – Completed in Dindigul & Theni; Tamil Nadu





II. Primary Studies

1. Performance of CEmONC Centres in Tamil Nadu: Evaluated efficiency, infrastructure, and service quality in Virudhunagar, Coimbatore, and Thiruvannamalai. Found major gaps in equipment, manpower, and referral systems. Recommended infrastructure upgrades, staff training, and better resource management.

2. Mobile Medical Units (MMUs) in Tribal Areas: Conducted in Dindigul, Krishnagiri, and Salem. Highlighted the MMUs' vital role in reaching remote populations but stressed the need for improved diagnostics, transport, and community engagement.

3. Discontinuation of Centchroman Pill Usage: Ongoing study in four districts (Madurai, Thiruvannamalai, Erode, Salem). Ethical clearance obtained data collection is in progress.





III. NHM-PIP Monitoring (Jan–Sep 2025): Monitoring conducted in 18 districts of Telangana and 17 districts of Madhya Pradesh. Teams assessed health facilities (DHs, CHCs, PHCs, UPHCs, and HSCs) for programme implementation and HMIS data verification.



C. Projects

1. Kangaroo Mother Care (KMC) Project funded by NHM-Tamil Nadu – 24 months: A project "Feasibility of Community care for vulnerable children discharged from Government SNCU – Emphasis on community KMC & Quality Improvement Initiative through Private Public Model" has been developed and subsequently sanctioned by National Health Mission-Tamilnadu Innovative scheme. The project was implemented in two blocks in Dindigul (Sanarpatti & Vadamadurai blocks), Theni (Andipatti & Theni blocks) and Kanchipuram (Utiramerur and Wallajabad blocks) districts of Tamil Nadu. Project period is February 2024 to March 2025. Activities that were carried out till December 2024 were cKMC – QI Workshops, Strengthening of KMC ward at GMCHs, Printing of Training Modules for facility and community staff, IEC posters, AV aids and Hand-outs for mothers, Hands on training & planning (Village Health and Nutrition staff) and Orientation training for village leaders and SHG members.

Activities carried out since January 2025 is under:

(i) Monitoring services - tele monitoring services at SNCU: Monitoring services were provided by the staff nurses at concerned facilities among the mothers whom have been admitted as well as discharged from the concerned Govt. Medical College Hospitals in Three districts namely Dindigul, Theni and Kanchipuram. Tele-nurses of SNCUs were given orientation to use mobile app for providing follow up services for the mothers discharged from SNCUs. Tele nurses collecting data on KMC aspects and follow up services from the eligible mothers on 7th, 14th and 30th day of discharge.

(ii) Home visits by Ekam foundation for assessment of the KMC practice at community level: Household visits were being made to contact the discharged vulnerable babies and discuss about their mothers about the cKMC practices including breastfeeding and SSC practices. Responses were collected as outcome measurement using the mobile app.

(iii) PDSA assessment with H & N functionaries -Block level: A PDSA assessment and review meeting was held at GMCH- Dindigul with Health and Nutrition staff members. Medical Officials and senior Nursing staff from GMCH-Dindgul, Medical officers and DMCHOs of targeted two blocks, nutrition department officials and staff members along with HFWTC team

participated. It was emphasized for home based new-born care especially KMC and Exclusive Breastfeeding. It was opined that establishment of KMC ward with necessary infrastructure and supplies were helped the mothers to practice KMC effectively. It was expressed that cKMC project helped in their respective blocks with decline of infant deaths.

(iv). Dissemination: Dr. J. Sathya, Principal-HFWTC and Principal Investigator-cKMC project has participated and disseminated the cKMC project in the National level Workshop on KMC held in New Delhi on 1.4.2025.



2. Challenges in implementing LaQshya in Government health facilities: 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 was carried out in 10 high Maternal Mortality Rate (MMR) districts and 2 Aspirational districts of Tamil Nadu. Within each district, one medical college and at least one district or sub-district hospital were included. A total of 27 facilities were visited to identify challenges, while 35 facilities were assessed for Respectful Maternity Care (RMC). The collected data were analysed and findings and report submitted to TNHSRP, Chennai.





(i). Project Dissemination: Identified findings were disseminated at TNHSRP conference held in Chennai. Subsequently district level dissemination was conducted in Dindigul, Tirunelveli and Tirurvarur Government Medical College Hospitals in Tamil Nadu





Dissemination workshop on "Strategies to Reduce MMR &IMR" at Government Medical College and Hospital, Dindigul



3.1.4 MISSION KARMAYOGI AND CAPACITY BUILDING INITIATIVES

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. MoHFW remains steadfast in its commitment to enhancing the capacity of its human resources through the implementation of the Mission Karmayogi. This annual report provides an overview of the significant strides made in capacity building initiatives during the fiscal year 2025-2026. MoHFW has till now identified 68 MDOs from various institutions/autonomous bodies/regulatory bodies and onboarded 74,342 employees.

- **Annual Capacity Building Plan (ACBP) 2025-2026:** The Ministry has meticulously formulated and executed the ACBP 2025-2026, encompassing a diverse range of 92 courses categorized into functional, behavioural, domain-based, and common modules. Of these, around 17,756 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. As mandated by DoPT, the Ministry has selected 6 courses for each pay level of the Ministry, out of which 50% (3 courses) are mandatory and will graded and included in the APAR document of Officials/Officers of MoHFW. The 6 courses have been circulated via eOffice for consumption by Officers/ Officials posted in DoHFW.
- **Enhancing the iGOT Portal:** The Ministry and NIHFW have collaborated to upload 12 valuable courses on the iGOT portal in the Health Domain aimed at endowing learners with a holistic view of the health sector of India. The courses uploaded are as follows-
  - » Best Practices in Nursing
  - » Diabetes Prevention and Management (bilingual)
  - » Health and Well Being Perspective of Naturopathy
  - » Health and wellbeing perspective of Yoga
  - » Management of Metabolic Syndrome through Naturopathy
  - » National Program for the health care of the Elderly (bilingual)
  - » Ayushman Bharat Digital Mission for doctors
  - » Ayushman Bharat Digital Mission for Labs
  - » Ayushman Bharat Digital Mission for hospitals
  - » Know Your Ministry- Ministry of Health and Family Welfare
  - » Fire Safety in Healthcare Institutions
  - » National Health Mission
- In addition to the above courses, another course, Fire Safety in Healthcare Facilities, created by the Disaster Management (DM) cell has been uploaded which was inaugurated by the Hon'ble Union Minister of Health & Family Welfare on 06.05.2025. 6 more courses are in the pipeline which will get uploaded on the iGOT Portal in due course.
- **Rashtriya Large Scale Jan Seva Program (Phase 1):** The Rashtriya Karmayogi Large Scale Jan Seva Program is a flagship behavioural training initiative of the Capacity Building Commission (CBC), designed to strengthen the spirit of public service among government officials. The program aims to help officials reflect on their purpose, build stronger alignment between their personal values and professional roles, and cultivate behaviours rooted in citizen-centricity, collaboration, and public service ethics. This

program has been planned in 2 Phases. In the Phase 1 of the program, Central Government Employees working for different Ministries and Departments in Delhi were to be trained. The Phase 2 of the program has taken the Training Initiative to Central Government offices located across the country. Phase 1 of the Rashtriya Large Scale Jan Seva Program for the Ministry was completed in the month of April 2025. 11 officers of the level of DS/Director of DoHFW including DGHS and NMC were trained as Master trainers. These master trainers have further trained 853 officers/officials of DoHFW in 32 batches.

- **Rashtriya Large Scale Jan Seva Program (Phase 2)-** The Phase 2 of the program is presently under implementation across 60 institutions under the Ministry. As on 27.11.2025, around 45% of total institution strength of institutes under the Ministry have been trained as Jan Seva Karmayogis. The Ministry aims to finish the Phase 2 of this program by 31.12.2025.
- **Future Outlook and Recommendations:** To further strengthen the Karmayogi Mission and optimize capacity building efforts, the following recommendations are proposed:

i- **Assigning Dedicated Learning Hours for Officers/Officials:** Dedicated learning hours should be assigned where Officers/Officials can consume courses on the iGOT portal for fostering an environment of continuous learning.

ii. **Uploading more Domain Courses in the Health Domain:** Developing and uploading more domain-based courses will ensure that employees stay informed about the latest developments happening in the Health Sector of India.

iii. **Capacity Building for Content Creators:** Conducting workshops for content creators will empower them to develop engaging and effective learning materials.

iv. 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 01.01.2025 to 31.12.2025, about 54.26 lakh patients visited OPDs, 3,06,881 surgeries were performed and 3,92,518 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@	24,40,112	1,78,395	1,53,026	1855	305	2160
Dr. R. P. Centre	8,01,182	56,751	55,158	288	22	310
Dr. BRAIRCH	2,09,553	68,169	10,486	174	15	189
Cardiothoracic Centre	3,14,822	23,771	7,089	400	64	464
Neurosciences Centre						
NDDTC	3,60,748	1,308	--	50	--	50
CCM	4,68,651	8,375	610	52	--	52
JPNATC	1,17,937	7,586	7,477	238	21	259
CDER	5,95,464	1,390	33,371	20	--	20
NCI, Jhajjar+	1,17,517	46,773	39,664	710	--	710
Total	**54,25,986**	**3,92,518**	**3,06,881**	**3,787**	**427**	**4,214**

@ Main hospital includes Surgical, Burns and Plastic Surgery Department (B&PS), Mother and Child Block (MCH) & National Centre for Aging (NCA) Blocks.

Dr. R. P. Centre: Dr Rajendra Prasad Centre for Ophthalmic Sciences

DR BRAIRCH: Dr. B. R. Ambedkar Institute Rotary Cancer Hospital

NDDTC: National Drug Dependence Treatment Centre

CCM: Centre for Community Medicine

CDER: Centre for Dental and Educational Research

JPNATC: Jai Prakash Narain Apex Trauma Centre

3. Medical Research

Research is an important component of the AIIMS Trinity of Mission. Research Section is the nodal office to facilitate research capacity building support to the AIIMS faculty and student researchers through the Centralized Core Research Facility (CCRF) and Clinical Research Unit (CRU) for basic and clinical sciences respectively. The Centre for Medical Innovation & Entrepreneurship (CMIE) augmented by the Intellectual Property Rights & Technology Transfer Division (IPR-TTD).

3.1 Extramural Projects

A total fund of Rs.4,11,79,79,714/- was received for 1020 projects from several agencies viz. ICMR, DST, DBT, DHR, SERB, Non-Government/ Indian Funding Agencies (private), International, Ministry/ PSU/ Autonomous bodies, etc.

3.2 Intramural Projects

Various new schemes of Intramural Research Grants viz Early career research grants, Inter-disciplinary collaborative research grants, Undergraduate Mentorship for Research Skill have been initiated. A new intramural funding scheme is introduced for NCI-AIIMS Jhajjar to encourage Cancer Research. Financial support is also provided to MD/MS/MDS/DM/MCH residents for accomplishing the research objectives in their thesis. A total 412 projects were approved under various schemes during the period from 01.01.2025 to 31.12.2025 and total grant received for the projects is Rs.6,80,46,170/-.

4. Budget

A Budgetary support of Rs.5417.21 Crore under Grants-in-Aid was provided by the Government during the period from 01.01.2025 to 31.12.2025. 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 (PGIMER), Chandigarh declared as an Institute of "National Importance" in 1967. PGIMER, Chandigarh, is one of India's leading tertiary healthcare, medical education, and research institutions.

The Institute is fully funded by MoHFW. 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 have expanded significantly from the original Nehru Hospital to multiple specialized facilities, including the New OPD Block, Advanced Pediatric Centre, New Emergency Block, Advanced Eye Centre, Drug De-addiction Centre, Advanced Cardiac Centre, and Advanced Trauma Centre. Reflecting its continued excellence, PGIMER secured the 2nd rank in the medical category of the National Institutional Ranking Framework (NIRF) 2025.

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 the year is as under:

Patients Attendance (including Emergency)	(January 2025 to December 2025)
Outdoor	28,58,761
Indoor Admissions	1,08,917
Emergency OPD	1,09,708
Emergency Admission	46,226

The number of minor and major surgeries during this year is as under

Surgeries	(January 2025 to December 2025)
Minor	42,042
Major	57,532
Emergency Minor	2,447
Emergency Major	19,339

Emergency Services

The Emergency Complex and Advanced Trauma Centre provide all medical and surgical emergency services including investigations and operations under one roof. The details of patients (OPD, IPD and emergency services) given below presents an over view of the workload in PGIMER:

Patients Attendance (including Emergency)	Projection/estimations (Approximate) year 2025 -26 (January 2026 to March 2026)
Outdoor	7,00,000
Indoor Admission	28,000
Surgeries (January to March 2026)	
Major	14,000
Minor	11,000

Academic Activities

PGIMER 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 01.01.2025 to 10.11.2025, the number of candidates who have acquired various degree is as under:

45 Ph.D. degrees

72 MD degrees

27 MS degrees

36 DM degrees

27 M.Ch. degrees

7 M.Sc./M.Sc. Medical Lab. Technology degrees

10 Master of Public Health degree

08 Fellowship PGI

5 MDS degree

115 B.Sc. Nursing (4year/Post Basic) degree

7 M.Sc. Nursing degree

73 Paramedical degree

Information & Technology:

The following modules in the Hospital Information system are presently functional:

Registration; Out Patient Department; In-Patient Department; Emergency; Laboratory Services; Patient Billing Support Services Modules; Appointment and Scheduling; General Patient Enquiry; Back O ce Services Modules for Blood Bank, Laundry, Accounts, Duty Roster, Transport, Administration (Human Resource), Hospital Equipment Maintenance/ Infrastructure Maintenance (HEM/ IM), Procurement System and Online Inventory. The statistics of the services provided through the HIS are as below. Patients registered for Pre-registration through PGIMER Web Portal is 87,257. During the financial year 2025 (01.01.2025 to 31.10.2025), total 90,990 Admissions & 86,049 Discharges (approx.) of patients has been done through HIS. Patients registered during 2025 (01.01.2025 to 31.10.2025), through HIS system are 23,85,256.

Medical Education & Research Cell

The details of research activities of the Institute w.e.f. 01.01.2025 to 08.01.2026 is mentioned as under:

Sl. No.	Project	No.	Amount
1.	Intramural (PGIMER)	26 (01.01.2025 to 10.01.2026)	Rs.1,87,50,221/-
2.	Extramural (CSIR, DBT, DRUG TRIAL, DST, FOREIGN, GOVT OF INDIA, ICMR, WHO, NATIONAL/ STATE AIDS CONTROL)	649 (01.01.2025 to 08.01.2026)	Rs.156,62,51,850.67

The Institute performed 250 kidney transplants, reinforcing its leadership in renal transplantation. The Institute also retained its leadership in Simultaneous Pancreas-Kidney (SPK) transplantation, completing 11 procedures in 2025 and 67 since inception.

The PGIMER satellite centre at Sangrur, Punjab, continues to develop as a major healthcare hub for the Malwa region, serving 1.27 lakh outpatients and 824 inpatients during the year. With a view to make the PGIMER Satellite Centre, Sangrur fully operational, 35 regular (faculty and non-faculty) posts have been created on 12.08.2025.

To manage patient inflow and enhance patient experience, PGIMER partnered with the National Service Scheme (NSS) under Project SARATHI. Through this initiative, 1,500 volunteers contributed nearly 90,000 hours of service, significantly improving patient navigation and support services.

3.2.3 JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER), PUDUCHERRY

Introduction:

Established in 1956, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, is a premier institution providing undergraduate, postgraduate, and super-specialty medical education, advanced research, and comprehensive tertiary healthcare. The Institute has a bed strength of 1,828 and annually caters to over 15 lakh outpatient visits, nearly 80,000 inpatient admissions, and approximately 45,000 surgeries. JIPMER retained its 4th rank in the NIRF 2025 medical category. 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. The JIPMER Multispeciality Consulting Unit at Yanam commenced its functioning with Outpatient Department (OPD) services w.e.f 25 February 2024 and expanded its services in 2025 with the addition of dialysis, inpatient, and operation theatre facilities.

Overview of Institute Activities 2025:

Patient Care Activities:

The Institute's hospital complex includes 34 outpatient clinics and more than 105 specialty clinics, with a bed strength exceeding 2,200, of which approximately 10% are dedicated to intensive care and high-dependency units. The Institute's in- house laboratories perform more than 85 lakh investigations annually, supporting timely and accurate diagnosis and treatment. The steady increase in patient numbers underscores the trust placed in the Institute's clinical services by individuals from across the country, including states such as Tamil Nadu, West Bengal, Andhra Pradesh, Telangana, and Kerala.

Healthcare infrastructure was significantly strengthened with the commencement of services at the renovated Emergency Medicine and Trauma Care Block on 27 May 2025. The facility features eight ambulance bays, advanced triage and resuscitation areas, upgraded emergency wards and trauma theatres, and can handle 350–400 emergency cases daily. To enhance the quality of patient care services and medical education, 557 posts of additional Faculty and Non-Faculty Posts in JIPMER Puducherry have been created on 02.07.2025.

JIPMER is further expanding its healthcare infrastructure through the construction of a 150- bed Critical Care Hospital Block under PM-ABHIM and the installation of a new 128-slice CT scanner in the Emergency Block, aimed at enhancing emergency patient care.

The number of patients who attended the outpatients' departments and those admitted for treatment during the year is as under:

TABLE - A: Hospital Statistics from January 2025 to December 2025

Patients Attendance (including Emergency)	January 2025 to December 2025
Outdoor	1521735
Indoor Admission	82242
Surgeries	
Major	22525
Minor	25018
Total Surgeries	**47543**

TABLE - B: Hospital Statistics Projections From January 2026 To March 2026

Patients Attendance (including Emergency)	Projection/ estimations (Approximate) year2025-26 (January 2026 to March 2026)
Outdoor	418477
Indoor Admission	22617
Surgeries	
Major	6194
Minor	6880
Total Surgeries	**13074**

Academic Activities:

In the year 2025, a total of 243 students were admitted both for Puducherry and Karaikal campus in the month of August 2025. During the year the following students are acquiring various degrees:

Ph. D - 39; DM - 49; M.Ch. - 26; PDCC – 11; PDF-9; MD - 269; MS -129; MDS - 1; MBBS – 408 (Total - 941)

Research Activities:

Research remains a cornerstone of JIPMER's institutional vision. The Central Research Facility continues to provide vital support for basic, clinical, and translational research initiatives. Around 167 research projects were ongoing in 2025 with a total sanctioned funding of approximately ₹105 crore from various external agencies. The Institute also

sanctioned intramural grants amounting to about Rs.2.43 Crore to support faculty and junior researchers. Since January 2025, approximately 785 scientific publications have been produced by JIPMER faculty and residents, reflecting sustained research productivity and impact.

Two new intramural funding schemes -Competitive Intramural Research Grants and Early-Carcer Research Grants—were launched to encourage high-quality, innovative research among faculty. The 10th Annual Research Day, held in March 2025, featured 120 scientific abstracts presented across eight categories, encompassing oral and poster sessions and workshops on many Clinical, Basic sciences and public health related topics.

Innovations and Entrepreneurship

Innovation, Incubation and Entrepreneurship Cell (2025) was initiated in this year. The Institute filed 13 patent applications, of which nine were granted; the remaining are under review at the Intellectual Property India, Chennai.

Information & Technology:

JIPMER has started registration and distribution of ABHA (Ayushman Bharat Health Account) health cards. Users benefit from secure, consent-based data sharing with doctors, improved access to care, integration with government schemes like PM-JAY for subsidized services, and the ability to link various public health programs to a single, unique ID. A robust comprehensive ABDM compliant Hospital Information Management System developed by C-DAC is under implementation.

Community Outreach Activities

JIPMER continues its mission of equitable healthcare through extensive community outreach via its Urban and Rural Health Centres, o ering preventive, maternal, and adolescent health services. Innovative initiatives such as telemedicine, e-Sanjeevani, and tobacco cessation clinics have strengthened rural access and rehabilitation support. Regular health camps, national campaigns, and public health observances fostered awareness and participation.

3.2.4 VARDHAMAN MAHAVIR MEDICAL COLLEGE (VMMC) AND SAFDARJUNG HOSPITAL (SJH), NEW DELHI

Introduction

From modest beginning in 1942 as Military Base Hospital with 204 beds to handle causalities of Second World War in 1942, Safdarjung Hospital 's role and responsibilities has increased manifold. 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 Vardhaman Mahavir Medical College (VMMC) established in November 2001 is also associated with SJH. Further, a Sports Injury Centre (SIC) was inaugurated on 26th September, 2010 to provide integrated surgical, rehabilitative and diagnostic services under one roof for management of sports injuries and related joint/ bone ailments. Considering increased patient load on SIC, a new state of art building was inaugurated on 8th January, 2024. The New Emergency Block (500 beds) and Super Specialty Block (with 430+125 beds), was inaugurated on 29.06.2018 and New SIC 2024 (135 beds) 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 causalities Department. The hospital also provides the services for cardiac catheterisation, lithotripsy, sleep studies, endoscopies, arthroscopies, video EEG, spiral CT, MRI, colour Doppler , mammography and BACTALERT 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 endeavours to continue meeting challenges whilst keeping abreast with research and developments in medical domain for best patient care. Few of the milestones achieved during 2025 by SJH are as follows:

I. The Major achievements of the Hospitals in brief are as under: -

i. Safdarjung Hospital was recognized as one of the "World's Best Hospitals 2025" by an independent analysis conducted by Newsweek and Statista.

ii. **Record-Setting Robotic Surgery:** The hospital's urology department successfully removed a giant adrenal tumor (measuring 18.2 x 13.5 cm) from a patient using minimally invasive robotic surgery. This is reported to be the largest adrenal tumor ever removed robotically in a minimally invasive procedure globally.

iii. **Inauguration of New Facilities:** A state-of-the-art Virtual Clinical Anatomy Laboratory and a modern Burns OPD Block were inaugurated. The virtual lab features a sophisticated 3D anatomy visualization system for medical education and research. The new Burns OPD o ers expanded infrastructure, a 10-bed emergency unit, and a dedicated physiotherapy center.

iv. **Advanced Urology Services:** Through a Corporate Social Responsibility (CSR) initiative with the Power Grid Corporation of India, the hospital is upgrading its urology department with advanced machines, including India's first video urodynamic machine with near- infrared spectroscopy and a thulium fiber laser for prostate and kidney stone surgeries.

v. **Nodal Centre for Mother- Newborn Care:** The Union Health Ministry selected Safdarjung Hospital as a nodal center to provide exposure visits, training, and mentoring to other states/UTs for establishing Mother-Newborn Care Units (MNCUs).

vi. **Academic and Educational Milestones:** The hospital held its first-ever convocation ceremony for paramedical students in March 2025. It also organized the SCOPE COURSE 2025 under the aegis of the Delhi State Chapter, ASI.

II. Patient Related services & New Initiatives:-

i. **New Burns OPD Block and Virtual Clinical Anatomy Laboratory:** These two state-of-the-art facilities inaugurated in October 2025. The Burns OPD block o ers expanded infrastructure, including specialized dressing suites and a 10-bed emergency unit, while the anatomy lab provides interactive 3D learning and digital dissection tools for medical students

ii. **Multisports Turf:** A new multi sports turf was inaugurated on May30, 2025.

iii. **MSK & Sports Intervention Unit:** An ultra-sound machine was inaugurated at the MSK & Sports Intervention Unit at the Sports Injury Center as a CSR initiative by the HCL Foundation.

iv. **Creation of Posts:** 4 Posts of Assistant Professor created for Ortho Department in 2025.

VI. Hospital data from January to September 2025.

a. Status of Admission/Operations:- Total number of In- patients (admitted) and operations conducted in this hospital in January to September 2024: -

Admission Jan - Sep 2025	Major Operation Jan – Sep 2025	Minor Operation Jan – Sep 2025	Total Operation Jan – Sep 2025
143609	34714	12783	47497

b. Statistics (X-Ray Examinations)

Year	No. of X-ray Examinations
January to September 2025	284242

c. Statistics Deliveries in Department of Obs & Gynae :-

Year	Number of deliveries
January to September 2025	13544

d. OPD Attendance: -

Year	Number of OPD Patients
January to September 2025	2986679

e. Sports Injury Center:- Patients attendance/surgeries

Period	OPD	Physiotherapy OPD	IPD	O.T.
January to September 2025	119482	63504	5761	4649

f. The data on percentage employment of Persons with Disabilities (PwDs):

Group of Post	Total	Type of disability				
		A	B	C	D	E
Group A Non Medical	163			6		
Group A (Senior Resident)	622			5		
Group A (Junior Resident)	359			8		
Group B	2516	7	3	20		
C (Excluded Sweeper)	799			38		
C (Sweeper)	643		1	7		
Total	**5002**	**07**	**04**	**84**		

A. Blindness and Low Vision

B. Deaf and hard of Hearing

C. Locomotors 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

3.2.5 ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCE & DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

I. Introduction

Dr. Ram Manohar Lohia Hospital, formerly known as Willington Hospital, was established in 1932 with only 54 beds. Over the years, the hospital has expanded significantly. At present, it has 1,538 beds and is spread over 30 acres of land. Atal Bihari Vajpayee Institute of Medical Science is the college associated with the Hospital providing quality medical education.

II. Hospital Services

1. This hospital is catering to a large number of populations not only from Delhi, but also from across the country. It has 94 beds in a Nursing Home to facilitate C.G.H.S beneficiaries, pensioners and 1538 beds are available to cater the general patients.
2. The hospital is equipped with the latest and essential medical equipment and gadgets. The Medical and Surgical treatment facilities provided by the Hospital are comparable to those offered in the private health care sector.
3. The hospital provides round the clock emergency services by the Medicine, Surgery, Orthopedic & Pediatric Departments and other super-specialty emergency services which are available on call round the clock.
4. There are 07 Major and 07 Minor state of the art Operation Theaters and 08 Intensive Care Units.
5. All supportive services like Laboratory, X-Ray, CT Scan, MRI, Ultrasound, Blood Bank and Ambulances are available round the clock.
6. The number of patients attended in the Indoor and Outdoor Patient Departments, deliveries (till date), as well as those admitted for treatment during this year, are as under;

Indoor patient admission	62,898
Number of patients reported in Emergency	2,47,554
OPD	14,85,602
Number of patients (OPD+ Emergency)	17,33,156
Number of Deliveries	1,472

7. The number of minor and major surgeries performed during this year is as under:

Surgical procedure performed	
Number of Major Operation	12,390
Number of Minor Operation	59,289

8. The number of minor and radio diagnostic investigations performed during this year is as under;

Plain Radiograph	10,3010
Ultrasound	57,872
Colour Doppler Studies	3,429
CT Scan	30,731
MRI Scan	3,614

III. New Initiatives:

1. Dr. RML Hospital, New Delhi, is successfully running a Pollution Clinic to assist patients su ering from pollution-related health issues. All patients are clinically evaluated based on their symptoms by the concerned specialists Respiratory, Eye, Skin, and Psychiatry and are advised appropriate medication and investigations. They are also counseled on ways to protect themselves from the ill e ects of pollution and are provided with an advisory regarding the same.
2. Dr. RML Hospital is successfully conducting a Heat Stroke Clinic in the Emergency Medicine Department of the Hospital for the treatment of heat related issues.
3. The Department of Mortuary started the process of soft embalming. 3D anatomy with MRI and CT scan added to the museum.
4. Three new Operation Theaters have been made functional in the trauma OT complex at trauma building, fifth floor, and dedicated to orthopedics patients for elective and emergency surgeries.
5. Dr RML Hospital is running a separate palliative OPD on Tuesday, 9:00 am to 1:00 pm since June, 2024.
6. The Department of Cardiac Surgery added Minimally Invasive Advanced Hemo-dynamic Cardiac Output Monitor with Cerebral Oximetry.
7. The Department of Neonatology started Step the Down Nursery in 3rd Floor, Old Emergency Building.
8. Dr RML Hospital has started a special OPD

clinic for the transgender patients under the Department of Burn & Plastic Surgery, for which a dedicated OPD registration counter has been established in the OPD building. Dr RML Hospital has also successfully performed a sex- reassignment surgery with excellent results comparable to the private sector.

9. Department of PMR added following new facilities;
   i. Foot Pressure and Gait Analysis.
   ii. Balance Assessment and Rehabilitation.
10. A special QR code has been created for online registration of patients and pasted on all OPD rooms.
11. Department of Burns & Plastic Surgery took new initiatives for establishing Microsurgery facility in Emergency and intra operative ICG Angiography at Dr RMLH.
12. The Department of Paediatrics started an indigenous short course on CPR for residents and nurses.
13. Department of Paediatric started following new facilities;
   i. Division of pediatric pulmonology started neonatal bronchoscopy
   ii. Continuous renal replacement therapy: This facility has been started in pediatric ICU for children with acute kidney failure. Prismax, Baxter machine is a high-end equipment for sick children.
14. Department of Dermatology added following new facilities;
   i. A state-of-the-art centrifuge machine has been added for PRP.
   ii. A special autoimmune clinic has been started on Tuesdays.
   iii. A laser clinic with state-of-the-art US FDA approved lasers is in place.
   iv. Rituximab is provided for patients free of cost.
   v. In house registration for biopsy has been started in the department to save time for patients.
   vi. Patient education campaigns with scientific posters are put all around the skin department.

IV. Award and Recognition & Achievement:

1. Dr. Arvind Ahuja & Dr Vijay Kumar from the Department of Pathology awarded Pratibha Samman by ABVIMS and elected as Founder Treasurer of Society of Gastrointestinal and Hepatopancreatobiliary, 2024-2027 and Elected as Vice-President of IAPM, Delhi Chapter, 2025-2026.
2. Dr. (Prof) Jasvinder Kaur Kohli, Department of Cardiac Anesthesia received Appreciation Award (Exemplary Work) (Heart Transplant Program) Award by ABVIMS, 2025.
3. Dr Shibani Mehra, and Dr Kamal Kanta Vig from Radiology Department were awarded Protsahanpuraskar for their article "Imaging in Head Injury" published in Bhasha Jyoti magazine.
4. Dr. Mina Chandra, Department of Psychiatry received the Award for Exemplary Contribution to Women's Mental Health from the Indian Psychiatric Society Women's Mental Health Sub- Committee.
5. Dr Vidushi Baweja secured Rank -1 in INI-SS in Child and Adolescent Psychiatry.
6. Several Medical Students from the Department of Psychiatry participated in the various oral, poster and quiz competitions and won 1st and 2nd prize.
7. Dr Hema Gupta, Pediatric Department received the Delhi state award of 'WHITE COAT HONOUR' from Delhi Medical Association in recognition to the contribution to medical science and service to mankind in state award ceremony on March 26th 2025.
8. Department of Pediatric won 2nd Prize in Oral Presentation competition in National conference NAPEM 2025 held in Thiruvananthapuram, Kerala, on effect of using step stool on chest compressions during Pediatric Cardiopulmonary Resuscitation-A SRMA.
9. Department of Paediatric won 2nd Prize in Poster Presentation competition in National conference NAPEM 2025 held in Thiruvananthapuram, Kerala, on point of care airway ultrasound for detection of life-

threatening upper airway obstruction due to vallecular cyst of larynx in peditatric emergency

10. Achievement of Department of PMR are as under;
    i. Dr Marlin T Abraham was awarded Young Researcher Award by Indian Federation of Neuro-rehabilitation (IFNR).
    ii. Dr Shipra Chaudhary, completed an advanced course in medical education
    iii. Dr Chethan C., completed WG Rama Rao Travel Fellowship
    iv. Dr Chethan C., elected as Treasurer of the Indian Association of Physical Medicine and Rehabilitation.
11. Dr. MPS Chawla, Medicine Department awarded fellowship of royal college of physicians, Glasgow, Edingburgh, London.
12. Dr. Akansh Agarwal from ENT Department awarded Gold Medal for Standing First in MS (Otorhinolaryngology) by Guru Gobind Singh Indraprastha University.
13. Dr Jyoti Arora, Director Professor awarded Certificate of Excellence: National Journal of Clinical Anatomy.
14. Prize for Best Model making competition in Neuroanatomy to Students Group under formative Assessment received by the MBBS Batch 2024-2025.
15. 2nd Prize in Oral Presentation competition in National conference NAPEM 2025 held in Thiruvananthapuram, Kerala, on e ect of using step stool on chest compressions during Pediatric Cardiopulmonary Resuscitation-A SRMA.
16. 2nd Prize in Poster Presentation competition in National conference NAPEM 2025 held in Thiruvananthapuram, Kerala, on point of care airway ultrasound for detection of life-threatening upper airway obstruction due to vallecular cyst of larynx in pediatrics emergency.
17. Department of Dermatology has been listed in the Stanford Top Researchers List for the year 2024.
18. Postgraduate student Dr Tanu, Department of Paediatric won first prize in oral presentation in Gangaram CME on Pediatric Rheumatology under guidance of Dr Neha Mehra.

V. Addition/inclusion of New Equipment(S)

1. Four High Energy Linear Accelerators (HELA) for Radiotherapy Department are in process to be received under the CSR Project sponsored by ONGC.
2. The department of Physiology procured a Digital Physiograph and a Polygraph.
3. Rotary Endodontics has been procured for the Dental Department.
4. The Department of Gastroenterology added an AI Endoscopy System in the Department.

VI. Infrastructure Development

- The new hostel block namely 'Dhanwantary Chhatrawas' became fully functional. At present, this building is functioning to provide suitable accommodation to eligible resident doctors and Medical Students. 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 soon, will add 666 beds and 18 OT, and will have the provision for starting new departments like oncology, GI surgery, nuclear medicine and radiotherapy.

VII. Accreditation by NABH:

Dr RML Hospital received full accreditation from the National Accreditation Board for Hospitals & Healthcare Providers (NABH), becoming the first Central Government hospital to be accredited under the 5th Edition NABH Standards.

VIII. Funded Projects: Several ICMR funded clinical studies and research projects are being run by various departments like Neurology, Pediatric Surgery, Dermatology, Endocrinology, Gastroenterology, Medicine, Burn & Plastic Surgery etc at Dr RMLH.

IX. CONVOCATION: The 11th Convocation of ABVIMS & Dr. RML Hospital was organized on 30th September, 2025 at Bharat Mandapam, New Delhi in the August presence of Hon'ble President of India, Hon'ble Health & Family Welfare Minister and Secretary, Health.

3.2.6 LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI

I. INTRODUCTION

Lady Hardinge Medical College (LHMC), New Delhi, is one of the premier institutions for medical education and research in India. Established in 1916, it was originally founded as a medical college for women and named in honour of Lady Hardinge, the wife of the then Viceroy of India. Over the years, the institution has evolved into a centre of excellence, o ering renowned undergraduate (MBBS), postgraduate programs and super specialty courses. Affiliated with the University of Delhi, LHMC maintains a rigorous academic curriculum that emphasizes a strong foundation in medical science, clinical competence, and research aptitude.

The college is associated with two major teaching hospitals—Smt. Sucheta Kriplani Hospital (SSKH) and Kalawati Saran Children's Hospital (KSCH)—which provides rich opportunities for hands-on clinical training under the mentorship of experienced faculty and clinicians. With a distinguished legacy of more than a century, Lady Hardinge Medical College continues to be a beacon of excellence in medical education, research, and patient care, contributing significantly to the advancement of healthcare in India.

LHMC admits students for undergraduate and postgraduate medical courses annually, as detailed below

Course	No. of admissions in 2025
MBBS	240
MD/MS	179
DM/MCh	10

New Courses

- The Department of Obstetrics and Gynecology has started NBE fellowship in Maternal and Fetal Medicine.
- B.Sc Radiography in the Department of Radio Diagnosis (10 seats)
- Four PhD seats in radiography under the Department of Radio diagnosis approved
- DM course in Pediatric and Neonatal Anesthesia started with intake of 2 Students per year DNAB in Emergency Medicine

II. HOSPITAL SERVICES

1. Smt. Sucheta Kriplani Hospital (SSKH)

Smt. Sucheta Kriplani Hospital (SSKH) is a premier tertiary care teaching hospital renowned for delivering comprehensive healthcare services to the people of Delhi and neighboring regions. Equipped with state-of-the-art infrastructure and modern medical facilities, all departments at SSKH are committed to providing high quality, evidence-based care across a wide spectrum of specialties.

Originally established as an exclusive hospital for women, SSKH expanded its services in 1991 to include male patients, evolving into a true multi-specialty institution. Today, it stands as a vital pillar of Lady Hardinge Medical College, o ering advanced diagnostic, therapeutic, and surgical care while serving as an invaluable training ground for medical students, postgraduates, and healthcare professionals.

With its blend of clinical excellence, compassionate care, and commitment to public service, Smt. Sucheta Kriplani Hospital continues to uphold its legacy as one of the most trusted and progressive healthcare institutions in the capital.

Hospital Data SSKH (January - October 2025)

Patient load	Numbers
OP D	778120
IPD	50998
Investigations	
Radiological X -ray	171743
Ultrasound	65448
Doppler	3179
CT scan	12700
MRI	4998
Biochemistry	2046164
Microbiology	378636
Surgeries	
Major	8757
Minor	20243

2. Kalawati Saran Children's Hospital

Kalawati Saran Children's Hospital, New Delhi, established in the year 1956 continues to function as a premier tertiary care institution dedicated to the comprehensive health and well-being of children up to 18 years of age. Over the years, the hospital has attained national and international acclaim as a centre of excellence in pediatric healthcare, education, and research. Functioning under the administrative and academic aegis of Lady Hardinge Medical College, the institution provides high-quality, specialized medical services to children, with particular emphasis on those from economically weaker sections of society. The hospital also plays a pivotal role in imparting advanced medical education and training to undergraduate students and postgraduate residents enrolled in MD (Pediatrics), DM (Neonatology), DM (Pediatric and neonatal anesthesia), and M.Ch. (Pediatric Surgery) programmes. Through its sustained commitment to clinical excellence, capacity building, and academic advancement, the institution continues to make significant contributions to the strengthening of pediatric healthcare delivery in the country.

The Kalawati Saran Children's Hospital provides comprehensive and integrated healthcare services across all domains of pediatric medicine, encompassing the specialties of pediatric medicine, pediatric surgery, neonatology, and physical medicine and rehabilitation. All services are rendered free of cost to beneficiaries. The institution is equipped with a 20-bedded Pediatric Intensive Care Unit (PICU), in addition to high-dependency units (HDUs) attached to each of the three pediatric wards, and an 80-bedded Neonatal Intensive Care Unit (NICU) catering to critically ill newborns.

The hospital operates a 24-hour exclusive pediatric emergency and casualty service and has developed robust sub-specialty departments including Pediatric HIV, Pediatric Nephrology, Pediatric Pulmonology, Pediatric Endocrinology, Pediatric Neurology, Pediatric & neonatal anaesthesia, Pediatric Hematology, Pediatric Rheumatology, Pediatric Critical Care, Developmental Pediatrics, Pediatric Surgery, Pediatric Urology, and Neonatology, along with a functional Human Milk Bank.

The census and hospital data KSCH (January – October 2025):

Number of OPD patients	246446
Number of admissions	26542
Number of beds (including ICU)	403
Number of surgeries	
Major	2212
Minor	2585
Number of Radiological investigations	
No of X rays	37405
No. of ultrasound examinations	7441

III New Initiatives in Various Departments

1. Smt. Sucheta Kriplani Hospital (SSKH)

i. Department of Anatomy: Installation of a Cadaveric Visualization System (Anatomage) with the support of the Ministry of Health and Family Welfare (MoHFW), enhancing digital anatomical learning and virtual dissection.

ii. Department of Obstetrics & Gynaecology: Sanctioning of sta for the establishment of an advanced In-Vitro Fertilization (IVF) Centre to strengthen reproductive medicine services.

iii. Department of Medicine: Commissioning of a 20-bedded Hemodialysis Facility to cater to patients with renal disorders.

iv. Department of Medicine: Launch of the Adharshila Kidney Screening Project aimed at early detection and prevention of kidney diseases.

v. Department of Neurology: Establishment of a Dedicated Headache Clinic providing specialized evaluation and management of headache disorders.

vi. Department of Biochemistry/Pathology (as applicable): Introduction of Protein Electrophoresis and Immunotyping facilities to enhance diagnostic precision in patient care.

vii. Department of Radiation Oncology: Installation of a High-Energy Linear Accelerator (LINAC) to improve the quality and precision of radiotherapy services.

viii. Department of Urology: Introduction of Holmium Laser Technology for advanced endourological procedures.

ix. Department of Surgery: Initiation of Laparoscopic Indocyanine Green (ICG)–guided Surgeries for enhanced intra-operative visualization and precision.

x. Institutional Development: Establishment of a Skill and Simulation Laboratory to promote hands-on clinical training and competency-based learning.

xi. Department of Anaesthesia: Addition of Three Modern Operating Tables to augment surgical capacity and improve workflow efficiency.

xii. Medical Education Unit: Initiation of AETCOM (Attitude, Ethics, and Communication) Training for senior residents to strengthen professionalism and patient-centered care.

2. Kalawati Saran Children's Hospital

i. Nationwide program on Dialysis Training for doctors started in collaboration with ISPN (Indian Society of Pediatric Nephrology). 1st "PD-TAME" (Pediatric Dialysis and Therapeutic Apheresis module).

ii. Started the "Di erences in Sex Development Multi-Disciplinary team" (DSD- MDT) clinic.

iii. Developed National Pediatric DRTB Training Program in collaboration with the Central TB Division, MoHFW.

iv. Online Patient Registration and Record System implemented at KSCH.

v. Implementation of Patient Feedback Mechanism through QR-Based System.

vi. Initiation of Digital Data Capture for Neonatal Records.

IV Major Achievements of Faculty

i. Dr. Madhulika and Dr. Manish Goel were awarded the prestigious FAIMER Fellowship (Foundation for Advancement of International Medical Education and Research) for their contributions to medical education.

ii. Dr. Sarita Beri, Dr. Om Prakash, and Dr. Piyush received the esteemed Dronacharya Award for excellence in teaching and mentorship.

iii. Recognition Trophy awarded to LHMC by the National Eye Bank in September 2025 for outstanding contributions to eye donation and transplantation services.

iv. The Faculty of Medicine received the Magnanimous Award of Excellence for academic and clinical distinction.

v. Dr. Alvee received the Reviewer Excellence Award from the Indian Academy of Neurology for exemplary peer-review contributions.

vi. Dr. Rashmi, Department of Dermatology, was honored with the Rekha Seth Oration Award and the President's Citation Award for outstanding academic achievements.

vii. Dr. Geeti Khullar, Department of Dermatology, received the Dr. Gharpure Joshi Award for excellence in dermatological research.

viii. Dr. Kiran Aggarwal, Department of Obstetrics & Gynaecology, secured First Prize at the Indian Menopause Conference.

ix. Dr. Reena, Department of Obstetrics & Gynaecology, received First Prize for oral presentation at the AOGD Conference.

x. Dr. Ratna Biswas, Department of Obstetrics & Gynaecology, won Third Prize at the AOGD Conference.

xi. Dr. Sharda Patra, Department of Obstetrics & Gynaecology, received First Prize for free

paper presentation and Third Prize in the Gynaecologic Oncology category at AICOG 2025.

xii. Dr. Sharda Patra also received First Prize in Gynaecologic Oncology at the RCOG Conference.

xiii. Dr. Pikee Saxena, Department of Obstetrics & Gynaecology, received Third Prize at the RCOG Conference.

xiv. The Department of Anaesthesia team won First Prize in Quiz at the Annual Conference of Anaesthesia.

xv. Dr. Preeti Goyal Varshney, Department of Anaesthesia, received Second Prize in free paper presentation at NASCON 2025, the 4th Annual National Conference on Neonatal Anaesthesia (6–7 September 2025).

xvi. Dr. Preeti Goyal Varshney served as Faculty for the First-Aid Training Programme organized by the Ministry of Health and Family Welfare (MoHFW) at the Fire Training Centre, Rangpuri, New Delhi, on 10th February 2025.

xvii. Faculty members from LHMC have made significant contributions to policy formulation and development of national healthcare standards.

V Medical Research: Lady Hardinge Medical College fosters a vibrant culture of research and innovation in medical science. The institution is actively engaged in diverse research initiatives aimed at advancing healthcare delivery, strengthening public health systems, and transforming medical education. Both faculty and students are deeply involved in cutting-edge national and international research collaborations, contributing significantly to evidence-based medicine and the global scientific community.

VI Research Initiatives: SSKH has contributed 59 funded and non-funded projects that are ongoing in the current year. The department's faculty contributed to nearly 255 research articles in national and international journals and chapters in various books.

KSCH has contributed to several funded projects related to childcare, which is creating novel evidence for pediatric care. Currently, 6 funded and 11 non-funded projects are running. There are three short-student ICMR projects focusing on undergraduate research. The faculty from the hospital is part of nine MOHFW guidelines. Fifty-eight research papers have been published in national and international journals in 2025. Faculty members authored 24 chapters in pediatric textbooks

VII Academic Activities

1. The 108th Annual Day and Convocation Ceremony of Lady Hardinge Medical College was celebrated with great pride and grandeur on 24th July 2025. The occasion was graced by Smt. Anupriya Patel, Hon'ble Minister of State for Health and Family Welfare, Government of India, as the Chief Guest. During the ceremony, degrees were conferred upon 600 graduates of MBBS, MD/MS, and DM/MCh courses in recognition of their outstanding academic achievements and dedication to the medical profession.

2. 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, one faculty from the LHMC joined the program.

3. Medical Education Unit (MEU) programs

i. Teacher Training Programme: The MEU has held a Basic Course in Medical Education (BCME) workshop from, August 2025, and 30 faculty members were trained.

ii. Mentorship programme: The mentorship programme has been running in institute successfully for the last many years.

iii. Student Leadership Programmes: The Medical Education Unit started STUDENT LEADERSHIP MISSION in 2014 and has been continuing successfully for the last 10 years.

iv. First AETCOM sensitization workshop for senior residents was organised on 31st Oct 2025 , attended by 25 residents

4. Faculty Development Programme (FDP): Currently, 1 MEU faculty is pursuing a Fellowship Programme under FAIMER and two MEU faculties are 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

5. Conferences & Workshops: SSKH organized 53 conferences/workshops/CMEs related to various specialties. KSCH organized 23 conferences/workshops/CMEs related to various subspecialties of pediatrics, neonatology and pediatric surgery.

3.2.7 NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES (NIMHANS), BENGALURU

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 (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.

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 Report

NIMHANS marked its Golden Jubilee with a momentous event on 3rd January 2025 – honouring five decades of remarkable service defined by dedication, innovation, and a resolute pursuit of excellence. Smt. Droupadi Murmu, Hon'ble President of India, graced the occasion as the Chief Guest in the august presence of Shri. Siddaramaiah, Hon'ble Chief Minister of Karnataka; Shri. Jagat Prakash Nadda, Hon'ble Minister for Health & Family Welfare and Chemicals & Fertilizers, Government of India and President, NIMHANS; Dr. Sharanprakash R. Patil, Hon'ble Minister for Medical Education and Skill Development, Entrepreneurship & Livelihood Department, Government of Karnataka and Vice-President, NIMHANS and other dignitaries. The Hon'ble President of India inaugurated various new facilities including Psychiatry Speciality Block and Central Laboratory Complex, and dedicated advanced 3T MRI Scanner and DSA System to the nation.



Shri. Jagat Prakash Nadda, Hon'ble Union Minister for Health & Family Welfare and Chemicals & Fertilizers, Government of India presenting a memento to Smt. Droupadi Murmu, Hon'ble President of India at the NIMHANS Golden Jubilee commemoration event on 3rd January, 2025

The review period witnessed the Institute opening new doors for further development. Infrastructure received a major boost, clinical and academic programmes grew more robust, and various new facilities were added to meet the evolving needs of the dynamic healthcare ecosystem. Patient volumes in the hospital rose considerably, an indicator of the trust and confidence placed in the Institute's quality of care. Academic and research activities deepened through meaningful collaborations, broadening horizons and sharpening our scientific focus.

Patient Care Services

At NIMHANS, patient care lies at the very heart of its mission. The Institute strives to provide the best possible clinical services and a responsive environment that places the needs of patients at the centre. Care is delivered through a multidisciplinary approach, guided by evidence and enriched by the expertise of clinicians, researchers and allied professionals.

NIMHANS has a bed strength of 1096, making it one of the largest healthcare centres in the country. Its emergency and neurosurgical services function round the clock, and are equipped with state-of-the-art facilities to handle critical cases with speed and precision. Outpatient services are available on all weekdays, except major public holidays. Implementation of first-contact OPD system has made access to psychiatric and neuro care more streamlined and patient-friendly. The Institute also runs more than 20 speciality clinics to extend focused, disease-specific services.

NIMHANS recorded its highest-ever patient footfall, reaching 6,85,960, last year. Over 23 lakh diagnostic tests across diverse medical specialties were conducted and more than 8,000 surgeries performed. Various new initiatives took shape during the year, including the expansion of outpatient and inpatient services and the addition of new diagnostic tests that have augmented the availability of services and quality of care.

New Initiatives:

- The Centre for Addiction Medicine has launched Specialty Clinics Digital Consultation Services. Through this initiative, the centre now extends video consultations for follow-up cases, facilitating continued care for individuals seeking support for addiction-related concerns.
- Under the WISER Neuromodulation Program, the Department of Psychiatry has

expanded its work with non-invasive brain stimulation techniques such as tDCS, HD-tDCS, and tACS. New variations of stimulation protocols, including accelerated tDCS and combined conventional and HD-tDCS, were developed. The department also explored the clinical and research applications of transcutaneous trigeminal nerve stimulation and non-invasive vagus nerve stimulation. Home-based tDCS protocols were also developed and implemented in selected patients.

- The Department of Neurochemistry, through the Clinical Biochemistry Unit (CBU), has introduced several automated tests for the measurement of key biomarkers, including Vitamin D, hGH, ACTH, cortisol, PTH, FSH, LH, and S100. These tests boost diagnostic capabilities for assessing hormonal and metabolic functions relevant to neurological and systemic conditions.
- The Department of Neuroanaesthesia and Neurocritical care has procured various next-generation medical devices to augment neurocritical care and surgical precision. These include ultrasound machines, high-end ventilators, anaesthesia systems and infusion pumps for effective monitoring and respiratory support. Equipment for airway management, intraoperative neuromonitoring, and chronic pain relief has been added, along with capnography devices, heated humidifiers and paediatric fluid warmers. Sequential compression devices and a HemoCue analyser support patient safety, while a phased-array ultrasound probe elevates emergency imaging.
- The Department of Neuroimaging and Interventional Radiology has initiated Amyloid PET standardization, QSM, and Synthetic MRI sequencing with MR-PET correlation for improved diagnosis of neurodegenerative disorders.
- The Department of Neuropathology has taken up the digitization of slides and records to streamline data management and archival. The Neuro-Oncology Lab has introduced new tests for detecting gene rearrangements - YAP1 and ZFTA in ependymomas, and PDGFRA amplification in high-grade gliomas - using FISH. These tests play a crucial role in the diagnosis and prognosis of brain tumours.
- The Department of Neurovirology has expanded its public health role by conducting year-round syndromic surveillance for Acute Encephalitis Syndrome (AES) and Acute Respiratory Infections (ARI) in children, as well as Acute Febrile Illness (AFI) in both paediatric and adult populations through the ICMR-DHR VRDL network. These efforts have contributed to timely outbreak detection and intensify response capacity at the state level.
- The Mother and Baby Unit (MBU) has seen steady growth over the years, with more patients benefiting from its services. In response, a newly designed MBU has been opened by the Perinatal Psychiatry Services Unit. Incorporating global best practices, the unit features wide, sunlit corridors, greenery-facing rooms, a nursery and a playroom with age-appropriate toys. The unit has a 12-bed facility comprising eight general beds (including two beds for intensive care) catering to Below Poverty Line (BPL) patients, along with two single and one double-occupancy rooms.
- The Psychiatry Speciality Block has been established to bolster care and human resource development in several specialised areas of mental health. These range from geriatric psychiatry and perinatal psychiatry to facilities for persons with severe mental disorders and for suicide prevention. This centre is designed to deliver personalized, multidisciplinary, and holistic care, guiding patients through recovery and rehabilitation, while also enabling capacity building for professionals across India in these specialized and emerging areas of mental health.
- The Central Laboratory Complex brings together five essential laboratory services under one roof- Neuropathology, Neurochemistry, Clinical Pathology & Haematology, Neuromicrobiology, and Neurovirology. This integrated facility is a major leap forward in ensuring high-quality, precision-driven care for patients with complex neurological and neurosurgical

conditions across the country – paving the way for diagnostic excellence and fostering research that could revolutionize treatments for these disorders globally.

- The Advanced Vestibular and Auditory Neuroscience Facility, a new state-of-the-art centre was inaugurated on 22nd April 2025. Funded by Hindustan Aeronautics Limited (HAL), the facility is dedicated to advancing research in vestibular and auditory neuroscience. Equipped with cutting-edge technology, the centre supports deeper exploration of the mechanisms underlying balance and hearing, translating discoveries into better clinical care.

Academic & Research

NIMHANS today has established itself as an undisputed leader in training students and professionals to meet the challenges and opportunities in a wide range of mental health and neurosciences disciplines. The Institute has empowered thousands of healthcare professionals, scientists and scholars to transform their lives through learning – helping to make the impossible, possible every single day.

Over 400 students enrol each year for specialized studies at the postgraduate and doctorate levels. Students are offered an unparalleled educational experience with access to teaching hospital, specialty clinics, research centres, and laboratories, as well as training from outstanding clinical educators. They are exposed to immersive clinical training opportunities through direct contact with a highly diverse patient population.

Research at NIMHANS is driven by innovation, collaboration and commitment to impact. With world-class infrastructure and a thriving network of partnerships, the Institute attracts brightest minds to tackle health issues and challenges that matter regionally and globally. 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 969 scientific articles and communications were published in high-profile journals and other reputed publications (including 552 articles in international journals, 256 in national journals, and 161 other publications, including monographs, manuals, book chapters, and newspaper articles, among others).

The Centre for Neurobehavioral Toxicology was inaugurated on 11th March 2025. The centre seeks to understand how substances like heavy metals can impact neuropsychiatric disorders. The centre plans to conduct clinical, epidemiological studies in toxicology in different paradigms of mental health and neurosciences focusing on human diseases. A new "Metal-Testing Laboratory" under the centre was also unveiled.

As part of the Brain Bank Network India Initiative, Satellite Brain Banks have been established in PGIMER, Chandigarh and AIIMS, Bhubaneswar with NIMHANS Brain Bank as nodal centre to collect and provide human brain tissues to researchers.

An MoU was signed recently with the CSIR-Indian Institute of Toxicology Research (CSIR-IITR), Lucknow, to establish a long-term academic collaboration in areas of neuroscience and toxicology.

NIMHANS has entered into a partnership with the WHO Regional Office for South-East Asia (SEARO) to carry out technical work related to the testing of tobacco and nicotine products, thereby assisting countries in the South-East Asia Region in implementing evidence-based tobacco control policies and regulations.

The Armed Forces Medical Services (AFMS) and NIMHANS signed an MoU on 18th March 2025 to collaborate on research, training, and specialized mental health support for military personnel and their families.



Surgeon Vice Admiral Arti Sarin, AVSM, VSM, Director General Armed Forces Medical Services and Dr. Pratima Murthy, Director, NIMHANS

NIMHANS inked pact with the Central Council for Research in Yoga and Naturopathy (CCRYN) under the Union Ministry of AYUSH on 21st July 2025 to establish a Collaborative Research Centre for Mind Body Interventions through Yoga (CCMBIY). The five-year partnership is aimed at bridging traditional Indian healing systems with modern medical science, focusing on evidence-based research in yoga, naturopathy, and their integration into mainstream healthcare.

Human Resource Development

NIMHANS fosters an innovative, academically-led working environment to push the frontiers of knowledge, leverage expertise and enhance health care delivery. Facilitating capacity building and strengthening human resource development in different health care delivery systems form the prime mandates of NIMHANS. The Institute actively imparts frontline technical knowledge to medical, paramedical and nursing professionals, equipping them with essential skills and developing a competent, employable workforce to meet the needs of the nation.

Training is also extended to police personnel, administrative medical officers, media persons, caregivers, among others. In addition to the short-term training programmes, faculty, staff and students of NIMHANS routinely conduct and participate in various seminars, workshops, conferences and other academic endeavours both within and outside the Institute.

Over the past year, NIMHANS Digital Academy (NDA) has kept its focus firmly on delivering high-quality digital training in mental health, while steadily widening its reach and range of offerings. The Academy runs about 30 courses, including certificate and diploma programmes, delivered through both online and hybrid formats. With its sophisticated studios, NDA has conducted a wide range of training sessions, workshops and meetings, both accredited and non-accredited. To date, nearly 30,000 healthcare providers, from community-level counsellors to senior psychiatrists, have benefited from NDA's training initiatives.

NIMHANS Digital Virtual Knowledge Network (VKN) is an innovative knowledge-sharing initiative utilizing the ECHO model. Led by expert teams from Centre for Addiction Medicine, it employs a hub-and-spoke network structure and multipoint video conferencing to facilitate virtual sessions with community healthcare providers. Using simple technology, from smartphones with 3G to toll-free lines, the programme reaches across India and also to other parts of the globe including Nepal, Bhutan, Bangladesh and parts of Africa. Each session is linked to an e-learning app, allowing participants to study at their own pace and earn certification. By combining practical clinical experience with clear guidelines, the VKN helps doctors, nurses, counsellors, psychologists and social workers hone their skills in mental health and addiction care. Last year, 743 professionals completed training through this platform.

Learning Management System-Based Primary Care Psychiatry Program funded by the National Health Mission, Government of Bihar has been initiated to equip doctors and nurses with the skills to provide first-line treatment for psychiatric disorders within their general practice. The program also prepares them to take on the role of Nodal Officers for implementing the District Mental Health Programme (DMHP) in their respective districts.

As part of the District Mental Health Program (DMHP) activities, the Community Psychiatry Unit conducts monthly training sessions on mental health disorders, stress management, and psychiatric illness screening for various professionals, including medical officers, AYUSH officers, nurses, ASHA workers, police personnel, teachers, wardens, and lawyers. These sessions aim to deepen their understanding and management of mental health issues within their respective communities.

NIMHANS in collaboration with the University of Oslo (UiO) in Norway, launched 'PrecInNor', Promoting Bidirectional Precision Psychiatry Training in India and Norway, on 21st July 2025. This initiative is jointly supported by the University Grants Commission (UGC), Government of India, and the Norwegian Directorate for Higher Education and Skills under the Indo-Norwegian Cooperation Programme (INCP2).

HLL Lifecare Limited (HLL), a Central Public Sector Enterprise (PSE), signed an MoU with NIMHANS on 9th September 2025 to strengthen mental health initiatives, with a focus on workplace mental health and capacity building. The MoU covers mental health awareness and promotion, capacity building for health-care professionals, research and development, advocacy for mental health policies, workplace interventions – sustainable integration of psychological services in the Central PSEs across the country.

NIMHANS and Centre for Cellular and Molecular Platforms (C-CAMP) have partnered to establish a Centre for Bio-entrepreneurship in Neurosciences and Mental Health. The MoU in this regard was signed on 30th September 2025.The initiative seeks to build an entrepreneurship and innovation ecosystem at NIMHANS, promoting deep science-driven ventures in brain health and mental well-being.

Awards & Recognitions

India is among six countries that received the 2025 Bloomberg Philanthropies Award for Global Tobacco Control for its efforts in prioritizing tobacco cessation and reaching a large number of tobacco users through innovative approaches. National Tobacco Control Cell, MoHFW, was presented with the award at the World Conference on Tobacco Control held in Dublin, Ireland, on 23rd June 2025. Dr. Pratima Murthy, Director, NIMHANS, received the award on behalf of MoHFW from Mr. Michael Bloomberg, Founder of Bloomberg Philanthropies and WHO Global Ambassador for Noncommunicable Diseases and Injuries.

NIMHANS has once again secured its place among the top ten medical institutions in India, ranking seventh in the National Institutional Ranking Framework (NIRF) 2025.

Psychiatric Rehabilitation Services, NIMHANS received the prestigious Rotary Diversity, Equity, and Inclusion (DEI) Award 2025 for promoting and enabling participation of people with disabilities, on 23rd March 2025.

3.2.8 CENTRAL INSTITUTE OF PSYCHIATRY (CIP), RANCHI

- The Central Institute of Psychiatry (CIP), Ranchi 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 2025 (up to September) was 3,398 and total OPD attendance was 88,337.
- 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, & 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 1,741.
- A number of special clinics are being run in the Institute, namely, Chronic Schizophrenia Clinic, Epilepsy Clinic, Geriatric Mental Health & Memory Clinic, Headache Clinic, Mood Clinic, Neurology, Movement Disorders & Chronic Pain Clinic, Obsessive-Compulsive Disorder (OCD) Clinic, Psychodermatology (Skin) Clinic, Psychosexual Clinic, Sleep Clinic, Drug De-Addiction Clinic, Suicide Prevention Clinic, Personality Disorders Clinic, Tobacco Cessation Clinic, Addictive Behaviours Clinic, and Staff OPD. In the year under report, the total attendance of patients in special clinics was 19,486.

- Department of Psychiatry: The Department of Psychiatry at CIP is one of the country's oldest and largest. The department is actively engaged in clinical work, instruction, and research. Monday through Saturday, the department is open from 0800 to 1700 hours. An efficient interdisciplinary team of psychiatrists, psychologists, psychiatric social workers, and nursing personnel trained to care for mentally ill patients regularly evaluates the patient's condition. Utilizing contemporary antipsychotic, antidepressant, mood-stabilizing, and antiepileptic drugs, the patient is managed pharmacologically with the aid of contemporary treatment methods. Both inpatient and outpatient services are offered for modified electroconvulsive therapy. As part of the biopsychosocial approach to patient care, relevant psychosocial tests and interventions are implemented. Blood and other tests are performed at no cost for hospitalised patients. On the institute's central server, patient-specific case files are maintained and preserved in order to provide detailed information. The Junior Residents conduct a comprehensive history and physical examination of the admitted patient, and the Senior Resident discusses the case daily during evening rounds. During ward rounds, consultants discuss the treatment management strategy. Instructions for the nursing staff, including the prescribed medications, are documented in the Instruction Book. This is kept with the on-duty nurse. Once admitted, the patient is under the care of the Junior Resident to whom the case is assigned. Under the supervision of the Senior Resident and the Consultant, he/she is responsible for the patient's management and care. Monday through Saturday, 9 a.m. to 5 p.m., the department offers outpatient mental health services (Except on holidays). On certain days, special clinics are held to address the specific needs of certain diseases. Academic activities include administrative and academic rounds, teaching programmes, lectures, and ward case discussions. The department is also responsible for developing health education materials for both professionals and non-professionals in the field of Mental Health. The training programmes are administered at the level of the Unit, the Department, and also between departments. In addition to undergraduate and postgraduate trainees from other departments of the Institute, trainees from other medical colleges and institutions also receive training. Mental health professionals are conducting a variety of research studies in collaboration with other hospital departments. Some faculty members serve on the editorial boards of numerous academic journals and as University examiners.
- 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, 3,280 patients were assessed and 7,295 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, 8,429 therapy sessions and 11,965 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 20 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 13,435.
- The Department of Pathology and Biochemistry is equipped to perform tests of clinical pathology, microbiology, bacteriology, biochemistry, serology and immunology. The Centre performs these tests for both clinical as well as research purposes. During the specified period, the total number of investigations done was 1,54,820.
- The Department of MRI, 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 3,847.
- 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 3,624 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, 1,737 general helpline calls, 100 Suicide Prevention Helpline Calls and 424 e-mails were received and attended.
- Case Conferences, Seminars, Journal Clubs are held regularly. Twenty-three seminars, 22 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: 04 Online Exams Viva/ Interviews, 144 Video Consultancy/ Telecommunication, 12 Webinars/Sessions, 15 Meeting with Ministry/ Training Sessions (Up to August).
- 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 25,171 patients during the period under report.

Achievements during the period

1. Hands on Training on ICD-11 (Mortality and Morbidity Statistics) on 27th February 2025.
2. "Swachhata Pakhwada" was commemorated from 1st – 15th April, 2025.
3. Painting competition, Slogan competition and Logo competition was organized on 16th May, 2025.
4. Global Menstrual Hygiene and Management (MHM) – Day was celebrated on 28th May, 2025.
5. 108th Foundation Day was commemorated on 17th May, 2025.
6. CME on "Mental Health-Unmet Needs Call for Action" organised on 17th May, 2025.
7. "International Yoga Day" was commemorated on 21st June, 2025.
8. Two-day RCI CRE accredited National Workshop titled "Understanding and Managing Addictive Behaviours: An Update" in collaboration with the Society for Addiction Psychology on 1st and 2nd August, 2025.
9. Three days training programme for the master trainers for Karmayogi Facilitators' Training Programme under the Rashtriya Karmayogi Large Scale Jan Seva Programme 20th –22nd August 2025 at CIP, Ranchi.
10. Rastriya Karmayogi Large Scale Jan Seva Programme: Two lead trainers, 30 master trainers were trained to deliver all the employee of the institute, one day workshop on Rastriya Karmayogi. The institute has covered 98% of the employee in the month of September 2025. All the employees are also encouraged to actively participate in various courses available on the iGOT platform.
11. "Swasth Nari and Sashakt Parivar Abhiyaan" conducted 9 mental health awareness camp from 17th September– 2nd October 2025. Total no. of beneficiaries was 849.
12. Forty-four admissions took place in various courses run at this Institute during the academic year 2025– 2026.
13. Fifty-eight national and international research papers were presented and published till 30th September, 2025.



(Dr Vijai Kumar Chaudhary), Director Central Institute of Psychiatry, Kanke, Ranchi, India



Swasth Nari and Sashakt Parivar Abhiyaan 2025

3.2.9 PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

Objectives of the Scheme

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 of the scheme is to establish AIIMS as Centres of Excellence (CoEs) that can provide quality medical education and nursing education along with tertiary health care facilities to the people.

New AIIMS set up under PMSSY

Till date, establishment of 22 new All India Institutes of Medical Sciences (AIIMS) have been approved under the scheme in different parts of the country as per details below:

Period	Phase	No. of AIIMS	New AIIMS
2003-13	I	6	Bhopal (Madhya Pradesh), Bhubaneshwar (Odisha), Jodhpur (Rajasthan), Patna (Bihar), Raipur (Chhattisgarh) and Rishikesh (Uttarakhand)
	II	1	Raebareli (Uttar Pradesh)
	III	-	
2014-22	IV	4	Mangalagiri (Andhra Pradesh), Nagpur (Maharashtra), Kalyani (West Bengal) and Gorakhpur (Uttar Pradesh)
	V	7	Bathinda (Punjab), Guwahati (Assam), Vijaypur (Jammu), Awantipora (Kashmir), Madurai (Tamil Nadu), Bilaspur (Himachal Pradesh) and Darbhanga (Bihar)
	VI	2	Rajkot (Gujarat), Deoghar (Jharkhand)
	VII	1	Bibinagar (Telangana)
	VIII	1	Majra, Rewari (Haryana)

Status of Operationalisation of New AIIMS

Out of 22 AIIMS, 18 AIIMS are functional with teaching learning & research, IPD/OPD facilities, emergency & trauma, diagnostic facilities, various Specialty and Super- Specialty Departments, AMRIT pharmacy, Jan Aushadhi Kendra etc. The remaining 4 AIIMS are at various stages of construction /operationalization.

Sl. No.	Fully Functional	Teaching Learning/ OPD & IPD Functional	Work in progress
1	Bhopal	Raebareli	Madurai* (Physical progress is 43%)
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 are running from temporary campus at Government Medical College, Ramanathapuram.*
*** Pre-Investment work is in progress.*

Treatment of Patients in OPD and IPD in New AIIMS

During the last Financial Year 2024-25, 1,29,98,034 (One Crore Twenty-Nine Lakhs Ninety- Eight Thousand Thirty-Four) patients visited OPD and 6,85,287 (Six lakhs Eighty-Five Thousand Two Hundred Eighty-Seven) patients got treatment in IPD in the new AIIMS.

In the current Financial Year 2025-26 as on 31.12.2025, 1,06,71,578 (One Crore Six Lakhs Seventy-One thousand Five Hundred Seventy-Eight) patients visited OPD and 5,56,513 (Five Lakhs Fifty-Six Thousand Five Hundred Thirteen) patients got treatment in IPD.

Budget Allocation under PMSSY

The Budget Estimates (BE) of Rs.9839 Crore for PMSSY for FY 2025-26 has been increased to Rs.10900 Crore (approx. 11% increase) in view of the fast progress being made by the new Institutes in delivery of healthcare services.

Proposed BE for FY 2026-27 is Rs.11,307 Crore which is approx. 15% higher than BE for FY 2025-26.

Teaching Learning in New AIIMS

New AIIMS under PMSSY are serving the nation by not only providing quality healthcare but also creating quality human resource in the field of medical science and paramedical. As on today, Medical Colleges are functional in 19 AIIMS. Various courses including MBSS, PG (MD/MS etc.) Super Specialty (DM /M.Ch. etc.), Fellowship, Ph.D., B.Sc. (Nursing), M.Sc. (Nursing), Ph.D. (Nursing) and Allied Health Courses are being conducted by new AIIMS.

Since 2014, the annual intake in MBBS students in new AIIMS has been increased significantly. As on date there are 2125 MBBS students in new AIIMS of which 1350 seats have been added since 2015. The current annual intake of Post Graduate (MD/MS) and Super Specialty students (DM /McH) in new AIIMS is 2323.

Below is given the annual intake of students into various medical/nursing/para-medical courses in new AIIMS:

Sl. No.	AIIMS	UG (MBBS)	PG (MD/MS etc.)	Super - specialty (DM/MCh. etc.)	B.Sc . Nursing	Para Medical / Public Health Courses
1	Bhopal	125	149	69	90	96
2	Bhubaneswar	125	125	53	75	45
3	Jodhpur	150	150	50	100	87
4	Patna	125	11 7	46	75	20
5	Raipur	125	161	69	75	47
6	Rishikesh	125	112	72	100	82
7	Raebareli	100	54	10	49	46
8	Nagpur	125	156	44	70	55
9	Mangalagiri	125	91	32	100	60
10	Kalyani	125	67	8	60	85
11	Guwahati	100	83	3	60	0
12	Bibinagar	100	66	12	60	50
13	Gorakhpur	125	66	16	60	30

Sl. No.	AIIMS	UG (MBBS)	PG (MD/MS etc.)	Super - specialty (DM/MCh. etc.)	B.Sc . Nursing	Para Medical / Public Health Courses
14	Bathinda	100	86	52	60	10
15	Deoghar	125	60	2	60	37
16	Bilaspur	100	58	34	40	35
17	Vijaypur, Jammu	100	99	1	60	0
18	Rajkot	75	49	1	0	0
19	Madurai	50	0	0	0	0
Total		**2125**	**1749**	**574**	**1194**	**785**

Research & Innovation in new AIIMS

Promoting quality research and innovation in bio-medical field is a key focus area of new AIIMS. Over the years, there has been increase in the number of research papers published by these AIIMS. During FY 2024-25, total 3473 research papers were published by new AIIMS in quality research journals. There is increased use of digital interventions for promoting quality outcomes in the research field. Indian Council of Medical Research (ICMR) and Department of Science & Technology (DST) have been providing research grants for taking up research projects in new AIIMS.

Important focus areas in medical and bio-medical research include robot-assisted surgery, AI-based diagnosis, use of AI technology in medical imaging & digital pathology, drug discovery, genomics and personalised medicine. Innovations like tele-medicine and use of drones for sample collection in remote areas are being promoted. Student exchange programme amongst the AIIMS has also been taken up as a measure to facilitate sharing of best practices and giving better exposure to the medical students in new AIIMS.

Creation of Posts and Recruitment of Faculty & Non-faculty in new AIIMS

Creation of posts and recruitment of faculty and non-faculty against vacant sanctioned posts is a continuous process. During the year 2025, approval was accorded for creation of 4192 posts across various new AIIMS, comprising 397 faculty posts, 936 Senior Resident posts, 911 Junior Resident posts, 824 Nursing Cadre posts and 1124 other non-faculty posts.

In order to expeditiously fill vacant sanctioned positions in various AIIMS, various steps have been taken:

- Standing Selection Committee has been constituted in each AIIMS as per the provision of the AIIMS Act to facilitate expeditious filling up of vacancies of Faculty. Further, instructions have been issued recently to conduct meeting of Standing Selection Committee at least four times in a year.
- Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract basis, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).
- Visiting Faculty Scheme is being implemented to allow Professors, Additional Professors and Associate Professors from Government institutions in India or academic institutions abroad to serve as visiting faculty in AIIMS for teaching purposes.
- Centralized Nursing Officer Recruitment Common Eligibility Test (NORCET) for recruitment of nursing officers for various AIIMS, is conducted by AIIMS Delhi twice a year.
- For recruitment of Group B and Group C Non-faculty posts across various new AIIMS Common Recruitment Examination (CRE) has been conducted by AIIMS Delhi twice in 2025.

- Institute of National Importance Combined Entrance Test (INI-CET) for selection of Junior Resident (Academic) and Institute of National Importance Super Speciality (INI-SS) exam for selection of Senior Residents (Academic) are conducted by AIIMS Delhi twice a year.

Up-gradation of existing Government Medical Colleges /Institutes (GMCIs):

Another important component of PMSSY is upgradation of existing Government Medical Colleges/ Institutions (GMCIs). So far, 75 projects of upgradation of existing GMCIs have been approved. Of these, upgradation of 71 projects has been completed and 4 projects are at various stages of progress as below.

Sl. No.	State	Phase	Name of GMC/Institute
1.	Bihar	IV	Patna Medical College & Hospital, Patna
2.	Gujrat	IV	Govt. Medical Collage Surat
3.	Odisha	IV	Govt. Medical College, Cuttack
4.	New Delhi	IV	UCMS-GTB Hospital, Delhi

Critical Care Hospital Block (CCHB) in 6 new AIIMS under Pradhan Mantri Ayushman Bharat Health infrastructure Mission (PM-ABHIM)

Under Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), setting up of 150-bedded Critical Care Hospital Block (CCHB) has been approved in each of 6 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 CCHBs is under progress.

Sharing Best Practices and Ensuring Transparency

The First Edition of the Best practices Conclave of all new AIIMS was organized in AIIMS Nagpur on 13th and 14th June 2025 on the theme of Improving Teaching Learning; Patient Care and Governance.

To ensure transparency and accountability, part time CVOs were appointed in 18 functional AIIMS with the concurrence of Central Vigilance Commission. Independent External Monitors were also appointed by CVC in new AIIMS.



(Shri Jagat Prakash Nadda, Hon'ble Union Minister of Health & Family Welfare, Interacting with Patients During visit to AIIMS Deoghar on 6th December, 2025)



1st Convocation Ceremony of AIIMS Gorakhpur on 30th June, 2025 graced by Hon'ble President of India, Smt. Droupadi Murmu as Chief Guest



1st Convocation Ceremony at AIIMS, Deoghar on 31st July 2025, graced by Hon'ble President of India, Smt. Droupadi Murmu as Chief Guest



'Conclave on Best Practices' held at AIIMS, Nagpur on 13th & 14th June, 2025



Union Health Minister, Shri Jagat Prakash Nadda presided over 3rd Foundation Day Event of AIIMS Bilaspur, Himachal Pradesh on 3rd October 2025









Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda dedicating the Trauma & Emergency Services and State-of-the-art Radiotherapy Infrastructure with Linac, Hdr Brachytherapy and CT-simulator, and chairing review meeting at AIIMS, Kalyani on 9th January, 2026



Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda presided over 8th Central Institute Body (CIB) Meeting at AIIMS, Delhi on 8th April 2025

3.3 OTHER HEALTH INSTITUTIONS

3.3.1 ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION (AIIPMR), MUMBAI

All India Institute of Physical Medicine and Rehabilitation, established in 1955 as a Pilot Project with technical expertise and manpower support from United Nations Organization, came under the administrative control of MoHFW in October, 1961.

This apex institute of MoHFW 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

	Annual Statistics actual data (January, 2025 to September, 2025)				
1	Number of Patients / Persons with disabilities attended for Rehabilitation			**Outdoor**	**Indoor**
				24289	340
2	Number of Surgeries performed	**Major Surgeries**		**Minor Surgeries**	
		225		1611	
3	Number of patients attended for radiological investigation			3382	
4	Number of patients attended in clinics	**P &O Clinic**	**CP Clinic**	**Diabetic Foot Clinic**	**Obesity Clinic**
		146	275	13	51
5	Number of Certificates issued to PWDs	**Disability Certificates**	**Driving Fitness Certificates**	**Railway Concession Certificate**	**Other Certificates**
		334	673	236	50
6	Number of Prosthesis and Orthosis repaired & prepared by Prosthetic & Orthotics departments			**Prosthesis**	**Orthosis**
				487	2656
7	Number of splints and assistive devices repaired & prepared by Occupational Therapy Department				485
8	Number of Seating /Standing appliances and chairs prepared by Vocational Training Department				187
9	Number of assistive products given to Persons with Disabilities by NGOS				20

Scientific Research, Publications & Presentations

	Department	Staff Guided Research		
		Papers Presented	Papers Published	Dissertation Completed
1.	Medical PMR Department	11	--	02
2.	Physiotherapy Department	04	03	05
3.	Prosthetic & Orthotic	12	05	17
4.	Psychology & Vocational Guidance	02	01	--

Research Projects by Staff - Started/ Continuing

i	Comparative Analysis between Thermoplastic Sockets and Carbon-Epoxy Composite Sockets for Trans-Tibial Endoskeletal Prostheses
Ii	Development and study of effect of adjustable custom - made scoliosis brace for patients with Idiopathic Scoliosis having cobb's angle less than 40 degree and age below 18 years of age
iii	Comparative Analysis for Alignment and Fabrication of Dynamic AFO with Filler using indigenously developed alignment device, Research Prototype i.e. Pro-Align Device with Dynamic AFO with Filler fabricated without using Pro-Alignment device for Patients with Partial foot amputation using gait parameters, Prosthetic Evaluation Questionnaire.
iv	Comparison between radiofrequency ablation of genicular nerves and intra articular steroids in patients with advanced OA Knee : Prospective Randomized Study.
v	To compare the efficacies of spinal accessory nerve blockade versus myofascial trigger points (MTrPs) injections in the management of trapezius muscle-related myofascial pain.
vi	Assessing Palliative Care concerns in patients with Monophasic Chronic Neurological Conditions undergoing inpatient Comprehensive Rehabilitation: a Pilot Study.
vii	Effectiveness of Dextrose Prolotherapy for treatment of Trigger Finger in comparison to corticosteroid injection: A randomised double blind placebo controlled non inferiority trial.
viii	USG guided Suprascapular nerve block in Adhesive Capsulitis.
ix	To Determine the occurrence and type of Urinary Incontinence in women aged 18 years and above with and without Low Back Pain. (Started)
x	Compliance of Orthosis and walking aid for ambulation at different environmental settings in children with cerebral palsy GMFCS II & III spastic diplegia. (Started)
xi	Feasibility of Bottle PEP device for individuals with Chronic Spinal Cord Injury. (Started)
xii	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. (Continued)
xiii	Incidence of fall and fall risk in persons ambulating with unilateral lower limb prosthesis. (Continued)

xiv	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. (Continued)
xv	Analysing the outcomes of Gait Training among individuals with chronic & complete spinal cord injury- A mixed method study. (Continued)
xvi	Comparative analysis of balance between Non-Diabetic and Diabetic individuals with unilateral transtibial amputation using endoskeletal prosthesis during turning and negotiating steps. (Continued)

Data of Person with disabilities in the Institute

Staff Strength	No. of PWD's employed		% of PWDs
Group 'A'	55	0	0%
Group 'B'	51	1	1.96%
Group 'C'	150	7	4.67%
Total	**256**	**8**	**3.13%**
Total	**256**	**8**	**3.13%**

Academic Activities

Details of Students for the year 2025-26

Sl. 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	1st yr	04	02
					2nd yr	02	
					3rd yr	02	
2	MPTh	MUHS, Nashik	2	06	1st yr	06	06
					2nd yr	05	
3	MOTh	MUHS, Nashik	3	06	1st yr	02	01
					2nd yr	00	
					3rd yr	02	
4	MPO	MUHS, Nashik/ RCI	2	04	1st yr	03	04
					2nd yr	02	

Sl. 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
5	BPO	MUHS, Nashik/ RCI	4 ½	16	1st yr	11	10
					2nd yr	06	
					3rd yr	06	
					4th yr	08	
					Internee	02	
6	FCR PT	MUHS, Nashik	1	10	1st yr	05	02
7	FCR OT	MUHS, Nashik	1	10	1st yr	02	00
8	FCR Surgery	MUHS, Nashik	1	03	1st yr	00	00
9	DHLS	(AYJNIHH)/ RCI	1	28	00	11	00

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.

Any other significant information:

i. At 28th National Conference of the Orthotics and Prosthetics Association of India (OPAI MIDCON 2025) Andhra Pradesh Medical Technology Zone (AMTZ), Visakhapatnam on 1st and 2nd February 2025: Mrs. Urmila Naukudkar (Received 1st prize), Mr. Makarand Saraf (Chaired the session), Mrs. Vaishali Pai, Mr. Rishabh Gupta presented technical papers.

ii. Mr. Sayeed Wamiq Naqvi student from the IV- BPO received the 1st Prize in MUHS Avishkar 2025.

iii. Three Students viz. Ms. Kashish Malhotra (Internship), Mr. Gaurav Gawande (IV BPO) and Ms. Priti Bhujbal (III BPO) were felicitated with Gold Medals by the Maharashtra University of Health Sciences, Nashik on 10th June 2025 in the University campus for their outstanding performance in the University Examination of the previous years.

Other activities of staff and students

i. Yoga Day was celebrated on 21st June, 2025.

ii. Hindi Pakhawada was celebrated by staff and students in September, 2025.

iii. Organised a wheelchair donation programme on 24th June, 2025 with collaboration of Essar House. 20 wheelchairs were given to the needy and deserving PwDs.

iv. Celebrated world autism awareness day on 02.04.2025.

v. Conducted Swachata Hi Seva 2025 campaign from 17th September, 2025 to 02nd October, 2025:

   i. Street play on 21.09.2025.

   ii. Cleanliness drive on 19.09.2025.

vi. Conducted Swasth Nari, Sashakt Parivar Abhiyan during 17th September, 2025 to 2nd October, 2025.

i. Blood donation camp organized on 23rd September, 2025.

ii. Conducted various programmes during the campaign like pain management, menstrual hygiene, Mental Health Physical Fitness and Lifestyle Management, Suicide Prevention, Yoga and Health etc.

vii. **Rashtriya Karmayogi Large Scale Jan Seva Programme (RK-LSJSP)-** Under the Mission Karmayogi initiative of the Capacity Building Commission, Government of India, a one-day Rashtriya Karmayogi Large Scale Jan Seva Programme was organized at AIIPMR, Mumbai in September 2025. The training aimed to foster a Seva-Bhav and citizen-centric mindset among employees. A total of 130 staff members were trained in four batches under the guidance of four Master Trainers and Nodal Officer IGOT. The remaining 22 employees are scheduled for the upcoming session to achieve complete institutional coverage.

3.3.2 ALL INDIA INSTITUTE OF SPEECH AND HEARING (AIISH), MYSORE

Introduction

Established in 1965 by the Ministry of Health and Family Welfare, Government of India, the All India Institute of Speech and Hearing (AIISH) in Mysuru, stands as the country's premier institution dedicated to communication disorders. AIISH is renowned for its comprehensive activities, encompassing training, research, patient care, and public education in the fields of speech, language and hearing. With six decades of service, the institute has played a pivotal role in advancing the understanding and management of these disorders, setting a high benchmark for excellence nationwide.

The Diamond Jubilee celebrations of the Institute were inaugurated by the Hon'ble President of India, Smt. Droupadi Murmu, on 1st September, 2025. During the ceremony, the President released the Diamond Jubilee Logo and the Diamond Jubilee Postal Cover, commemorating the institute's 60 years of distinguished service. The event saw the presence of several esteemed Guests of Honour, including Shri Thaawar Chand Gehlot, Hon'ble Governor of Karnataka; Dr. Siddaramaiah, Hon'ble Chief Minister of Karnataka; Smt. Anupriya Patel, Hon'ble Minister of State for Health and Family Welfare, Government of India; Shri Dinesh Gundu Rao, Minister of Health and Family Welfare of Karnataka and Vice Chairperson, Executive Council, AIISH, Mysuru; and Shri Yaduveer Krishnadatta Chamaraja Wadiyar, Hon'ble Member of Parliament, Mysuru. The inauguration highlighted AIISH's enduring commitment to its mission and its bright future in addressing communication challenges.



Hon'ble President of India, Smt. Droupadi Murmu participating in the Diamond Jubilee Celebrations at AIISH, Mysuru

1. New Facilities and Services

New Block of Ladies Hostel: A New Block of the Ladies Hostel was officially inaugurated on June 27, 2025.

Program for Assessment of Young Children for Auditory and Speech-Language Skills: The Institute launched a significant new community outreach program called PrAYAAS (Program for Assessment of Young Children for Auditory and Speech-Language Skills) in collaboration with the District Administration of Chamarajanagar on 15th August, 2025. This initiative aims to establish systematic early screening and awareness activities to ensure timely identification and intervention for communication disorders in young children.

2. Academic Activities

The Institute offers a comprehensive range of learning and teaching activities covering various aspects of communication disorders and allied areas. These include both long-term and short-term programs, alongside numerous workshops, seminars, and guest lectures.

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 155 short-term training/orientation programmes, 25 student enrichment programmes, and 60 in-house training/staff enrichment programmes on various aspects of communication disorders.

Workshops and Seminars: Totally, 39 workshops, seminars, trainings and faculty development programs were organised during the period. These include, National Workshop on Creative Movement Therapy, National Online CRE on Indigenous Pedagogies for Transformative Teacher Training, Faculty Development Programs on Pedagogic Effectiveness and Digital Applications and AI tools for Teaching and Research, Training Program on Vestibular Assessment and Management, National Conference on Alaryangel Speech and Swallowing, Seminar on AIISH Research Compendium on Voice Assessment and Management and Training program on Otoacoustic Emissions (OAE) screening for communication disorders for the Medical Officers and Nurses.

Guest Lectures and Other Presentations: The Institute also organised guest lectures by eminent personalities, departmental peer evaluation, journal club and clinical conference presentations. The experts dlivered lectures include, Ms. Anjana Jyothi, Chief Commercial Officer (CCO) and Director of Partnerships at XceptionalLEARNING, Cochin, Kerala, and Ms. Ratnamala Senthilkumar, Speech-Language Pathologist, USA. Further, the faculty and staff delivered lectures at several scientific and technical events organised by the Institute and other organisations.

3. 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. Six funded research projects were completed, 72 and 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, 125 scientific papers were published in various peer-reviewed journals, 158 presentations were made at international and national scientific conferences and 22 books/ book chapters were written by the faculty and staff during the reporting period.

4. Clinical Care

The Institute provided a wide range of comprehensive rehabilitation services to individuals identified with speech, language, and hearing disorders, along with related issues like psychological and otorhinolaryngological ailments. Specialized clinical services were also offered in the areas of augmentative and alternative communication, autism spectrum disorders, cleft lip palate and other craniofacial anomalies, fluency disorders, learning disability, listening training, motor speech disorders, neuropsychological disorders, swallowing disorders, voice disorders and vertigo. In total, 22977 new persons from

different parts of the country and abroad registered to avail clinical services at the Institute during this period.

5. Public Education and Outreach Services

The Institute undertook numerous activities focused on the early identification and prevention of communication disorders and public education, as detailed below:

Screening for Communication Disorders: Screening for communication disorders was conducted for 32,307 neonates and infants at various hospitals, immunization centers, and the Institute's outreach and newborn screening centers across the country. Additional screening was also carried out for school children, industrial workers, bedridden people, and elderly citizens.

Diagnostic and Therapeutic Services: 26,809 clients received speech and hearing diagnostic and therapeutic services through the Institute's network of outreach service centers.

Public Education Resource Development: The Institute prepared various public education resources, including manuals, brochures, and pamphlets in both print and electronic formats, and developed videos. Furthermore, TV and radio programs were organized, and resources were extensively disseminated across social media platforms.

Awareness Programs: Public awareness regarding various aspects of disabilities was created through the organization of orientation programs led by experts.

Tele-Services: Tele-diagnostic and rehabilitation services were successfully carried out for clients with disabilities located across the country.

6. Observation of Commemorative Days and Months

The Institute commemorated several important days and awareness months related to communication disorders and related ailments by conducting a variety of focused events and activities during the period.

a. **World Autism Day (2nd April, 2025):** A teacher training workshop, 'Empowering Teachers in the Identification, Social, Behavioral, and Communication Interventions of Autism Spectrum Disorders (ASD),' was conducted to mark the occasion. Shri Vikas Tridevi, Member Secretary, Rehabilitation Council of India was the Chief Guest.

b. **Autism Awareness Month (April 2025):** Activities included the launch of logos, an AIISH Facebook live session, an Orientation and Talent Show for children with ASD, and a workshop focused on empowering teachers for social, behavioral, and communication interventions in ASD.

c. **World Voice Day (16th April, 2025):** An article pertaining to 'Voice Problems' was published by The Hindu, a leading English daily, on 17th April, 2025, in observance of this day.

d. **World Intellectual Property Day (26th April, 2025):** A workshop titled 'Unlock the power of IP – an emphasis on copyrights' was organized to observe the day.

e. **Pediatric Feeding Disorder Awareness Month (May 2025):** To mark the event, the Institute conducted a lecture on the clinical symptoms, assessment, and management facilities for Pediatric Feeding Disorder on 7th May, and an invited talk on Comprehensive Pediatric Care for Children with Neurodevelopmental Disorders in collaboration with the Indian Association of Pediatrics on 13th May 2025.

f. **Dysphagia Awareness Month (June 2025):** Key activities included an invited talk on Swallowing management for head and neck cancer, and orientation programs on identifying pediatric feeding issues and Speech Language Pathologist's role in treating swallowing disorders.

g. **World Suicide Prevention Day (10th September, 2025):** Multiple workshops on 'Prevention of Suicidal and Self-Harm Behaviours' were conducted for the faculty, staff and students of the Institute and an outreach workshop at Delhi Public School (DPS), Mysuru.

h. **International Day for Sign Language (23rd September 2025):** The Institute introduced a Sign Language Video for Karmyogi and

signed an MoU with the Postal Training Centre, Mysuru to create sign language awareness.

i. **Misophonia Awareness Day (9th November 2025):** The Institute celebrated the 'Misophonia Awareness Day' on 9th November 2025.

7. Course Creation on Karmayogi Portal

The Institute expanded its educational outreach through the iGot Karmayogi portal. During the reporting period, faculty and staff created 11 new courses on various aspects of communication disorders. With this, the Institute now offers a total of 15 courses across 46 modules live on the portal. A large audience of 1,44 101 persons enrolled for the courses, and an impressive 1,30218 individuals successfully completing them.

8. Rashtriya Karmayogi Large Scale Jan Seva Programme

The Institute successfully implemented the Rashtriya Karmayogi Large Scale Jan Seva Programme. Initially, three officers from the Institute completed a 5-day Lead Trainers program. Subsequently, these Lead Trainers conducted a 3-day Master Trainers program from July 22-24, 2025. This session trained Seventeen Master Trainers from AIISH and three from the Pasteur Research Institute, Coonoor. Following this, the AIISH Master Trainers organized eight batches of 1-day training sessions throughout August 2025 to cover all Institute staff. This cascading training model ensured wide coverage, resulting in 178 regular employees of AIISH being trained, which accounts for 98.3% of the total 181 employees (including Lead Trainers and Master Trainers).

9. Other Activities and Events

Hearing Aid Trial and Distribution: Totally, 6976 clients were evaluated for hearing aids, and 3390 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 221 children with hearing impairment, cerebral palsy and mental retardation.

Hackathon on Assistive Technology: The Institute under the aeges of the Centre for Rehabilitation Engineering, Acoustics and Biomedical Engineering (CRAB) organized the Hackathon on Assistive Technology 2025 on 21st February, 2025, to raise awareness about the development of indigenous assistive technology with empathy and to foster an inclusive community, specifically emphasizing prototyping for individuals with speech and hearing disabilities.

NSS Special Camp: The NSS Units of AIISH organized a special residential camp in Koppal, Karnataka, from 22nd to 28th February 2025, in collaboration with Sri Gavisiddeshwara Ayurvedic College, during which a door-to-door survey of 41,888 individuals identified 1,179 persons with communication disorders. The subsequent screening evaluated 260 individuals for audiological issues and 149 for speech and language disorders, leading to the programming and dispensing of 129 hearing aids and necessary referrals to the AIISH Outreach Centre.

Swachhata Pakhwada: The Institute observed the Swachhata Pakhwada (Cleanliness Fortnight) from 1st to 15th April, 2025. Dr. Senthilnathan Subramanian, Chief Medical Officer in the Senior Administrative Grade (SAG) for International Health (IH) at the Ministry of Health and Family Welfare, Government of India, visited the Institute on 14th April to assess the activities undertaken in connection with the fortnight-long event.

Swacchata Hi Seva- Shramdan Ek Ghanta: The NSS units of the Institute conducted a shramdaan activity in the Chamundi hill, Mysuru on 1st November 2025 as a part of Swacchata Hi Seva-Shramdan Ek Ghanta.

The key statistics of the Institute activities from 1st January to 31st December 2025 are given in Table 1.

Table 1: Key statistics

Category	Figures (1^{st} Jan to 31^{st} December 2025)
Academics	
Long -term academic programmes	13
Orientation programs	155
Conferences/Seminars/Training/Workshops/Webinars	39
Student Enrichment Programmes	25
In-house Training/Staff Enrichment Programs	60
Invited talk by faculty & staff outside AIISH	131
Invited talk by faculty & staff at AIISH	132
Guest Lectures	16
Research	
Completed funded projects	
Extramural	2
Intramural	4
New/Ongoing funded projects	72
Conference presentations	158
Journal publications	125
Books/book chapters	22
Clinical Activities	
Patient Registration-New	22977
Speech & language assessment	9348
Speech & language therapy	4644
Hearing evaluation	10680
Hearing aid trial	6976
Hearing aids issued	3790
Psychological assessment	7175
ENT assessment	48054
ENT surgery (major & minor)	144
Specialized clinical services	15
Preschool children trained	221
Public Education	
Dissemination of public education videos on social media	
Facebook	98
Instagram	58
Youtube	42
Twitter	51
Public orientation	
Number of programs	93
Number of participants	3309

Category	Figures (1^{st} Jan to 31^{st} December 2025)
Public Education	
AIISH Arogya Vani Number of programs Number of participants	 88 5736
Extension activities	
Newborn screening	32307
Industrial screening	65
School /Anganavadi screening	2717
Elderly screening	69
Bedside screening	80
Communication disorder screening camps	5
Clinical Services at OSCs No. of clients evaluated Rehabilitation provided Hearing aids dispensed Speech-language therapy	 26809 668 4338
Tele-Intervention Tele-Speech-Language Therapy	70 369

Employment of Persons with Disability

Percentage of Employment of Persons with Benchmark Disabilities (PwBD) at this Institute as on 31.12.2025:

Group	A	B	C	Average % of PwBD employment at AIISH, Mysuru
PwBD	Nil	1.282%	9.523%	3.601%

3.3.3 ALL INDIA INSTITUTE OF HYGIENE AND PUBLIC HEALTH (AIIH&PH), KOLKATA

All India Institute of Hygiene and Public Health (AIIH&PH), 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 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.

1. Teaching: AIIH&PH runs over a dozen post-graduate public health courses for various cadres including two NMC recognized courses (MD Community Medicine & MD MPH Epidemiology). The total number of students enrolled this year is 155. The i-FETP course has been started in collaboration with NCDC, Delhi with the first batch of officers from the Eastern states of India. The 3 months Associate Fellow of Industrial Hygiene (AFIH) course approved by DGFASLI, Ministry of Labour is having its second batch of students. The courses like Sanitary Health Inspector course, DHPE, MVPH are all having its regular students.

2. Training: Total 20 Short Trainings for 385 participants and 44 Field Trainings for 890 participants, were conducted. CBPAR, Research Methodology, Systematic Review & Meta-analysis, Operations Research, Scientific Writing, Foundation Course on Occupational Health, One Health, Social and Behavior change communication, Prominent National Level Trainings include Intermediate Field Epidemiology Training Programme for participants from North-Easter states, Odisha, Chhattisgarh and West Bengal. Capacity Building Program on Management of Public Health Emergencies for

District Health Officers of NE States and West Bengal (2 cycles). Training on Biological Hazards for NDRF and SDRF personnel, Operation Research in Public health Workshop for the Regional Directorate officers. There was also a National webinar on "Communication Strategies for Vulnerable Population" in collaboration with NIHFW during the time of Operation Sindoor.

3. Research: Faculty and Residents of AIIH&PH have published 28 Research Papers in reputed International and National Journals. 3 of the faculties have been involved in National and International level research projects. PGTs participated and won best Paper/ Poster/ Other Awards quiz, debate, and poster contests and the prestigious IAPSMCON 2025, YLNC 2025, etc

4. Services provided: 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. OPD services in the field practice area has catered to for over 40,000 patients along with relevant tests primary and secondary level care. 50 Awareness programs and observation of days were conducted for over 2500 participants, 1118 persons were screened for NCD in 19 villages of Singur. Yellow Fever vaccination was given to 1062 International travellers.

5. Consultations: A strategic consultative workshop on climate change was organized with experts all over India. AIIH&PH faculty members also participated in Leprosy Case detection campaign LCDC under NLEP across the country. The Institute is represented in many national level Expert Committees viz. Scrutiny Committee of Research Proposals, Point of Entry guidelines, Consultation of Modelling on Triple elimination etc.

6. New Initiatives:

- Two Year Master in Public Health Course (MPH) is in the pipeline for Medical and Non-Medical Students
- Up-gradation of Computer Laboratory of Statistics Department with 20 new machines was done and several trainings were conducted viz. JAMOVI software, Research methodology etc.
- The website of AIIH & PH was made up-to-date with cloud migration to NGC server.
- A state of Art Public Health Skill lab is being built for hands on training.



FIGURE 1- Inauguration of the Operations Research Workshop(Batch 1) by Hon'ble DGHS



Fig 2: Workshop on Scientific Writing



Fig 3: Training of the NDRF personnels on Management of Biological Hazards



FIGURE 4 : Swasth Nari Sashakt Parivar campaign at the Refugee Home, Bowbazar, Kolkata

3.3.4 CENTRAL LEPROSY TEACHING AND RESEARCH INSTITUTE, TAMIL NADU

1. Introduction:

The 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, Tamil Nadu. 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 01/01/2025 to 30/09/2025, 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 2025 – September 2025 are given below:

Sl. No.	Name of the Training Course		Batches	Total Participants
1	NLEP Training for State/District Leprosy Officer (05 days)		02	23
2	NLEP Training For Physiotherapist (03 days)		01	16
3	NLEP training for Laboratory Technician in Slit Skin Smear Examination (03 days)		03	61
4	NLEP Training for Post Graduates in Community Medicine and Public Health (03 days)		04	102
5	Training in Tertiary care management of Leprosy for Post Graduates in Dermatology (05 Days)		01	21
6	NLEP Training for Public Health Students		01	15
7	NLEP Training For Non-Medical Supervisor (2 Months)		01	39
8	NLEP Training For Health Workers		01	35
9	INTERNSHIP Training (4 months)		01	01
10	Compulsory Rotatory Medical Internship (CRMI) Training for MBBS Students (05 days)		45	85
11	One day Orientation training in Leprosy / NLEP	MBBS Students	9	252
		Paramedical Students / Others	19	634

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 2025 to September 2025 are given below:

Sl. No .	Particulars	Total
Out-patient Services:		
1.	Total No. of patients attended the Outpatient clinic	3980
2.	Total No. of New patients detected with leprosy (Pauci-bacillary – 04 & Multi-bacillary - 28)	32
3.	Total No. of old patients attended the clinic	3048
4.	Total No. of patient visits from State Govt. Leprosy Centre/block	343
5.	Total No. of General patient visits	557
In-patient Services:		
1.	Total Admissions during the year	434
2.	To tal Discharges during the year	446

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 6 RCS is performed during the period along with 17 other major procedures and 182 minor procedures. The list of surgeries done during the year (Jan – Sep 2025) is given below:

Sl. No.	Type of Surgeries	Particulars	Total No
1.	**Reconstructive Surgery (RCS)**	Hand and Foot	6
2.	**Major Surgery & Special procedures**	Amputation, Arthrodesis, Skin grafting, MTH resection, Nerve decompression, Secondary Suturing Callus excision, Epicondylectomy and others	17
3.	**Minor surgery/procedures**	Ulcer curettage, Biopsy, resection, Debridement, sequestrectomy, intra-articular injection & others	182

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:

Sl. No.	Services	Particulars	Total No.
1	**Physiotherapy services**	New case assessment	125
		Follow up assessment	60
		Hand & Foot Exercises	1728
		Wax Therapy	838
		Elect ro-therapy/radiation	450
		Splints & Slabs	550
2	**MCR & Footwear**	MCR Sheet Production (Sheets)	200
		CLTRI use (Footwear section)	400
		Supply to Non Govt. organizations & others	0
		Total MCR Foot wear provided (pairs)	560
		No. of Orthosis and Prosthesis produced	9
3	**POD camps**	No. of PAL attended the camp & DPMR services provided	51
		No. of PAL received MCR foot wear	27
		No. of PAL received aids and appliances	09
		No. of PAL received Dressing kit and Medicines issued.	51

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 is provided below in the table:

Sl. No.	Sections	Total No.	
		Patients	Investigations
1.	Clinical Pathology Skin Smear for M. leprae	244	1442
2.	Biochemistry	1070	10426
3.	Haematology / Serology	1292	6677
4.	Bacteriology & Mycobacteriology	297	683
5.	Histopathology& Molecular biology	187	483

4. Research Projects (Ongoing & proposed):

i. Surgical outcome analysis of tibialis posterior tendon transfer for footdrop in Hansens disease using CLTRI Scoring system – A Pilot Study.

ii. A sample survey to estimate the burden of new cases of Leprosy in Chengalpattu District – Tamilnadu.

iii. Health status and Quality of Life of Person affected with Leprosy living in leprosy colonies and rehabilitation homes in Tamilnadu.

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.

Sl. No.	State & Districts Visited	Date of Visit	Purpose
1	**Andhra Pradesh** – Vizianagaram, Anakapalli, Parvathipuram, NTR, Visakhapatnam	27.01.2025 – 31.01.2025	LCDC Monitoring
2	**Kerala** – Kozhikode, Malappuram, Palakkad	03.02.2025 – 07.02.2025	
3	**Mahara shtra** – (Districts for LCDC Monitoring)	10.02.2025– 14.02.2025	
4	**Tamil Nadu** – (Statewide LCDC Monitoring)	20.02.2025 – 24.02.2025	
5	**Tamil Nadu** – Coimbatore, Erode, Dharmapuri, Cuddalore, Villupuram	12.08.2025 – 14.08.2025 17.08.2025- 18.08.2025	
6	**Kar nataka -** Arogya Soudha, Bangalore – DLO and DNT Training on NLEP and LCDC	29.07.2025 - 31.07.2025	LCDC and NLEP Training

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.

Sl. No.	Outreach Activity	State / District	Date
1	SSS Training	Karnataka	07.02.2025
2	CME at MMC	Chennai	18.02.2025
3	NLEP Training	Kerala	16.07.2025– 17.07.2025
4	Visit to WHO India Office for Development of New Guidelines for Interruption of Transmission of Leprosy	New Delhi	23.07.2025– 25.07.2025
5	AMR Guideline Revision Meeting	Delhi	06.08.2025

The Activities of the Technicial section includes: 1.Screening of contacts for leprosy cases reported to CLTRI OPD is continued after initiation from the previous year. 2. 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. 3.Screening and IEC in schools of Chengalpattu.

The details of Field activities conducted during January to September, 2025 are given below: -

Places visited	Particulars	Total No.
Chengalpattu and Kancheepuram District	No. of households visited	439
	Population Enumerated	1872
	Population Examined	1318
	No. of Suspects identified	0
	No. of new leprosy cases detected	0
Primary schools and higher secondary schools in Chengalpattu Dist rict	No. of students Enumerated	1550
	No. of Students Examined	1362
	No. of Suspects identified	0
	No. of new cases detected	0

7. Important Days / Events Celebration:

7.1 Anti-leprosy Day and Fortnight activities 2025:

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 2025 was focused on "Together, let's raise awareness, dispel misconceptions and ensure that no one affected by leprosy is left behind".

Various activities are conducted as part of the campaign and include:

- SPARSH pledge taking ceremony among general public, students, PAL and staff members.
- Recreation and Sports activity for Persons affected with leprosy.
- Participation of CLTRI Faculty in Seminar on Anti-Leprosy Day 2025.
- Conduction of various competitions like Quiz, Essay, Slogan and Short film for school and college students.
- Skin Camp with Awareness Activity in Railway Station, Chengalpattu.
- Prevention of Deformity camps in association with District Leprosy Office, Tiruvallur and local Non-Government Organization working for rehabilitation of leprosy affected.
- Distribution of aids and appliances/welfare materials to Persons affected with Leprosy.
- Leprosy Screening and IEC Activity at Hotel Establishment / Shops / Market in Chengalpattu District.
- Signature banner placed in the institute with theme and awareness on leprosy.

7.2 Workshop On Revision Of Training Manuals:

The Workshop on Revision of Training Manuals was conducted at CLTRI from 2nd to 4th September 2025. A total of 40 participants attended the workshop. As per the National Strategic Plan (NSP) 2023–27, the training manuals for all levels of health-care providers-Medical Officers, Health Workers, Laboratory Technicians and Physiotherapists-were systematically reviewed and

updated. The revisions were carried out with valuable technical inputs from experts in the field of Leprosy, ensuring that the manuals reflect current programmatic requirements and best practices.

8. Achievements / New Initiatives:

Sanctioned Strength

As per Dte.GHS's letter No.A.11011/24/2023- Lep (8209440) dated 26.09.2025 for abolishing the posts which are vacant for more than 5 years, 55 posts were abolished and the sanctioned strength of CLTRI became 203 instead of 258. 27 categories (140 Nos. of posts) were sent to Dte.GHS for revival as per DOE's O.M. No.7(1)E-Coord-I/2017 dated 05.01.2024.

Status of amendment of Recruitment Rule

Recruitment Rule for two (2) posts (Dhobi & MTS) were notified and 24 Nos. of Recruitment Rules are under consideration.

Promotion and Financial up-gradation under MACPS

i. 4 employees were given Promotion and action initiated to fill up five (5) more vacant posts on promotion.

ii. Financial up-gradation under MACPS has been given for 20 numbers of Group 'B' and 'C' employees.

Recruitment through Direct and Deputation

1. Proposals sent for 15 Nos. of posts (LDC-4, Stenographer Grade.II-4, Library Information Assistant-1, Data Entry Operator-2, Laboratory Attendant-1, MCR Attendant-1 , Cobbler-2) to SSC(SR) and notification published in the SSC portal.
2. Proposal submitted to fill up 3 Nos. of posts (JAO - 1, Stenographer Grade.1 - 2) by Deputation through DoPT/ MoHFW.
3. Action initiated to fill up 34 Nos. of vacant post by Direct Recruitment.

9. Employment of Persons with Disabilities (PWD)

Out of 118 person in-position at Gr 'A', Gr. 'B' and Gr. 'C' level, three (2.5%) persons with disability are in position as on 30.09.2025.

Group of Post	Total	Type of Disability				
		A	B	C	D	E
A	18	-	-	-	-	-
B	36	-	**	-	-	-
C (Excluded Sweeper)	58	1	-	2	-	-
C (Sweeper)	6	-	-	-	-	-
Total	**118**	**1**		**2**		
Percentage	2.5 %	-	-	-	-	-

*** One post of Library Information Assistant earmarked for PwD refer to SSC (Southern Region) under Phase-XIII/2025-Selection post.*

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:

Budget Estimate (BE) for the financial year 2025-26 is Rs.27.33 Crore.

3.3.5 REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE (RLT&RI), RAIPUR

Introduction:

Regional Leprosy Training and Research Institute (RLTRI), Raipur was established in 1979 with the aim to provide specialized care to the leprosy cases undertake research in the field of leprosy and develop specialized manpower by imparting training to vertical leprosy staff deployed all over the country mainly from the Central Region.

After integration of leprosy services in General Health System in 2005, the Institute has assumed role of referral institution to provide support and specialised quality services to difficult to manage complicated cases of leprosy. The Institute also imparts training to various health functionaries viz. Regional Directors, State Leprosy Officer, District Leprosy Officers, Block Medical Officer, and Para Medical Personnel, Laboratory staff, Physiotherapist and other categories of staff from general health care system of various states. It also undertakes operational and need based research in the field of leprosy.

The Institute has a hospital including - OPD, 50 bedded indoor wards, a laboratory to undertake Microscopy confirmation of M Leprae by skin smear examination and an OT to undertake reconstructive surgeries for leprosy related deformities.

The Institute has been assigned additional responsibility as Regional Office of Health and Family Welfare (RoHFW) for the State of Chhattisgarh and has been given responsibility of monitoring various national health programmes in the State. Thus, at present the Institute is holding dual responsibility of RLTRI and ROHFW (Chhattisgarh) with the existing manpower of RLTRI, Raipur. It is under the administrative control of Central Leprosy Division of Dte.GHS.

Undertake field visits for Supervision & monitoring of NLEP & also other national health programmes of public health importance & feedback to the state.

Achievements:

OPD from 01/01/2025 to 31/12/2025	4312 (New Case – 431)
IPD from 01/01/2025 to 31/12/2025	183
RCS from 01/01/2025 to 31/12/2025	84
Physiotherapy service 01/01/2025 to 31/12/2025	1045
Field visits 01/01/2025 to 31/12/2025	14 Bastar, Gaurela Pendra Marwahi, Korba, Janjgir-Champa, Sakti, Sarguja, Jashpur, Gariaband, Dhamtari, Mohla-Manpur-Chowki, Raipur (Arang and Dharsiwa), Baloda Bazar, Kawardha, Korba
Trainings 01/01/2025 to 31/12/2025	397 (22 batches) DLO – 25 (3 batches) MO – 32 (2 batch) Physiotherapist – 60 (3 batches) Laboratory Technician (Skin Smear) – 20 (1 batch) Laboratory Technician (Malaria Microscopy) – 104 (6 batches) PMW / NMA / NMS / RHO – 134 (6 batches) Medical College Students – 22 (1 batch) outside Raipur

3.3.6 REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE, ASKA, ODISHA

This Institute was established in 1977. At present, there are 22 (Group A: 3, Group B : 4, Group C: 6 and Group C (MTS): 9) staff in position out of 36 sanctioned posts. It has a 30 bedded hospital and average bed occupancy is about 51.95% in January

to December, 2025. 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 (January to December, 2025)

- OPD Attendance- 1752 ((Leprosy-1213, Non-leprosy -539) among which 08 New cases of Leprosy (MB-06, PB-02)
- In-door- Total admission: 191
- Reaction cases managed (OPD) - 252 episodes of reaction (Type I- 171 & Type II - 81) among 6 cases (Type-I: 04 and Type-II:- 02)
- PMR- MCR Chappals –New-102 and Repair -122.
- No. of slit skin smear done -19 out of which "+ve" -05 and "–ve" -14.
- 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/ workshop/ training
- Two days Residential Training programme on Administrative and Financial matter for newly joined officers and staffs of RLTRI, Aska , APHO, BBSR and PHO, Paradeep held at RLTRI Aska on 16-17 December, 2025.
- Two days sensitization workshop on implementation of National strategic plan (NSP) and special monitoring frame work for high endemic districts of Odisha was held on 23-24 December, 2025 at RLTRI, Aska.
- ILEP-NLEP consultant workshop on 3rd May, 2025 at New Delhi.
- NLEP monthly review meeting for BNLWs of Ganjam District at Berhampur on 22/05/2025.
- One day Orientation Training on NLEP for MD students of community medicines of MKCG Medical College, Berhampur held at RLTRI, Aska on 18.06-2025 and 19-06-2025 in 2 batches (6 students in each batch).

3.3.7 REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE, GOURIPUR, WEST BENGAL

Introduction:

Regional Leprosy Training and Research Institute (RLTRI), Gouripur is a 30 bedded leprosy hospital and was set up in 1984 with the objectives as mentioned below:

a) To create sufficient trained work force of different categories including Medical Officers, for best implementation of NLEP in different Indian states, especially, in the North-Eastern States of India to eradicate/eliminate leprosy and

b) To carry out operational research on leprosy towards better understanding of the disease

c) To provide quality medical services to the leprosy affected persons through OPD, Indoor, Physiotherapy, Laboratory and other Sections

In the changing scenario of NLEP management, presently, the institute has been conducting 'Training of Trainers' course for DLOs & BMOs. It also conducts Medical Officers' course of three days, Para Medical Worker course of five days and Lab. Technicians Course of three days duration throughout the year as per schedule for state Govt. sponsored participants with a view to develop requisite skill as required towards better implementation of NLEP. This institute, also, arranges one day orientation training on leprosy (NLEP), on request, for M.Sc./B.Sc./GNM Nursing students, AYUSH students from different Govt. /Non-Govt. institutes. Besides, the institute offers regular OPD services, from Monday to Saturday, mainly referral, & running an Indoor ward of 30 beds at present, as a tertiary center, towards management of complicated ulcer and reaction cases. Furthermore, towards diagnosis and quality care, the institute runs one laboratory, one X-ray unit and one physiotherapy unit. It is pertinent to

mention here, that during the year a few important activities have been carried out in the institute.

Special Achievements & activities during this year are given below:

- Inauguration of renovated Ladies Hostel
- One Seminar on Leprosy held 24.09.2025 on Priority Tropical Disease
- Renovation of Gents Hostel (Ground Floor) is going on.
- Participated in LCDC Monitoring Programme in the States of West Bengal and Kerala as Central Monitoring Team Members.
- The institute has an ideal infrastructure for clinico-epidemiological studies towards evaluation of leprosy considering its location and resources.
- The institute is trying to achieve its aims and objectives despite severe constraints of staff strength
- The institute has observed Anti-Leprosy Day on 30th January, 2025. A cycle rally programme along with a IEC on Leprosy campaign was conducted.
- Yoga-Day was observed on 21st June, 2025 and Swachhata Programme was also conducted 2nd-31st October, 2025. Vigilance Awareness programme observed from 27th – 2nd October, 2025
- The institute conducted the programme 'Swasth Nari, Sashakst Parivar Abhiyan' from 17th September to 2nd October, 2025.
- The institute is actively involved in training of Medical Officers, undergraduate & post graduate medical students and other paramedical staffs. Faculties of medical colleges are used for training programmes.
- 24 Nos. MD-PGTs from AIIH&PH, Kolkata visited RLTRI, Gouripur, for academic exposure.
- Early case detection and treatment is the core objective of NLEP, leading to arrest of transmission of leprosy and further reduction of case load in the community with prevention of disability. Ophthalmology OPD services on Wednesday are available round the clock for persons in need.

Data during 01.01.2025 to 31.12.2025

1) **Indoor:** Admission - 111, Discharge – 102, Bed Occupancy Rate – 64.84 %, Bed Turn Over Rate - 3.4

2) **OPD:** New Case detected – 3, Other Cases – 0, Old leprosy patients attended - 359, Referred cases – 583, General Patients attended – 729, Eye Patients- 176, Health Camps (out-reach) – 179 patients.

3) **Laboratory Unit:** Slit Skin Smear done – 312 (Included referred cases from other hospitals for smear also). Bio-chemistry – 228, Clinical Pathology-160.

4) **Physio. Unit :** Exercise – 4479, UST – 83, Wax Therapy –26, DPMR – 45, Plaster-07 (Total – 4910)

5) **X-ray Unit:** Total exposure – 87

6) **Establishment:** Sanctioned strength – 100, In position- 29, Vacant- 71

7) **Budget:** BE 2025-26 – Rs.10.33 Crore, Expenditure upto 31.12.2025 – Rs.6.13 Crore, RE Proposed- Rs.8.62 Crore

Training report:

NLEP Tr aining for	Duration	Nos. of Training Programmes conducted	Nos. of candidates participated
PMW TRg.	5 days	1	22
PMW Trg.(Insitu)	21 days	01	2
MOs Trg.	3 days	2	25
Lab Tech Trg.	3 days	1	31
Physiotherapist	5 days	1	22
NLEP for SLCs	2 days		0
TOT Trg.	4 days	1	8
CHO	2 days	1	11
Nursing Staff	2 days		0
DPMR for Staff Nurses	3 days	2	24
MD/MPH Students	15 days (study course)	4	27 nos.
MAS (DHPLE/ Msc Nursing) students	0		0
NTD Trg. for MD/MPH PGTs	0	0	0
One day Trg. (students)			
GNM	1 day	3	142 nos.
BSC	1 day	1	24
MSC	1 day		
Homeopathy	1 day	2	35
Total			375

Projections/Estimates for the period from January-March, 2026:

1. Indoor: Admission – 30, Discharge – 28
2. OPD: New Case-1, Other case – 1, Old patients - 89, Referral patients - 152, General patients - 265, Health check-up - 100, Eye patients- 36.
3. Laboratory Unit: Slit Skin Smear – 100, Bio-chemistry – 130, Clinical Pathology – 100
4. Physiotherapy Unit: Exercise – 1200, UST – 25, Wax Therapy – 30, DPMR – 15, Plaster - 3
5. X-ray unit – Total exposure – 30
6. Training: PMW Trg on NLEP (5th-9th January, 2026 - confirmed), NLEP Trg. for Medical Allied Students (January 20 to 22, 2026), NLEP Trg. for Physiotherapist (9th-13th February, 2026), Smear technician course on NLEP (24th-26th February, 2026),
7. Monitoring of NLEP Activities (State visit by RLTRI, Gouripur)

3.3.8 THE VALLABHBHAI PATEL CHEST INSTITUTE (VPCI), DELHI

The Vallabhbhai Patel Chest Institute (VPCI), Delhi is a unique research institution devoted to the study of Chest Diseases and allied sciences. VPCI is funded by the Ministry of Health & Family Welfare. This is an Institution maintained under the University of Delhi under Ordinance XX(2) and administered by a Governing Body constituted by the Executive Council, University of Delhi.

VPCI continued its 'education', 'research' and 'patient care' activities. Conducted postgraduate medical courses viz MD, DM and PhD in chest medicine 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 Yogana (AB PM-JAY).

The hospital wing registered over 8,363 new patients and 40,162 follow-up patients. Indoor General Ward admitted 13,661 patients and Emergency Ward provided treatment to 24,886 patients. The RICU admitted 1,543 patients for intensive care. No. of diagnostic tests done were: 7,022 Spirometry, 943 Complete Pulmonary Function Tests, 20,054 X-Rays, 9,248 Biochemistry tests, 13,467 Pathology tests, 6,935 Immunology tests, 1,756 Virology tests, 6,470 Microbiology tests, 46 RT-PCR tests and 108 polysomnograms. Patient Education Centre provided services to 3,510 patients. Cardio-Pulmonary Rehabilitation Clinic enrolled over 375 patients for breathing retraining & education and 55 patients for supervised rehabilitation. Tobacco Cessation Clinic registered 104 new and 21 follow-up cases. Over 250 patients availed Telemedicine services offered by VPCI. At the Pollen Count Station, a total of 608 slides were mounted and analyzed. At the National Tobacco Quit Line Service over 6.50 lakh IVR inbound tele-calls were answered by counsellors of which over 19,000 users quit successfully with success rate being 24%.

The Institute had 14 ongoing research projects funded by MOHFW, DHR, NCDC, ICMR, Aarhus University, Denmark, LSRB-DRDO, DST, DRDO, CCRYN-AYUSH which received grants of Rs. 2.91 Crores so far in 2025. VPCI has been awarded NABH-EL accreditation which is valid upto September, 2027. The DHR MRU at VPCI is actively involved in various research activities since its inception. During the period, 17 projects were functional out of which 03 completed.

A total of 07 MD (2021-24) and 02 DM (2021-24) students passed out during the period. The statistics of students on rolls during the period were: MD(2022-25): 09; MD(2023-26): 10; MD(2024-27): 10; DM(2022-25): 02; DM(2023- 26): 02, DM(2024- 27): 02, MSc(2023-25): 01; MSc(2024-26): 02; MSc(2025-27): 01; 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. VPCI has entered into an MOU with BCCL and Rajiv Gandhi Super Specialty Hospital, Delhi.

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 CDs, 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 –72nd Institute Day on 13th January, 2025 with Prof. H. S. Randhawa Oration, Republic Day on 26th January 2025, Swachhta Pakhwada from 1st April to 15th April, 2025, Foundation Day on 7th April 2025 with 24th Prof R Viswanathan's Oration, World No Tobacco Day on 30th May 2025, International Day of Yoga on 21st June 2025, Independence Day on 15th August 2025, National Pharmacovigilance Week from 17th -23rd September 2025, 19th Prof. Autar Singh Paintal Memorial Oration on 24th September 2025, Swasth Nari Sashakt Pariwar Abhiyaan from 17th September 2025 to 02nd October 2025, CPR Awareness Week from 13th to 17th October 2025, Special Campaign 5.0 from 02nd to 31st October, 2025.

Budget

Financial Year	Budget Estimates (Rs. in Crore)
2024-25	77.00
2025-26	83.50*

* Against approved Budget Estimate of Rs. 83.50 Crore, VPCI has submitted Revised Estimate (RE) of Rs.76.50 Crore for FY 2025-26.

3.3.9 NATIONAL INSTITUTE OF TUBERCULOSIS AND RESPIRATORY DISEASES (NITRD), NEW DELHI

The National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi, an autonomous Institute of MoHFW, 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 providing high quality preventive, diagnostic, curative and rehabilitative services to the patients with respiratory diseases, especially

Tuberculosis. The total number of patients attending the Institute is more than 3.3 lakhs (average total number per day being 1142). 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. In addition, the Institute has started two new special clinics in 2025, Pulmonary Vascular Disease Clinic and Pleural Disease Clinic. 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 14 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 2025, 54204 new patients attended OPD, averaging 244 per day. Total OPD attendance was 242088 averaging 1090 patients daily. 9553 TB cases were diagnosed and referred to the respective DOTS Centres for treatment. A total of 47022 microscopy tests, 11659 pulmonary and 5291 extra-pulmonary MGIT liquid cultures, 20077 CB-NAAT tests, 7034 first-line line probe assays, 1385 second-line line probe assays and 1328 MGIT DST were done. Other investigations carried out were 152219 haematology tests, 366123 biochemistry tests, 3246 cytology tests, 290 histopathology tests, 86790 X-Rays, 2456 Ultrasounds, 2155 CT scans, 6465 PFT, 1033 Bronchoscopies, 12180 ECGs and 109 Sleep studies. There were 4965 Indoor admissions, 51114 Emergency patient visits, 619 ICU admissions, 337 Major Thoracic surgeries, 4515 patients visited ART centre and 6105 patients visited physiotherapy section.

Achievements of Institute

1. Onsite training programme on "Laboratory Management System and Internal Audit as per ISO 15189:2022" from 07/01/2025 to 11/01/2025 was conducted in the Institute.
2. World TB Day was observed in the Institute on 24/03/2025.
3. Final DNB practical examination for Diploma in TB and Respiratory Diseases were conducted in the Institute on 20/03/2025, 19/07/2025, and for DNB (Respiratory Medicine) on 17/10/2025.
4. Swachhta Pakhwada was observed in the Institute from 1stto 15thApril 2025. Various activities including painting competition, quiz competition, soap distribution, nukked natak, health talk, Essay Writing, Slogan Writing and Drawing competition were held in OPD and wards. A Swachhta March was taken out by the INTRD Staff from NITRD to Qutub Minar on 14/04/2025.
5. The Fire Safety week was observed in the Institute from 21/04/2025 to 26/04/2025.
6. The Institute organized an "ENT & General Health Checkup Camp" for Jail Inmates at Central Jail No.12, Mandoli, Delhi-110093 on 12/04/2025.

7. World Health Day was observed on 7th April, 2025. Nukked Natak, Health Talk and Quiz Competition were done for patients.

8. Swachhta Conference was conducted on 16th April, 2025 to highlight the critical link between cleanliness, infection control and respiratory health, and share best practices on hygiene, waste management and air quality to reduce disease transmission.

9. World Malaria Day was observed on 25th April, 2025 to promote preventive measures and strengthen integrated health approaches for disease with shared symptoms and risk factors.

10. World Hand Hygiene Day was observed on 5th May, 2025 to promote optimal hand hygiene practices among patients, particularly in healthcare settings, to prevent the spread of infection and protect both healthcare workers and patients.

11. National Dengue Day was observed in the Institute on 16th May, 2025 to raise awareness about the dengue fever, a mosquito-borne disease, and encourage preventative measures amongst visitors and patients.

12. World Hypertension Day was observed on 17th May, 2025 to raise awareness about he risks associated with high blood pressure (hypertension) and to promote its prevention, detection, and management.

13. World No Tobacco Day was observed on 31st May, 2025 to raise global awareness about the harmful and deadly effects of tobacco use and to advocate for effective policies to reduce tobacco consumption.

14. World Environment Day was observed on 5th June, 2025 to raise awareness about environmental conservation and promote sustainable practices among staff and patients. It reinforces our commitment to a cleaner, greener, and healthier hospital environment.

15. International Day of Yoga was observed on 21st June, 2025 to promote physical, mental, and spiritual well-being through the practice of yoga. It encourages a healthy lifestyle and holistic approach to health among staff, patients and visitors.

16. Plastic Bag Free Day was observed on 3rd July, 2025 to raise awareness about the environmental hazards of plastic bags and encourage the use of eco-friendly alternatives. It aims to promote a cleaner, greener, and plastic-free hospital campus.

17. A drawing competition on TB was conducted on 11/07/2025 in the Paediatrics ward to engage children in learning about tuberculosis through creative expression.

18. World ORS Day was observed on 29/07/2025 in OPD and Paediatric Ward of the Institute to raise awareness about the life saving benefits of Oral Rehydration Salts in preventing and treating dehydration.

19. The Training Division, NITRD, & CTD-MoHFW organized DTO-NTEP training from 13/01/2025 to 25/01/2025, 24.02.2025 to 08.03.2025, 21/04/2025 to 03/05/2025 and from 16/06/2025 to 28/06/2025.

20. BPaLM DR-TB Regimen– Experience sharing workshop: NITRD-Centre of Excellence was conducted on 25/06/2025 by the Institute.

21. Workshop on "DRTB Management: Recent Updates 2025" was conducted at NITRD on 02/08/2025.

22. Following ECHO Clinics were held from 1st April 2025 to 30th November 2025:-

Sl. No.	ECHO Clinic	Number of sessions
1	NITRD NRL– Diagnostic Management of TB for IRLs and C&DST Lab	3
2	Paediatric TB ECHO Clinic	7
3	NITRD -CTD-NTF Difficult to Treat TB ECHO Clinic	6

23. World Lung Cancer Day was observed on 1.08.2025 in the Institute. Health Education Talk was given to raise awareness about early detection and prevention of cancer, and healthy lifestyle practices.

24. World Organ Donation Day was observed on 13.8.2025 in the Institute. Health education talk was given in OPD and Paediatrics ward to promote awareness about the importance of organ donation and saving lives. A Quiz competition was also conducted in the paediatric ward.

25. Health talk on Hand Hygiene Awareness was given in the Institute OPD on 12/8/2025 & 19/8/2025, and in the wards from 20th – 24th August 2025, and 10th – 12th September 2025. Hand washing techniques were demonstrated and soap distribution was done to the patients and their attendants.

26. A health talk on "Alcohol Deaddiction" is being given in collaboration with Alcoholics Anonymous Group on monthly basis for the patients and staff.

27. About 100 Food Baskets are distributed by the Nikshay Mitras to TB patients every month in the Institute.

28. National Nutrition week was observed from 03/09/2025, by giving health talk on balanced diet, healthy eating habits and prevention of malnutrition in Institute OPD and wards.

29. A Training and Awareness activity on Disaster was observed in the Institute on 03/09/2025.

30. "Swasth Nari Sashakt Pariwar Campaign" from 17/09/2025 to 02/10/2025 was organized in the Institute. Females were counselled and educated on TB prevention, healthy diet, menstrual & personal hygiene, and lifestyle management. In addition, masks, soaps, peanut packets and sanitary pads were distributed to female patients and attendants.

31. AI-Skill Development Training Programme was held on 16th and 17th September, 2025 for the Institute staff.

32. World Heart Day was observed on 29.09.2025. Health talk was given on heart health, prevention of cardiovascular diseases, and adoption of a healthy lifestyle.

33. Various activities including drawing competition, health talk, Nukkad Natak, were carried out during "Swachhta hi seva hai campaign" in September 2025.

34. Special campaign 5.0 was organized from 02/10/2025 to 31/10/2025. Various activities focussing on cleanliness, waste management, public participation and sustainable practices were carried out in the Institute.

35. World Mental Health Day was observed on 10/10/2025. Health education talk to promote awareness on mental well-being, stress management, and reduction of stigma associated with mental health issues was given for patients.

36. Global Hand Washing Day was observed on 15.10.2025 by demonstrating proper handwashing technique and soap distribution to patients and staff.

37. On 28.10.2025 and 30.10.2025, capacity building sessions for sanitation staff was taken by Why Waste Wednesday Foundation (WWWFI) to enhance their knowledge and skills in waste segregation, safe handling of biomedical and general waste, and adoption of sustainable sanitation practices for improved hospital hygiene and environmental safety.

38. Lung Cancer Month/National cancer awareness day was observed on 7.11.2025 to spread awareness on cancer prevention, early detection, and timely treatment, encouraging healthier lifestyle choices and reducing cancer related risks.

39. World pneumonia day, world diabetes day, and world antibiotic awareness week were observed on 12.11.2025, 14.11.2025, and 24.11.2025 respectively.

40. A PG Meet was organized for the postgraduate students of Respiratory Medicine on 8.11.2025 and 9.11.2025. More than 150 students from north India attended the PG meet.

41. Institute organised Hindi Pakhwada from 14.09.2025 to 30.09.2025 and celebrated Hindi Diwas on 14.09.2025. Various activities were done during the period.

42. Rashtriya Karmayogi Large Scale Jan Seva Programme-Phase II is being implemented in the Institute. The Institute staff is being trained for this in batches.

43. Update on "Advanced TB Diagnostics: A Capacity Building Workshop" was conducted by the Department of Microbiology, NITRD, on 29.10.2025.

44. Vigilance Awareness week was observed from 27/10/2025 to 02/11/2025 in the Institute.

NITRD 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, BENGALURU

The National Tuberculosis Institute (NTI), Bangalore is an organization under MoHFW, established in 1959. 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.

Some of the major activities carried out by its Divisions/Units during the financial year 2025-2026 are summarized below:

I. HRD and Documentation Division

One of the salient functions of the Institute is to support human resource development and strengthen the capacity of programme managers through skill development activities relevant to National TB Elimination Programme (NTEP).

The Division is involved in the capacity building of TB programme managers, medical officers and paramedical personnel to strengthen their skills for effective implementation of Tuberculosis elimination strategies. The thematic areas of training include quality assured management of TB cases, monitoring & analyzing 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 has conducted National Training of Programme Managers and DTO's on NTEP - 5 batches; Training for Post-Graduate Students -3 batches; One day orientation programme on NTEP for PG students - 1 batch; Workshop on Operational Research (SORT IT – Module 1 & 2) WHOCC activity – 1 batch; One day Truenat Refresher training – 2 batches; Training in TOT on AI tool in Ni-kshay for LPA result interpretation – 3 batches; Training in Molecular Methods –LPA – 2 batches; MGIT for Culture & DST – 6 batches; Comprehensive Training on Quality Assurance of TB diagnosis – 1 batch; About 438 participants attended the various workshops, training and sensitization programmes on different facets of tuberculosis and strategies for its elimination.



Training of Post-Graduate Students from Madhya Pradesh on NTEP

II. Laboratory Division

The laboratory is designated as one of the National Reference Laboratory in the country and also is NABL accredited. The laboratory facilitates the capacity building of TB laboratory network by national level laboratory trainings and quality assurance of all lab techniques in the assigned states. The laboratory conducts NAAT EQA for all NAAT sites in the country. The laboratory is Certified by WHO SNRL Antewerp, Belgium for newer drugs DST (Bedaquiline, Clofazamine, Delamanid, Linezolid). Lab is providing referral services for newer drugs DST to patients for programmatic management of drug resistant TB.

Laboratory Division activities during 2025 (January-November, 2025):

Diagnostic tests performed on clinical specimens referred to NTI

Year	Total Samples	CBNAAT	Truenat	FL LPA	SLLPA	MGIT culture	MGIT DST
January-November, 2025	9010	572	1987	6100	678	7598	659

Major activities conducted by Laboratory division in January-November, 2025:

- Successfully tested approx. 3000 DLSS samples (Microscopy, Genexpert, liquid culture) from Karnataka, Rajasthan and Maharashtra.
    - o Virtual trainings to all state IRLs for CBNAAT EQA and post CBNAAT desk review
    - o Completion of CBNAAT EQA Round 2024 for all the CBNAAT sites under NTEP Jan – July 2025
    - o Virtual refresher training in LC DST by MGIT for IRLs of Karnataka, Rajasthan and Maharashtra on 21-23rd July 2025
    - o Virtual training of LTs and STLS of Karnataka (10 districts) for addressing high rate of Truenat rifampicin indeterminates, errors and invalid results on 07.08.2025 and 14.08.2025.
    - o Virtual State-Level Training on CBNAAT Indicator, recording & reporting under NTEP on 21.11.2025.
    - o Monitoring visit to CDST lab at PGIMER Chandigarh under NTEP on 12-13 Nov 2025.
    - o Renewal of NABL Accreditation Certification of NTI Laboratory.

III. Epidemiology and Research Division

The Epidemiology and Research Division (ERD) of the National Tuberculosis Institute (NTI) continues to play a pivotal role in TB elimination through epidemiological studies, clinical trials, operational research and capacity-building initiatives. Several landmark projects by ERD are contributing to evidence generation, program strengthening, and policy guidance. The Epidemiology and Research Division has completed several high-impact studies, while others are progressing through critical stages of protocol development, ethics clearance, and implementation.

Below is a consolidated account of the major studies conducted and their current status.

A. Paper published by ERD "Leveraging Machine Learning for Predictive Analysis of TB treatment outcomes: A comprehensive study using Karnataka TB data" was published in Next Research.

B. Projects completed

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 and enrolment of this ICMR-sponsored vaccine trial were carried out at Jayanagar General Hospital and KC General Hospital in Bangalore, and follow-up was done in NTI. Upon successful completion of the study, the data were analysed, and the final report was prepared, which is under publication. Archiving of documents in physical and digital formats is done as per the Central Drugs Standard and Control Organization guidelines. A technical and financial audit of the trial was conducted by ICMR, and queries were resolved. Following the formal closure of the trial, final consolidated Utilization Certificates (UC) with Statements of Expenditure (SOE) were submitted.

1. DLSS (District Level Sentinel Surveillance) for estimation of TB Burden in India (2022–2024) - Under the project "Strengthening the Monitoring of Tuberculosis Elimination in India," DLSS was conducted in two districts of Karnataka, namely Chikkamagaluru and Chikkabalapura, between 21 April 2025 and 25 September 2025. A total of 6000 eligible persons were screened for TB in 12 clusters, 6 in each district. CY-TB testing was done in two clusters and 'verbal autopsies' were conducted in all clusters to identify the cause of death. Final consolidated UC and SOE for the DLSS-Karnataka project were submitted to ICMR NIRT, Chennai.

2. "The extended follow-up study of the PreVenTB trial is designed to assess the long-term effectiveness of the VPM1002 vaccine compared to placebo in preventing TB disease six years post-vaccination among household contacts of pulmonary TB patients" - This is a follow-up study of the original vaccine trial in which NTI collaborated with ICMR, New Delhi. Protocol, SOPs, proposed budget, informed consent forms and participant information sheets were submitted to NTI-Institutional Ethics Committee, and the members were apprised of the protocol on 26 November 2025. The committee's report is awaited.

Swasth Naari Sashakt Parivar Abhiyan (SNSPA) - Between 17th September and 2nd October 2025, NTI conducted a special TB screening initiative among women employees in garment manufacturing units in Bengaluru city and Urban districts. A total of 1,395 women were screened, with sputum samples collected for NAAT testing. Additionally, 37 NTI employees enrolled in the Nikshay Mithra scheme, and 22 employees pledged organ donation. This initiative reflects NTI's commitment to community engagement and holistic health promotion.

IV. Monitoring & Evaluation

Monitoring and Evaluation is a critical component of NTEP of India to ensure effective implementation of the program as per plan. The Monitoring & Evaluation Division of the Institute supported by the Statistics Unit plays an essential role in undertaking research activities, assisting in Central Internal Evaluation/Joint supportive supervision etc.

The Statistics Unit under M & E Division, provides the statistical need of all the research activities i.e. from the planning stage of studies or surveys, protocol development, designing study schedules/forms, sample size estimation, collection and validation of data, collation, analysis of data, generating tables and results and interpretation of the results of various research studies.

Activities undertaken during the reporting year 2025-26 include:

1. Participation in the 100-days Intensified TB Elimination Campaign:

NTI officers actively participated in supportive supervision and monitoring of the 31 campaign districts of Karnataka to ensure systematic implementation and progress tracking across all districts of the state between January to March 2025.

2. Participation in Central Internal Evaluation (CIE):

Officials of NTI would participate in CIE framework institutionalised by Ministry of Health and Family Welfare under NTEP, to reinforce structured oversight and accelerate programme improvements for the states of Gujarat, Mizoram, Haryana and Jharkhand.

3. Activities undertaken by Statistics Unit:

A new NTI website https://nti.gov.in was developed and launched. Maintenance of the NTI website is being undertaken by the Statistics Unit.

a) Periodic support to NTEP for all statistical inputs in ongoing / proposed studies like estimation of sample size etc was provided during the reporting year

b) Provided inputs pertaining to sample size estimation for the - Multicentre study (6-7 sites representing different geographies of the country) to evaluate diagnostic accuracy of TB LAM Ag test for detection of TB among three groups of patients.

c) Involved in the research study conducted by NITRD, New Delhi – Comparative analysis and add-on value of Xpert and Xpert Ultra in Diagnosing Pulmonary Tuberculosis using respiratory and stool samples in children.

d) Provided inputs pertaining to sample size estimation for the ICMR Study – Multicentric evaluation of PathoDetect test for detection of tuberculosis and drug resistance to rifampicin and isoniazid in individuals suspected of having pulmonary TB and MDR-TB.

The proposed activities of the Monitoring and Evaluation Division include:

a) Several record-based studies using Nikshay data are currently initiated and a few more are proposed to be taken up during January to March, 2026.

b) Monitoring the performance of State TB Training Demonstration Centres against their annual plan

V. The Advocacy, Communication and Social Mobilization Division-ACSM

The Advocacy, Communication and Social Mobilization Division in short the ACSM Division was set up to enable and enhance the TB Elimination Program at different fronts. The Division plays a key role in sensitizing students from nursing, paramedical, life sciences and medical students on TB and NTEP. The aim of sensitization of students is to generate awareness on TB elimination activities.

1. Sensitization Programme

A total of 1294 students (Nursing, Pharmacy, Life

science post graduate, Trainee officers of Diploma in health Inspector of air force and PG medical students) on TB and NTEP were sensitized at NTI.

» Sensitization talks on TB was delivered during 100 days campaign to employees working at: Visvesvaraya Industrial & Technological Museum (National Council of Science Museums, Ministry of Culture, Govt. of India), Rail Wheel Factory (Indian Railways) and Grid Controller of India Limited.

2. Commemoration of World TB Day 2025

» World TB day was commemorated at NTI on 24th March 2025. As a run up to the event several sensitization programs on TB and NTEP were conducted for final year students of Nursing, Microbiology and Pharmacy streams.

» Sensitization programme on the recent guidelines of NTEP for all technical staff at NTI was conducted. In-house competitions such as Poster presentation, sketch and rangoli were organized for the Officers / staff of NTI with the theme of "Yes! we can End TB: Commit, Invest, Deliver" & "100 days' campaign for TB elimination".

» Officials of the Institute delivered talks on DRTB in CMEs conducted by medical colleges at AIIMS, Raipur on 9th March 2025 and Adhichunchangiri Institute of Medical Sciences (Mandya) and Siddaganga Medical College, Tumakuru on 27th March, 2025.



Sensitization on TB and NTEP Medical training centre trainees of Diploma in Health Inspector course of Air Force on 15th July, 2025

VI. Administration Division

The Administration Division of NTI caters to all the administrative requirements of the Institute. The four units under this Division are Establishment, Accounts, Hostel and General Section. The major activities of the units for the year (January to December 2025) are briefly furnished below.

Establishment Unit caters to the general upkeep of campus through CPWD, provision of contractual manpower to various divisions and service matters pertaining to the staff viz., Framing of Recruitment Rules in respect of all Group 'B' & 'C' posts as per the recommendation of VII CPC and its onward transmission to the CTD for its notification, holding of DPC for considering cases of promotion, confirmation, Processing and granting of MACP to eligible staff members, including resolving any pending cases related to the scheme, streamlining the processing of CGHS bills for eligible staff, handling legal issues pertaining to service matters coming under the purview of Central Administrative Tribunals and Honorable High Court of Karnataka & SLP in the Supreme Court,

1. Implementation of e-office and e-HRMS systems.
2. Constitution day was observed on 26th November 2025.
3. 10th Anniversary of International day of Yoga (IDY) 2025 was organized on 21st June 2025 the theme being 'Yoga for One Earth, One Health'.
4. Hindi day was celebrated on 15th September 2025.
5. “Swachchta Hi Seva” and “Ek Din Ek Ghanta Ek Saath” activities were organized for cleaning the NTI campus and NTI Staff Quarters. Also 160 physical files were weeded out as per the guidelines of DRPG. Under e-waste management, 190 obsolete computers, accessories, CPUs, laptops, etc., was referred to the condemnation committee for disposal. Further as a part of “Swachchta Hi Seva” programme Safai Shivir a Medical Camp was organized for the safai karmacharis on 25th September 2025.
6. Accounts Unit caters to the Budget estimation / expenditure of the Institute through PFMS.
7. Hostel Unit catered to the requirements of 438 trainees at the institute.
8. General section catered to all the support

arrangements required during training and other activities taken up at the institute.

9. Stores Unit undertakes all procurement activities of the institute.

3.3.11 NATIONAL CENTRE FOR DISEASE CONTROL

NPMU- Establishment and Strengthening of NCDC Branches

- Land transferred in the name of Director, NCDC for construction of NCDC UT Branch at Andaman & Nicobar Islands, Goa.
- MoU signed with State Govt. of Madhya Pradesh for construction of NCDC Regional Centre at Bhopal, MoU signed with Director, NTI, Bangalore for construction of NCDC State Branch at NTI, Bangalore campus, MoU signed with A&N UT Admn, MoU signed with HITES (Executive Agency) for construction of NCDC State Branch at Varanasi
- Execution of Lease Deed with State Govt. of Uttar Pradesh for construction of NCDC State Branch at Varanasi. execution of Lease Deed with State Govt. of Punjab for construction of NCDC State Branch at Amritsar
- NCDC Patna Branch shifted to the newly constructed building at NMCH Campus, Agam Kuan, Patna
- NCDC Coonoor Branch started functioning after co-location with RoH&FW, Chennai
- NOC from State Govt. of West Bengal for construction of NCDC State Branch at Bidhannagar campus, AIIH&PH, Kolkata

1. Integrated Disease Surveillance Programme (IDSP)

Integrated Disease Surveillance Program is a disease surveillance program under National Health Mission that does the disease surveillance in the country. It was initiated in 2004, with the objective-

- to strengthen and maintain decentralized laboratory-based IT enabled disease surveillance system for epidemic prone diseases
- to monitor disease trends
- to detect and respond to outbreaks in the early rising phase
- creation of trained cadre of Rapid Response Team (RRTs) at the District, State & National levels

Under this program there is a Central surveillance Unit (CSU) at Central level, State Surveillance Unit (SSU) at the State/UTs level and District Surveillance Unit (DSU) at district level. The program is responsible for the surveillance of 50 plus epidemic prone diseases.

In the year 2021, the programme has shifted from a paper-based, aggregate, weekly reporting to a paperless, case based, near real time reporting through Integrated Health Information Platform (IHIP) where all the 36 states/UTs are reporting. IHIP provides Geotagging of the individual cases reported in outbreaks for visual geospatial analysis, along with heat map.

Achievements/Outputs:

1. IHIP Implementation- On average 75.44%, 81.67% and 82.93% Reporting Units have reported in S (Syndromic) form, P (Presumptive) form and L (Laboratory Confirmed) form respectively under IDSP-IHIP Portal (1st Jan 2025 to 9th Nov 2025).
2. Outbreak Investigations- A total of 1785 outbreaks have been reported and responded through the IDSP network during the period 1st Jan 2025 to 21st September 2025 (Week 38).
3. Public Health Emergency Operation Centre (PHEOC)- was activated at Level 1 in response to two key events: An Acute Kidney Injury outbreak in Chindwara, Madhya Pradesh in the month of October and 'Vishanu Yuddh Abhyaas' focusing on Crimean-Congo Haemorrhagic Fever (CCHF) in Khandwa, Madhya Pradesh, conducted from November 4-6, 2025.
4. Media Scanning and Verification Cell- IDSP perform media scanning & verification of print and electronic media to strengthen the event-based surveillance. It 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 2,918 media alerts were generated during 1st Jan 2025 to 31st Oct 2025.

5. District Public Health Laboratories (DPHLs)- Strengthening of public health labs is an important component of IDSP that focuses on developing lab capacity in India. Till September 2024, 439 district public Health labs in 36 States/ UTs have been approved for strengthening out of which 386 (88%) labs are performing as per tests recommended by IDSP as on 30th September 2025.

6. Surveillance for Vaccine preventable Disease (like Polio, Rubella, Diphtheria, pertussis and Neonatal Tetanus) is a new activity added to existing mandate of IDSP. The Joint Working Group and Oversight Committee on VPD Surveillance integration with IDSP are closely monitoring and guiding the process of phased transition. In Phase I, 90 units across 22 states & 4 UTs have been transitioned by 31st August 2025. Currently Phase II for transition of another 50 units are under process, which shall be completed by March 2026. The last phase shall be complete by Mar 2027 for remaining SMO units and for North-Eastern states.

IDSP is undertaking sensitisation, hand holding of teams at district and states/UTs level and building their capacity for surveillance, logistic and sample collection and transport etc. to ensure smooth transition.

2. Epidemiology Division

- Two batches of EIS training programme running with 33 EIS officers at NCDC Delhi.13 Officers have completed their training in November 2025.
- A two-week Inception course was organised for Cohort 11 officers from 14-26 July 2025.
- EIS officers carried out 15 outbreaks/Field investigations related to various disease such as Nipah, Rabies, Melioidosis, Hepatitis B and C and other diseases and suggested containment measures to the authorities.
- EIS officers are carrying out 20 surveillance system evaluation of diseases or health programmes in various parts of the country
- 05 papers were published in various national and international journals by EIS officers/EIS alumnus.
- New cohort (2025-27) of EIS officers recruited.
- First Cohort (2024-25) of I-FETP successfully completed at NIPHTR Mumbai. 07 officers from different organizations completed their training. Second cohort (2025-26) of I-FETP started with 10 officers.
- NCDC in collaboration with AIIH&PH Kolkata started first cohort (2025-26) of the Intermediate Field Epidemiology Training Programme (FETP) in Kolkata. Ten officers from various states have joined first cohort.
- NCDC in collaboration with WHO SEAR organised a 'Data Analytics using R' workshop under the Pandemic Fund to enhance the analytical skills of FETP faculty and officers.
- Officers of Epidemiology division supported transition of VPD surveillance activities in the states of Odisha, Daman and Diu, Assam and Manipur.
- Officers of Epidemiology division supported during Netherland delegation visit to NCDC Delhi.
- 03 EIS offers and 01 I-FETP officers delivered oral presentations on high-priority public health topics, including water-related outbreak investigations, the antimicrobial consumption pattern in India, and zoonotic diseases at the recent 2nd SAFETYNET conference in Kuala Lumpur from September 22–26, 2025.
- A batch of 11 students are currently enrolled in MPH (FE) programme in affiliation with GGSIPU.
- New batch of MPH(FE) scholars got admission. Session commenced from 27th October 2025.
- Antimicrobial consumption surveillance of 35 NACNET sites ongoing.
- Antimicrobial consumption surveillance network of Gujarat (G-SACNET) started and first report of the State network prepared.

- Antimicrobial consumption surveillance network of Kerala (K-SACNET) started and first report of the State network under process.
- Published Standard Operating Procedure for calculating antimicrobial consumption in hospitals/healthcare facilities (indoor).
- Published Antimicrobial Consumption Surveillance Report for 2023.
- NCDC Newsletter Volume 13 Issue 2 published.

3. Division of Public Health Preparedness & Non-Communicable Diseases

Background

Renamed in May 2023, the Division of Public Health Preparedness & NCD supports India's all-hazard preparedness and response under the International Health Regulations (IHR 2005) and promotes a One Health approach by integrating human, animal, and environmental health surveillance. The Division also oversees the First Aid Wellness Centre and the Division of Biochemistry & Toxicology.

Key Activities & Achievements

1. Capacity Building – SectorConnect (FEP-One Health)

Four batches of SectorConnect training were conducted in Jammu, Rajasthan (Jaipur & Udaipur), and Telangana (Hyderabad), covering 36 districts and training 182 district-level officers including epidemiologists, microbiologists, DSOs, PHOs, food safety officers, and veterinary officers, in line with NJORT framework.

2. International Health Regulations (IHR, 2005) Implementation

- National Sensitization Meeting on IHR amendments (19 June 2025).
- SAPHIRE Exercise on IHR event communication (8 July 2025).
- Launch of 3 Training Modules on Public Health Management of Chemical Emergencies (22 October 2025) by the Secretary, MoHFW in collaboration with NDMA and WHO India.

3. National Iodine Deficiency Disorders Control Programme (NIDDCP)

- Validation of ~60 edible salt samples from Uttar Pradesh and Karnataka.
- Training of Trainers (ToT) conducted for 20 officers from 5 states.
- Training of Laboratory Technicians (ToLT) conducted for 17 technicians from 5 states.

4. Disaster Preparedness: Familiarization Exercise (FAMEX) was conducted on 23 May 2025 in collaboration with DDMA (Central District) and the 16th Battalion of NDRF, strengthening disaster response capacity of NCDC and NCVBDC staff.

5. Swasth Nari Sashakt Parivar Abhiyaan observed (17 Sept – 2 Oct 2025) covering 201 participants.

6. Cardiopulmonary Resuscitation Demonstration conducted on 10 October 2025 with RML Hospital for NCDC & NCVBDC staff.

7. Laboratory & Diagnostic Services

- Clinical Biochemistry Facility: 36 parameters, 996 individuals tested.
- CBHI Iodine Assessment Study: Approx. 3,500 blood and urine samples and 1,000 salt samples analyzed for thyroid hormones, antibodies, urinary iodine, and salt iodine content.

4. 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 2025(January to October), NCDC has completed the STH prevalence resurveys activity in remaining eight States and Union Territories: Chandigarh, Lakshadweep, Bihar, Himachal Pradesh, Uttar Pradesh, Delhi, Chhattisgarh and Manipur. During these surveys, 2555 students of age group 9-11 years were examined for STH in 118 schools at 41 sentinel sites in the above 8 States/UT's.

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 rumors are investigated epidemiologically and by laboratory examination.

Activities related to Lymphatic Filariasis:

DPD laboratory provided referral diagnostic facility to 117 patients for detection of filaria antigen and antibody through rapid diagnostic test kits and Night blood smear. Also, the division supported the Filaria elimination programme activities through cross checking of 3908 slides of Night blood smears for Lymphatic Filariasis as referred by the programme division (NCVBDC). In addition, NCDC branches at Kozhikode, Mangalagiri and Varanasi contributed towards efforts for filaria Elimination through:

- Treatment of filaria patients at filaria clinics & IEC activities: A total of 3591 patients were treated at filaria day clinics, 1000 patients were treated at Filaria night clinics at the three branches and 384 patients were provided lymphedema management services at NCDC branches Varanasi.
- Capacity Building of medical officers/ technicians/ filaria inspectors through training programmes on filariology: Total 7 training sessions were organised at the three branches and 79 health personnel from different States/UTs of the country were trained.
- Also, these branches supported the Filaria elimination programme activities through cross checking of 5098 slides of Night blood smears from different state/UTs of the country.

5. 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 17 referral patients for Entamoeba histolytica and 13 patients for Toxocara canis, 18 patients for Strongyloides and 16 patients for Trichinella spiralis ELISA test availed the facility.

Activities related to Malariology:

DPD laboratory conducted 36 blood smear examination as well as rapid antigen tests for falciparum and vivax species in referred patients. Also, the division supports the National Malaria Elimination programme activities through cross checking of slides received from NCVBDC.

Epidemiological investigation: This division conducted an Epidemiological Investigation of a case of *Trypanosoma lewisi* admitted at Apollo Hospital, Delhi. In order to establish the epidemiological linkage and identify the source of infection, the team carried out the epidemiological and entomological investigation at and around the residence of the case.

Coordination Section: DPD coordinated educational cum orientation visit to NCDC for 798 under-graduate/post-graduate students from 24 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.



NCDC team giving health talk to students during STH resurvey at Mandi District, Himachal Pradesh



Laboratory examination of stool samples at Telangana during STH resurvey



Explaining to students about stool sample collection method during STH resurvey at Bihar



Collecting health parameters of the children's participating in STH resurvey at Himachal Pradesh



Malaria and Filaria slides cross checking activity at DPD laboratory

6. National Programme on Climate Change and Human Health

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 on Heat wave preparedness and air pollution 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 & heat 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)
   e. International Day of Clean Air for blue skies (September)
4. New IEC posters on vulnerable groups to extreme heat and air pollution i.e. children, outdoor workers, police force and mass gathering attendees were released.
5. Heat-health awareness and air pollution messages disseminated in social media of NPCCHH and MoHFW.

Capacity Building Initiatives

1. Conducted Virtual training workshop on Extreme heat preparedness and management with State Nodal officers-NPCCHH and medical officers.
2. Conducted workshop on Health Sector Disaster Preparedness and Response with State Disaster Nodal Officers
3. Conducted 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.
4. Training of Trainers were conducted by CoEs under NPCCHH programme on hydrometeorology and climate change and Water as thematic areas.
5. National review meeting of the State Nodal Officers under NPCCHH were conducted

Healthcare Systems Strengthening Initiatives

1. 235 Sentinel Hospitals (33 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 disseminated
5. Daily heat-health enhanced monitoring and media scan was carried out. This supported preparedness and response review meetings with NDMA, Niti Aayog and Election Commission.

Green and Climate Resilient Healthcare

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.

7. Respiratory Viral Pathogens & Tuberculosis Division (RV & TB):

RV & TB Division, NCDC is involved in the following main activities:

- Referral testing of samples for Respiratory Viruses, Teratogenic Viruses, MTB
- Providing support to Outbreak investigation and research on Respiratory Viruses.
- Surveillance testing of suspected cases of Influenza as Nodal lab under the Influenza Surveillance Network program of IDSP.

Activities carried out by Respiratory Viruses Lab (RV Lab) in 2025:

- Lab tests performed:
  - » Referral testing done for:
- Influenza* (including Influenza A/B typing and subtyping Infl A to H1N1, H3N2, H5N1, and lineage detection of Inf B into Victoria/Yamagata), SARS-CoV-2, other respiratory viruses like Adenovirus, RSV, HMPV by RT-PCR testing on samples received from Delhi health institutes.(From 1/1/2025 to 31/10/2025, a total of 1549 samples were tested in Molecular
- Virology Lab. Out of 1549, 687 were tested for Influenza, 416 for RSV, 355 for Adenovirus, 130 for COVID-19 and 11 for CMV)
- Cytomegalovirus testing by PCR.
- Mycobacterium tuberculosis- by Microscopy, Nucleic Acid Amplification Test (Tru NAT)
  - » Influenza Surveillance activities:
- Surveillance of ILI and SARI cases for Influenza, RSV and Adenovirus received from designated sentinel sites under IDSP influenza surveillance network.
- Routine analysis performed for Influenza Surveillance data received from 11 network labs under IDSP Influenza Network Program: PGI (Chandigarh), NCDC (Delhi), BJMC (Ahmedabad), CRI (Kasauli), IGMC (Shimla), NIMHANS (Bangalore), Haffkins Institute (Mumbai), NEIGRIHMS (Shillong), JIPMER (Puducherry), IPM (Hyderabad), SGPGI (Lucknow)
- Performed Conventional PCR in whole segment of HA and NA gene in positive samples of Pdm H1N1, H3N2, Influenza B. The amplified PCR products for further sequencing to understand strain variations.
- RSV and Adenovirus testing was carried out as passive surveillance on residual samples which had been received and tested for influenza.
  - RV Division has participated form India in WHO GISRS External Quality Assurance Programme for a) Detection of Influenza Viruses; b) SARS-CoV-2 and c) RSV by RT -PCR in month of August-September, 2025 thereby ensuring quality testing in the laboratory.
  - WHO awarded certificate of completion with full score (100% score) in EQAP for Influenza and SARS-CoV-2 of WHO GISRS panel 23(24) for Influenza and SARS-CoV-2 by RT-PCR.

- **Teaching & Training:**

Faculty of RV lab participated throughout the year in introductory lectures/ Orientation classes to MD/ BHMS/BSc/ M.Sc. Nursing students/Veterinary students coming from various institutions /medical colleges during their scheduled educational visits for imparting comprehensive knowledge on lab activities in RV & TB Division.

- **Participation in National and International conferences/meetings/video conferences/ workshops:**

Biosafety & Biosecurity Practices in Microbiology October 2025, 18th Biregional meeting of National Influenza Centres and Influenza surveillance in WHO's South East Asia and Western Pacific regions, Sept 2025.

WHO online meeting to Strengthen RSV Surveillance and Disease Burden Estimation based on GISRS in sub-Saharan Africa and South/Southeast Asia, online mode from 15 Sep 2025 to 18 Sep, 2025.

Annual Regional meeting on Pandemic Influenza Preparedness (PIP) Partnership Contribution (PC) and WHO's Preparedness and Resilience for Emerging Threats (PRET) Implementation in SEAR, 27 -30 October 2025, Colombo, Sri Lanka.

Officers/staff of RV lab have undertaken following salient activities in 2025: -

Outbreak investigation: Visit to A.P., Karnataka, Delhi Zoo for Avian Influenza outbreak investigation as part of Central Team, in May, August, & September 2025, respectively.

Staff attended on Training on Serology testing on Human Samples of H5N1 in NIV, Pune from 21-23 April, 2025.

Officers supported Central TB Div. under NTEP for the effective execution of the 100 Days TB Campaign in certain states in 2025; supported VPD surveillance transition in certain state/UT from WHO-NPSN to respective states /UT in 2025.

8. Viral Hepatitis Division

Routine samples testing

A total of 2004 samples were received and tested for viral hepatitis markers (Hepatitis A, B, C and D) in the Viral Hepatitis Laboratory NCDC. The testing methods included ELISA, Rapid Diagnostic Test and CLIA (Chemiluminescence Immunoassay).

Surveillance Activities

1) The laboratory serves as a reference diagnostic facility with the capacity to perform viral load testing for hepatitis. A total of 110 samples were received for testing of different viral hepatitis markers.

Hospital/Institute	Total Samples	Test Performed	Test Performed Method Used
Civil Hospital, Palwal, Haryana	24	HCV serology	Chemiluminescence Immunoassay
District Combined Hospital, Amroha, Uttar Pradesh	78	HDV serology	Enzyme -Linked Immunosorbent Assay
Dr. RML Hospital, Delhi	8	HBsAg and HCV serology	Chemiluminescence Immunoassay

2) HSS (HIV Sentinel Surveillance)– A total of 1,296 samples were received for HIV Sentinel Surveillance (HSS) from various institutes across India. These samples were received from Dr. MGR Medical University in Chennai, Tamil Nadu (82 samples), Madras Medical College in Chennai, Tamil Nadu (93 samples), and the National Institute of Biologicals (NIB) in NOIDA, Uttar Pradesh (832 samples) Christian Medical College (CMC) in Vellore, Tamil Nadu, (7 samples), and ICMR's National Institute of Immunohaematology (NIIH) in Mumbai, Maharashtra, contributed 282 samples.

NABL Accreditation

The Viral Hepatitis Laboratory has successfully achieved NABL (National Accreditation Board for Testing and Calibration Laboratories) accreditation, as per ISO 15189:22 standards.

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 & 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

1. 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. The Division has analysed a total of 1606 samples for Hepatitis C Virus (HCV) and 472 samples for Hepatitis B Virus (HBV) received from Viral Hepatitis laboratory.

Hepatitis E Virus: A total of 73 Anti HEV IgM positive samples were processed for molecular diagnosis and genotyping of Hepatitis E Virus by amplification of ORF1 gene comprising of 286 bp.

2. Applied Research:

HCV Genotyping: A total of 59 samples, received from different states of India were tested for various genotypes of Hepatitis C Virus using HCV Genotyping True PCR kit.

3. Sequencing Support to Other Divisions:

Targeted Sequencing: The division provided sequencing support to other divisions and performed targeted sequencing of 40 samples of Dengue, Chikungunya and Rabies.

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.

Country wide treatment failure cases for Whole Genome Sequence analysis.

10. 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 8,513 stool specimens have been received for testing of Polio from AFP cases from 01st January to 31st October 2025.
- Sewage samples are received for Environmental Surveillance of Polio from (Delhi, parts of Uttar Pradesh. A total of 288 sewage specimens have been received for testing of polio viruses from 01st January to 31st October 2025.
- 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 4,091 serum specimens have been tested for Measles and 4,091 specimens for Rubella have been tested and reported respectively from 01st January to 31st October 2025.
- 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 355 molecular sample (throat swab, urine) for Measles and 234 molecular sample (throat swab, urine) for Rubella have been tested by conventional RT-PCR and gel electrophoresis from 01st January to 31st October 2025.

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 the Measles and Rubella Serology (ELISA) revalidation testing.
- The Laboratory has cleared the Measles and Rubella Molecular PT panel received from WHO Lab Network.
- The National Polio Laboratory has achieved and maintained the complete accreditation status during accreditation audit of National Polio Lab in January 2025.

4. Diagnostic Support for Other viruses such as Epstein Barr Virus, Varicella Zoster Virus, Measles and Mumps virus.

- A total of 176 samples have been tested for Other viruses for the period from 01st January to 31st October 2025.

5. Environmental Surveillance for COVID-19

- The Division has standardized the methodology for Environmental Surveillance of COVID-19.
- Weekly Surveillance for identified sites in Delhi started since November 2022 and is ongoing
- Approximately 91 sewage samples have been tested for the Environmental Surveillance of COVID-19 from 01st January to 31st October 2025.

6. Hospital Surveillance of Sewage samples

- The Division has recently started Wastewater Surveillance for Safdarjung Hospital and Hospitals attached to Lady Harding Medical College since January 2024 and approximately 50 sewage samples have been tested from 01st January to 31st October 2025.

7. Training and Capacity Building

- The National Measles & Rubella Laboratory at NCDC has conducted "Hands-on training on MR molecular testing" for sub-national Laboratory, SMS Jaipur from 04 August to 08 August 2025.

11. Center for AIDS and Related Diseases

The Division of AIDS was established at National Centre for Disease Control (formerly known as National Institute of Communicable Diseases) in the year 1995 and renamed as Centre For AIDS Related Diseases in 2019. Prior to this it had existed as AIDS Reference Laboratory in Division of Microbiology since 1985, one of the first reference centres in India, which initiated surveillance of HIV-infection in the country. It was later upgraded as the Centre for AIDS & Related Diseases.

The mandate of the centre is to provides referral diagnostic testing and training services for HIV testing, biosafety and quality assurance of kits for HIV and related diseases.

1. Referral Diagnostic Testing services

a) Approximately 3600 samples received for various tests (Rapid, CD4 count, TPHA, RPR) in CARD division for HIV and related diseases

b) Approximately 400 Pre-testing and Post-testing counselling services provided in ICTC.

c) Confirmation of HIV sero-status of all samples received from SRLs and their ICTCs which are showing indeterminate or discordant result.

d) Successful NABL transition from ISO 15189:2012 to ISO 15189:2022 in 2025 was done in April 2025

2. National family Health Survey -6

HIV testing on Dried Blood Spot (DBS) samples under National Family Health Survey (NFHS-6) is being carried out by CARD division of NCDC. The aim is to test representative sample of household across India to estimate the burden of HIV, HBV, HCV. Testing is aimed for 5 states viz. Himachal Pradesh, Jammu & Kashmir, Ladakh, NCT Delhi Uttar Pradesh is undergoing (Approx. Number of Samples - 48,927)

3. Proficiency Testing

a) Preparation and distribution of proficiency testing (PT) panel of HIV for linked SRLs (13) and their associated ICTCs (402). Eight-member panel for SRLs and Bulk four-member panel for distribution by SRLs to their associated ICTCs was provided in March 25

b) Participated in EQAS for HIV serology NITVAR Pune June 25. The result had 100% concordance.

c) ILC with NITVAR Pune for HIV test done in October 25.

4. HIV Sentinel Surveillance (HSS)

HSS Survey of 3 states for districts Jammu and Kashmir, Haryana and Rajasthan (total 2390 samples) for HIV, HBV, HCV, and Syphillis in process

5. Kit evaluation

CARD evaluated 15 kits for average 550 panels for various rapid test for HIV, Syphillis, HBV, HCV etc (total 9300 test)

6. Training

Seven training on various subjects viz. NFHS, Good laboratory Practices, Educational visit for postgraduate/nursing students (140 participants trained)

12. Centre for Arboviral and Zoonotic Diseases

- CAZD 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. Total number of samples received from Jan-Oct 2025 were 2541 with request for testing multiple arboviral and zoonotic pathogens. Total 13234 number of tests were performed for the various zoonotic pathogens.
- Monitoring of Plague surveillance in India assisted with Plague surveillance unit (PSU) NCDC Bengaluru branch.
- Maintenance of Geese facility in NCDC
- Provided consultancy services on rabies prophylaxis – 156 Animal bite victims.
- **Outbreak investigations /Surveillance activities:**
  - » Surveillance performed for Dengue serotyping from Delhi state.
  - » Surveillance for antirabies antibody titre estimation of dogs from various veterinary hospitals in Delhi and Paramilitary forces.
  - » Officer visited Turakapalem village, Guntur District of Andhra Pradesh for epidemiological investigation of Meliodosis from 06.09.2025 to 08.09.25
  - » Officer was a member of Central Team Visit to Chhindwara District (MP), Nagpur District (MH), and Adjoining Affected Districts Regarding Outbreak of Suspected Acute Encephalitis in Children from 8-12 Oct 2025
- **Trainings organized /lectures delivered by Faculty of CAZD**
  - » Delivered lectures and demonstration to the educational visit of senior veterinary officers, MD Microbiology and Community medicine students from UCMS & GTBH, MAMC, LHMC & GB Pant Hospital, MD (CHA)/ DHA II-year students, NIHFW and BSC Zoology students. Also delivered guest lectures for VRDL/ICMR scientist and in CME on Rabies.
  - » Trained 02 MSC students and also supervised dissertation.
- **Framing technical documents and resource material:**
  - » Advisory for postmortem sample sent for Medicolegal purpose for confirmation of Rabies was released.
  - » Manual of Zoonotic Disease of Public Health Importance 2025 released on 30.7.2025 during116th Institute day celebration.
- **New Initiatives at CAZD:**

1. Division has initiated entry of data of zoonotic diseases in IHIP portal.
2. Successfully conducted Interlaboratory comparison (ILC) of Brucella serology with SMS Jaipur as a part of establishing Quality assurance activities for Sentinel surveillance sites on Zoonoses

- Rabies awareness programme was carried out on the occasion of World Rabies Day on 26.09.2025 for all the officers and staffs of NCDC& NCVBDC:

13. Centre for One Health

Centre for One Health coordinate Implementation following National Programs

1. National Rabies Control Program (NRCP)
2. National One Health Program for Prevention & Control of Zoonoses (NOHPCZ)
3. Program Prevention & Control of Leptospirosis (PPCL)
4. Prevention & Control of Snake Bite Envenoming

1. National Rabies Control Program(NRCP)-

- NRCP is a flagship public health initiative started since 12th Five-Year Plan aimed at preventing and controlling human deaths due to rabies and achieving the global goal of "Rabies – Zero by 2030."
- State-level activities are being implemented through the National Health Mission (NHM) ensuring strengthened coordination and support across states and UTs.
- The program aims at improved prevention, management, and surveillance of animal bite and rabies cases through key components including surveillance, IEC, capacity building, diagnostics, and community awareness.
- Through its multi-sectoral approach, the NRCP continues to play a crucial role in safeguarding public health, strengthening healthcare capacity, and moving India steadily toward the elimination of dog-mediated human rabies by 2030
- To further empower the community, advocacy has been undertaken with the States regarding the Rabies Helpline (15400) and the official website: https://rabiesfreeindia.mohfw.gov.in/, which provide reliable information and guidance on rabies prevention, wound care, and treatment.
- "Rabies Free City" initiative has been started in phase wise manner. In 'Tier-I' 17 Cities of 6 States has been targeted and in 'Tier II' 103 cities in 25 states has been targeted for Rabies and preparation of action plan under process
- 2nd Meeting of National Joint Steering Committee for Rabies Elimination (NJSC-RE) was conducted on 23rd April 2025 under chairpersonship of Secretary- Health, MoHFW & Secretary- AHD, MoFAHD.
- Master TOT training on Dog Bite management & Rabies Vaccination Under NRCP on 29 May 2025



- In the current year following Guidance documents and toolkits have been launched by the program division:

1. Toolkit on Pre-Exposure Prophylaxis for High-Risk Groups
2. Guidelines for the Role of Metropolitan Surveillance Units (MSUs) in Prevention and Control of Zoonoses
3. Standard Operating Procedure(SOP) for Joint Investigation of Suspected Human Rabies Death
4. Leveraging Community Platforms to Enhance Rabies Awareness
5. Launch of State Action Plan for Dog Mediated Rabies Elimination (SAPRE) Nagaland (joined virtually by MD NHM, Nagaland).

- On the occasion of World Rabies Day 2025, Following activities have been done at National & state level:

» To share the global best practices on the dog mediated Rabies Elimination, A symposium on "Strengthening Rabies Elimination Efforts – Zero by 30: Global Insights and Way Forward for India" was held on 29th September 2025 at NCDC, Delhi.

» Community outreach and awareness activities on rabies were conducted in selected districts

of Delhi and Rajasthan.

» Awareness drives on rabies prevention and dog bite management were organized for school children in Delhi Government schools.

» Advisories were issued to all States and UTs for observance of "World Rabies Day 2025".

» Communications were sent to the Delhi Government Education Department for issuing advisories to schools to promote awareness on animal bite prevention and control.

» Communications were also sent to the Veterinary Council of India (VCI) for issuing advisories to all veterinarians regarding administration of Pre-Exposure Prophylaxis (PrEP) for rabies prevention.

» Relevant stakeholder Ministries and Departments were requested to observe World Rabies Day 2025 within their respective domains.

» In collaboration with concerned stakeholder departments, the world Rabies day 2025 was carried out by the states and Centre for One Health as "World Rabies Week" from 22nd to 28th September 2025.

2. National One Health Program for Prevention & Control of Zoonoses (NOHP-PCZ)

- NOHP-PCZ was approved as a Central Sector Scheme during the 12th Five-Year Plan in 2013 with aims to institutionalize a structured One Health mechanism at national, state, district, and village levels, integrating the human, animal, and environmental health sectors.



- The goal is to protect communities and reduce socioeconomic losses from zoonotic threats through strengthened inter-sectoral coordination, joint surveillance, and capacity building.
- Under the program, One Health Nodal Officers appointed in 11 States/UTs and 162 districts.
- State Action Plans launched in Odisha and Rajasthan; State Level Zoonoses Committees formed in 35 States.
- Total 85 Sentinel Surveillance Sites and 18 Regional Coordinators established across the country; testing expanded from 729 samples (2021) to over 91,000 (2024) focusing on priority zoonotic diseases such as Leptospirosis, Scrub Typhus, Brucellosis, Toxoplasmosis, Lyme Diseases, KFD, Cysticercosis etc.
- Over 4,000 professionals trained through multidisciplinary and hands-on programmes.
- First JWG Meeting conducted between India and France on 28 & 29 Jan 2025 at NCDC, Delhi
- Zoo-win TOT workshop conducted for the concerned state officials in collaboration with UNDP on 28 March 2025.
- Convened the Second meeting of the Scientific Steering Committee on One Health on 15-04-2025
- Sector Connect (FEP-OH) training (Contact Session-3) conducted on 28-30 Apr 2025
- The world Zoonoses day was observed across the country based on the theme – "One World, One Health: Prevent Zoonoses "at State and National level on 6th July 2025.

3. Program for Prevention & Control of Leptospirosis (PPCL)-

- PPCL is implemented as both a Central Sector and Centrally Sponsored Scheme with state-level implementation integrated under the National Health Mission (NHM) with focus on surveillance, capacity building and community awareness.
- The laboratory testing has expanded from 1,609 samples in 2020 to 2.68 lakh samples in 2024, reflecting improved awareness and

robust data reporting through the IDSP–IHIP platform.

- Diagnostic capacity has been strengthened with the establishment of five Leptospirosis Regional diagnostic Laboratories, complemented by 10 Regional Coordinators and 72 Sentinel Surveillance Sites under NOHP–PCZ, collectively facilitating testing of over 66,900 samples.
- The Funds are being provided to 12 states and 2 UTs under PPCL through NHM PIP mechanism for strengthening District Diagnostic Laboratories for Leptospirosis (Andaman & Nicobar Islands, Andhra Pradesh, Assam, Goa, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Punjab, Tamil Nadu, DNH&DD, Uttar Pradesh, West Bengal)

4. National Program for Prevention & Control of Snake Bite Envenoming (NPSE)

- Under the National Program for Prevention and Control of Snakebite Envenoming (NPSE), the MoHFW has undertaken several comprehensive measures to improve snakebite prevention, management, and control across the country.
- Anti-Snake Venom (ASV) has been included in the National and State Essential Drug Lists to ensure its availability at all levels of healthcare, with procurement supported under the National Free Drug Initiative of the National Health Mission (NHM).
- NHM supports activities such as training of healthcare professionals, surveillance and monitoring, and Intersectoral coordination.
- States are being advised to develop their State Action Plan for Prevention and Control of Snakebite Envenoming (SAPSE) based on the NAPSE document
- It also emphasizes inclusion of snakebite as a notifiable condition to improve surveillance and timely response — with seven states having already declared snakebite cases and deaths as notifiable under their respective public health acts.
- To date, over 1500 healthcare professionals have been trained across 21 states, and national-level guidelines and protocols have been disseminated to standardize treatment.
- The Ministry has also developed and released extensive IEC materials, launched a multi-lingual awareness video and snakebite helpline, and conducts regular advisories and webinars to enhance preparedness during high-risk seasons.
- World Snakebite day was observed at State and National level on 19th September 2025.
- To strengthen the program various technical meetings have been conducted in the current year with the concerned stakeholder partners and states.

14. Centre for Bacterial Diseases and Drug Resistance (CBDDR) & National Programme on AMR Containment

The Centre for Bacterial Diseases and Drug Resistance (CBDDR) continues to function as a key reference division under NCDC, providing diagnostic support during outbreak investigations, conducting research, and building capacity for bacterial disease detection. The Division comprises 4 laboratories - AMR National Reference Laboratory, Bacteriology & Drug-Resistant Testing Lab, Diarrhoeal Disease Lab, and Water Bacteriology Lab, and all labs are supported by the Media Room. These laboratories collectively tested a wide range of clinical and environmental samples from government health facilities.

Under the National Programme on Antimicrobial Resistance (AMR) Containment, CBDDR achieved major milestones:

- Expanded the National AMR Surveillance Network (NARS-Net) to 70 institutions across 34 States/UTs in 2025-26.
- The AMR National Reference Laboratory tested and confirmed ~4,000 bacterial isolates and over 500 alert pathogens; genome sequencing confirmed several emerging AMR strains.
- Annual AMR Surveillance Report (Jan–Dec 2024) and Semi-Annual Bulletin (Jan–Jun 2025) were published on NCDC's website.
- India's national AMR data was submitted to the Global AMR Surveillance System (GLASS) 2025 data cell.
- The fungal AMR National Reference Laboratory at V.P. Chest Institute confirmed

>1,100 Candida isolates from bloodstream infections.

State-Level Strengthening and Surveillance:

- Six new States (Gujarat, Rajasthan, Telangana, Assam, Karnataka, Madhya Pradesh) initiated State AMR Surveillance Networks, with three States publishing their first annual reports (2024).
- Expanded Healthcare-Associated Infection (HAI) surveillance to 10 new sites; IPC trainings conducted across 50 sites.

IEC and Awareness:

- Development of AMR-related IEC material targeting healthcare workers, the public, and other stakeholders was initiated.

Capacity Building and Trainings:

- Conducted national AMR surveillance review meetings for 50 sites (Aug–Sep 2025) and sensitisation trainings for new labs (Oct–Nov 2025).
- Organised WHONET data management workshops in Jharkhand and Tamil Nadu; hands-on broth microdilution trainings in Assam, Rajasthan, Karnataka, and Madhya Pradesh.
- Facilitated annual state AMR review meetings and onsite support visits for data quality improvement.

15. Centre for Medical Entomology and Vector Management

Centre for Medical Entomology and Vector Management is mandated with undertaking operational research, providing technical support and developing trained manpower in the field of vector-borne diseases and their control. The centre provides technical guidance, support and advice to various states and organizations on outbreak investigations and entomological surveillance of vector-borne diseases and their control.

Support Entomological Surveillance for International Health Regulations compliance at Points of Entry:

The Centre conducted entomological surveillance in 8 International Airports and 2 International Seaports and 1 International Land port in the pre and post-monsoon period (18 survey). 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:

- A total of 1034 visitors came to Entomology Museum from 1/1/25 to 15/12/25. Distinguished visitors are – (a) QUAD delegates, (b) DGHS, Dr. Sunita Sharma, (c) MEA delegates, (d) Myanmar FETP trainees & (e) High level delegates from Philippines.

Sandfly colony:

The centre maintains a facility for the arthropods of medical importance and mosquito larvivorous fishes for different research activities. The division restarted sandfly colony by the month of 8th July 2025, collected with support of NCDC, Patna branch from surrounding areas of Patna District, Bihar.

Training and Sensitization

- In 2025, the division provided a 15-day training for State Entomologist /biologist on Vector biology and Disease control for 17 participants from Gujarat, Rajasthan and Delhi 17th Feb 2025 to 28th Feb 2025.
- The centre also supports training to MPH students in entomology and vector control.

Outbreak investigations by CME & VM officers and staff

- Entomological support for the outbreak investigation of Malaria in April 2025 at Shibganj, Jharkhand. The report has been shared with the concerned State health authorities.
- Entomological outbreak investigation of Trypanosomiasis at Agra in October 2025. The report has been shared with the concerned State health authorities.
- Entomological support for outbreak investigation team of NJORT (National Joint Outbreak Response Team) for investigation of viral haemorrhagic fever at Block Chhegaon Makhan, District Khadwa, Madhya Pradesh from 3rd – 5th November 2025.

Other Lab and field activities of by CME & VM officers and staff

- 141 pools (5 pools from Gujarat,106 pools from Delhi and 30 pools from PoE) of Aedes mosquito were tested for Dengue/ Chikungunya/Zika virus and 8 pools from Delhi were positive, out of which 6 pools were positive for Dengue and 2 pools were positive for both Dengue and Chikungunya
- Monthly entomological surveillance for rodents and their ectoparasites from selected sites in Delhi by the divisional officers and staff.

Details of the survey are given below: -

- A total of 6 surveys were completed between 1st January 2025 to 07th November 2025 with a trap positivity rate of 30.7%. Rodent species collected were Suncus murinus, Rattus rattus, Bandicota bengalensis, Rattus norvegicus and Mus musculus.The ectoparasites collected include mites (Leptotrombidium Spp, Schoengastiella Spp, Radfordia ensifera and Sarcoptes Spp), Fleas (Xenopsylla cheopis)
- Weil Felix test
- Commenced Weil Felix test on rodent sample from points of entry surveillance and rodents survey in Delhi in the divisional lab.
- A Total of 49 samples (21 from Delhi and 28 from PoE were tested, of which 1 sample from Mangalore PoE was positive for OXK antigen. The report was further shared with the concerned authority.

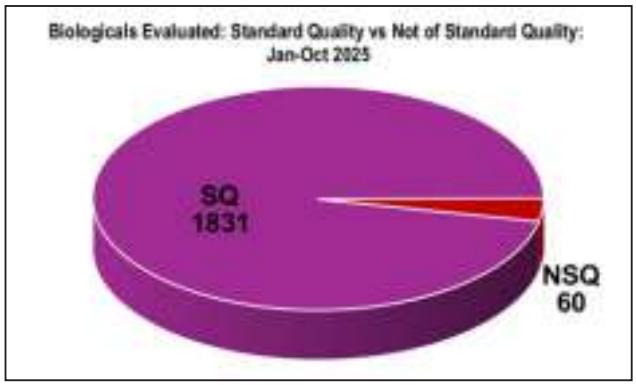
3.3.12 NATIONAL INSTITUTE OF BIOLOGICALS (NIB), NOIDA

The National Institute of Biologicals (NIB), under the Ministry of Health & Family Welfare, ensures quality services in the healthcare sector, especially in biologicals. Its key mandates include:

1. Developing and validating standards for QC testing of biological and immunobiological products.
2. Building national and international linkages to stay updated with scientific research and technological advances in production and QC to advise on the suitability of their adoption.
3. Providing QC training to personnel from testing and manufacturing units.
4. Assessing manpower needs for QC and manufacturing and advising the Government on strengthening testing facilities.
5. Implementing and coordinating the Haemovigilance Programme of India.

Notification and Accreditation: NIB is notified Central Drugs Laboratory (CDL) and the Central Medical Device Testing Laboratory (CMDTL) for specified classes of drugs and kits under the Drugs & Cosmetics Act 1940, Rules 1945, and the Medical Device Rules 2017, published from time to time in the Gazette of India. NIB scientists are also notified Government Analysts and Medical Device Testing Officers as per statutory norms. NIB remains the country's sole institution performing QC for a wide range of biologicals before market release, ensuring public health safety through data-driven decision-making and evidence-based evaluation. On 18 May 2025, NABL successfully completed the external evaluation of NIB's quality systems against ISO/IEC 17025:2017 (for biological and chemical testing). The assessment confirmed full compliance with the standard, reaffirming NIB's commitment to quality, reliability, technical competence, impartiality, and stakeholder requirements. The renewed accreditation is valid till 15 August 2029. NIB also actively participates in national and international EQAAS, PT, and collaborative studies in diagnostics, blood products, and biotherapeutics.

Quality Evaluation of Biologicals: NIB fulfils its primary statutory function of QC for a wide range of indigenous and imported life-saving biologicals. 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. From 1 Jan 2025 to 31 Oct 2025, NIB evaluated 1891 batches of different types of indigenous and imported biologicals & biotherapeutic products. Of these, 3.2% (60 batches) were declared Not of Standard Quality (NSQ), highlighting NIB's vital role in protecting public health by reporting NSQ products to the National Regulatory Authority-CDSCO.



NIB scientists actively engage with leading scientific institutions 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 in expert committee meetings of organizations such as WHO, CDSCO, IPC, DBT, AIIMS, ICMR, BIS, NABL, BIRAC, and CCSEA. They participate as technical experts in joint inspections of manufacturing facilities for licensing purposes and are frequently invited to speak at scientific forums.

Haemovigilance Programme of India (HvPI)

As the National Coordinating Centre for HvPI and a member of the International Haemovigilance Network, NIB plays a key role in strengthening blood transfusion safety. It conducts CMEs/ workshops for blood centre staff, clinicians, nurses, donor motivators, and technical personnel to promote reporting of transfusion-related adverse reactions and donor incidents, thereby encouraging a culture of safety and vigilance within the blood transfusion community. A total of 1725 blood centres are enrolled under the Haemovigilance Programme of India (HvPI), enrolment being voluntary.

Training and Academic activities: NIB offers hands-on training in QC of biologicals through

a. 6 months' project work for Post Graduate Students and

b. 6 weeks of summer training for Post Graduate Students;

c. Skill Development in line with "Pradhan Mantri Kaushal Vikas Yojna" for Post Graduate Students from NE States, Himalayan/ Hill and LWE-affected States.

Structured courses are conducted on QC techniques, method validation, and internal QC for students, industry and medical professionals, clinical laboratory staff, researchers, and testing/ manufacturing personnel.



i) In collaboration with ICMR conducted two-day training workshops on "Public Procurement of Goods and Services through Government e-Marketplace (GeM) portal" for Scientists, Officers of Administration and Accounts of ICMR Institutes / Centres, MRU, MRHRU under DHR, GoI.

ii) In collaboration with ICMR conducted One-Month Induction Training Program for 40 Technical Assistants of ICMR, DHR.

iii) NIB conducts internal and external Lectures, Workshops, and Training for NIB officials under the Annual Capacity Building Plan.

iv) A total of 18 scholars are enrolled in the PhD programme at NIB through the Academy of Scientific and Innovative Research (AcSIR).

v) NIB undertakes intramural and extramural research projects to strengthen the QC testing of biologicals.

vi) Publications: NIB scientists published 13 research papers and one book chapter based on empirical QC work.

3.3.13 CENTRAL RESEARCH INSTITUTE, KASAULI

Central Research Institute, Kasauli was established on 3rd May, 1905. It is a subordinate office of Directorate General of Health Services, under the Ministry of Health & Family Welfare, Government of India. The Institute has a huge complex which is divided in seven sub-sections i.e. Establishment, Academic, Auxiliary Facilities, Production Division, Quality Control Division, Animal House and Research & Surveillance Division.

The Institute is engaged in following activities:

(i) Production of vaccines & Sera on large scale

(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 and

(v) Quality Control of Immunologicals.

Staff Strength: There are 606 sanctioned posts in CRI, Kasauli. The number of sanctioned posts of group A, B, and C are 43, 73 and 490 respectively.

Manufacturing and Supply of Vaccines and Anti-sera:

During the year 2025-26 (from 01.01.2025 to 31.12.2025), the Institute has supplied different life saving products i.e. Sera & Vaccine manufactured in the Institute and the details of which are as under: -

Sr. No.	Name of Vaccine	Opening Balance	Cumulative Demand	Cumulative Supply
1	**2**	**3**	**4**	**5**
1	ARS (Vials)	0	500	500
2	ASVS (Liq) (Vials)	1,438	1,013	1,013
3	DIAG. AG. (ML)	17,950	25,550	25,550
4	Yellow Fever Vaccine (Doses)*	0	1,53,448	1,53,448
5	Salmonella Antisera (ML)	1,340	1,159	1,159
6	Vibrio Cholerae (ML)	606	527	527
7	NHS (Vials)	0	55	55

*Imported through W.H.O

The representations of SC/ST/OBS category in the Central Research Institute Kasauli are given below:-

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Others
D/o Health & Family Welfare / CRI Kasauli	391	93	29	110	13	146
Central Health Services (All Group 'A' posts)	21	5	1	7	8	

The representations of Persons with Disabilities (PwD) category (as on 31.12.2025) in the Central Research Institute, Kasauli are as under:

Group of Post	Total Strength	Type of Disability					
		Total	A	B	C	D	E
A	43	2	0	0	2	0	0
B	73	1	0	0	1	0	0
C	490	9	1	1	7	0	0
Total	606	12	1	1	10	0	0
Percentage		1.98%	0.16%	0.16%	1.65%	0	0

Where,

SC: Scheduled Caste, ST: Scheduled Tribe, OBC: Other Backward Class, EWS: Economically Weaker Section, Others: Neither SC / ST / OBC

A: Blindness and Low Vision,

B: Deaf and Hard of Hearing

C: Locomotor Disabilities including Cerebral Palsy, Leprosy cured, dwarfism, acid attack victims and muscular dystrophy

D: Autism, Intellectual disability, specific learning disability and mental illness;

E: Multiple disabilities from amongst A to D including deaf-blindness

Other activities of the Institute:

In addition to manufacturing of vaccines and Antisera, 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.
- MSc. (Microbiology) classes are running in this institute under H.P. University, Shimla.
- Certificate course in Production of Immunobiologicals and Animal Care is running in this Institute.
- Post graduate Diploma in "Vaccinology and Immunobiologicals" has already been started in this institute.
- COVID Testing Laboratory has been established in this institute with the help of ICMR.

Budget Statement (in crores)

Budget Estimates (2025-26)	Actual Expenditures as on 31.12.2025	% age as per Budget Estimate (as on 31.12.2025)
65.00	**42.89**	**65.98**

3.3.14 BCG VACCINE LABORATORY (BCGVL), 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 of Government of India. It was established on 1st May, 1948, with the assistance of Staten's Serum Institute (SSI) Copenhagen, Denmark.

The institute is involved in manufacture and supply of freeze-dried BCG Vaccine I.P. to Universal Immunization Programme (UIP) of the Government of India for control of childhood Tuberculosis.

GMP facility:

As 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.

From July 2020, the vaccine manufactured form cGMP facility is being supplied to UIP.

Production and Supply of BCG Vaccine to UIP:

Supply of BCG vaccine from fully compliant 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 and Gujarat. GMSD Mumbai, GMSD Chennai, and GMSD Kolkata
2.	2021 (Jan to Dec)	245.5	Tamil Nadu, Maharashtra, Andhra Pradesh, Telangana, Karnataka, Madhya Pradesh, Gujarat, Uttar Pradesh and 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.
6.	2025 (Jan to Dec)	179.0	GMSD Mumbai, GMSD Karnal and GMSD Kolkata

For 2025-26, BCGVL committed to supply 270 lakh doses to Universal Immunization Programme of Government of India. Accordingly, production of 232 lakh Doses has been completed as on 31st October, 2025 and the remaining doses of vaccine are being made.

Staff Strength: There are 112 sanctioned posts in BCG Vaccine Laboratory, Guindy, Chennai. The number of sanctioned posts of group A, B, and C are 05, 17 and 90 respectively. The total staff in position is 81 (3, 12 and 66 in Group A, B and C respectively).

The representations of SC/ST/OBS category in the BCG Vaccine Laboratory given below:

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Others
D/o Health & Family Welfare /BCG Vaccine Laboratory	81	13	4	44	2	3
Central Health Services (All Group 'A' posts)	3	0	0	3	0	0

The representations of Persons with Disabilities (PwD) category (as on 18.11.2025) in BCG Vaccine Laboratory (BCGVL) Guindy, Department of Health & Family Welfare are as under:

Group of Post	Total Strength	Type of Disability					
		Total	A	B	C	D	E
A	05	0	0	0	0	0	0
B	17	0	0	0	0	0	0
C	90	2	0	1	1	0	0
Total	**112**	**2**	**0**	**1**	**1**	**0**	**0**
Percentage		1.79	0	0.89	0.89	0	0

Where,

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.

Programme's Undertaken

1) International Yoga Day was observed in BCGVL on 21st June, 2025.
2) As part of Rashtriya Karmayogi Large Scale Jan seva Programme (Phase-2), one day training programme for all staff of BCGVL was undertaken from 29.07.2025 to 31.07.2025.
3) Hindi Pakhwada 2025 undertaken from 14th Sepember, 2025 - 28th September, 2025 carried out in BCGVL.
4) Preparatory phase of Special Campaign 5.0 from 15th September to 30th September, 2025 and Swachhata special campaign 5.0 was carried out in BCGVL from 02nd October to 31st October, 2025.
5) Vigilance awareness week 2025 was observed from October 27 to November 2, 2025.
6) On 7th November 2025, 150 Years of the National Song "Vande Mataram" observed in BCGVL.

Budget of the Institute for FY 2025-26

Rs. In crores

Budget Estimates (2025 -26)	Actual Expenditure (as on 04.01.2026)	% Actual expenditure against Budget Estimate
35.00	**16.11**	**46.03**

3.3.15 PASTEUR INSTITUTE OF INDIA, COONOOR

- 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 became an Autonomous Body under the Ministry of Health and Family Welfare, Government of India, New Delhi from the 10th of February, 1977 and renamed as Pasteur Institute of India, Coonoor. The affairs of this Institute are governed by a Governing Body under the Chairpersonship of Secretary, Ministry of Health and Family Welfare. This Institute has been involved in the production of DPT group of vaccines and Tissue Culture Anti Rabies (TCARV) vaccines.

Present Activities

- Media fill study for the manufacture of Aluminium phosphate gel is completed. 4 experiments batches were manufactured.
- About 272 patients from various parts of Tamil Nadu, Kerala and Karnataka were treated for Dog bite cases at PIIC Rabies Treatment Centre.

- In the reporting year, in the Rabies diagnostic lab is received 146 samples for the estimation of rabies antibodies.
- This Institute is also conducting Ph.D. programmes for Microbiology, Biochemistry and Biotechnology (Part time & Full time) in affiliation with Bharathiar University, Coimbatore and Tamilnadu. This Institute is also affiliated with Dr. M.G.R. Medical University, Chennai for M.D Microbiology.

Academic Activities

- Currently 5 scholars are pursuing Ph.D. course affiliated to Bharathiar University, Coimbatore.

The representation of SC/ST/OBC category (as on 31.12.2025) in the Pasteur Institute of India, Coonoor are given below: -

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Other
Pasteur Institute of India, Coonoor (Autonomous Body)	52	23	01	09	0	19

The representations of Persons with Disabilities (PwD) category (as on 31.12.2025) are as under: -

Group of Post	Total Strength	Type of Disability					
		Total	A	B	C	D	E
A	20	0	0	0	0	0	0
B	72	0	0	0	0	0	0
C	59	1	0	0	1	0	0
Total	151	1	0	0	1	0	0
Percentage		0.66%	0	0	0.66%	0	0

Where,

A: Blindness and Low Vision

B: Deaf and Hard of Hearing

C: Locomotor Disabilities including Cerebral Palsy, Leprosy cured, dwarfism, acid attack victims and muscular dystrophy

D: Autism, Intellectual disability, specific learning disability and mental illness;

E: Multiple disabilities from amongst A to D including deaf-blindness

Budget of the Institute for year 2025-26

Rs. In crores

Budget Estimates (2025 -26)	Actual Expenditure (as on 01.01.2026)	% Actual expenditure against Budget Estimate
85.50	**47.28**	**55.30**

Milestones

- Manufacturing of Diphtheria and Tetanus antigens were completed and stability studies is under process.
- Analytical methods validation for Diphtheria and Tetanus bulk antigens are completed.
- Process validation (consistency) batches for manufacturing for Tetanus and Diphtheria purified bulk antigen was competed successfully and stability studies are under process. Time bound re-qualification activities for qualified area are being carried out on periodical manner.

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 and Family Welfare.

Main activities of the Institute are as under:

1) Production of various diagnostic reagents like VDRL Antigen, Species specific Antisera and Anti H Lectin and supply to different Government Institution all over India.
2) Determination of blood group serology, and to give expert opinion on different types of Medico-legal exhibits or biological materials sent to this Laboratory.
3) Regional STD Reference Centre which functions in collaboration with NACO and WBSAP & CS provide laboratory support to STI/RTI program of Govt. of India.
4) Polio Virus isolation from stool samples of suspected Polio cases from West Bengal, Bihar, Odisha, Jharkhand, NE states and AN Islands.
5) Sewage water from different site of Kolkata and Guwahati are analyzed as the part of National Polio Surveillance program.
6) National Measles Laboratory determines measles and rubella serologically in the state of West Bengal and Eastern Region and report it to WHO.
7) VDRL section conducts VDRL tests on blood samples collected from different Medical Colleges and Hospitals in Kolkata.
8) Quality Control section is involved in assessing quality assurance to different diagnostic reagents produced by Institute.
9) National Measles Laboratory has initiated molecular testing of Measles and Rubella samples.
10) Budget allocation BE for 2025-26 of Institute of Serology, Kolkata is Rs.10.95 crore.

Achievements (January, 2025– December, 2025)

1. Molecular testing of Measles and Rubella virus initiated and testing being done.
2. Accreditation of National Polio laboratory & National Measles laboratory by WHO.
3. Increase in production of VDRL, Antisera & Anti H lectin.

Performance during the month of January, 2025 to December, 2025

Forensic Serology

Forensic Serology from January, 2025 to December, 2025	
Total No. of cases received	77
Total No. of exhibits received	320
Total No. of cases analysed and reported	96
Total No. of exhibits tested for species determination	320
Total No. of exhibits examined for blood grouping	36
Total No. of exhibits examined for semen	00
Total No. of exhibits examined for saliva	00

V. D. Serology

V. D. Serology from January, 2025 to December, 2025			
Source	No. of Samples Received	No. of Samples Tested	No. of Sample Positive
		VDRL	VDRL
Antental Case	1095	1095	20
STD Clinic	7488	7488	464
Total	**8583**	**8583**	**484**

Antibody Section

Antibody Section from January, 2025 to December, 2025				
Month	Production of Antisera	Supply of Antisera	Production of Ant-H Lectin	Supply of Anti H Lectin
January, 2025 to September, 2025	ml	ml	ml	ml
	1375	5395	0	1630
Total	**1375**	**5395**	**0**	**1630**

Quality Control & Diagnostic Laboratory

Quality Control & Diagnostic Laboratory from January, 2025 to December, 2025	
Examination Performed	**No. of Samples**
Standardization of Anti H Lectin	29 Lots
Standardization of Species Antiserum	07 Lots
Standardization of VDRL Antigen	01 Lot

BGRC Section

Performance Report of BGRC/Production Section from January, 2025 to December, 2025

Total No of Blood Grouping	72 Nos
Rh-Negative Cases	4 Nos
Rh-Positive Cases	0 Nos
Production of Anti-H Lectin (freeze dried)	1636 ml

Measles Laboratory

Measles Laboratory from January, 2025 to December, 2025	
Measles	
Measles Test Done	5852
Measles Positive	199
Measles Negative	5523
Measles Equivocal	18
Rubella	
Rubella Test Done	5852
Rubella Positive	273
Rubella Negative	5495
Rubella Equivocal	13
Double positive	80

Antigen Production Section

Antigen Production Section from January, 2025 to December, 2025 (0.5ml/amp.)	
Total VDRL Antigen Production	2660 Ampls
Total Supply of VDRL Antigen	2900 Ampls
1. Direct Sale	2530 Ampls
2. Department Use	130 Ampls

National Polio Laboratory

National Polio Lab. from January, 2025 to December, 2025	
Total AFP cases Tested	3809
Total AFP sample Tested	7436
L 20B Positive	64
NPEV	777
Wild virus	00
Negative	6535
Environmental Total sample Tested	175
L20B Positive (E.S)	64
ES Sample Negative	06
ES samples reported as NPEV	98
Number of ES samples NEV	01
Number of ES samples Pending	04

Record Sheet of Used Autoclave Bag. (Polio) from January, 2025 to December, 2025	
Yellow	254
Red	1420
White	987

Rstrrl (STI Laboratory)

Duration	Total STI samples tested	Positive
January, 2025 to December, 2025	46108	1295

The representation of SC/ST/OBC category (as on 23.12.2025) in the Institute of Serology are given below: -

Name of Cadre	Total Employees	SC	ST	OBC	EWS	Other
D/o Health & Family Welfare/ Institute of Serology, Kolkata (Subordinate office)	52	12	04	14	01	21
Central Health Services (All Group'A' posts)	06	1	0	02	0	03

The representations of Persons with Disabilities (PwD) category (as on 23.12.2025) are as under: -

Group of Post	Total Strength	Type of Disability					
		Total	A	B	C	D	E
A	11	0	0	0	0	0	0
B	06	0	0	0	0	0	0
C	75	01	0	0	01	0	0
Total	92	01	0	0	01	0	0
Percentage		1.08%	0	0	1.08%	0	0

Where,

SC: Scheduled Caste, ST: Scheduled Tribe, OBC: Other Backward Class, EWS: Economically Weaker Section

Others: Neither SC / ST / OBC

A: Blindness and Low Vision

B: Deaf and Hard of Hearing

C: Locomotor Disabilities including Cerebral Palsy, Leprosy cured, dwarfism, acid attack victims and muscular dystrophy

D: Autism, Intellectual disability, specific learning disability and mental illness;

E: Multiple disabilities from amongst A to D including deaf-blindness

Budget of Institute of Serology, Kolkata for FY 2025-26

Rs. In crores

Budget Estimates (2025-26)	Actual Expenditure (as on 31.12.2025)	% Actual expenditure against Budget Estimate
10.95	**8.11**	**74.06**

3.3.17 INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS), MUMBAI

(Deemed to be University)

International Institute for Population Sciences, established in 1956 as a Demographic Training Research Centre and subsequently declared as a 'Deemed to be University' in 1985, has grown, over the period, as a research-intensive university with over 500 students pursuing graduate programs in the broader area of Population Sciences. IIPS completed another successful academic year 2024-25.

IIPS occupies a unique position in the world today as a leading academic centre for teaching and research in the discipline of population sciences and allied areas. It is an autonomous Institute under the Ministry of Health and Family Welfare, Government of India, with a 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 programme of the Institute has expanded significantly in the last one decade. Currently, IIPS offers three master's degree programmes in the regular mode and another programme through distance mode. The Ph.D. programme at IIPS has been unique with strong emphasis on research methodology with empirical enquiry. The Institute offers a post-doctoral programme with a motive to sharpen the individual research ability on topics of relevance to policies and programmes even from other disciplines. In addition, IIPS conducts three diploma programmes through the National Institute of Public Health Training and Research, Mumbai.

IIPS has been at the forefront of conducting high quality research that contributes directly towards robust policies and better implementation of programmes. The nationally relevant studies like NFHS, LASI, GYTS, Gender equality and health are examples of such high impact and policy relevant studies that address India's 21st century challenges in the fields of population and health. The Institute disseminates the findings of the studies through various high impact publications, journals, reports as well as through conferences, seminars and workshops.

IIPS had restructured 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 three regular research & distance education centres.

i. Centre of Demography of Gender
i. Centre for Ageing Studies
ii. Centre for Distance and Online Education

Teaching Programme

During the 2024-25 academic year, the Institute offered the following regular courses. The table below provides a summary of the courses offered and the number of students awarded diplomas/degrees during the academic year 2024-25.

Degree/ Diploma	No. of StudentsAwarded degree in 2024-25
Doctor of Philosophy (Ph.D.) in Population Studies/Bio-Statistics and Demography	41
Master of Arts/Science (M.A./M.Sc.) in Population Studies(Duration- 2 Years)	26
Master of Science (M.Sc) in Biostatistics and Demography- (Duration-2 Years)	23
Master of Science (M.Sc) in Survey Research and Data Analytics (Duration - 2 Years)	The course has started in (2024-2025)
Diploma in Health Promotion Education(DHPE) (Duration - 1 Year)	33
Post Graduate Diploma in Community HealthCare (PGDCHC) (Duration-1 Year)	08
Post Graduate Diploma in Hospital Management (PGDHM) (Duration- 1 Year)	10
Master of Arts (M.A.) in Population Studies(Distance Mode)	5

(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..

(B) Symposium, Memorial Lectures, Seminars, Workshop & Webinars (SERIES) & Other Events Conducted in IIPS

Blood Donation Camp, 17th January 2025

The Blood Donation Camp, organized by the staff Welfare Committee in collaboration with Pallavi Blood Bank, was held on 17th January 2025 on the 3rd Floor of the Library Building of the Institute. The main aim of the camp was to encourage people to donate blood voluntarily and raise awareness about the importance of contributing to the blood supply for medical treatments and emergencies.

23rd Prof. C. Chandrasekaran Memorial Lecture

The International Institute for Population Sciences (IIPS) organized the 23rd Prof. C. Chandrasekaran Memorial Lecture on 20th February 2025 in memory of the eminent demographer and former Director of IIPS. Dr. Pratima Murthy, Director, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, delivered the lecture on "Head Counts or More? Addressing the Challenges in Mental Health Care."



17th Prof. P. N. Mari Bhat Memorial Lecture

The International Institute for Population Sciences organized the 17th Prof. P.N. Mari Bhat Memorial Lecture on 27th February 2025. The Memorial Lecture series is held annually in memory of Prof. P. N. Mari Bhat, former Director of IIPS. Prof. Abhiroop Mukhopadhyay, Professor, Economics and Planning Unit, Indian Statistical Institute – Delhi Centre delivered the lecture on the topic "The 'New" Human Capital to Leverage the Demographic Dividend of India".

Five-day Hands-on Training workshop on SAS programming

A comprehensive five-day workshop was conducted on March 4th- 7th, and 10th, 2025, to provide hands-on training in SAS programming for data analysis, reporting, and clinical programming. The training programme was organized by the Information Communication and Technology unit and held at the BIG LAB of the ICT unit. Corporate trainers from the SAS Institute (I) Pvt Ltd, conducted sessions on SAS Programming and SAS Viya,

Rajbhasha Inspection on 4th March 2025

On March 04, 2025, Ministry's officials inspected our institute regarding official language matters. Dr. Prakash Kumar, Assistant Director (Official Language) from the ministry, also organized a half-day workshop for Faculty/Staff members of IIPS, in which he conducted sessions on various topics such as the official language Act, filing Quarterly progress reports, and the official language policy.

IIPS participation in Pradhan Mantri TB-Mukt Bharat Abhiyaan

The International Institute for Population Sciences (IIPS) organized the Pradhan Mantri TB-Mukt Bharat Abhiyaan campaign "Nikshay Shivir", following a formal request from the Ministry of Health & Family Welfare (MoHFW), Department of Health & Family Welfare, Government of India. This national initiative aims to eliminate Tuberculosis (TB), focusing on community involvement, early diagnosis, and public awareness. In alignment with the campaign's objective, the students, faculty, staff, and volunteers of the institute conducted a series of activities designed to raise TB awareness and encourage timely treatment. IIPS organized health camps and screening drives in coordination with the local district TB officers and staff. To encourage people to get screened for TB symptoms, a screening camp was organized in the community. A qualified medical staff was on hand to help with the screening process. People who had more than three symptoms were directed to the local government hospital. Around 115 persons were screened in this campaign.

The TB campaign concluded with a closing ceremony on 27th March 2025, where the winners of the poster and slogan competitions were awarded, and all the volunteers involved in the activity were felicitated for their contributions. IIPS's active participation in the TB awareness programme not only enhanced community engagement and outreach efforts but also fostered a spirit of leadership and social responsibility among the students.





14th Prof. Asha A. Bhende Memorial Lecture

The International Institute for Population Sciences organized the 14th Prof. Asha A. Bhende Memorial Lecture on 1st April 2025. Dr. Kalpana Apte, Director General, Family Planning Association of India (FPA India), delivered the lecture. Prof. Asha A. Bende 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.

65th and 66th Convocation of the Institute

IIPS conducted its 65th and 66th Convocation on 28th May 2025 at 4.00 pm, to celebrate the Institute's dedication and perseverance in achieving its academic goals, and to award degree to the students passing out in 2023-24 and 2024-25. The Hon'ble Vice President of India, Shri Jagdeep Dhankhar, was the Chief Guest and Smt. Anupriya Patel, Hon'ble Minister of State for Health & Family Welfare and Chemicals & Fertilizers, Government of India, presided over the function.



International Yoga Day

The Institute observed 10th Anniversary of International Yoga Day, on 23rd June, 2025, and a yoga session was conducted for all the employees of the Institute.

Swasth Nari Sashakt Parivar Abhiyan

Under the Swasth Nari Sashakt Parivar Abhiyan initiative of the Government of India, IIPS organized health check-up camps and awareness programs from September 17 to October 2, 2025. A general health check-up was held at IIPS on September 17, followed by a women's health camp at Bhadval village, Raigad, on September 24, in collaboration with PHC Neral. The camp included nutritional assessment and screenings for blood pressure, glucose, and anemia. On September 30, a student health check-up was conducted at R.S.T. Madhyamik Vidyalaya, Govandi, along with a session on Menstruation Awareness and Hygiene . Hygiene kits were distributed to participants. IIPS medical team conducted check-ups in the camps, supported by student volunteers. The screening was conducted for 445 participants, including IIPS staff, villagers, and students.



Vigilance Awareness Week 2025

Vigilance Awareness Week 2025 on the theme 'Vigilance: Our Shared responsibility' was observed at the International Institute for Population Sciences (IIPS) from 27th October to 2nd November 2025 as a part of three-month Campaign (18th August to 17th November 2025). As part of the observance, the Integrity Pledge for citizens and Organization were administered by Prof. D. A. Nagdeve, Director and Senior Professor (Additional Charge) and Prof. Archana K. Roy, Vigilance Office to the staff members of the Institute at 11:00 am, 27th October 2025. The observance of Vigilance Awareness Week aims to promote integrity, transparency, and accountability in public life, encouraging all faculties, staff and students to uphold the highest standards of honesty and ethical conduct in their professional duties.



NEP 2020 Activities for the Year 2025

i. NEP SAARTHI Orientation and Sensitization Programme: 15 - 23 July 2025

IIPS NEP SAARTHI volunteers attended a one-week online NEP 2020 Orientation under MMTTP, organized by NIEPA with Indira Gandhi Government College, to gain insights into NEP's

vision, inclusive education, digital initiatives and leadership, preparing them to drive its reforms.

ii. NEP 2020 Help Desk: 12 August 2025

IIPS welcomed its new academic cohort on 12 August 2025, inaugurating the NEP Batch 2025-2026 session. The NEP SAARTHI team set up a NEP 2020 Help Desk to guide students. Featuring interactive activities like Map Your Roots, Cultural Snapshot, NEP Theme-Based Speak Up, Word Drop IIPS, One-Day Memory Capsule Card and NEP-themed selfie points.

iii. Digital Talk Show: 21 August 2025

The Digital India Talk Show was held on 21 August 2025 to create awareness about the Government of India's digital initiatives and NEP 2020 platforms. Experts from the National e-Governance Division discussed DigiLocker, the Automatic Permanent Academic Account Registry (APAAR), the National Academic Depository (NAD), and the myScheme portal through interactive sessions. The programme concluded with a Digital India Quiz, which involved active participation from students and staff, thereby enhancing their understanding of India's digital ecosystem.



iv. Awareness Rally based on NEP 2020: 29 August 2025

To mark the launch of NEP 2020, IIPS organized an Awareness Rally on 29 August 2025, flagged off by Director and other faculty members, bringing together students, faculty members, SAARTHIs, and staff to promote its themes of holistic and multidisciplinary education, an inclusive and equitable environment, and skill development.

v. Panel Discussion on Indian Knowledge System (IKS): 29 August 2025

IIPS held a panel discussion on the Indian Knowledge System (IKS), inaugurated by Prof. D. A. Nagdeve, Director & Sr. Professor (Additional Charge), chaired by Prof. Aparajita Chattopadhyay (NEP Coordinator) and co-chaired by Dr. Kunal Keshri (NEP SAARTHI Coordinator). The session highlighted IKS's relevance across disciplines and its alignment with NEP 2020's vision of holistic, multidisciplinary learning, promoting a Viksit Bharat, fostering a Vishwa Bandhu Bharat and aspiring towards a Vishwa Guru Bharat.



vi. Extempore on NEP 2020 Initiatives: 30 September 2025

An extempore competition on NEP 2020 themes was held, where participants drew topics through a Lucky Dip covering areas such as the Academic Bank of Credits, Multidisciplinary Education, Skill Development, Indian Knowledge System and Digital Empowerment. Their presentations highlighted the significance of the NEP in academia and society.



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

The new NFHS website was inaugurated by Shri Kal Singh, DG (Stats), MoHFW on 19th September 2024. All available publications and datasets of the various rounds of the NFHS survey can be accessed through this Website. The New Website has upgraded user-friendly features to login to download the files. The NFHS-6 training for the Dried Blood Spot (DBS) logging, the cataloguing, and the HIV testing using the INTHTTS software was conducted for the laboratories from 19-20 September 2024, held at ICMR_NITVAR. Pune. All the regional labs have procured the required lab equipment, and preparations to commence testing of DBS samples is in the process. The samples are being logged into the INTHTTS software in the regional labs. The test run of the testing component of the INTHTTS software was held at the lab located in Mumbai (JJ Hospital) on 20-21 February 2025 by the IIPS IT/ CAB team. After the required revision, the updated software was deployed in all the regional labs, and testing work was commenced.

Work related to the generation of APIs and the NFHS dashboard is nearing completion. This work is being carried out by the CDAC team in consultation with the IIPS NFHS-6 team. Several meetings were held to review the progress, and revisions as required were conveyed. The changes are being implemented by the team as per the suggestions received.

Global Adult Tobacco Survey-3 (GATS-3): Mapping and Listing Activities

The International Institute for Population Sciences (IIPS), Mumbai, conducted key preparatory activities for the Global Adult Tobacco Survey-3 (GATS-3) in 2025–26. National-Level Training of Trainers (ToT) for Mapping and Listing, held in Mumbai from October 13 to 15, 2025. Trainers from all states participated and received hands-on classroom and field training on Mapping and Listing (M&L) procedures. Following this, State-level Mapping and Listing training sessions were conducted by IIPS-trained trainers in the respective states, with IIPS representatives in attendance, and M&L field activities are currently underway.

The National Level Training of Trainers for the Main Survey was held in Pune from December 29, 2025, to January 4, 2026, with participants from all states. The 7-day training focused on capacity-building for state-level coordinators and trainers in survey methodologies and data collection procedures. The state-level data collection will take place from January to March 2026.

Three-Day Workshop on "United States Census Data: An Exploration Using the Integrated Public Use Micro Data Series (IPUMS)"

The Publication Cell and Short-Term Training Programme, International Institute for Population Sciences, Mumbai, conducted a workshop on "United States Census Data: An Exploration using the Integrated Public Use Micro Data Series (IPUMS)" from 2nd -4th January 2025. The workshop was attended by research students, Academicians, and Professionals from diverse fields of engagement. The workshop equipped the participants with the ability to use the Integrated Public Use Micro Data series (IPUMS) for migration-related studies



Placement Cell

The Placement Cell is actively enhancing the placement opportunities for students graduating from IIPS. Student undergoing each course at IIPS nominate two of their Representative to the placement cell. The placement cell held eight training sessions and pre-placement events during 2024-2025. This year, IDFC First Bank, The Antara Foundation, and MAGIC BUS Foundation

extended campus placement offers to IIPS students and interviews on the process by Pfizer Healthcare. Internship opportunities received from ICMR, The Hans Foundation, Renovate India, Techno serve, SRM University, KHPT Bangalore, etc.

Skill-building activities organized by the Placement Cell in 2024-25

1. Pre-placement Talk by The Antara Foundation on 16th January 2025
2. Pre-placement talk & interview drive by Magic Bus India Foundation on 12th February 2025.

Reservation Policy

The Institute has been following the policy of 3% reservation in Government jobs for PwDs. The position filled up under PwD are as follows:

(i) Assistant (one post)

(ii) Data Entry Operator (one post)

3.3.18 MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM, MAHARASHTRA

The Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram is India's first rural medical college. Kasturba Hospital has the distinction of being the only hospital in the country which was started by the Father of the Nation himself. Nestled in the karmbhoomi of Mahatma Gandhi, in Sevagram, MGIMS was founded by Dr Sushila Nayar in 1969 in the Gandhi centenary year.

Mission Statement

In the spirit of its Founder, the Mahatma Gandhi Institute of Medical Sciences, Sevagram is committed to pursuit of exemplary standards of professional excellence in medical education, research and clinical care by evolving a pattern of integrating value-based medical education with accessible and affordable health care, especially to underprivileged rural communities.

History

When Mahatma Gandhi left Sabarmati Ashram and set up his ashram at Sevagram in 1936, the epicenter of India's independence struggle shifted to this obscure village in Maharashtra. In 1938, attracted by Gandhiji's leadership in the Indian freedom struggle, a young graduate from Delhi's Lady Hardinge Medical College, Dr Sushila Nayar, arrived in Sevagram. Her selfless service to the community endeared her to the local people.

The enthusiasm and hard work put in by Dr Sushila Nayar and her dedicated colleagues made it possible to start India's first rural medical college by admitting the first batch of 60 students in August 1969. It was started as a Gandhi Centenary Project. The Mahatma Gandhi Institute of Medical College, Sevagram was started as an experimental model institute where medical education was reoriented to meet the needs of the rural areas. The expenditure of MGIMS is shared by the Govt of India, Govt of Maharashtra and the Kasturba Health Society in the proportion of 50:25:25.

Quality Medical Education

The institute strives to produce doctors of high clinical competence, professional attitudes and ethical behavior. The Institute believes that Gandhian values and principles are relevant even today and it displays a fierce commitment to advancement of medical education without losing the humane touch.

The students at MGIMS are drawn from all parts of the country and come from all kinds of social backgrounds. Our approach to medical education with the spotlight on rural community- oriented education makes our doctors sensitive to the felt needs of the people they would be serving in their future. Our students are expected to adhere to professional norms which include altruism, compassion, empathy, accountability, honesty and integrity.

Curricular Innovations

At MGIMS, every effort is made to acquaint the medical student to the real rural India. The spotlight on community oriented medical education focuses on attempts to make our graduates sensitive to the felt needs of the people they would be serving in their future. During the MBBS course, students experience living in rural settings on three occasions. Immediately after admission, a fortnight long Orientation Camp is held in the Gandhi ashram to help acquaint them to the profession and imbibe Gandhian values. Each year a village is adopted by the new MBBS batch and 3-5 families are allotted to each student. For 15 days of the Social Service Camp, all students live in this village and experience rural life. At the end of the fifth semester, the students are again posted at a rural health training

centre of the institute for 15 days in a Reorientation of Medical Education (ROME) camp where they are exposed to the health care delivery system.

The students and staff of the Institute adhere to a unique code of conduct, where they are expected to wear hand-woven khadi, participate in Sharamdan and attend a weekly all-religion prayer.

Research

The focus of the Institute has been on community based medical research. Quality research has been the hallmark of this rural institute and the large number of funded projects awarded to the various departments is ample testimony to the potential of the researchers. We have consistently received funding from the Indian Council of Medical Research, Department of Science and Technology, Department of Biotechnology, WHO, UNICEF, National Institutes of Health (NIH), National Heart Lung Blood Institute (NHLBI) and other such organizations. Being located in Sevagram has never been a hurdle in acquiring either funds or facilities as the enthusiasm and the dedication of the faculty surpasses all other deterrents.

MGIMS: Statistics at a glance	
Teaching and Research Departments	22
Postgraduate specialties offered	20
NMC recognized specialties	20
Teaching faculty	114
Papers published	105
Funded research projects	43
Academic activities organized	48
Undergraduates admitted	100
Postgraduates admitted (Degree, Diploma)	81

Health Care

Kasturba Hospital has 972 beds: 660 teaching beds, 280 service beds and 32 private rooms beds including 122 beds in different Intensive Care Units (Neonatal, Pediatric, Medicine, Surgery, OBGY, Cath Lab, coronary and burn) to care for critically ill patients. The institute also runs a 50-bedded Dr Sushila Nayar Hospital, in the tribal areas of Utawali, in Melghat in Amravati district.

The Institute primarily caters to the rural populace. Almost three-fourths of the patients who visit our hospital come from rural backgrounds. The patient load comes to us not only from Vidarbha in Maharashtra, but also from adjoining parts of Andhra Pradesh, Madhya Pradesh and Chhattisgarh. Kasturba Hospital is a rural institute but it does not lack in any of the modern health care amenities and is able to provide health services at affordable costs. Kasturba Hospital offers the benefits of modern technology with compassionate health care.

During the year 823903 patients attended the hospital as outpatients and 46384 patients were admitted for various ailments. The Hospital has state-of-the-art intensive care units in Medicine, Surgery, Obstetrics and Gynecology and Pediatrics which provide excellent critical care. The Institute also has a Linear accelerator which is used for treatment of cancer patients. The Pathology, Microbiology and Biochemistry laboratories have in-house facilities to conduct a battery of diagnostic tests. All departments of the hospital are connected by an advanced Hospital Information System and have wi-fi access. The Institute has also added digital subtraction angiography, brachytherapy and a Cath lab to its armamentarium.

Kasturba Hospital: Statistics	
Total Beds	972
OPD attendance	814628
Outreach patients examined	74088
Indoor patients	41867
Investigations (Pathology, Biochemistry Microbiology)	1204930
Radiological Investigations (X Ray, CT, USG, MRI)	164507
Surgeries performed	15518
Blood Donation Camps	46
Blood bags issued (Whole blood, PRC, PC, FFP)	10439
Health insurance cards issued	110551

Community Service

The Institute's commitment to the community is well known. Community-based programmes have been consistently implemented to enhance health care services. The Department of Community Medicine has adopted four primary health centres and developed a model of decentralized healthcare delivery at village level through Community-based Organizations and the Panchayati Raj Institutions. It has formed 175 Self-help groups, 05 Kisan Vikas Manch and 89 Kishori Panchayats in the adopted villages. Through innovative strategies, family life education is provided to adolescent girls in all the programme villages.

Highlights

Vice Chancellor of MUHS, Lt. General Madhuri Kanitkar praised undergraduate and postgraduate students

The Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram, celebrated its Foundation and Annual Day on September 11, 2024, in the New Auditorium. The event was graced by Lt. General Madhuri Kanitkar, Hon'ble Vice Chancellor of the Maharashtra University of Health Sciences, Nashik, who served as the Chief Guest for the function. The event was presided over by Shri P. L. Tapdiya, President of the Kasturba Health Society. Faculty, staff, students and parents also attended the function.

Undergraduate and postgraduate students were honoured with awards and medals for their academic excellence and contributions to extracurricular activities. Hospital staff members were also acknowledged for their dedicated service.

MGIMS Hosts National Conference on Collaborative Maternal Healthcare

On 22 and 23 March 2025, the Mahatma Gandhi Institute of Medical Sciences, Sevagram, organized a two-day conference on "Current Concepts in the Collaborative Care Model for Improving Holistic Healthcare of Mothers and Their Babies" in association with the Safe Motherhood Committee, FOGSI, and the World Health Organization (WHO). Dr. Pawan Kumar, Additional Commissioner of Maternal Health & Immunization, MOHFW, New Delhi, graced the event as the esteemed Chief Guest while Dr. Priyanka Singh from WHO was the Guest of Honor. Chief Guest Dr. Pawan Kumar stated, "With 2.9 million pregnancies annually and 1.5 crore deliveries taking place in government hospitals, strengthening maternal health services is the need of the hour." The conference also featured distinguished speakers from Maharashtra, Madhya Pradesh, Tamil Nadu, Chhattisgarh, Uttar Pradesh, Bihar, and Assam.

National Emergency Life Support Program (NELS) Skill Lab completed its National ToT for paramedics

The NELS Skill Lab under the Department of Anaesthesia completed the National Training of Trainers (ToT) course for paramedics from January 29 to January 31, 2025. A total of 28 trainee participants, including faculty members and nurses from Government Medical Colleges in Solapur, Nanded, Akola, Nagpur, Yavatmal, and MGIMS Sewagram, took part in this intensive training. The National Emergency Life Support (NELS) Course, an initiative by the Ministry of Health and Family Welfare (MOHFW), Government of India, is designed to train doctors, nurses, and paramedics in essential life support skills for managing medical, surgical, trauma, obstetric, and paediatric emergencies in healthcare facilities and the community.

The ToT course was conducted under the MOHFW, Emergency Medical Relief (EMR) Division, JPNTAC AIIMS New Delhi, and WHO Collaborating Centre for Trauma at AIIMS New Delhi, in collaboration with the NELS Skill Lab Centre at MGIMS Sewagram. Trainers were drawn from AIIMS New Delhi and MGIMS Sewagram to maintain the highest standards of instruction and skill transfer.

MGIMS Students shine at MSNCON PLEXUS 2024

Mahatma Gandhi Institute of Medical Sciences proudly announces the exceptional performances of its undergraduate students at the prestigious MSNCON PLEXUS 2024 held on 29 and 30 June 2024 at IMA Hall, Nagpur. This event, organized by IMA Maharashtra and IMA-MSN (Medical Students' Network, Maharashtra), showcased a variety of competitions where MGIMS undergraduate students demonstrated remarkable talent and academic excellence. In oral paper presentation, Ms.Rohini Chettiar (UG-2020) secured 2nd position in the oral paper presentation category. Mr Dipanshu Jindal (UG-2020) was a part of the winning team in Genesis: The Medical Hackathon. The competition, which included medical and engineering students, focused on innovative solutions for medical problems. Ms.Sejal Bisen (UG-2022) achieved 2nd position in the Case Conundrums category. MGIMS students excelled in "The Synapse Showdown" quiz, which covered six preclinical subjects: anatomy, physiology, biochemistry, pathology, pharmacology, and microbiology. MGIMS teams secured the top two positions among 17 participating teams from various medical colleges. Shaun Pereira (UG-2022) and Atharva Kotgirwar (UG-2022) emerged as the winners of the quiz, and Anshu Ranjan (UG-2021) and Mitali Joshi (UG-2023) were the runners-up.

Environment Day celebrated at MGIMS

On June 5, 2024-Mahatma Gandhi Institute of Medical Sciences, Sevagram hosted a tree plantation drive at Arogyadham (The Wellness Centre at MGIMS) to reinforce its commitment to environmental sustainability and biodiversity. The event witnessed the enthusiastic participation of staff and students who collectively planted a total of 87 trees on the Arogyadham premises.

The plantation drive featured a variety of tree species, each chosen for their environmental and aesthetic benefits. The species included Amaltaas, Gulmohar, Neem, Mohogany, Kadamb, Karanji, Peltaforam, and Bakul. These trees are known for their vibrant blooms, shade-giving canopy, and ecological contributions, such as improving air quality and supporting local wildlife. "Our small actions today will have a significant impact on the environment for future generations. Participants, including doctors, students, and volunteers, eagerly took part in the plantation, ensuring that each sapling was properly planted and nurtured. The event also witnessed the inauguration of the newly dug borewell. Over the years, the institution has undertaken several green initiatives, including waste management programs, water conservation projects, and educational campaigns on environmental issues.

International Yoga Day celebrated

On 21st June 2024, the tenth International Yoga Day was celebrated at Mahatma Gandhi Institute of Medical Sciences, Sevagram. Faculty, staff and students gathered in the Old Auditorium to derive the mental, spiritual, intellectual and physical benefits from the ancient tradition. Close to 75 people from different health profiles and age groups participated in the event.

MGIMS supports Meghalaya's Early Childhood Development Mission

MGIMS, Sevagram recently collaborated with Meghalaya's Early Childhood Development Mission, fostering innovative approaches for early childhood development. In 2023, Mr.Sampath Kumar, Development Commissioner of Meghalaya, accompanied by key members from MECDM, visited MGIMS to explore its innovations in ECD. Drawing inspiration from Maharashtra's Aarambh initiative, implemented by MGIMS in partnership with Department of Women and Child Development (DWCD), Department of Health and Family Welfare, Maharashtra and UNICEF, Meghalaya aims to revolutionize its ECD landscape. In November 2023, MECDM signed anMoU with MGIMS, solidifying their commitment to adopt proven strategies from Aarambh. Subsequently, in January, MGIMS experts conducted a comprehensive study in Meghalaya, tailoring ECD interventions to suit local contexts.

In May 2024, the Aarambh team supported the state create a pool of 90 master trainers across key departments; DWCD, Health Department and Livelihood Mission. These trainers, brimming with enthusiasm, are poised to cascade their knowledge to frontline workers across the whole state, ensuring - widespread impact. Dr Subodh Gupta, Professor of Community Medicine at MGIMS along with Dr Simin - Irani, Senior Neonatologist and UNICEF consultant, visited the Nutritional Rehabilitation Center and the District Early Intervention Center at Ganesh Das Hospital, Shillong. They briefed Mr Sampath Kumar, the Development Commissioner and Mr Ramkumar, MD, National Health Mission and suggested way forward. "This collaboration epitomizes our shared commitment to nurturing the youngest members of our society, laying the foundation for a brighter future", says Dr Subodh Gupta.

Growth

- In the remembrance of its late President, MGIMS has started Shri Dhirubhai Mehta Memorial Scheme for the Promotion of Research at MGIMS Sewagram

1) To provide seed money grant to support, promote, and motivate the faculty members of MGIMS to work on their original ideas and carry out proof-of-concept studies, pilot studies, or feasibility studies
2) To provide seed money grant to researchers in a competitive setting. The studies carried out through the research grants could serve as background work for projects submitted to external funding agencies
3) To recognize and appreciate the research contributions of the faculty members.

- Respiratory Medicine facilities upgraded with the procurement of new equipment's and better infrastructure. This will be useful for rural patients who can now avail required treatment at Sevagram instead of travelling to larger cities.
- Refractory surgery facilities in the Ophthalmology department are upgraded
- Integrative Medicine department facilities of Naturopathy, Yoga and Ayurveda are upgraded. This includes use of reliable traditional knowledge and expertise to treat chronic diseases, lifestyle disorders and promote the longevity of an individual.

Planning

- The infrastructure of the Pharmacology Department will be upgraded with the addition of a state-of-the-art drug testing laboratory to support advanced research and training
- Imaging facilities will be upgraded with the installation of a new MRI machine in the Department of Radiodiagnosis and the enhancement of ultrasonography (USG) services in other departments
- Facilities at the TB and Chest Ward will be upgraded to improve patient care, diagnostic capabilities, and overall patient care
- The mortuary facilities at the Department of Forensic Medicine and Toxicology will be upgraded to improve infrastructure, efficiency, and compliance with modern standards
- Upgradation of radiation oncology infrastructure by modernizing the facilities of radiotherapy and brachytherapy

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 Heath 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 Health Services in the Ministry which is headed by SAG level medical officer with specialization in public health administration of Central Health Services (CHS) and supported by officers from Indian Statistical Services as well as CHS through its 6 Field Survey Units (Bengaluru, Bhopal, Bhubaneshwar, Jaipur, Lucknow and Patna) and 5 Training Centres (Medica Record Department at Safdarjung Hospital, Dr. RML Hospital, New Delhi, JIPMER Puducherry & RIMS, Ranchi and RHSTC, Mohali).

Objectives of CBHI:

a. To collect, analyse and disseminate Health Sector related data of the country for evidence-based policy decisions, planning and research activities;

b. To develop Human resource for scientifically maintaining medical records & use of Family of International Classification of Diseases in India;

c. To carry out need based research for efficient implementation of Health Information System & Implementation of Family of International Classification in India;

d. To collaborate with National & International Institutes for 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 portal and 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 Resource in Health. National Health Profile report for year 2023 has been published and same is available in CBHL's website www.cbhidghs.nic.in.

CBHI also conducts short term & long term capacity building training and sensitization workshops for the Medical Officers and the Para- medicals working in Health institutions of India for strengthening of Medical Recorder 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 6 months projects)	MRD & TC at: 1. Safdarjung Hospital, New Delhi 2. JIPMER, Puducherry

S. No.	Name of Training	Batch	Duration	Medical Record Department (MRD) & Training Centre (TC)
2	Medical Record Technician (MRT)	08 batches (2 batch at each training centre)	6 months	MRD & TC at: 1. Safdarjung Hospital, New Delhi 2. JIPMER, Puducherry 3. Dr. RML Hospital, New Delhi 4. RIMS, Ranchi

(Note : Training Calendar, Eligibility, Guidelines and Application Forms for all the above courses are available on CBHI official website www.cbhidghs.nic.in)

Short term Training: Short term Training are conducted for efficient health system management through Six (06) FSUs and RHSTC at Mohali.

S. No.	Name of Training	Batch	Duration	Training Centre (TC) & Field Survey Unit (FSU)
1.	Training Course Training Trainers on Master ICD	02	03 days	RHSTC Mohali
2.	Training Course on Master Trainers on ICF	02	03 days	RHSTC Mohali
3.	Orientation Training course on Health Information Management (For Officers)	08	05 days	RHSTC Mohali & FSUs
4.	Orientation Training course on Health Information Management (For Para-medical personnel)	14	05 days	RHSTC Mohali & FSUs
5.	Orientation Training course on Family of Information classification (ICD & ICF)	20	05 days	RHSTC Mohali & FSUs
6.	Orientation Training course on Medical Record & Information Management System (MRIM)	08	05 days	RHSTC 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 established in 1956 in consonance with the recommendations of the Bhore Committee and the Planning Commission, as a part of the Directorate General of Health Services. Its mandate is to generate & disseminate health information to create

awareness and promote positive health behaviour among the people for 'Health Promotion'. CHEB builds the capacity of medical, paramedical, and other non-health personnel to address community health needs, while strengthening public health capacity to achieve 'Health for All'. The health education and health promotion activities of CHEB also include the development of IEC materials, as well as conducting training and behavioural research.

1. Health Promotion through training & capacity building:

- Conducted fourteen Orientation Training Program sessions for 500 students including MD Community Medicine, MBBS, BSc/MSc nursing, and ANM students.
- Online/ Virtual Training: Conducted four online training sessions for 610 participants on clinically important health topics to strengthen the capacity of CGHS Medical Officers and Nursing professionals across Delhi–NCR.
- Provided internship training for eight post graduate students from the Department of Community Medicine, SGT University, Gurugram, from 23.06.2025 to 29.08.2026.
- Conducted sensitization workshop on Training and Awareness on Assistive Technology (TAAT) modules for Inclusive Education (CwSN) Coordinators of all States and Union Territories on 10th June 2025.
- Organised a regional workshop Health promotion for drowning prevention"- 'डूबने से बचने के लिए स्वास्थय संवर्धन' with National Programme for Prevention and Management of Trauma and Burn Injuries to commemorate World Drowning Prevention Day on 25th July, 2025 at India Habitat Centre, New Delhi.
- Released the Comprehensive Training Package on Assistive Technology, including 24 training modules, along with a facilitator's guide, developed in collaboration with ICMR, on 12th August 2025 at Resource Centre, Nirman Bhawan, New Delhi.
- Organised a Workshop on Prevention of Sexual Harassment (PoSH) – a Health Promotion Approach for officials and staff of Airport Health Organisation, Delhi on 3rd September 2025
- As part of the 'Swasth Nari Sashakt Parivar Abhiyaan', CHEB organised 'Health Promotion for Navigating Menopause for the women officials and staffs aged 35 years and above at Dte.GHS, Nirman Bhawan on 19th September 2025 & CRPF women officials & their family members aged 35 years and above at Gurugram, Haryana on 25th September 2025
- Conducted a four-day Modular Training Program on Metabolic Disorders for Ayush Master Trainers in collaboration with the Ministry of Ayush at CHEB from 27th to 30th October 2025

27th October 2025	Ayurveda Master Trainers
28th October 2025	Homeopathy Master Trainers
29th October 2025	Unani Master Trainers
30th October 2025	Siddha Master Trainers

2. Meetings and Events:

- CHEB, as a part of the editorial committee of the magazine, attended meetings to finalise and select articles for publication in the 6th & 7th issue of the e-Newsletter 'Swasthya Sarvopari'

6th issue (April to June)	Obesity & lifestyle modification
7th issue (July to September)	Adolescent Health

- Contributed to the scientific session on the theme- Enhancing Mobility in Assistive Technology at the AssisTech Innovations Summit 2025 held on 26th & 27th April 2025, at Hotel Pride Plaza, Aerocity, New Delhi organized by KIHT in collaboration with the Indian Council of Medical Research (ICMR).
- Organized meeting to address Autism, Cerebral Palsy & Specific Learning

Disability among school children, a meeting with experts from various institutions and officials from ministry was held on 18th June, 2025 at CHEB.

- As a nodal point for the risk communication & community engagement, CHEB participated in the Annual Regional Forum on Community Engagement and Resilience Enhancing the use of social and behavioural data for addressing public health risks from 10th to 12th November 2025 at NCDC, Delhi.
- As part of the 'One Health Day' Week celebrations, CHEB facilitated session on the 'Importance of Communication in One Health' to promote health of humans, animals, and the environment.
- Webinar on 3rd November 2025
- National Zoological Park, Delhi on 7th November 2025

3. Health promotion through the development of Information Education Communication (IEC) materials:

Print Materials:

» Development of the following IEC booklets/Infographics;

- Let's say "NO" to Tobacco-An appeal to teenagers of India - in English and Hindi
- Infographics for the World Head injury prevention day:
- Infographics on Drowning Prevention

Electronic materials:

- Comprehensive Training Package on Assistive Technology along with facilitator's manual

4. TAC Meetings:

- Participated and contributed to the Central Coordination Committee of the National Program for Prevention and Control of Deafness (NPPCD) on 23.04.2025 & 16.09.2025.
- As a TAC member, CHEB participated in the Co-Development of Model M1 Workshop and Data Analysis Roadmap on ICMR National Health Research Priority Project, 'Anant Muskaan' on 8th - 9th May 2025 & 12th June at ICMR, New Delhi
- Contributed in the consultation meeting on strengthening communication strategies to address antimicrobial resistance (AMR) in India to identify gaps and develop effective AMR messaging held on 18th November 2025 at ICMR.

5. Health Promotion through Social media activities:

» **X handle, Facebook page, and Instagram on the occasion of Health Days:** To generate public awareness, CHEB shared social media posts marking various National and International Health Days.

World No Tobacco Day, 31st May, 2025;11th International Day of Yoga, 21st June,2025; World drowning Prevention Day, 25th July 2025; World breast feeding week, 1st to 7th August 2025; World Mental Health Day, 10thOctober 2025; One Health Day, 3rd November 2025.

» To highlight health needs in the different stages of a woman's life, a social media campaign under the **'Swasth Nari Sashakt Parivar Abhiyaan'** was launched on 17 September 2025, featuring 16 creative posts shared from 17 September to 2 October 2025.

6. Research and Publication:

- Integrating Generations for Comprehensive Health Promotion: A Holistic Approach. Preventive Medicine Research & Reviews: 10.4103/ PMRR.PMRR_242_24, June 05, 2025.
- Adolescent Health: A collective effort for nations progress published in the Quarterly Newsletter, Swasthya Sarvopari, Issue-VII, July - September 2025; 36-39.
- Developed need assessment survey questionnaire
- Quiz questionnaires on burns, road traffic accidents, falls, and drowning

7. Health Promotion through Community outreach programme (मिले, सुने, कहे–समुदायिक सहभागिता अभियान) to raise awareness on:

» ***Alzheimer's disease and Dementia for:***

- 49 elderly people in association with

Residence Welfare Association, Mayur Vihar Phase -1, Delhi on 29th April 2025.

- 58 elderly people in association with the Senior Citizens' Welfare Association, at Community Centre, Nangloi Village, New Delhi on 30th May 2025.
- 55 elderly people in association with the Senior Citizens' Welfare Forum, Vasundhara Enclave, Delhi on 24th October 2025.

» ***Navigating Menopause:*** Empowering Women for Healthier Transition with 34 women above 35 years of age in collaboration with the Paras Tierea Apartment Owners Association (PTAOP), Noida on 3rd July 2025.

8. India International Trade Fair 2025

CHEB participated in the 44th India International Trade Fair (IITF) from 14th to 27th November, 2025 at Bharat Mandapam, New Delhi. The theme of the Health Pavilion of IITF 2025 was 'Swasth Bharat, Shreshtha Bharat'. In alignment with the theme, CHEB's stall in the Health Pavilion highlighted 'Risk Communication and Community Engagement', addressing four key topics such as road safety, fire safety and prevention of drowning, and falls. Through this participation, CHEB aimed to sensitize the general public, dispel myths, promote informed decision- making and foster a culture of safety, prevention and resilience. Various stall & stage level activities were conducted to engage visitors & to raise awareness and promote health.

9. Reports:

- Community outreach programme ''(मिले, सुने, कहे–सहभागिता अभियान)'' held from April to October 2025
- Sensitization workshop on Training and Awareness on Assistive Technology (TAAT) module for Inclusive Education Coordinators
- Health Promotion for Drowning Prevention – Regional Workshop
- First Online Training Programme Session on "Hypertension" for all Medical Officers & Nurses working in CGHS – Delhi
- Swasth Nari Sashakt Parivar Abhiyaan – Report of two workshops on 'Health Promotion for Navigating Menopause'
- Modular training program on metabolic disorders for Ayush Master Trainers
- CHEB's participation in the 44th India International Trade Fair – 2025

10. Health Promotion through the celebration of days:

1	Celebrated International Day of Yoga 21st June 2025	**2**	World Drowning Prevention Day on 25th July, 2025
3	Swasth Nari Sashakt Parivar Abhiyaan from 17.09.2025 to 02.10.2025	**4**	Celebrated Hindi Pakhwada from 14th to 29th September, 2025
5	Organized Visesh Abhiyaan 5.0 from 02.10.2025 to 31.10.2025		

3.3.21 REGIONAL OFFICES OF HEALTH & FAMILYWELFARE (ROHFW)

Background

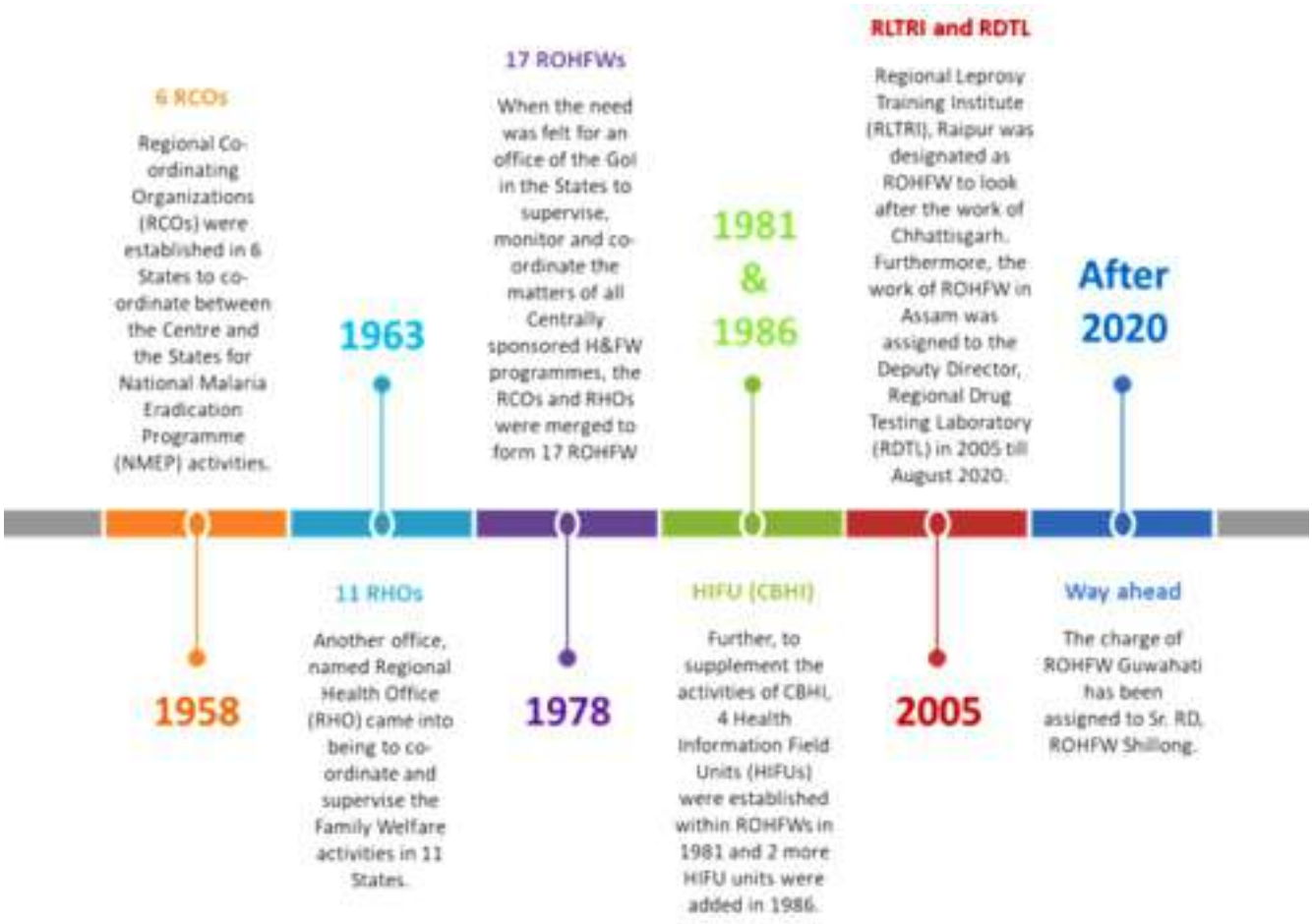
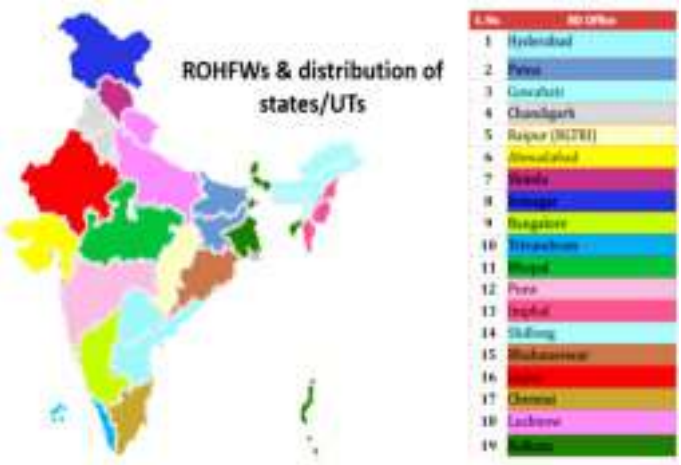


Table 1: Sub-units with staff in ROHFWs

S.No.	Component	
1.	H&FW	Health & Family Welfare (H&FW)
2.	NCVBDC	Malaria Section / Entomological Section (NCVBDC) Operation Field Research Scheme (MOFRS)
3.	CBHI	Health Information Field Unit (HIFU) Regional Evaluation Team (RET)

Fig 1: Locations of ROHFWs



Vision

To emerge as a Technical Resource Centre in the State /UT, as an extended arm of the Directorate 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/UTs while acting as an effective link between the MoHFW /DGHS, GOI and the States /UTs.

Roles and Functions

Field Activities:

- Monitoring, review and supportive supervision of all National Health Programs (NHPs).
- Assist/co-ordinate in reporting and investigation of Health Emergencies/ Outbreaks in the State.
- Outbreak Investigations (e.g., Nipah, Zika, Chandipura, GBS, Dengue, CHK, etc,).
- Facility and land Inspections under various central government Health schemes, e.g. for empanelment in PMNRF CSMA, Organ Transplant, Trauma, NELS, HEOC, CBRN management centre 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.

Training and workshops:

- Capacity building in malaria and filaria microscopy, public health programs, ICD-10.
- Act as a resource person in various training activities arranged by State and Central Program Divisions.

Liaison & Coordination:

- Having been established with primary objective of ensuring proper liaison and coordination; ROHFW serves as a critical link between the State and the Centre for all health-related activities such as monitoring and evaluation, review and assessment of data, and provision of 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).
- Attending court cases on behalf of ministry in respective State courts as per directions.
- Coordination for preparedness of healthcare during health emergencies
- Total 667 state level and 1466 national level meetings were attended by all ROHFWs in virtual and physical mode.

Research studies:

- ROHFWs are involved directly or indirectly in research studies in respective states.
- ROHFW Chennai participated in "ICMR – Improving Life Jacket wear among boaters in TN & KL, cluster randomised trial"
- Entomological studies by ROHFW Bhopal, Bhubaneswar and Kolkata.

Laboratory:

- ROHFW plays an important role in quality control and cross checking of malaria and filarial blood slides and undertaking therapeutic efficacy studies.
- Assessment of Malaria microscopy lab and dengue sentinel labs.

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&FWprogram.
- 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 in 2025:

- Role in Central GBS Outbreak Investigation, ROHFW Pune January – February 2025: Data collection format revised and shared with state include exposure and clinical details; Streamlined stool sample collection from field to allow timely testing; Revised outbreak case definitions suspect, probable and confirmed GBS cases; SOPs for patient management updated and shared with the State; Initiated anti-ganglioside antibody treatment of confirmed GBS cases at NIMHANS.
- Significant achievements were reported from ROHFWs in Swachta Hi Seva Campaigns in terms of condemnation/ weeding of space.
- All ROHFWs contributed in programmes conducted under the Swasth Nari Sashakt Parivar Abhiyaan in their respective regions.
- IHIP Field assessment of malaria VBD module in various districts across the Nation by SRDs/RDs.
- Participation in the 17th CRM of NHM.
- 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.
- Active involvement and support by ROHFWs have been instrumental in Elimination/eradication programs of diseases like Lymphatic Filariasis, Malaria, Tuberculosis, Leprosy, KalaAzar, etc.
- ROHFWs are performing crucial role in land/site identification and co-ordination for establishment of institutions viz. NCDC, BSL-3 labs, Metropolitan Surveillance Units(MSU), Health Emergency Operation Centre (HEOC), National Emergency Life Support (NELS) skill centres, CBRN management center.
- SRD/RD participated in inspection related to the empanelment of institutions and facilities under Organ transplant, Trauma and Burns, PMNRF, etc.

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. This co-location has been undertaken already at Bhopal, Jaipur, Bengaluru, Patna and Chennai. This will meet all the functional requirements of both NCDC and ROHFW.

Performance of ROHFWs in 2025 (as on 30.09.2025)

ROHFW	Ahmedabad	Bengaluru	Bhopal	Bhubaneshwar	Chandigarh	Chennai	Guwahati	Hyderabad
No. of National Level Meetings attended	62	82	95	148	79	103	158	156
No. of State level Meetings attended	32	89	75	122	32	53	17	45
No. of Institutes Visited for feasibility for new initiatives	1	2	11	7	63	15	0	12

ROHFW	Ahmedabad	Bengaluru	Bhopal	Bhubaneshwar	Chandigarh	Chennai	Guwahati	Hyderabad
No. of central monitoring teams coordinated	5	10	3	15	25	11	5	13
No. of Court cases being coordinated	0	17	96	6	137	61	0	4
No. of Sample (items) collected for quality check	0	0	0	0	6	0	0	0
No. of Review Meetings Conducted	3	21	29	43	9	22	1	37
No. of districts visited to review:								
IDSP	5	6	2	12	10	3	3	22
NACP	0	0	1	1	0	0	0	1
NIDDCP	4	0	0	1	1	3	0	3
NLEP	3	5	9	6	12	8	4	11
NMHP	4	0	4	0	7	3	2	11
NOHP	2	0	3	0	7	2	0	6
NPCBVI	5	1	6	3	7	5	1	2
NPHCE	4	2	4	0	7	1	1	10
NP-NCD	5	2	5	6	8	4	4	13
NPPMTBI	2	0	1	0	5	0	0	1
NTCP	7	0	1	0	6	1	1	2
NTEP	8	1	6	6	9	7	4	11
NVBDCP	19	17	33	20	15	14	7	30
No. of Batches given training in Malaria Microscopy	8	12	7	9	8	6	3	8
No. of Trainees given training	77	227	107	182	161	119	59	78
No. of Batches given CBHI related training	0	6	7	5	8	0	0	2
No. of Trainees given training	0	124	123	80	140	0	0	0
Other trainings	7	5	6	30	9	1	2	19
No. of trainees	523	137	721	1554	187	20	36	2264
No. of Blood slides collected at malaria Clinic of ROHFW	15	5001	0	33	4	161	0	2
No. of blood slides collected found Positive	525	43	0	225	0	140	0	50
No. of Blood slides Cross checked out of the received	41828	30845	19667	16865	66423	62005	11659	45229
No. of Blood slides found with Discrepancies	5	1	1	46	4	4	0	5
No. of Peripheral Labs cross-checked	56	53	316	34	58	63	2	130

ROHFW	Ahmedabad	Bengaluru	Bhopal	Bhubaneshwar	Chandigarh	Chennai	Guwahati	Hyderabad
No. of Labs found not conforming laid standards	4	0	17	14	17	21	0	0
No. of Research studies untaken	0	0	12	5	0	6	0	0
Institutes visited under HIFU	0	18	0	36	0	0	0	0
Newer Diseases reported	0	0	0	0	0	0	0	0
Epidemic reported	0	0	0	4	6	1	0	0
Other Unspecified activity undertaken, e.g., H1N1 related activities	0	0	0	0	0	0	0	0
% Budget Utilized (as on 31.12.2025)	54.40	57.29	63.40	61.01	54.35	73.26	70.59	60.76

ROHFW	Imphal	Jaipur	Kolkata	Lucknow	Patna	Pune	Raipur	Shillong	Shimla	Srinagar	Trivandrum
No. of National Level Meetings attended	90	38	55	74	100	109	118	156	69	65	121
No. of State level Meetings attended	21	40	48	51	93	22	18	15	15	13	78
No. of Institutes Visited for feasibility for new initiatives	77	21	1	6	7	6	0	0	2	1	1
No. of central monitoring teams coordinated	4	9	6	13	8	5	2	5	2	4	3
No. of Court cases being coordinated	0	50	0	1	34	0	0	19	300	0	14
No. of Sample (items) collected for quality check	0	0	0	0	0	0	0	0	0	0	2024
No. of Review Meetings Conducted	1	8	37	28	4	15	7	2	0	4	175
No. of districts visited to review:											
IDSP	6	14	0	5	5	7	3	0	0	2	5
NACP	0	11	0	2	1	1	0	0	0	0	5
NIDDCP	2	12	0	1	1	1	2	0	0	0	5
NLEP	8	9	9	4	1	10	12	1	0	0	5
NMHP	3	14	0	3	0	7	2	3	0	1	5
NOHP	5	12	0	3	1	7	0	1	0	1	5
NPCBVI	5	13	0	4	0	7	0	1	0	0	5
NPHCE	0	14	0	4	1	7	0	0	0	0	5
NP-NCD	5	14	7	3	4	6	5	3	0	2	5
NPPMTBI	0	13	0	1	0	1	0	0	0	0	4
NTCP	3	12	0	3	1	7	4	1	0	0	5
NTEP	1	18	1	3	0	11	7	4	0	0	5
NVBDCP	8	15	22	27	41	20	10	3	0	1	8
No. of Batches given training in Malaria Microscopy	5	11	6	9	3	5	4	1	0	0	1
No. of Trainees given training	60	147	72	147	53	59	69	19	0	0	1
No. of Batches given CBHI related training	4	7	0	8	3	1	0	0	0	1	1

ROHFW	Imphal	Jaipur	Kolkata	Lucknow	Patna	Pune	Raipur	Shillong	Shimla	Srinagar	Trivandrum
No. of Trainees given training	0	118	0	223	60	0	0	0	0	0	1
Other trainings	4	4	2	16	6	3	13	0	0	0	0
No. of trainees	54	80	24	268	240	179	190	0	0	0	0
No. of Blood slides collected at malaria Clinic of ROHFW	2	51	415	11	1175	0	3	0	0	2	0
No. of blood slides collected found Positive	100	230	13	0	1	0	22	0	0	142	0
No. of Blood slides Cross checked out of the received	3249	54485	68286	10676	14455	48110	10048	10088	0	0	0
No. of Blood slides found with Discrepancies	4	21	79	0	254	38	43	11	0	0	0
No. of Peripheral Labs cross-checked	15	44	19	3	3	0	8	3	0	2	0
No. of Labs found not conforming laid standards	4	23	4	3	1	0	6	0	0	0	0
No. of Research studies untaken	0	0	4	0	0	0	0	0	0	0	0
Institutes visited under HIFU	0	9	0	0	3	0	0	0	0	0	0
Newer Diseases reported	0	0	0	0	0	1	0	0	0	0	0
Epidemic reported	0	0	0	0	0	1	0	0	0	0	0
Other Unspecified activity undertaken, e.g., H1N1 related activities	0	0	0	0	0	0	0	0	0	0	0
% Budget Utilized (as on 31.12.2025)	57.88	71.24	61.48	63.98	52.34	37.02	33.33	72.05	60.98	52.58	49.64

3.3.22 NATIONAL MEDICAL LIBRARY (NML)

The National Medical Library (NML) is the Apex medical library of India, renowned for its rich collection of medical books, journals, reports, and computer databases. Established on 7th April, 1966 on the recommendation of the "Bohre Committee" on Health Survey and Development (headed by Sir Joseph Bohre in 1946), NML occupies a pivotal role in the country's healthcare information delivery system. NML houses an extensive collection of over 700,000 books, bound journals, reports, and other resources, making it one of the most comprehensive repositories of medical knowledge in India. The library serves the information needs of healthcare professionals, researchers, and policymakers, playing a vital role in the advancement of medical research, education, and evidence-based healthcare policy formulation in the country.

Mission: The National Medical Library aims to provide comprehensive and efficient library and information services to health science professionals across India. It also focuses on training library professionals working in health institutions. NML operates under the administrative control of the Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India.

Aims and Objectives:

- **Acquire rare and costly resources:** Procure a copy of expensive or infrequently used reading materials that may be uneconomical for individual medical college libraries or institutes to procure.
- **Develop an exhaustive collection:** Build a comprehensive repository of medical and biomedical books, journals, reports, databases, and other resources.
- **Serve as a national repository:** Function as a Repository Medical Library for the entire country.
- **Provide expert consultation:** Offer guidance and advisory services to other medical libraries and health institutions across India.

- **Train library professionals:** Conduct training programs for health science library professionals nationwide.
- **Maintain a national consortium:** Manage the national-level consortium of online health science resources.

Activities and Services

Reference and Consultation Services:

- **Library Timings:** The NML remains open on 359 days of the year from March-October 08.00 AM to 08.00 PM & November-February 08.00 AM to 7.00 PM and on holiday and weekends from 09.30 AM to 6.00 PM. The six closed days of the NML includes Republic Day, Independence Day, Gandhi Jayanti, Holi, Dussehra and Diwali. In addition to this the NML's reading hall remains open on all days in the year from 8.00 AM to 10.00 PM for the benefit of students and other members.
- **Access of Library:** The NML provides free access of its resources to all Health Science Professionals for reference and consultation. A large number of users which includes PG Students, medical faculties, research scholars, practicing doctors, surgeons, health administrators, drug manufactures, advocates visit the library.
  - » **Lending Service:** Borrowing of books is allowed for all registered members. All doctors and faculty working in government hospitals and medical colleges in Delhi can become borrowing members. Private practitioners who are residents of Delhi /NCR can also become borrowing member by depositing a refundable security deposit of Rs. 7000/-. Only one book is issued at a time for a 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), NewDelhi. 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:** The ERMED Consortium is an initiative by the Directorate General of Health Services (DGHS) and the Ministry of Health & Family Welfare (MoHFW) to develop nationwide electronic information resources in medicine to support healthcare delivery. Launched in 2008 with 39 member institutes, the consortium has expanded over time. Between 2008 and 2022, it subscribed to renowned e-journals across various health science specialties from five international publishers, providing access to member institutes across most states of India. This initiative ensures that medical professionals and researchers have access to high-quality electronic resources, supporting education, research, and evidence-based healthcare.

However, with the subscription of e-journals now taken over by the ONOS project, an initiative run by the Government of India, the National Medical Library (NML) continues to consolidate its position as the premier medical information hub in India. Despite the transfer of journal subscriptions, NML remains committed to enhancing access to high-quality electronic resources, ensuring that medical professionals, researchers, and educators across the country can stay abreast of the latest developments in health sciences.

To serve the medical fraternity effectively, NML has strategically subscribed to several leading international medical databases, providing comprehensive coverage across clinical, educational, and research domains. These subscriptions not only facilitate access to authoritative medical literature but also support evidence-based practice, medical education, and scholarly research. The databases currently subscribed by NML include:

- **Access Medicine (McGraw Hill Publishing Company)**– providing 69 member institutes nationwide with access to a wide range of clinical reference materials, textbooks, and interactive learning tools

designed for medical education and clinical decision-making.

- **BMJ Best Practice (BMJ Publisher)–** available to 54 member institutes, this resource delivers evidence-based clinical guidelines and decision support tools to assist healthcare professionals in patient care across specialties.
- **BMJ Learning (BMJ Publisher)** – also for 54 member institutes, this platform offers continuing medical education modules, enabling practitioners to stay updated with the latest medical knowledge and maintain professional competency.
- **Research to Publication (RTOP, BMJ Publisher)–** provided to 54 member institutes, RTOP equips researchers with essential guidance on research methodology, scientific writing, and ethical publication practices, fostering high-quality medical research in India.
- **ClinicalKey Physician (Elsevier)–** subscribed for 21 member institutes, this comprehensive database delivers clinical content, procedural videos, and drug information, supporting both practicing clinicians and medical educators.
- **MedOne Education (Thieme)–** available to 60 member institutes, this resource focuses on interactive learning materials and medical textbooks, enhancing both undergraduate and postgraduate medical education.

Through these subscriptions, NML ensures that healthcare professionals across India have seamless access to the latest global knowledge, enabling them to deliver high-quality, evidence-based healthcare, advance medical research, and strengthen the overall healthcare education system. The library's proactive approach to digital resources underlines its commitment to being a national centre of excellence in medical information services, bridging knowledge gaps and supporting the country's health ecosystem.

- **Printed Material:** To achieve its goals of supporting healthcare education, research, and policy-making, NML actively procures recommended books and reading materials, particularly those that are expensive or infrequently used, which may be uneconomical for individual medical college libraries or health institutes to acquire. This strategic acquisition policy ensures that NML continues to develop an exhaustive and comprehensive collection of health science resources, making critical knowledge accessible to professionals across the country. In the current year alone, approximately 700 new books have been added to the library's collection, further strengthening its status as a central repository of medical knowledge in India. These resources cover a wide range of medical and biomedical subjects, supporting clinical practice, medical research, and education at all levels.
- **Remote Access Facility– MyLOFT Software:** To further enhance accessibility and convenience for its members, NML has introduced a remote access facility for users based in Delhi and NCR. This facility is made possible through the subscription to MyLOFT (My Library On Fingertips), a software platform that allows registered members to access library resources remotely from their own devices, anytime and anywhere. So far, this service has been extended to all registered members of NML, enabling seamless access to the library's vast collection of printed materials, e-resources, and databases, thereby supporting research, clinical practice, and continuous learning without the need to be physically present at the library.
- **Document Delivery/Online Article Request Services:** The National Medical Library (NML) also offers a "Articles on Request" service to its members and other information seekers. This service enables users to request specific articles from the library's extensive collection, which are then delivered electronically via email, ensuring timely access to critical medical literature. During the reporting period, over 900 articles were successfully forwarded to information seekers, demonstrating NML's commitment to efficient knowledge dissemination and support for research, clinical practice, and academic activities across the country.

- **Photocopy Service:** NML also provides photocopy service to all information seekers at a cost of Rs.1/-per copy.
- **Library Training:** NML provides hands-on training to students pursuing B.Lib. Science, Certificate, or Diploma courses in Library Science from various universities and colleges. The primary objective of this program is to familiarize trainees with the technical operations and work environment of a medical library. Participants are given practical experience in the various functions of a medical library, including cataloging, classification, database management, reference services, and digital resource handling. This initiative also aligns with NML's broader objective of training health science library professionals nationwide, equipping them with the skills and knowledge necessary to manage medical libraries effectively, thereby strengthening the country's healthcare information infrastructure.
- **Branch Library at Nirman Bhawan:** NML also operating a branch library at Nirman Bhawan to cater to the library and information needs of the staff and officers of the Directorate General of Health Services and the Ministry of Health & Family Welfare. The library houses a collection of over 1,300 books, along with a range of magazines and newspapers, which are issued to officers of Dte.GHS and MoH&FW for their reference and use. In addition to lending services, the branch library also offers well-equipped reading room facilities, providing a quiet and conducive environment for study, reference work, and official use. Through this facility, NML ensures that officers and staff have convenient access to relevant information resources to support their administrative, technical, and professional responsibilities.

3.3.23 RURAL HEALTH TRAINING CENTRE (RHTC), NAJAFGARH, NEW DELHI

Introduction:

Established in 1937, RHTC Najafgarh is a key center under the Ministry of Health and Family Welfare, providing primary and secondary healthcare, public health training, and community-based services for over 13.65 lakh people across South-West Delhi. The campus integrates PHCs at Najafgarh, Ujwa, Palam, a 183-bed hospital, and an accredited ANM Training School, all serving as a model for comprehensive rural health. With the mission of "Empowering rural health through integrated care, technology, tradition, and training committed to resilient, future-ready healthcare".

1. Major Achievements:

- RHTC Hospital started specialist OPD General Medicine, Paediatrics, Dermatology, ENT, Psychiatry, Obstetrics & Gynaecology, Chest Clinic & Ophthalmology, Ayurveda, Physiotherapy, Dietetics and Mental Health Counselling.
- **Community Participation & National-Level Events:**
- **Bharat Parv** 2025 at Lal Qila, Delhi conducted 300 counselling sessions, 25 CPR demos; 12 health quizzes reaching 2,400 visitors



Amrit Udyan 2025, New Delhi

Recognition from Rashtrapati Bhavan - RHTC Najafgarh received an official Appreciation Letter from the Additional Secretary to the President of India for outstanding health awareness initiatives. At Amrit Udyan, RHTC conducted 102 quizzes for school children, over 2,000 + consultations, distributed 11,000 IEC materials, showcased of Nukkad Nataks by ANM students

2. Success Stories:

SNSPA 2025 – Swasth Nari Shashakt Parivar Abhiyaan (17 September – 2 October 2025) - was inaugurated by Hon'ble Smt. Kamaljeet Sehrawat, Member of Parliament, marking a strong beginning to the campaign. The program received further support through the participation of Hon'ble Shri Kuldeep Solanki, MLA Palam, during activities conducted at PHC Palam.

Record Achievement – SNSPA 2025 exceeded its target by serving over 40,000 beneficiaries with 57,757 screenings, including anaemia, nutrition, mental health, vision, physiotherapy, Ayurveda, BMD, dementia, and breast checks. The campaign concluded with a walkathon, Nukkad Natak, and community and staff screenings.

3. New Intiatives:

The ARV Centre (Animal Bite Clinic) was established at RHTC Hospital on 15 August 2025.

4. Major Visit:

Visit of Hon'ble Union Minister of Health & Family Welfare Shri J.P. Nadda (March 2025) - reviewed progress of RHTC. Saplings were planted under "Ek Ped Maa Ke Naam," PHC retention under the Government of India was approved.



3.3.24 HLL LIFECARE LIMITED (HLL)

1. Performance and Achievements of various units / divisions of HLL

1.1 Achievements of Akkulam Factory Thiruvananthapuram (AFT)

- HLL AFT received Sreshta Suraksha Puraskar for "Outstanding safety performance-2024-25" from National Safety Council, Kerala Chapter.
- HLL AFT received Best Safety committee award-2024-25" from National Safety Council, Kerala Chapter.
- HLL AFT received First prize - MKK Nayar productivity award-2024-25 in medium scale category"
- HLL AFT received the best SAFETY WORKER award 2024-25, from Department of Factories & Boilers.
- Upgradation of LSR M Cup production facility at Akkulam factory.
- Velvet Menstrual cup made available in e-commerce platforms (i) Amazon (ii) Flipkart (iii) Paytm (iv) MyStore (V) TATA1mg
- Designed and developed new range of menstrual hygiene complimentary products such as Menstrual sterilizer case, menstrual applicator, Menstrual cup wash, M Cup steam steriliser and Stand and Pee
- Developed Silicone based Nano formulation coating method for producing painless hypothermic needle.
- Commissioned 70KWp Solar plant at Akkulam Factory.

The production quantities during the period January 2025 to September 2025 is as follows

Products	UOM	01.01.2025 to 30.09.2025
Blood Bag	Mpcs	7.88
Suture	Dz	1,42,973
Copper T	M pcs	4.94
Tubal Ring	M pairs	0.4
Emily	Nos.	8800
M Cup	Nos.	83000

1.2 Achievements-Peroorkada Factory Thiruvananthapuram [PFT]

- Successfully completed the "Automation of LNG Firefighting system" at HLL Peroorkada Factory to reduce operating time from 20 minutes to 15 seconds.
- New custom made light fitting with diffuser installed at ETD area for providing a better work environment.

- Started Total Productive Maintenance (TPM) system in Primary Packing department to improve the performance and productivity.
- Resizing of packing machine sealing jaw size to pack special variant condoms for improved productivity, aesthetics and better quality.
- HLL Peroorkada Factory received the Outstanding Performance Award for Industrial Safety in the Very Large Factories Category from Dept. of Factories & Boilers, Govt of Kerala
- HLL Peroorkada Factory received SURAKSHA PURASKAR for outstanding safety performance in very large Industries category other than Chemical & Engineering from National Safety Council (Kerala Chapter
- HLL Peroorkada Factory received ABHINANDAN PATHRA for Best Safety Committee in very large Industries category other than Chemical & Engineering from National Safety Council (Kerala Chapter)
- HLL Peroorkada Factory received SECOND PRIZE for Best Practices in HSE Management System from National Safety Council (Kerala Chapter)
- Factory day celebration and kick off of Diamond Jubilee Celebrations on 5th April 2025
- Diamond Jubilee walkway inaugurated at PFT
- New high tension 11KV cable layed from Ambalamukku RMU to HLL RMU
- Commissioned the SCADA system in the vulcanizing section of Plant D
- Installed and commissioned firefighting system – fire well and pump house at Balaramapuram
- Successfully installed a sensor based system to control the operation of waste stripping pump for reduction in power consumption
- Introduced new cost effective flowwrap pack in domestic market for Moods Jasmine, Vanilla and Lime schemes.
- Successfully launched heart motif condoms in domestic market under Moods Amour brand.
- Successfully launched Moods 50 ml lube bottles in domestic market
- Installed and commissioned 315 KVA substation at Balaramapuram unit.
- Successfully installed Savex panel in Shellmax boiler for real time monitoring of parameters
- Successfully manufactured smart bins for waste collection
- Resized the Moods 3s pack by reducing dimensions of the wallet as a part of cost reduction initiative
- Installation of **Ammonia Auto cut off system** to create a safer workplace, reduces chances of accidents, and strengthens overall occupational safety standards
- HLL Peroorkada Factory has secured the Second Position in the Large Scale Industry category of the **Kerala State Pollution Control Board Award 2025,** in recognition of its Sustained commitment to Environmental Protection and Pollution control.
- **Introduction of "SAFETY WALL"** at Boiler corridor area to promote safety awareness among employees
- Introduction of **Digital safety Induction system** for Visitors, New Joinees, Security and Contractors
- Installed and Commissioned Firefighting systems in Incoming packing materials storage area (Old Gloves Plant)

Production figures (January to September 2025)

PRODUCT	QTY	UOM
Male Condoms	676.29	Million pcs
Female Condoms	3.33	Million pcs
Moods Lube Bottle	5990	Bottle
Vending Machines	227	Nos

1.3 Performance and Achievements of Kakkanad Factory Cochin (KFC) and Irapuram Factory Cochin (IFC)

Production performance 01/01/2025 – 30/09/2025

	UoM	01/01/2025 to 30/09/2025
Male Condom	Mpcs	192.66
Female Condom	Mpcs	2.91

Major Achievements for the period:

- Introduction of Mini Inkjet printer for dispenser carton stamping operation instead of conveyor printing in secondary packing operation to improve operational flexibility and reduce manpower dependency.
- Installation of a customized Hydraulic Baling Press Machine to optimize scrap area utilization and minimize manpower cost.
- Installed an energy efficient Hot water generator to improve the Mixer Tank heating system thereby enhanced compounded latex quality with substantial cost savings.

1.4 Achievements-Kanagala Factory Belagavi [KFB]

The production quantities during the period January 2025 to September 2025 is as follows

Products	UOM	01.01.2025 to 30.09.2025
CONDOM	Mpcs	150.12
OCP-ST	LC	334.69
OCP-NST	LS	105.63
SNP	Mpcs	21.75
BDU	Kg	2167.46

1. Operational Excellence & Productivity Enhancement

- Successfully installed and commissioned a 4-ton boiler, resulting in improved energy efficiency and enhanced production output.
- Introduced multi-tip (3-tip) punches for manufacturing Chhaya non-steroidal tablets, achieving a 2.25-fold increase in productivity and improving output from 98% to 99.5%.
- Optimized latex consumption in condom production from 1350 kg/Mpcs to 1322 kg/Mpcs, against standard norms of 1350 kg/Mpcs and reducing raw material costs.

2. Product & Process Innovation

- Redesigned the formulation of Ferrous Fumarate tablets, leading to improved process efficiency and product performance.
- Enhanced the dissolution process in BDU manufacturing through the introduction of a pneumatic stirrer, minimizing manual intervention and reducing ethyl acetate consumption by 300 litres per batch.
- Developed biodegradable sanitary napkins conforming to ISO 17088 standards, promoting sustainability and eco-friendly product innovation.

3. Cost Optimization & Resource Efficiency

- Modified Sanitary Napkin master carton from 5-ply to 3-ply, maintaining product integrity while reducing packaging material and logistics costs.
- Reduced GSM of non-woven sheet used in Sanitary Napkin production from 20 to 16, achieving significant cost savings without quality compromise.
- Identified Euca pulp as an alternative to conventional fluff pulp, reducing dependency on imported material, improving user comfort, and cutting production costs.

4. Sustainability & Environmental Stewardship

- Commissioned a Deionized (DM) water plant for condom compounding, significantly improving water quality and reducing conductivity levels.
- Established an Oxygen Park within HLL-KFB premises, enhancing environmental quality and promoting employee well-being as part of a green initiative.

5. Digital Transformation & Process Automation

- Implemented the e-Office system, marking a significant step toward a paperless, digitally empowered workplace and streamlining administrative efficiency.

6. Vendor Development and Supply Chain Resilience

- Developed new domestic vendors for Levonorgestrel and Ethinylestradiol IP APIs under the Government of India's border-sharing nations policy, effectively reducing reliance on China.
- Established new API vendors for Ormeloxifene, enhancing product quality, and cost competitiveness.

7. Recognition, Compliance & New Product Development

- Honored with the Uttamasuraksha Puraskar (Safety Award 2025) by the National Safety Council – Karnataka Chapter for outstanding safety performance.
- Developed new formulations - Desogestrel 0.15 mg + Ethinylestradiol 0.03 mg tablets (export) and Mifepristone 25 mg tablets, strengthening the organization's product portfolio.
- Successfully completed COPP Audit for export products, ensuring full compliance with international regulatory standards.

1.5 Corporate Finance

Rs in Crs

Particulars	01.01.2025-30.09.2025	Estimated 01.01.2026-31.03.2026
Revenue from Operations	3952.94	1958.27
Earnings before Interest, Tax Depreciation and amortization (EBITDA)	331.62	165.90
Profit Before Tax (PBT)	280.10	136.88

Note: The figures are provisional unaudited

1.6 Healthcare Services Division (HCS)

Major Decisions

- HCS has ventured into the Skill Development and Capacity Building segment of the healthcare sector as a service provider and implementation agency for Public-Private Partnership (PPP) projects. The division has already received projects from the Ministry of Skill Development & Entrepreneurship (MSDE) and the Ministry of Minority Affairs (MMA) for the capacity building of paramedical staff under the Pradhan Mantri Kaushal Vikas Yojana (PMKVY). Through these initiatives, HCS aims to strengthen the healthcare workforce by enhancing the skills and employability of allied health professionals across the country.
- As part of our strategic growth plan, we are undertaking new initiatives to establish a network of private laboratories, advanced imaging centers, and specialty diagnostic facilities. These initiatives aim to leverage our expertise and capabilities to deliver high-quality, comprehensive diagnostic solutions to a wider population.
- The HCS Division plans to expand into end-to-end hospital management, covering both clinical and non-clinical services to ensure efficient and patient-centered operations. The initiative will include management of healthcare facilities ranging from Primary Health Centres (PHCs) to multi-specialty hospitals, focusing on improving service delivery, operational efficiency, and overall healthcare quality.
- The HCS Division is expanding into home healthcare services, offering professional patient care at the doorstep—including nursing, physiotherapy, palliative care, and diagnostic support. By integrating skilled personnel and digital health tools, HCS aims to provide personalized and convenient healthcare at home. Additionally, HCS will implement Mobile Medical Unit (MMU) projects under PPP models to deliver essential healthcare services to rural and underserved communities, thereby improving access and strengthening primary healthcare delivery across India.

Major Achievements

Segment Wise Revenue: January 2025-September 2025

Segment	Revenue achieved Rs. Crs
Laboratory Services	446.64
Imaging Services	81.45
Health Screening Projects	511.82
Others	58.18
Total	**1098.09**

Segment wise Profit:
January 2025-September 2025

Segment	Profit Achieved Rs. Crs.
Laboratory Services	24.28
Imaging Services	13.01
Health Screening	28.16
Others	3.42
Total	**68.86**

Operational Milestones

- Service has been rendered to a total of 12.26 million patients from January 2025 to September 2025.
- Received work orders from Ministry of Skill Development & Entrepreneurship (MSDE) and the Ministry of Minority Affairs (MMA) for the capacity building of paramedical staff under the Pradhan Mantri Kaushal Vikas Yojana (PMKVY).
- Signed MoU with Commissionerate of Health Services (CHS), Maharashtra for implementation and operationalization of Aapla Dawakhana clinics (scheme to provide accessible healthcare services to economically weaker sections and slum dwellers) in the areas identified by CHS for the selected districts. Operations are commenced from February 2025 onwards.
- Successfully commenced operations of the Medical Imaging services at AIIMS Kalyani On Maintenance and Management Model.
- Successfully commenced operations of the standalone diagnostic facility at Kottayam
- Successfully commenced operations of 47 dialysis centres as part of Maha dialysis program focussing on rural areas (Total 74 centers. Completed 50000 dialysis sessions).
- Successfully commenced operations of the Medical Imaging Project (CT scan) at Govt. Tribal Speciality Hospital (Hindlabs Kottathara)

Plan & Estimates January 2026 to March 2026

Segment	Rs. in Crs
Laboratory Services	179.32
Imaging Services	24.49
Health Screening	34.97
Other projects	35.23
Total	**274.01**

Plans for Jan to March 2026

- Operationalization of Skill development projects for Ministry of Skill Development & Entrepreneurship (MSDE) and the Ministry of Minority Affairs (MMA).
- Commencement of private medical labs Specialty Clinic (Polyclinic , lab and Imaging) at Kozhikode.
- Setting up and Operationalization of Standalone Medical laboratory and collection centers at Bangalore, Chennai, Bhopal
- Operationalization of Standalone Medical laboratory and 10 collection centers at Aluva

1.7 Retail Business Division [RBD]

During the period from 1st January 2025 to 30th September 2025, HLL commenced operations of 29 AMRIT Pharmacies, 4 HLL Pharmacies & Surgical (P&S) outlets, 3 Jan Aushadhi stores, and 1 Free Generic Pharmacy across 15 States and Union Territories.

During this period, AMRIT Pharmacies across India served 113.93 lakh patients, extending total discounts worth ₹1,828.38 crore from the MRP to patients in need. The average daily footfall increased to 41,733 by September 2025, reflecting growing trust and reach among beneficiaries.

AMRIT Pharmacies continue to serve as a comprehensive one-stop solution for all medical requirements of tertiary care hospitals where they are operational. They also provide medicines and medical supplies to Ayushman Bharat beneficiaries on a credit basis, with payments subsequently released to HLL by the respective hospitals.

AMRIT Pharmacies are now operational in all functional AIIMS and Institutes of National Importance (INIs), with multiple outlets functioning in several major institutions.

Key Achievements (January 2025 – September 2025):

1. AMRIT Pharmacy won the prestigious SKOCH Award 2025 for "Excellence in Healthcare" at the 101st SKOCH Summit held in New Delhi on 20th September 2025. The initiative received both the Order of Merit Certificate and the Silver Award for its outstanding contribution to healthcare delivery.
2. HLL commenced operations of AMRIT Pharmacies in ISRO–VSSC Hospitals across four locations.
3. HLL initiated operations of an AMRIT Pharmacy at the CAPFIMS Hospital, New Delhi.
4. HLL signed an MoU and launched an AMRIT Pharmacy at Jaipuria Hospital, Rajasthan.
5. AMRIT Pharmacy began operations at the Western Coalfields Limited Headquarters, Nagpur.
6. AMRIT Pharmacy started the supply of stents, orthopedic implants, medicines, and surgical consumables to SCTIMST, Thiruvananthapuram.
7. HLL signed an MoU for the export of Jan Aushadhi medicines to the Maldives, marking its entry into international healthcare service.
8. HLL has initiated the implementation of ISO 9001:2015 standards across AMRIT and HLL Pharmacies to strengthen quality management systems and service delivery.

1.8 HiCare Division - HCD (Projects & Services)

- **February 2025** – HICARE Projects & Services signed a Memorandum of Agreement (MoA) with Government Medical College, Bharatpur for the supply of medical equipment and execution of infrastructure works.
- **March 2025** – HICARE Projects & Services signed a Memorandum of Agreement (MoA) with Baba Farid University of Health Sciences for infrastructure development projects.
- **May 2025-** Under the National AYUSH Mission, Kerala, the project for the construction of a 30-bedded Integrated AYUSH Hospital at Pathanamthitta was allotted to HICARE Projects & Services.
- **July 2025**– HICARE Projects & Services signed a Memorandum of Agreement (MoA) with NHM Himachal Pradesh for establishing a Critical Care Block (CCB) and District Integrated Public Health Laboratory (DIPHL) at Civil Hospital Rohru, District Shimla.
- **September 2025**– HICARE Projects & Services signed a Memorandum of Agreement (MoA) with NHM Himachal Pradesh for establishing and equipping Critical Care Block (CCB) and District Integrated Public Health Laboratory (DIPHL) at Civil Hospital Tegubehar, District Kullu.
- **September 2025**– National Highways Authority of India (NHAI) extended and approved the budget for the second year of operations under the initiative for implementing various healthcare services across the country.
- **October 2025** – HICARE Projects & Services signed a Memorandum of Agreement (MoA) with All India Institute of Medical Sciences (AIIMS), Raipur for establishing Infectious Disease Research and Diagnostic Laboratory (IRDL) and Virus Research and Diagnostic Laboratory (VRDL) facilities.

1. Achievements of Subsidiary Companies of HLL

1.1 Goa Antibiotics and Pharmaceuticals Limited (GAPL)

Achievements for the Period January'2025 to September'2025

1. Received and executed orders worth Rs.8.13 Crores from CGHS.
2. Received and executed orders worth Rs.1 Crores from Military Hospital Hisar.
3. Received orders worth Rs.1.27 Crores from Government Pharmacy, Puduchery. 65 lakhs executed till Sep'25.
4. Received and executed orders worth Rs.85 Lakhs from APMSIDC, Andhra Pradesh.
5. Received and executed orders worth Rs.2.97 Crores from Directorate of Health Services, Goa.

GAPL Turnover for the Period January 2025 to March 2025

Amount (Rs.in Lakhs)

Particulars	Jan'25 to March'25	Apr'25 to Sep.'25	Total Jan'25 to Sep'25
Goa Factory Sales	12.37	144.53	156.90
Solan Sale	331.00	1218.15	1549.15
Whole sale Product	179.08	45.56	224.64
Medicentre Sales	63.62	120.40	184.02
Loan License Sales	32.96	59.91	92.87
Ayurvedic Sales	-	-	-
Homeopathic Sale	20.82	289.72	310.54
Revenue from Product and Services	**639.85**	**1,878.27**	**2,518.12**

GAPL Performance for the Period of Jan'25 to Sep' 25

Rs in Crs

Particulars	01.01.2025 - 30.09.2025	Estimated 01.01.2026 - 31 .03.2026
Revenue from Operations	25.84	35.78
Earnings before Interest, Tax Depreciation and amortization (EBITDA)	33.90	34.83
Profit Before Tax (PBT)	-8.06	-1.50

Note: The figures are provisional unaudited

1.2 HLL Infra Tech Services Limited (HITES)

Foundation Stone Laid

- Foundation Stone of PM Ekta Mall, Aizawl, Mizoram was laid by honorable Chief Minister of Mizoram on 23.08.2025: - To promote local artisans, One District One Product (ODOP) goods, Geographical Indication (GI) products, and handicrafts from across India. It will serve as a hub for indigenous products, aiming to connect local producers with wider domestic and international markets, support entrepreneurship, and strengthen cultural identity. The project supports India's goal of promoting local crafts and entrepreneurship by giving a dedicated space for them and also aligns with the "Make in India" vision by creating a platform to showcase and sell indigenous products.
- Foundation Stone laid by the Hon'ble Health Minister of Kerala for the construction of Government General Hospital at Changanasserry in Kottayam, Kerala funded by KIIFB on 16.08.2025. The hospital serves a densely populated area with both urban and rural catchments, so its expansion is especially beneficial. It provides relief to overloaded facilities in surrounding towns, reducing patient load and travel burden. Upgrading the facility (as seen in the recent KIIFB-funded building) will raise the standard of care in the region and keep more complex treatments locally available.

GRIHA Certification for 4 Institutions and Hospitals Across India: -

HITES's overall policy is aligned with sustainable development principles, and it utilizes GRIHA as a key framework for achieving this in its infrastructure projects. GRIHA promotes the construction of "green buildings" by evaluating a structure's environmental performance over its entire lifecycle. It provides a framework to minimize a building's resource consumption (energy, water, materials) and waste generation, and in doing so, offers benefits like reduced operational costs, lower pollution, and a healthier environment for occupants.

- Agra (4 star)
- Kanpur (4 Star)
- Muzaffarpur (3 Star)
- Darbhanga (3 Star)

Inaugurations: -

- Inauguration by the Hon'ble Health Minister of Kerala for the construction of Taluk Hospital Adimali in Idukki, Kerala on 27.10.2025.
- Inauguration by the Hon'ble Health Minister of Kerala for the construction of Taluk Hospital Ottappalam in Palakkad, Kerala on 09.09.2025.
- Inauguration by the Hon'ble Chief Minister of Kerala for the construction of Taluk Hospital Chittur in Palakkad, Kerala on 18.05.2025.
- Inauguration by the Hon'ble Health Minister of Kerala for the construction of Government Dental College, Alappuzha, Kerala on 09.08.2025.

HITES secured first rank among 41 Special Purpose Vehicles in KIIFB's (Kerala Infrastructure Investment Fund Board) 2024–25 performance evaluation, a milestone achievement for the organization and strengthened stakeholder confidence.

MoU / MoA Signed for 12 Institutions and Hospitals Across India: -

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. From primary healthcare centers to specialized hospitals, these facilities are strategically positioned to cater to the diverse needs of various communities. The project emphasizes HITES' capabilities in managing large-scale healthcare infrastructure projects and meeting the government's vision of equitable healthcare.

- **MoA Signed with Central Coalfields Limited (CCL) for the Construction of 200 bedded hospital at Kanke, Ranchi on 07.02.2025:-** As part of its mission to improving access to high-quality, affordable, and advanced healthcare services, HITES signed a Memorandum of Understanding (MoU) with Central Coalfields Limited (CCL) in Ranchi. This institution will provide advanced medical facilities locally, reducing the need for residents to travel to other states for specialized treatment. The project underscores HITES' dedication to enhancing medical facilities in healthcare to meet the nation's future health needs.
- **MoA Signed with MoHFW for the Construction of Chemical, Biological, Radiological, and Nuclear (CBRN) Medical Management Centre, Bhopal on 10.02.2025:-** In alignment with its commitment to advancing access to high-quality, affordable, and cutting-edge healthcare services, HITES has entered into a Memorandum of Understanding (MoU) with the Ministry of Health and Family Welfare (MoHFW) at the Bhopal Memorial Hospital and Research Centre (BMHRC). This collaboration will bring state-of-the-art medical facilities to the local community, significantly reducing the need for residents to travel out of state for specialized care. The initiative underscores HITES' unwavering dedication to strengthening healthcare infrastructure, ensuring it meets the evolving health needs of the nation's population.
- Tripartite MoA Signed with H&FWD-Government of Kerala and KIIFB for the Construction of Taluk Hospital Munnar on 11.07.2025.
- MoA Signed with Institute of Advanced Virology for the Construction of Academic Training Complex, Thonnakkal at Thiruvananthapuram on 05.08.2025.

- MoA Signed with Institute of Advanced Virology for the Construction of One Health Regional Support Facility, Innovation and Translation Facilitation Centre and Other Facilities at Phase I, Thonnakkal at Thiruvananthapuram on 01.08.2025.
- MoA Signed with Kerala Agricultural University, Thrissur for the Construction of Translational Research Centre at Vellanikkara, Thrissur on 04.07.2025.
- Quadripartite MoA executed with Higher Education Department, Govt. of Kerala, KIIFB and Kerala University for the Construction of New Domestic & International Hostels in Kerala University on 25.02.2025.
- Quadripartite MoA executed with Higher Education Department, Govt. of Kerala, KIIFB and Kannur University for the Construction of New Domestic & International Hostels in Kannur University on 25.02.2025.
- Quadripartite MoA executed with Higher Education Department, Govt. of Kerala, KIIFB and Calicut University for the Construction of New Domestic & International Hostels in Calicut University on 25.02.2025.
- Quadripartite MoA executed with Higher Education Department, Govt. of Kerala, KIIFB and CUSAT University for the Construction of New Domestic & International Hostels in CUSAT University on 25.02.2025.
- Quadripartite MoA executed with Higher Education Department, Govt. of Kerala, KIIFB and MG University for the Construction of New Domestic & International Hostels in MG University on 25.02.2025.
- Quadripartite MoA executed with Higher Education Department, Govt. of Kerala, KIIFB and Kerala University for the Construction of New Domestic & International Hostels in Kerala University.

Financials	**Jan 2025 to Sep 2025** **(A)**	**Oct 2025 to Dec 2025** **(B)**	**Jan 2025 to Dec 2025** **(C)=(A)+(B)**
Income:	3,68,54,09,868.69	1,25,87,98,840.45	4,94,42,08,709.13
Expenses:	3,42,11, 38,257.59	1,18,37,34,326.14	4,60,48,72,583.72
Profit Before Tax (PBT)	**26,42,71,611.10**	**7,50,64,514.31**	**33,93,36,125.41**

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 85 regular employees on roll, 24 employees on deputation and 11 employees on SLWP

- The Operations will commence shortly and the first vaccine will roll out in 4 years of time & subsequently it shall launch one vaccine in every two years.

Capital Structure

Government of India had conveyed to our Holding

company, HLL Lifecare Limited, equity infusion of Rs. 285 Cr for the Integrated Vaccine Complex (IVC) project, Chengalpattu, out of which 275.88 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 2024-25.

Financial Performance

Particulars	Rs. in Lakhs	
	2024-25	2023-24
FINANCIAL RESULTS		
Total Revenue	1,921.01	1708.07
Total Expenditure other than Financial Costs and Depreciation	1452.37	1782.15
Profit before Depreciation, Finance Costs and Tax	468.64	(74.08)
Depreciation, Amortization and Impairment Expense	1491.36	1535.95
Finance Costs	-	-
Profit / (Loss) for the year before Exceptional Items and Tax	(1022.72)	(1610.04)
Add / (Less) Exceptional Items		
Profit / (Loss) for the year before Taxation	(1022.72)	(1610.04)
Total Tax Expenses	(36.08)	13.10
Net Profit / (Loss) for the year	(986.63)	(1623.14)
Net Profit / (Loss) (A)	(986.63)	(1623.14)
Add / (Less) Other Comprehensive Income (after tax) classified to Reserve & Surplus	(14.30)	(18.72)
Total Comprehensive Income for the year (B)	(14.30)	(18.72)
Net Profit / (Loss) for the year (A+B)	(1000.94)	(1641.85)
APPROPRIATIONS		
Net Profit / (Loss) for the year after Minority Interest (A+B)	(1000.94)	(1641.85)
Balance brought forward from previous year Profit / (Loss)	33,350.29	34992.14
Amount available for appropriations	32,349.35	33350.29
Less : Appropriations	-	-
Balance carried to Balance Sheet	32,349.35	33350.29

3.3.25 THE NEW DELHI TUBERCULOSIS CENTRE

The New Delhi Tuberculosis Centre (NDTBC), established as a Model TB Clinic in 1940, continued to achieve new milestones during the year. It is not only a referral Centre for TB and Respiratory Disease, but also functions as the State TB Training and Demonstration Centre (STDC) and Intermediate Reference Laboratory (IRL) for Delhi State. Also, the NDTB Centre monitors and supervises NTEP activities for entire Delhi.The Centre provides technical support to Delhi State for NTEP and its faculty is part of various national level committees for formation of programme guidelines.

During the year, the Centre made significant contributions through its various departments as summarized below:

Clinical Services: The Centre provides outpatient referral facilities for diagnosis, treatment, prevention and control of tuberculosis. A total of 28,275 patients attended the OPD of which 14,296 were new outpatients. Additionally, a total 931 patients were enrolled and followed up in COAD clinic, apart from 12,890 revisits. 158 patients attended DOT Centre of NDTB Centre.

During the year, Central TB Division, Ministry of Health & Family Welfare carried out 100 days

intensified TB detection campaign. In Delhi, the STDC (NDTB Centre) collaborated with State TB department to successfully conduct the campaign. Also, STDC, Delhi (NDTBC) and State TB department was facilitated by Central TB Division for the best performance in "Jan Bhagidari Activity".

Laboratory Services: The upgraded Microbiology Department provides expert services for not only TB cases but also in the field of MDR & XDR TB. The BSL-3 Laboratory of the Centre received NABL ISO 15189:2022 accreditation and is equipped with all possible tests for TB; from smear microscopy to all molecular tests including Pathodetect, XDR Gene Xpert 10C and Whole Genome Sequencing (illumina MiSeq). The upgraded laboratory of the institute has started performing baseline DST of all MDR cases for second line DST and regularly doing universal DST for all smear positive cases diagnosed in the state. Laboratory of the Centre is equipped with all diagnostic facilities starting from microscopy to whole genome sequencing. Over 78,278 tests were done in the laboratory during the year.

Teaching and Training Services: The faculty of NDTB Centre serves as National Trainers for all major training Programmes and is actively involved in imparting training to staff working all over the country. The faculty of the Centre is regularly conducting training and sensitization for Medical and Para Medical staff working under NTEP programme, as well as for personnel in the private sectors of Delhi state. During the year, Centre has trained 4,915 personnel; both by physical and virtual (ECHO) session. Round the year, Difficult to Treat TB Clinic (D3T) session held every month where interesting cases are presented by DTO / MO which is discussed in the presence of state level expert and recommendations are given for managing the case. The Centre is also focusing 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.

The Epidemiology Division conducted the studies to identify TB cases among high risk population and monitored the trends of TB control in the State. NDTB Centre participated in India Innovation Summit & presented their study on Stigma Self-Assessment scale for TB. During the year, the faculty and staff of NDTB Centre were actively involved in conducting Active Case TB Finding among vulnerable population across Delhi.

Supervision and monitoring: All the 25 chest clinics were supervised and monitored as per NTEP guidelines, including internal evaluation of chest clinics functioning under Delhi state. The faculty of the NDTBC also participated in the Central Internal Evaluation conducted by Central TB Division.

Research Activities: The faculty of the Centre is actively engaged in programme related research. During the year, the Centre brought about thirteen publications this year and has five ongoing research projects. The faculty of NDTBC took active part in 92 scientific events throughout the year.

Statistical data of the Centre's significant contributions for the year January, 2025 to December, 2025

A. Outpatient attendance

Parameters	During the period January 2025 to December, 2025	Target for January, 2026 to March, 2026
New patient	14296	3500
Revisits	12890	3200
Taking treatment under DOT Centre of NDTB Centre	158	30
Attending special clinics (COAD)	931	250
Total	**28275**	**6980**

B. Patients attendance for utilizing various diagnostic/treatment facilities available at New Delhi TB Centre

Parameters	During the period January, 2025 to December, 2025	Target for January, 2026 to March, 2026
Laboratory tests	78278	22000
Attending for Mantoux test	11691	3000
Radiological Examinations	4008	1000

C. Training/IRL Visits/Publications

Parameters	During January, 2025 to December, 2025	Target for January, 2026 to March, 2026
Personnel trained	4915	1250
IRL Visits for EQA	20	6
Supervision & monitoring of chest clinics	10	5
Research and publications	13	---

MEDICAL, DENTAL, NURSING & ALLIED HEALTH EDUCATION

CHAPTER 4

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.

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 assent of the President on 08.08.2019. The NMC was constituted with effect from 25.09.2020.

The Act provides 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 principle change that has occured is that the Regulator is now selected on merit, as opposed to an elected regulator. Professionals with impeccable integrity, vast experience, and high stature have been now placed at the helm to steer the medical education reforms further. Constitution of NMC paves the way for continuation and deepening of reforms. To promote affordability, the Act empowers the Commission to frame guidelines for determining fees and other charges for 50% of seats in private medical colleges and deemed universities. This Act also provides for the rating of medical colleges, helping students make well-informed choices. Additionally, the Ethics and Medical Registration Board (EMRB) of the NMC maintains an electronic National Medical Register (NMR), which records the name, address, and all recognized qualifications of licensed medical practitioners. The NMR is a comprehensive and regularly updated database of all allopathic (MBBS) registered doctors in India. A key feature of the NMR is its linkage with doctors' Aadhaar IDs, which ensures the authenticity of each practitioner.

1.3 The National Medical Commission has notified Medical Institutions (Qualifications of Faculty) Regulations, 2025 to address the shortage of qualified teaching faculty. The regulations broaden eligibility by permitting non-medical M.Sc. and Ph.D. holders as faculty in relevant specialties, recognizing certain clinical and super-specialty experiences as valid teaching experience, and allowing transitional faculty appointments where specialists are unavailable. They also enable overseas-qualified Indian MBBS graduates from select English-speaking countries to serve as Assistant Professors or Senior Residents, permit experienced non-teaching consultants and government hospital specialists to join as Assistant Professors with prescribed conditions, and allow diploma holders with sufficient cumulative experience to be appointed to faculty positions, thereby strengthening faculty availability in medical institutions.

4.3 NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES

1.1 About NBEMS

The National Board of Examinations in Medical Sciences is an Autonomous Organization of the Ministry of Health & Family Welfare, Govt. of India. NBEMS came into independent existence on 01.03.1982. NBEMS plays a key role in tapping the potential of the hospitals (Government and private) and recognize them for Post-graduate and Post-doctoral training. Thousands of doctors have been

trained in NBEMS accredited hospitals which has added to the specialist pool of the country.

NBEMS conducts postgraduate and post doctoral examinations in approved specialties leading to the award of Diplomate of National Board (DNB), Doctorate of National Board (Dr NB), Diploma of National Board and Fellow National Board (FNB) qualifications. The qualifications awarded by NBEMS are duly recognized as per provisions of the NMC Act, 2019 and notified in the Gazette of India on 14.11.2022.

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 Indian citizens candidates who have obtained primary medical qualification outside India.

1.2. 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 during the period April, 2025 to November, 2025 (till date):

S. No.	Name of Examination	Number of Candidates Registered	Examination held on
1	NEET-MDS 2025	30448	19-04-2025
2	GPAT 2025	48649	25-05-2025
3	NBEMS Diploma Final Examination June 2025	2682	09-06-2025 to 11-06-2025
4	DNB Final Examination, June 2025	9723	25-06-2025 to 28-06-2025
5	FMGE June 2025 Session	37748	26-07-2025
6	NEET-PG 2025	242681	03-08-2025
7	DRE/MRE 2025	60	27-08-2025
8	DrNB Final Examination, October 2025	1957	29-10-2025 to 31-10-2025

All of the above examinations were conducted by NBEMS successfully.

The following Examinations are tentatively scheduled during December 2025 to March 2026:

Sr. No.	Name of Examination	Tentative Date
1	FDST -MDS	21-02-2026
2	FDST -BDS	01-03-2026
3	GPAT -2026	07-03-2026
4	FET 2025	14-03-2026

1.3. 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
6457	3210	3526	685	3581	17459

The distribution of NBEMS seats across various Government and Private hospitals is tabulated below:

Government		Private		Total	
Hospitals	Seats	Hospitals	Seats	Hospitals	Seats
541	5188	1160	12271	1701	17459

1.4. Other initiatives undertaken by NBEMS

Faculty Development Programmes & Workshop on Communication in Healthcare: -

In order to strengthen the young faculty in the field of medical education and improve the training and teaching in modern medicine, NBEMS has started Faculty Development Programmes in 2023. In 2025, NBEMS conducted a Faculty Development Workshop at Apollo Hospital, Mumbai (08.03.2025), followed by a workshop on Communication in Healthcare at AIIMS, Jodhpur (19.07.2025).

International Conferences

Two International Training Courses in Transplant Ethics were organized at KIMS Hospital, Secunderabad (10.11.2025) and Northern Railway Central Hospital, New Delhi (13.11.2025) respectively, serving as national platforms to address key ethical and operational challenges in organ transplantation. These programs brought together healthcare professionals, bioethicists, and policymakers, with hundreds of specialists trained by international experts.

1.5 Webinar classes:

NBEMS has pioneered the successful launch of a large-scale web-based learning programme across 69 specialties—the first initiative of its kind in India's medical education sector. This platform enables web-based teaching in nearly all modern medical specialties, benefiting thousands of trainees nationwide. To date, NBEMS has conducted more than 11,000 webinar sessions.

4.4 MEDICAL COLLEGES AND UG/PG SEATS

There are 455 Govt. MBBS Colleges with an intake of 63,783 MBBS students and 364 Private MBBS Colleges with an intake of 65243 MBBS students. There is a total of 37,282 Govt. Medical PG seats and 25,302 Private Medical PG seats. With regard to Super Specialty Courses (DM/MCH), there are 4983 Govt. Medical seats and 12618 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 & III):-

(a) Phase-I

The Phase-I of the scheme was launched in XIth Five Year Plan with the objective to strengthen and upgrade State Government Medical Colleges to create new PG seats. A total of 72 Government Medical Colleges in 21 States/UTs have been approved under the scheme for increasing 4058 PG seats.

(b) Phase-II

The scheme was launched in February, 2018 with the objective of increasing 4000 more postgraduate seats in Government medical colleges in the country. The Ministry of Health & Family Welfare is implementing Phase-II of the Centrally Sponsored Scheme for 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.1249.48 Crore have been released under the scheme till date.

(c) Phase - III

Cabinet has approved Phase-III of the Centrally Sponsored Scheme (CSS) for "Strengthening and upgradation of existing State Government/Central Government Medical Colleges/Standalone PG Institutes/Government Hospitals" to facilitate increase of 5000 PG seats with an enhanced cost ceiling of Rs. 1.5 Crore per seats.

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, 55 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, 16 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.12051.57 Crore have been released to the State Governments. 66 Medical Colleges have become functional.

iii) Strengthening and Upgradation of State Government Medical Colleges for Increase in Intake Capacity of MBBS Seats

With the objective of creating 10,000 MBBS seats in Government Colleges in the country, the Ministry of Health & Family Welfare is implementing Centrally Sponsored Scheme for Up-gradation of existing State Government/ Central Government medical colleges to increase MBBS seats. The funding pattern is 90:10 by Central and State Governments respectively for North Eastern States and Special Category States and 60:40 for other States with the upper ceiling cost pegged at Rs. 1.20 crore per seat. 85 Colleges have been approved under the scheme to increase 4,977 UG seats. Funds to the tune of Rs.2749.74 Crore have been released to the State Governments till date under the Scheme.

Cabinet has recently approved extension of this scheme for the remaining 5023 MBBS seats upto

2028-29 with enhanced cost of Rs. 1.5 Crore per seats.

4.6. COUNSELLING FOR ADMISSION TO MEDICAL/DENTAL SEATS

The Medical Counselling Committee (MCC) of DGHS has been entrusted by the Hon'ble Supreme Court of India to conduct counselling for 15% Under Graduate (MBBS/ BDS/ B.Sc Nursing) and 50% Post Graduate (MD/MS/ Diploma/ PG DNB) All India quota seats. Also, counselling for 100% medical seats (UG/ PG courses) for Central and Deemed Universities is conducted by MCC. In addition, MCC also conducts counselling for 100% Super Specialty (DM/ M.Ch / DNB SS) seats across the country. The allotment of seats to eligible and qualified candidates is conducted by MCC in a transparent manner within specified time frame as per policy devised by MoHFW/ NMC and approved by the Hon'ble Supreme Court of India.

In the academic year 2025, following counsellings have been conducted by MCC of DGHS till Dec., 2025:

I) PG Counselling 2025: For 50% All India Quota and 100% PG seats of Central/ Deemed Universities and 100% seats of PG DNB courses. The Round-1 of PG Counselling 2025 started on 17th Oct., 2025 and got over on 1st Dec., 2025.

Currently, the reporting for Round-2 is complete and ended on 29th Dec., 2025. The last date of admission for PG courses is expected to be 31st Jan., 2026 as per current schedule.

II) UG Counselling 2025: MCC conducted counselling for 15% All India Quota and 100% UG seats of Central/ Deemed Universities for MBBS/BDS/ B.Sc Nursing courses, in addition to 100% seats of AIIMS Institutes across India/ JIPMER (Puducherry & Karaikal). 04 rounds (Round-1, Round-2, Round-3 & Stray Vacancy Round) for MBBS/ BDS & B. Sc Nursing seats have been conducted so far. In addition a Special Stray Vacancy Round for MBBS/ BDS and B. Sc Nursing seats was conducted which got completed on 31st Dec., 2025. Thereafter, a Round-5 of UG Counselling 2025 for BDS/ B.Sc Nursing seats is in progress, which is scheduled from 1st Jan., 2026 to 10th Jan., 2026. The last date of admission for MBBS course is 31st Dec., 2025 as per current schedule.

III) SS Counselling 2024: The SS counselling for the year 2024 was conducted by MCC from 13th May, 2025 upto 7th July, 2025. MCC conducted 03 Rounds for 100% D.M/ M.Ch/ DNB SS seats for SS Counselling 2024.

Thereafter, as per decision taken by MoHFW in consultation with NMC and MCC of DGHS, the qualifying percentile for NEET SS counselling 2024 was lowered and a Stray Round of vacant DM/ M.Ch/ DNB SS seats was conducted by MCC from 24th July, 2025 upto 5th Aug., 2025. The last date of admission for SS Counselling 2024 was 5th Aug., 2025.

Details of UG/PG/SS Counselling 2025

Particulars	Date of Commencement of Counselling	Number of Candidates Registered	Total Seats offered	Number of participating Colleges	Last date of Admission
NEET PG	17th October, 2025	62618	19638	2075	31st Jan., 2026 (Expected)
NEET PG DNB	- do-	- do-	8897		
NEET MDS	24th June, 2025	5814	1574	70	8th Sept., 2025
NEET UG MBBS	21st July, 2025	171803	22951	477	31st Dec., 2025
NEET UG BDS	- do-	- do-	4103	87	10th Jan., 2025
B.Sc Nursing	- do-	- do-	507	9	- do-
NEET SS D.M/ M.Ch	13th May, 2025	11759	3882	221	5th Aug., 2025
DNB SS	- do-		2741	537	- do-

4.7 ALLOCATION OF MEDICAL/ DENTAL SEATS FROM CENTRAL POOL

(i) MBBS and BDS Seats:

A Central Pool of MBBS and BDS is maintained by the Ministry of Health and Family Welfare by seeking voluntary contribution from the various States having medical colleges and certain other Medical Education Institutions. In the academic session 2025-26, 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 their own medical/dental colleges, Ministry of Defence (for the wards of Defence Personnel), Ministry of Home Affairs (for the children of Para-miliatry personnel and Civilion 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 Act, 2023 has been passed by the Parliament on 11.08.2023 to regulate the profession of dentistry in the country, to provide for quality and affordable dental education, to make accessible high quality oral healthcare and for matters connected therewith or incidental thereto. Further National Dental Commission Rules, 2024 has also been notified in the e-gazette. The process is underway for the constitution of the National Dental Commission, which shall replace the Dental Council of India, established in 1948 and repeal the Dentists Act, 1948.

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 courses and facilities available for the teaching of dentistry.

Dental Colleges

In the last one year, this Ministry has given permission to various institutes for starting/increase of BDS and MDS seats. During the year, six new BDS dental colleges have been established, adding 450 new BDS seats. Also, four existing colleges have been permitted to increase 55 additional BDS seats. Further, 228 MDS seats have also been increased in 31 colleges in various specialties.

At present, the country has 325 dental colleges—56 Government and 269 Private—with a total annual admission capacity of about 28,016 BDS seats. Additionally, there are 7,364 MDS seats available in 281 colleges (including 276 dental colleges and 5 medical colleges offering MDS courses). Under EWS category total 496 additional seats at UG level in 32 Govt. Dental Colleges and 60 additional seats at PG level in 19 Govt. Dental Colleges are running / permitted since 2019.

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 2025

- Inspections arranged: The Council arranged 1477 inspections of Diploma, Degree, Pharm.D., M.Pharm and B.Pharm (Practice) institutions during the period under report.
- Approval of 5083 Diploma and Degree institutions were extended u/s 12 of the Pharmacy Act, 1948.
- 1688 new Diploma and Degree institutions were granted approval u/s 12 of the Pharmacy Act, 1948.

- 27 New Pharm.D institutions were granted approval for the conduct of course and 188 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	7346	428240
Degree in Pharmacy	3006	234663

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 and appointed Chairperson & Secretary of the Commission. 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 a national statutory regulatory body under Ministry of Health and Family Welfare. The main objective of this Commission is to provide for regulation and maintenance of standards of education and services by allied and healthcare professionals, assessment of institutions, maintenance of a Central Register and State Register and creation of a system to improve access, research and development and adoption of latest scientific advancement. At present, the Schedule of the Act provides the list of 57 such professions which are to be regulated by the Commission.

Constitution of State Councils

So far, out of 36 States/ UTs, 26 State/UT Governments viz: Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Goa, Gujarat, Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharshtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Tripura, West Bengal, Uttar Pradesh, UT of Jammu & Kashmir, UT of Dadra & Nagar Haveli and Daman & Diu have constituted the State Councils.

Achievements of NCAHP for the Year 2025-26

I. Release of 10 Curricula: The Commission has released Ten (10) Competency based Curricula, which cover the 15 professions listed under the schedule of the National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021. These curricula were released on 24th Apr 2025 and will be implemented across India from the 2026-27 academic year.

The curricula approved are as under :

i. Anaesthesia and Operation Theatre Technology
ii. Applied Psychology and Behavioral Health
iii. Dialysis Therapy Technology & Dialysis Therapy
iv. Health information Management
v. Medical Radiology and imaging Technology
vi. Nutrition and Dietetics
vii. Optometry
viii. Physician Associates
ix. Physiotherapy
x. Radiotherapy Technology

II. Preparation of Curriculum: The Commission is also in process of preparing and releasing the 7 more Competency based curricula which are as under:

i. Occupational Therapy
ii. Medical Laboratory Science (MLS)
iii. Emergency Medical Technologist (Paramedic), Burn Care Technologist and Advance Care Paramedic Professions

iv. Medical & Psychiatric Social Work
v. Nuclear Medicine Technology
vi. Respiratory Technology and
vii. Medical Physicist

III. Notify the President of Professional Council: The National Commission for Allied and Healthcare Professions (NCAHP) has constituted ten (10) Professional Councils with the President of each Professional Council.

IV. Regulation for Registration of Allied and Healthcare Professionals Regulations under (NCAHP) Act, 2021 has been released for public consultation. The drafting process of other required regulations such as Regulation of Autonomus Boards, Regulations of Institutions minimum standards, Regulations of Provisional Registration, Regulations of Ethics and Scope of practice is going on.

V. Installation of CCTV system in the Commission: CCTV system to improve the safety and security of employees, visitors, and assets of the Commission has been installed and commissioned.

4.11 NURSING EDUCATION

To enhance the quality of Nursing Services in the country, sustained measures are being undertaken. The Indian Nursing Council has notified a competency-based B.Sc. Nursing curriculum on 05.07.2021, introduced Nurse Practitioner programmes as specialty courses, launched one-year residency-based Post Basic Diploma programmes, and is coordinating with universities to initiate Ph.D. programmes in Nursing, among other initiatives.

The Government, through the Central Sector Scheme on Development of Nursing Services, is strengthening nursing infrastructure and service delivery nationwide. Under the Training of Nurses sub-component of the Scheme, nursing personnel are trained in identified domains and priority thematic areas. For the year 2025–26, an amount of ₹1.74 crore has been allocated to conduct 76 short-term training programmes. As on 31.12.2025, ₹0.9597 crore has been sanctioned for conducting 43 training programmes during 2025–26.

Under the second sub-component of the Scheme—Upgradation of Schools of Nursing to Colleges of Nursing—a one-time financial assistance of ₹7.00 crore per institution is provided for upgrading Schools of Nursing (SoNs) into Colleges of Nursing (CoNs). Against a total allocation of ₹26.00 crore for FY 2025–26, an amount of ₹19.4934 crore has been sanctioned for upgrading six Schools of Nursing into Colleges of Nursing.

4.12 INDIAN NURSING COUNCIL (INC)

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 programmes, 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 norm. A total of 1168 inspections under Section 13 of the Indian Nursing Council Act, 1947 were conducted during financial year 2024 and a total of 945 inspections were conducted during the period from 01/01/2025 to till 30/09/2025.

(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	1941
2.	GNM	3183
3.	B.SC (Nursing)	2538
4.	M.Sc.(Nursing)	771

(C) Initiatives and Achievements that have been undertaken by Indian Nursing Council (INC)

1. National Reference Simulation Centre (NRSC)

The NRSC, established with Jhpiego, Laerdal, and SGT University, enhanced simulation-based nursing education. During the year, 1058 faculty were trained as Master Trainers and 756 nursing personnel received midwifery simulation training.

2. National Consortium for Ph.D. in Nursing

The Ph.D. Nursing program conducted with RGUHS saw steady progress, with 199 candidates awarded doctorates and 503 scholars enrolled as of 31 March 2025.

3. Leadership for Change (LFC) Program

To strengthen nursing leadership in alignment with WHO strategic priorities, INC launched the ICN's "Leadership for Change" program in India. Two cohorts (42 participants) completed training, and 40 graduates received certificates in December 2023.

4. Academic Regulations and Gazette Notifications

INC issued regulatory updates for specialized programs including M.Sc. Forensic Nursing, Nurse Practitioner Residency Programs, and Post Basic Diploma Residency Programs across multiple specialties.

5. Postgraduate & Residency Programs

Various Gazette notifications & Circulars related to Nursing Education are placed on website:-

- M.Sc. in Forensic Nursing Program
- Nurses Practitioner in Geriatric Nursing (NPGN) – Post Graduate Residency Program
- Nurses Practitioner in Transplant Nursing (NPTN) – Post Graduate Residency Program
- Nurse Practitioner in Family Health (NPFH) – Post Graduate Residency Program
- Nurse Practitioner in Neonatal Nursing (NPNeoN) – Post Graduate Residency Program
- Nurse Practitioner in Anesthesia (NPA) – Post Graduate Residency Program
- Nurse Practitioner in Nephrology Nursing (NPNepN) – Post Graduate Residency Program
- Nurse Practitioner in Peadiatric (NPPN) – Post Graduate Residency Program
- PBD in Cardiothoracic Specialty Nursing – Residency Program
- PBD in Emergency & Specialty Nursing – Residency Program
- PBD in Palliative Care Specialty Nursing – Residency Program

6. Nurses Registration and Tracking System (NRTS)

NRTS implementation progressed across all State Nursing Councils, with 13,46,646 nurses registered by 09.01.2026. Primary and reciprocal registrations commenced in 18 states.

7. ANM to GNM Bridge Program

INC developed a two-year bridge program enabling ANMs to upgrade to GNM qualification and pursue higher nursing education.

8. Recognition & International Collaboration

Seven Universities under Section 10 of the INC Act, 1947 received INC recognition for Ph.D. Nursing qualifications. INC also signed an MoU with the University of Houston, enabling pilot DNP programs at MGM University, Mumbai, and Krishna Vishwa Vidyapeeth.

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. It was established in 1946 with objective to provide a broad-based education for preparation of nursing personnel at both basic and advanced levels. The college offers regular programmes in B.Sc (Hons) Nursing, M.Sc. Nursing and also conducts various short-term continuing education courses. It is controlled financially by Directorate General of Health Service (Ministry of Health & Family Welfare) and academically affiliated to University of Delhi as Department of Nursing under Faculty of Sciences. New INC curriculum implemented for undergraduate programme.

A. New Developments in the Institute

- Rajkumari Amrit Kaur College of Nursing, Delhi, has signed an MoU with the Ministry of Health and Family Welfare, Delhi, under the Central Sector Scheme 'Human Resource Development for Emergency Medical Services'. This partnership aims to deliver 30 TOTs for Nurses in the NELS course, which is integral to enhancing emergency medical services across our country. 25 TOTs have already been conducted in various parts of the country.
- ECHO India & RAK College of Nursing have formalized a partnership through an MoU introducing Innovative Capacity Building program to enhance nurses expertise in Cervical Cancer Prevention & spreading the awareness and 14 sessions were conducted.
- The College is recognized as a program study center by IGNOU to conduct Post Basic B.Sc. Nursing Program
- Inauguration of Auditorium was done by Shri Jagat Prakash Nadda [Hon'ble Union Minister of Health and Family Welfare].
- Proposal for Strengthening of RFTC Chhawla, as the Center of Excellence in rural community health nursing teaching and services, by establishing health centre unit block with laboratory facility and midwife-led care unit (MLCU) is in process.

B. Activities Undertaken by the Institute 2025-26

1. The college conducted two National workshop on “Building Resilience in Disaster Management” and “Transforming Cardiac Outcomes Through Comprehensive Nursing Care”. Special attraction for above workshops were disaster mock drill by NDRF, table top simulation in hospital emergency preparedness, Fire evacuation drill, visit to NDMA and Demonstration on cardiac assessment, ECG Interpretation, cardiac nursing simulation on prioritizing the patient, visit to Fortis Escorts Institute Okhla respectively. 60 Participants attended from all over India.

2. A workshop on strengthening & Empowering Mental health Resililience among Nurses under Swasth Nari Shashakt Parivaar was organized at RAK College

3. 12 activities were organized under Swasth Nari Sashakt Parivaar Abhiyaan from 17th September 2025 to 1st October 2025 in collaboration with various Departments and Hospitals. The initiatives included a Screening-cum-Health Assessment Camp for adolescent girls at Veer Savarkar Kanya Vidyalaya, Nehru Enclave, New Delhi, Blood Donation Camp in collaboration with AIIMS JPN Apex Tauma Centre, Women's Health Camp at the Rural Field Teaching Centre which was graced by Chief Guest Smt. Kamaljeet Sehrawat (MP, West Delhi) and Shri Sandeep Sehrawat (MLA, Matiala), Group project on prevention of breast and cervical cancer for female patients and their relatives attending Gynae and Obstetric OPD, at Safdarjung Hospital, Adolescent and Maternal Health Awareness Programs, Family Welfare and Contraception Awareness Sessions, and Health Screening and Mental Health Camps in collaborations with reputed institutions such as AIIMS, Safdarjung Hospital, Rajiv Gandhi Cancer Institute, Apollo Hospitals, Clove Dental, and Vision Eye Centre enhanced the reach and quality of services. Across these events, hundreds of beneficiaries—including adolescents, women, postnatal mothers, students, and hospital attendants—received education, screening, and counseling.

4. A General Health Assessment of 9th class students was done by M.Sc. 2nd year students at Kautilya Government Sarvodaya Bal Vidyalaya. Based on the findings, a school health project was launched with the theme — "Eat Right, Stay Bright: Beat Anemia and Worm for a Healthy Life."

5. Various activities were organised in the nationwide observance of CPR Awareness Week from 13th to 17th October 2025. The activities included CPR pledge by all students, screening of educational videos, and hands-on training for Office staff and B.Sc. (Hons) Nursing II Year students of the college . CPR awareness training programme and pledge for Jawans of 25 Battalion, Border Security Force at BSF Camp at Chhawla was also conducted. Activities like awareness program, street play, CPR hands-on training and pledge for

school children of Class 10th in a rural area (Standford British School, Chhawla) and for general public of urban community at DGD Garhi, Delhi was conducted.

6. A Geriatric Health project was organised for 3 days for elderly residents at Ayudham Society, Paprawat village, with the aim to promote health and wellness on the theme "Golden years, Golden minds: Nurturing Healthy aging and Mental Resilience".

7. A Group Project was conducted at Safdarjung Hospital on care of patients with neurological disorders and home care of patients after cardiac surgery for patients admitted in neurology and cardiology wards respectively.

8. The B.Sc. (H) nursing Interns were trained for International Patient Safety Goals at RAK College of Nursing organized by Association of Nurse Executives on World Patient Safety Day.

9. Intern students organized "Thalassemia Awareness Program" in Safdarjung hospital on the occasion of World Thalassemia Day.

10. 'SWACHHATA HI SEWA' – various activities carried out under Special Campaign 5.0 from 2nd October 2025 to 31st October 2025 like skit, general awareness programmes, plantation drive, group teachings, cleaning drives etc.

11. College students won 3rd prize in poster and 2nd prize in skit competition on Hepatitis Day at Institute of Liver and Biliary Sciences, Vasant Kunj, New Delhi.

12. Yoga day, World Kidney Day, Hepatitis Day, World Mental health Day, World TB day, Hypertension month, Vigilance week, Hindi diwas, Swachhata Pakhwada and all other National days were celebrated.

13. Hindi Diwas was celebrated on 23rd September 2025. Poster making, Kavita paath, and Hindi shabdhavali competition were held.

14. Students participated in IEC activities by performing Nukkad Natak on Prevention of Falls among General Population and Vulnerable groups by M.Sc 2nd year students and Burns Safety by M.Sc 1st year students in India International Trade Fair (IITF) at Pragati Maidan, New Delhi

C. Research Activities:-

- Total no. of researches conducted during academic year 2025

  M.Sc Nursing - 24

  B.Sc Nursing - 09

- Faculties have published 09 research articles in various National and International Journals

D. Rural Field Teaching Centre, Chhawla

- The Rural Teaching Centre was established in 1950 for the purpose of providing objective oriented rural community health experience to the students. It covers population of approx. 25,000 and is situated 35 km away from the college. The Centre provides an integrated comprehensive health and family welfare service to the community. Special emphasis is given on MCH services, family planning, immunization, family welfare services, nutrition, adolescent girl's health and health education programme by the students and faculty of the college. Staff and students also participated in National health programmes like Vector Borne Disease Control programme, revised national Tuberculosis elimination programme, AIDS control programme, and Diarrheal disease control etc. The Centre also has DOTS and Microscopic Centre for screening and treatment of T.B. & MDRTB patients.
- A Health Camp was organized by M.Sc. Nursing 1st year students on "Non-Communicable Diseases and Tuberculosis" at Nanak Heri and nearby villages. The M.Sc. Nursing 1st year students along with 4th Year B.Sc. (Hons) Nursing students commemorated the World Tuberculosis Day, 2025 on the theme "Yes! We can End TB: Commit, Invest, Deliver" by organizing an awareness camp for teachers, staff, and students of Stanford British School, activities included health talks, nukkad natak, IEC distribution and interactive sessions.

4.14 LADY READING HEALTH SCHOOL

Lady Reading Health School, Delhi is considered as one of the pioneering institutions and first of its kind

for training Health Visitors. It was established in 1918 under the Countess of Dufferin Fund for training Nursing personnel for M.C.H. service programme. 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. Total capacity of the school was 24 Health Visitors trainees from all over India. Duration of the course was one and half years for matriculates who were qualified midwives, which was replaced by two and half years integrated course for health visitor in 1954.

The School aims at providing 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

Auxillary Nurse-cum-midwife Course

This course is approved by Indian Nursing Council and exam conducted by Delhi Nursing Council eligibility for the course is 12th pass, with the admission capacity of 40+4 (EWS) students per batch. 40 students have been admitted in August, 2025 for the Batch 2025-2027. 39 students of ANM (Batch 2024-26) and 37 students (Batch 2023-25) appeared in final examination in July, 2025. All students of batch 2023-25 were passed in October and ANM 1st year Batch (2024-26) is promoted in 2nd year.

Certificate Course For Health Workers (Female) Under Multipurpose Workers Scheme

This course is of six months duration. Students are admitted twice in a year i.e. January and July every year with admission capacity of 20+2 (EWS) in each batch. 20 students were admitted in January, 2025 and successfully completed the training in June, 2025. 20 students are admitted in July, 2025 and will complete the training in December, 2025 after passing final exam. 20 Students admitted for January 2026 to June 2026 Batch.

Maternity and Child Welfare Services through Ram Chand Lohia MCH and Family Welfare Centre.

The Lady Reading Health School provides field practice area for Urban Health experience for the students and gives integrated M.C.H. Family Welfare Services to over 40,000 population through Lala Ram Chand Lohia MCH and Family Welfare Centre. Regular Medical Officer look after the Maternity and Child Health Centre and provide following services:

- Antenatal Services
- Well Baby Clinics with zero percentage drop out rate for immunization
- Family Planning Services
- General Out Patient Department specially for Diabetes, Hyper Tension Respiratory problems are taken care.

Students Health:- Minor ailments are treated at the MCH Centre attached to school but for major problems students are referred to Smt. S.K. Hospital for further treatment. It is ensured that all the students were completely vaccinated.

Staff Growth and Development:- Principal, staff and medical officer are attending online Conferences/Workshops time to time for Up-gradation and updating of knowledge.

Clinical Experience:- The students are posted for their clinical experience in Rural and Urban Health Centres, different Hospitals and Institutions in Delhi, Like:

- Smt. Sucheta Kriplani Hospital
- Kalawati Saran Children's Hospital
- RHTC Najafgarh
- Palam and Ujwa PHC
- Polyclinic Sadar Bazar and other urban and MCW Centres
- Bhiku Ram, MCH Centre
- Lala Ram Chand Lohia, MCH Centre, LRHS
- Lala Dulichand Gupta, PUHC, BARA Hindu Rao, Delhi

Other Activities

- Pulse Polio Programme - Our students and staff participate in all the Pulse Polio programs organized in Delhi.
- SNA Activities - Regular SNA activities are undertaken at LRHS by students.

- Participation of staffs & students in other National Health Programmes and celebration of National activities like :

1. World Health Day
2. AIDS Day
3. Tuberculoses Day
4. Safe Motherhood Day
5. Yoga Day
6. International Nurses Day
7. World Blood Donor Day
8. National Doctor's Day
9. Breast Feeding Week
10. Vigilance Awareness week
11. International Midwifery Day
12. World Mental Health Day
13. World Population day
14. Special Campaign 5.0 Swachhata and minimizing pendency (02/10/2025 to 31/10/2025).
15. Breast Feeding Week
16. Pulse Polio Program

Delhi Nursing Council:- All teachers are participating in Delhi Nursing Council academic activities as DNC being the examining body, like:

- Setting up and moderation of the annual and supplementary examination papers.
- Invigilation duties during theory examination.
- Observer duties during theory exams.
- Deputed as external examiner for practical exams by DNC.
- Evaluating the answer sheets at DNC.

Students Activities:- Students perform many activities under the guidance and supervision of teachers on all national health days and other Indian festivals

Putting up of the exhibition and assimilation of health education in the community and different health centres. like

- Maternity and Child Health Centre Lady Reading Health School
- Polyclinic Sadar Bazar
- Palam PHC
- RHTC-Najafgarh
- Performing small skits, Dramas and Nukkar Natika in the MCH centre, Polyclinic sadar Bazar, Palam PHC and in the community.

Observation Visits:

- Mother Dairy
- Old Age Home
- TB Centre
- IHBAS
- Water Treatment Plant, Sonia Vihar
- Sewage Treatment Plant, Okhla
- SOS, Bawana
- Sulabh International
- School Health

BUDGET :- The total budget allocation for the year 2025-26 for the institution and welfare of staff is Rs. 5,55,00,000 (Rs. Five crore fifty five lakh only)

4.15 NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA), NEW DELHI, 2025-26

Introduction

The Academy has been recognized by the Government of India as a Nodal Agency for promoting Continuing Medical Education for medical and allied health professionals and is advising the Government of India on several matters of National Health Policy and Planning. The National Academy of Medical Sciences (India) encourages and sponsors nationwide CME programmes, Symposia and Workshops in basic sciences and applied clinical disciplines.

The NAMS has a Council of 19 members, elected by the Fellows of the Academy. The NAMS President is the Head of the Council. The Academy confers the Fellowship and Memberships, selected through a peer review rigorous process.

The Academy has served the nation by providing a platform for recognizing eminent clinicians and scientists as its Fellows (FAMS) or Members (MAMS). In addition, NAMS recognizes Women Scientists in the field of Medicine in the country. NAMS has been providing a culture of high-quality Continuing Medical Education and skill development.

Objectives:

- Promotion of knowledge of Medical Sciences in India and its practical application to problems of national welfare;

- Recognition and encouragement of work of merit in all branches of medical sciences;
- Coordination between medical and other scientific academies, societies, associations, institutions, and government medical and scientific departments and services;
- To act through properly constituted national committees for medical scientific subjects for undertaking such medical scientific work of national and international importance as the Academy may be called upon to perform by the public and the Government;
- To publish proceedings, journals, memoirs and transactions, and other publications as may be found desirable;
- To promote and maintain a liaison between medicine and other sciences;
- To secure and manage funds and endowments for the promotion of objectives of the academy;

Vision

- To act as a think tank for policy makers in all spheres of medicine, including medical education, research, for cost-effective health care to help humanity, at National and International level.

Mission Statement

- Increasing CME and Academic Activities of NAMS.
- Increasing interface between National and International Academies, Professional Bodies, Government and private medical institutions.
- Preparing policy documents for Health Administrators and Planners for Advocacy with states.
- Increasing the NAMS Membership by associating National and International Scientists.
- NAMS Publication to Enhance Medical Education.
- Associating and linking NAMS with International Platforms.
- Health issues of national importance requiring policy guidance have been short-listed and 'Task Forces' have been constituted. These Task Force groups analyse the existing gaps, and prepare road maps to fill them and help the Govt. in rational decision-making and implementation. NAMS has been making efforts to attain the stature of a virtual "Centre for Policy Initiatives on Clinical Excellence" in the near future.

NAMS activities: During the period under report (January 2025- onwards) the following activities were undertaken (NAMS Family consists of Fellow (National/International), Member (National/International), Associate Fellow, Member after DNB, Associate Member).

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, 58 such eminent scientists were conferred with NAMS Fellowship during the period under report.

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 153 medical/biomedical scientists were conferred with NAMS Membership.

Associate Fellow: The talented young (up to 45 years) physicians and scientists with a qualification of DM/MCH are inducted by NAMS as 'Associate Fellows'. During the period under report, 21 medical/biomedical scientists were conferred with NAMS Associate Fellowship.

International Fellowship: The eminent Medical/Bio-medical scientists who have contributed to the medical fraternity of Nationals of Foreign Countries, NRIs, OICs are selected by a process of review by NAMS committee, for NAMS Fellowship, 3 such eminent scientists were conferred with NAMS Fellowship/Membership during the period under report.

MNAMS: The young medical scientist who has successfully completed their DNB Examination are recognized as MNAMS by NAMS. Three hundred eighty (380) such medical professionals were given MNAMS.

Associate Membership: The young medical scientist who has successfully completed their postgraduation are recognised as an Associate Member. Twelve (12) such medical professionals were given Associate Membership

The Medical Scientist Junior and Middle-level Exchange Programme: 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, the Academy has sponsored 1 Junior and Middle-Level Medical Scientists to Centres of Excellence for training in advanced methods and technologies.

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 CME programs for medical and Biomedical fraternity and students. They also act as mentors and assist in developing speciality/ laboratory services with newer technologies/ services in medical & allied sciences.

CME Programmes: The Academy has been recognized by the Government of India as a Nodal Agency for promoting Continuing Medical Education (CME) for medical and allied health professionals. Academy encourages and sponsors national-wide CME programmes, symposia and Workshops in all field of medical sciences in medical colleges and allied institutions. During the period under report, the Academy has supported 53 CMEs throughout the country in different medical colleges. The state NAMS Convenors have played an important role in this activity. We are planning to strengthen state chapters of NAMS to further enhance the CME activities.

National Virtual Library: NAMS have a virtual library NAMS National Virtual Graduate Medical CME, (NAVIGATE-Medico CME) in which eminent medical faculty members /scientists may deliver state-of-the-art presentations. The videos are available on NAMS website at link: https://nams-india.in/#

NAMS Navigate-Medico-CME- NAMS National Virtual Graduate Medical CME (NAVIGATE-Medico-CME) for PG Students: The NAVIGATE-Medico-CME Program launched in January 2023 with the objectives of developing a network of medical colleges/ institutions in the country to assist in the development of competencies among PG students and to develop an E-Library. From January 2025 till date the 13 CMEs have been conducted on various topics.

NAMS Annals: The National Academy of Medical Sciences (India) publishes Annals of NAMS, 4 quarterly Issues in a year through the Publisher, M/s. Scientific Scholar. The Journal is indexed in the Directory of Open Access Journals (DOAJ), IMSEAR, listed in EBSCO and ProQuest, in ROAD Link. The Annals of NAMS is a multi-speciality journal and is printed regularly. NAMS Journal is available on NAMS Website: http://nams-india.in. The digital version is sent to all fellows, all medical colleges and national health institutions.

65th Foundation Day held on 21st April, 2025 at NAMS House, New Delhi

The 65th Foundation Day of the National Academy of Medical Sciences (INDIA) was celebrated on 21st April 2025, at 5:00 PM at NAMS Auditorium, New Delhi. Prof. Satya Pal Singh Baghel ji, Hon'ble Union Minister of State in the Ministry of Fisheries, Animal Husbandry and Dairying, and Minister of State in the Ministry of Panchayati Raj, was the Chief Guest.

Foundation Day Orations of the National Academy of Medical Sciences (India) on 21st April 2025: NAMS Foundation Day Orations were organised on Breast Cancer and Cancer Cervix for creating awareness among the general public and college students on these important public health issues.

65th Annual Conference: The 65th Convocation and Annual Scientific Conference of the NAMS was held on 8th November 2025 at Post Graduate Institute Medical Education & Research (PGIMER)

Chandigarh. The Hon'ble Governor of Haryana, Prof. Ashim Kumar Ghosh, was the Chief Guest. The selected Fellows, Members and Assoc. FAMS, were conferred a scroll.

Leadership Development (LEAD): NAMS launched a Leadership Program for Directors, Deans and Heads of Departments and Senior faculty members in the AIIMS, Medical Colleges, and Institutions of National importance, to become visionary leaders and agents of change. The program is held for 3 full days in which the participants are able to develop critical thinking, communication skills, soft skills, conflict and stress management, teamwork and time management etc. Office procedure knowledge is also imparted. Till date 110 participants have been enriched with leadership knowledge and skills by this training.

NAMS State Convenor: NAMS has state Convenor for the 24 states of India.

ICMR-NAMS National Biostatistics Helpline for PG Medical Students: NAMS has started a Biostatistics helpline for the PG Medical Students to help them in their PG thesis and resolve their queries related to research.

Online Certificate Orientation Course on AI in Health for Medical Students and Health Professionals: NAMS has launched a certificate orientation course on AI in Health for Medical Students and Health Professionals in collaboration with IIIT-Hyderabad.

Meeting of NAMS Council: To achieve the objective and smooth functioning of NAMS, the NAMS Council meets as and when required. During this period 4 Council Meetings were held.

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.

Way forward: The NAMS Council & General Body have approved the "National Academy of Medical Sciences, Vision Document: Future Activities of NAMS". This document contains details about the restructuring of NAMS department and staff. Collective e orts of the Council Members, Fellows and Members of the Academy, NAMS will achieve meaningful transformation in healthcare, medical education, research and ethics in the country.

CHAPTER

REGULATION

5

5.1 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA (FSSAI)

Food Safety and Standards Act, 2006 was enacted with the objective to consolidate the laws relating to food and laying down science-based standards for articles of food as well as to regulate their manufacture, 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 to 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.

2. Scientific Committee: 5 meetings of Scientific Committee conducted during the period of 01.01.2025 to 15.12.2025.

3. Scientific Panels: Currently, there are 21 Scientific Panels that comprise 11 vertical and 10 horizontal panels. Total 131 meetings of the Scientific panels were organised during the period of 01.01.2025 to 15.12.2025.

4. Expert Committees: There are 08 Experts Committees constituted by FSSAI for approval of Non-Specified Food/Ingredients, for Claims and advertisement, approval of Vegan Products and Ayurveda Aahara.

5. Inter-ministerial consultations / activities: FSSAI actively involved in consultations with various regulatory bodies such as NCDC, DAHD, ICMR, Niti Aayog, Department of Agriculture and Farmers Welfare and international organisations viz. Codex, FAO etc. to discuss and resolve the various aspects of food safety.

6. Procedural reforms:

a. **Regulatory Reforms:** FSSAI has fixed 1st July every year as the consistent date for the enforcement of any new amendments to the Food Safety and Standards (Labelling and Display) Regulations, 2020.

b. **Stakeholders Consultation by FSSAI:** To facilitate structured and continuous engagement, FSSAI has developed a dedicated digital platform - the National Stakeholder Consultation (NSC) Portal (https://nsc.fssai.gov.in/). This portal serves as a one-stop interface for registration, dialogue, and feedback from stakeholders across India, enabling evidence-based consultation and co-creation of food safety policies. A total of 42 stakeholder's consultation were conducted during the year.

B. Notification of Regulations

a. During the period 01.01.2025 to 28.11.2025, Six final notifications relating to amendments in the FSS (Packaging) Regulations, FSS (Alcoholic Beverages) Regulations, FSS (Food Products Standards and Food Additives) Regulations, FSS (Labelling and Display) Regulations and FSS (Import) First Amendment Regulations have been notified in the Gazette of India. Further, one guideline for acceptance of recycled Polyethylene terephthalate (PET) as Food Contact Material (FCM- rPET) has also been notified in the Gazette of India.

b. Further, during this period, six amendment draft notifications relating to FSS (Laboratory and Sample Analysis) Regulations, FSS (Labelling and Display) Regulations & FSS (Vegan Foods) Regulations, FSS (Food Products Standards and Food Additives) Regulations, FSS (Packaging) Regulations and FSS (Alcoholic Beverages) Regulations have been published in the Gazette of India to invite comments and suggestions.

c. Notifications in WTO-SPS and TBT- Two draft regulations have been notified in both WTO-SPS and TBT committees and one draft regulation in WTO-SPS Committee.

C. Regulatory Compliance

1. Licensing and Registration of FBOs:

i. As on 31.10.2025, the number of Active Licenses/Registrations are as follows: Central Licenses [including Airport/Seaports and Railway Stations] 92,168; State Licenses-11,41,249; Registrations – 56,57,877. Hence, the cumulative figures for the active licenses and registrations as of 31.10.2025 are 68.91 lakhs for the entire country.

ii. Some of the key activities are given below:

- Introduction of separate KoB for 'Anganwadi [ICDS] Centres' and Waiving off FSSAI Registration Fee w.e.f 12th March 2025.
- Strengthening the quality control mechanism for Fortified Rice through capacity buildings of stakeholders.
- Introduction of New Kind of Business (KoB) for Ayurveda Aahara under FoSCoS for Central License.
- Provision for Granting Registration Certificate for Seasonal Food Businesses on FoSCoS.

2. Enforcement Activities: The Food Authority through its Regional Offices (ROs) and State Food Safety Authorities carries out the enforcement of the Act.

i. Details of the enforcement and special drives planned & undertaken by FSSAI are enumerated below:

a. Enforcement Drives: FSSAI conducted enforcement drive on infant food products in June 2025.

b. Surveillance Drives: 10 surveillance drives conducted by FSSAI in all States/UTs under the NASP throughout the years on the various food products such as Paneer and Dairy Analogue, Jaggery, Khoa and Chhana, Packaged Drinking Water and Mineral Water etc.

c. Special festive drives: FSSAI has conducted three festive drives to curb adulteration in food products during the year.

ii. Several advisories/orders issued w.r.t Regulatory Actions and measures ensuring compliance such as Monitoring the Sale of Fresh Fruits for use of Unauthorized or Prohibited Artificial Ripening Agents, Withdrawal of Orders regarding "Usage of the term ORS along with brand names, Advisory on Environmentally Compliant Disposal of Seized, Rejected and Expired Food Items, Advisory on availability of Rapid Testing Kits for Milk/Milk products Vending/Kiosk machines operated by Dairy Units etc.

3. MoU with States/UTs: FSSAI has been providing financial and technical assistance to States and Union Territories (UTs) through Memorandums of Understanding (MoUs). During the year 2025–26 (as on 28.11.2025), work- plan proposals from 33 States/UTs have been received. An amount of ₹24.63 crore has been released to 4 States/UTs, the work plans of 9 States/UTs have been approved, and the work plans of the remaining 20 States/UTs are under process.

4. Central Advisory Committee: During the period from 01.01.2025 to 28.11.2025, three meetings of the CAC have been conducted.

5. Repurpose Used Cooking Oil (RUCO): E orts on curbing the use the Used Cooking Oils (UCO) from entering into food value chain, RUCO initiative was implemented. Under this initiative, FSSAI has been enrolling biodiesel and soap manufacturers. Till 30.09.2025, total 45 Biodiesel manufacturers, 9 Soap manufacturers and 1 Biodiesel & Soap manufacturer were enrolled. As on 06.11.2025, there are total 52 Biodiesel manufacturers, 13 Soap manufacturers and 1 Biodiesel & Soap manufacturer. During 2024-25, 10260.78 kilo litres of UCO was collected and till Q1 2025-26, approx 71974.84 Kilo Litres of UCO has been collected.

D. Quality Assurance

1. Notification of Testing Laboratories: The strength of primary food testing laboratories notified by FSSAI under Section 43(1) of the Food

Safety and Standards Act, 2006 has increased to 246. The total number of Referral Food Laboratories notified under Section 43 (2) of the Food Safety and Standards Act, 2006 has increased to 24. Since 01.01.2025, 13 Primary Labs and 2 Referral Labs were notified, 9 labs were de-notified, 8 labs were suspended and Total 23 labs were audited.

2. National Reference Laboratories (NRLs): FSSAI has sanctioned financial grant to 10 National Reference Laboratories recognized in accordance with Regulation 3 of the Food Safety and Standards (Recognition and Notification of Laboratories) Regulations, 2018 for research projects approved by the Evaluation Committee of NRLs. During the specified period (01/01/2025 to 31/12/25), NRL financial grant instalments are given to 9 National Reference Laboratories.

3. Food category-wise mapping in the FICS portal: Based on the recommendations of the Quality Assurance Division after verification of the NABL-FSSAI Integrated Assessment (IA) scope of the laboratory, the Food Testing Laboratories are empanelled on the Food Import Clearance System (FICS) portal.

4. 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) or to improve speed and reduce testing costs in food laboratories. Till date 86 RAFT Kits have been approved.

5. Strengthening of the Food Testing System in the Country including the Provision of Mobile Food Testing Labs" (SoFTeL): Microbiology Laboratory at Thiruvananthapuram (Kerala) was inaugurated on 15th January, 2025 & Bhubaneswar (Odisha) was inaugurated on 11th April,2025 by Hon'ble Health Minister Shri Jagat Prakash Nadda under SoFTeL scheme. Furthermore, it is informed that 16 Microbiological Laboratories have been completed and are ready for inauguration.

6. Mobile Food Testing Laboratories (Food Safety on Wheels/FSWs): During the period the funds have been allocated for the acquisition of additional 65 FSWs, thereby increasing the total sanctioned FSWs from 493 to 541. Currently, 305 FSWs are deployed across the 35 States/UTs. FSWs have facilitated 2,84,713 food testing procedures, alongside conducting 14,355 awareness campaigns and 10,031 training sessions from Jan, 2025 to 24th Nov, 2025.

7. 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 number of FSSAI notified Food testing laboratories for FR, FRK and premix for FRK upto November, 2025 are 55, 32 and 17 respectively.

E. Food Import

1. Regulatory framework: Exercising the power conferred under the Food Safety and Standards Act, the Food Safety and Standards Authority of India notified the FSS (Import) Regulations, 2017, on 9th March 2017 to regulate the import of food items in the country. The Regulation encapsulates the complete procedure of food import in the country, thus making the food import clearance easier to comprehend.

2. Points of Entry: In order to ensure the safety of imported food products in the country, FSSAI has notified Authorised Officers (AO) at a total of 166 food import entry points [Airports/Sea Ports/Inland Container Depots(ICDs)/Special Economic Zones(SEZs)/Land Customs Stations(LCSs)]. These officials have been notified under Section 25, read with Section 47(5) of the FSS Act 2006 and Regulation 13(1) of FSS (Import) Regulations, 2017.

3. 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.

4. Single Sign-On Functionality for FSSAI notified Customs O cers work in the FSSAI FICS Portal: In order to ensure food safety,

transparency, and ease of doing business at all Points of Entry (PoEs), the Food Safety and Standards Authority of India (FSSAI) and the Central Board of Indirect Taxes and Customs (CBIC) have decided to integrate the non-FSSAI manned PoEs with the Food Import Clearance System (FICS) of FSSAI and ICEGATE of CBIC by enabling the Single Sign-On (SSO) feature for Customs Officers to operate seamlessly in the FICS platform and operationalized on 25.06.2025

5. Integration of FICS with CBIC's ICEGATE Platform Under SWIFT 2.0 for 'Ease of Doing': FSSAI successfully integrated its Food Import Clearance System (FICS) with the Central Board of Indirect Taxes and Customs (CBIC) through the ICEGATE platform under SWIFT 2.0. This upgraded integration enhances the digital ecosystem for food import clearance and supports the Government's vision of Ease of Doing Business.

F. Training and Capacity Building

1. Capacity Building of Laboratory Personnel Training Programs and Participant Engagement

a. 12 physical training programs and 2 virtual training sessions were conducted in collaboration with Centre for Microbiological Analysis Training (CMAT) and Food Safety Solution Center (FSSC), NFL Ghaziabad: 323 officials trained from state food testing laboratories and private FSSAI- notified laboratories

b. Additional training programs were also delivered at Specialized Training Centers viz a viz National Food Laboratory (NFL), Chennai, Sciex, Bangalore, National Microbiological Research Institute (NMRI), Hyderabad and Shimadzu, Mumbai wherein total of 68 officials from government food testing laboratories were trained.

c. A specialized training program was also conducted on Validation of Rapid Analytical Food Testing (RAFT) Kits/ Equipment/ Methods at National Training Centre for Food Safety and standards, Ghaziabad, wherein 29 officials of FSSAI Referral and Reference Laboratories were trained.

d. In addition, with a view to strengthen the understanding of the food testing workflow and promote e ective utilization of the FSSAI InFoLNeT (Indian Food Laboratory Network) portal, six hands-on training programs and 3 virtual trainings were organized for FSSAI Notified Food Testing Laboratories.

2. Capacity Building of Food Handlers

a. During the period, FSSAI significantly scaled up its training outreach, conducting a total of 14,236 trainings and covering 7,89,398 food handlers across the country. Of these, 12,556 Food Safety Supervisor trainings were organised, through which 6,16,795 supervisors were trained to implement safe and hygienic food handling practices in their establishments.

b. To strengthen Vendor level awareness, 1,643 trainings for Street Food Vendors were held, benefiting 1,71,886 vendors. Further, 37 Training of Trainer (ToT) programmes were conducted, preparing 717 certified trainers who will carry forward and multiply food safety capacity building at the grassroots level.

c. As part of the Lok Kalyan Mela organized under the PM SVANidhi Scheme by the Ministry of Housing and Urban A airs, the Food Safety and Standards Authority of India (FSSAI) has organized training programmes for street food vendors across various States. These trainings were conducted by the respective State/UT Food Safety Department, Empanelled Training Partners, as well as by FSSAI Regional Offices across different States/UT so far.

3. Training of Regulatory Officials

During the Calendar Year 2025 a total of 25 Training Programmes were conducted for the Regulatory Officials (Designated Officers, Food Safety Officers) from various states and organizations, wherein 1,690 officials/officers were trained and the details of these programs are as follows:

i. During the year 2025, Six Induction Training Programme for Food Safety Officers (FSOs) had been conducted wherein a total of 362 FSOs were trained in these training programmes.

ii. One Induction Training Programme for Designated Officers (DOs) had also been conducted to a total of 43 Designated Officers were trained in this training programmes.

iii. Five Refresher Training Programmes for Food Safety Officers (FSOs) had been conducted in which 239 FSOs were trained in these trainings during the period.

iv. Additionally, one Refresher Training Programmes for Designated Officers (DOs) was conducted wherein a total of 26 DOs had been trained in this training programme.

v. Furthermore, during the period twelve Need Based Training Programmes had been organized through o ine and online mode wherein a total of 1020 Regulatory Officials were trained in these training programmes.

vi. Training of FSSAI o cials: Under Mission Karmayogi (Phase 2), a three- day Masters Training for 22 Master Trainers and a one-day Employee Training for 597 officers/officials was held in physical mode at FDA Bhawan and across field offices. This is in addition to the regular training of FSSAI officials.

G. Codex

In 2025, India participated actively in the Codex work for development of international standards that are fundamental to ensuring safety and fair practices in international trade of food products.

H. International Cooperation

1. MoU/ MoC/ Agreement:

- Memorandum of Understanding (MoU) between Food Safety and Standards Authority of India (FSSAI), the Export Inspection Council (EIC), Ministry of Commerce & Industry and Netherlands Food and Consumer Product Safety Authority (NVWA), Netherlands on cooperation in food safety was signed on 13th June 2025 by Indian Ambassador to Kingdom of Netherlands.
- Memorandum of Understanding (MoU) was signed between Food Safety and Standards Authority of India (FSSAI) and the Department of Agriculture, Fisheries and Forestry (DAFF), Australia, in the area of Food Safety, on 24th September 2025 at FSSAI HQ, New Delhi.
- Agreement between the Food Safety and Standards Authority of India of the Ministry of Health and Family Welfare and the Federal Service for Surveillance on Consumer Rights Protection and Human Well-being (Russian Federation) on cooperation in the field of food safety was signed and exchanged between India and Russia in December 2025 at New Delhi during the 23rd India – Russia Summit, 2025.

I. Social and Behavioural Change

Eat Right India

The FSSAI has introduced a nation-wide campaign 'Eat Right India' movement in 2018 with a focus on preventive and promotive healthcare through social and behavioural change. This initiative is built on three core pillars - Eat Safe, Eat Healthy and Eat Sustainable. It is a collective e ort of all stakeholders, led by FSSAI, to transform the food ecosystem of the country with a tagline 'Sahi Bhojan Behtar Jeevan' (right food, better life). Total number of certificates awarded under the Eat Right India initiatives are mentioned below:

S.No.	Initiative	Certifications (Jan-Nov 2025)
1.	Eat Right Places of Worship	456
2.	Eat Right Campus	1408
3	Eat Right School	840
4.	Eat Right Street Food Hub	113
5.	Eat Right Station	166
6.	Eat Right Fruits & Vegetable Market	133

#FightObesity

- FSSAI is carrying out Stop Obesity & Fight Obesity campaign to promote Hon'ble Prime Minister Narendra Modi's vision of reducing obesity and encourage people to reduce intake of salt, sugar, and oil in their meals.
- As part of this e ort, informative videos, expert bytes, celebrity videos, bytes of common people including women, children & college students are being created and disseminated through different social media platforms.

- A dedicated Obesity Awareness playlist is available on FSSAI's official YouTube channel.
- https://www.youtube.com/playlist?list=PLe_cE1UOQ6EYEmiIGQl44zapIH3k2ki04
- Media campaign for Obesity awareness has been carried out on 71 All India Radio Stations, 83 FM Radio Channels, Audio Announcement on 189 Railway Stations and Public Service Advertisements (PSA) across the country.
- An online quiz series named 'Eat Right Quiz on Obesity' on MyGov portal.
- Insightful sessions on Obesity have been conducted to raise awareness about the growing concerns surrounding obesity and the importance of adopting healthier eating habits.
- Customised Cultural Event was organised during GFRS 2025 on the theme Stop Obesity by Eating Right on 26 September 2025. The event was performed by the artists of Sangeet Natak Akademi.

Social Media

- Over 3000 (Three Thousand) social media posts were created and circulated for generating public awareness through di erent social media platforms of FSSAI.

Awareness Activities

- 'Ayushman Bhav Samvad (Webinar Series) – Surakshit Bhojan, Swasth Jeevan' is being conducted with the aim to spread awareness on food safety and hygiene among citizens including college students, FSSAI stakeholders, ASHA workers and community health workers. Objective of the series is to raise awareness, to educate and inform, to empower consumers, to promote best practices, to engage experts, to encourage compliance and to foster a culture of vigilance.
- 'Eat Right Thali' book was released by Hon'ble Union Minister for Health and Family Welfare, Shri J P Nadda on 26 September 2025 during GFRS 2025. The book celebrates India's diverse culinary heritage and promotes balanced diets. The publication highlights traditional thalis from every state, showcasing indigenous food practices as tools to counter lifestyle diseases such as obesity.

J. Information Technology

IT-Enabled Platforms of FSSAI

1. Food Safety Compliance System

Food Safety Compliance System (FoSCoS) is an online platform for issuing PAN-India FSSAI Licenses and Registrations. It fulfills the licensing, registration and regulatory needs of food businesses operating in India.

2. Fortified Rice Traceability Application (FoRTrace): It aims to unite diverse stakeholders engaged in Rice Fortification onto a single platform, fostering transparency in record-keeping regarding production, raw material utilisation and sales. It enables end-to-end traceability within the Rice Fortification value chain.

5.2 REGULATORY CONTROL OVER DRUGS

The import, manufacture, distribution and sale of drugs, medical devices, clinical trial, new drugs and cosmetics in India are regulated under the Drugs and Cosmetics Act, 1940 and the Rules framed thereunder, namely the Drugs Rules, 1945; Medical Devices Rules, 2017; New Drugs and Clinical Trials Rules, 2019; and Cosmetics Rules, 2020.

The manufacture, sale and distribution of drugs within the country are primarily overseen by the State Drug Control Authorities, appointed by the respective State Governments, while the Central Government through the Central Drugs Standard Control Organisation (CDSCO) is responsible for regulating the import of drugs, granting approval for new drugs, and ensuring compliance with various central regulatory requirements.

The prime objective of the drug regulatory framework is to ensure the availability of safe, effective and high-quality drugs, cosmetics and medical devices to the public, supported by scientific excellence and robust regulatory practices.

CENTRAL DRUGS STANDARD CONTROL ORGANIZATION (CDSCO)

The Central Drugs Standard Control Organization (CDSCO) is 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 CDSCO with its Headquarters in New Delhi has 08 Zonal offices, 08 Sub-Zonal offices, 08 Central Drugs Testing Laboratories and 09 Air Port & 19 Sea port Offices (Including Inland Container Depots) as given below:

CDSCO (HQ) – DELHI	
ZONAL OFFICES (8) 1. North Zone - Ghaziabad 2. East Zone-Kolkata 3. West Zone-Mumbai 4. South Zone-Chennai 5. Zone-Hyderabad 6. Zone-Ahmedabad 7. Zone-Bangalore 8. Zone-Baddi	**SUB-ZONAL OFFICES (8)** 1. Sub Zone-Dehradun 2. Sub Zone- Varanasi 3. Sub Zone-Goa 4. Sub Zone-Jammu 5. Sub Zone-Indore 6. Sub Zone-Guwahati 7. Sub Zone-Vishakhapatnam 8. Sub Zone- Bhubaneswar
LABORATORIES (9) 1. CDL-Kolkata 2. CDL CRI-Kasauli 3. CDTL-Mumbai 4. CDTL-Chennai 5. CDTL-Hyderabad 6. CDTL-Indore 7. CDTL-Bhubaneshwar 8. RDTL-Chandigarh 9. RDTL-Guwahati	**SEA PORTS (18)** 1. Mumbai 2. Nava Sheva 3. Chennai 4. Tuticorin 5. Cochin 6. Kolkata 7. Kandla 8. Hazira 9. Goa 10. Vishakhapatnam 11. Mundra 12. Gandhinagar 13. Kamarajar 14. Tughlkabad (ICD) 15. Patparganj (ICD) 16. Kodhiyar (ICD) 17. Dhannad (ICD) 18. Tihi (ICD)
AIR PORTS (9) 1. Delhi 2. Mumbai 3. Chennai 4. Kolkata 5. Hyderabad 6. Bengaluru 7. Ahmedabad 8. Goa 9. Vishakhapatnam	

Regulatory Functions of CDSCO

1. Grant of permission/approvals for Investigational New Drugs (IND), New Drugs (ND), Subsequent New Drugs (SND) and Fixed Dose Combinations (FDC) in the country

Investigational New Drugs (IND), New Drugs and Subsequent New Drugs are permitted to be marketed in the country in accordance with the permission granted by the Drugs Controller General (India) after ensuring that these are safe and efficacious and comply with the requirements of New Drugs and Clinical Trials Rules, 2019. The applicants are required to provide technical data in respect of safety and efficacy before these could be permitted to be marketed in the country. The applications are examined in consultation with the IND committee and Subject Expert Committees constituted for the purpose.

Investigational New Drugs Division (IND)

During the year from 01.01.2025 to 30.09.2025, total Clinical trial permission issued is 12 and Marketing permission issued for following drugs;

S. No.	Drug	Dosage Form	Indication
1.	Nafithromycin 400 mg	Tablet	Treatment of adults (>18 year old) with community acquired bacterial pneumonia (CABP).
2.	Nor-Ursodeoxycholic acid 500 mg	Tablet	Treatment of patients with Non-alcoholic fatty liver disease.

For New Drugs:

During the year from 01.01.2025 to 30.09.2025, permissions have been granted to import New Drugs Formulations in 09 cases & to manufacture New Drug Formulations in 17 cases and for New Bulk Drug Substance in 19 cases. Also, Clinical trial permissions have been granted in 29 cases.

For Subsequent New Drugs:

During the year from 01.01.2025 to 30.09.2025, permissions/approval have been granted for

Bulk Drug/ Regularization in 28 cases, Finished formulation/NOC for manufacturing in 58 cases, Clinical trial permissions in 36 cases, Bioequivalence permissions in 41 cases, Test

licenses issued 25, IPC NOC issued 90 and submitted reply to 191 RTI applications.

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 01.01.2025 to 30.09.2025, permissions have been granted for import and marketing of FDCs in 1 case; manufacture and marketing of FDCs in 73 cases; Clinical Trial permission in 24 cases and BE permission in 45 cases.

2. Quality Control over import of drugs

The import of drugs is regulated through registration of overseas manufacturing sites and the drug products (bulk drugs and finished formulations). Import licences are granted to the Indian importers for the import of the drugs from these manufacturers as provided under the Drugs Rules, 1945. The quality of imported drugs is further monitored at the port offices when the drugs are actually imported.

All applications for Import & Registration are processed through online 'SUGAM' Portal. During the year from 01.01.2025 to 30.09.2025 total numbers of Registration Certificate and Import Licenses issued are 215 and 836 respectively and post approval changes approved in 107 cases.

3. Quality Control over import of cosmetics

The import of cosmetics is regulated through registration process. Submission of applications for registration of cosmetics has become completely online from 16.08.2017 through SUGAM portal.

During the year from 01.01.2025 to 30.09.2025, total numbers of approved import Registration Certificates including registration number and post approval changes have been issued through online portal for 1160 and 73 cases respectively.

4. Quality Control over import of Biological products

During the Period from 01.01.2025 to 30.09.2025, for vaccines, New Drug Permission for Human Vaccines for drug product in 11 +01(COVID-19 New Drug Permission) + 01 additional indication and for drug substances in 14 cases, Import Licences in 10 cases, Registration certificates in 12 cases and Clinical Trial Permissions in 18 cases have been issued.

The following achievements have been made in this tenure:

1. CDSCO has granted permission for research and development and to conduct clinical trials of vaccines such as COVID-19 JN.1 Variant , Covid Influenza Combination, Typhoid and Paratyphoid Conjugate Vaccine, Dengue Vaccine, Respiratory Synctical Virus (RSV), 24 Valent Pneumococcal Conjugate Vaccine.
2. CDSCO has approved SARS-CoV-2 (Covid-19) XBB 1.5 variant vaccine (Corbevax) for sale and distribution for primary immunization for COVID-19 in individuals aged 12 years and above.
3. Quality Initiative –Process Optimization is being implemented to ensure smooth and streamlined regulatory operations improving the functioning capability to ensure equitable access and availability of vaccines across India & globe.

Recombinant Drugs Products section (rDNA):-

rDNA section of Biological Division has issued 15 new drug permissions for manufacturing and marketing and 26 new drug permissions for import and marketing of recombinant based products from the period 01.01.2025 to 30.09.2025

Achievements:

1. CDSCO is also revisiting the current biosimilar guidelines based on recent scientific updates on requirement of waiver of animal studies for biosimilar approvals and draft has been published on website which is going to be finalized very soon.

2. Proposed Central Inspection Plan (CIP) for conducting risk based inspections of 36 r-DNA products manufacturing units in the year 2025.

Cell & Gene Therapeutic Products (CGTP) Section:-

During this period following activities performed: -

- CGTP Division has developed SUGAM online portal for filing of Clinical Trial applications in Form CT-04, which is live since July 2025.
- Two Regulatory Guidelines are under development:
- Gene Therapeutics Products including Gene Editing products
- Cell or Stem Cell derived products.
- 15 no. of permissions issued for examination, test and analysis in Form CT-11 for CGTPs.
- Permission for clinical trial in Form CT-06 issued for CAR-T product for indication - relapsed/refractory multiple myeloma.
- NOC for PMS studies issued for CAR-T products.
- Marketing authorisation permission issued in Form CT-20 for import of Gene therapy product namely Zolgensma (Onasemnogene abeparvovec) for the indication - spinal muscular atrophy (SMA) which is a rare genetic disease.
- Draft GSR no. 588 (E) dated 27.08.2025 for strengthening of research and development in India.
- It has been proposed in Rule 52 and 59 of NDCT Rules, 2019 that "In case of manufacture of new drug or Investigational new drug for Analytical and preclinical testing (excluding the new drug and Investigational new drug of category of sex hormones, cytotoxic, beta lactum, Biologics with live microorganism and narcotics & psychotropic drugs), an online application shall be submitted as notification and applicant can manufacture such drugs based on the notification".
- In Rule 53 and 60 of NDCT Rules, 2019, it has been proposed that the timeline to be changed from 90 working days to 45 working days for processing of the applications of examination, test and analysis of the products excluded in the aforesaid rules.

5. PSUR/PVPI/AEFI Division –

The Drugs and Cosmetics Act & Rules amended via Gazette Notification G.S.R No. 227(E) dated 19th March 2019, mandating all manufacturers and importers of drugs to establish a pharmacovigilance system within their organizations as per the Fifth Schedule of the New Drugs and Clinical Trial Rules 2019. This division reviews, processes, and makes necessary regulatory recommendations or issue drug safety alerts based on the Periodic Safety Update Reports (PSURs) submitted by various drug manufacturers and importers.

During the period (from 01.01.2025 to 30.09.2025), a total of 1387 reports were received and are being processed by this division, with a detailed breakdown as follows: Biologicals – 387, Import and Registration – 12, Subsequent New Drugs – 319, New Drugs – 132, Fixed Dose Combinations – 498, Investigational New Drugs – 2, Veterinary Drugs and Vaccines – 28, and Medical Devices - 9.

PSURs related to vaccines are reviewed by this division, and the data is deliberated during the PSUR Expert Committee meetings held on 2nd April 2025 and 29th July 2025 for safety signals.

A total of 3,784 Adverse Events Following Immunization (AEFI) cases, received and collected from the AEFI Secretariat, Immunization Division, Ministry of Health & Family Welfare, were forwarded to the respective Market Authorization Holders for further evaluation. Additionally, approximately 3938 CIOMS forms per month (totalling around 35,442 annually) detailing Adverse Drug Events were received from various Market Authorization Holders and subsequently forwarded to the National Coordination Committee, Indian Pharmacopeia Commission, Ghaziabad, for further assessment.

6. Quality Control over Notified Medical Devices

During the year from 01.01.2025 to 30.09.2025, permissions for Test License in 2130 cases, Import License in 1351 cases, Manufacturing License in 2468 cases (569 for Class C & D and 1899 for Class

A & B), Registration certificate for Medical Device Testing Laboratory in 22 cases and permission for Clinical Investigation in 06 cases have been issued.

7. Quality Control over In-vitro Diagnostic Medical Devices

In-vitro Diagnostic Medical Devices are regulated under the provisions of Drugs & Cosmetic Act and Medical Devices Rules, 2017.

During the year 2025-26, till 30.09.2025, permissions for manufacturing test license in 791 cases, Import test license in 205 cases, commercial import license in 586 cases, commercial manufacturing License in 184 cases, Clinical Performance Evaluation in 03 cases, Market Standing Certificate in 191 cases, Non Conviction Certificate in 222 cases, Free Sale Certificate in 176 cases, Post Approval Changes in 473 cases, Conditional Fulfilment in 74 cases and Neutral Code Certificate in 58 cases have been issued.

IVD Division-CDSCO and ICMR jointly developed Standardized In-Vitro Diagnostic (IVD) Evaluation Protocols Global first initiative and release of compendium of standard In-Vitro Diagnostics (IVDs) Evaluation protocol and minimum standard for high risk infectious disease IVDs and launch of IVD kit validation portal dated 11.09.2025, this edition includes 39 evaluation protocols of IVDs including 10 field evaluation protocols. Online portal for kit validation would ease the kit performance evaluation process and tracking for the stakeholders.



IVD Division-CDSCO and ICMR jointly developed and launched the MedTech Mitra In-Vitro Diagnostic Innovators Handbook dated 13.11.2025, which provides a structured, time-based framework to help innovators identify key regulatory milestones, documentation requirements, and quality management expectations across the product lifecycle.



IVD Division-CDSCO have updated PER guidance document listing 8 additional ICMR-VRDL labs for Dengue, Chikungunya, Influenza, and SARS-CoV-2 kits.

8. International Cell

International Cell in CDSCO, under the Ministry of Health and Family Welfare, Govt. of India, is the contact point division for the communication with the foreign Drug Regulatory Authorities. To enhance the cooperation with the foreign drug regulators CDSCO sign the agreements with foreign regulatory bodies and also organized and participate the conferences/seminars/workshops also.

During the year of 2025 (01-01-2025 to 30.09.2025) CDSCO signed 02 agreements with the Drug Regulatory Authorities of Armenia and Iran.

9. Bio Availability/ Bio Equivalence Study

During the period from 01.01.2025 to 30.09.2025, applications for conduct of BA/BE studies approved in Form CT-07 are 2821, Approved Form CT-17 are 3053 and application approved for grant of BA/BE study center registration in Form CT09 are 24.

Further, provision have been introduced through draft notification for amendment in the NDCT Rules, 2019 vide G.S.R 587(E) dated 27.08.2025 to allow certain BA/BE studies in healthy adult volunteers to be initiated through an online notification system for oral dosage form of a drug (other than drugs of Cytotoxic, Hormone, Narcotic and Psychotropic substances categories and not a drug of Narrow Therapeutic Index or a drug having highly variable pharmacokinetics).The amendment significantly ease export related BA/BE studies approvals, supporting industry growth."

10. Clinical Trial

Clinical trials of new drugs or investigational new drugs are systematic studies in human subjects to generate data for discovering or verifying it's 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 drug are required to be conducted under and in accordance with the permission granted by the Drugs Controller General (India). During the Year from 01.01.2025 to 31.09.2025, permission granted for conduct of Global Clinical Trials in 94 cases. Total No. of major protocol amendments permitted are 221.

Further, CDSCO has proposed and utilizing new model for optimization of technical resources by inducting ICMR grade –II scientist in review of major protocol amendment for approved clinical trial by DCG (I) and hence maximizing the utilization of available SEC (Subject Expert Committees) in priority review of fresh proposal of new clinical trial to create more innovation and scientific research & development.

11. Blood Centre/ Blood Products Division

Blood centers (commonly known as blood banks) in India are vital components of the healthcare sector and a critical lifeline for patients undergoing surgeries, receiving cancer treatment, managing chronic conditions like thalassemia, and in emergency trauma cases.

A separate division is operational in the headquarters for regulation of the Blood Centres functioning across the nation, which is headed by the Central Licence Approving Authority (CLAA). Further, for ensuring accountability and clarity in massive public administration a hierarchy has been set up. In the said division, Drugs Inspectors have been deputed for reviewing of the applications who report factual descriptions to Assistant Drugs Controller (India), from whom the applications are furthered to Deputy Drugs Controller (India) and finally submitted to the CLAA for issuance of Fresh/ renewal of Blood Centre licence.

Role of CDSCO -

To ensure a safe, adequate, and accessible supply of human blood and its components for medical transfusions.

Guidelines followed -

Being a subject matter of public health concern, it is imperative to have stringent Rules & Regulations. The organization follows certain rule books-

a) Drugs & Cosmetics Act, 1940 & Drugs Rules, 1945.

b) GSR, 166 (E) dated 11.03.2020.

c) Transfusion Medicine Technical Manual, third edition 2023.

During this tenure the following achievements are made -

- In a move to strengthen pharmaceutical/ healthcare safety, enhance transparency and streamline regulatory processes, Online National Drugs Licensing System- ONDLS has been implemented.
- Public Relation Office has been set up for the exchange and dissemination of information relevant to the applications of the firms, for disposal of grievances etc.
- Turnaround time for processing of applications & approvals of licences have significantly improved.
- Approval has been accorded to 305 Blood Centers 14.

Total Blood Products approvals/ permissions issued from 01.01.2025 to 30.09.2025

Sr.no	Application type	No. of approvals issued
1.	Plasma collection NOC	02
2.	Grant of manufacturing license, Renewal & Additional Products permission	14
3.	NOC for Form 29 (Test License)	05
4.	Post approval changes (Import and Manufacturing License)	12
5.	CT-06	04
6.	CT-11	03

Sr.no	Application type	No. of approvals issued
7.	Registration certificate (Form 41)	13
8.	Import License (Form 10)	18
9.	Amendment in RC & IL	05
10.	Miscellaneous	13
	Total	**89**

12. DTAB-DCC Division

Drugs Technical Advisory Board (DTAB)

The Drugs Technical Advisory Board is a statutory body under the Drugs and Cosmetics Act, 1940 to advice the Central Government and the State Governments on technical matters arising out of the administration of the said Act and Rules made thereunder.

The Board is headed by the Director General of Health Services and Drugs Controller General (India) acts as Member Secretary. One meeting of the DTAB was held during the year from 01.01.2025 to 30.09.2025, through Hybrid mode:

(1) 92nd meeting of DTAB was held on 24th April, 2025

The Board has deliberated various proposals in DTAB meeting relating to streamlining of regulatory control over drugs, cosmetics and medical devices respectively. Based on recommendations of the DTAB, the Central Government have notified various draft notifications, final notifications and Statutory Orders with respect to the Drugs and Cosmetics Act, 1940 and Rules thereunder. The details are as follows:

A. Draft Rules

1. Draft Notification published vide G.S.R. 10(E) dated 04.01.2025 for extension of implementation of G.S.R. 922 (E) dated 28.12.2023 w.r.t manufacturers having turnover of less than 250 Cr.
2. G.S.R. 345(E) dated 28.05.2025 regarding draft notification for amendment in certain Drugs Rules (Related to Rule 121A Test for Pyrogen, Footnote of Schedule H, condition of license under Form 20B, 20BB, 21B, 21BB, inclusion of name of competent person in Form 20G)
3. G.S.R. 587(E) dated 27.08.2025 regarding draft notification for application of unapproved drugs for conduct of BA BE studies for export purpose under NDCT Rules 2019
4. G.S.R. 588(E) dated 27.08.2025 regarding draft notification about changes to requirements of Test license under NDCT Rules 2019

B. Final Notifications

1. G.S.R 127(E) dated 11.02.2025 for extension of implementation of G.S.R. 922 (E) dated 28.12.2023 w.r.t manufacturers having turnover of less than 250 Cr.
2. G.S.R. 259(E) dated 24.04.2025 for Compounding of offences Rules 2024.
3. G.S.R. 513(E) dated 29.05.2025 Certain amendments in Cosmetics Rule 2020
4. G.S.R. 554(E) dated 18.08.2025 regarding Inclusion of details of excipient on every strip of medicines under Rule 96, in sub-rule (7) of Drugs Rules, 1945

C. Statutory Order

1. S.O. 558(E) dated 30.01.2025 regarding Notification of Government Analyst Indian Veterinary Research Institute, Izatnagar.
2. S.O. 1158(E) dated 12.03.2025 regarding Banning of Chloramphenicol and Nitrofurans in food rearing animal systems
3. S.O. 1159(E) dated 12.03.2025 regarding Reconstitution of Drugs Technical Advisory Board (DTAB)
4. S.O. 203(E) dated 27.03.2025 regarding Notification of Government Analysts at National Institute of Biologicals, Noida
5. S.O. 1717(E) dated 15.04.2025 regarding Restriction of the Fixed Dose Combination of Chlorpheniramine Maleate and Phenylephrine Hydrochloride
6. S.O. 2208 and S.O. 2209 dated 16.05.2025 regarding Notification of Director Incharge, CDL Kolkata

7. S.O. 2298(E) dated 22.05.2025 regarding Notification to prohibit the import, manufacture, sale and distribution of certain antimicrobial products for animal use
8. S.O. 3551(E) dated 01.08.2025 regarding Appointment of Compounding Authority under the Drugs and Cosmetics (Compounding of Offences) Rules, 2025
9. S.O. 4338(E) dated 23.09.2025 regarding prohibit the import, manufacture, sale and distribution of certain antimicrobial products for animal use

Drugs Consultative Committee (DCC)

The Drugs Consultative Committee is also a statutory committee under the Act, consisting of Central and State Drug Controllers to advice the Government on matters relating to uniform implementation of the Drugs and Cosmetics Act and Rules made thereunder. One meeting of the DCC was held during the year from 01.01.2025 to 30.09.2025, through Hybrid mode:

(1) 66th meeting DCC was held on 17th June, 2025

Apart from above, the meetings of various sub-committees of DCC-DTAB are also being conducted time to time.

13. AYUSH Section

During the year from 01.01.2025 to 30.09.2025, WHO-GMP Certificates have been issued in 06 cases and Certificate of Pharmaceutical Product (CoPP) have been issued for 152 cases.

14. Veterinary Section

During the year from 01.01.2025 to 30.09.2025, Marketing Authorizations have been granted in 09 cases, Registration Certificate & Import License granted in 42 and 101 cases respectively, Manufacturing license granted in 12 cases, Test Licenses granted in 66 cases and post approval changes approved in 13 cases.

15. Ethics Committee Registration Section

Ethics Committee means for the purpose of Clinical trial, Ethics Committee, constituted under Rule 7 and registered under Rule 8 of New Drugs and Clinical Trials Rules, 2019, published on 19.03.2019 and for Biomedical and health research, Ethics Committee, constituted under Rule 16 and registered under Rule 17 of NDCT Rules, 2019.

During the year from 01.01.2025 to 30.09.2025, number of permissions issued in 362 cases.

16. Legal Cell

Legal Cell renders effective legal assistance in the preparation of legal opinions, reports and correspondences, drafting of affidavits / replies, review, drafting of legal documents, as required from time to time in consultation with the office concerned with the approval of competent authority. The cases may pertain to filing Counter on behalf of Union of India on the matters arising out of the Drugs & Cosmetics Act, 1940 and Rules, 1945; Administrative Rules etc.; and other matters / issues, if any on behalf of Central Drugs Standard Control Organization / Ministry of Health & Family Welfare, Govt. of India before the Hon'ble Supreme Court of India / High Courts of India / CAT / NGT / NHRC etc.

The Cell is responsible for coordinating various issues / activities referred by the Ministry of Health & Family Welfare or the Zonal / Sub-zonal offices of CDSCO / Port Offices / Central Drugs Laboratories of the CDSCO or issues coming under the purview of functioning and applicability of Drugs & Cosmetics Act, 1940 and Rules, 1945 for public health and safety.

Legal Cell is handling more than 426 on-going cases in various High Courts of India and around 31 cases before the Supreme Court of India. Till date, 11 cases [both of Supreme Court (01) and High Courts of India (10)] have been disposed off.

17. Medicine Safety Monitoring Division

This Dept. is entrusted with responsibilities to evaluate SAEs (Serious Adverse Events) occurred during conduct of clinical trial to provide compensation to the subjects/ nominees who have participated in Clinical Trials & caused SAE (injury/death) due to trial related drugs etc. as per New Drugs and Clinical Trial Rules, 2019.

In the year 2025-26 (01.01.2025 to 30.09.2025), a total of 637 cases of Serious adverse events were deliberated in IEC meeting as follows:

No. of IEC Meeting	Date of Meeting	Total No. of cases deliberated	No. of Death Cases	No. of Non - Death Cases	No. of cases in which compensation recommended	Amount of compensation recommended in Rs.
81st	26.03.2025 & 27.03.2025	221	35	186	23	26,63,376/-
82nd	03.06.2025 & 04.06.2025	144	54	90	43	4,40,53,940/-
83rd	22.07.2025 & 23.07.2025	102	89	13	41	5,49,69,537/-
84th	16.09.2025 & 18.09.2025	170	65	105	39	9,88,96,804/-

18. E-Governance

During year from 01.01.2025 to 30.09.2025, Ministry of Health and Family Welfare and CDSCO has also taken several regulatory measures to streamline the regulatory system in the country through online portals. Details are as under:

- SUGAM: CDSCO had earlier launched SUGAM portal for filling of online application for various processes as well as for issuance of online permissions. This year, enhancements are being carried out on the portal to improve its performance, along with the addition of new features. Revamp of Export NOC, Dual Use NoC System and the new CGT module have also been developed and made live on the portal.
- SUGAM LABS: It is a CDSCO digital platform that automates and standardizes drug, medical-device, and cosmetic testing across national regulatory labs, improving sample tracking, testing, reporting, and overall quality control. This year, the system was enhanced with online generation of Forms 17, 17A, and 18 for drug sampling by Drug Inspectors, online reporting by laboratories through Forms 13 and 2, and the addition of an enforcement module for medical devices and cosmetics.
- National Drugs Licensing System Portal: A common platform is being developed for submission and processing of applications for grant of license for drugs and cosmetics for all the State/UT Drugs Controlling Authorities in the country to enhance transparency, predictability and ease of doing business. Various forms associated with license for manufacture and sales have been developed in this portal for public use.
- The ONDLS Portal has been operationalized. So far, 18 States/UTs have been boarded online on the ONDLS Portal for issuing sale licenses. Further, the developmental work is under progress for addition of CLAA items, other Certificate /Post approval Changes, etc. Online issuance of licenses for Blood Centres has been made live, and 36 States/UTs have now been on-boarded for this functionality. Additionally, the online modules for application for WHO-GMP licenses, COPP have been made live as well as the application process for extension of time to comply with the revised Schedule-M, have also been activated on the ONDLS Portal. All the States /UTs who are interested in adopting this online portal, are being provided training on the need basis from time to time for boarding them online.
- National Single Window System (NSWS) Portal: NSWS is established by the Central Government with the objective to build a genuine Single Window System which act as a one-stop shop for all the approvals required by

the investor and facilitates ease of doing business. The scope of NSWS includes all the approvals/ licenses/ registrations/ clearance as applicable. CDSCO in coordination with Invest India has developed NSWS portal and till now 8 Forms have been made Live.

19. Ease of Doing Business

Public Relation Office:

A Public Relation Office created at CDSCO (HQ) in March 2018 which acts as a single window for disposal of grievances of stakeholders and also provide information to the innovators regarding regulatory requirements. This office also provides guidance and assistance to handhold investors in various phases of business lifecycle as per existing focus on "Invest India/ Make in India'. From October 2019, officers of the concerned divisions of CDSCO are also available at Public Relations Office in specified day to provide regulatory guidance to the stakeholders. In view the focus of Government on Ease of Doing Business in India DCGI conduct walk in meeting with stakeholders, the meeting is conducted as per CDSCO-HQ Circular No Admin. A 012(12)/46/2024 - e office, dated 14th February 2024, meeting is conducted on every Tuesday and Thursday in CDSCO(HQ) From 5.00 p.m.to 6.00 p.m.. Following are the details of number of visitors attended, phone calls attended and e-mail communications received from the year 1st Jan 2025 to till 30th Sep-2025.

During the year from 01.01.2025 to 30.09.2025, total 5628 number of visitors had attended PRO and 38 no. of meetings and DCGI with Stake holder were held on ease of doing business and better regulation.

20. Training and Skill development

After detailed gap analysis, systematic, structured and well-designed training programme for CDSCO and State Drug Regulators was planned for capacity building of Indian drug regulators. CDSCO has prepared annual training calendar for the FY 2024-2025. "During the period of 01.01.2025 to 30.09.2025, CDSCO has conducted 03 residential training programmes for the officers of CDSCO & State Drug Control Department at NIHFW and the training has been imparted to 119 participants, out of which 91 were from CDSCO and 28 State Officials". As a part of this residential training program, pre and post assessment tests, syndicate activity, yoga has also been conducted. As per the annual calendar programme, CDSCO has also conducted 2 regional training programs at Chennai and Bihar from 01.01.2025 to 30.09.2025 wherein 74 and 70 State Drugs Officials have attended the training respectively. CDSCO has also organized 2 awareness workshops on Revision of Schedule M at Vizag and Kolkata for the industries wherein around 560 members have participated through offline and 4036 members through online mode. CDSCO has also organized 3 workshops on Medical Devices Regulation at New Delhi, Ahmedabad and Bengaluru for the Industries wherein 801 physical participants, 10,000 virtual participants, Representation from 150+ MedTech Companies have participated. Another workshop organized on sterile manufacturing facilities at CDSCO HQ on 16.01.2025 wherein 56 officers of CDSCO have participated through offline mode and 212 officers of CDSCO & State have participated through online mode.



CDSCO – CII Workshop at New Delhi on 15 January 2025

21. Enforcement-RBI & Intelligence Cell, CDSCO (HQ)

The division is responsible for Risk Based Inspections (RBI) of manufacturing firm & private testing laboratories, handling of quality complaint from domestic and international markets, publishing of monthly drug alert on CDSCO website, recommendation of prosecution/ administrative action for Not of Standard Quality (NSQ) & Spurious drugs matters of CDSCO, handling of Right to Information (RTI), parliament questions & Public grievances (PG) related to this division etc.

During the period 01-01-2025 to 30-09-2025 total 333 manufacturing units including approx. 80 units have been inspected as per revised Schedule-M of the Drugs Rules and 04 private testing laboratories (PTL) were inspected; under the risk based inspection being conducted in the country. The complaints received from domestic as well as International market were jointly investigated by officers of CDSCO and State Licensing Authority (SLA) and necessary actions were taken. 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 coordinates with SLAs and Zonal/sub-zonal offices of CDSCO for necessary actions on spurious drugs matter.

The Enforcement division launched a new and dedicated link dated 28.08.2025 for updating data w.r.t NSQ, spurious, and adulterated drugs received from CDSCO labs as well as State drug Authorities on CDSCO Website for public awareness. In the newly implemented NSQ alerts detail like name of the product, manufacturing details, NSQ results etc., are easily searchable.

Total 09 meetings of screening committee were conducted to deliberate 222 cases of NSQ/spurious drugs and accordingly recommendation for prosecution/administrative action were issued to zone & sub zone office of CDSCO. The division received 250 PG and 195 RTIs application and disposed all in timely manner.

The Enforcement division collects intelligence & information in respect of suspected illegal activities related to manufacturing of spurious drugs in the country as a part of enforcement activity. Based on intelligence & information received CDSCO offices carry out investigation and arrest/seizures under the provisions of Drugs and Cosmetics Act 1940 & Rules thereunder.

22. Strengthening the Infrastructure of CDSCO:

Under this scheme, Govt. had approved setting up of 07 New Drugs/Medical Devices/Cosmetics Testing Central Labs and 08 Mini Labs at Airports and Seaports for ensuring the safety, quality and efficacy of drugs, cosmetics and medical devices. The status of new Central Labs is as under:-

(i) **Sub Zonal-cum-CDTL office at Bhubaneswar** – The building was inaugurated by Hon'ble Prime Minister (virtually) on 29.10.2024. This laboratory will enhance regulatory and testing capacity in the eastern region.

(ii) **Guwahati**– The work for new building at Guwahati constructed by CPWD is also in progress. Minor electrical installations and connectivity works are currently in progress. The timeline for completion of the project is likely March 2026.

(iii) **Office-cum-Lab at Ghaziabad**– Construction of the new building for CDSCO and its laboratory facilities at the IPC Complex, Ghaziabad, is being executed by HITES. The construction work is currently in progress, and the building is expected to be completed by 31.12.2026.

(iv) **Baddi-** Under the strengthening scheme, the Baddi Sub-Zone was upgraded to a Zonal Office on 06.07.2023. The construction of the new buildings for the Baddi Zone is underway, and the work, being carried out by HSCC, is scheduled for completion by 31.03.2026.

Out of 08 Mini Drugs Testing Labs at various Port offices, 06 Mini Labs are functional to support quick preliminary testing and screening, reducing delays in clearance of imported consignments.

5.3 INDIAN PHARMACOPOEIA COMMISSION

Performance of the IPC

(Index Period: 01st January, 2025–31st December, 2025)

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 to the stakeholders

iii. Publication of the National Formulary of India (NFI) for promoting rationale 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) 2026

In order to ensure the quality of drugs in India, IPC has completed the work for the development of drug monographs for the next edition of the Indian Pharmacopoeia (IP) 2026. This 10th edition of the IP 2026 would contain a total of 3348 monographs, and its effective date will be July 1st, 2026.

A total of 121 new monographs has been added to the IP 2026 edition including: Drug substances, Dosage forms and pharmaceutical aids (N=51), Vitamins, Minerals, Amino acids, Fatty Acids etc. (N=05), Biotechnology Derived Therapeutic Products (N=2), Vaccines and Immunosera for Human Use (N=03), Blood Related Products (N=02), Blood and Blood Components (N=20), and Veterinary Vaccines (N=01).

In addition, 05 new general chapters are also included in the IP 2026. Further, 18 general chapters and 22 excipient monographs are also harmonized with the Pharmacopoeial Discussion Group (PDG) text.

2. IP Online

Launched on 19th August 2024 by Hon'ble Health Minister, Shri J.P. Nadda, IP Online has become an invaluable resource, providing seamless access to pharmaceutical standards and guidelines. The IP Online portal has been further strengthened to provide subscribers with interactive access to Amendment Lists 01–09 and Addendum 2024 to IP 2022, thereby facilitating seamless availability of updated pharmacopoeial standards to all stakeholders.

3. Harmonization of IP General Chapters and Excipient Monographs with PDG Sign-off Text

IPC is a member of PDG and aims to harmonise the following general chapter and excipient monographs as per PDG pharmacopoeias (European Pharmacopoeia, Japanese Pharmacopoeia, and United States Pharmacopoeia) and harmonization status in the IP 2026 is shown in below figures.



Harmonization work plan for general chapters



Harmonization work plan for excipient monographs

Apart from this, IPC will serve as the host for the PDG Annual Meeting for the next one year, starting from October 2025, providing a strategic opportunity to strengthen India's leadership in global standard-setting, advance convergence initiatives, and expand stakeholder engagement at the international level

4. Global Recognition of the IP

With a view to promoting the vision of 'Viksit Bharat in 2047', IPC, with the support of the Ministry of Health and Family Welfare, has taken an initiative to get the standards of the Indian Pharmacopoeia (IP) accepted and recognized in partner countries of the Global South region. Coordinated efforts with the Ministry of External Affairs have resulted in recognition and acceptance of the Indian Pharmacopoeia in 18 countries (adding 6 more countries in the indexed period) of the Caribbean,

Latin American, African, Asian, and Pacific regions including Nicaragua, Guyana, Cuba, Trinidad and Tobago, Suriname, Ghana, Malawi, Botswana, Mozambique, Mauritius, Maldives, Sri Lanka, Afghanistan, Nepal, Bhutan, Nauru, Solomon Islands, and Fiji. These recognitions are expected to promote pharmaceutical exports and contribute to the economic growth of the country. Efforts are ongoing to sign Memoranda of Understanding with many more countries for recognition and acceptance of the Indian Pharmacopoeia.



Global recognition of the IP

5. IP Reference Substances (IPRS) and Impurity Reference Substances (IMP-RS)

During the index period, 107 IPRS were developed (04 new IPRS, 26 new IMP-RS, 54 lot changed IPRS, and 23 lot changed IMP-RS). Retesting of 622 IPRS & IMP-RS was conducted to assess their stability.

To date, IPC has developed 691 IPRS and 635 IMP-RS, and the list of these is available at the official website of IPC (www.ipc.gov.in).

6. Drug Analysis

412 New Drugs Samples, 492 Central Medical Services Society Samples, 310 Cough Syrup Samples, and 76 Miscellaneous Samples were analyzed during the index period at IPC, and a report was submitted to the concerned division.

7. (A) Accreditation & Certification Activities

IPC was recognized as a NABL-accredited laboratory for ISO/IEC 17025:2017, NABL ISO 17034:2016 (RMP), and NABL ISO/IEC 17043:2010 (PTP) in September 2011, December 2015, and June 2017, respectively, and is also a WHO pre-qualified laboratory since October 2015.

Since IPC is maintaining various accreditations & certifications. On-site/desktop audits were successfully conducted for all the accreditations at IPC during the year 2025-2026.

a) NABL ISO/IEC 17025:2017 Testing and Calibration Activities

Onsite Surveillance of ISO/IEC 17025:2017 (NABL) has been conducted successfully in the month of November 2025 in the field of Chemical & Biological Division.

b) NABL ISO 17034:2016 for Reference Material Producers (RMP)

Chemical Discipline Activities

Audit for Renewal of accreditation of ISO 17034:2016 (RMP) was conducted successfully on 31st May to 01st June 2025 for the applied scope of CRMs.

c) ISO/IEC 17043:2023 (Proficiency Testing) Activities:

Desktop Surveillance of ISO/IEC 17043:2023 (PTP) was conducted successfully in the month of September 2025 in the field of Chemical & Biological discipline for drug & Pharmaceuticals & biologically derived pharmaceuticals. IPC is the first PTP in the field of biologically derived pharmaceuticals.

d) WHO pre-qualified Quality Control Laboratory (QCL) since 2015.

(B) Training/Visit/Dissertation

a. Projects/Dissertation:

A total number of 32 research scholars, including 20 pursuing M. Pharm/M.Sc., 10 pursuing B. Pharm/B.Sc., and 2 Ph.D. candidates, completed their project work and summer training between January and November 2025 across various divisions of the Indian Pharmacopoeia Commission. During this period, the scholars received hands-on training on instruments and participated in several academic and practical activities. Out of these, 22 research scholars were actively engaged in project-based work.

b. In-House Training:

Total No. of 56 In-House Training (Offline) on documentation were given as per various

accreditation and GLP requirements of ISO/IEC 17025: 2017, ISO 17034:2016, and ISO/IEC 17043: 2023 in the calendar year January 2025 to November 2025.

Vigilance awareness program: Three Online trainings under Mission Karmayogi were successfully attended by all the iGOT-registered employees of IPC except the multi-tasking staff.

Mission Karmayogi training session on Rashtriya Karmayogi Large Scale Jan Seva Programme – Phase II was held in IPC under Master Trainers for the iGOT-registered employees of IPC (except Multi-tasking staff), divided into two batches trained on 14/11/25 & 17/11/25 respectively.

C. Training and Awareness Programs:

A series of training and awareness programs were successfully organized, listed as under:

i) One awareness program on IP & IPRS for students from JSS College of Pharmacy Ooty, research scholars & also for IPC scientist.

ii) Visit of Faculty from Amity Institute of Pharmacy, Noida on 4th June 2025 in IPC.

iii) An awareness program & visit organized by IPC on 04/04/2025 for newly appointed Drug Inspectors (No. 52) from BIPARD Bihar.

iv) Meeting for Academic Collaboration with Pharm. Institutions at IPC, Ghaziabad on 4th August 2025 in presence of Vice Chancellor of DIPSAR.

v) "Swasth Nari Sashakt Pariwar" Abhiyan: Under this abhiyan various awareness programs and sessions given below were organised from 17th September to 02nd October 2025.

- Inaugurated the stall for Swasth Nari Sashakt Pariwar, on 17th September 2025 at Bharat Mandapam, Delhi.
- Yoga Session for all the Female Employees of IPC.
- Visited Pharmacy Institutions to give Lecture on Health and Hygiene and Pharmacovigilance:
- Sanskar College of Pharmacy, Ghaziabad
- KIET College of Pharmacy, Ghaziabad
- Health and Hygiene Awareness in Residential Complex for females.
- Gynae Session on "Women's Health" for all the Female Employees of IPC.
- "Preventive Mental Health: Resilience Building", for all employees of IPC.
- Various Health Checkup Camps including Blood Donation, for all employees of IPC.
- Distributed kits to 35 Maids, the kit included Supplements of Multivitamin and toiletries for hygiene practices.

vi) Training program conducted by NABL to 'Quality Managers of NABL Accreditation laboratories' (Gunvatta PathShala) on 30th and 3rd October 2025.

vii) Training program for state drug testing laboratories on "Ethylene Glycol (EG) and Diethylene Glycol (DEG) determination in Oral Liquid Preparations by Gas Chromatography (GC) from 11th November 2025 to 13th November 2025.

viii) 9th PTP/RMP Conclave attended by the IPC staff at Chandigarh on 21 and 22 August 2025.

ix) One Awareness programme on Indian Pharmacopoeia (IP): Current Development & its Salient Features on 20th November 2025, at Indore, Madhya Pradesh.

D. External Training:

Five officials from Central Medical Services Society (CMSS) were given training on sophisticated analytical instruments, quality management system in RSD, Microbiology, and QA Division from 07th January 2025 to 10th January 2025.

E. IPC Visit:

To educate and raise awareness among students about the Indian Pharmacopoeia (IP) and Indian Pharmacopoeia Reference Standards (IPRS). A total of 1249 B. Pharma/BSc. Students and their faculties visited IPC for a one-day training during their industrial visit curriculum.

8. National Formulary of India 2026

Activities done:

- Created a Scientific team at IPC to develop the next edition of NFI.
- High power committee, Apex body, Core

group, and Subject review committees have been constituted.

- The 1st Meeting of the Core Group and Subject Review Committee for the upcoming edition of the National Formulary of India (NFI) 2026 was successfully conducted on 15th September 2025 via hybrid mode.
- Subject Review Committee members were subdivided into 13 groups. Chapters, appendices, and new drug monographs proposed to be included in NFI-2026 were assigned based on their expertise for review and input.

9. Microbiology Division

ILC Program conducted/participated

- The Microbiology division successfully conducted Inter Laboratory Comparison Programs for Bacterial Endotoxin Test, Microbial Contamination Test & Antibiotic Assay-Total 05 Laboratories participated in these ILC programs.
- The Microbiology division participated successfully in the Inter-Laboratory Comparison Program for Bacterial Endotoxin Test, Sterility Test, Microbial Limit Test & Antibiotic Assay conducted by RDTL-Chandigarh.

10. Activities related to Alternatives to animal methods in IP

Indian Pharmacopoeia Commission (IPC) is progressively implementing the 3R principles to minimize dependence on animal-based testing in pharmaceutical quality assessment. In alignment with international regulatory harmonization and based on a consistency approach, the following will be included in IP 2026. These initiatives reflect adherence to global best practices as outlined in the WHO Technical Report Series (TRS) and other international pharmacopoeias.

- General chapter: Detection of Viral Extraneous Agents Using High-Throughput Sequencing (HTS)
- Waiver of the Abnormal Toxicity Test (ATT) from blood product monographs
- Waiver of the Target Animal Batch Safety Testing (TABST) from all veterinary vaccine monographs.
- Waiver of Test for reversion to virulence in a few veterinary vaccine monographs.

11. Mutual Cooperation With National Organizations:

- MoU with Nagaland Drugs Control Administration on 28th November 2025
- MoU with Nagaland Medical Council on 28th November 2025
- MoU with the State Pharmacy Council, Government of Nagaland on 28th November 2025
- MoU with Tamil Nadu Pharmacy Council on 8th November 2025
- MoU with Jharkhand State Pharmacy on 25th November 2025
- MoU with Uttar Pradesh Pharmacy Council (UPPC) (Government of Uttar Pradesh) on 24th September 2025
- MoU Meeting with Indian Institute of Chemical Technology (IICT), Hyderabad on 19th August 2025 through video conferencing
- MoU with National Institute of Pharmaceutical Education and Research, Mohali (Punjab) signed on 15th February 2025

12. Pharmacovigilance Programme of India

Indian Pharmacopoeia Commission (IPC) functions as the National Coordination Centre (NCC) for the Pharmacovigilance Programme of India (PvPI).

- During the index period, NCC-PvPI has submitted 111468 ICSRs from AMCs/ Pharmaceutical industries/Healthcare professionals and consumers in the WHO database "VigiBase". NCC-PvPI has submitted a total of 1030229 ICSRs, and India is the 8th largest contributor of ICSRs to VigiBase.
- The WHO VigiGrade™ completeness score (average) of ICSRs submitted from India for the first three quarters of 2025 is 0.78 out of 1, which is the highest among all countries.
- The PvPI extended its outreach to the common masses by enrolling 95 New

Adverse Drug Reaction Monitoring Centres, and at present, there are 1120 total AMCs under PvPI.

- The NCC-PvPI has issued 11 Drug Safety Alerts, 1 Signal, and 2 Package Insert Leaflets (PIL) changes to update several stakeholders and advise them to closely monitor these drug/ADR combinations.
- The PvPI has successfully conducted nearly 1722 training programmes and trained 132466 HCPs and consumers.
- The NCC-PvPI organized the 5th National Pharmacovigilance Week (NPW) from 17th–23rd September 2025 across the country on the theme "Your safety, just a click away: Report to PvPI". The event emphasized the importance of digital initiatives in reporting Adverse Drug Reactions (ADRs) to PvPI.
- The NCC-PvPI has published two PvPI Newsletters (Volume 15, Issues 1 & 2), highlighting the different activities of PvPI as well as the Annual Performance Report of PvPI 2024-25.

13. Materiovigilance Programme of India (MvPI)

- During the indexed period, MvPI has received and analyzed 14,891 MDAE reports in MvPI database. In total, MvPI has received and analyzed 50,629 MDAE reports to date.
- NCC-MvPI forwarded 04 recommendations on safe use of medical devices in India to Central Drugs Standard Control Organization for their information and further necessary actions at their end.
- NCC-MvPI, IPC has sent 02 safety alerts to monitoring centres for the active surveillance of medical devices.
- MvPI Expansion: During the indexed period, NCC has recognized 180 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.
- Organised the National Stakeholder's Conclave on Materiovigilance and In-vitro Diagnostics Safety: Strengthening Reporting Frameworks and Collaborative Ecosystems
- Meetings/training conducted: 30
- NCC-MvPI published 04 E-newsletter (Volume 6, Issue 04,2024 & Volume 7, Issue 01, 02, 03, 2025) during the indexed period to keep the stakeholders updated on the recent activities conducted by MvPI.
- In-Vitro Diagnostic Medical Device Adverse Event Reporting Form (Version 1.0)- Available on IPC website.

14. IPC has established the Medical Device Division (MDD), which has initiated key activities to strengthen regulatory alignment, capacity-building, and certification processes in the medical devices sector.

15. Library & Publications

- Successfully organised a Two-day Workshop on "Enhancing Pharmacopoeial Standards and Safety Reliance through Scientific Publications" on August 28–29, 2025, at IPC, Ghaziabad.
- 7 Nos. of research publications have been published by IPC officials during the defined period.

16. Important events concerning the Administration Division

Activities include recruitments, participation in Rozgar Mela, celebration of Independence Day, Republic Day, Hindi Pakhwada, Vigilance Week, etc. Other work included the preparation of reports of MIS and RTI.

- Secretary-cum-Scientific Director appointed by the Government of India vide DoP&T's Order No. 5/3/2025-EO (SM-II) dated 09-06-2025.
- Appointed one (01) Principal Scientific Officer on a Direct recruitment basis during the above-mentioned period.
- CGHS facility extended to retired employees of IPC and their dependents vide MoHFW letter No. A.11020/05/2024-DR/EHS (8304435) dated 27.08.2025.
- Employee of Indian Pharmacopoeia Commission brought under the preview of Central Administrative Tribunal (CAT) vide DOP&T Gazette Notification No.4772 dated 29.10.2025.

17. Revenue Generation

Total Revenue of Rs. 21,44,35,239/- (Rs. Twenty-One Crore Forty-Four Lakhs Thirty-Five Thousand Two Hundred Thirty-Nine 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.

18. Projections for January–March, 2026

- Release of the 10th edition of the Indian Pharmacopoeia 2026 and IP online.
- Organising Educational programs about IP 2026 updates across different regions of the country to create more awareness.
- Harmonization of 7 excipient monographs and 2 general chapters as per PDG pharmacopoeias
- Development of the following pharmacopoeial standards (general requirements/ general chapters/monographs)

» **For human use—New General chapter/general requirement:**

- Vaccines Platforms for human use
- Carrier proteins for the production of conjugated polysaccharide vaccines for human use
- Advanced Therapy Medicinal products (Cell and Gene Therapy)
- Therapeutic peptides (Synthetic / Recombinant origin)
- Therapeutic monoclonal Antibodies
- CHO cell assay in Acellular pertussis vaccines

» **New Monograph:**

- Red blood cells apheresis
- Therapeutic peptides (Synthetic / Recombinant origin)
- Therapeutic monoclonal Antibodies (mAbs)
- Monographs for single-component Veterinary Vaccine
- Development of combination Veterinary vaccine monographs/General requirement

» **Development of IPRS for biological products: Developing reference standard (IPRS) for the following biotechnology-derived therapeutic products:**

- Heparin sodium
- Enoxaparin sodium
- Insulin Human
- Insulin Glargine
- Functioning of the New Microbiology laboratory at the ALRC building of IPC.
- Testing & Analysis of IPRS, New Drugs Samples (NDS), Miscellaneous Samples as per schedule
- IPC is in the process of signing MoUs with the Pharmacy Councils of Madhya Pradesh, Rajasthan, Delhi, Andhra Pradesh, Telangana, and Goa to promote the safe and rational use of medicines and to ensure patient safety.
- Preparing a draft copy of NFI 2026 & uploading on IPC website for public comments; Final Review meeting of NFI 2026; Release of NFI in the first quarter of 2026; Developing Digital version of NFI: Online NFI or Mobile App.
- Organising awareness programs or seminars as per MoUs with various state pharmacy councils for promoting rational use and economic prescribing of medicines after publication of the 7th edition of NFI.
- NCC-PvPI will submit ≥20000 ICSRs from AMCs/ Pharmaceutical industries/Healthcare professionals and consumers to the WHO database "VigiBase".
- The PvPI will extend its outreach to the common masses by enrolling ≥ 25 new AMC across the country.
- The NCC-PvPI will issue ≥ 3 Drug safety Alerts to several stakeholders and advise them to closely monitor these drug/ADR combinations.
- The PvPI will conduct ≥ 300 training programmes and train 15000 HCPs and consumers.
- The NCC-PvPI will publish one PvPI Newsletter

- Expansion of MvPI centres: Increase the number of operational centres from 636 to 660 by March 2026, with a focus on strategic regions.
- Enhancement of Reporting Trend: Raise the total number of MDAE reports from 14,891 (Jan–Nov 2025) to 17,000 by March 2026 through improved data collection and follow-up.
- Efforts are being made to fill up vacant posts in IPC, as per the details given below:
- Senior Principal Scientific Officer by promotion : 01 post
- Principal Scientific Officer by promotion : 01 post
- Stores Officer on deputation basis (ISTC) : 01 post
- Scientific Assistant by Direct Recruitment basis : 01 post
- Senior Scientific Officer (EWS) by Direct Recruitment basis : 01 post
- Administrative Assistant (PwD) by Direct Recruitment basis : 01 post

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 to set up National 'Drug De-addiction Programme (DDAP)' which came into force in 1988. The objectives of the Programme is to provide affordable, easily accessible and evidence-based treatment for all substance use disorders through the government health care facilities and to build the capacities of health care staff in recognition and management of substance use disorders.

The programme is being implemented through six health institutes of Ministry of Health & Family Welfare namely National Drug Dependence Treatment Centre (NDDTC), AIIMS, New Delhi; PGIMER, Chandigarh; NIMHANS, Bengaluru; Dr.RML Hospital, New Delhi; AIIMS, Bhubaneswar; and CIP, Ranchi. Out of these six institutes, the centre running at NDDTC, AIIMS, New Delhi is functioning as the National Nodal centre and coordinating with other major component of the DDAP of the "DTC Scheme". Under this Programme 25 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. Ministry of Health & Family Welfare provides funds to these six institutes for implementing the Programme.

The details of achievement made by the six DDAP institutes are given 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 use disorders. This Centre is working in 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 the period Jan- September 2025, the Centre registered 4757 new patients and provide follow up treatment of 2,33,585 patients. The Centre had provided in-patient care to 862 patients from their 50 beded ward during the specified period. NDDTC laboratory conducted 65986 biochemistry, 52630 haematology, 683 HIV Screening and 86027 Urine drug screening test during the said period in its toxicology, hematology, biochemistry and HIV screening labs. HIV screening is essential for individuals with drug addiction because their behaviors place them at a significantly higher risk of HIV acquisition and transmission like sharing needles, syringes or other equipment to inject drugs. Early diagnosis through screening allows for timely treatment, which improves health outcomes and drastically reduces the spread of the virus to others. NDDTC, AIIMS also facilitate to run 25 Drug Treatment Clinics (DTCs), which provide OPD treatment to the substance users at district level under Drug De addiction Programme of this Ministry. A total of 34225 new patients and 143430 follow-up patients took treatment from these clinics.

b) Capacity Building

Centre also provided training to students from MD Psychiatry, Ph.D, M.Sc. and B.Sc. Nursing students

in Addiction Psychiatry (DM Addiction Psychiatry) for the capacity building of them.

c) Important Research Activities

The faculties of NDDTC, AIIMS are also involved in research projects funded by various national agencies and have already published 79 research articles in peer reviewed in national and international journals / books.

The Centere also represented the Commission of Narcotic Drugs(CND) meeting held from 10 to 14 March, 2025 in Vienna.

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 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. During the period Jan, 2024 to Sept., 2025, the Institute got registered 3801 new patients and treated 23961 follow-up patients and 1320 IPD patients. The Institute also provided After-care service, Tele-follow-ups services, Drug Toxicology Services, Psychiatric Social work Services, Clinical Psychology Services and Occupational Therapy Services.

The institute has introduced an online Digital Course for Physician through Mobile application. They have also organized various activities like developmentally informed Approache to Addictive Disorders (DIAAD CME), inaugurated National Tobacco Testing Laboratory, STOP (Substance Abuse Orientation Programme), Nasha Mukt Bharat Abhiyan Sensitization Programme etc.

III. Drug De-addiction Treatment Centre (DDTC), Postgraduate Institute of Medical Education And Research (PGIMER), Chandigarh:

The Ministry has established a Drug De-addiction Treatment Centre at PGIMER Chandigarh with a facility of 20 inpatient beds of which 2 private rooms are designated for women and adolescent patients. The Institute has treated 34203 patient (New Registration:2648, Follow-ups: 31368 & IPD:187) during January, 2025 to September, 2025 and have introduced DM Addiction Psychiatry course, the first in the Country. The Centre also provided special clinics like Opioid Substitution Therapy (OST) Clinic, Dual Diagnosis Clinic (DDC) and Neuromodulation Clinic (NMC) besides tele-addiction Services which they provide tele-Videoconferencing-based tele-addiction consultation, Tele-therapy services and Tele-medicine assisted buprenorphine induction (TABI). The Institute tested 7,219 samples for drugs in urine and 673 biochemical tests through their Drug-Toxicology Laboratory from January to September 2025. They 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 earmarked 10 beds for inpatient unit exclusively for addiction services. The Drug De-Addiction Center of AIIMS, Bhubaneswar has treated 3591 patients in OPD (New Registration: 962; Follow up :2633). Also provided Tele-follow up of 1201 and IPD facilities for 103 patients during Jan. to October, 2025. The Center organised National CME on Addiction Psychiatry (Theme: Substance Use: Tailoring Treatment Across Special Groups) aimed to address the complexities of managing addiction in diverse and vulnerable populations. Institute also conducted various events like International Day against Drug Abuse and Illicit Trafficking 2025; Nasha Mukt Bharat Abhiyan etc. in their Institute.

V. Drug De-Addiction Program (DDAP) at Central Institute Of Psychiatry (CIP), Ranchi

Centre for Addiction Psychiatry at CIP is the only Government De-addiction Centre in the State of Jharkhand which provides holistic care to patients like Pharmacotherapy, Psychotherapy, Family and Nursing interventions. They also motivate the patients for visiting library, take up vocational

training at the Occupational Therapy department, and rejuvenate themselves with sports activities including Yoga and relaxation classes. The Institute treated 3677 patients out of which 446 patients were admitted during 1st April to 30th September, 2025. They also conducted IEC activities including awareness and sensitization programmes for patients, caregivers, schools, communities and held "Nasha Mukt Bharat Pakhwada" on the occasion of International Day Against Drug Abuse and Illicit Trafficking. They also observed 5th Anniversary of Nasha Mukt Bharat Abhiyaan from 7th October to 25th October, 2025.

VI. Drug Addiction Treatment Centre (DATC), ABVIMS and Dr. RML Hospital New Delhi

Department of Psychiatry, ABVIMS and Dr Ram Manohar Lohia Hospital has 80 bedded facility in which 26 beds are specifically dedicated for de-addiction. The center provides holistic treatment for De-addiction with the team consisting of Department of Psychiatry, Clinical Psychology & Psychiatric social work. The Centre treated 7684 patients (New Registration:3955, Follow up:3729) during 1st April, 2025 to 30th September, 2025. The Hospital Organized Health Camp on 29th March, 2025 and had a discussion highlighting the Government initiative on 'Nasha Mukt Bharat Abhiyaan' emphasizing its role in combating drug addiction and promoting de-addiction services. They also conducted Nationwide Drug Awareness campaign on 14.08.2025.

5.5 MEDICAL STORES ORGANIZATION (MSO)

The Medical Stores Organization (MSO), established in 1942, functions as a subordinate office under the Directorate General of Health Services, 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 medicines and vaccines but also provide last-mile logistical support to approximately 1,154 healthcare units across India. These include CGHS, RML Hospital, VMMC & Safdarjung Hospital, Lady Hardinge Medical College (LHMC), Kalawati Saran Children's Hospital (KSCH), the Rural Health Training Centre (RHTC), Central Armed Police Forces (CAPFs), central prisons, and various other associated healthcare facilities throughout the country.

The MSO/GMSDs have procured and supplied various generic drugs valued approx.Rs. 540 Crores, which is almost double the value in previous year, in addition to managing Program Stores of approximately Rs. 2800 Crores.

1. Support to Various National Health Programs: The GMSDs play a crucial role in providing storage and logistical support to various national health programs, including the Universal Immunization Programme (UIP), Reproductive and Child Health (RCH), National Tuberculosis Elimination Programme (NTEP), National Leprosy Eradication Programme (NLEP), Family Welfare Programme, National Vector Borne Disease Control Programme (NVBDCP), and UNICEF-supported initiatives.

These programs are supported by the MSO through the continuous supply of drugs, vaccines, and related materials, as required. Regular follow-ups with program divisions and timely communication of accurate stock positions by the GMSDs ensure uninterrupted availability of essential supplies.

2. Revision of Combined Common VMS Formulary of Generic Drugs, 2025: The Generic Drugs Formulary of 2023 has recently been revised by the MSO and was notified by the Ministry of Health and Family Welfare in November 2025. The new edition of the Combined Common VMS formulary of Generic Drug Formulary–2025 includes a total of 4,905 drug formulations.

During the revision of the VMS Drug Formulary, specialty-wise expert subcommittees were constituted to recommend new drugs for inclusion and to evaluate existing drugs for deletion. For inclusion or deletion, several factors were taken into consideration, including expenditure data, therapeutic value, and the cost-effectiveness of each drug.

This formulary serves as a dynamic and continuously updated reference document, compiling a comprehensive list of generic drug formulations recommended for clinical use. It reflects the collective judgment and expert consensus of professionals in medicine, pharmacy, and nursing working across various central government organizations.

3. Rate Contract (RC) fixation of Generic Drugs: Currently, the MSO holds the Rate Contracts (RC) for 747 drugs approved by the Ministry.

These RCs for generic drugs are utilized by various government healthcare institutions across the country. The MSO/GMSDs have consistently ensured the procurement and supply of generic drugs to CGHS and other indenters, including CAPFs, by opening the procurement window on a quarterly basis to maintain a smooth and uninterrupted supply throughout the year.

4. Procurement of Haj vaccines: A total of 1,50,257 doses of the Quadrivalent Meningococcal Meningitis Vaccine (QMMV) were procured in a timely manner at a cost of Rs. 18.82 crores and subsequently distributed to the GMSDs in Chennai, Karnal, Kolkata, and Mumbai for the inoculation of Haj pilgrims during the 2024-2025 period. Additionally, 26,855 doses of the Seasonal Influenza Vaccine (SIV) were also procured and distributed on time at a cost of Rs.1,23,79,272/- for the inoculation of Haj pilgrims during the same period. E-tenders for procurement of 1,34,160 doses of QMMV & 27,453 doses of SIV for Haj session 2026 have been floated and the supplies are expected to be delivered in February/March 2026.

5. Onboarding of New Manufacturing Units: This year, 25 new manufacturing units have been registered with the MSO, bringing the total number of registered manufacturing units to 229. Additionally, the registration processes for 1,154 indenters, 62 vendors/suppliers, and 16 Quality Control Laboratories have been transitioned to an online format through the DVDMS portal.

6. Upliftment of GMSDs through implementation of Cold Chain Systems: The modernization of storage facilities at the GMSDs is underway, with a major focus on strengthening the cold chain infrastructure. This includes the installation of Walk-in Coolers (WICs) and Walk-in Freezers (WIFs) to ensure proper temperature-controlled storage of sensitive drugs and vaccines.

Additionally, the installation of UPS systems to provide uninterrupted power supply has been substantially achieved, further enhancing the reliability and efficiency of cold chain operations.

7. Digitalization of the MSO: The MSO introduced the Drug and Vaccine Distribution Management System (DVDMS) on its official website (https://mso-gmsd.in/) in 2019 to streamline the demand and supply process.

This year, CDAC has implemented a dashboard reporting system for indenters, enabling them to monitor the exact status of their stores for each procurement cycle from the GMSDs. Indenters will receive notifications every 15 days via auto-generated emails through the CDAC system, ensuring timely updates and enhanced transparency.

8. Implementation of e-office across the GMSDs: Currently, all the GMSDs are adhered to function through e-office system only. From this year onwards, e-Office has been implemented in all seven GMSDs across the country, ensuring smooth, efficient, and e ective functioning of administrative processes. In addition, 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 Government of India enacted the Clinical Establishments (Registration and Regulation) Act, 2010 (CE Act) and notified the Clinical Establishments (Central Government) Rules, 2012 amended in 2018 and 2020 (CE Rules) to provide for registration and regulation of Government (except those of Armed Forces) as well as private clinical establishments belonging to recognized systems of medicine. 'Health' being a State subject, the States / UTs which have adopted the CE Act are

primarily responsible for enforcing/implementing the provisions of the CE Act in the respective States/UTs. The clinical establishments in the States/UTs, which have not adopted and implemented the CE Act, are registered and regulated by the respective State Acts.

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, inter-alia, require a Clinical Establishment to fulfill the following conditions:

- The minimum standards of facilities and services;
- The minimum requirement of personnel;
- Provisions for maintenance of records and reporting;
- To display of details of rates charged for each type of services provided and facilities available at a conspicuous place;
- To maintain Electronic Medical Records or Electronic Health Records of every patient;
- To charge the rates for each type of procedures and services within the range of rates determined and issued by the Central Government from time to time in consultation with the State Governments;
- To comply with Standard Treatment Guidelines (STGs) as may be determined and issued by the Central or State Government from time to time;
- To maintain information and statistics in accordance with all other applicable laws for the time being in force and the rules made thereunder.

National Council for Clinical Establishments (NCCE)

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 review the minimum standards for ensuring uniform and proper healthcare by the clinical establishments. It also gathers the statistics from the registered clinical establishments.

The following procedure is adopted by NCCE for the formulation of Minimum Standards:

- 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.

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 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.
- 'Health' being a state subject, for the effective enforcement/ implementation of the Act, the Act provides for State Council of Clinical Establishments under Chairpersonship of Secretary (Health and Family welfare) of the State Government. The functions of the Council includes hearing of appeals against the orders of the district authority. For ensuring implementation at the ground level,

the Act also mandates setting up of registering authority at District level under the Chairpersonship of District Collector/ District Magistrate which is empowered to take action including imposing penalties in respect of violation of provisions of the Act.

- The Act also provides for cancellation of registration, if the provisions of the Act are not complied with.

Applicability

Currently, the CE Act is adopted and implemented by 19 States/UTs namely Jharkhand, Uttarakhand, Himachal Pradesh, Arunachal Pradesh, Bihar, Haryana, Sikkim, Rajasthan, Mizoram, Uttar Pradesh, Assam, Puducherry, Dadra & Nagar Haveli and Daman & Diu, Andaman & Nicobar, Chandigarh, Jammu & Kashmir, Telangana, Ladakh and Lakshadweep.

Major Achievements:

i. A virtual training on the implementation of the Clinical Establishments Act, 2010 for Sikkim and Lakshadweep was conducted on 21st January 2025.

ii. Advocacy Training-cum-Review Meeting on the Implementation of the Clinical Establishments Act, 2010 was held in Hyderabad, Telangana on 29th to 30th January, 2025.

iii. A virtual meeting was held on 31.07.2025 regarding Multilateral Consultation between the Central Government and States/UTs to seek update on the action taken and developments at States/UTs level for determining the range of rates of procedures and services at healthcare facilities.

iv. Advocacy Training on the implementation of the Clinical Establishments Act, 2010 was held at State Institute of Heath & Family Welfare, Patna, Bihar on 19th August, 2025.

v. 16th Meeting of National Council for Clinical Establishments (NCCE) was held on 9th September 2025.

vi. Stakeholder Consultation with States/UTs on the subject " Enhancing Quality of Healthcare in Clinical establishments" was held at Dr. Ambedkar International Centre, New Delhi on 11th November 2025.

E-GOVERNANCE & TELEMEDICINE

CHAPTER 6

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. 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.

1. Vision

To create a national digital health ecosystem that 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, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information.

2. Ayushman Bharat Digital Mission (ABDM)

India initiated its journey to digitalise the healthcare ecosystem with the launch of Ayushman Bharat Digital Mission (ABDM) on September 27, 2021, by Hon'ble Prime Minister of India, Shri Narendra Modi. ABDM aims to develop the necessary backbone to support the integrated health infrastructure of the country and is an important step towards achieving universal health coverage by ensuring accessibility through digital connectivity. ABDM emphasises a shift from an "illness" to "wellness", "facility-centric" to "patient-centric", and "platform-centric" to a "network-centric" approach to healthcare.

ABDM is being implemented by the National Health Authority (NHA) and has introduced significant advancements in the delivery of healthcare services, benefitting health facilities, medical practitioners, and patients alike. Through the digitisation of longitudinal health records, ABDM has reduced the administrative burden of maintaining physical files, ensured continuity of care, and facilitated efficient follow-up and customised healthcare planning. The trusted registries have simplified operations by providing authenticated identities to professionals and institutions, thereby improving ease of doing business.

2.1. Building Blocks and Progress

ABDM provides the essential infrastructure for digitalising India's healthcare ecosystem by offering a platform that facilitates interaction and information sharing among stakeholders. To support this, three major gateways/platforms have been developed: Health Information Exchange Consent Manager, to support consent management and ensure privacy and security, Unified Health Interface (UHI), to enable seamless interoperability across India's digital health ecosystem and National Health Claim Exchange (NHCX), to streamline and standardise the processing of health insurance claims across the country.

In addition, to ensure unique identities and maintain security and privacy, three registries have been developed under ABDM: Ayushman Bharat Health Account (ABHA) for citizens, Healthcare Professionals Registry (HPR) for doctors and nurses, and the Health Facility Registry (HFR) for hospitals, clinics, pharmacies, diagnostic centres, etc. For registration of healthcare professionals and facilities, a combined portal is introduced and named as National Healthcare Providers Registry (NHPR). These registries are considered domain-specific digital public goods and forms the base of ABDM architecture along with other digital public goods like e-sign, DigiLocker, Aadhaar, and JAM-trinity. As of October 31, 2025, more than 82 crore ABHA have been created, more than 76 crore records have been linked, and 7.24 lakh healthcare professionals and 4.32 lakh health facilities were registered.

To take advantage of the benefits of ABDM, citizens will require a Personal Health Record (PHR) application, while healthcare facilities will need a Hospital Management Information System (HMIS). To facilitate this, NHA has launched the reference application, ABHA App. Through this app, verified

doctors can be searched, records can be stored and linked to ABHA or fetched from facilities, and shared with healthcare professionals.

Further, to ensure the participation of private sector and digital solution companies, ABDM provided the 'ABDM Sandbox' through which the companies can test their products and align their services with ABDM. As of October 31, 2025, 363 integrators were integrated.

The progress in the registries from January 01, 2025, to October 31, 2025, is as follows-

ABHA	Record Linked	HPR
10,08,21,316	29,44,22,776	2,25,006

HFR	Integrator
90,530	97

Data for the period from January 01, 2025 to October 31, 2025

2.2. Initiatives

ABDM has deployed multiple initiatives to ensure the adoption of the mission across stakeholders by introducing interoperable, citizencentric digital solutions that streamline access, reduce inefficiencies, and strengthen trust. Under Scan and Share initiative, over 8 crore OPD tokens were generated between January to October 2025, significantly reducing patient waiting times, while Scan and Pay, launched in September 2024, has facilitated 17,000+ payment tokens across 16 facilities, including AIIMS and district hospitals. The ABDM Model Facility initiative was introduced to enable end-to-end adoption in 135 facilities (29 INIs, 91 state facilities, 15 private) and showcase the usage and benefits of the mission. To accelerate adoption and support in establishing the required infrastructure, over ₹100 crore has been disbursed to facilities and digital solution companies, including ₹46 crore in 2025 alone under the Digital Health Incentive Scheme (DHIS). The ABDM Microsites highlighted the adoption among small health facilities, with onboarding of 16,033 facilities and 34,673 professionals across 18–19 states, linking 53 lakh health records.

Further, the healthcare professionals registration portals have been developed, including Allied Healthcare Professional Registry, National Dental Registry, National Medical Registry and Allied Healthcare Institute Registry during the year. As on October 31, 2025, 2.22 lakh allied health professionals are enrolled in AHPR, 136 allied health institutes are registered under AHIR, 1,567 doctors are under NMR, and 1,286 dentists are under NDR. Collectively, these achievements demonstrate ABDM's steady progress in building a robust, interoperable digital health infrastructure, delivering efficiency, transparency, and citizen-centric services while engaging stakeholders across public and private sectors.

2.3. Capacity Building

NHA has adopted the cascade training model and undertook a structured stakeholder mapping exercise to develop the Annual Training Calendar (ATC). Based on ATC, 9 in-person trainings/ workshops, 4 consultations, 1 national review and 30 virtual trainings have been conducted from January 01 to October 31, 2025, covering more than 5,100 stakeholders, out of which 134 are master trainers. The stakeholders covered include State Mission Directors, Joint Directors, PMU team members, model facility representatives, healthcare professionals, health facilities, etc. were covered.

2.4. IEC

NHA is undertaking the necessary IEC activities. Some of the major slogans posted on social media getting the attention of citizens are as follows –



















3. eSanjeevani- National Telemedicine Service Empowering Digital Health for Every Citizen

eSanjeevani, the National Telemedicine Service of India, is a pioneering initiative of the Ministry of Health and Family Welfare (MoHFW), Government of India, developed and implemented by the Centre for Development of Advanced Computing (C-DAC). This indigenously built, cloud-based digital health platform has revolutionized the way healthcare is delivered across the nation by bridging the urban–rural divide and bringing medical services directly to citizens' doorsteps. Recognized as the world's largest telemedicine network in primary healthcare, eSanjeevani reflects the vision of Digital India and the Government's commitment to "Healthcare for All." By enabling remote consultations between patients and healthcare professionals, it has transformed the accessibility, affordability, and efficiency of healthcare delivery in India. eSanjeevani operates in two key modes, each addressing distinct healthcare needs:

3.1. eSanjeevani-Ayushman Arogya Mandirs (Provider-to-Provider):

This assisted telemedicine model connects doctors and specialists at hubs with patients visiting Ayushman Arogya Mandirs (AAMs) in rural and underserved regions. It significantly enhances the reach of specialist medical services to areas with limited healthcare infrastructure.

3.2. eSanjeevani OPD (Patient-to-Provider):

This model empowers citizens to consult healthcare professionals directly from their homes using digital devices. It provides outpatient services in a contactless, convenient, and patient-centric manner—bridging the last mile in digital health delivery.

As of 2nd December 2025, eSanjeevani has emerged as a beacon of hope and health, serving over 432 million patients across the nation. The service is operational through a vast network of 1,36,571 health facilities (spokes), supported by 18,176 hubs and 774 online OPDs, ensuring seamless access to quality healthcare. Over 2.30 lakh healthcare providers, including doctors, specialists, super-specialists, and frontline health workers, are actively using the platform to deliver consultations. The services are operational across all 28 states and 8 Union Territories of India. The web application currently supports 13 languages:

English, Hindi, Kannada, Tamil, Malayalam, Telugu, Marathi, Gujarati, Assamese, Odia, Bengali, Punjabi, and Urdu, while the mobile application supports 12 languages: English, Hindi, Kannada, Tamil, Malayalam, Telugu, Marathi, Gujarati, Assamese, Odia, Bengali, and Punjabi, thus ensuring consistent and seamless accessibility for users, further enhancing inclusivity for diverse communities. Notably, 57% of its beneficiaries are women, underscoring its crucial role in promoting gender-inclusive healthcare access. Additionally, 14% of users are senior citizens, reflecting the platform's effectiveness in reaching and supporting vulnerable populations.

The platform's scalable cloud architecture enables it to handle up to one million consultations per day while maintaining stringent data security and patient privacy standards. This robust digital backbone ensures uninterrupted access to healthcare, even during peak demand periods.

Owing to its success, scalability, and societal impact, the Ministry of Electronics and Information Technology (MeitY) has included eSanjeevani as part of the India Stack — positioning it as a Digital Public Good and a global model for telemedicine. The initiative exemplifies India's leadership in digital health innovation and demonstrates how technology can democratize healthcare access at a population scale.

eSanjeevani stands as a transformative catalyst in India's healthcare ecosystem, redefining how citizens access medical care. By delivering affordable, accessible, and equitable digital healthcare, the platform aligns with national priorities and the Sustainable Development Goals (SDGs), strengthening the foundation of India's digital health infrastructure and setting new benchmarks globally in technology-driven public health delivery.



4. Artificial Intelligence (AI) - The Ministry of Health and Family Welfare has launched a comprehensive AI-driven healthcare reform to strengthen India's public health system. Central to this initiative is establishment of three Centres of Excellence for AI in Healthcare at AIIMS Delhi, PGIMER Chandigarh, and AIIMS Rishikesh. A collaborative ecosystem has been developed with key organizations, such as the Central Tuberculosis Division, National Centre for Disease Control, CDAC-Mohali, ICMR, MeitY, Ministry of Higher Education, and Indian Institute of Science. Further technical support is provided by Wadhwani Institute of Artificial Intelligence.

These efforts have led to successful implementation of AI tools such as the Clinical Decision Support System (CDSS) integrated with e-Sanjeevani, a Media Disease Surveillance tool under Integrated Disease Surveillance Programme, and AI-based diabetic retinopathy screening. To support the fight against tuberculosis, various AI tools have been introduced. These AI solutions have delivered measurable impact.

The CDSS AI solution has been implemented PAN India integrated into national telemedicine platform, e-Sanjeevani. As on 1st December 2025, it has assisted the team of 2 lakh doctors, specialists benefiting 26 Crore telemedicine consultations with standardized data.

Media Based Disease Surveillance (MDS) has supported event based surveillance with more than 6000 AI assisted media alerts published ,contributing to timely prevention and mitigation of disease outbreaks.

MadhuNetrAI, a Diabetic Retinopathy Screening Solution is implemented across 38 facilities in 11 states and utilised in screening of more than 7100 patients.

'Cough against TB' AI solution is used for screening for pulmonary TB in the community settings with screening of more than 1.62 lakh individuals contributing to timely detection.

TB Vulnerability Mapping has improved case detection 2–3 times across several states. The Prevention of Adverse TB Outcomes (PATO) algorithm, integrated into Ni-kshay, has enrolled 2.5 lakh patients. Automated Line Probe Assays (LPA) now accelerate and standardize results for drug-resistant TB. Development of AI-based screening tools for oral cancers, skin, and other eye conditions is also in progress to expand access to preventive care nationwide.

5. National Resource Centre for EHR Standards (NRCeS): To accelerate the adoption of notified Electronic Health Record (EHR) standards and ensure interoperability across India's healthcare ecosystem, the Ministry of Health & Family Welfare (MoHFW) established the National Resource Centre for EHR Standards (NRCeS) at the Centre for Development of Advanced Computing (C-DAC), Pune. As a Centre of Excellence, NRCeS builds awareness, develops tools, and offers technical support to healthcare providers, tech vendors, and policymakers. To date, NRCeS has trained over 26,000 professionals through workshops, webinars, and expert talks. Its free tools have seen 11,000+ downloads and enabled standards integration in 2,000+ healthcare apps. It has also issued 1,247 SNOMED CT licenses to promote standardized clinical terminology. NRCeS under the aegis of MoHFW, has spearheaded the development of an Information Security Policy (ISP) for Healthcare and associated protocols to safeguard sensitive health data. This policy is compliant to the latest ISO 27001:2022 standards, and integrates the guidelines issued by MeitY, Cert-In, IT Act 2000, DPDP Act 2023 & DRAFT DPDP Rules 2025, etc.

National Resource Centre for EHR Standards



NRCeS Services

NRCeS has directly supported flagship initiatives such as the Ayushman Bharat Digital Mission (ABDM) and National Health Claim Exchange (NHCX) through the creation of ABDM FHIR implementation guides, Java and .NET libraries, and integration support.

The Common Drug Codes for India (CDCI) developed covers 9600+ generic drugs and 86,500+ branded formulations and is envisaged to be integrated with the ABDM drug registry. NRCeS has also localized and customized the standards, including AYUSH Terminology, Patient Instruction Set, reference sets, etc., to cater to the requirements of the diverse healthcare landscape of India. Under the aegis of MoHFW, NRCeS has developed the Information Security Policy (ISP) for India's healthcare sector to provide a structured and practical approach to managing information security.

Multiple FOSS SDKs/tools for the integration of Digital Health Standards such as SNOMED CT, HL7, DICOM, LOINC, etc., are developed and made available. NRCeS also represents MoHFW in national and international standard development organizations and provides expert assistance to policymaking related to healthcare IT. NRCeS is contributing to strengthening patient safety, improving care coordination, and laying the foundation for innovation and analytics in India's digital health ecosystem by supporting healthcare implementors in building interoperable and secure health IT solutions.

C-DAC's Medical Informatics SDK and Toolkit Stack

HL7 · DICOM · CCD · SNOMED CT · LOINC

Toolkits & SDKs for integration of Digital Health Standards

6. 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 implementation of HMIS application implementation. Various HMIS applications like eHospital, eSushrut, eUpchaar, GHMIS, IHMS etc. are operational across the country.

HMIS HEALTH MANAGEMENT INFORMATION SYSTEM

6.1 Online Registration System (ORS): ORS is developed by the National Informatics Centre (NIC) under the Digital India initiative of Ministry of Electronics & Information Technology is the patient interface of the e-Hospital and is accessible over the Internet at (https://ors.gov.in).

Online Registration System (ORS) is a framework to link various hospitals across the country for online registration and appointment system where counter based OPD registration and appointment system through Hospital Management Information System (HMIS) has been digitalized.

6.2 NextGen eHospital Platform:

The NIC-developed NextGen eHospital system is a cloud-based, microservices-driven Hospital Management Information System (HMIS) designed to modernize hospital operations and provide patient-centric digital healthcare. It has been designed in alignment with nationally/ internationally recognized healthcare data and process standards to ensure seamless interoperability across healthcare providers. It adheres to ABDM standards, including HL7, SNOMED-CT, and FHIR, enabling standardized data exchange between hospitals, labs, and government health registries.

With seventeen fully developed modules including OPD/IPD management, patient registration, billing, pharmacy, laboratory information system, radiology, OT, dietary, laundry, emergency, ambulance, discharge and follow-up, queue management, and ePrescription, the platform captures the entire spectrum of hospital workflows on a single digital backbone, ensuring seamless digital health services and interoperability with national platforms such as ABDM, eCollabDDS and eSanjeevani.

During the year 2025–26, major progress was achieved through the migration of all core components to NGC 2.0 cloud infrastructure, enhancing scalability, security, and performance. Over 3,000 health facilities across Central and State Government hospitals have been onboarded, including Medical Colleges, District Hospitals, Community Health Centres and Primary Health Centres. Usage has reached significant scale with 5 lakh OPD registrations in a single day, over 1 crore IPD registration and over 1.6 crore ePrescriptions generated to date. The platform now features centralized analytics, role-based dashboards, and data-driven insights to support informed decision-making and improve service delivery.

Integrations have strengthened its functionality. The API-based integration of laboratory analysers has been implemented across many states including Andhra Pradesh, Ladakh and Uttar Pradesh, Gujarat etc, enabling faster, more accurate diagnostics and reducing delays in patient care. Parallelly, work on Radiology PACS integration has been initiated in several States to enhance imaging services.

The NextGen eHospital platform has played a crucial role in delivering seamless digital health services to Indian Haj Pilgrims in the Kingdom of Saudi Arabia during the Haj seasons from 2023 to 2025. The system was deployed across 24 health facilities 20 in Makkah and 4 in Madinah. During these three years, the platform enabled the generation of more than 8,00,000 digital prescriptions, significantly improving clinical efficiency, reducing manual errors, and ensuring complete traceability of patient care records. All core and advanced modules of the NextGen eHospital were fully operational across the deployed sites, supporting end-to-end healthcare workflows including OPD registration, clinical services, IPD, pharmacy, LIS, RIS etc.

NextGen eHospital has also been implemented in 42 Central Armed Police Forces hospitals of the Ministry of Home Affairs across the country.

The NextGen eHospital platform continues to serve as a cornerstone for the Government's vision of a Digital Health Ecosystem, fostering interoperability, efficiency, and transparency in healthcare delivery nationwide. SNOMED International - SNOMED International - SNOMED CT (Systematized Nomenclature of Medicine - Clinical Term) - is a comprehensive, international, multilingual standardized vocabulary for health information, ensuring consistency in the recording and exchange of clinical data. It systematically organized computer – process able collection of medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting. Following the release of EHR Standards for India 2013, to promote the use of Digital Health and Interoperability standards, India became a member of the SNOMED International in March 2014 joining the global effort to develop, maintain, and enable the use of SNOMED CT to achieve semantic interoperability in health systems. Membership with SNOMED International helps maintain high-quality health records and improve interoperability across different healthcare systems

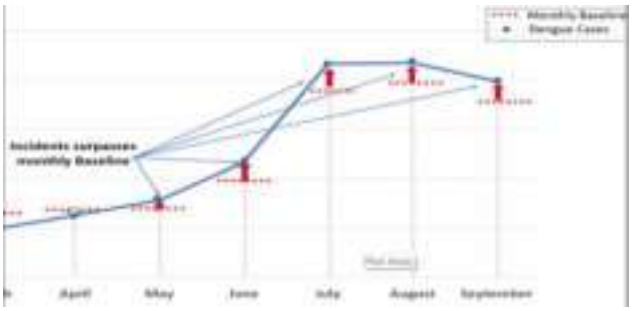
in the country. MoHFW has appointed Centre for Development of Advanced Computing (C-DAC), Pune to carry out activities for promotion and adoption of SNOMED CT in the country.

India has increasingly adopted SNOMED CT (since 2014) in large hospitals with EHRs, improving data accuracy, resource management, and patient safety. As of October 2025, 1288 SNOMED CT affiliate licenses are issued for various usages, including healthcare services, software, academic, individual, and others. As India continues its digital health transformation, SNOMED CT is essential for standardization, interoperability, and a cohesive digital health ecosystem.

7. NPHO (National Public Health Observatory):

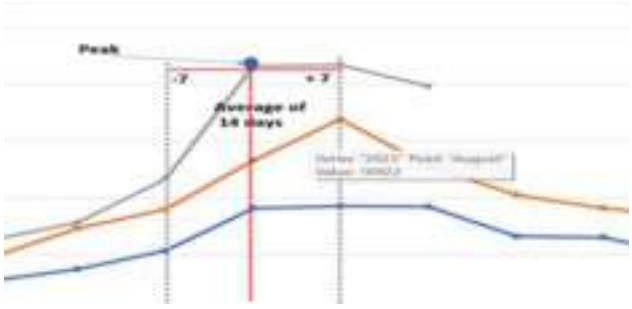
NPHO is a world-class, IT-enabled hub that unifies health data from diverse national programs under the Ministry of Health and Family Welfare into a single visual analytical platform. Built on an advanced data lake, it consolidates standardized datasets from over 33 national health programs and hosts more than 1,300 KPIs for comprehensive analytics and reporting. Dynamic dashboards with LGD mapping ensure consistent representation, while role-based access provides customized views through an intuitive interface. Integrated with Health Emergency Observation Centers (HECOs), NPHO enhances preparedness, rapid decision-making, and resource allocation for policy, planning, and emergency monitoring. Conceptualized post-COVID-19, it serves as a single source of truth, enabling API-based integration, generating actionable insights, and driving unified, data-driven responses to safeguard public health. Independent applications have evolved from these datasets, including mapping and geo-tagging of over 7 lakh health facilities with SPOC details which can be used in health emergencies and the Work Monitoring Tool (WMT) for tracking health infrastructure projects worth ₹37,000+ crore. Additionally, a daily Health News Watch is published with concise updates on health developments in India and globally, with verified sources and MoHFW-based observations, and a monthly Cyber Security Digest covering global and Indian cybersecurity news, government guidelines, policies, and strategies to help mitigate cyber threats and strengthen security awareness.











8. Cyber Security Landscape

With growing use of digital systems, DPDP Act & Rules 2025 and growing digital health interoperability via ABDM, as part of its cybersecurity mandate to secure healthcare information, the Ministry of Health & Family Welfare (MoHFW), through C-DAC Pune (NRCeS), has spearheaded the development of an

Information Security Policy for Healthcare and associated protocols to safeguard sensitive health data within its departments. This policy is compliant to ISO 27001:2022 and directions and communication received from MeitY, Cert-In and MHA from time to time. It aims to safeguard sensitive personal and health data, ensure compliance with standards, promote a culture of cybersecurity, and strengthen the response mechanism for cyber incidents.

i. "Information Security Policy for Healthcare (Ver 1.0)" was released on 07.07.2025. This guideline document aims to simplify the process of implementing ISMS in healthcare by defining a policy for ISMS implementation, referring to relevant national/international standards and frameworks, publishing an ISMS matrix for healthcare, enlisting a set of essential controls, and providing short practical implementation guidelines for each control.

ii. "Security Guidelines for Appointment and Discharge of Official Functions by Consultant/Outsourced staff in Ministry of Health and Family Welfare (MoHFW) [Version 1.0]" has been released on 07.07.2025. This guideline mandates the implementation of robust security controls across data, application, digital and non-digital devices infrastructure and endpoints as well as system integrity to prevent unauthorized access and ensure comprehensive data protection.

iii. These directives emphasize strengthening cybersecurity within MoHFW through immediate compliance, addressing critical vulnerabilities and building capacity across all departments. The initiative also involves the establishment and implementation of Level 2 protocols.

iv. Further, various awareness sessions on cyber security have been organized at MoHFW and other institutions.

9. 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). National Resource Centre (NRC) with required centralized infrastructure and 8 Regional Resource Centres (RRCs) have been established.

E-Classroom established and maintained across these centers are extensively utilized for tele education-lectures, webinars, clinical grand rounds etc, tele consultations (especially during covid pandemic), tele evidence, telepathology, teleradiology knowledge sharing and capacity building for doctors, medical experts and citizens.

NMCN is in the process of creating online medical content and make quality education accessible to all medical professionals in the country. NMCN has developed content for the National Learning Management Information System (LMIS), SAKSHAM for e-education of medical students. Standardization of the content is done by adhering to the SOPs. The prime objective is to create a standard and cohesive environment for medical education to meet the rising demands of medical community. So far more than 500 lessons from medical undergraduate curriculum have been uploaded.

e-Services: Telepathology, Teleradiology, Tele evidence services along with teleconsultations for Pediatric, Internal Medicine, Ophthalmology, Obstetrics & Gynaecology, Dermatology, Endocrinology, Neonatology and Otorhinolaryngology, Surgery, Trauma etc are also provided.

INTERNATIONAL COOPERATION & INTERNATIONAL HEALTH

CHAPTER 7

7.1 INTRODUCTION

The mandate of the International Cooperation & International Health (IC/IH) Division is to foster mutually beneficial partnerships with other countries of the world in bilateral as well as multilateral format. 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 collaboration with the World Health Organization, United Nations and its agencies and other International Organizations. In addition, the Division also coordinates the Ministry's interaction on health matters with other groups such as G7, G20, BRICS, SAARC, SCO and QUAD.

The role of IC/IH Division in bilateral cooperation includes processing proposals for the signing of Agreements and Memorandum of Understanding (MoUs) and implementing them through signing of Letters of Intent, Joint Work Agreements and Work Plans. It also organises Joint Working Group meetings, facilitates exchange of visits by subject experts, scientists, officials of relevant organizations, intergovernmental bodies and non-government 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 the field of international health.

These activities are performed in coordination with the Ministry of External A airs and other concerned Departments.

7.2 WORLD HEALTH ORGANIZATION

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 is composed of 34 Member States elected by the World Health Assembly. Member States are elected for a three-year term. The Executive Board meeting consists of two main segments: the session of the Programme, Budget and Administration Committee (PBAC), followed by the formal Executive Board (EB) session. The Board meets at least twice a year; with the main meeting held in January/February and a shorter meeting in May/June.

i. **Programme, Budget and Administration Committee (PBAC) -** A Committee of the EB that reviews programme planning, budgeting, financial management, and oversight of WHO's engagement with non-state actors. The 41st and 42nd Sessions of the PBAC were held from 29 – 31 January and 14 – 16 May 2025, respectively, at WHO headquarters in Geneva.

ii. **Executive Board Meeting (EB)-** The Board's primary role is to implement the decisions and policies of the World Health Assembly (WHA), provide advice to the WHA on progress toward past health agendas, and prepare the provisional agenda for upcoming WHA sessions. The 156th and 157th Sessions of the EB were held from 3 – 11 February and 28 – 29 May 2025, respectively, at WHO headquarters in Geneva.

World Health Assembly

The 78th Session of the World Health Assembly (WHA) was held from 19th to 27th May 2025 in Geneva. The theme of this year's Health Assembly was “One World for Health”. Secretary (HFW) led the Indian delegation at the 78th Session of the WHA.

WHO validates India for eliminating Trachoma as a public health problem – The DG, WHO awarded India with the Certificate of Elimination of Trachoma as a Public Health Problem. This prestigious global recognition comes in continuation of the earlier Certification awarded by the WHO South-East Asia Regional Office (SEARO) during the 77th Regional Committee Meeting held in October 2024 in New Delhi.

High-Level Segment - Hon'ble Prime Minister Shri Narendra Modi virtually addressed the 78th Session of the World Health Assembly. The Prime Minister extended his congratulations to the World Health Organization (WHO) and all member states on the successful negotiations of the Pandemic Treaty. He described it as a shared commitment to fighting future pandemics through greater global cooperation. He emphasized the importance of building a healthy planet while ensuring that no one is left behind.

During WHA, India deliberated on 39 agenda items of the 78th WHA, related to governance reform; the proposed Programme Budget 2026–2027; the evaluation of the Global Coordination Mechanism on NCDs; follow-up actions on major noncommunicable diseases, mental health, UHC and communicable diseases; and issues concerning substandard and falsified medical products and standardization of medical devices nomenclature. India also contributed to discussions on the global health and care workforce, the draft Global Traditional Medicine Strategy 2025–2034, and the Global Strategy for Women's, Children's and Adolescents' Health. Further, India engaged substantively on agenda items relating to the 2030 Agenda for Sustainable Development, antimicrobial resistance, and strengthening global health emergency architecture, including pandemic preparedness negotiations under the INB, implementation of the International Health Regulations (2005), oversight of the WHO Health Emergencies Programme, the Universal Health and Preparedness Review, and polio eradication efforts.

Indian delegation attended 17 Side Events organized on the sidelines of the 78th World Health Assembly. India organized/co-sponsored four side events:

- Strengthening the Continuum of Care to achieve UHC
- Building the International Foundations for Digital Health: A Panel Discussion on Collaboration and Harmonization
- From Invisible to Visible: Advancing the Global Health Agenda on Rare Diseases Care and Innovation
- Future Forward: Advancing adolescent data, measurement, and advocacy gaps

Regional Committee of WHO for South East Asia Region (SEAR RC):

The 78th Session of the WHO South-East Asia Regional Committee Meeting was held from 13th to 15th October 2025 in Colombo, Sri Lanka. Ms. Anupriya Patel, Hon'ble Minister of State (MoS) led the Indian delegation at the 78th Session of the SEAR RC.

Smt. Anupriya Patel, Hon'ble Minister of State (MoS) for Health and Family Welfare, represented India at the Ministerial Roundtable. The Hon'ble Minister highlighted that, with 153 million citizens aged 60 years and above, India is witnessing a major demographic transition, and that to ensure the elderly receive equitable, accessible, and affordable health care services tailored to their needs, the Government of India has taken several important measures. The Member States of WHO South-East Asia Region unanimously adopted the Colombo Declaration on 'Healthy ageing through strengthened primary health care', aimed at health and well-being of its ageing population.

The Indian delegation deliberated on 11 agenda items and submitted 4 written statements to WHO, conveying its considered positions across a wide spectrum of technical, programmatic and governance issues. India contributed substantively to discussions on the Programme Budget 2026–2027, underscoring the need for equitable resource allocation, strengthened country-level support, and alignment with national priorities.

The Indian delegation attended 7 Side Events organized on the sidelines of the 78th RC. India organized/co-sponsored the following two side events:

- **Developing a digital health ecosystem for integrated person–centred care-** Lessons from implementing Digital Health Blueprints in the region
- **Sustaining Gains, Expanding Horizons-** From A 20-Year Journey of Regional Kala-azar Elimination Commitment and Innovation Toward a Healthier South-East Asia through Multi-Disease Elimination (MDE)

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 year 2025, India's assessed contribution is Rs. 51.63 Cr decided on the basis of UN scale of assessment. Additionally, India has contributed Rs. 77.84 Lakh as voluntary funding towards the Special Programme for Research and Training in Tropical Diseases and the Special Programme of Research, Development and Research Training in Human Reproduction (HRP). Also India has given assessed contribution of amount Rs. 73 Lakhs to WHO FCTC for the year 2025.

The Government of India has fully funded the WHO project for the redevelopment of the South-East Asia Regional Office (SEARO) in New Delhi. As of 2025, ₹285.72 crore has been released towards the project, including ₹37.62 crore disbursed in 2025, against an approved project cost of ₹300.92 crore.

7.3 INDIA'S PARTICIPATION IN INTERNATIONAL GROUPS AND BODIES

A. Brazil, Russia, India, China and South Africa (BRICS) Meetings and Workshops

BRICS brings together eleven major emerging markets and developing countries of the world: Brazil, China, Egypt, Ethiopia, India, Indonesia, Iran, Russia, Saudi Arabia, South Africa and United Arab Emirates. In 2025, BRICS welcomed Indonesia as new member.

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.

India remains actively engaged in the BRICS health track and commends Brazil for its leadership in advancing key health priorities, including progress on the BRICS Vaccine R&D Centre and the BRICS Network of Public Health Institutes, while emphasizing the need to strengthen existing capacities and ensure alignment with national systems. India reiterated its commitment to TB elimination through innovations such as the Nikshay Portal and the BPaLM regimen for the treatment of multi-drug-resistant TB (MDR-TB), and encouraged BRICS countries to leverage digital technologies for TB surveillance and management. India welcomed advancements in BRICS Regulatory Cooperation, highlighting its global regulatory contributions, including hosting the 2024 ICDRA and achieving WHO-verified Maturity Level-3 for its vaccine regulatory system, and suggested deeper collaboration in supply chain strengthening, R&D, generic medicines, and regulatory harmonization.

India also underscored the importance of addressing social determinants of health-particularly neglected tropical diseases-within a One Health framework, and called for an ethical, collaborative, and equitable approach to integrating digital technologies and AI in healthcare.

B. Meetings of Intergovernmental Negotiating Body to negotiate a Pandemic Agreement/ Treaty

India has demonstrated exemplary leadership and diplomacy in negotiations of the Pandemic Treaty. Through strategic foresight, collaborative engagement and a firm commitment to safeguarding global health, India ensured that its national interests were effectively represented and preserved in these critical discussions. This achievement has elevated India's role on the global stage and contributed significantly to shaping a more resilient global health architecture, setting a benchmark for diplomatic excellence and visionary leadership.

Drawing on synergies with the WHO Framework Convention on Tobacco Control (FCTC), India successfully advocated for a governance structure

for the Pandemic Treaty/Accord that follows established and proven precedents. The country also played a key role in shaping the legal architecture of the WHO Pandemic Agreement, ensuring it reflects principles of equity, sovereignty and global solidarity. A major milestone was achieved when the negotiated text of the Pandemic Treaty reached consensus after intensive deliberations and was adopted by the 78th World Health Assembly, held at WHO Headquarters in Geneva from 19th to 27th May 2025.

C. Meetings under Multilateral Forums such as Quadrilateral (Quad) Partnership between India, Australia, USA and Japan, SCO partnership, BRICS.

The Quad is a grouping of Australia, India, Japan and the United States that is maintained by talks between member counties. 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. Quad continues shall continue to deliver for partners across the region, through the delivery of pandemic preparedness training through Quad Health Security Partnership.

India played a key role in conceptualizing the Quad Pandemic Preparedness Workshop (17th-19th March 2025, New Delhi) for the Indo-Pacific region as a key deliverable under India's Quad Presidency. Ensured seamless coordination with quad partners, 15 Indo-pacific countries & International organizations for effectively aligning deliberations with India's strategic priorities in health security and regional collaboration.

The 8th SCO Health Ministers' Meeting held in Xi'an, China on 28th April, 2025, India, along with the member states, reaffirmed the commitment to advancing regional cooperation in health by collectively strengthening emergency medical care and disaster medicine systems, enhancing primary healthcare, and harnessing digital health solutions and technologies to improve service delivery. The member states emphasized the promotion of traditional and complementary medicine as integral to holistic health approaches. The member states also agreed to foster partnerships in the field of health protection, exchanging best practices, and implementing initiatives aimed at increasing the resilience of national healthcare systems and improving the well-being of the region's population.

D. Gavi-Global Summit: Health and Prosperity through Immunisation, 25th June 2025.

India participated in the Global Summit: Health and Prosperity through Immunisation in Brussels, on 25th June 2025. A prerecorded video message by the Hon'ble HFM was played during the pledging session, where India pledged US$20 million to GAVI for its 6.0 program cycle, 2026-2030. Shri Saurabh Kumar, Ambassador of India to Belgium and Luxembourg and Ambassador to the European Union, delivered an intervention on behalf of India in the thematic session "Leading by Doing: Visions for the Future".

E. 80th session of United Nations General Assembly (UNGA80) scheduled during 22-26 September, 2025.

A four-member delegation, led by Ms Punya Salila Srivastava, Secretary (Health and Family Welfare), visited New York to attend the 80th session of the United Nations General Assembly (UNGA) from 22nd September to 26th September 2025. There were 20 high-level and side events related to health where India was invited, out of which 6 high-level events were attended by Ms Punya Salila, Secretary (HFW) and the rest were attended by the officials. The delegation also had 3 bilateral meetings. Ms Punya Salila Srivastava, Secretary, Health & Family Welfare, Government of India, elaborated on the various initiatives of India to tackle NCDs and promote mental Health at UNGA High-Level Meeting. She also highlighted India's initiatives to advance eye health and vision for all in the Friends of Vision event hosted by Prime Minister of Antigua and Barbuda. Further, she deliberated on India's strategic and policy stance in strengthening maternal health and addressing NCD at the PMNCH-hosted event. India refocuses priority by placing children and young people at the heart of managing Non communicable Diseases and promoting Mental Health as a co-host with UNICEF & others.

F. G20 meetings

1st G20 Health Working Group Meeting (24th January 2025)

The G20 Presidency under South Africa was guided by the pillars of Solidarity, Equality, and Sustainability, emphasizing their importance in achieving Universal Health Coverage (UHC).

South Africa's G20 Health Working Group identified the following priorities:

a. Accelerating UHC through a Primary Health Care (PHC) approach.
b. Strengthening Human Resources for Health (HRH).
c. Stemming the tide of Non-Communicable Diseases (NCDs).
d. Pandemic Prevention Preparedness Response (PPPR).
e. Science and Innovation for health and economic growth.

Additionally, the Presidency emphasized efforts to combat NCDs, including integrating a One Health approach and addressing the social determinants of health.

India highlighted the success of flagship initiatives such as the Ayushman Bharat Mission, Ayushman Aarogya Mandir, and Pradhan Mantri Jan Arogya Yojana (PM-JAY), which collectively aim to improve health outcomes through comprehensive primary care and the world's largest health assurance scheme.

India also advocated for the integration of Traditional, Complementary, and Integrative Medicines (TCIM) to address health inequities and strengthen progress towards Universal Health Coverage (UHC).

Emphasizing the importance of strengthening human resources for health, India underscored the need to build resilient health systems and ensure equitable access to healthcare services. The country highlighted the pivotal role of the World Health Organization (WHO) in fostering global health standards and encouraged inter-learning among public health institutions to facilitate the exchange of best practices.

India welcomed the prioritization of Non-Communicable Diseases (NCDs), particularly emphasizing preventive care, mental health, and wellness. It proposed the development of integrated healthcare frameworks, unified traditional medicine campaigns, and regulatory standards to effectively address the growing burden of NCDs.

Furthermore, highlighting the role of Digital Public Infrastructure (DPI) and the Global Initiative on Digital Health (GIDH), India emphasized their potential in reducing costs, expanding reach, and ensuring equitable healthcare access through interoperable digital systems.

2nd G20 Health Working Group Meeting (25–28 March 2025)

India acknowledged that investing in Primary Health Care (PHC) remains the most inclusive, equitable, and cost-effective strategy to achieve Universal Health Coverage (UHC). It welcomed South Africa's leadership in fostering cooperation within the G20 to accelerate progress on UHC and enhance health financing. India also reaffirmed its support for continued policy dialogue and international collaboration aimed at advancing UHC and strengthening health systems globally.

India also reiterated its commitment to global cooperation in advancing innovative financing models, expanding risk pooling mechanisms, and reinforcing primary healthcare systems. It also emphasized the need for a comprehensive and integrated strategy to accelerate action against Non-Communicable Diseases (NCDs), focusing on preventive measures, early detection, and efficient management to reduce their prevalence and impact on population well-being.

3rd G20 Health Working Group Meeting (8–9 May 2025)

India presented its ongoing efforts to standardize training, enhance healthcare skills, and introduce mid-level health providers to strengthen service delivery. The country is promoting service in underserved regions through financial incentives and continues to prioritize mental health, safety, and gender equity in the health workforce.

India emphasized the strategic role of human resources for health in national development and

economic growth, outlining significant domestic investments aimed at ensuring equitable workforce distribution, particularly in underserved areas.

Further, during the meeting India highlighted its key national initiatives such as the Pradhan Mantri Kaushal Vikas Yojana, Skill India, and the National Digital Health Mission for their contributions to skills development and digital integration. India reiterated the importance of self-reliance through domestic production under the Atmanirbhar Bharat initiative and called for coordinated G20 action to integrate health workforce planning within broader economic and development strategies.

4th G20 Health Working Group Meeting (9–13 June 2025)

India strongly advocated for equitable access to medical countermeasures (MCMs), drawing attention to the disparities observed during the COVID-19 pandemic, where low- and middle-income countries (LMICs) were often last to receive vaccines, diagnostics, and therapeutics. The Vaccine Maitri initiative, through which India provided COVID-19 vaccines to numerous LMICs even as the pandemic continued domestically, was highlighted as a testament to India's commitment to global solidarity.

G20 Health Ministers' Declaration (4–7 November 2025)

India advocated for the integration of Traditional, Complementary, and Integrative Medicines (TCIM) to address health inequities and advance Universal Health Coverage (UHC). It also highlighted the transformative role of Digital Public Infrastructure (DPI) and the Global Initiative on Digital Health (GIDH) in reducing costs, expanding reach, and promoting equitable healthcare access through interoperable digital systems.

The G20 Chair's Statement underscores the importance of strengthening the global health workforce to address both current and emerging challenges, particularly in relation to migration, education, and the well-being of health professionals. It further encourages G20 member states to reinforce the global health workforce by investing in education, training, and digital health technologies.

G20 Joint Finance–Health Ministers' Meeting (7th November 2025)

India took note of the key deliverables and appreciated the efforts of the Presidency in updating and refining the Framework for Health, Social, and Economic Vulnerabilities & Risks (FEVR). While commending these refinements, India emphasized the need to ensure that the process remains pragmatic and inclusive, avoiding unnecessary complexity or duplication.

India expressed support for the updated operational playbook focused on "day-zero" financing and welcomed the inclusion of Antimicrobial Resistance (AMR) as a key priority area. However, India underscored that effectively tackling AMR requires a long-term strategy supported by robust regulatory and monitoring frameworks, improved data collection across all levels, and coordinated planning.

In addition, India commended the G20 South Africa Presidency for reconvening the G20 High-Level Independent Panel (G20 HLIP) to accelerate global health security preparedness and strengthen response financing.

G. Second WHO Global Summit on Traditional Medicine (17-19th December, 2025)

The Second WHO Global Summit on Traditional Medicine was conducted jointly by M/o AYUSH and World Health Organization in New Delhi, India from 17-19, December 2025. The summit focused on integrating evidence-based traditional medicine (TM) into global health, launching the massive digital Traditional Medicine Global Library (TMGL), announcing new collaborations (India-Japan, BIMSTEC Centre), and advancing the WHO Global TM Strategy 2025–2034, emphasizing digital tools (AI), fair benefit-sharing, Indigenous rights, and sustainable practices for overall planetary health.

Hon'ble Minister of Health & Family Welfare attended the opening and closing ceremony of the Summit and highlighted India's commitment to integrating Ayush into mainstream healthcare and fostering global research/standards via the WHO's Global Center for Traditional Medicine at Jamnagar, Gujarat.

Further, Hon'ble Prime Minister of India together with Director – General of WHO virtually inaugurated the newly constructed WHO South East Asia Regional Office Building during the closing ceremony of second WHO Global Summit on Traditional Medicine on 19th December, 2025. The construction of the building has been fully financed by the Government of India, reaffirming India's commitment to Regional and Global Health Cooperation.

7.4 AIRPORT HEALTH ORGANIZATIONS, PORT HEALTH ORGANIZATIONS AND LAND BORDER HEALTH UNITS –

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 Points of Entry (POEs) serve as India's first line of defence against Public Health threat's, including Chemical, Biological, and Radio-nuclear (CBRN) hazards. They play a crucial role in preventing the transmission of diseases through passengers, conveyances, and cargo across borders and ensuring a safe environment. 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 Port Health Organizations (LPHOs). These establishments are subordinate offices of Public Health (International Health) Division, Directorate General of Health Services, each tailored to address the unique challenges and health risks associated with international travel and trade at their respective points of entry. Additionally, these health units also ensure compliance with International Health Regulations (2005), Indian Aircraft (Public Health) Rules (1954), and The Indian Port Health Rules (1955).

The APHOs, PHOs and LPHOs carry out a range of critical functions, including International health screening, quarantine enforcement, disease surveillance, coordinating Haj pilgrimage, clearance of Human Remains, Yellow fever & Polio vaccination to international passengers, Food, Water & Vector surveillance and Control at POE premises, supervision of aircraft disinfection, supervision of sanitation, issuance of Ship Sanitation Certificate, training and capacity building of staff, Public Health Emergency of International Concern (PHEIC) coordination, thereby safeguarding public health at both National and International levels. At present, there are 30 APHOs, 11 PHOs and 4 LPHOs in India.

LIST OF EXISTING POEs (APHOs/PHOs/BORDER CROSSING HEALTH UNIT)

Name of APHO	Name of PHO	Name of LBHUs
Ahmedabad Amritsar Bangalore Bhubaneswar Calicut Chandigarh Chennai Cochin Coimbatore Delhi Gaya Goa Guwahati Hyderabad Indore Jaipur Kannur Kolkata Lucknow Madurai Mangalore Mumbai Nagpur Port Blair Pune Tiruchirappalli Trivandrum Varanasi Visakhapatnam Mopa, Goa	Chennai Cochin JNPT, Sheva Kandla Kolkata Marmagoa Mumbai New Mangalore Port Paradip Tuticorin Vishakhapatnam	Agartala Attari Amritsar Petrapole Dawki

Achievements of the PH(IH) Section of Dte.GHS during 2025-26

a. Inclusion of additional APHOs with manpower and established health services at International Airports.

b. Strengthening of Manpower at all PoEs under PM-ABHIM and SFC.

c. Yellow Fever Vaccination Centers have been expanded to 73 at present.

d. Implementation of unique code system for tracking yellow fever vaccination records.

e. The Annual Review Meeting was held on 25-27 September 2025 in Cochin, focusing on cross- learning and the analysis of activities.

f. Maintenance of the IHR PoE web portal (https://www.ihpoe.mohfw.gov.in).

g. Coordination of PoE with various stakeholders during annual Haj pilgrimage for public health needs.

h. Regular Pre-Monsoon, Post Monsoon vector surveillance and control activities at all PoEs.

i. Identification of Larval species of mosquitoes at Points of Entry. Video is created to provide training to staff's at PoE and easy reference during identification of species.

j. Assessing the Key Performance Area for Technical and Administrative staff at PoEs.

k. National Training Sessions (NTS) on various technical topics were organized for PoEs through online mode.

l. Technical Assessment of Yellow Fever Vaccination Centre was conducted all over India by a team of experts.

m. CPR Awareness Week was observed at all PoEs with wide range of activities such as Role Play, IEC, Demonstration of CPR and covered 23,000 Population.

Conclusion:

APHOs, PHOs, and LPHOs 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/ MEMORANDUM OF UNDERSTANDING, JWG MEETINGS AND FIELD VISITS

The following bilateral Agreements/Memorandum of Understanding (MoU) on cooperation in the field of health and medicine were signed during the period from 1st January, 2025 to 31st December, 2025

a. A Memorandum of Understanding (MoU) between India and the United Kingdom on Health Cooperation was signed on 23rd January,2025.

b. A Memorandum of Understanding (MoU) between India and Indonesia was signed on 24th January, 2025.

c. A Memorandum of Understanding (MoU) between Sri Lanka and India was signed on 5th April, 2025.

d. A Renewal Memorandum of Cooperation (MoC) between India and Bill & Melinda Gates Foundation USA was signed on 21st April 2025.

e. A Memorandum of Understanding (MoU) between Saudi Arabia and India was signed on 22nd April, 2025.

f. A Renewal Memorandum of Understanding (MoU) between India and Netherlands health was signed on 19th June, 2025.

g. A Memorandum of Understanding (MoU) between India and Namibia Islands was signed on 9th July, 2025.

h. Memorandum of Understanding (MoU) between India and Solomon Islands was signed on 3rd July, 2025.

i. A Memorandum of Understanding (MoU) between India and Armenia was signed on 7th November, 2025.

j. A Memorandum of Understanding (MoU) between India and Bhutan was signed on 11th November, 2025.

k. An Agreement between India and Russia was signed on 4th December, 2025.

The following proposals for signing of bilateral MoUs on cooperation in the field of health and medicine have been approved by Cabinet and proposed to be signed soon:

a. A Memorandum of Understanding (MoU) between India and Peru

b. A Memorandum of Understanding (MoU) between India and Tanzania

During the period, India held Joint Working Group (JWG) meetings under the MoUs/ Agreements with the following countries:

a. The 2nd Joint Working Group (JWG) meeting with Bahrain was co-chaired by Ms. V. Hekali Zhimomi, the then AS(IC) virtually on 21st January 2025 to discuss the following agenda points: Exchange of Medical Professionals & other experts, Exchange of expertise in the field of electronic consultations, telemedicine and artificial intelligence in the medical field and Digital Transformation, Medical Value Travel, Cooperation in Regulation of pharmaceuticals, vaccines and medical devices including Clinical trials, and Cost control in Healthcare.

b. The 1st Joint Working Group (JWG) meeting with France was co-chaired by Ms. V. Hekali Zhimomi, the then AS(IC) from 28th-29th January 2025 in Paris to discuss the following agenda: Digital health and artificial intelligence in healthcare, Fight against AMR, and Exchange and training of health professionals.

c. The 1st Joint Working Group (JWG) meeting with Cuba on 25th February 2025 was co-chaired by Ms. V. Hekali Zhimomi, the then AS(IC) in virtual mode to discuss the agenda points: Digital Health and Pandemic Management, Exchange of Medical Professionals, Pharmaceutical cooperation, Medical Devices and Diagnostics and Medical Value Travel.

d. The 1st Joint Working Group (JWG) meeting with Singapore was co-chaired by Ms. V. Hekali Zhimomi, the then AS(IC) on 7th May, 2025 in virtual mode to discuss the agenda points: Human resource development in healthcare, including exchange and capacity building of doctors and other healthcare professionals'; Digital Health; and Prevention, diagnosis, treatment and control of Non-Communicable Diseases, including cardiovascular diseases, cancers and mental health.

e. The 1st Joint Working Group (JWG) meeting with Angola held on 17th June 2025 co-chaired by Ms. V. Hekali Zhimomi, the then AS(IC) in virtual mode to discuss the agenda points: Digital Health and Pandemic Management, Exchange of Medical Professionals, Pharmaceutical Cooperation, Medical Devices and Diagnostics

f. The 2nd Joint Working Group (JWG) meeting with Oman held on 3rd and 8th July, 2025 co-chaired by Dr. Kiran Kumar Karlapu, the then Dir (IC) in virtual mode to discuss the agenda points: Digital Health Interventions, Cooperation in the Pharmaceutical sector and Drug Regulators, Issues pertaining to Medical Manpower

g. The 1st Joint Working Group (JWG) meeting with Zambia held on 23rd July, 2025 was co-chaired by Shri Madhukar Bhagat, JS(e-Health) in virtual mode to discuss the agenda points: Human Resources for Health (HRH), Digital Health, Pharmaceutical Cooperation, Communicable Diseases prevention through Integrated Disease Surveillance Programme (IDSP).

h. The 3rd Joint Working Group (JWG) meeting with Fiji held on 13th August 2025 was co-chaired by Ms. V. Hekali Zhimomi, the then AS(IC), in virtual mode to discuss the agenda points: Human Resource Development in Healthcare, Digital Health, and Pharmaceuticals and Vaccines.

i. The 1st Joint Working Group (JWG) meeting with Sri Lanka was held in New Delhi on 28th August 2025, co-chaired by Ms. Punya Salila Srivastava, Secretary (HFW) to discuss the agenda points: Ayushman Bharat Digital Mission (ABDM), procurement, drugs, and the Integrated Disease Surveillance Programme (IDSP).

j. The 2nd Joint Working Group (JWG) meeting with Jordan was held on 2nd September 2025, under the co-chairmanship of Dr. Rajeev Singh Raghuvanshi, Drugs Controller General of India (DCGI). The meeting included discussions on key agenda points

such as the acceptance and recognition of the Indian Pharmacopoeia, regulation of pharmaceuticals, vaccines and medical devices, the Ayushman Bharat Digital Mission, and Non-Communicable Diseases.

k. The 3rd Joint Working Group (JWG) meeting between India and the Kingdom of Morocco was held on 15th September 2025, co-chaired by Ms. V. Hekali Zhimomi, the then AS(IC) in virtual mode to discuss the agenda points: Drug regulation and pharmaceutical quality control, maternal, child and neonatal health, and communicable diseases with a special emphasis on HIV.

l. The 2nd Joint Working Group (JWG) meeting with Egypt was held on 29th September 2025, co-chaired by Ms. V. Hekali Zhimomi, the then AS(IC) in virtual mode to discuss the agenda points: Medical equipment and pharmaceutical cooperation, disease surveillance and emerging diseases (with special emphasis on leishmaniasis and lymphatic filariasis), and the training and upskilling of medical professionals.

m. The 4th Joint Working Group (JWG) Meeting on Health Cooperation between India and the Philippines was co-chaired by Ms. Punya Salila Srivastava, Secretary (HFW) and Atty. Paolo S. Teston, Director General, Food and Drug Administration of the Philippines on 28h November, 2025 in New Delhi. The meeting reviewed ongoing collaboration and explored new avenues of partnership across key areas including Digital Health, Pharmaceuticals and Vaccines, Exchange of Medical Professionals and Experts, HIV/AIDS, and Traditional Medicine.

7.6 HIGH-LEVEL MEETINGS

During the period, Hon'ble Union Minister of Health & Family Welfare held bilateral meetings/ engagements with the following to strengthen bilateral health cooperation:

a. Mr. Eric Garcetti, Ambassador of USA to India on 14th January, 2025 in New Delhi, India.

b. Virtual signing of MoU between India and the UK on Health Cooperation on 23rd January 2025 in New Delhi.

c. Mr. Abdulla Nazim Ibrahim, Hon'ble Minister of Health of the Republic of Maldives on 23rd February 2025 in New Delhi.

d. Mr. Bill Gates on 19th March, 2025 to discuss the renewal of MoC between DoHFW and BMGF in New Delhi.

e. H.E. Dr. Eduardo Martínez Díaz, Deputy Prime Minister of the Republic of Cuba on 20th March, 2025 in New Delhi.

f. H.E. E.P. Chet Greene, Minister of Foreign Affairs, Trade and Barbuda Affairs of Antigua and Barbuda on 21st March, 2025 in New Delhi.

g. Dr. Ratu Atonio Rabici Lalabalavu, Hon'ble Minister of Health of Fiji on 7th April, 2025 in New Delhi.

h. Dr. Christopher Tufton, Minister of Health and Wellness of Jamaica on 9th April, 2025 in New Delhi.

i. Shri Nalinda Jayatissa, Hon'ble Minister of Health and Mass Media of Sri Lanka on 27th August 2025 in New Delhi.

j. Mr Jan Christian Vestre, Norwegian Health Minister, was held on 17th November 2025 in New Delhi.

k. Mr. Mikhail Murashko, Hon'ble Minister of Health of the Russian Federation on 4th December, 2025 in New Delhi.

l. Mr. Mawlawi noor Jalal Jalali, Hon'ble Minister of Public Health of Afghanistan on 17th December, 2025 in New Delhi.

m. Dr. Sudha Sharma Gautam, Hon'ble Minister of Health & Population of Nepal on 17th December, 2025 in New Delhi.

During the period, Ms. Anupriya Patel Hon'ble Minister of State for Health & Family Welfare held bilateral meetings/ engagements with the following to strengthen bilateral health cooperation:

a. Mr. A.K Bachoo, Hon'ble Minister of Health and Wellness, Mauritius on 16th December, 2026 in New Delhi.

b. Dr. Nalinda Jayatissa, Hon'ble Minister of Health, Sri Lanka on 18th December, 2025 in New Delhi.

c. Dr. Ratu Atonio Rabici Lalabalavu, Hon'ble Minister for Health and Medical Services, Fiji on 18th December, 2025 in New Delhi.

Hon'ble Union Minister of Health & Family Welfare also visited Egypt from 10th November, 2025 to 12th November 2025 to attend 3rd edition of the Global Congress on Population, Health and Human Development (PHDC'25). On the side lines of the Congress, Hon'ble Minister participated in the following meetings:

a. Round Table with the Fertilizer companies in Egypt

b. Meeting with Deputy Prime Minister of Egypt in charge of Health & Population.

c. Round Table with the companies in Pharmaceuticals sector.

d. Meeting with Ministry of Petroleum & Natural resources (in charge of fertilizers).

e. Meeting with Deputy Prime Minister of Egypt in charge of Industry.

During the period, delegation from various foreign countries had undertaken site visit which are as follows:

a. Sri Lanka delegation had undertaken site visit to AIIMS New Delhi for Jan Aushadhi Kendra, Ministry of Ayush for bilateral meeting, NCDC, CDSCO, FSSAI and a Medical equipment manufacturing unit in Faridabad from 28th to 30th August 2025.

b. Philippines delegation had undertaken site visit to AIIMS New Delhi, All India Institute of Ayurveda, NCDC, CDSCO and FSSAI from 27th to 29th November 2025.

c. Nepal delegation had undertaken site visit to IPC, Ghaziabad and had a bilateral meeting in World Trade Center with the officials from NHA, M/s HLL Ltd, D/o Pharmaceauticals and MEA from 17th to 19th December, 2025.

In addition, around 90 meetings at the level of Secretary (HFW), Additional Secretary (IC/IH), Economic Advisor (IC/IH) and other senior officers were held with foreign dignitaries, delegates etc. to discuss various matters relating to health sector.

7.7 PERMISSION GRANTED FOR ORGANIZING INTERNATIONAL CONFERENCES IN INDIA (1ST JANUARY, 2025 TO 31ST DECEMBER, 2025)

During the period, this Ministry granted permission to 84 Organizations, Institutions etc. for organizing International Conferences etc. on health related matters in India.

7.8 ISSUE OF STATEMENT OF NEED (SON) CERTIFICATE, NO OBLIGATION TO RETURN TO INDIA (NORI) CERTIFICATE, AND EXCEPTIONAL NEED CERTIFICATE (ENC) (1ST JANUARY, 2025 TO 31ST DECEMBER, 2025)

During the period, 1646 applications for issuance of Statement of Need (SON) Certificate and 27 applications for issuance of Exceptional Need Certificate (ENC) were processed for undergoing higher studies/training in the USA on J-1 visa in medical specialties /super-specialties. 15 No Objection Certificates (NOC) for No Obligation to Return to India (NORI) were issued.

7.9 PARTICIPATION IN FELLOWSHIPS / CONFERENCES ABROAD (1ST JANUARY, 2025 TO 31ST DECEMBER, 2025)

a. During the period, 86 CHS doctors participated in International Conference / Symposia etc. abroad.

b. Eight Indian officials were deputed for a Knowledge Co-creation Programme held in Japan from 07.09.2025 to 13.09.2025.

c. Five Indian officials participated in the learning programme, "Digital and Data-Driven Healthcare (MS054-25)," held from 20.10.2025 to 31.10.2025 (excluding journey time) in Denmark.

d. Three Indian officials participated in the learning programme "Policy development and implementation of interventions to control antimicrobial resistance" held from 10-28 November 2025 in Denmark.

e. Two Indian officials participated in training held from 11th November to 4th December, 2025 (excluding travel time) in Japan under the Assam Health Training program.

7.10 IMPORTANT ACHIEVEMENTS FROM 1ST JANUARY 2025 TO 31ST DECEMBER 2025

WHO's Pandemic Treaty

India demonstrated exemplary leadership and diplomacy in negotiations of the Pandemic Treaty. This achievement has elevated India's role on the global stage and contributed significantly to shaping a more resilient global health architecture, setting a benchmark for diplomatic excellence and visionary leadership. India actively contributed in the Pandemic Treaty negotiations, where we consistently advocated for the inclusion of traditional medicine, digital health the right to development, pathogen access and benefit sharing with traceability and need for robust and resilient supply chains, equitable technology transfer, access to raw materials and comparator products for R&D, a strong One Health approach and the strengthening of the health workforce worldwide.

Drawing on synergies with the WHO Framework Convention on Tobacco Control (FCTC), India successfully advocated for a governance structure for the Pandemic Treaty/Accord that follows established and proven precedents. The country also played a key role in shaping the legal architecture of the WHO Pandemic Agreement, ensuring it reflects principles of equity, sovereignty and global solidarity. A major milestone was achieved when the negotiated text of the Pandemic Treaty reached consensus after intensive negotiations and was adopted by the 78th World Health Assembly, held at WHO Headquarters in Geneva from 19th to 27th May 2025.

Quad Health Security Partnership:

Under its Quad Presidency, India organized a Quad Workshop on Pandemic Preparedness for the Indo-Pacific Region from 17-19th March 2025 in New Delhi. The workshop was organized by India in follow up to its commitment during the Quad Leaders Summit held on 21st September 2024 in Delaware, with a view 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. Delegates from 15 Indo-Pacific countries, along with Quad partners, attended the event. The agenda of the workshop was to highlight best practices and challenges for mutual learning.

Shanghai Cooperation Organization

At the 8th SCO Health Ministers' Meeting held on 28 April 2025, India, together with member states, reaffirmed its commitment towards building robust health emergency response mechanisms. We agreed to strengthen cooperation, share experiences in building emergency medical systems, conduct regular drills and enhance collaborative medical rescue capabilities during outbreaks of infectious diseases, natural disasters and other public health emergencies.

78th Session of World Health Assembly

WHO validated India for eliminating Trachoma as a public health problem. On 19th May 2025, DG, WHO awarded India with the Certificate of Elimination of Trachoma as a Public Health Problem at the 78th Session of World Health Assembly. This prestigious global recognition comes in continuation of the earlier Certification awarded by the WHO South-East Asia Regional Office (SEARO) during the 77thRegional Committee Meeting held in October 2024 in New Delhi.

Inauguration of WHO South East Asia Regional Office Building

The redeveloped headquarters of the World Health Organization – South East Asia Region (WHO–SEAR) at Indraprastha Estate, New Delhi, fully funded by Government of India, was virtually inaugurated on 19 December 2025 by Shri Narendra Modi, Hon'ble Prime Minister of India and Dr. Tedros Adhanom Ghebreyesus, Director General, WHO in the presence of Minister of Health & Family Welfare, during 2nd WHO Global Summit on Traditional Medicine.

The inauguration was also graced by Sh. Prataprao Jadhav, Minister of State (Independent Charge), Ministry of Ayush & Minister of State, Ministry of Health and Family Welfare and senior officers of Ministries of Health & Family Welfare; Ayush; and WHO.

Memorandum of Understanding (MoUs)

During the period, India signed Memorandum of Understanding (MoUs) on cooperation in the field of Health with the following:

a. United Kingdom
b. Indonesia
c. Sri Lanka
d. Saudi Arabia
e. Netherlands
f. Namibia
g. Solomon Islands
h. Armenia
i. Bhutan
j. Russia
k. Bill & Melinda Gates Foundation

Joint Working Group (JWG) meetings:

During the period, India held Joint Working Group (JWG) meetings with the following countries under the MoUs signed with them:

a. Bahrain
b. France
c. Cuba
d. Singapore
e. Angola
f. Oman
g. Zambia
h. Fiji
i. Sri Lanka
j. Jordan
k. Kingdom of Morocco
l. Egypt
m. Philippines

FACILITIES FOR SCHEDULED CASTES AND SCHEDULED TRIBES

CHAPTER 8

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.

8.2 NATIONAL HEALTH MISSION

The National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, a ordable 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 underserved and marginalized groups in rural and tribal areas. A significant thrust has been given to infrastructure development to reduce the availability gap in tribal areas. Between 2005 and 2023, health facilities in tribal area saw a 67.6 per cent increase, compared to a 20.4% increase at the all-India level.

Type of Facility	All India (includes both urban & rural areas)			Tribal Areas		
	RHS 2005*	HDI 2022 - 23 *	% Increase	RHS 2005*	H D I 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

As of October 31,2025, 30,593 Ayushman Arogya Mandirs are operational in 178 districts with a higher tribal population.

Relaxed Norms for Tribal Areas

Under NHM, specific relaxed norms are in place for tribal areas to address their distinct needs for healthcare infrastructure and human resources:

- **Health Facility Norms:** The population norms for setting up Sub-health Centres (SHC), Primary Health Centres (PHC), and Community Health Centres (CHC) are significantly relaxed in tribal/hilly areas:
  - » SHC: Relaxed from 5,000 to 3,000 population
  - » PHC: Relaxed from 30,000 to 20,000 population

» CHC: Relaxed from 1,20,000 to 80,000 population

- **ASHAs:** States/ UTs have the flexibility to relax 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 Particularly Vulnerable Tribal Group (PVTG) areas under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN), with 653 MMUs approved for PVTG areas for FY 2025-26.

Additional ANM: After Multi-Purpose Centre (MPC) will be established by Ministry of Tribal A airs in PVTG areas, an additional ANM will be deployed in these MPCs with basic drugs and diagnostics facilities under PM JANMAN.

Two major schemes are implementing in convergence of Ministry of Health and Family Welfare (MoHFW) and the Ministry of Tribal Affairs (MOTA).

a. **PM-JANMAN:** Under PM-JANMAN, basic health care services are provided in the left-out PVTG villages through MMUs. PVTG households are covered under the Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to ensure access to cashless healthcare. Under this scheme, Multi-Purpose Centres (MPCs) are being constructed by Ministry of Tribal Affairs. At each MPC, an additional Auxiliary Nurse Midwife (ANM) is being deployed by MoHFW. The ANM will be equipped with basic drugs and diagnostic facilities.

b. Under Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA), basic health care services are also provided in the left-out tribal villages through MMUs and prioritizing Ayushman Card issuance for uncovered tribal households.

Additionally, MoTA's initiative namely Adi Karmayogi Abhiyan aimed at empowering tribal communities, strengthening responsive governance, and creating local leadership opportunities across the country to support the overall development of tribal welfare.



Ministry of Health & Family Welfare has received award from MoTA for "Best Performing Ministry" under PM-JANMAN on 17th October,2025 in "National Conclave on Adi Karamayogi Abhiyan".

8.3 NATIONAL URBAN HEALTH MISSION (NUHM)

National Urban Health Mission (NUHM) was approved on 1st May, 2013 as one of the sub-missions under an overarching National Health Mission (NHM).

NUHM envisages strengthening the primary health care delivery systems in urban areas and providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population. It also seeks to decongest secondary and tertiary health care facilities (District Hospitals/Sub-District Hospitals/Community Health Centre) by providing robust comprehensive primary health care services in urban areas. NUHM covers all cities and towns with populations of more than 50,000, as well as district headquarters and state headquarters with population of more than 30,000 and also establishes AAM-USHCs in urban areas with 15,000-20,000 population.

Since the beginning of the NUHM in FY 2013- 14, about 5304 UPHCs and 240 UCHCs are functional across the States. The human resources under the programme in position includes around 7,535 Medical Officers, 400 Specialists, 26,207 ANMs, 10,771 Staff Nurses, 4,342 Pharmacists, 4,010 Lab Technicians and 528 Public Health Managers including 4874 Allied health workers. About 91,637 ASHAs are engaged, and 98,274 MAS have been formed for effective community participation activities. (Source: Quarterly NHM MIS Report, Status as on 31.03.2025).

As part of Ayushman Bharat, the existing U-PHCs are being strengthened as Urban Ayushman Arogya Mandirs (AAM-UPHCs) to provide preventive, promotive, and curative services in cities closer to the communities. So far, 5441 UPHCs have been upgraded to AAM-UPHCs and 8165 AAM-USHCs have been operationalized across 35 states/UTs. (Source: AAM- Portal Status as on 31.10.2025)

The services delivered through all the Urban Health Facilities are available to all sections of the population including SC and ST communities.

8.4 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

Strengthening TB Care among Tribal Populations

The National Tuberculosis Elimination Programme (NTEP) has prioritized tribal populations as a key vulnerable group since 2005 through dedicated Tribal Action Plans. The Programme ensures equitable access to TB care services for all, irrespective of caste, gender, or religion.

Recognizing the distinct challenges faced by tribal, hilly, and hard-to-reach populations, NTEP has introduced special provisions to improve access and service coverage, including:

- TB Programme Management Unit (TB Unit) which is 1 TB Unit for every 1 lakh population in tribal, hilly and difficult area as against 1 TB Unit for every 2 lakhs general population. Every TB Unit is supported with a programme supervisory staff for management of diagnosis and treatment services in the area.
- Support for transportation of patient and attendant in tribal areas – Patients from tribal / hilly/difficult areas are being provided an aggregate amount of Rs. 750 to cover travel costs of patient and attendant.

Despite these efforts, geographical isolation, nutritional vulnerabilities, cultural barriers, and health-system gaps continue to constrain access and utilization of TB services among tribal communities. To address these persistent challenges, NTEP, in collaboration with the Ministry of Tribal Affairs (MoTA), launched the Tribal TB Initiative in March 2021, aligning TB elimination efforts with the broader tribal health and social protection framework.

Major Achievements under the Tribal TB Initiative

- **Aashwasan Campaign (2022–23):** Implemented across 174 tribal districts, screening 1.03 crore individuals, identifying 3.82 lakh presumptive TB cases, diagnosing 10,249 TB patients, and initiating treatment for 94% of them.
- **TB-Free 75 Districts Initiative (2023–25):** Expanded to 78 high-burden tribal districts; included organization of TB Gram Sabhas, sensitization of PRIs, SHGs, and youth, and leveraging of Tribal Welfare Department and CSR funds for diagnostics and awareness activities.

Key Learnings from Tribal Implementation

1. Community participation through PRIs, traditional healers, and TB Champions enhances awareness and reduces stigma.
2. Mobile diagnostics (MMUs, portable X-rays) significantly improve reach in remote areas.
3. Sample transport systems remain a logistical challenge in hilly and forested terrain.
4. Nutritional support and culturally sensitive communication are critical for treatment adherence.
5. Convergence with local governance structures and tribal welfare schemes amplifies impact.

Key Learnings and Integration into TB Mukt Bharat Abhiyaan (TBMBA)

Considering the progress made so far and the need to meet the Sustainable Development Goals (SDGs), a renewed approach was designed. TB burden and key performance indicators (KPIs) vary widely across States and UTs. To accelerate efforts in finding missing cases, reducing TB deaths, and preventing new infections, a stratified approach was introduced through the 100-Day Intensive TB Case-Finding Campaign.

Launched on 7 December 2024 and culminating on 24 March 2025 (World TB Day), the campaign emphasized multi-faceted strategies to address TB at a national scale. Building on these insights, the country has initiated the PAN India rollout of the TB Mukt Bharat Abhiyaan (TBMBA) from 24 March 2025.

Lessons learned from tribal interventions have been integrated into the design and implementation of TBMBA, ensuring that the renewed national drive remains inclusive, community-driven, and sensitive to tribal contexts.

Key Interventions under TBMBA

- Targeted case finding in high-burden districts, including tribal areas.
- Expanded community screening using portable X-rays and NAAT-based testing for early detection.
- Provision of TB Preventive Treatment (TPT) after ruling out active disease.
- Strengthened nutrition support and awareness campaigns emphasizing early diagnosis and treatment completion.
- Community ownership (Jan Bhagidari): Engagement of local elected representatives, NGOs, and Ni-kshay Mitras to provide nutritional, psychosocial, and livelihood support to individuals affected by TB.

The Abhiyaan embodies a "whole-of-society" approach, integrating health, nutrition, and psychosocial interventions for tribal and other marginalized populations.

NTEP Performance in Tribal Areas

To assess programme outcomes, TB notification and treatment success rates have been compared between tribal and all India populations.

The following graph illustrates the trend in TB notifications (in lakh) and treatment success rates (%) among tribal and all India populations over recent years.

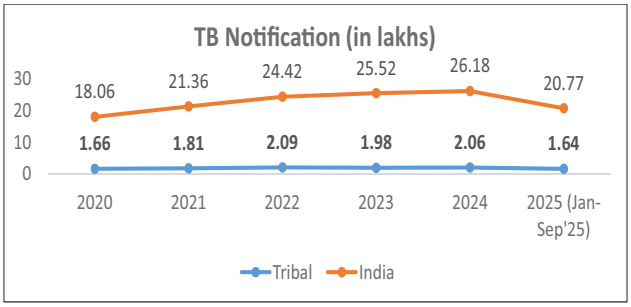


Figure1: TB Notification (in lakh) among Tribal and all India Populations (Source: Nikshay Data, NTEP)

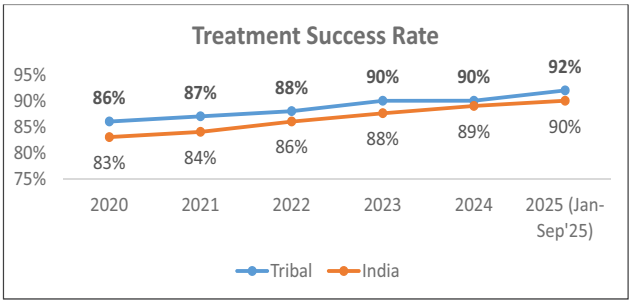


Figure2: Treatment Success Rate (%) among Tribal and all India Populations (Source: Nikshay Data, NTEP)

8.5 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

National Leprosy Eradication Programme (NLEP), India is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). NLEP programme has focussed its strategies towards vision of "Leprosy Free India" since its inception. Current NLEP strategies include availability of quality diagnostic & treatment services, reduction of transmission, prevention of deformities and disabilities due to leprosy.

India achieved elimination status of leprosy at National level in 2005 i.e., Prevalence Rate (PR) less than 1 case/10,000 population. Since then India has introduced various programmatic strategies to reduce the leprosy transmission. Still, India contributes to 60% of Global new leprosy cases. (Global Data by WHO 2023).

NLEP has released "National Strategic Plan & Roadmap for Leprosy 2023-27", which has enlisted strategies towards aim of "Interruption of transmission of leprosy in India by 2027" (3 years ahead of SDG 2030). The key strategies suggested under the NSP & Roadmap for leprosy with focus on Schedule Caste (SC) & Schedule Tribe (ST) population are, as follows:

I. For enhanced Active & Early Case Detection:

a) 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:

i. 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.

ii. Special Plan for Hard to Reach Areas (HTR) plan: Leprosy case search activity with special focus on tribal, difficult to reach and underserved areas.

b) 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).

c) Convergence of leprosy screening under Comprehensive Primary Health Care (CPHC), Ayushman Bharat for population based screening of women and men of age 30 years and above.

d) Urban Leprosy Screening under NUHM for Peri-Urban and Urban slums area/ colonies' migratory population.

II. To stop discrimination against people suffering from leprosy: Sparsh Leprosy Awareness Campaigns (SLAC) at village level.

III. For prevention of leprosy amongst contacts: Contact Tracing and Post Exposure chemoprophylaxis administration.

IV. Nikusth 2.0 (revamped ICT portal for NLEP): Launched by Hon'ble Union Minister of Health & Family Welfare, 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:-

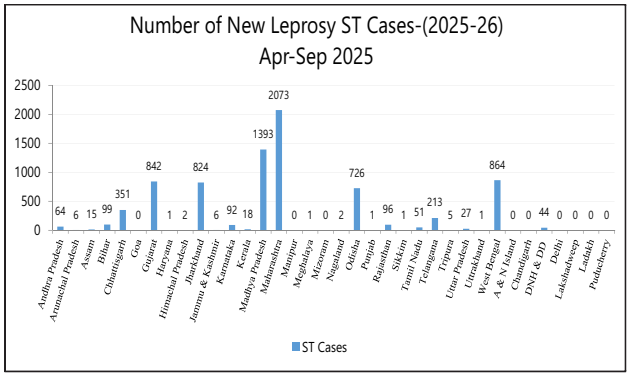
Epidemiological status of Scheduled Tribes and Scheduled Castes population

Under the programme, state wise disaggregated data of tribal population is collected on monthly basis.

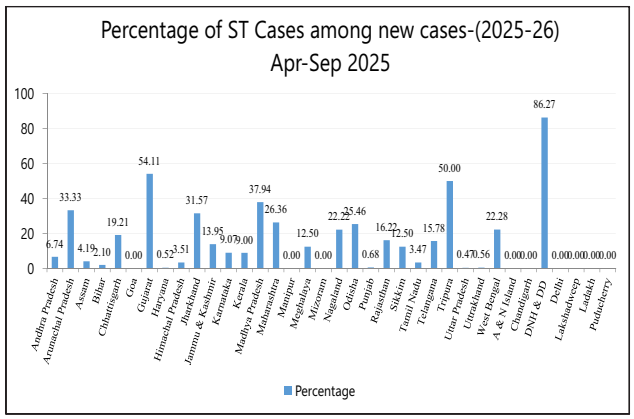
During the year 2023-24, out of total 1,07,851 new leprosy cases detected, 21,582 (20.01%) were STs and 18,625 (17.27%) were SCs. During the year 2024-25, out of total 1,00,957 new leprosy cases detected, 20,953 (20.75%) were STs and 16,883 (16.72%) were SCs.

Financial Year	Total New Cases	% ST	% SC
2023-24	1,07,851	20.01%	17.27%
2024-25	1,00,957	20.75%	16.72%
2025-26 (April to Sep-25)	42,138	18.55%	17.57%

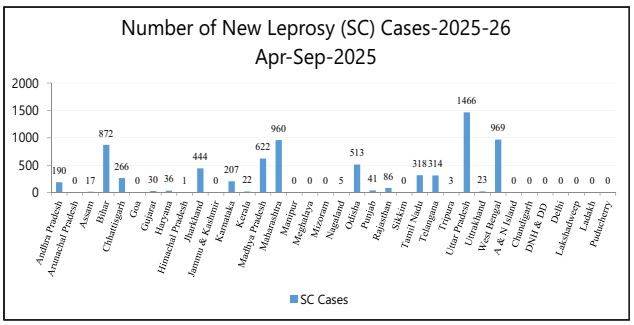
The state-wise graph of number of Schedule Tribes (ST) new leprosy cases among total new leprosy cases for F.Y. 2025-26 (Apr to Sep 25):

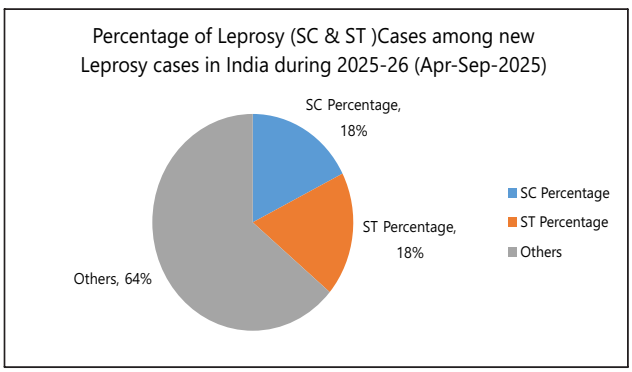


The state-wise graph of number of Scheduled Tribes (ST) new leprosy cases among total new leprosy cases for F.Y. 2025-26 (Apr-Sep 25):



The state-wise graph of number of Schedule Castes (SC) new leprosy cases among total new leprosy cases for F.Y. 2025-26 (Apr to Sep 25):





8.6 NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAME (NVBDCP)

Malaria:

The malaria disease burden in India has declined by 78.15% (from 1.16 million to 0.25 million) and malaria deaths by 77.6% (from 384 to 86) in 2024 as compared to 2015. Malaria is more predominant in tribal districts of North-Eastern States, Odisha, Chhattisgarh and Jharkhand. Among 182 tribal and Left-Wing Extremist (LWE) districts, there has been 80.32% reduction in malaria morbidity and 79.12% reduction in malaria mortality in 2024 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, externally aided Global Fund project is being implemented in high endemic States. A total of 1.58 crores Long- lasting insecticidal nets (LLINs) under GFTAM support were supplied to the community residing in high malaria endemic areas of 7 North Eastern States, Chhattisgarh, and Madhya Pradesh in 2024.

Lymphatic Filariasis:

In India, there are 348 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, 71 districts are endemic for LF. The current Lymphatic Filariasis elimination strategy is implemented uniformly across populations, including SCs and STs, in endemic districts of the country as relevant. There is no special tribal paradigm for Filaria transmission in the country.

Kala-Azar:

Under Kala-azar elimination programme promotive, preventive, and curative (diagnosis and treatment) services are uniformly made available to all segments of the population, including SCs and STs, in all the States/UTs of the country.

Dengue & Chikungunya:

Dengue and Chikungunya are endemic in all States/UTs (except Ladakh). NCVBDC provides

free diagnosis through 869 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 set up at District and CHC levels, to provide services for common NCDs (Diabetes, Hypertension and common Cancers viz. Oral, Breast and Cervical Cancers). Cardiac Care Units (CCU) and Day Care Centres are also being set up for providing facilities for emergency Cardiac Care and Cancer Chemotherapy respectively. Intervention on Chronic Obstructive Pulmonary Diseases (COPD), Chronic Kidney Diseases (CKD) and Non-Alcoholic Fatty Liver Disease (NAFLD) are also included in the programme. These services are uniformly made available to all segments of population including SCs and STs in all the states and UTs of the country.

Population based prevention and control, screening and management initiative for common NCDs (Diabetes, Hypertension and Cancer viz. Oral, Breast and Cervical Cancer) is being implemented as a part of comprehensive primary health care under Health Wellness 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 Ayushman Aarogya Mandirs, Community Health Centres(CHC), District Hospitals and other tertiary care institutions. The above mentioned services are meant for all including SC/ST population as per the programme guidelines. As of Nov 27, 2025, across India, a total of 51.22 crore individuals aged 30 years and above have been enrolled through the NCD application, with 52.60 crore screened. Records of these individuals are maintained in the NCD application (including States using their own applications and providing aggregate data). From 1st January 2025 to 27th Nov 2025, a total of 6.63 crore individuals aged 30 years and above were enrolled through the NCD application, and 17.13 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. 17 SCIs and 19 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.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 751 (45 Linked) districts at 1750 centres with 12,575 haemodialysis machines. Total 29.79 lakh patients (cumulative) have availed dialysis services and 382.94 Lakh Hemo-dialysis sessions (cumulative) were held as on 31st October 2025. From 1st January 2025 to 31st October 2025, dialysis services made available in 3 districts, 175 centres by deploying 1725 machines. Total 3.3 lakh patients availed dialysis services and 65.58 lakh hemo-dialysis sessions held from1st January 2025 to 31st October 2025.

8.8 AYUSHMAN BHARAT PRADHAN MANTRI - JAN AROGYA YOJANA

Ayushman Bharat Pradhan Mantri- Jan Arogya Yojana (AB PM-JAY) is the world's largest health assurance scheme that intends to minimise the out-of-pocket expenditure of the target beneficiaries arising due to catastrophic expenditure on healthcare. The scheme provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to over 55 crores poor and vulnerable individuals corresponding to 12 crore families that form the bottom 40% of the Indian population. The households included in the scheme are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC) and other State schemes that consider similar deprivation criterion as of AB-PMJAY. The scheme was launched subsuming the erstwhile Rashtriya Swasthya Bima Yojana (RSBY) on 23.09.2018 with an aim to improve affordability, accessibility and quality of healthcare for the poor and vulnerable section of the population.

Salient Features of AB PM-JAY

- Around 12 Crore poor and vulnerable families (approximately 55 crore individuals) are entitled under AB PM-JAY for cashless and paperless healthcare services of upto 5 lakhs annually which can be accessed at any of the AB-PMJAY empanelled hospitals.
- The beneficiaries can avail healthcare services across 27 specialities covering 1949 procedures. This health cover includes 3 days of pre-hospitalisation and 15 days of post-hospitalisation expenses.
- There is no cap on family size, age or gender to ensure that all members of the beneficiary families are covered.

The benefits under the scheme are portable across the country.

- The scheme is implemented in convergence with the State schemes where the State governments have identified other beneficiaries based on similar parameter as of AB PM-JAY.

Beneficiary Identification

The Beneficiary Identification System (BIS) is one of the key components of National Health Authority's (NHA's) information technology. It facilitates verification of eligible beneficiaries through SECC or additional datasets through Application Programme Interface (APIs) and supports Aadhaar based e-KYC (electronic Know Your Customer) for authentication. NHA has launched a mission mode campaign "Aapke Dwar Ayushman" for massive card creation across States UTs. NHA has empanelled Card Creation agencies and card approver agencies to expedite the Ayushman card creation in the States/UTs. In this regard, the State/UTs have also been given flexibility to select any other agency as per their convenience.

Recently, National Health Authority has revamped the card creation process, where a new mobile application viz. 'Ayushman App' has been developed to ensure Ayushman card saturation in a time bound manner. This mobile application has been enabled with self-verification feature whereby beneficiaries can create Ayushman card for himself/herself along with his/her family using a mobile phone. Also, this mobile application is equipped with face-auth technology that restricts dependency on any external device for beneficiary authentication and thus mitigating the field level challenges during card creation. Further, NHA has also actively collaborated with State Health Agencies to establish grassroots network of Health Care Workers (HCWs) and Front-Line Workers (FLWs) to easily mobilize beneficiaries and expedite card creation.

Coverage of SC / ST under AB PM-JAY (Data as on 30 Sept. 2025)

Sl.No.	Parameter	National Coverage	Total progress for which SC/ST categorisation is available (SECC)	Scheduled Castes	Scheduled Tribes
1	No. of Ayushman cards generated	41.56 Crore	6.70 Crore	1.97 Crore	97.2 Lakhs
2	No. of hospital admission authorized	10.53 Crore	71.38 Lakhs	NA	NA
3	Amount of hospital admission authorized	1,52,917 Crore	9,446.35 Crore	NA	NA

Note: Categorisation of SC & ST is available for SECC database only. Since information related to SC & ST categorisation is not available for non-SECC databases, the extent of beneficiary coverage and healthcare utilization by SC & ST community under AB PM-JAY cannot be fully quantified.

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.

Budget Allocation For SC/ST

(Rs. In Crores)

	BE 2025-26		Expenditure till 08.11.2025	
Scheme	SC	ST	Expenditure (SC)	Expenditure (ST)
Human resource for Health and Medical Education	232.41	120.41	62.28 cr.	47.88

8.10 BUDGET ALLOCATION FOR SC/ST

Schemes/Programme/ Institutes		BE 2025-26		Expenditure upto 30.06.2025 (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	6098.43	2932.57	1363.48	0
2.	Infrastructure Maintenance	1521.88	827.65	619.45	359.10
3.	Human Resource for Health and Medical Education	232.41	120.41	4.43	0.64
Total-National Health Mission		**7852.72**	**3880.63**	**1987.36**	**359.74**
4.	Strengthening of State Drug Regulatory System	8.65	4.85	0	0
5.	Tertiary Care Programme	34.20	19.18	0	0
6.	Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)	667.47	345.11	25.67	13.27
7.	Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY)	1531.13	979.74	188.33	53.67
Total-Centrally Sponsored Schemes		**10094.17**	**5229.51**	**2201.36**	**426.68**
Grand Total		**10094.17**	**5229.51**	**2201.36**	**426.68**

ACTIVITIES IN NORTH EAST REGION

CHAPTER 9

9.1 INTRODUCTION

The North-Eastern Region (NER) comprises of 8 States: Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura covering 7.97% (2.62 lakh Sq. Km.) of the country's geographical area and is home to 3.79% (4.58 Crore) of India's population, according to the latest census. As per MIS report for June 2025, NER is catered to by 10,478 government healthcare facilities. These include:

- 383 Community Health Centres (CHCs)
- 1763 Primary Health Centres (PHCs)
- 8332 Sub-Health Centres (SCs)

The region also has 29 medical colleges, comprising:

- 4 Central government medical colleges (2 in Assam and 1 each in Manipur and Meghalaya)
- 20 State government medical colleges (14 in Assam, 2 in Manipur and 1 each in Arunachal Pradesh, Mizoram, Nagaland and Tripura)
- 5 Private medical colleges (1 each in Manipur, Meghalaya and Sikkim and 2 in Tripura)

9.2 NATIONAL HEALTH MISSION IN NORTH-EAST STATES

Given the difficult terrain and scattered populations across North-Eastern region, NHM has relaxed the usual norms for setting up health facilities in the region. CHCs are now established for every 80,000 people (as compared to 1,20,000 in other States), while PHCs serve 20,000 people (as compared to 30,000 elsewhere). SCs are set up for every 3,000 people (as compared to 5,000 in other States).

To help bridge resource gaps, North-East and Hilly States receive a 90:10 fund-sharing arrangement under NHM, compared to 60:40 ratio in other States. The region also has flexibility in selecting ASHAs, allowing their deployment in villages with 1,000 or more people. North-East States can modify population norms and educational qualifications based on local ground realities, while maintaining service quality through strong capacity-building programs.

9.2.1 Achievements under NHM in respect of North-Eastern Region

Health Facilities & Human Resources: As per MIS Report for June 2025, a total of 162 healthcare facilities are functioning as First Referral Units (81 DHs, 22 SDHs and 56 CHCs & 3 other level) and 352 CHCs, 712 PHCs, 13 UPHCs and 2 UCHCs were operationalized on a 24x7 basis under NHM. The AYUSH facilities are also available in 1141 Health Centres (including 80 DHs, 134 CHCs, 17 healthcare facilities other than CHCs at or above Block level but below District level, 367 PHCs, and 543 other health facilities above SCs but below Block level).

Further, the region has seen substantial expansion in its healthcare workforce. 355 Specialists, 1872 Medical Officers, 1514 AYUSH doctors, 7665 Allied & Health Care Workers, 6960 Staff Nurses and 6838 ANMs have been augmented under NHM. As of 30th June 2025, the total number of ASHAs in position in NE States is 60,710 (Rural ASHAs – 57,891 and Urban ASHAs – 2,819) against the sanctioned 60,917 ASHAs (Rural ASHAs – 58,059 and Urban ASHAs – 2,858) as per NE States sources.

Facility-Based Newborn Care: The region has developed a robust network of newborn care facilities. 72 Special New-Born Care Units (SNCUs), 265 New-Born Stabilization Units (NBSUs), and 1921 New-Born Care Corners (NBCCs) 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: The region has developed 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. As per MIS Report of June 2025, there are 178 MMUs and 1,509 Ambulances (26 ALS, 1,014 BLS, 459 PTV, 7 Boat and 3 others) that are operational under NHM in NE States. NHM, Assam has 7 boat ambulances to cover the riverine areas.

1,056 ambulances (18 ALS, 45 BLS, 962 PTV and 31 others) operational in NE States deployed through other sources.

Comprehensive Primary Health Care: NE States have been upgrading the existing health facilities into Ayushman Arogya Mandir (AAM). As of 31st December 2025, a total of 8,727 AAMs (6035 SHC-AAMs, 1550 PHC-AAMs, 786 AYUSH-AAMs, 237 USHC-AAMs and 119 UPHC-AAMs) have been made functional.

Boat Clinics as Floating Health & Wellness Centres: Since 2008, Assam initiated an innovative approach to healthcare delivery through 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 trained healthcare staff and community health workers.

Bio-Medical Equipment Maintenance & Management Programme (BMMP): This programme is being implemented through the support under NHM in seven NE States (Arunachal Pradesh, Assam, Manipur, Mizoram, Nagaland, Sikkim and Tripura) in Public Private Partnership model. Meghalaya is implementing the BMMP through in-house mode utilizing the State's budget.

Free Diagnostic Services (Pathology): Arunachal Pradesh, Assam, Manipur, and Tripura through a mixed in-house and outsourced model, while Meghalaya, Mizoram, Nagaland, and Sikkim have adopted an in-house approach.

Free CT Scan Services: This program operates through Public Private Partnership (PPP) mode in Arunachal Pradesh, Assam, Sikkim, and Tripura, while Mizoram and Meghalaya have adopted an in-house approach.

Tele Radiology Services: This program has been implemented in Assam and Tripura.

Dialysis Services: PMNDP is being implemented across 120 Districts through 115 haemodialysis centres (Arunachal Pradesh – 11, Assam – 66, Manipur – 9, Meghalaya – 5, Mizoram – 5, Nagaland – 7, Sikkim – 4 and Tripura – 8) putting 729 haemodialysis machines. The PMNDP Services are outsourced through PPP mode in Arunachal Pradesh, Assam and Tripura and the States of Manipur, Mizoram, Nagaland and Sikkim providing the services through in-house mode and Meghalaya state through mix mode. In addition, Assam and Sikkim have also implemented Peritoneal Dialysis services as on 31st Dec, 2025.

Quality Assurance: Quality implementation in NE States has shown steady progress through initiatives such as NQAS, LaQshya, MusQan and Kayakalp. As of 31st December 2025, a total of 3327 public health facilities achieved NQAS certification (887 National level and 2,440 State level). In the NE Region, 66 Labour Rooms and 42 Maternity Operation Theatres are National certified under LaQshya, while 13 facilities, are National certified under MusQan. Under Kayakalp, more than 8,197 facilities participated, and 3,346 received Kayakalp incentives in FY 2024-25. Collectively, these achievements reflect NE States' commitment to strengthening patient safety, infection control, and service quality through structured certification and quality assurance systems.

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 NE States.

NEIGRIHMS currently has a 610-bed hospital facility comprising 30 fully functional departments.

Sl. No.	Departments
1	Anatomy
2	Anesthesiology
3	Biochemistry
4	Burns & Plastic Surgery
5	Community Medicine
6	Cardiology
7	CTVS
8	Dentistry
9	Dermatology
10	ENT
11	Forensic Medicine
12	General Medicine
13	General Surgery

Sl. No.	Departments
14	Microbiology
15	Neurology
16	Neurosurgery
17	Obstetrics & Gynecology
18	Ophthalmology
19	Orthopedics
20	Pathology
21	Pediatrics
22	Pharmacology
23	Psychiatry
24	Physiology
25	Radiation Oncology
26	Radiology
27	Surgical Oncology
28	TB & Respiratory Medicine
29	Transfusion Medicine & Blood Centre
30	Urology

Other services of the hospital are:

- Ambulance Services
- Blood Bank
- Central Sterile Supply Department
- 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 610 beds (including 78 ICU beds in the main hospital and 252 beds in Regional Cancer Centre). The percentage of bed occupancy is 70%. The Regional Cancer Centre is not yet fully operational and full load testing and trail of external power supply is being carried out.

NEIGRIHMS caters to the patients of entire NE Region from all States and neighbouring countries.

NEIGRIHMS is a Regional Centre for Medical Education Technology (RC-MET) of National Medical Commission (NMC).

The Institute is also designated as Mentor Institute for the entire North Eastern States for COVID Testing facilities by ICMR, various COVID-19 Testing facilities like RTPCR, TruNAT & CB NAAT are available in the Institute round the clock.

Sanctioned strength and incumbency position:

1. Manpower:

(i) Permanent – Presently, the Institute is having a total of 1591 manpower in position (including 26 Adhoc/ Consultant) against the sanctioned strength of 1979 posts as indicated below.

Sl. No.	Name of posts	Sanctioned	In position		Total in position	Vacancy
			Regular	Adhoc		
1	Professor	24	18	-	18	6
2	Associate Professor	37	21	-	21	16
3	Assistant Professor	96	50	5	55	41
4	Group A	83	61	1	62	21
5	Group B	1115	915	-	915	200
6	Group C	388	348	-	348	40
7	Senior Resident Doctor	126	55	17	72	54
8	Junior Resident Doctor	110	98	02	100	10
	Total	**1979**	**1566**	**25**	**1591**	**388**

(ii) Outsourced services: The Institute has outsourced manpower services in cleaning services, security services and vehicles for additional support in its hospital clinical services, academic and research activities.

Sl. No.	Particulars	Highly Skilled	Skilled	Semi Skilled	Unskilled	Total
1	Manpower	152	366	72	456	**1046**
2	Staff Nurse	67	-	-	-	**67**
3	Security	13	316	-	-	**329**
4	Housekeeping	-	16	-	458	**474**
	Total	**232**	**698**	**72**	**914**	**1916**

Grant-In-Aid and Budget

The Institute receives Grants-in-Aid from MoHFW as shown under:

(Rs. in Crore)

Budget Estimate 2025-26	Funds released by MoHFW (as per TSA) as on 31st October, 2025
530.00	296.50

Academic Activities:

The Institute is conducting undergraduate MBBS & B.Sc. Nursing courses with annual intake of 50 seats each along with Post Doctoral (DM) and Post-Graduate (MD/MS) & M.Sc. (Nursing) courses.

Post Doctoral (DM) and Post-Graduate (MD/MS) 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-Rihno Laryngology	2
8	Dermatology	2
9	Forensic Medicine	3
10	Biochemistry	2
11	Ophthalmology	2
12	Pharmacology	2
13	Orthopaedics	2

Post-Graduate Courses in Anaesthesiology and Physiology with annual intake of 4 seats and 2 seats respectively will be started from the Academic Session 2025-26.

Proposals for increasing seats intake in DM and PG seats in the following Departments have been submitted to MoHFW and under consideration:

Sl. No.	Department	No. of seats at present	No. of seats to be increased
1	OBG	2	6
2	General Medicine	2	8
3	Cardiology	2	4
4	Microbiology	3	4

Proposals for starting of Post Doctoral (M.Ch.) and Post-Graduate (MD/MS) in the following Departments have been submitted to MoHFW and under consideration.

Sl.No.	Course/ Department	No. of seats
1	M.Ch. Urology	2
2	M.Ch. Surgical Oncology	2
3	DM Onco Pathology	3
4	MD Paediatrics	2
5	MS General Surgery	2
6	MD Radiation Oncology	2

B.Sc. Nursing course:

B.Sc. Nursing course with 50 annual intake was started in the year 2006 which will be increased to 100 seats. The proposal to increase the intake has been submitted to MoHFW and under consideration.

Supernumerary Seats under PMSS Scheme for UTs of J&K and Ladakh students was implemented in 2022-23 wherein the Institute has allocated 8 (eight) seats for B. Sc. (Nursing) course at College of Nursing, NEIGRIHMS. Also 12 (twelve) Supernumerary seats were allocated for foreign students for B. Sc. (Nursing) course at College of Nursing of the Institute.

M. Sc. Nursing course:

M. Sc. Nursing Course with 10 students' intake per year was started from the year 2016. 2 (two) supernumerary seats have been allocated for foreign students.

Other activities:

The Institute is offering the following short-term training, internship and clinical experience to doctors/students sponsored by the State Government/ private Institutions.

(a) Training of MBBS doctors nominated by the Government of Meghalaya in USG for 6 months in the Department of Radiodiagnosis.

(b) One year internship for Foreign Medical Graduates with annual intake of 4 seats i.e. 7% of total intake as per NMC norms.

(c) Short Term Training of Nursing Officers nominated by TRIHMS, Government of Arunachal Pradesh in Cath. Lab of the Institute.

(d) Training of DNB Anaesthesiology Students of TRIHMS in Neuro and Cardiac Anaesthesia at NEIGRIHMS. An MoU was signed with TRIHMS, Naharlagun, Arunachal Pradesh.

(e) Short Term Training of students from North Eastern Institute of Ayurveda & Homeopathy (NEIAH), Shillong.

(f) Training of DNB students of Civil Hospital, Shillong, Govt of Meghalaya in Anaesthesiology.

(g) Clinical experience for B. Sc. (Nursing)/ GNM students from Government/ Private Institutions.

(h) Internship/ short term training to interested students sponsored by their Institutions in various subjects like Psychology, Physiotherapy etc. in different departments of the Institute.

(i) One year Senior Residency for in-service specialist doctors deputed by the Government of Meghalaya at NEIGRIHMS in order to meet the criteria to be eligible for the post of Faculty in the upcoming Shillong Medical College. An MoU was signed with the Government of Meghalaya.

(j) Training of doctors from the Mizoram State Cancer Institute in Upper GI Endoscopy, Colonoscopy and Bronchoscopy.

National and International Conferences, symposia, workshops, tele-conferences and tele-medicine workshops are held in collaboration with other institutes in the country, involving various other funding agencies for research, especially ICMR, M/o Education, Department of Science & Technology, 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 Schemes
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	Chief Minister Arogya Arunachal Yojana (CMAAY)
8	Ex-Servicemen Contributory Health Scheme (ECHS)
9	Chief Minister Health Insurance Scheme (CMHIS), Nagaland

Major High-End Equipment:

Lithotripsy Machine/Trans Esophageal Echocardiography/Trans Cranial Doppler/ Stereotactic Navigational System for Neuro surgery /CUSA/ECMO/Holmium LASER/Virtual Dissection Table/MRI–3 Tesla / CT scan – 128 Slice /Cathlab/Digital Radiography / Fluoroscopy / Color Doppler / High-end USG/ ECHO for Interventional Radiology Procedures & Elastography/ Mammography/DSA / Human patient simulator lab / Virtual Autopsy / DEXA Scan.

The hospital has got a Gas Manifold System with centralized pipelines. It has got the following Oxygen supply System:

1. 2 Nos. of Liquid Medical Oxygen Plant each having 10 KL capacity.
2. 2 units of PSA (Pressure Swing Adsorption) plants each having capacity of 300 L/min and 700 L/min respectively.

Hospital statistical report (January 2025 to October 2025)	
Parameters	**2025 (Jan to Oct)**
Out Patients (OPD)	3,32,987
Casualty Patients	17,712
In Patients (IPD)	14570
Death	724
Birth	663
Major OT	3328
Minor OT	763
Laboratory & Radiology Investigations	
Pathology	950423
Microbiology	380230
Biochemistry	1516441
Radiology	122945
Bed Occupancy %	70

eOffice and Campus Wi-Fi infrastructure

1. Official Email Domain and Account Creation: NEIGRIHMS successfully acquired the official email domain @neigrihms.gov.in and created 1,451 email accounts for employees. This enables smooth onboarding to the eHRMS platform and ensures seamless access to eOffice service.

2. Successful Implementation of eOffice and Initiation of SPARROW: The institute successfully implemented eOffice from 01.09.2024, promoting efficient, paperless administration. The SPARROW system is now being initiated in collaboration with NIC for online performance appraisal management.

3. Campus Wi-Fi Infrastructure Rollout: A major initiative to provide Campus Wi-Fi connectivity for doctors, faculty, staff, and patients has been completed in July 2025. This project aims to significantly enhance digital accessibility and communication across the campus.

Major expansion projects of NEIGRIHMS

Construction of Critical Care Block (CCB) With 150 Beds:

In January 2023, MoHFW approved the award of work. The foundation stone was laid by the then Hon'ble Union Minister of Health & Family Welfare on 14.10.2023. The physical progress is 73.5 % and financial progress is 66.55% as on 10.11.2025.

Acquisition of additional land:

The Government of Meghalaya handed over the 20 Acres of additional land to NEIGRIHMS on 23rd November 2020, for construction of Dwelling Units for Faculty, Group A, B & C categories. The proposal was placed before 1st Estate Committee held on 22nd November 2023 and the Committee decided to float an Expression of Interest (EOI) for identifying the consultant as per GFR provisions. The Institute prepared EOI incorporating CVC's guidelines for experience, financial turnover, etc. and placed the matter in 3rd Estate Committee held on 1st September 2025. The Institute submitted Draft EOI to Ministry on 24.09.2025. A comprehensive proposal as desired by MoHFW, on the proposed construction of new dwelling units on the newly acquired land, is under submission.

Future Plans:

- Developing a Regional Trauma Centre
- Setting up Clinical Biological Radiological Nuclear Centre of 150 beds
- Setting up Drug De-Addiction Centre with 50 beds
- Air Ambulance
- Increasing additional Sports facilities within the campus

9.4. REGIONAL INSTITUTE OF MEDICAL SCIENCES (RIMS), IMPHAL

Regional Institute of Medical Sciences, set up in 1972, has been functioning under MoHFW since 1st April, 2007. It is an Institute of regional importance which caters to the needs of the North Eastern Region in the field of medical education by providing undergraduate and post-graduate courses. The Institute includes a teaching hospital with a total bed capacity of 1229, equipped with modern state-of-the-art equipment and teaching facilities. It also has a Dental College, established in 2011 and a Nursing College, which started functioning from 2009.

2. Management

The Institute has a Board of Governors headed by the Union Minister of Health and Family Welfare as the President at the apex level and an Executive Council headed by Secretary, Health and Family Welfare, Government of India as the Chairperson.

The Board of Governors is the highest authority of the Institute, which has the power for all necessary acts for attainment and administration of the objectives of the Institute. The Executive Council is responsible for supervising the overall administration and management of the Institute, reviewing of finance, approval of academic, scientific and technical programmes, framing Bye-laws and procedures for conduct of affairs of the Institute, etc. There are other Committees also, such as Finance Committee, Purchase Committee, Standing Academic Committee, Hospital Affairs Committee, etc. for matters relating to financial, procurement, academic and hospital administration.

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 also. The functioning of the Dental College, Nursing College and different medical specialities is directly under the respective Principals/ Heads of the Departments.

3. Courses Offered

The courses being run along with intake capacity in the Institute are as follows:

Sl. No.	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's 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 number of annual admissions to MBBS course is 125 students. The details of these seats are as under:

Sl. No.	Name of State	MBBS	BDS	B.Sc. (Nursing)
1	All India Quota	19	7	-
2	Arunachal Pradesh	7	4	5
3	Meghalaya	13	7	5
4	Mizoram	7	4	5
5	Manipur	30	13	20
6	Sikkim	5	3	5
7	Tripura	13	7	5
8	Nagaland	10	5	5
9.	NE Open - All Beneficiary States of RIMS, Imphal	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		5	5
NE Open (Graduates of beneficiary States of RIMS, Imphal)		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 students who graduated as of 31.03.2025 is as under:

1.	Total No. of MBBS graduates	3975
2.	Total No. of MD/MS/DCP graduates	2354
3.	Total No. of M.Ch./ DM graduates	38
4.	Total No. of M.Phil. (Clinical psychology) graduates	85
5.	Total No. of M.Sc. (Nursing) graduates	24
6.	Total No. of B.Sc. (Nursing) graduates	427
7.	Total No. of BDS graduates	287
8.	B.Sc. (MLT) graduates	28
9.	B.Sc. (MRIT) graduates	9
10.	No. of students awarded Ph.D.	10

4. Staff Strength in RIMS

Sanctioned Posts	In Position
1933	1392

5. Patient Care Services

RIMS Hospital serves as the main referral hospital in the State of Manipur and provides healthcare services to a large number of patients both out-door as well as indoor patients. The hospital is giving treatment to 6 lakh (approx.) outdoor patients and 54,000 (approx.) in-patients annually. The following data show the number of patients getting treatment from the hospital, during the year 2024-25:

a) No. patients in OPD - 4,44,168

b) No. of Patients in Casualty- 1,31,932

c) Total number of Patients at OPD and Casualty- 5,76,100

d) Average daily OPD attendance - 1564

e) Total No. of Beds - 1229

f) No. of patients admitted in Ward - 53496 (M-22941, F-30535)

g) No. of Surgery done -44653 (Major-10220, Minor -34433)

h) Bed occupancy Rate -63.03%

i) Average length of stay - 6 days

j) No. Deliveries - 11168

k) No. of Normal Deliveries -6034

l) No. of Caesarean Section - 5134

m) No. of Deaths (of whole year)- 1344

n) Death rate - 3.77%

6. Newly Procured Equipment/ Instruments

The Institute has 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.
- Cryoablation Machine inaugurated with hands-on workshop in PMR on 13th Nov. 2024.
- An Optical Biometer (IOL MASTER 700) inaugurated at the Department of Ophthalmology, RIMS, Imphal on 30th August, 2024.
- Inaugurated a Fibroscan and Portable Echo Ultrasound machine at Department of Medicine.
- Added three machines - the Equinox-100 Teletherapy Unit, HDR Brachytheraphy Unit, and Conventional Simulator.
- A Lumenis Pulse 120-Watt Holmium Laser machine procured and installed in the Department of Urology on 6th September, 2024.
- Vitrectomy Machine, OCT Angioplex, and Fundus Camera (FFA and ICG) for the Department of Ophthalmology.
- C-ARM Machine (ZIEHM VISION RFD 3D) for the Department of Orthopaedics.
- Optical Biometer (IOL MASTER 700) for precise ophthalmic measurements at Department of Ophthalmology.
- Operationalised State-of-the-art Modular OTs at Plastic Surgery

7. Other Achievements

- Designated as the 13th Centre of Excellence for Rare Diseases under NPRD 2021, entitling eligible patients to free treatment upto ₹50 lakhs (01.02.2025).
- The Institute has started Renal Transplant at RIMS Hospital and kidney transplants have been done successfully on nine (09) patients.

- Cardiothoracic Unit of the Surgery Department has started Open Heart surgery at RIMS Hospital and, so far, 47 patients (44 Paediatric and 3 Adult) have been operated upon successfully.
- A dedicated State-of-the-art 2X5 MVA, 33/11 KV Sub-Station inaugurated.
- A Hyperbaric Oxygen Therapy (HBOT) Centre was inaugurated at Burn Unit, RIMS Hospital.
- A New Genetic Clinic was inaugurated at Paediatrics OPD, RIMS Hospital.
- Prof. (Dr.) Atul Goel, the then DGHS, MoHFW inaugurated a Genetic Lab at Anatomy Department and New Tobacco Cessation Centre at Dental College.
- 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.
- New 10-bedded Sports Medicine Ward.
- Inaugurated Badminton Mat Court at Gymkhana, RIMS, Imphal.
- In a significant step towards improving patient convenience and operational efficiency, the Institute has successfully installed Patient Registration Token Kiosk Machines at its General OPD Block.
- Online requisition of Births and Deaths Certificate started from 14th February, 2025 for convenience of the public.
- Free treatment under health Schemes:
  - » PM-JAY : 10,102 patients
  - » CMHT : 6,409 patients
  - » ECHS : Cashless treatment for ex-servicemen & dependents

8. Awards & Prizes

- Dental College, RIMS, Imphal was awarded for outstanding Performance by MoHFW on the occasion of the World Oral Health Day 2024.
- The Dental College got 1st prize under Nanhi – Muskan (Little Smile) Project 2025 of 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

(Rs. in Crore)

Budget Allocation for FY 2024-25 (Revised Estimates)	Budget Allocation FY 2025-26 (Budget Estimates)
632.30	650.00

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 in 1995-1996 to provide nursing, pharmacy and paramedical education to the people of North-East including Sikkim and to maintain the pace of nursing, pharmacy education and services with other development, medical and technological services. The Institute is located at the outskirt of Aizawl, Mizoram in a secluded hilly slope of about 39.60 bighas. The Institute was transferred to MoHFW w.e.f. 1st April, 2007.

At present, the Institute is conducting the following Courses:

Sl. No.	Name of Course	Duration
1	B.Sc. Nursing	4 years
2	B.MLS	4 years
3	B. Pharm.	4 years
4	B.MRIT	4 years
5	B. Optometry	4 years
6	PG Dip. in Nutrition & Dietetics	1 year + 3 months
7	BPT	5 years
8	M. Pharm.	2 years
9	M.Sc. Nursing	2 years
10	M.MLS	2 years
11	M.MRIT	2 years
12	Ph. D. in Pharmacy	6 years

(a) Achievements (01.01.2024- 14.11.2025)

(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 2025-2026	No. of students passed out in 2024-2025
1	B.Sc. Nursing	212	55	39
2	B.MLS	153	39	32
3	B. Pharm.	163	43	37
4	B. MRIT	147	40	31
5	B. Optometry	144	40	36
6	BPT	33	33	Newly introduced from Academic Year 2025-26
7	PG Dip. in Nutrition & Dietetics	10	10	Newly introduced from Academic Year 2025-26
8	M. Pharm.	60	31	20
9	M.Sc. Nursing	51	26	15
10	MMLS	43	23	8
11	MMRIT	10	10	Newly introduced from Academic Year 2025-26
12	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, Safdarjung Hospital, NEIGRIHMS, RIMS, NIPER, GNRC, AMRI Hospital, Apollo Hospital, Birla Heart Institute, Fortis Hospital, TATA Hospital, NIT, Mizoram University, Assam Downtown University, Assam Technical University, NATCO Pharma Ltd., Torrent Pharmaceuticals Ltd., CIPLA, etc. and abroad such as Australia, USA, Canada, Ireland, England, Norway, Singapore, etc.

In addition, many students qualified for the All India GPAT examination conducted by National Testing Agency (NTA).

Financial Position during the financial year 2025-2026 (from 01.04.2025 -31.10.2025)

Rs. in crore

Sl. No.	Particulars	BE 2025-26	Amount released by MoHFW	Internal Resources	Less: Expenditure as on 31.10.2025	Balance of Funds as on 31.10.2025
1	GIA General (Recurring)	40.01	13.30	-	9.10	4.20
2	Capital Assets (Non-Recurring)	63.54	62.70	-	49.81	12.89
3	GIA Salaries (Recurring)	31.45	17.14	-	9.38	7.76
	TOTAL	**135.00**	**93.14**	**-**	**68.29**	**24.85**

Achievements:

A. Project of Development of RIPANS:

a) Approval for the Project of Development of RIPANS at an estimated cost of Rs.480.12 Crore was conveyed by MoHFW on 27.02.2019.

b) Approval to award the work (Rs 217.97 Crore) was conveyed by MoHFW on 04.01.2021.

c) Civil works started on 01.03.2021 and the schedule date of completion was 28.02.2023. The construction work was completed on 11.03.2025 which were handed over to RIPANS on 16.10.2025.

d) The projects components are as under:

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 Theatres, 4 faculty rooms, 6 Department offices, 6 Heads of Department rooms, 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 seating capacity

B. Creation of 104 posts: The proposal for creation of 141 posts was approved in June 2025. Details are as under:

Sl. No.	Post	No. of posts created
1	Specialist Doctor	18
2	Medical Officer	12
3	Nursing Staff	45
4	Allied Health Professional	22
5	Hospital Administrative Staff	7

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 Sonitpur District of Assam, is a leading mental health and behavioral sciences institute in the North-Eastern Region of India. Funded and administered by the Government of India, it has been serving the region for 149 years.

The Institute plays an active role in augmentation of human resource, service provision and research in the field of mental health and allied sciences. It has an active outpatient Department and an inpatient care facility with 336 beds. The treatment facilities and services are free of cost. The Institute also conducts regular community-based extension programs.

The Institute offers regular courses in M.D. Psychiatry, M.Sc. Psychiatric Nursing, Master in Medical Laboratory Sciences (Hematology and Blood Banking, Medical Microbiology, Clinical Biochemistry), M.Phil. in Psychiatric Social Work, M.Phil. in Clinical Psychology, Post-Basic Diploma course in Psychiatric Nursing, Ph.D. programs in Psychiatric Social Work, Psychiatric Nursing and Clinical Psychology, 17 certificate courses, Post Doctoral Fellowship Courses in Geriatric Mental Health, Addiction Medicine Child and Adolescent Psychiatry and Fellowship Course in Community Mental Health Nursing. All these courses except certificate and fellowship courses are currently affiliated under the Gauhati University. The Institute also provides exposure

training to visiting students from various medical, para-medical and non-medical Institutions.

Patient Care Statistics (April to October, 2025)

Sl. No.	Name of Facility	Patients Attended
1	OPD	104003
2	Inpatient	1416
4	Referral	10438
5	Laboratory Investigation	273100
6	Radiology Investigation	1330
7	Community Extension Clinics	5149
8	EEG	315
	Total	**3,95,751**

IPD (April to October, 2025)

Admission			Discharge		
Male	Female	Total	Male	Female	**Total**
1004	412	1416	1023	405	**1428**

OPD (April to October, 2025)

New Case Registration				Old Case Registration			
Male	Female	Transgender	**Total**	Male	Female	Transgender	**Total**
8341	7103	1	**15445**	54242	34315	1	**88558**

Rehabilitation Services:

Services	Number of Activities	(April to October, 2025)
Physiotherapy	Total Number of Clinical Services (Patients)	5593
Occupational Therapy	Total Number of Clinical Services (Patients)	2010
Speech Therapy	Total Number of Clinical Services (Patients)	1469
Special Education	Total Number of Clinical Services (Patients)	1048
Wellness Centre	Total participants	318
	Total sessions	3540
Yoga Session	Total Number of Clinical Services (Patients)	11199

Outreach Extension Service: Mental Health Community Extension Service was one of the major initiatives planned and organised by the Department of Psychiatric Social Work, in coordination and support from Department of Psychiatric Nursing, Department of Psychiatry and other Departments. All the Departments of the Institute collaborate to conduct the clinics regularly and mental health professionals form the team attending these services. Psychiatric medicines and psychosocial services are provided free of cost for the patients. Referral services are provided to higher centres, as and when needed. Apart from therapeutic services, a team also conducts awareness activities for prevention, promotion, and rehabilitation of the psychiatric patients. The team also addresses the caregiver issues like misconceptions regarding illness and treatment compliance, care burden, need of support and issues of expressed emotions. Information regarding process of getting disability certificate and various Government schemes are provided in these group awareness programs.

The ongoing regular outreach services are Sootea Extension Clinic, Missionaries of Charity Extension Clinic, Dhula, Gram Vikash Parishad, Nagaon and newly added camp is Rural Organisation for Social Services (ROSS) Tangla.

A total 5149 patients received treatment during the period.

Student Intake:

A total 65 number of students were enrolled under different course i.e. Clinical Biochemistry - 4, Haematology & Blood Banking - 4, Medical Microbiology - 2, M. Sc. Nursing (Psychiatric Nursing) - 17, DPN - 2, Ph. D. (Psychiatric Nursing) - 01, M. Phil in Clinical Psychology - 12, Ph. D. in Clinical Psychology - 7, M. Phil. in Psychiatric Social Work - 10, Ph. D. in Psychiatric Social Work – 6.

Swachh Bharat Mission

As a commitment to Swachh Bharat Mission announced by Hon'ble Prime Minister of India, 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, 2025. During April to October, 2025 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 30 October, 2025 is as follows:

Sl. No.	Course	Total Enrolled	Total Certified
1.	Fundamentals of Geriatric Mental Health ECHO	71 (07.02.2025 to 17.05.2025)	16
2.	ECHO on Emergency Psychiatry	62 (14.02.2025 to 11.05.2025)	20
3.	Suicide Prevention	13 (06.12.2024 to 09.04.2025) 16 (16.07.2025 to 12.10.2025) — 29	06 received Certificates; 07 Certification in process
4.	Women's Mental Health	08 (25.06.2025 to 25.07.2025)	02
5.	Nursing Care for Older Adults	15 (ongoing) (From 12.09.2025 to 12.12.2025)	NIL
6.	Psychosocial Support in Disaster Management	NIL	NIL
7.	Fundamentals in Substance Use Disorder	NIL	NIL

Telemedicine Center:

The telemedicine centre continues to provide online teleconsultations for LGBRIMH's follow-up patients. From 1st April to 31st October, 2025, 504 appointments were made, and 308 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:

As part of the Capacity Building in Mental Health, the Department of Psychiatry is running a 14-day Hands-on-Training program called "Identification and Essential Care of Psychiatric Disorders for Primary Care Physicians". The primary aim of the training program is to ensure that primary healthcare providers attain competencies in delivering care for people with mental health conditions. The training methods involve Didactic lectures, Case Vignettes, Role Plays, Video Demonstrations, and Clinical Exposure in the Outpatient and In-Patient Department of Psychiatry.

The training modules' content is based on the case vignettes in the "Manual for Medical Officers - Assessment and Management of Mental Health Problems in General Practice." A total of 80 hours of training is delivered over two weeks, excluding weekends. The total hours of training are distributed across the various modules.

Medical Officers have been trained in the Institute regularly since the beginning of the training program in 2018.

Tele-MANAS:

Tele-MANAS (Tele Mental Health Assistance and Networking Across States) is a flagship initiative of the Government of India aimed at providing free, 24x7 tele-mental health services to individuals requiring psychological support. The program was launched on 10th October, 2022, coinciding with World Mental Health Day. As one of the five national Regional Coordinating Centres for the Tele-MANAS Program, the Institute oversees mental health service delivery across the eight North-East States (Assam, Arunachal Pradesh,

Meghalaya, Manipur, Mizoram, Nagaland, Tripura, and Sikkim).

Addiction Treatment Facility funded by Ministry of Social Justice and Empowerment:

The Addiction Treatment Facility which is funded by the Ministry of Social Justice and Empowerment (MoSJE) is functional under the Department of Addiction Medicine in collaboration with NDTC, AIIMS and DDTC since February, 2023. As part of the National Action Plan on Drug Demand Reduction (NAPDDR), MoSJE has designated LGBRIMH as a Regional Coordinating Centre (RCC) for the Addiction Treatment Facilities (ATFs) in the North-Eastern Region. In alignment with this mandate, an Induction Training Program was conducted to strengthen the capacity of ATF staff in the clinical and operational management of substance use disorders (SUDs).

9.7 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCBVI)

National Programme for Control of Blindness was launched in the year 1976. Primary and secondary eye care services under the programme are provided within the NHM framework with 60:40 cost sharing between Centre and State (90:10 in NE States and other hilly States). Under the National Health Policy (NHP), the target is to reduce the prevalence of blindness to 0.20% by 2030.

The programme is being implemented in a decentralized manner through respective State/District Health Societies. Benefits of the scheme are meant for all needy population including tribal population. NE States being tribal predominant and having peculiar geographical conditions and inadequate eye-care infrastructure, is a priority area under NPCBVI. With the aim to improve eye-care services in these states, following new initiatives have been introduced under NPCBVI:

1. Assistance for construction of dedicated Eye Wards & Eye OTs in District Hospitals.
2. Appointment of Ophthalmic manpower (Ophthalmic Surgeons, Ophthalmic Assistants and Eye Donation Counsellors) in States on contractual basis.
3. In addition to Cataract, provision of grant-in-aid to NGOs for management of other Eye diseases like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of childhood blindness etc.
4. Development of Mobile Ophthalmic Units in NE States, Hilly States & difficult Terrains for diagnosis and medical management of eye diseases.
5. Involvement of Private Practitioners in Sub District, Block and Village level.
6. Training of health cadre related to eye care in the country for capacity building.

Achievement of cataract surgeries and distribution of Spectacles to School Children in NE States during the 2024-25 and 2025-26 is as under:

S.No.	State	Cataract Surgery (Nos)		Distribution of Spectacles to School Children (Nos)	
		2024-25	2025-26 *	2024-25	2025-26 *
1	Arunachal Pradesh	3011	2086	147	29
2	Assam	222571	123790	1238	3054
3	Manipur	5419	3752	93	707
4	Meghalaya	4008	2928	6185	4135
5	Mizoram	3463	2729	652	887
6	Nagaland	2304	1718	1214	644
7	Sikkim	1150	957	330	290
8	Tripura	15565	4611	882	21
	TOTAL	**257491**	**142571**	**10741**	**9767**

Progress report for the year 2025-26 is upto December, 2025

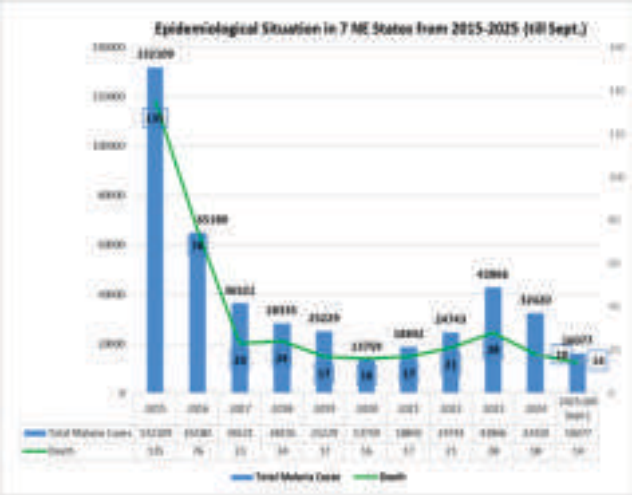
9.8 STATUS OF VECTOR BORNE DISEASES IN NORTH-EASTERN REGION

Malaria

The North-Eastern Region is prone to malaria disease due to various topography and climatic conditions whic largely facilitate perennial malaria transmission.

Malaria Situation in NE States from 2015 to 2025 (Provisional)				
Year	Cases		Annual Parasite Incidence (API)	Deaths
	Total	*Plasmodium falciparum* (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	32420	15499	0.63	18
2025 (till September)	16077	8074		14

Trend of malaria in 7 NE states from 2015 to 2025 (Provisional)



Year wise situation of Malaria in NE States - 2023 and 2024

Sl. No.	State	Cases in 2023	Deaths in 2023	Cases in 2024	Deaths in 2024
1	Arunachal Pradesh	11	0	19	0
2	Assam	567	0	5036	7
3	Manipur	34	0	43	0
4	Meghalaya	1755	14	673	4
5	Mizoram	18077	13	16899	7
6	Nagaland	10	0	12	0
7	Tripura	22412	1	9738	0
	Total	**42866**	**28**	**32420**	**18**

Achievements:

- There is a reduction of 75.45% in malaria cases, 86.22% in Pf cases and 86.66% in deaths in 2024 as compared to 2015 in NE States.
- Among 7 NE States, 5 States have achieved API less than 1 and only 11 Districts in NE States have API more than 1 in 2024 (4 in Mizoram, 4 in Tripura,1 in Meghalaya and 2 in Assam).
- 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 and Tripura) along with Jharkhand, Chhattisgarh and Odisha States.

Lymphatic Filariasis:

Assam is the only Lymphatic Filariasis-endemic State in the North-Eastern Region, with 15 of its 35 Districts are endemic. Of these, 3 Districts (4 Blocks), newly mapped in 2023 are under Annual Mass Drug Administration (MDA), while the remaining 12 Districts have stopped MDA after clearing Transmission Assessment Survey (TAS) (11 cleared TAS-3, 1 cleared TAS-2).

- Among the 35 Districts in Assam, 15 Districts are endemic for Lymphatic Filariasis.
- 12 Districts have stopped MDA and cleared TAS. 11 Districts i.e. Darrang, Udalguri, Dhemaji, Nalbari, Baksa, Kamrupmetro, Kamrup Rural, Dhubri, South Salmara, Sivasagar and Charaidew) cleared TAS-3 and Dibrugarh District will conduct TAS-3 during 3rd week of October 2025.
- In 2024, 529 Morbidity Management and Disability Prevention Kits were distributed, and 79 hydrocele cases underwent surgery.
- In February 2024, Biswanath District (2 Blocks) conducted MDA and achieved coverage of 74% against eligible population.
- In February 2025, MDA conducted 3 Districts (Biswanath, Sonitpur and Tinsukia) and achieved coverage of 90% against eligible population.

Dengue:

Dengue cases and deaths from NE States during 2024 to 2025 (Provisional 26th October, 2025) are as follows:

Sl. No.	Affected States	2024		2025 (Prov. till 26th October)	
		Cases	Deaths	Cases	Deaths
1	Arunachal Pradesh	20	0	192	0
2	Assam	2271	0	500	0
3	Meghalaya	74	0	45	0
4	Manipur	2463	5	3341	1
5	Mizoram	744	1	803	0
6	Nagaland	42	0	29	0
7	Sikkim	374	0	152	0
8	Tripura	1198	0	457	0

Chikungunya:

Clinically Suspected Chikungunya cases from NE States during 2024 to 2025 (Provisional till 26th October, 2025) are as follows:

Sl. No.	Affected States	2024	2025 (Prov. till 26th October)
1	Arunachal Pradesh	16	0
2	Assam	69	167
3	Meghalaya	169	108
4	Manipur	0	0
5	Mizoram	194	38
6	Nagaland	6	0
7.	Sikkim	673	123
8.	Tripura	2864	1583

9.9 NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME (NIDDCP)-NE REGION

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
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	WestTripura, Sepahijala, Khowai, NorthTripura, 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:

1. Surveys to assess the magnitude of Iodine Deficiency Disorders in the districts.
2. Supply of iodated salt in place of common salt.

3. Re-surveys to assess iodine deficiency disorders and the impact of iodated salt after every 5 years in the districts.
4. Laboratory monitoring of iodated salt and urinary iodine excretion
5. 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.

	Parameter	
North -Eastern States (January -December, 2025) *Data is as per the reports received from the states/UTs till 31 December 2025. Subject to updation as and when report rec eived from the States/UTs.	**Total No of Salt Samples Collected(Volumetric) 11273**	**No of Samples adequately Iodized(Volumetric) 10798**
	No of Urine Samples tested (UIE) 7335	**No. of samples with UIE >100ug/L 6616**
	Total No of salt Samples collected (STK) 7216713	**No of Samples adequately iodized (STK) 7023313**

9.10 DEVELOPMENT OF MEDICAL EDUCATION IN NORTH-EASTERN REGION

Comparison in number of Medical Colleges and MBBS & PG seats in the North-Eastern region in 2014 and 2025-26

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
2025-26	25*	05	30*	172%	2900	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	100	0	0	1	100
2	Assam	16	1975	0	0	16	1975
3	Manipur	3	375	1	150	4	525
4	Meghalaya	2	100	1	100	3	200
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	150	2	250	3	400
	Total	**25**	**2900**	**5**	**650**	**30**	**3550**

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 as under:

Details of the funds released under the Scheme for establishment of new medical colleges

(Rs. In Crore)

State	District/ Constituency	Date of Approval	Total Project Cost	Central Share	State Share	Funds Released till date	Status	Inauguration / Foundation stone
Arunachal Pradesh	Naharlagun	10.03.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble CM in Aug, 2018
Assam	Dhubri	27.11.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble President in 2022
	Nagaon	27.11.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble PM on 14/04/2023
	North Lakhimpur	27.11.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble CM in 2022
	Diphu	16.08.2016	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble CM; Functional since 2020-21

State	District/ Constituency	Date of Approval	Total Project Cost	Central Share	State Share	Funds Released till date	Status	Inauguration / Foundation stone
	Kokrajhar	19.02.2020	325	292.5	32.5	292.50	Functional	Inaugurated by Hon'ble PM on 14/04/2023
Manipur	Churachandpur	19.02.2020	325	292.5	32.5	242.50	Functional	Inaugurated by Hon'ble Home Minister in January, 2023
Meghalaya	West Garo Hills (Tura)	07.06.2017	189	170.1	18.9	170.1	Under Construction; 73% physical progress	Foundation Stone laid by Hon'ble CM in 2018
Mizoram	Falkawn	27.11.2015	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble CM in 2018
Nagaland	Naga Hospital	29.12.2014	189	170.1	18.9	170.1	Functional	Inaugurated by Hon'ble Union Minister of Health & Family Welfare in October, 2023
	Mon	28.07.2020	325	292.5	32.5	242.50	Under Construction, 35% physical progress	Foundation stone laid by Hon'ble Union Minister of Health & Family Welfare in 2021
Sikkim	Gangtok	25.06.2018	250	225	25	225	Under Construction, 78% 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-EASTERN REGION

The Government, through the Central Sector Scheme on Development of Nursing Services, is strengthening nursing infrastructure and service delivery nationwide. Under the Training of Nurses sub-component of the Scheme, nursing personnel are trained in identified domains and priority thematic areas. An amount of Rs. 52,55,500 has been released for the Training of Nurses to conduct twenty-three (23) short-term courses for nursing personnel during FY 2023-24, and Rs. 36,60,000 has been released for the same purpose during FY 2024-25 in the North Eastern Region.

Under the second sub-component of the Scheme—Upgradation of Schools of Nursing to Colleges of Nursing, an amount of Rs. 3.60 cr has been released for upgradation of School of Nursing to College of Nursing for the financial year 2025-26 to the School of Nursing, Theresa H.T. Ganesh Das GMCH Hospital, Meghalaya, Shillong.

Under the Centrally Sponsored Scheme (CSS) for Augmenting Nursing Education – Establishment of 157 New Colleges of Nursing (CoN) in Co-location with Medical Colleges, the amount released to the NE States under this scheme is as below:

S.No.	Name of the districts (State) where nursing college established	Amount released (Rs. in Crore)
Financial Year 2023 –24		
1.	Kokrajhar (Assam)	2.00
2.	Dhubri (Assam)	2.00
3.	Nagaon (Assam)	2.00
4.	Lakhimpur (Assam)	2.00
5.	Diphu (Assam)	2.00
6.	West Garo Hills (Tura) (meghalaya)	6.50
7.	Kohima (Nagaland)	6.00
8.	Mon (Nagaland)	6.00
	Total	**28.50**
Financial year 2025 -26		
1.	Sikkim	4.61
	Total	**4.61**

9.12 FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA (FSSAI)

FSSAI activities in North-Eastern region during FY 2025-26

1. **Licensing and Registration of FBOs:** As on 31.12.2025, 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] 1,905; State Licenses- 29,677; Registrations 1,67,212. Hence, the cumulative figures for the active licenses and registrations as of 31.12.2025 are 1.98 lakhs for North Eastern States in country.

2. MoU with North Eastern States During the year 2025-26 (as on 15.01.2026), an amount of 10.07 crore has been released to 7 North Eastern States namely Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura under Work Plan 2025-26.

The MoU framework focuses on the following key areas;

- Strengthening Enforcement and Compliance;
- Improving the Food Testing Ecosystem;
- Capacity Building and Training Programs; and
- Promotion of FSSAI Initiatives.

3. Under Repurpose Used Cooking Oil (RUCO) initiative, FSSAI has been enrolling biodiesel and soap manufacturers. As on 30.09.2025, 14625.14 kilo litres of UCO have been collected in the North-Eastern Region.

4. Trainings conducted under FoSTaC program in North Eastern states in this FY 2025-26: 408 Training Programmes were conducted North Eastern states wherein 17284 Trainees participated.

5. To strengthen the food safety surveillance system, FSSAI has envisaged audits of Food Business Operators through Private Auditing Agencies. Till 31.12.2025, FSSAI has empanelled 43 Food Safety Auditing Agencies. From 01.01.2025 to 31.12.2025, a total of 131 third-party audits had been conducted in North Eastern Region of India.

6. 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. As of 31.12.2025, there are a total of 37 auditing agencies for Hygiene Rating. From 01.01.2025 to 31.12.2025, 207 Hygiene Rating Audits have been conducted in the North Eastern Region.

7. Food Safety and Standards Authority of India is providing financial assistance to States and Union Territories for setting up of Microbiology laboratories on turnkey basis. Out of which 2 microbiology laboratories have been completed and functional at Shillong (Meghalaya) and Guwahati (Assam). During FY 2025-26, 3 more microbiology laboratories are completed. These labs are located at Singtam (Sikkim), Imphal (Manipur) and Agartala (Tripura).

8. Food Safety and Standards Authority of India (FSSAI) is carrying out the 'Eat Right India' movement to bolster food safety and hygiene across the country. As part of this endeavour, 'Eat Right' certificates are granted to ensure food safety and hygiene standards in establishments where food is prepared or served. A total of 46 certificates were awarded under the Eat Right India initiatives in North-Eastern States during 01 April 2025 to 15 January 2026.

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 December, 2025, 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	10,805
2	No. of children (aged 6 – 11 years) with suspected dental Fluorosis	1,672
3	No. of persons examined in the community	7,037
4	No. of suspected cases of Dental Fluorosis in the community survey	1,198
5	No. of suspected cases of Skeletal Fluorosis in the community survey	360
6	No. of water samples tested	1,309
7	No. of water samples found above 1ppm	116
8	Total urine samples analysed	2,807
9	No. urine samples above 1 ppm	934

**Data is from 1st January 2025 till 30th September 2025*

9.14 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE (NPCDCS)

National Programme for Prevention and Control of Noncommunicable Diseases (NP-NCD) under NHM is being implemented in all the North-Eastern States. The funds are 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.

Achievements

The cumulative number of facilities under NP-NCD at all levels in the North-Eastern States established till 30.11.2025 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	0
Manipur	1	16	16	1	18	7
Meghalaya	1	11	11	1	28	1
Mizoram	1	8	8	2	10	0
Nagaland	1	11	11	0	15	3
Sikkim	1	4	4	2	2	0
Tripura	1	8	7	0	38	0
Total	**8**	**117**	**116**	**8**	**342**	**11**

Strengthening of Tertiary Cancer Care Centres Facilities Scheme

Under Strengthening of Tertiary Cancer Care Centres (TCCC) Facilities Scheme of NP-NCD, the Government of India is assisting the 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 Sochygang (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 Sochygang (Sichey), near Gangtok, Sikkim	TCCC

9.15 NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME (NTEP)

The North-Eastern Region with its difficult and hilly terrain, hard to reach areas have put in much activities in its stride towards achieving the sustainable development goals on tuberculosis (TB). The concerted efforts, dedication and commitment shown by the North-Eastern States in implementing the TB Mukt Bharat Abhiyaan is much appreciated. There are 1560 DMCs and 562 NAAT Centres which offers TB testing to all the presumptive TB cases in the region. Till September 2025, a total of 10,72,196 presumptive TB cases have been tested and amongst them 5,32,114 have been offered upfront molecular testing (50%).

The presumptive TB case examination rate increased by 28% from 2062 per lakh population in 2024 to 2645 in 2025.

State	Number of DMCs	Number of NAAT Centres
Arunachal Pradesh	47	39
Assam	990	263
Manipur	51	31
Meghalaya	155	87
Mizoram	84	36
Nagaland	49	30
Sikkim	33	28
Tripura	151	48
Total	**1560**	**562**

As part of the intensive screening under TB Mukt Bharat Abhiyaan, a total of 47,85,557 persons were enrolled, out of which, 39,04,039 vulnerable individuals were identified. Out of those vulnerable enrolled, 5,95,636 were screened by Chest X-ray. Among the vulnerable population, a total of 41,727 TB cases were notified amongst which 14,356 were asymptomatic TB cases.

Key Performance Indicators: (January to October 2025)

State	Persons enrolled	Persons enrolled - Key population	Persons screened with X-ray - Key population	TB cases notified – Key population	Asymptomatic TB cases notified - Key population
Arunachal Pradesh	32693	25788	5501	1545	479
Assam	3804576	3085085	364083	29291	10362
Manipur	63491	53538	18995	1516	465
Meghalaya	175996	163002	65389	3481	1055
Mizoram	107978	80377	37461	1194	248
Nagaland	49022	40046	14597	1737	857
Sikkim	42370	35024	13294	738	380
Tripura	509431	421179	76316	2225	510
Total	**4785557**	**3904039**	**595636**	**41727**	**14356**

Total case notification, number of patients initiated on treatment and the treatment success rate of the region for the year 2025 are mentioned in the table below:

State	Total TB cases notified	TB cases initiated on treatment	Paediatric TB cases notified (%)	TB cases with known HIV status	TB cases with known DM status	TB cases with microbiol ogically confirmed TB (%)	TB cases with valid DST to Rif available (%)	Treatment Success rate
Arunachal Pradesh	2168	2295 (95%)	206 (8.5%)	2288 (95%)	2094 (87%)	1296 (54%)	1096 (85%)	2076 (81%)
Assam	44008	39536 (89%)	1253 (2.8%)	39440 (88%)	36539 (83%)	23856 (53%)	19700 (83%)	37909 (90%)
Manipur	2190	2063 (89%)	62 (2.7%)	1995 (85%)	1840 (80%)	1431 (61%)	1020 (71%)	1780 (81%)
Meghalaya	4089	3839 (93%)	267 (6.4%)	3876 (93%)	3665 (88%)	2705 (65%)	2222 (82%)	3239 (86%)
Mizoram	2003	2016 (97%)	124 (5.9%)	2048 (98%)	1952 (94%)	1261 (60%)	1194 (95%)	1597 (86%)
Nagaland	3604	3562 (98%)	171 (4.6%)	3444 (93%)	3332 (91%)	2063 (56%)	1809 (88%)	3094 (88%)
Sikkim	1045	992 (93%)	28 (2.6%)	975 (90%)	951 (89%)	709 (66%)	678 (96%)	879 (89%)
Tripura	3016	2910 (91%)	46 (1.4%)	2934 (91%)	2717 (85%)	2092 (65%)	1913 (91%)	2592 (90%)
Total	**62,123**	**57213 (91%)**	**1951 (3.1%)**	**57000 (90%)**	**53090 (84%)**	**35413 (55%)**	**29632 (84%)**	**53166 (89%)**

A few of the notable activities by the States are as given below:

Arunachal Pradesh

Background:

Tuberculosis (TB) continues to pose a major public health concern in India. In tribal and hilly areas availability and accessibility to healthcare services is often constrained. In Arunachal Pradesh, the Government of Arunachal Pradesh and NHM, Arunachal Pradesh launched a community-centric approach to achieve the goals of TB Mukt Bharat Abhiyan. This comprehensive holistic strategy has enabled local and tribal communities to actively participate in TB elimination efforts while also linking these actions with the management of related conditions like diabetes, hypertension, and other co-morbidities.

1. Congregate setting ACF drive:

In the month of October 2025, sensitization and mass screening programs were conducted at the congregate settings at Namsai District. Handheld X-ray was used to conduct chest X-ray among the asymptomatic vulnerable population. All individuals were screened, and symptomatic individuals were tested at district Tb detection centre. Additionally, blood pressure and sugar level checks were provided, addressing comorbidities like hypertension and diabetes.





2. Community led active Case Finding

A community led active case finding drive has been conducted in November 2025 in West Kameng District under Dirang block. Total 356 inidiviuals were screened, 40 presumptive cases were identified and sputum samples collected for nucleic acid amplification test at District TB Detection Centre.



3. School awareness programme:

Tawang District is conducting regular awareness programme among the school students under TB Mukt Bharat Abhiyan. Students are sensitised about TB, its signs and symptoms, and how it can be prevented.



4. Local NGO involvement:

Various NGOs and local self-help groups across the state are involved in raising awareness, reducing stigma and facilitating screening and early diagnosis of cases. An Awareness programme and food basket distribution to the TB patients were jointly organised by District Health Society and a local NGO -Avenue for Joy- sponsored by North East Development Finance Corporation Ltd (NEDFi) at Rajiv Gandhi Plytechnic College, Itanagar, Papumpare District.



5. Initiative by Indian Red Cross Society, Arunachal Pradesh state branch as Nikshay Mitra

The Arunachal Pradesh State branch of Indian Red Cross Society has come forward as Nikshay Mitra



adopting TB patients and conduction awareness camps supporting District Health Society of Papumpare.

6. Youth Involvement:

My Bharat volunteers and National Cadet Corps volunteers are involved as Nikshay Mitra to provide psycho-social support to the persons with TB and their families. District NTEP staffs conducted several awareness meetings in various colleges and universities to motivate youth volunteers to take part in Jan Bhagidari towards the goal of TB Mukt Bharat. In figure, orientation and awareness programme conducted at Government college Seppa, East Kameng District in the month of September 2025.



7. Integrated service delivery during Swasth Nari Sashakt Parivar Abhiyan (SNSPA):

The State conducted integrated service delivery during Swasth Nari Sashakt Parivar Abhiyan (SNSPA). In West Kameng District during SNSPA, screening camps were conducted using Cough Against TB (CAT) application. The CAT application uses artificial intelligence to analyse cough sounds for patterns that may indicate presumptive pulmonary tuberculosis. During the camp, 14 out of 71 individuals were found presumptive using CAT application, and referred for NAAT.



8. Involvement of Ayush department:

Multisectoral collaboration meeting conducted under NHM to involve other programme to work in alignment with the TB Mukt Bharat Abhiyan. In November 25, one of the AYUSH – AAM at Tawang District observed Nikshay Diwas taking active participation in the Abhiyaan.



Assam

1. Unwavering support from the Hon'ble Governor of Assam

The Hon'ble Governor of Assam, Shri Lakshman Prasad Acharya, has played a pivotal role in promoting health and social awareness programmes in the State. His Excellency's participation in the Pradhan Mantri TB Mukt Bharat Abhiyaan reflects his deep commitment towards achieving a TB-free Assam. The Governor's involvement has inspired greater community participation and strengthened the morale of health personnel working tirelessly in the field.

2. Susrusha Setu

Susrusha Setu is an Assam government health initiative that conducts large-scale, constituency-wise health camps to provide free screening, diagnosis, and treatment for children and adolescents under 18. The program aims to ensure the optimal health of the state's citizens by identifying and managing over 50 types of diseases including TB. The camps offer free follow-up facilities and referrals to advanced hospitals when needed.

3. Involvement of Northeast Frontier Railway (NFR) in TB Mukt Bharat Abhiyan

The State TB Cell has collaborated with NFR for expansion of service delivery through Railway hospitals. NFR hospital networks are involved in

screening, diagnosis and treatment as per NTEP guideline in collaboration with the state. IEC videos are being played in railway stations.



Hon'ble Governor of Assam, Shri Lakshman Prasad Acharya attending the Virtual Launching of SNSPA on 17th September, 2025

4. TB free ASHA area initiative at Goalpara District

In collaboration with Karnataka Health Promotion Trust (KHPT), Goalpara District has launched TB free ASHA area initiative. The objective of this initiative is TB free ASHA area will lead to TB free Gram Panchayat. A proforma has been designed by the District TB Cell aligning with the indicators of TB Mukt Panchayat. Every ASHA is supposed to fill up the proforma which is further verified by respective community health officer before final submission to District TB Officer. District TB Cell verifies the claim and declares the ASHA area as TB free.

5. Engaging students in 100 days TB campaign, Jorhat District, Assam

Main objectives are to establish JANBHAGIDARI in TB HAREEGA DESH JEETEGA concept. And to equip students and ASHA volunteers with the knowledge and resources to raise awareness in their communities about tuberculosis (TB) symptoms, prevention, early diagnosis, and treatment promoting Active Screening and Early Detection.

Achievement of this initiative: Screening of the vulnerable population became more affective and X-Ray referral and sputum collection increased. There was 30% increase in TB notification during same cohort in comparison to previous year. Awareness generated among the younger generations which helped in Stigma reduction. There was an increased (social) media coverage.

6. Support of ICMR-RMRC NE, Dibrugarh in TB Mukt Bharat Abhiyan

ICMR-RMRC NE, Dibrugarh actively participating in TB Mukt Bharat Abhiyan. Screening camps are being organised in collaboration with District TB Cell by ICMR-RMRC. During the screening camp, ICMR-RMRC supported with AI enabled handheld x-ray machine which is being used to screen the vulnerable population with AIng the camps.



Using AI enabled handheld x-ray machine during the screening camp

Manipur

TB Campaign Highlights

- 631 Ni-kshay Shivirs conducted across 6 Districts (Imphal East, Thoubal, Chandel, Kakching, Churachandpur and Kangpokpi)
- 1,05,849 individuals screened; 422 TB cases notified including asymptomatic cases
- 889 patients benefited under Ni-kshay Poshan Yojana; 222 food baskets distributed
- 155 new Ni-kshay Mitras registered
- Treatment initiated for 470 TB patients; TB Preventive Treatment for 187 individuals
- Awareness through community radios, street plays, IEC materials, and short movie 'Cough, Cure, Conquer: A TB Survivor's Journey' screened at Raj Bhavan, Imphal

Engaging Medical Students in the TB elimination efforts

Medical students were effectively engaged in TB elimination efforts by integrating TB activities in their community-based fieldwork. Training and sensitization programs on the latest NTEP guidelines was done to equip with up-to-date knowledge for accurate diagnosis, management, and counselling. Medical students of RIMS, Imphal &

SHIJA Hospital, Imphal were sensitized in linking patients with the NTEP support systems like the Nikshay Mitra initiative (community support). In 2024, about 65 students from RIMS and 90 students from SHIJA Hospital attended the NTEP facilities for community field work and capacity building workshops.



Capacity Building on NTEP for MBBS students at RIMS, Imphal

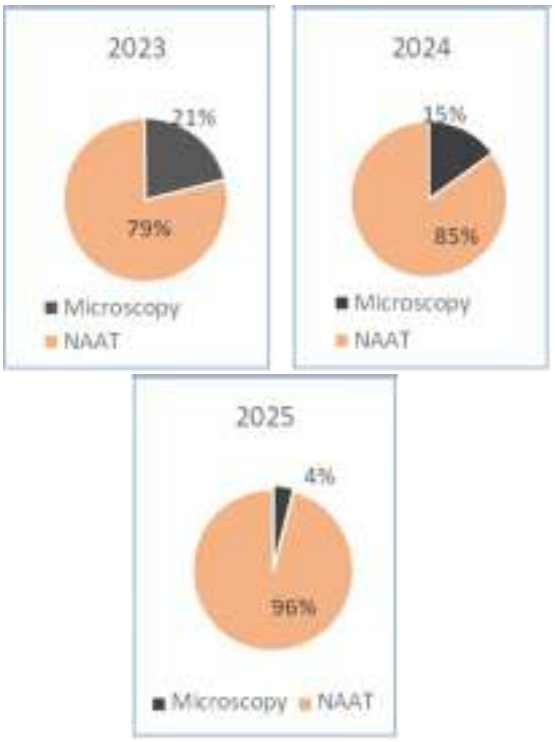
Crisis Management During Ethnic Conflict

- Uninterrupted TB drug supply & ensured TB drugs transported to hill districts during crisis period
- Regular capacity building on new updates and guidelines through a dedicated virtual ECHO platform mode for the NTEP and field staff.
- Screening and testing presumptive TB cases at relief camps

Meghalaya

1. Strengthening Access to Molecular Testing

Meghalaya expanded access to rapid molecular diagnostics during the year, operating 79 NAAT sites across all NTEP Districts, supported by 24 TB Units and 150 microscopy centres. Upfront NAAT testing improved to 96 percent, ensuring that almost all presumptive TB patients received rapid molecular testing at the first point of contact. The State also improved its presumptive TB examination rate with better screening and referral from health facilities. Microscopy services were streamlined and used for treatment follow up, while diagnostic confirmation was shifted to NAAT platforms. These measures strengthened early and accurate diagnosis across the State.



Pie Charts depicting trends in Rapid Molecular Diagnostic Expansion

2. Cough Against TB (CAT App)

Meghalaya introduced the "Cough Against TB" (CAT) AI-based screening tool in June 2025 in partnership with Wadhwani AI. The tool supports early identification of presumptive TB cases at Health and Wellness Centres and has been deployed across 463 HWCs with MLHPs as primary users. Missed TB cases and delays in diagnosis remain challenges in rural and hard-to-reach areas, making community-level screening essential.



Photos illustrating cough screening at a Health and Wellness Centre using the CAT App

From June to November 2025, the CAT app screened 3,964 individuals and identified 1,155 presumptive TB cases, of whom 195 underwent diagnostic evaluation and 4 were confirmed with TB. The initial phase shows the potential of AI-based screening to strengthen early identification.

The State is working to improve follow up of presumptive cases and streamline referral pathways, with plans to expand the tool's use to ANMs and ASHAs to widen community reach.

3. Prediction of Adverse TB Outcomes (PATO)

Meghalaya rolled out the Prediction of Adverse TB Outcomes (PATO) solution statewide in June 2025. Developed in collaboration with Wadhwani AI, the tool uses Nikshay data to identify patients who may be at higher risk of adverse outcomes and helps field staff prioritise follow-up. The State uses the E-CLAMP PATO mobile app, which enables field staff to quickly access lists of patients at higher likelihood of loss to follow-up or mortality within their jurisdiction. The App also facilitates initiation of adherence monitoring and supports timely reporting on Ni-kshay.

The solution is currently used by STS, STLS, TBHVs and the DR TB team across all PHIs, with plans to expand access to MLHPs and ANMs. Between June and November 2025, a total of 2,460 patients were assessed through PATO, of whom 770 were identified as high risk. A total of 113 high-risk patients were followed up through phone calls and in-person visits to ensure continuity of care.

The State is working to integrate PATO insights into routine programme for early identification and management of high-risk TB patients and strengthen adherence monitoring for vulnerable patients.

4. AI Based portable Handheld X-Ray for TB Screening Services under NTEP:

HLL Lifecare Limited, in collaboration with Corporeal Health Solutions under NTEP and NHM Meghalaya, has been providing mobile X-ray screening services across the State since October 2023. The initiative employs portable chest X-ray machines that deliver an initial interpretation as "normal" or "abnormal," with all abnormal results reviewed by radiologists. Sputum samples are collected on-site from individuals with abnormal X-rays and those presenting symptoms for NAAT testing.

Currently, 13 mobile X-ray units operate across 12 Districts, covering villages, schools, colleges, workplaces, and market areas. Field teams continued service delivery despite challenging conditions such as difficult terrain, heavy rainfall, poor road connectivity, limited electricity, and network issues, through close coordination with district health teams and local communities.

Between October 2023 and October 2025, the mobile X-ray units screened 83,823 individuals and completed 83,442 chest X-rays. Radiological abnormalities were identified in 4,057 individuals, of whom 189 exhibited findings suggestive of TB and were referred for further evaluation. Sputum samples collected from symptomatic individuals and those with abnormal X-rays resulted in 20,683 tests, leading to the detection of 81 microbiologically confirmed TB cases.

This active case-finding initiative using portable handheld X-ray technology has significantly enhanced access to TB diagnostic services in both urban and rural areas of Meghalaya.







Community-Based AI-Enabled Chest X-Ray screening and on-site Sputum Collection

Mizoram

- Involvement of the local churches and faith-based organizations to participate in movement against TB: Poshan Kits
- Inclusion of Village Councils/ Local Councils in TB activities: Public announcement system which is unique to Mizoram.
- Participation of significant NGOs like Young Mizo Association, Mizo Hmeichhe Insuihkhawm Pawl and Mizo Upa Pawl.
- Leveraging the services of public transport like Sumo services which spans across the entire State.
- Translation of campaign videos of Ms. Manushi Chhillar and Mr. Rajkumar Rao into Mizo languages.
- Engagement of Mizo celebrities and sportsperson for TB awareness campaigns: Esther Hnamte, Lalremsangi (Olympian) etc

Nagaland

Nagaland has adopted a multi-sectoral approach to achieve TB-Free status in line with the TB Mukt Bharat Abhiyaan strategic plan. The state emphasizes universal access to quality diagnosis and treatment, community empowerment, and innovative strategies to reach the unreached.

All sectors serving vulnerable populations are engaged to empower communities to take ownership of their health. TB Mukt Bharat Abhiyaan initiatives have been expanded to all districts, with mapping and screening of vulnerable populations and provision of free treatment for drug-sensitive and drug-resistant TB cases.

TB Mukt Bharat Abhiyaan initiative

Strategies were adopted to find all TB cases with an emphasis on reaching every TB patient. The strategy employed include- mapping & screening of the vulnerable population, scaled up x-ray screening facilities expansion of molecular testing and diagnosis, ensure nutrition support, adherence, appropriate regimen and expansion of TPT to househ old contacts. In addition, innovative activities were done to supplement the campaign activities

- Under CSR support- North-Eastern Development Finance Corporation Limited (NEDFi) to provide nutritional support to 100 TB patients in the District of Mon.
- Signature campaign by legislatures and the CSOs, Municipal & Village councils - to support TB Elimination led by Hon'ble Minister of Health & Family Welfare of Nagaland at the launch of 100-day campaign.
- Participation by multi-ministerial/ departmental approaches (health & non-health) – NHIDCL, Prisons, Education, NCD, NSACS, NGOs, etc.
- Garnering support to TB patients through the leadership of the Hon'ble Governor of Nagaland.



Ni-Kshay Mitra Campaign

This initiative for Community support to TB patients with the support of the Governor was conducted to provide additional patient support to improve treatment outcome of TB patients & to augment community involvement in meeting India's commitment to end TB by 2025. This campaign was done with the objective to identify potential donors seeking commitment & support from elected Representatives and all line department. The intervention included sensitization of Elected representative & all HODs & AHODs of the line Department & Ni-Kshay Mitra registration drive during Nagaland Assembly Session. At the Raj Bhavan, 23 officials registered as Ni-Kshay Mitras and adopted 98 patients. In addition, 8 AHoDs & HoDs were registered as Ni-Kshay Mitras and adopted 20 patients. During the Nagaland Legislative Assembly Session, NTEP stall was installed at the premise of the assembly. The Hon'ble Speaker of Nagaland along with 18 MLAs and 9 HoDs were registered as Ni-Kshay Mitras.



Participation of Elected representatives, AHoDs & Communities

Cough powered AI TB screening

Wadhwani Institute for Artificial Intelligence is supporting the CHOs and MOs in screening clients attending the HWC OPDs for presumptive TB using cough AI-powered app. Screening activities has been expanded at the Health and Wellness Centers in all districts.

The state program data in 2024 have shown nearly 4% of TB patients who are initiated on treatment ended up as Loss to Follow Up (LFU) and about 3% deaths were reported, that has consequence on the overall program treatment success rate. An AI-based predictive model for early identification of patients at risk of LFU during the course of treatment has been developed that envisions to facilitate the NTEP field staff to take proactive remedial measures in averting potential LFU patients.



Screening using Cough against TB App

TB Mukt Panchayat Initiative:

The initiative was done to empower the Panchayati Raj Institute (PRI)/ villages to realize the extent and magnitude of problems associated with TB, take necessary actions towards solving them, create healthy competition among panchayats, and appreciate their contribution. About 166 villages which claimed for TB free status were declared as TB free for the year 2024.



TB Mukt Panchayat verification at CMO Office

Sikkim

Initiatives Adopted by NTEP Sikkim Toward Achieving a TB-Mukt Sikkim

- Strengthening of Diagnostic Services:

  Of the 32 Designated Microscopy Centres (DMCs) in the State, 22 (69%) have been upgraded to TB Diagnostic Centres (TDCs) equipped with molecular testing technologies such as TrueNAT.

- TB Mukt Gram Panchayat Campaign (2024):

  Under the TB Mukt Gram Panchayat initiative, 51 out of 199 notified Gram Panchayat Units (GPUs) in Sikkim were declared TB-free in 2024. Among these, 10 GPUs earned the Silver Medal for maintaining TB-free status for two consecutive years, while 41 GPUs received the Bronze Medal for achieving TB-free status for the first time.

- Introduction of BPALM DR-TB Regimen:

  A six-month drug-resistant TB treatment regimen—comprising Bedaquiline, Pretomanid, Linezolid, and Moxifloxacin-has been implemented statewide since May 2025.

- Rollout of TB Mukt Bharat Abhiyan:

  The TB Mukt Bharat Abhiyan has been launched across all six Districts following the identification of high-risk and vulnerable populations. Seven handheld chest X-ray devices with integrated artificial intelligence have been procured to support targeted screening activities.



Integrated dashboard for monitoring of different initiative of TB at all health levels of health facilities

- The State has developed an integrated dashboard for monitoring TB related activities for easy monitoring of ongoing activities by all health staffs at any level.
- Presumptive TB examination rate: 3446 per lakh population
- Annual TB notification rate: 194 per lakh population



First case of DRTB case initiated on BPALM regimen

Given Sikkim's challenging terrain and numerous hard-to-reach areas, screening vulnerable populations has been a significant challenge. To address this, Mangan District has launched a door-to-door survey initiative to ensure comprehensive screening coverage. The effort is being supported by the Northern Bikers, who assist by transporting equipment, facilitating community engagement, and navigating the difficult routes to reach remote areas.





Engaging volunteers (bikers) for screening in hard-to-reach area in Mangan District







TB free workplace

DTC Gangtok organized an awareness-cum-ACF activity under the TB-Free Workplace initiative at Glenmark Pharmaceuticals. DTO, Gangtok addressed the participants on TB symptoms, diagnosis, treatment, and the importance of eliminating stigma associated with the disease. This was followed by a on preventive measures and the adoption of a healthy lifestyle. At the end of the program, all attendees took the TB Mukt Bharat pledge, and an ACF activity was carried out. IEC materials were also distributed at the venue.

Tripura

- West Tripura District: The Hon'ble Sabhadhipati of West Tripura, along with the District Magistrate, has directed all PRIs to become Nikshay Mitras and support PwTB using Panchayat Funds. Block Development Officers have shared the PRI lists for Nikshay Mitra registration.
- Unakoti District: District TB Centre (DTC) has opened a dedicated bank account for the Nikshay Mitra initiative, where contributors directly deposit their donations.
- State TB Cell, Tripura: To ensure no PwTB is left without support, the Government of Tripura has decided to utilize funds from the Untied Fund to procure food baskets in cases where no Nikshay Mitra is available, ensuring every PwTB receives assistance.

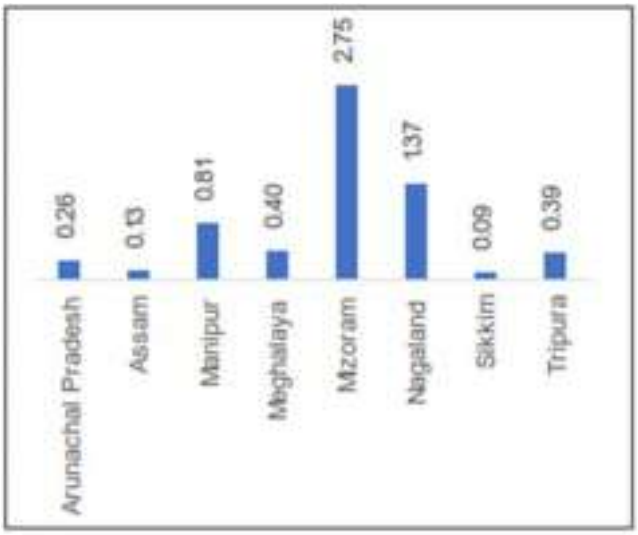
9.16 NATIONAL AIDS AND STD CONTROL ACTVITIES IN THE NORTH-EAST STATES

The National AIDS and STD Control Programme's (NACP) response to 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 (NE) 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) in NE States in 2024 are given in the graphs below:

Figure 1: HIV epidemic scenario, NE States (HIV Estimates 2024)

Adult (15–49 yrs) HIV Prevalence (%)



Estimated number of PLHIV

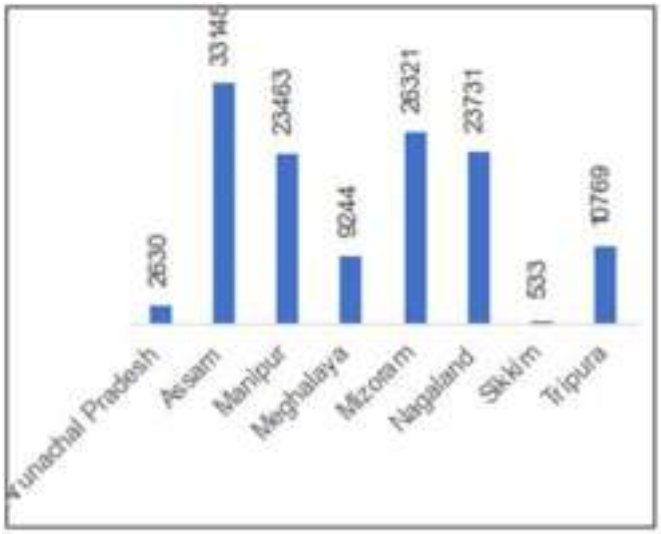
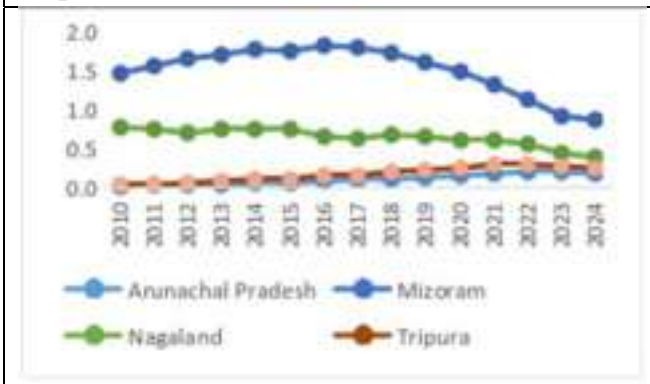
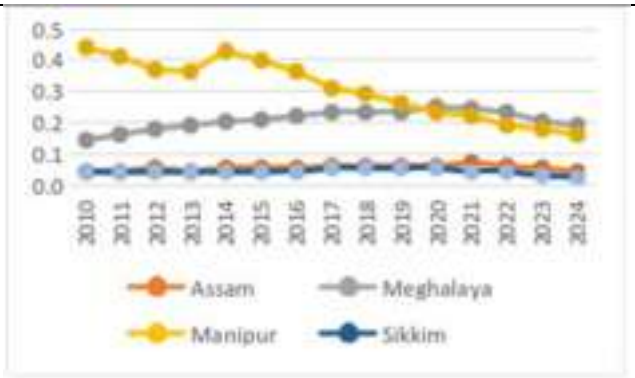


Figure 2: Annual HIV Incidence Rate Per 1000 uninfected population (Estimated), 2010-2024

Arunachal Pradesh, Mizoram, Nagaland, Tripura	Assam, Meghalaya, Manipur, Sikkim
	

9.16.2 Major Achievements during January 2025 to December 2025

9.16.2.1 Information, Education and Communication (IEC) and Youth

Strategic communication plays a pivotal role in addressing the full continuum of the HIV programme, including prevention, treatment, care and support. Drawing on programme learnings, Information, Education and Communication (IEC) is closely integrated across all components to strengthen HIV prevention efforts and enhance the uptake of HIV-related services. Recognising the specific vulnerabilities and epidemiological context of the North-Eastern region, NACO places special emphasis on HIV awareness and communication interventions in these States, aligning activities with broader strategic communication objectives.

Several key initiatives were undertaken across IEC, youth engagement and mainstreaming in the North-Eastern States. State-specific awareness campaigns were implemented using a mix of multimedia platforms to ensure wider outreach, tailored to the regional context and HIV prevalence. Every year, NACO collaborates with the State AIDS Control Societies to organize multi-media campaigns across the North-Eastern States. The Red Fest event is a unique effort under the National AIDS & STD Control Programme (NACP) to reach out to the youth of the region with information and busting myths and misconceptions around HIV/AIDS through music and musical performances.

An Intensified IEC Campaign was rolled out with a focused approach to increase understanding of HIV transmission, prevention and risk factors. In addition, advocacy and capacity-building initiatives were conducted to sensitise community leaders, policymakers and key stakeholders, with an emphasis on reducing stigma and discrimination. Multiple North-Eastern states also organised State Council on AIDS (SCA) meetings to strengthen coordination and ownership.

Together, these integrated efforts have reinforced the strategic communication framework of the National AIDS Control Programme (NACP), supporting a comprehensive and responsive approach to HIV prevention, treatment and care in the North-Eastern States.

9.16.2.2 Targeted Interventions (TI)

Currently, there are 280 functional TIs & 36 LWS and 282 Opioid Substitution therapy (OST) including the 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 on November 2025

State	FSW	MSM	IDU	TG	CC	Migrant	Truckers	Total
Arunachal	3	-	2	-	22	6	-	33
Assam	6	1	8	-	56	3	3	77
Manipur	1	-	37	-	14	1	-	53
Meghalaya	1	-	4	-	6	0	-	11
Mizoram	1	1	22	-	8	4	-	36
Nagaland	2	2	28	-	17	1	1	51
Sikkim	3	-	3	-	0	-	-	6
Tripura	-	-	1	-	12	-	-	13

Table 2: State-wise and Typology-wise Coverage of High-Risk Groups and bridge populations under the Targeted Interventions as on November, 2025

State	High Risk Groups				Bridge Population	
	FSW	MSM	PWID	TG	Migrant	Truckers
Arunachal Pradesh	9524	1331	9502	281	52,805	0
Assam	27439	11074	34570	929	10,683	27500
Manipur	6885	1498	30822	1062	17,019	0
Meghalaya	2708	223	2547	45	1,166	0
Mizoram	1334	1146	15721	0	37,810	0
Nagaland	4876	3513	38362	189	20,132	10000
Sikkim	1117	0	1469	0	0	0
Tripura	6377	1246	9666	168	14,454	0

Table 3: Number of Opioid Substitution Therapy (OST) Centers for PWIDs in NE States as on November, 2025

State	No. of OST Centres	Satellite OST Centres	Coverage
Arunachal Pradesh	5	14	754
Assam	6	12	3974
Manipur	26	33	5489
Meghalaya	6	5	1359
Mizoram	17	61	4516
Nagaland	32	37	10949
Sikkim	4	3	2972
Tripura	6	15	2897

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 till November 2025 are provided in Table 4.

Table 4: Number of clients tested and diagnosed as HIV in North-East states during January till November 2025

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	86,451	452	18,214	23
Assam	4,10,393	6,809	4,00,260	146
Manipur	1,13,816	672	32,968	23
Meghalaya	82,133	1,085	52,403	124
Mizoram	1,27,993	1,569	23,505	95
Nagaland	1,88,398	1,845	20,058	127
Sikkim	36,679	51	11,529	2
Tripura	1,89,811	1,326	37,951	66
Total	**12,35,674**	**13,809**	**5,96,888**	**606**

Out of 350 Sampoorna Suraksha Kendras (SSKs) established across India, 51 SSKs are located across seven North-Eastern Region and have registered 15,899 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 56% (after adjusting de-duplication in testing for 21%) and 57% respectively in 2025 (January to November) against estimated pregnant women.

During 2025 (January to November), out of 2,603 pregnant women detected with syphilis infection, 1,693 were initiated on treatment.

Out of Annual Estimated 1,398 pregnant WLHIV in NE Region, 1,419 (new and known) pregnant WLHIV were enrolled for EVTHS services and 94.08% were initiated/already on treatment. 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 the North Eastern States of India are provided through 112 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 280 Targeted Interventions (TI) clinics and 36 Link Worker Scheme (LWS) in coordination with the general health system. Moreover, these services are also delivered through the prison interventions.

Around 1.9 lakh clients availed STI/RTI services at DSRCs, and 1.2 lakh syphilis screening were conducted between January–November 2025. The total number of Syphilis reactive cases amongst the DSRC clients were 5,247 with syphilis sero-positivity reported to be ~4.1% among DSRC clients. Around 2.3 lakh HRGs including prison inmates availed STI/RTI services.

Table 5: STI/RTI Services Delivery under NACP-V across North-Eastern States (January–November 2025)

Sl. No.	Indicator	Coverage
1.	Total number of DSRCs/ Suraksha Clinics	112
2.	Total number of TI-Sites providing STI/RTI Services	280
3.	Total number of clients managed for STI/RTIs at DSRCs	1.9 lakh
4.	Total number of clients managed for STI/RTI among HRGs, Bridge Population and through Prison interventions	3.5 lakh
5.	Total number of clients tested for syphilis at DSRCs	1.2 lakh
6.	Total number of Syphilis reactive cases at DSRCs (with positivity)	5,247(4.1%)

9.16.2.6 Care, Support and Treatment (CST)

NACP will engage with NHM, 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 6):

Table 6: State wise progress under the Care, Support and Treatment Programme as on November 2025

State	Number of ART Centres	Number of CSC	Cumulative Number of PLHIV alive and on ART as on November 2025
Arunachal Pradesh	2	-	2378
Assam	12	3	21312
Manipur	13	4	14840
Meghalaya	5	1	7115
Mizoram	14	3	18379
Nagaland	13	3	16013
Sikkim	2	-	419
Tripura	3	1	6685

9.16.2.7 Laboratory Services

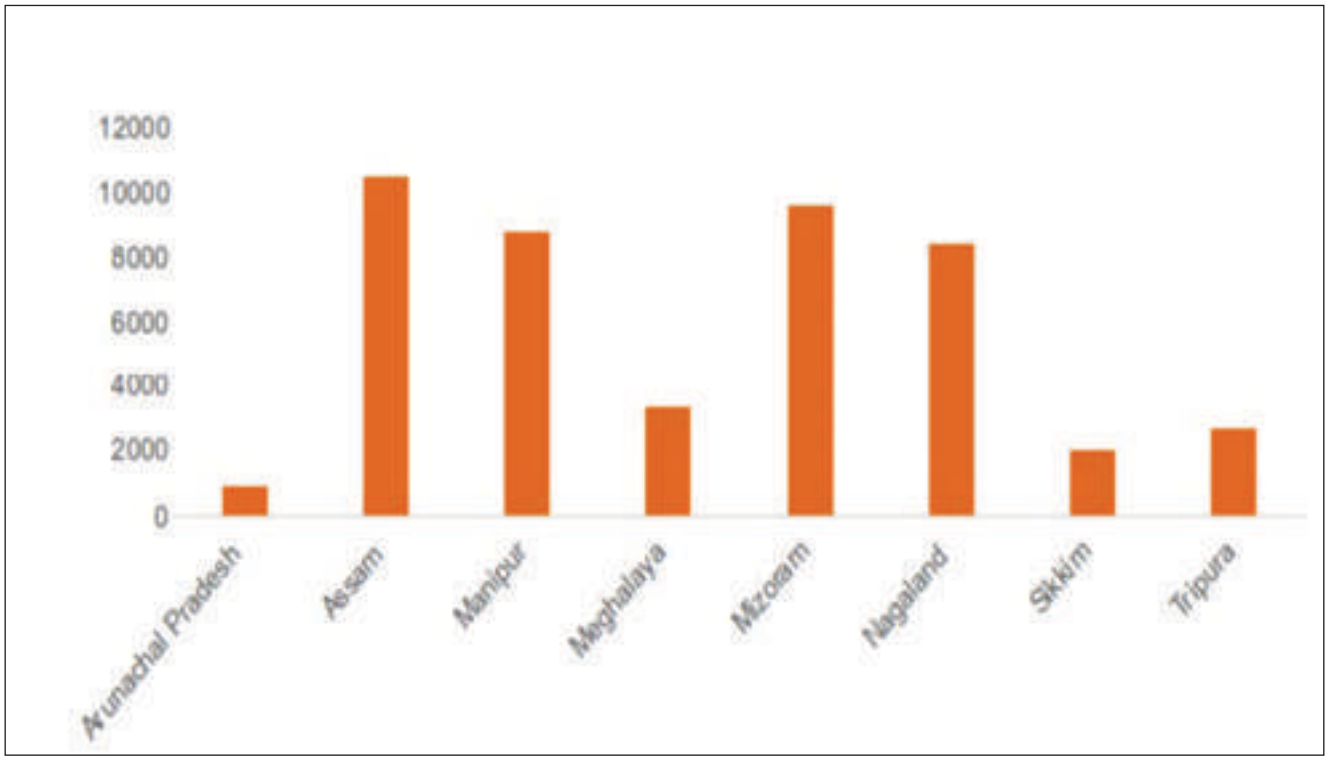
HIV Viral Load Testing: For the North-Eastern States, one HIV viral load (VL) machine owned by NACO is operational at RIMS, Imphal. Additionally, three States i.e. Assam, Mizoram and Nagaland have installed viral load machine on a reagent rental model and are carrying out HIV viral load testing. All North-Eastern 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 7: Viral Load testing data from January to November 2025

Sl. No.	State	No. of valid VL tests	% suppression
1	Arunachal Pradesh	692	92
2	Assam	11106	95
3	Manipur	12267	98
4	Meghalaya	5694	95
5	Mizoram	16989	95
6	Nagaland	13489	96
7	Sikkim	459	93
8	Tripura	3916	76
	Total	**64612**	**95**

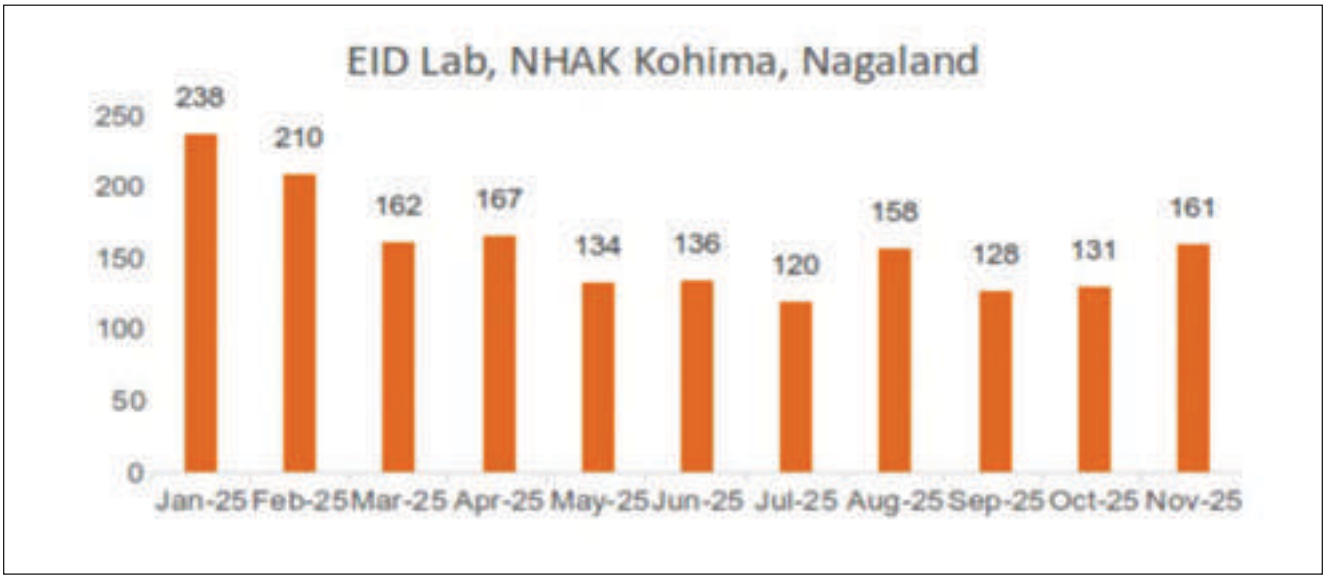
CD4 Testing: Currently, there are total 460 CD4 testing machines under NACP, out of which, 46 CD4 machines are in North-Eastern Region. A total of 46,219 CD4 tests have been carried out in the North-Eastern States from January 2025 to November 2025 as depicted in the graph below.

Figure 3: CD4 testing in North-Eastern Region from January to November, 2025



EID Testing: For the North-Eastern States, VL machine installed at NHAK, Kohima, Nagaland has been utilized for EID testing. A total of 1,745 EID tests were conducted between January and November 2025, as depicted in the graph below.

Figure 4: EID testing from January to November 2025



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 in North-Eastern Region in 2025:

Indicator	January-December, 2025
No. of persons screened for deafness	166670
No. of hearing aids fitted	1332
No. of Surgeries performed	1524
No. of persons referred for rehabilitation	8796

Note: This is a provisional/estimated data till 31/12/2025 (based on the reports received from the States)

(ii) Projections/Estimates for 01/01/2026 - 31/03/2026

Indicator	January-March 2026
No. of persons to be screened for deafness	41667
No. of hearing aids to be fitted	332
No. of Surgeries to be performed	380
No. of persons expected to be referred for rehabilitation	2199

(iii) The State NPPCD Cell of North-Eastern States observed World Hearing Day on 3rd March, 2025 and International Week of Deaf in the last week of September 2025. Various 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."

GENDER ISSUES

CHAPTER 10

10.1 IMPLEMENTATION OF PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES ACT, 1994

Sex Ratio at Birth in 22 Bigger States

According to the Sample Registration System (SRS) reports, the Sex Ratio at Birth (SRB) in India has shown a steady and sustained improvement over the years. The SRB increased from 898 in 2014–16 to 899 in 2016–18 to 904 in 2017–19, and further to 907 in 2018–20, 913 in 2019–21, and 914 in 2020–22. As per the latest SRS data (2021–23), the SRB has improved to 917, reflecting an overall gain of 19 points since 2014–16.

Table 10.1



Further, 18 States have recorded an improvement in the Sex Ratio at Birth (SRB) in 2021–23 as compared to the previous SRS data of 2020–22. The maximum increase of 11 points has been observed in Uttarakhand, followed by Tamil Nadu and Telangana with 9 points each, Delhi and Punjab with 8 points each, Andhra Pradesh with 7 points, Maharashtra with 6 points, Himachal Pradesh with 5 points, Chhattisgarh and Odisha with 4 points each, Assam, Gujarat, and Uttar Pradesh with 3 points each, Jammu & Kashmir, Karnataka, and Madhya Pradesh with 2 points each, and Haryana and Kerala with 1 point improvement, respectively.

Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

With an objective 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 (PNDT Act), was brought into operation from 01.01.1996. 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 September, 2025, 1,00,392 diagnostic facilities including Genetic Counselling Centres, Genetic Laboratories, Genetic Clinics, Ultrasound Clinics and Imaging Centres have been registered under the PC&PNDT Act: 1,053 Genetic Counselling Centre (GCC), 525 Genetic Laboratories (GL), 4,022 Genetic Clinic (GC), 82,411 Ultrasound Clinic/Imaging Centre (USC/IC), 8,226 Jointly as Genetic Counselling Centres/Gen. Labs./Gen. Clinics (JAGCC/GL/GC), 248 Mobile Clinics, and 3,907 Other bodies/IVF Centres/Infertility Centres.

Over 10,63,934 premises were inspected, and 3,730 machines were sealed and seized for violations of the law till date. The District Appropriate

Authorities filed 4,071 court cases under the Act. Additionally, 13,296 facilities registered under the PC&PNDT Act were suspended or cancelled as on date.

Monitoring and review of implementation scaled up

i. National Inspection and Monitoring Committee (NIMC) constituted at the National level conducts regular inspections on the ground. NIMC is composed of multidisciplinary members for monitoring and inspection visits to the States/UTs/ Districts to assess the implementation at the various levels.

ii. The Ministry of Health & Family Welfare (MoHFW), through its Nodal Agency is monitoring online advertisements promoting sex selection/determination and seeking further compliance from search engines by removing such content.

iii. A National-level Sensitization Meeting held on 6th October 2025, at New Delhi with State and Union Territories, Central Ministries & Departments, and digital intermediaries with deliberations on the evolving challenges posed by technology.

iv. The 30th and 31st meeting of Central Supervisory Board (CSB) under the PC & PNDT Act, 1994 was held on 17th January 2025 & 28th October 2025, respectively, under the Chairpersonship of Hon'ble Union Minister of Health & Family Welfare in New Delhi.

v. To promote gender equality with theme of ''जब लड़का लड़की है बराबर, तो पूछना क्यों?, IEC material like posters (on PC&PNDT Act, regulation of online violations), radio jingle, 30 second TV commercial developed and disseminated on various social media handles and with States/UTs.

vi. Online mechanism of record maintenance and registration established in 23 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, Nagaland, Uttar Pradesh, Dadar & Nagar Haveli and Daman & Diu and Delhi).

vii. State-level sensitization workshops were conducted across 25 States/UTs to orient implementing officials and key stakeholders on effective implementation of the PC&PNDT Act.

Table 10.2

Trend of Sex ratio at Birth: India & Bigger State/UTs (SRS Report)								
Sl. No.	**India & bigger States/UTs**	**2014-16**	**2016-18**	**2017-19**	**2018-20**	**2019-21**	**2020-22**	**2021-23**
1.	**India**	898	899	904	907	913	914	917
2.	Andhra Pradesh	913	920	931	926	932	936	943
3.	Assam	896	925	928	923	939	935	938
4.	Bihar	908	895	894	895	900	898	897
5.	Chhattisgarh	963	958	956	958	961	970	974
6.	Delhi	857	844	865	860	863	864	872
7.	Gujarat	848	866	870	877	895	897	900
8.	Haryana	832	843	865	870	875	883	884
9.	Himachal Pradesh	917	930	949	950	947	953	958
10.	Jammu & Kashmir	906	927	918	921	928	927	929

	Trend of Sex ratio at Birth: India & Bigger State/UTs (SRS Report)							
Sl. No.	India & bigger States/UTs	2014-16	2016-18	2017-19	2018-20	2019-21	2020-22	2021-23
11.	Jharkhand	918	923	916	914	925	926	925
12.	Karnataka	935	924	915	916	928	929	931
13.	Kerala	959	957	968	974	962	970	971
14.	Madhya Pradesh	922	925	927	919	917	915	917
15.	Maharashtra	876	880	881	876	883	888	894
16.	Odisha	948	933	931	925	923	919	923
17.	Punjab	893	890	891	897	897	898	906
18.	Rajasthan	857	871	879	911	920	924	919
19.	Tamil Nadu	915	908	915	917	920	924	933
20.	Telangana	901	901	899	892	902	899	908
21.	Uttar Pradesh	882	880	894	905	912	913	916
22.	Uttarakhand	850	840	848	844	852	857	868
23.	West Bengal	937	941	944	936	935	934	931

Table 10.3

State-wise Status of Implementation of PC&PNDT Act*				
S. No.	State/UT	No. of Bodies Registered	No. of on going Court Cases	No. of Machines Seized / Sealed
1.	Andhra Pradesh	4176	24	25
2.	Arunachal Pradesh	119	0	0
3.	Assam	2305	17	17
4.	Bihar	3378	229	313
5.	Chhattisgarh	1146	15	3
6.	Goa	227	1	-
7.	Gujarat	10157	459	363
8.	Haryana	3410	563	1037
9.	Himachal Pradesh	440	5	1
10.	Jammu & Kashmir	942	1	10
11.	Jharkhand	1113	50	50
12.	Karnataka	6322	142	39
13.	Kerala	2332	4	4
14.	Madhya Pradesh	3235	55	20

S. No.	State/UT	No. of Bodies Registered	No. of on going Court Cases	No. of Machines Seized / Sealed
15.	Maharashtra	13306	626	474
16.	Manipur	199	0	-
17.	Meghalaya	109	0	-
18.	Mizoram	84	0	-
19.	Nagaland	86	0	0
20.	Odisha	1862	78	8
21.	Punjab	2092	178	79
22.	Rajasthan	5531	778	542
23.	Sikkim	48	0	0
24.	Tamil Nadu	10281	229	166
25.	Telangana	6519	36	125
26.	Tripura	163	0	-
27.	Uttarakhand	916	49	13
28.	Uttar Pradesh	11324	337	
29.	West Bengal	6229	46	62
30.	A & N. Island	25	0	-
31.	Chandigarh	206	6	-
32.	D. & N. Haveli and Daman & Diu	33	0	0
33.	Delhi	1841	143	379
34.	Lakshadweep	9	0	-
35.	Puducherry	215	0	-
36.	Ladakh	12		
	Total	**1,00,392**	**4,071**	**3,730**

*Source: Data as per the quarterly reports shared by States/UTs.

10.2 COMPLAINTS COMMITTEE ON SEXUAL HARASSMENT AT WORK PLACES (CCSH)

An Internal Complaints Committee (ICC) for addressing the complaints of sexual harassment at the workplace has been constituted within the Department of Health and Family Welfare. No fresh complaints were received by the Committee during the year 2025–26. Furthermore, officers and staff of the Department are regularly sensitized on prevention of sexual harassment at the workplace through information boards, workshops and mandatory courses related to the POSH Act, 2013 available on the iGOT Karmayogi platform.

SWASTH NAGRIK ABHIYAN

CHAPTER 11

11.1 INTRODUCTION

The main objective of Swasthya Nagrik Abhiyaan (SNA) is to conduct campaign which will lead to generation of demand for health services and promote health seeking behavior. The 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, di erent modes of communication have been leveraged to reach out to rural & urban masses.

11.2 STRATEGIC COMMUNICATION PLAN

MoHFW has designed a strategic framework for targeted IEC activities using 360 degree communication approach. All possible means of media including mass media, mid-media, inter-personal activities and social media are used to disseminate information about various health schemes. The year-long IEC/ Communication Plan has been conceptualized to focus on health days and health themes.

While some activities were taken up to coincide with specific dates observed as 'Health Days', others were week and month-long plans for focused multi-media campaigns on schemes of MoHFW. These activities centered around topics such as Ayushman Bharat, Immunization, TB management, Anaemia Mukt Bharat, Integrated Diarrhoea Control Fortnight (IDCF), Breastfeeding Week, Tobacco Control, etc. Targeted campaigns were carried out for seasonal ailments such as Dengue, H1N1 etc. In fact, realizing the potential of social media for real time and free of cost amplification of messages, SNA Division has actively engaged on various social media platforms X (formerly Twitter), Facebook, YouTube, Instagram, ShareChat, WhatsApp Channels, and Public App for spreading awareness on all aspects of COVID-19 for benefit of the people.

11.3 PRINT

The SNA Division has been regularly publishing advertisements on health issues in all the leading newspapers of India, including regional languages. The aim of such advertisements is not only to encourage people to adopt healthy behavior but also to raise awareness and disseminate information regarding availability and access to quality healthcare provided by the Government.

11.4 TELEVISION

The SNA Division has leveraged this medium extensively to generate public discourse on health-related themes and spread positive health messages. Several campaign like awareness campaign on Malaria, Dengue & Chikungunya, Blood Transfusion Services, Campaign on Tuberculosis for 100 days, etc were carried out through DD Network.

11.5 RADIO

Several campaigns were run on AIR and Private Radio Channels through the Central Bureau of Communication (CBC) to promote awareness on health issues i.e. Awareness Campaign on Malaria, Dengue & Chikungunya, Blood Transfusion Services, Campaign on tuberculosis for 100 days, Campaign on Swasth Nari Sashakt Parivar Abhiyaan, etc.

CBC, 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

MoHFW continues to make e ective use of social media to amplify public health messages and deepen engagement with citizens across India. With an active presence on Facebook, Twitter, YouTube, Instagram, WhatsApp Channels, Public App, and ShareChat, the Ministry tailors its outreach to diverse audience groups. These platforms play a key role in disseminating health advisories, enhancing

programme visibility, addressing public concerns, and mobilising communities for national health initiatives.

Key Campaigns

MoHFW led a series of high-impact campaigns to strengthen health awareness and mobilise citizens nationwide. By creatively using formats like reels, statics, carousels, and polls, the Ministry ensured wider reach and deeper engagement. Notable initiatives include:

- **Swasth Nari Sashakt Parivaar Abhiyaan (SNSPA):** A nationwide digital outreach initiative promoting women's health and empowering families through awareness and preventive care messaging.
- **Next Gen GST:** A communication drive highlighting the health sector's digital integration and operational efficiencies enabled under the Next Gen GST framework.
- **Tobacco Campaign:** A comprehensive public awareness e ort, supported by agency coordination and celebrity due diligence, to reinforce the dangers of tobacco use and promote cessation.
- **Obesity Campaign:** A focused health communication initiative encouraging healthier lifestyles and early intervention to address rising obesity trends.
- **Diarrhoea Awareness Campaign:** A targeted digital campaign educating the public on prevention, early symptoms, and timely treatment of diarrhoeal diseases.
- **11 Years of Sankalp se Siddhi (Transformative Healthcare):** A social media series showcasing key health sector achievements and reforms accomplished over eleven years of sustained government commitment.
- **10 Years of Digital India:** A communication initiative highlighting a decade of digital health advancements and strengthened public service delivery through technology.
- **Special Campaign 5.0:** A coordinated outreach programme emphasising cleanliness, efficiency, and improved public service processes within the Ministry.
- **Swacchta Hi Seva Campaign:** A nationwide cleanliness-focused engagement drive, reinforcing the importance of hygiene and community participation.
- **TB Mukt Bharat:** A public health communication campaign advocating early detection, treatment adherence, and community participation toward eliminating tuberculosis.
- **AIDS Awareness Campaign:** A sustained digital awareness initiative promoting HIV prevention, testing, and stigma reduction through clear and accessible messaging.

The Ministry also amplified awareness during key Health Days, engaging millions across India. These campaigns, supported by strategic and impactful social media e orts, 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 2025-26, the channel recorded remarkable growth:

Views: Approximately 2.4 million views, a 50% increase from the previous year.

Watch Time: 25,000 hours, reflecting a 5% 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 over 35 lakhs in December 2025.

Instagram: Achieved over 4.08 lakh followers since its launch in March 2020. YouTube Subscribers: Surpassed 6.32 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. There is an Official Language Division in the Ministry headed by a Joint Secretary. At present, matters relating to the progressive use of Official Language (Hindi) in the Ministry are being monitored by Joint Director (OL). Several important steps have been taken to promote progressive use of Hindi in the Ministry.

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 issued in both languages i.e. Hindi and English. 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 shared with all Sections of the Ministry and its Subordinate/ Attached Offices/ Autonomous Organizations, etc. 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 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, etc. 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. Subordinate/ Attached Offices/ Autonomous Organizations, etc. 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 14-30 September, 2025. During the fortnight, eight competitions namely, Quiz competition, Essay competition, Hindi Noting and Drafting, Extempore and poetry recitation as well as Hindi Dictation Competition were organized. The winners of these competitions were awarded cash prizes as well as certificates.

12.5 All India Official Language Conferences

Three representatives of the Ministry participated in 5th All India Official Language Conference held in Gandhi Nagar, Gujarat on 14-15 September, 2025 under the chairmanship of the Union Home Minister.

12.6 Hindi Workshops Organized

Four workshops were organized for the employees of the Ministry as well as for the officials of Subordinate/ Attached Offices/ Autonomous Organizations, etc. of the Ministry.

12.7 Inspection regarding progressive use of Hindi

The officers of the Ministry inspected their Subordinate/ Attached Offices/ Autonomous Organizations, etc. and gave suitable instructions and guidance on progressive use of Hindi in these offices. These visits helped in achieving the targets

set in the Annual Programme released by the Department of Official Language.

12.8. National Rajbhasha Conference

Tenth National Rajbhasha Conference was organized at the National Institute of Biologics (NIB), Noida on 29-30 December, 2025. Shri Prataprao Jadhav, Hon'ble Minister of State of Ayush (Independent Charge) and Minister of State of Health & Family Welfare was the Chief Guest on this occasion. Approximately 300 participants from the offices under MoHFW from various parts of the country participated in the conference. Prominent speakers were invited to the Sessions to share their knowledge and insightful information. A cultural program was presented by the Song and Drama Division of the Ministry of Information and Broadcasting. Dance performances, folk songs, ghazals, and other colourful programs were presented on this occasion.

12.9 Oragainzing Vishwa Hindi Diwas

Vishwa Hindi Diwas function was organized in the Department on 09 January, 2026. The function was inaugurated by Ms. Punya Salila Srivastava, Union Secretary of Health & Family Welfare at Dr. Ambedkar International Centre, New Delhi. Virat Kavi Sammelan was also organized on this occasion in which renowned Hindi poets recited poems. On this occassion, certificates were distributed to the winners of Hindi Pakhwara by Joint Secretary & In-charge Official Language. Second edition of the Ministry's in-house Hindi magazine 'Swasthya Srijan' was also released on the occasion.

CHAPTER
13

DEPARTMENT OF HEALTH & FAMILY WELFARE

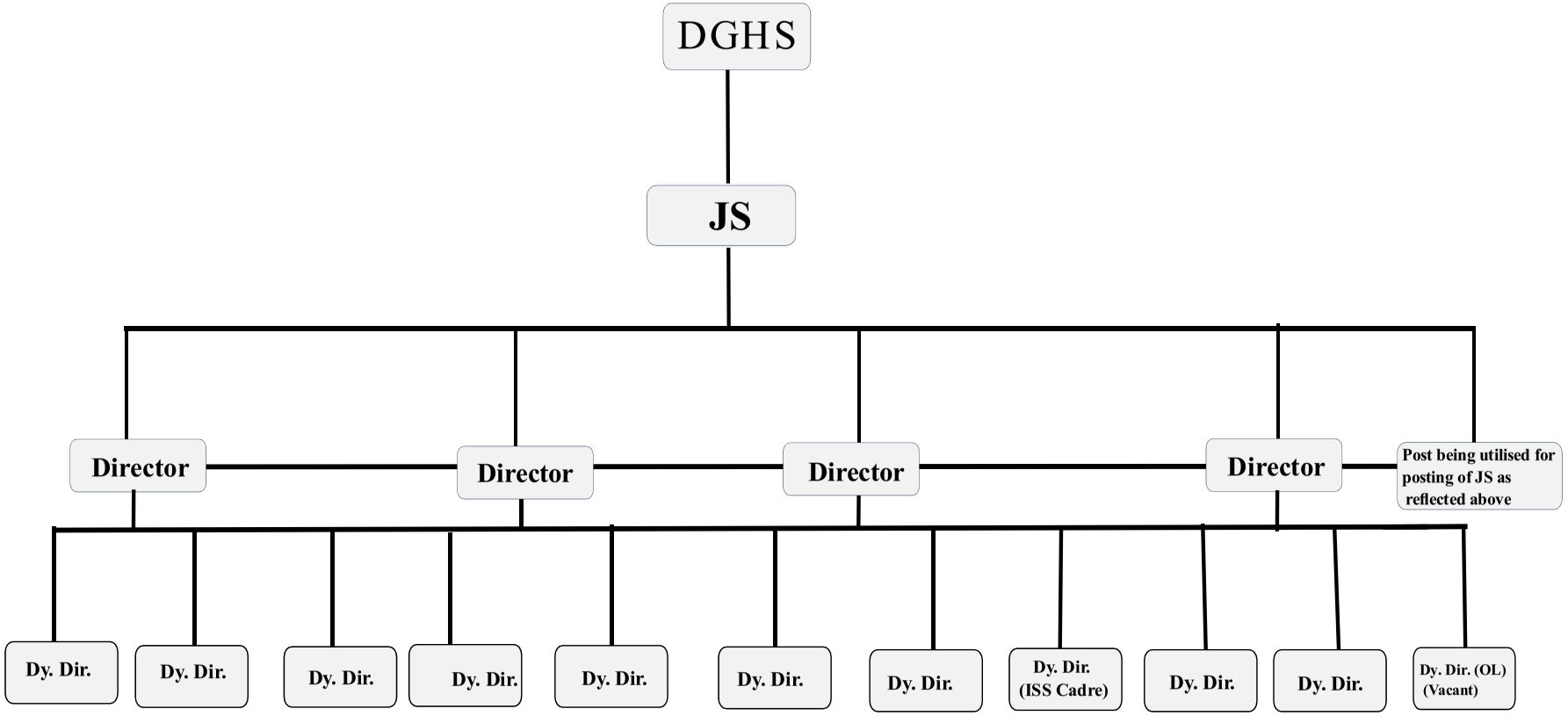
As on 08.01.2026
Hon'ble Health & Family Welfare Minister
Sh. Jagat Prakash Nadda
Hon'ble Minister of State
Sh. Prataprao Jadhav
Hon'ble Minister of State
Smt. Anupriya Patel
Secretary (H&FW)
Ms. Punya Salila Srivastava
CEO (NHA)
Dr. Sunil Kumar Barnwal
DGHS
Dr. Sunita Sharma
AS&FA
Shri Hoveyda Abbas
AS (VK)
Dr. Vinod Kotwal
AS (RG)
Shri Rakesh Gupta
AS & MD (AP)
Smt. Aradhana Patnaik
DG(Statistics)
Shri Kal Singh
Joint Secretary
Sh. Vijay Kumar Sinha
CCA
Ms. Jaspal Kaur Pradyot
Joint Secretary
Ms. Ankita Mishra Bundela
Advisor (Cost)
Lalit Wadhwa
Joint Secretary
Sh. Nikhil Gajraj
Joint Secretary
Shri Harsh Mangla
Joint Secretary
Dr. Manashvi Kumar
Joint Secretary
Shri Vijay Nehra
Joint Secretary
Sh. Elangbam Robert Singh
Joint Secretary
Sh. Madhukar Kumar Bhagat
Joint Secretary
Sh. Saurabh Jain
Joint Secretary
Smt Meera Srivastava
Joint Secretary
Shri Ghulam Mustafa
Joint Secretary
Shri Rajender Singh
Sr. Economic Advisor
Smt. Indrani Kaushal
Economic Advisor
Shri Gaurav Kumar
Economic Advisor
Ms. Geetu Joshi
DDG (Stats.)
Sh. R. K. Maurya
CD (Stats.)
Ms. Reena Singh

CHAPTER
14

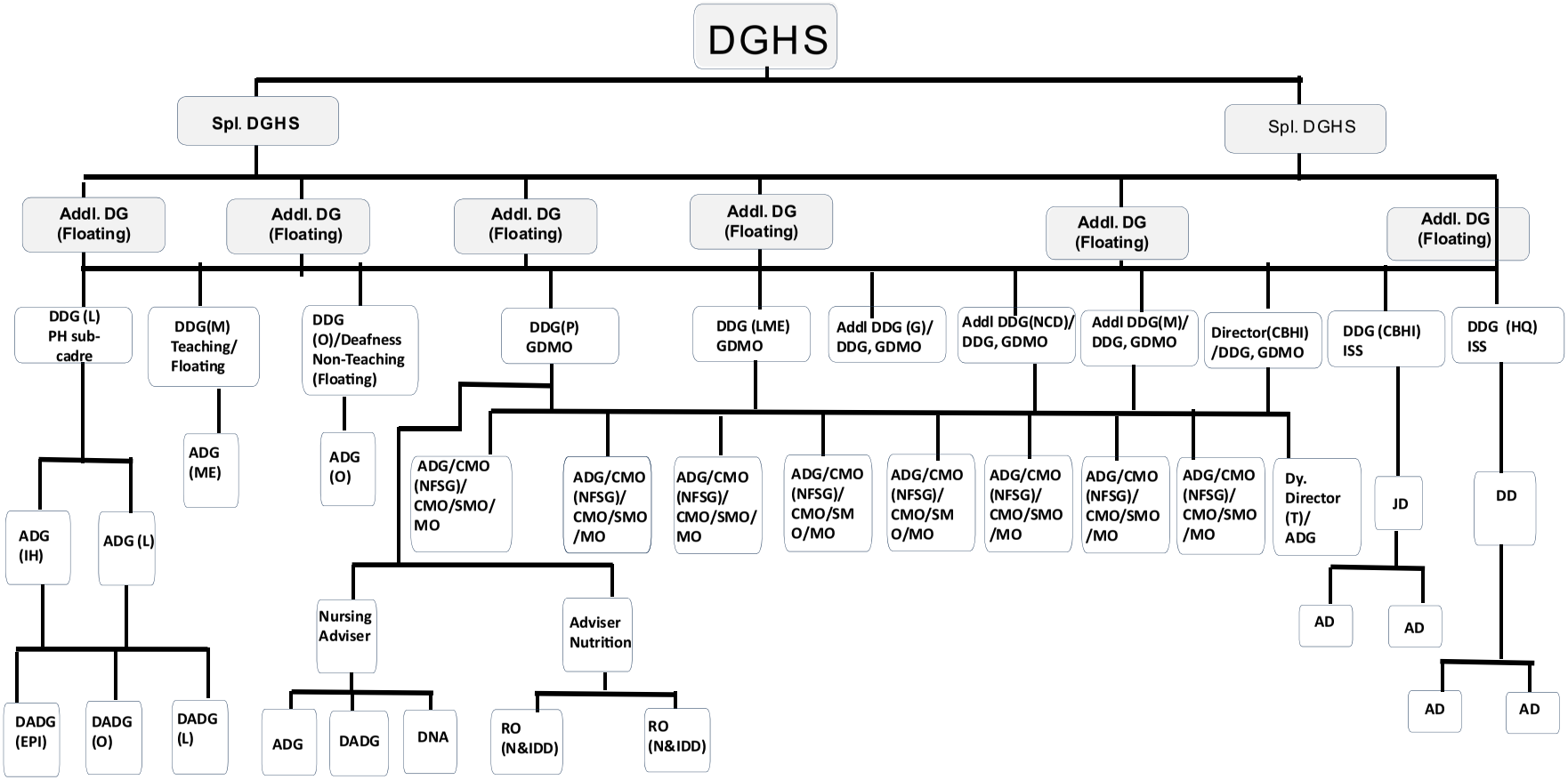
DIRECTORATE GENERAL OF HEALTH SERVICES

Organization Chart of Directorate General of Health Services

Administrative Wing (As on 24th December, 2025)



Organization Chart of Directorate General of Health Services (Technical Wing)



Above officers are provided secretarial assistance by SAS-I,II & III Section

PART-I

Department of Health & Family Welfare

Scheme-wise Statement of BE, RE & Actuals Expenditure

(Rs. in crore)

Sl. No.	Scheme/Programme/Institute	BE 2024-25	RE 2024-25	Actual 31/03/25	BE 2025-26	RE 2025-26 Tentative	Actual 13/01/26 (Prov.)
1	**Establishment Expenditure of the Centre**						
1.01	**Secretariat - Social Services**	251.50	235.00	222.65	261.52	299.25	202.76
1.02	**Direction & Admn.**						
	Direction & Admn. (Dte. G.H.S)	102.00	85.00	69.60	80.00	83.00	61.55
	Direction & Admn. (Dte.C.G.H.S)						
	Total	***102.00***	***85.00***	***69.60***	***80.00***	***83.00***	***61.55***
1.03	Central Government Health Scheme	2161.16	2279.70	2104.30	2370.00	2206.96	1875.49
1.04	Safdarjang Hospital, New Delhi	1840.00	1890.00	1880.79	2139.58	2008.11	1625.29
	Vardhman Mahaveer Medical College, New Delhi	34.00	36.50	35.75	40.00	36.90	33.13
1.05	Dr. Ram Manohar Lohia Hospital, New Delhi	1360.00	1000.00	1099.38	1202.00	978.36	684.85
	Dr. RML PGIMER, New Delhi	250.00	220.00	213.82	256.26	236.38	188.69
1.06	Lady Hardinge Medical College & Smt. Sucheta Kripalani Hospital & New Delhi	750.00	630.00	630.72	800.00	770.00	612.10
1.07	Kalawati Saran Children's Hospital, New Delhi	180.00	155.85	150.77	183.16	177.09	133.76
1.08	Other Hospitals/Institutions						
	National Medical Library	40.00	48.08	46.18	50.00	16.80	2.35
	Medical Stores Organization	57.92	51.69	49.12	62.14	57.32	39.71
	Central Institute of Psychiatry, Ranchi	134.00	124.15	114.67	143.53	132.40	93.79
	All India Institute of Physical Medicine and Rehabilitation, Mumbai	48.00	29.74	28.85	50.00	46.12	24.26
	RAK College of Nursing, New Delhi	29.96	29.54	28.29	23.51	21.69	15.08
	Lady Reading Health School	5.00	5.42	4.74	5.55	5.12	3.37
	Port Health Estt. Including APHO	65.89	53.88	51.81	70.00	64.57	51.63
	National TB Training Institute, Bangalore	20.00	19.05	17.75	21.49	19.82	14.96
	CLTRI, Chengalpattu	27.33	18.93	18.42	27.33	25.21	15.37
	RLTRI, Aska	7.00	3.91	3.49	7.00	6.00	3.86
	RLTRI, Raipur	11.00	5.49	5.08	11.00	9.21	3.87
	RLTRI, Gauripur	10.70	5.62	5.40	10.33	8.62	3.78
	N.I.C.D., New Delhi (Main Institution)	97.00	80.31	74.66	97.00	89.48	64.21
	Central Drugs Standard Control Org.	210.00	187.05	187.98	210.00	193.71	150.43
	BCG Vaccine Laboratory, Guindy, Chennai	35.00	27.00	24.41	35.00	32.29	16.05
	CRI, Kasauli	65.00	50.59	49.59	65.00	59.96	43.57
	Institute of Serology, Kolkata	10.95	9.14	8.49	10.95	10.10	7.30
	AIIH & PH, Kolkata	60.00	47.86	53.00	60.00	55.35	33.72
	CCTC Singur	30.00	24.93	23.25	30.00	27.67	20.87
	Central Health Education Bureau, New Delhi	8.00	8.00	4.59	8.00	7.38	3.61
	Regional Health Offices	55.00	45.57	41.24	55.00	50.73	32.71
	F.W. Training and Res. Centre, Bombay	20.00	12.00	11.81	20.00	17.50	7.99
	Rural Health Training Centre, Najafgarh	65.00	36.71	38.61	65.00	59.96	35.21
	Strengthening of HIMS	5.00	3.83	2.46	3.98	3.67	1.50
	National Advisory Board for Standards	1.00	1.00	0.61	1.00	0.92	0.23
	Project Feasibility Testing Scheme	0.01					
	Total - Other Hospital/Institutions	**1118.76**	**929.49**	**894.50**	**1142.81**	**1021.60**	**689.43**
	Total - Establishment Expenditure of the Centre	**8047.42**	**7461.54**	**7302.28**	**8475.33**	**7817.65**	**6107.05**
2	**Central Sector Schemes/Projects**						
2.01	**Pradhan Mantri Swasthya Suraksha Yojana**	2200.00	1736.00	1680.52	2200.00	1500.00	1200.18
2.02	***Family Welfare Scheme***						
	Mass Education - IEC (Information, Education and Communication)	38.45	35.00	29.71	42.00	42.00	17.33
	Information, Education and Communication on PNDT Act.	0.69	0.39	0.11	0.69	0.69	0.23
	Population Research Centres	37.00	32.98	21.11	34.03	28.00	20.22

(Rs. in crore)

Sl. No.	Scheme/Programme/Institute	BE 2024-25	RE 2024-25	Actual 31/03/25	BE 2025-26	RE 2025-26 Tentative	Actual 13/01/26 (Prov.)
	Management Information System (MIS)	90.03	50.00	44.80	40.00	39.93	26.57
	Supply of FP Commoditiies under Free Supply and Social	367.55	412.00	366.45	453.76	434.86	329.07
	WHO supported National Polio Surveillance Project (NPS)	161.00	89.00	156.82	50.00	100.00	38.63
	Total - FW	**694.72**	**619.37**	**619.00**	**620.48**	**645.48**	**432.05**
2.03	**National AIDS and STD Control Programme**	2700.00	2858.00	2451.42	3185.77	2460.00	2331.75
2.04	Blood Transfusion Service	190.00	140.00	76.38	255.00	200.00	155.02
2.05	National/State Blood Transfusion Council (GC)	2.00	2.00	0.10	2.00	1.50	0.57
2.06	Global Fund under Covid-19 Response Machanism 2021	125.00	125.00	0.51	355.07	355.07	204.66
2.11	National Pharmacovigilance Prog.	8.53	8.53	8.10	8.53	8.10	6.26
2.12	Development of Nursing Services	22.00	22.00	21.93	28.74	28.74	6.65
2.14	Health Sector Disaster Preparedness & Management including EMR (including Avian Flu) & Emergency Medical Services	94.00	15.00	14.92	94.00	73.00	29.98
2.15	National Organ Transplant Programme	15.00	10.00	7.06	15.00	15.00	8.62
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	52.00	30.37	24.23	54.01	35.00	25.58
2.22	Pradhan Mantri Garib Kalyan Project - Insurance Scheme for Health Care Workers fighting COVID-19	0.10	0.01		0.01		
2.23	**PM-ABHIM**						
	Setting up of 150 bedded Critical Care Hospital Blocks in 12 Central Hospitals	175.00	150.00	131.95	205.00	160.00	111.79
	Strengthening Surveilance of Infectious Diseases and Ourbreak Response	140.00	60.00	47.98	210.00	125.00	85.66
	Strengthening surveilance capacity of Points of Entry at PHOs	51.02	30.00	28.17	58.80	32.85	19.04
	Setting up of Health Emergency Operation Centres under Strengthening Disaster and Epidemic Preparedness	190.55	140.00	71.10	84.65	84.65	69.35
	Total - PMABHIM	**556.57**	**380.00**	**279.20**	**558.45**	**402.50**	**285.84**
2.27	National Digital Health Mission - Ayushman Bharat Digital Mission (ABDM)	200.00	225.00	212.58	340.11	324.26	194.15
2.29	National Tele Mental Health Programme	90.00	45.00	41.73	79.60	45.00	28.82
	Total - Central Sector Schemes/Projects	**6949.92**	**6216.28**	**5437.68**	**7796.77**	**6093.65**	**4910.13**
3	**Other Central Expenditure, including those on CPSEs and Autonomous Bodies**						
3.01	Medical Treatment of CGHS Pensioners (PORB)	5384.00	5440.00	5645.98	5540.00	5900.00	5056.67
3.02	*Purchase of Material in India and Abroad*	*390.00*	*380.00*	352.88	*380.00*	*380.00*	*254.09*
	Deduct Recoveries	*-390.00*	*-380.00*	-238.90	*-380.00*	*-380.00*	*-293.64*
	Net			*113.98*			*-39.55*
3.03	**International Cooperation/ International Health**						
	(ii) Contribution to WHO	54.00	54.00	54.09	54.00	54.40	0.74
	(iii) Delegation to International Conference	5.00	3.71	4.25	5.00	5.00	3.31
	(IV) Int. Conf. on Med. & Public Health	10.00	4.22	3.23	5.00	5.00	1.22
	(vi) Membership for International Org.	8.00	7.00	6.89	7.00	7.05	
	(vii) International Co-operation (FW)	25.00	25.00	25.17	25.00	25.19	21.50
	(viii) Redevlopment of WHO-SERO Building	77.23	78.13	62.62		15.45	
	Total	***179.23***	***172.06***	***156.25***	***96.00***	***112.09***	***26.77***
3.04	**Other Miscellaneous Expenditure**						
	Discretionary Grant	2.00	1.13	0.69	2.00	2.00	1.25
	Haj Pilgrims	20.00	19.95	19.29	22.16	21.99	20.06
	Rashtriya Arogya Nidhi	35.00	27.36	27.06	32.50	32.50	23.35
	Award of Prizes in Hindi	0.16	0.16	0.14	0.16	0.26	0.15
	Award of Prizes to Govt. Hospitals/Institutions under Kaya Kalp Scheme	9.67	9.67	1.59	9.67	9.74	
	Counselling for UG/PG seats in Government Colleges	*1.50*	*11.50*	1.18	*11.50*	*11.44*	*1.06*
	Net	***1.50***	***11.50***	***1.18***	***11.50***	***11.44***	***1.06***
	Compensation to the vicctims or to their families on account of accidents, injury or death at public places	0.10	0.01		0.01		
	National Policy for Rare Disease (NPRD)	120.00	118.82	115.97	299.59	61.84	30.84
	Total - Net	**188.43**	**188.60**	**165.92**	**377.59**	**139.77**	**76.71**
3.05	**Autonomous Bodies and PSUs**						
	Statutory Bodies						
1	All India Institute of Medical Sciences (AIIMS) New Delhi	4523 00	5000 00	4909 33	5200 00	5238 70	3900 00

(Rs. in crore)

Sl. No.	Scheme/Programme/Institute	BE 2024-25	RE 2024-25	Actual 31/03/25	BE 2025-26	RE 2025-26 Tentative	Actual 13/01/26 (Prov.)
2	Post Graduate Institute of Medical Education & Research, Chandigarh	2200.00	2240.00	2225.00	2400.00	2417.86	1967.50
3	Jawaharlal Institute of Post Graduate Medical Education & Research, Puducherry	1440.00	1370.00	1351.96	1450.00	1460.79	1087.52
4	National Institute of Mental Health & Neuro-Sciences, Bangaluru	850.00	780.00	780.00	860.00	866.40	816.25
5	NEIGRIHMS, Shillong	500.00	475.00	473.61	530.00	533.94	433.50
6	RIMS, Imphal	619.00	632.30	632.30	650.00	654.84	487.50
7	RIPANS, Aizawl	130.00	101.00	100.61	135.00	127.15	93.14
8	LGBRIMH, Tejpur	60.00	50.00	49.70	65.00	70.48	46.86
9	Establishment Expenditure of New AIIMS	6800.00	7500.00	7791.58	7639.00	9400.00	7025.45
10	**Other Autonomous Bodies**						
	Lala Ram Swarup Institute of T.B. and Allied Diseases, New Delhi	145.38	165.00	165.00	210.00	211.56	157.50
	Vallabh Bhai Patel Chest Institute, Delhi University	77.00	77.00	77.00	83.50	76.50	57.38
	Kasturba Health Society, Wardha	118.97	118.97	112.91	128.99	128.99	96.74
	Cancer Control (CNCI, Kolkata)	100.00	90.00	84.67	110.16	110.98	83.81
	All India Institute of Speech & Hearing, Mysore	130.00	90.82	85.46	146.67	137.32	70.07
	NIBS & Quality Control, Noida	63.00	63.20	61.93	69.40	64.65	47.76
	Pasteur Institute of India, Conoor	90.00	77.66	68.75	85.50	86.14	44.27
	New Delhi TB Centre	6.83	6.83	6.83	7.52	6.92	5.64
	Indian Red Cross Society	0.40	0.40	0.40	0.40	0.40	0.30
	St. Johns Ambulance	0.04	0.04	0.04	0.04	0.04	
	NIHFW, New Delhi	100.00	100.00	95.55	107.80	108.60	70.59
	IIPS, Mumbai	60.00	40.50	49.65	66.09	62.50	41.27
	Grants to Institute of Medical Sciences - BHU, Varanasi				101.00	100.00	50.00
	Indian Pharmacopeia Commission	32.00	30.50	29.20	34.00	34.00	22.85
	National Academy of Medical Sciences	2.50	3.00	3.00	3.20	3.22	2.40
	Total	**926.12**	**863.92**	**840.39**	**1154.27**	**1131.82**	**750.58**
	Regulatory Bodies						
11	Food Safety & SAI	620.00	520.00	516.64	525.00	470.56	290.84
12	Medical Council of India	0.01	0.01		0.01		
13	Dental Council of India	0.30	0.30	0.30	0.30	0.30	0.15
14	Pharmacy Council of India	0.20	0.20	0.20	0.20	0.20	0.15
15	Indian Nursing Council	0.19	0.19	0.19	0.19	0.19	
16	National Board of Examination	0.01	0.01		0.01		
17	National Commission for Allied & Health Care Professions	20.00	9.26	0.75	21.74	21.90	15.74
	Total - Regulatory Bodies	***640.71***	***529.97***	***518.08***	***547.45***	***493.15***	***306.88***
	Total - Autonomous Bodies	**18688.83**	**19542.19**	**19672.56**	**20630.72**	**22395.13**	**16915.18**
	Total - Autonomous Bodies and PSUs	**18688.83**	**19542.19**	**19672.56**	**20630.72**	**22395.13**	**16915.18**
	Total - Other Central Expenditure, including those on CPSEs and Autonomous Bodies	**24440.49**	**25342.85**	**25754.69**	**26644.31**	**28546.99**	**22035.78**
	Total	**39437.83**	**39020.67**	**38494.65**	**42916.41**	**42458.29**	**33052.96**
	Total - Net (Health)	***39437.83***	***39020.67***	***38494.65***	***42916.41***	***42458.29***	***33052.96***

PART-II (NHM)

Sl. No.	Scheme/Programme/Institute	BE 2024-25	RE 2024-25	Actual 31/03/25 (Prov.)	BE 2025-26	RE 2025-26	Actual 30/06/25 (Prov.)
1	Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission	28783.00	28783.00	31685.06	30009.92	29867.26	20088.34
2	Strengthening of National Programme Management of the NHM	217.00	217.00	206.72	217.00	232.81	121.60
3	Infrastructure Maintenance	7000.00	7000.00	6997.59	7000.00	7000.00	5460.83
Total - NHM		**36000.00**	**36000.00**	**38889.37**	**37226.92**	**37100.07**	**25670.77**
4	Strengthening of State drug regulatory system	75.00	50.00	48.32	50.00		
5	**Tertiary Care Programme/Schemes**						
a	National Mental Health Programme	30.71	19.99	5.27	32.00	5.00	1.92
b	Assistance for Capacity Building for Trauma Centres						
	i) Trauma Centers	18.00	18.00	17.73	34.00	22.00	10.06
	ii) Prevention of Burn Injury						
	Total-Assistance for Capacity Building	*18.00*	*18.00*	*17.73*	*34.00*	*22.00*	*10.06*
c	National Programme for prevention & Control of Cancer, Diabetes Cardiovascular Diseases and stroke (NPCDCS)	109.00	80.00	79.37	185.00	60.00	6.15

Sl. No.	Scheme/Programme/Institute	BE 2024-25	RE 2024-25	Actual 31/03/25 (Prov.)	BE 2025-26	RE 2025-26	Actual 30/06/25 (Prov.)
d	National Programme for Health care for Elderly	51.00	60.91	52.06	50.00	70.00	
e	National Programme for Control of Blindness	6.55	6.00	5.52	7.44	6.00	1.12
f	Tobacco Control Programme & DDAP	115.00	90.00	79.87	120.10	77.00	61.57
g	Telemedicine	39.00	48.00	47.89	55.00	55.00	50.33
	Total - Tertiary Care Programme/Schemes	**369.26**	**322.90**	**287.71**	**483.54**	**295.00**	**131.15**
6	**Human Resources for Health & Medical Education**						
g	Establishment of New Medical Colleges and Increase of Seats in existing Government Medical Colleges (NIF).	1054.79	379.12	294.17	1475.00	1475.00	708.79
	Augmenting Nursing Education - Establishment of New Medical Colleges	220.00	200.00	147.83	200.00	155.00	17.43
	Total - Human Resources for Health & Medical Education	**1274.79**	**579.12**	**442.00**	**1675.00**	**1630.00**	**726.22**
7	**Rashtriya Swasthya Bima Yojna (RSBY) - RSSY**	0.01	3.09				
8	**Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)**	7300.00	7605.54	6982.80	9406.00	9000.00	6644.16
9	**Senior Citizens Health Insurance Scheme**	0.01	1.16				
10	**Pradhan Mantri Ayushman Bharat Health Instrastructure Mission (PM-ABHIM)**	3200.00	3000.00	2086.34	4200.00	2442.50	1195.21
	Total - NHM	**48219.07**	**47561.81**	**48736.54**	**53041.46**	**50467.57**	**34367.51**
	Inter Account Transfer			817.29			
	Deduct Recoveries			-748.59			-1951.14
	Grand Total	**87656.90**	**86582.48**	**87299.89**	**95957.87**	**92925.86**	**65469.33**

Status of Action Taken notes on Audit Observations included in C&AG's Reports against Department of Health and Family Welfare (F.Y. 2025-26)

S. No.	Report Name	Para No.	Title of Paras	Status of Action Taken Note (ATN)
1	31 of 2022	para 4.2.2.1 Fig 4.6 sl 6	Significant savings at Grant/ Appropriation level	Vetting Comments of Audit received on 07-01-2026 and in process of uploading
2		Para 4.6 Annexure 4.6 S.no 24-28	Expenditure incurred without adequate provisioning of funds	Draft ATN uploaded on APMS portal on 18/11/2025, Vetting Comments of Audit are awaited.
3		para 4.3 annexure 4.4 sl 4	other Significant savings at minor-head/ sub head level	Draft ATN Uploaded on 22-09-2025, Vetting Comments of Audit are awaited.
4		para 4.2.2 annexure 4.2 sl 93	Analysis of saving	Draft ATN uploaded on 14/11/2025 on APMS Portal, Vetting Comments of Audit are awaited.
5		para 4.2.2.2 annexure 4.3A sl 1	other Significant savings at minor-head/ sub head level	
6		para 4.7 annexure 4.7 sl 21	Non-surrender and surrender of savings on last day of the financial year	
7		para 4.4 annexure 4.5A sl 7	injudicious re-appropriation from/to minor/sub-head	Draft ATN uploaded on 22/09/2025 on APMS Portal, Vetting Comments of Audit are awaited.
8		para 4.2.2 annexure 4.2 sl 30	Analysis of saving	Draft ATN uploaded on 14/11/2025 on APMS Portal, Vetting Comments of Audit are awaited.
9	21 of 2023	Para 4.2.2 Annexure 4.2 S.no 25	Analysis of Savings-Segment Wise	Final revised ATN uploaded on 15-01-2026 on APMS Portal.
10		4.2.2 (Annexure 4.2 Sl. no. 78)	Analysis of Savings-Segment Wise	Final revised ATN uploaded on 15-01-2026 on APMS Portal.
11		4.2.2.1	Significant savings at Grant/Appropriation level	Final revised ATN uploaded on 15-01-2026 on APMS Portal.
12		4.2.2.2 (Annexure 4.3A, Sl no 89 to 97)	Other significant savings at minor-head/sub-head level	Final revised ATN uploaded on 15-01-2026 on APMS Portal.
13		4.2.2.2 Annex 4.3 B S.no 70-75	Other significant savings at minor-head/sub-head level	Final revised ATN uploaded on 15-01-2026 on APMS Portal.
14	7 of 2021	3.2.2.1 Table 3.5 Sl No 4	Significant savings at Grant/Appropriation level	Received on 21.11.2025 on APMS portal, ATN preparation Under Process
15		3.2.2.1 Table 3.4 Sl No 6	Significant savings at Grant/Appropriation level	
16		3.2.2 Annexure 3.2 Sr. N. 66	Analysis of Savings	
17		3.2.2 Annexure 3.2 Sr. N. 26	Analysis of Savings	
18		3.4 Annex 3.4	injudicious re-appropriation from/to minor/sub-head	Draft ATN Uploaded on 01-01-2026, Vetting Comments of Audit are awaited.
18		3.5 Annex 3.5 Sr No 38-40	Expenditure incurred without adequate provisioning of funds	Received on 08-12-2025 on APMS portal , ATN preparation under process
20		3.6 Annex 3.6 Sr No 13	Non-surrender and surrender of savings on last day of the financial year	

S. No.	Report Name	Para No.	Title of Paras	Status of Action Taken Note (ATN)
21	16 of 2025	3.2.3 Annexure 3.3 Sl No 7	Loans and Advances	Received on 21.11.2025 on APMS portal, ATN preparation Under Process
22		4.6.1 Annexure 4.12 Sl No 6	Rush of expenditure in respect of grants/appropriations	Draft ATN Uploaded on 01-01-2026, Vetting Comments of Audit are awaited.
23		4.5.2. Annexure 4.11 Sl No 16-19	Expenditure incurred without a budget line	Received on 24.11.2025 on APMS portal, ATN preparation Under Process
24		4.7 Annexure 4.13 Sr. No. 2	Outstanding Utilisation certificates	
25		4.2.2.3 Annexure 4.6B Sl No 74-81	Significant savings at minor heads/sub head level-other significant savings of Rs. 100 crore or more at minor/sub head leve	Received on 23.11.2025 on APMS portal, ATN preparation Under Process
26		4.2.2.3 Annexure 4.6A Sl No 73-78	Significant savings at minor heads/sub head level other significant savings of Rs. 500 crore or more at minor/sub head level	
27		4.2.2.4 Annexure 4.7 Sl No 34	Non-surrender of savings	Draft ATN Uploaded on 01-01-2026, Vetting Comments of Audit are awaited.
28		4.2.2.2 Annexure 4.5 Sl No 31	Significant savings of Rs. 100 crore or more at segment level	
29		4.2.2.1 Fig 4.9 Sr No. 5	Persistent savings of Rs. 5,000 crore or more during FY 2021-22 to FY 2023-24	
30		4.2.2.1 Annexure 4.4 Sr. No. 8	Significant savings at Grant/Appropriation level	
31		4.2.2.2 Annexure 4.5 Sl No 82	Significant Savings at Segment level	Draft ATN Uploaded on 30-12-2025, Vetting Comments of Audit are awaited.
32	04 of 2025	Para 3.5.4(iv) Annexure 3.15	Classification errors-Misclassification at object head level	Draft ATN Uploaded on 30-12-2025, Vetting Comments of Audit are awaited.
33		Para 4.2.2.2 Annex 4.5 Sr No 33	Significant Savings at segment level – Revenue Voted	Received on 01.12.2025 on APMS portal, ATN preparation Under Process
34		Para4.2.2.1 Fig 4.8 Sr No 6	Significant savings at Grant/Appropriation level - Persisstent savings of Rs. 5000 Crore or more during FY 2020-21 to FY 2022-23	
35		Para 4.2.2.1 Annex 4.4 Sr No 6	Significant savings at Grant/Appropriation level	
36		Para 4.2.2.2 Annex 4.5 Sr No 86	Significant savings at segment level - Revenue Voted	Received on 02.12.2025 on APMS portal, ATN preparation Under Process
37		Para 4.2.2.3 Annex 4.6A Sr No 76-84	Significant savings at minor-head/sub-head level - 500 Crore or more	Received on 03.12.2025 on APMS portal, ATN preparation Under Process
38		Para 4.2.2.3 Annex 4.6B Sr No 93-99	Significant savings at minor-head/sub-head level - 100 Crore or more	
39		Para 4.2.2.4 Annex 4.7 Sr No 24	Non surrender of savings	Received on 04.12.2025 on APMS portal, ATN preparation Under Process

टीबी
मुक्त भारत



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STOP OBESITY

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