



NHM PIP

2024-26

Programme Implementation Plan

AIIMS, Bhubaneswar

Mission Directorate
National Health Mission
Department of Health & Family Welfare
Govt. of Odisha



Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha

Letter No: OSH&FWS/ 3585 /2024

Date: 15/03/2024

From

Dr. Brundha D, IAS
Mission Director, NHM, Odisha

To

All Directors, Health & FW Department, Govt. of Odisha
The Director, Capital Hospital/ RGH, Rourkela/ AHRCC, Cuttack
All Superintendents, Govt. Medical College & Hospitals, Odisha
The Superintendent, SVPPGIP, Cuttack & MHI, Cuttack
All CDM& PHOs –cum– District Mission Directors
All ADUPHOs (Municipal Corporation Cities)

Sub: Approval of NHM District / City Program Implementation Plan (PIP) for the Financial Year (FY) 2024-25 & FY 2025-26 – Reg.

Madam / Sir,

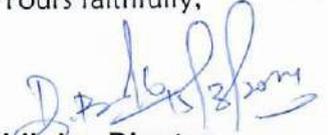
The Program Implementation Plan (PIP) for the FY 2024-25 & FY 2025-26 has been approved by Government of India. The approval includes workplan and budget for two years and brief description on implementation modalities of each activity. The abstract of District/ City wise approved NHM PIP Budget 2024-26 is attached herewith at Annexure-1 for information & necessary action.

It is evident that a rigorous monitoring system with mechanisms to handhold the peripheral health functionaries & Programme Officers would go a long way in improving the quality of health delivery system. The approved activities shall be implemented, strictly following the Terms & Conditions detailed out at Annexure-2.

I look forward to work with you all and achieve the set targets under Key Deliverables (Annexure-3) and Key conditionalities (Annexure-4) set by Gol for our State within the given timeframe.

Enclosure: Soft Copy of District / City / Other Agency wise PIP for FY 2024-26 to be shared via email.

Yours faithfully,


Mission Director,
NHM, Odisha.

Memo No. 3586

Date: 15/03/2024

Copy submitted to the Commissioner –cum– Secretary to Govt., Health & FW Department, Odisha for favour of kind information.


Mission Director,
NHM, Odisha

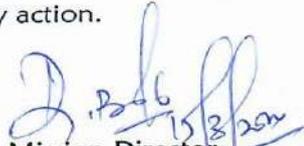


Mission Directorate
National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha

Memo No. 3587

Date. 15/03/24

Copy forwarded to AMD, NHM, Odisha for information and necessary action.


Mission Director,
NHM, Odisha

Memo No. 3588

Date. 15/03/24

Copy forwarded to all Collectors & District Magistrates, Odisha for information & necessary action.


Mission Director,
NHM, Odisha

Memo No. 3589

Date. 15/03/24

Copy forwarded to all Programme Officers and Consultants of Directorates / Officials & Consultants of SPMU for information and necessary action.


Mission Director,
NHM, Odisha

Memo No. 3590

Date. 15/03/24

Copy forwarded to State Representatives of all Development Partners for information and necessary action.


Mission Director,
NHM, Odisha

Memo No. 3591

Date. 15/03/24

Copy forwarded to all DPMs for information and necessary action.


Mission Director,
NHM, Odisha

Memo No. 3592

Date. 15/03/24

Copy forwarded to all CPMs for information and necessary action.


Mission Director,
NHM, Odisha

Abstract Budget for FY 2024-25 and FY 2025-26

Pool	FMR	Component	AIIMS, Bhubaneswar		
			F.Y. 2024-25	F.Y. 2025-26	Grand Total 2024-26 (Rs. In Lakhs)
RCH Flexible Pool	RCH.1	Maternal Health			0.00
	RCH.2	PC & PNDT Act			0.00
	RCH.3	Child Health			0.00
	RCH.4	Immunization			0.00
	RCH.5	Adolescent Health			0.00
	RCH.6	Family Planning			0.00
	RCH.7	Nutrition			0.00
	RCH.8	National Iodine Deficiency Disorders Control Programme (NIDDCP)			0.00
	RCH Sub Total (Rs. In Lakhs)			0.00	0.00
NDCP Flexi Pool	NDCP.1	Integrated Disease Surveillance Programme (IDSP)			0.00
	NDCP.2	National Vector Borne Disease Control Programme (NVBDCP)			0.00
	NDCP.3	National Leprosy Eradication Programme (NLEP)			0.00
	NDCP.4	National Tuberculosis Elimination Programme (NTEP)			0.00
	NDCP.5	National Viral Hepatitis Control Programme (NVHCP)			0.00
	NDCP.6	National Rabies Control Programme (NRCP)			0.00
	NDCP.7	Programme for Prevention and Control of Leptospirosis (PPCL)			0.00
	NDCP.8	State specific Initiatives and Innovations			0.00
	NDCP Sub Total (Rs. In Lakhs)			0.00	0.00
NCD Flexi Pool	NCD.1	National Program for Control of Blindness and Vision Impairment (NPCB+VI)	0.00	0.00	0.00
	NCD.2	National Mental Health Program (NMHP)	0.00	0.00	0.00
	NCD.3	National Programme for Health Care for the Elderly (NPHCE)	0.00	0.00	0.00
	NCD.4	National Tobacco Control Programme (NTCP)	0.00	0.00	0.00
	NCD.5	National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke (NPCDCS)	0.00	0.00	0.00
	NCD.6	Pradhan Mantri National Dialysis Programme (PMNDP)	0.00	0.00	0.00
	NCD.7	National Program for Climate Change and Human Health (NPCCHH)	1.00	0.00	1.00
	NCD.8	National Oral health programme (NOHP)	0.00	0.00	0.00
	NCD.9	National Programme on palliative care (NPPC)	0.00	0.00	0.00
	NCD.10	National Programme for Prevention and Control of Fluorosis (NPPCF)		0.00	0.00
	NCD.11	National Programme for Prevention and Control of Deafness (NPPCD)	0.00	0.00	0.00
	NCD.12	National programme for Prevention and Management of Burn & Injuries			0.00
	NCD.13	State specific Programme Interventions			0.00
NCD Sub Total (Rs. In Lakhs)			1.00	0.00	1.00

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Pool	FMR	Component	AIIMS, Bhubaneswar		
			F.Y. 2024-25	F.Y. 2025-26	Grand Total 2024-26 (Rs. In Lakhs)
Health System Strengthening (HSS) - Urban		National Urban Health Mission			0.00
Health System Strengthening (HSS) Rural	HSS.1	Comprehensive Primary Healthcare (CPHC)	23.76	23.76	47.53
	HSS.2	Blood Services & Disorders	0.00	0.00	0.00
	HSS.3	Community Engagement	0.00	0.00	0.00
	HSS.4	Public Health Institutions as per IPHS norms			0.00
	HSS.5	Referral Transport	0.00	0.00	0.00
	HSS.6	Quality Assurance	0.00	0.00	0.00
	HSS.7	Other Initiatives to improve access	0.00	0.00	0.00
	HSS.8	Inventory Management	0.00	0.00	0.00
	HSS.9	HRH	0.00	0.00	0.00
	HSS.10	Enhancing HR	0.00	0.00	0.00
	HSS.11	Technical Assistance	0.00	0.00	0.00
	HSS.12	IT interventions and Systems	0.00	0.00	0.00
	HSS.13	Innovation	0.00	0.00	0.00
	HSS.14	Untied Grants	0.00	0.00	0.00
	HSS.15	Prevention,Control & Management of Snake bite	0.00	0.00	0.00
			HSS Sub Total (Rs. In Lakhs)	23.76	23.76
GRAND TOTAL 2024-26 (Rs. In Lakhs)			24.76	23.76	48.53

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National Health Mission, Odisha
Department of Health & Family Welfare,
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Annexure – 2

NHM PIP 2024-26: Terms & Conditions

• **Financial Modalities:**

- All unspent balance available under NHM with the State as on 1st April 2024, has become a part of the Resource Envelope of FY 2024-25. Similarly, all the unspent balance available as on 1st April 2025, would become a part of the Resource Envelope for FY 2025-26. If required, a mid-term review at the end of FY 2024-25 would be carried out, either at the request of the Ministry or the State/ District concerned, to provide course correction in case of shifting of priorities.
- The State/ Districts must ensure that there is no duplication or overlap between various sources of funds including the recently approved FC-XV Health Grants support and PM-ABHIM for the similar activities.
- Any reallocation to be conducted by State is to be approved by the Executive Committee and the Governing body of the State Health Society. Maximum budget available for States to reallocate fund is 10% of the total approved budget for that program/activity. **Districts are not allowed to undertake any reallocation of NHM funds.** State must intimate FMG, MoHFW regarding reallocation of fund on quarterly basis along with the 'Financial Management Reports' in the following format:

FMR	Budget Head	Total amount approved in FY 2024-25/ 2025-26	Fund allocated from Budget Head/ FMR	Fund allocated to Budget Head/ FMR	Quantity & unit cost approved in PIP for undertaking the activity	Number of quantities increased	Remarks

- **JSSK, JSY, NPY and other entitlement scheme**
 - The State/ Districts must provide all the entitlement schemes mandatorily. No beneficiary should be denied any entitlement because of any limitations of approved amount for such entitled bases schemes. Wherever required, the State must suitably increase the provision in such FMR. The ceiling of 10% shall not be applicable in such cases.
 - The State/ Districts to ensure that JSY and NPY payments are made through Direct Benefit Transfer (DBT) mechanism through 'Aadhaar' enabled payment system or through NEFT under Core Banking Solution.
- The State / Districts must ensure due diligence in expenditure and observe, in letter and spirit, all rules, regulations, and procedures to maintain financial discipline and integrity particularly with regard to procurement; competitive bidding must be ensured, and only need-based procurement should take place as per ROP approvals.
- The unit cost/ rate wherever approved for all activities including procurement, printing, etc. are only indicative for the purpose of estimation. However, actuals are subject to transparent and open bidding process as per the relevant and extant purchase rules and up to the limit of unit cost approved.
- As per the Mission Steering Group (MSG) meeting decision, only up to 9% of the total Annual State Work Plan for that year could be budgeted for program management and M&E. The States/ Districts will have to ensure that overall

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- expenditure under programme management and M&E do not exceed the limit of 9% as mandated by MSG.
- The accounts of State/ Districts / Grantee institution/ Organization shall be open to inspection by the sanctioning authority and audit by the Comptroller & Auditor General of India under the provisions of CAG (DPC) Act 1971 and internal audit by Principal Accounts Officer of the Ministry of Health & Family Welfare.
 - **Conditionalities for Fund release:**
 - **Release of First tranche of funds:**
 - State/ Districts should not have more than 25% of the total release (Central+State Share) as unspent amount.
 - State/ Districts should have completed all the tasks related to SNA and implementing Agencies mapping.
 - State/ Districts should have deposited all the previous central share and corresponding State share in the SNA
 - Interest earned on NRHM and NUHM for central share must be remitted to the consolidated funds of India.
 - **Release of Subsequent tranche of funds:**
 - State must have spent at least 75% of the total release (Central +State Share).
 - State should have deposited all the previous central share and corresponding State share in the SNA
 - Interest earned on NRHM and NUHM for central share in previous quarters have been remitted to the consolidated funds of India.
 - Statutory audit report needs to be submitted by the states/UTs for release beyond 75% of central allocation
 - **Human Resource (HR):**
 - NHM aims to strengthen health systems by supplementing and hence it should **not be used to substitute regular HRH.**
 - The remuneration proposed in the PIP is indicative and given for the purpose of estimation. However, the actual remuneration shall be paid to the Staff as per the exclusive communication from HR Cell (SPMU) with due approval of Mission Director, NHM.
 - **Infrastructure:**
 - The approval for new infrastructure is subject to the condition that the State/ Districts will use energy efficient lighting and other appliances.
 - The States/ Districts should submit Non-Duplication Certificate in prescribed format.
 - The States/ Districts should review quarterly performance of physical & financial progress of each project and share the progress report with State /MoHFW.
 - Third party monitoring of civil works and certification of their completion through reputed institutions may be introduced to ensure quality. Also, Information on all ongoing works should be displayed on the NHM website and PMS portal.
 - **Equipment:** The State/ Districts should submit Non-Duplication Certificate in prescribed format.

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- **IT Solutions:** All IT solutions being implemented by the State/ Districts must be EHR compliant. In cases where there is Central Software and the State is not using it, the State/ Districts must provide APIs of its State Software for accessing/viewing data necessary for monitoring.
- The activity approvals under NHM for FY 2024-25 and FY 2025-26 are to be reflected in NHM-PMS portal. State/ Districts to ensure that the valid data entries are made in the portal and it will be analysed for progress under NHM along with key deliverables.
- **Statutory Meetings:** The State to ensure regular meetings of State and District Health Missions/ Societies. The performance of SHS/DHS along with financials and audit report must be tabled in Governing Body meetings as well as State Health Mission and District Health Mission meetings.
- **Mandatory Disclosures:** The State / Districts must ensure mandatory disclosures on the State NHM website of all publicly relevant information as per previous directions of CIC and letters from MoHFW.
- **Resources Envelope and approvals: Approvals over and above the Resource Envelope is** accorded with the condition that there would be no increase in Resource Envelope and the State / Districts will have to prioritize and undertake the approved activities under existing RE.
- **Implementation Framework:**
 - All approvals are subject to the Framework for Implementation of NHM and Guidelines issued from time to time and the observations made in this document.
 - The major outputs agreed by the State in the form of **key deliverables** have been placed at **Annexure-2**. The Districts/ Cities have to ensure full compliance to the target assigned for each indicator.
 - The **Conditionalities Framework** for FY **2024-25** and FY **2025-26** is attached herewith as **Annexure-3**. It is to be noted that Full Immunization Coverage (FIC)% will be treated as the screening criteria and Conditionalities would be assessed for only those State which will achieve 85% Full Immunization Coverage. The Districts/ Cities have to give priority focus to achieve conditionalities set by Gol, in order to earn incentives.

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15/3/2024

Key Deliverables for the State of Odisha under NHM 2024-26

1. RCH Flexipool including Routine Immunization Programme, Pulse Polio Immunization Programme

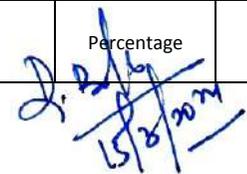
SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
RCH including Routine Immunization Programme, Pulse Polio Immunization Programme							
Maternal Health							
1	Output	ANC Coverage	Percentage of PW registered for ANC Numerator: Total number of PW registered for ANC Denominator: Total number of estimated pregnancies	Percentage	80	85	HMIS
2	Output	ANC registration in 1st trimester of pregnancy (within 12 weeks)	Percentage of PW registered for ANC in 1st trimester Numerator: Total number of PW registered in 1 st Trimester Denominator: Total number of PW registered for ANC	Percentage	95	95	HMIS
3	Output	Pregnant Women who received 4 or more ANC check-ups	% of PW received 4 or more ANC check-ups Numerator: Total number of PW received 4 or more ANC Denominator: Total number of PW registered for ANC	Percentage	92	94	HMIS
4	Output	Identification of HRP	% of high risk pregnancies identified Numerator: Total no. of PW identified as High Risk Pregnancy (HRP) Denominator: Total number of PW registered for ANC	Percentage	10	11	RCH Portal
5	Output	Management of HRP	% of HRP Managed Numerator: Total no. of High Risk Pregnancies (HRP) managed Denominator: Total number of High Risk Pregnancies identified	Percentage	100	100	RCH Portal
6	Output	Institutional Deliveries	% of institutional deliveries out of total ANC registration Numerator: Total number of institutional deliveries (public + private) Denominator: Total number of PW registered for ANC	Percentage	91	92	HMIS
7	Output	National Certification of LRs & OTs under LaQshya	% of nationally certified LRs and OTs under LaQshya against target Numerator: Total number of nationally certified LRs & OTs. Denominator: Total number of LaQshya identified LRs and OTs	Percentage			NHSRC Report
			LaQshya LR	Number	23	0	
			LaQshya OT	Number	23	0	
8	Output	Public Health facilities notified under SUMAN	Percentage of public health facilities notified under SUMAN against target Suman facilities	Percentage Number	 1000	 1000	State Report
9	Output	Maternal death review mechanism	% of maternal deaths reviewed against the reported maternal deaths. Numerator: Total no. of maternal deaths reviewed Denominator: Total no. of maternal deaths reported	Percentage	93	95	HMIS
10	Output	JSY Beneficiaries	Percentage of beneficiaries availed JSY benefits against RoP approval Numerator: Total no. of JSY beneficiaries paid JSY benefits Denominator: Total no. of beneficiaries approved in RoP	Percentage	100	100	State Report
11		NQAS certification of SUMAN notified facilities	Percentage of SUMAN notified facilities received NQAS/Part NQAS nationally certification against target	Number	100	200	NHSRC Report
Child Health (CH) and RBSK							
12	Output	SNCU successful discharge rate	SNCU successful discharge rate out of total admission (%) Numerator: No. of "sick and small new-borns discharged successfully (Unsuccessful denotes" Death, LAMA and referral) Denominator: Total no. of sick new-borns admitted in SNCUs	Percentage	Sustain > 80%	Sustain > 80%	SNCU MIS Online Portal
13	Output	HR training in Newborn and Child Health	HR training in Newborn Health Percentage of Paediatrician / Medical Officers and Staff Nurses trained in FBNC and NBSU Training Package. Numerator: Total Number of Doctors (Paediatrician/MOs) and Staff Nurses trained in FBNC and NBSU training package. Denominator: Total Number of Doctors (Paediatrician / MOs) and Staff Nurses posted in SNCUs/NICUs and NBSUs.	Percentage	90%	90%	State Report

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
14	Output	Child Death Reporting	Percentage of Child Death Reported against Estimated deaths Numerator: Total no. of Childdeaths reported. Denominator: Estimated number of Child Deaths based on latest SRS report (34000)	Percentage	60% (18,229 Under 5 Deaths)	80% (24,305 Under 5 Deaths)	HMIS
15	Outcome	Stillbirth Rate	Still Birth Rate Numerator: Total no. of Stillbirth Reported Denominator: Total no. of Reported Deliveries	Rate	< 15 per 1000 births	< 12 per 1000 births	HMIS
16	Output	Home visits by ASHAs for New-borns	Percentage of newborns received complete schedule of home visits against total reported live births. Numerator: Total no. of new-borns received complete scheduled of home visits Denominator: Total no. of new-borns	Percentage	90% (D: 479898)	90% (D: 479898)	Quarterly HBNC Report
17	Output	Roll out of HBYC visits in all districts	Percentage of District Roll out HBYC visits against RoP approval with trained ASHAs Numerator: Total no. of districts implementing HBYC visits with trained ASHAs Denominator: Total no. districts approved in RoP for HBYC implementation	Percentage	100% (30 districts)	100% (30 districts)	Quarterly HBYC Report
18	Output	Paediatric HDU/ICU unit	Percentage of Districts with functional Paediatric HDU/ ICU unit out of total districts. Numerator: Total no. of districts with functional Paediatric HDU/ ICU unit Denominator: Total no. of districts with the approved Paediatric HDU/ ICU unit in RoP/ECRP.	Percentage	100% (4 PICUs + 29 PHDUs/ ICUs) - 27 Districts	100% (4 PICUs + 29 PHDUs/ ICUs) - 27 Districts	Quarterly State Report
19	Output	MusQan	Number of facilities national certified against total identified facilities under MusQan Numerator: Total number of health facilities nationally certified under MusQan initiative (at least two units per facility (SNCU/NBSU, Paediatric OPD, Paediatric Ward, Nutrition Rehabilitation Centre) Denominator: Total number of facilities identified under MusQan initiative.	Percentage	100 % 4 facilities	100 % 4 facilities	Quarterly State Report
20	Output	New-born Screening at Delivery points	Percentage of New- borns Screened at the time of birth out of total Live Births Numerator: Number of New- borns Screened at the time of birth Denominator: Total number of Live Birth Reported.	Percentage	90%	90%	Quarterly State Report
21	Output	Functional DEICs	Percentage of DEIC functional with Infrastructure, Essential Equipment and HR as per Guidelines against the RoP approval. Numerator: Number of DEICs functional with Infrastructure, Essential Equipment, HR and training as per Guidelines. Denominator: Total number of DEICs approved in RoP.	Percentage	100% 32 (DEIC)	100% 32 (DEIC)	Quarterly State Report
22	Output	RBSK MHTs	Percentage of Government & Government aided schools and Anganwadi Centre covered by RBSK MHTs Numerator: Number of Government & Government aided schools and Anganwadi Centre covered by RBSK MHTs as per RBSK Guideline. Denominator: Total number of Public Schools and Anganwadi Centre in the block Source: State Quarterly Report	Percentage	90% AWC - 133477 (2 visit) School - 49391	90% AWC - 133477 (2 visit) School - 49391	State Quarterly Report
23	Output	Screening of Children in Government & Government aided schools and Anganwadi Centre	Percentage of children screened by RBSK MHTs Numerator: Number of Children in Government & Government aided schools and Anganwadi Centre screened by RBSK MHTs as per RBSK Guideline. Denominator: Total number of Children in Government & Government aided schools and Anganwadi Centre	Percentage	90% 0-6 years (2 visit) 64 273057- 18 years (1 visit) 55 02689	90% 0-6 years (2 visit) 6427 3057- 18 years (1 visit) 5502 689	Quarterly State Report
24	Output	Secondary/ Territory management of Conditions specified under RBSK	Number of beneficiaries received Secondary/ Territory management against RoP approval (for surgical intervention specified under RBSK).	Nos.	1720	1720	Quarterly State Report

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
25		NBSU Function ality	Functional (including online reporting) Newborn Stabilization Units (NBSUs) against approval at CHC/FRUlevel. Numerator: Total Number of NBSU functional and reportingonline. Denominator: Total Number of NBSU approved at CHC/FRUs.	Number	100 % (33 NBSUs)	100% (46 NBSUs)	FBNC online reporting
26		IMNCI/F-IMNCI trainings	Health Professional (Paediatricians/ MOs/ SNs/ANMs/ CHOs) Trained under Child Health Training (IMNCI/ F- IMNCI) againstapproval. Numerator: Total Number ofHealth Professional (Paediatricians/ MOs/ SNs/ANMs/ CHOs) Trained under Child Health Training (IMNCI/ F-IMNCI). Denominator: Total Number of Health Professional (Paediatricians/ MOs/ SNs/ANMs/ CHOs) approved forIMNCI/ F-IMNCI training.	Partici pants	90%	90%	Quarterly State Report
27.		ORS and Zinc Coverage	Under 5 Children received ORSand Zinc against Under 5 Children identified with Diarrhoea during the IDCF Campaign. Numerator: Total Number No.of Under 5 Children received ORS and Zinc. Denominator: Total Number of under 5 Children identified withDiarrhoea during the IDCF Campaign.	Percent age	100%	100%	IDCF campaign State Report
Immunization							
28	Output	Full immunization coverage	Percentage of Full Immunization Coverage (FIC) Numerator: Total number of children aged 9-11 months fullyimmunized with BCG+ Three doses of pentavalent + three doses of OPV + One dose of MRCV Denominator: Total No. of target children in 9-11 months'age group	Perce ntage	90%	92%	HMIS
29	Output	Coverage of birthdose Hepatitis B	Percentage of children receiving birth dose Hepatitis Bas against institutional deliveries Numerator: Total no. of infants immunized with birth dose of Hepatitis B. Denominator: Total no. of institutional deliveries	Perce ntage	100%	100%	HMIS
30	Output	Dropout % of children	Percentage dropout of children from Pentavalent 1 to Pentavalent 3 Numerator: Total no. of children immunized with Pentavalent 1 – Total no. of children immunized with Pentavalent 3 Denominator: Total no. of children immunized with Pentavalent 1	Percentage	0	0	HMIS
31	Output	Dropout % of children	Percentage dropout of children from Pentavalent 3 to MR 1 Numerator: Total no. of children immunized with Pentavalent 3 – Total no. of children immunized with MCV/MR 1 Denominator: Total no. of children immunized with Pentavalent 3	Percentage	0	0	HMIS
32		Dropout % of children	Percentage dropout of children from MR 1 to MR 2 Numerator: Total no. of children immunized with MR 1 –Total no. of children immunized with MR 2 Denominator: Total no. of children immunized with MR 1	Percentage	0	0	HMIS
33	Output	TT10 coverage	Percentage of children receiving Td10 Numerator: Total no. of children ≥ 10 years old immunized with Td10 Denominator: Total no. ofchildren ≥ 10 years of age	Percentage	95%	95%	HMIS
34	Output	MR-2 Coverage >95%	MRCV2 coverage > 95% at state level Numerator: Total no. ofchildren received MR 2 Denominator: Total no. ofchildren due for MR 2		>95%	>95%	HMIS
35	Output	Utilization of U-WIN	No. of vaccinators using U-WIN for vaccination Numerator : Total no. vaccinators conducting immunization session using U- WIN Denominator: Total no. registered vaccinators on U-WIN		Benchmark > 90 %	Benchmark > 90 %	U-WIN
Nutrition							
36		Early Initiation of Breastfeeding	Percentage of newborn breastfeed within one-hour birth against total live birth. Numerator: Number of newborn breastfeed within one hour of birth. Denominator: Total live births registered in that period.	Percentage	97	97	HMIS



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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
37	Output	Bed Occupancy Rate at Nutrition Rehabilitation Centre (NRC)	Bed Occupancy Rate at Nutrition RehabilitationCentres (NRCs) Numerator- Total inpatient daysof care from 1 st April 2022 to 31st March 2023/1 st April 2023 to 31 st March 2024 Denominator- Total available bed days during the same reporting period	Percentage	80	80	State reports
38		Successful Discharge Rate at Nutrition Rehabilitation Centre (NRC)	Successful Discharge Rate at Nutrition Rehabilitation Centres (NRCs) Numerator- Total number of under- five children discharged with satisfactory weight gain for 3 consecutive days (>5gm/kg/day) from 1st April 2022 to 31st March 2023/1 st April 2023 to31 st March 2024 Denominator- Total No. of under-five children exited from the NRC during the same reporting period	Percentage	90	90	State reports
39	Output	IFA coverage	Percentage of pregnant women given 180 IFA tablets as against pregnant women registered for ANC Numerator: Number of pregnant women given IFA tablets. Denominator: Number of pregnant women registered for ANC in that period.	Percentage	95%	95%	HMIS report
40		Anaemia Muktbharat	Percentage of children 6-59 months given 8-10 doses of IFAsyrup every month Numerator: Total number of children 6-59 months given 8-10 doses of IFA syrup in the reporting month Denominator: Number of children 6-59 months covered under the programme (Target Beneficiaries)	Percentage	75	77	HMIS report
41		Anaemia Muktbharat	Percentage of children 5-9years given 4-5 IFA tablets every month Numerator: Total number of children 5-9 years given 4-5 IFA tablets in the reporting month Denominator: Number of children 5- 9 years covered under the programme (TargetBeneficiaries)	Percentage	85	85	HMIS report
Comprehensive Abortion Care (CAC)							
42	Output	CAC services	Public Health Facilities equipped with Drugs (MMA Combi pack/ Mifepristone & Misoprostol), Equipment (MVA/EVA) and Trained Provider (MTP Trained MO/OBGYN) for providing CAC services against the total number of Public Health Facilities as per RoP targets Numerator: Total no. of PublicHealth Facilities that are equipped with Drugs (MMA Combi pack/ Mifepristone & Misoprostol), Equipment (MVA/EVA) and Trained Provider (MTP Trained MO/OBGYN)) Denominator: Total number of Public Health Facilities as per RoP targets	Percentage	1. 100% of CHCs and above level of public Health Facilities to be equipped 2. 390 Facilities (MCs:5; DH including women & Children Hospital/MC H :32; SDHs:33; CHCs (FRUs) & Other Sub District Level Hospitals: 34; 24 x 7 PHCs, Non FRU CHCs:260 ; Other PHCs:26)	1. 100% of CHCs and above level of public Health Facilities to be equipped 2. 425 Facilities (MCs:5; DH including women & Children Hospital/MC H :32; SDHs:33; CHCs (FRUs) & Other Sub District Level Hospitals: 34; 24 x 7 PHCs, Non FRU CHCs:270 ; Other PHCs:51)	CAC Annual & Quarterly Report
43	Output	MO training	Medical Officers trained in CACagainst the RoP approval Numerator: Total no. of MedicalOfficers (MBBS) trained Denominator: Target of Medical Officers (MBBS) to be trained as per RoP	Number	150 MBBS Doctors	150 MBBS Doctors	CAC Annual & Quarterly Report

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
Family Planning (FP)							
44	Output	PPIUCD acceptance	Percentage of PPIUCD acceptance among Institutional deliveries Numerator: Number of PPIUCDs inserted in public facilities Denominator: Number of institutional deliveries in public facilities	Percentage	26.0%	28.0%	HMIS
45	Output	Injectable MPA users	Percentage of Injectable MPA users among Eligible Couples Numerator: Total number of Injectable MPA doses/4 Denominator: Number of Eligible Couples	Percentage	0.40%	0.50%	HMIS/ RCH register
46	Output	Operationalization of FPLMIS	% of Facilities indenting and issuing the stock in FPLMIS out of total facilities (including Sub Centres) Numerator: Number of Facilities indenting and issuing the stock in FPLMIS (including Sub Centres) Denominator: Total Number of Facilities registered in FPLMIS (including Sub Centres) Remark: This key deliverable <i>has been revised to include Sub Centres</i>	Percentage	95.0%	95.0%	FPLMIS
47		% Increase in Male Sterilization performance from 2022-23	Numerator: No. of male sterilizations in current year (-) Denominator: No. of male sterilizations in 2022-23 Remark: The baseline year for this Key deliverable has been revised from 2019- 20 to 2022-23	Percentage	50%	100%	HMIS
Existing additional Key ROP deliverables for selected States/UT's							
48		Doubling Family Planning Indemnity Scheme Compensation (SC Directives)	Doubling of Compensation under FPIS as per the Honourable Supreme Court Directives. Source: Annual FPIS report Remark: This deliverable is applicable for only for few states which have not yet completed the doubling of compensation	Yes/No	NA	NA	Annual FPIS report
49		Number of Nayi Pahal Kits (NPK) distributed per ASHA	Numerator: No. of NPKs distributed Denominator: No. of ASHAs Source: MPV Quarterly Report Remark: This deliverable is applicable only to 13 MPV States and few other states.	Number	5 Kit/ASHA	5 Kit/ASHA	MPV Quarterly Report
50		Number of Sash Bahu Sammelan Conducted	No. of SBS Conducted Source: MPV Quarterly Report Remark This deliverable is applicable only to 13 MPV States and few other states.	Number	10800	10800	MPV Quarterly Report
Adolescent Health/ Rashtriya Kishor Swasthya Karyakram (RKSK)							
51	Output	Client load at AFHC	Average monthly Client load at AFHC/month in PE Districts at DH/SDH /CHC level to increase by 25% in 2024-25 and 50% in 2025-26 from the baseline data of 2023-24 Numerator: Total Clients registered at AFHC. Denominator: Number of AFHCs divided by no. of months (per AFHC per month)	Nos	100	120	(HMIS/ Quarterly AFHC Report)
52	Output	WIFS coverage	Percentage coverage of in- school beneficiaries under WIFS Programme every month. Numerator- Total no in School beneficiaries covered Denominator- Targeted beneficiaries (In School)	Percentage	85%	90%	HMIS
53	Output	WIFS coverage	Percentage coverage of out-of-school (girls) under WIFS Programme every month. Numerator- Total no out of School beneficiaries covered Denominator- Targeted beneficiaries (out of School)	Percentage	60%	65%	HMIS
54	Output	Selection of Peer Educator	Percentage of Peer Educator selected against the target Numerator- Total no PEs selected Denominator- Total No. of PE to be selected	Percentage	100%	100%	State PE Reports
55		Training of Peer Educator	Percentage of Peer Educator trained against the Peer Educator selected. Numerator- Total no PEs Trained Denominator- Total No. of PEs selected	Percentage	100%	100%	State PE Reports

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
56	Output	Menstrual Hygiene Scheme coverage	Percentage coverage of Adolescent Girls against the target under Menstrual Hygiene Scheme Numerator- Total no, of adolescent girls receiving sanitary napkins under MHS Denominator- Total No. of adolescent girls to be covered	Percentage	80%	85%	HMIS
57	Output	Ayushman Bharat School Health & Wellness Programme implementation	Percentage of the selected Districts implementing Ayushman Bharat School Health & Wellness Programme against the RoP approval. Numerator- Total no districts implementing ABSHWP Denominator- Total No. of Districts selected for ABSHWP	Percentage	100%	100%	SHWP Report
58	Output	Ayushman Bharat School Health & Wellness Programme implementation	Percentage of Health & Wellness Ambassadors trained to transact weekly activities in schools in the select districts Numerator- Total no of Health & Wellness Ambassadors (HWAs) trained Denominator- Total no of HWAs to be trained	Percentage	100%	100%	SHWP Report
Pre-Conception & Pre-Natal Diagnostic Techniques (PCPNDT)							
59	Output	Total Number of meetings conducted by district advisory committees (DAC) in the state/ UT	As mandated by the PC&PNDT Act law the DAC has to meet minimum 6 times a year Numerator- Total No. of meetings actually conducted by all districts in the state Denominator- No of district *6	Percentage	100%	100%	State Report
National Iodine Deficiency Disorders Control Programme (NIDDCP)							
60	Output	Monitoring of salt & urine in the State/UT	Percentage of salt samples tested using Salt Testing Kits (Qualitative testing) by ASHA in identified District. Numerator: Total Number of sample tested by ASHA. Denominator: Number of ASHA *50 samples*12 months.	Percentage	100%	100%	State Report
61			Percentage of salt samples tested (Quantitative) in Lab (Volumetric method) for estimation of iodine content. Numerator: Number of salt samples tested (Quantitative) in Lab (Volumetric method). Denominator: Number of District *25 samples*12 months.	Percentage	10%	20%	State Report
62		Monitoring of salt & urine in the State/UT	Percentage of urine sample tested for Urinary iodine estimation. Numerator: Number of urinesamples tested for Urinary iodine estimation. Denominator: Number of District *25 samples*12 months.	Percentage	10%	20%	State Report
Reproductive and Child Health (RCH) Portal							
63	Output	Implementation of RCH application - Registration Coverage of "Pregnant Women and Child (0-1" Year)	Percentage of Registration Coverage of Pregnant Women and Child on pro- rata basis "Numerator: Total No. of Registered PW and Child" on RCH Portal Denominator: Estimated PW and Child on pro-rata basis.	Percentage	100% Registration coverage of Pregnant Women and Children on pro- rata basis	100% Registration coverage of Pregnant Women and Children on pro-rata basis	RCH Portal
64	Output	Implementation of RCH application - Service Delivery Coverage of PW	Percentage of Service Delivery Coverage of entitled Pregnant Women for ANC services. Numerator: Total No. of PW received All ANC services (ANC1 + ANC2 + ANC3 + ANC4 + TT1 / TT2 + 180 IFA tablet) Denominator: Total PW expected for Service based on reporting period	Percentage	100%	100%	RCH Portal
65	Output	Implementation of RCH application Service Delivery Coverage of Child	Percentage of Service Delivery Coverage of entitled Child [0-1Year] for Immunization services. Numerator: Total No. of Child received All Immunization services (as per National Immunization Schedule) Denominator: Total child expected for Service based on reporting period	Percentage			RCH Portal

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
66	Output	Implementation of RCH application - Total Deliveries Reported	Percentage of total Delivery reported of Pregnant Women. Numerator: Total No. of Delivery reported Denominator: Total PW expected for Delivery based on reporting period	Percentage	100% Delivery reported	100% Delivery reported	RCH Portal
67	Output	Implementation of ANMOL application	Health provider (ANM) using ANMOL application "for entering Data" Numerator: Total No. of Users(ANM) doing data entry. Denominator: Total no. active" users (ANMs) registered in RCH Portal.	Percentage	90% Health Provider (ANM) are doing data entry on ANMOL	90% Health Provider (ANM) are doing data entry on ANMOL	RCH Portal
2. NDCP Flexi Pool (National Disease Control Programme)							
Integrated Disease Surveillance Programme (IDSP)							
68	Output	Weekly Reporting – S form	% of Reporting Units Reported in S form	Percentage	100	100	IDSP IHIP
69	Output	Weekly Reporting – P form	% of Reporting Units Reported in P form	Percentage	100	100	IDSP IHIP
70	Output	Weekly Reporting – L form	% of Reporting Units Reported in L form	Percentage	100	100	IDSP IHIP
71	Output	Weekly Reporting – Lab Access of Outbreaks	Lab Access of Outbreaks reported under IDSP excluding Chickenpox, Food Poisoning, Mushroom Poisoning	Percentage	100	100	IDSP IHIP
National Tuberculosis Elimination Programme (NTEP)							
72.	Output	Presumptive TB Examination	Presumptive TB examination / lakh population	Nos.	>3000	>3000	
73	Output	Expansion of rapid molecular diagnostics for TB	% Of TB patients tested for Rifampicin resistance	Nos.	70%	70%	State Report
74	Output	State TB Score	% Improvement in Annual TB Score Numerator: (State Annual TB Score in Current Yr- State Annual TB Score in last yr) Denominator: State Annual TB Score in last yr	Percentage	90	90	NIKSHAY Portal
75	Output	Nikshay Poshan Yojana	% of eligible patients receiving all benefit of DBT Numerator: No. of eligible patients receiving all benefit of DBT Denominator: No. of eligible patients	Percentage	100%	100%	NIKSHAY Portal
76	Output	Districts with TB free Status	No. of districts to achieve TB free Status # Bronze, # Silver, # Gold, #TB Free district/City	Nos.	8 district	10 district	State Report
77	Output	% Of Gram Panchayat/wards with TB free Status	% Of Gram Panchayat/ward to achieve TB free Status # Bronze, # Silver, # Gold, #TB Free	Percentage	20%	30%	
78	Output	% Of patients adopted by Ni-Kshay Mitra	% Of consented TB patients adopted by Ni-Kshay Mitra	Percentage	100%	100%	
79							
National Rabies Control Program (NRCP)							
80	Output	Availability of Rabies Vaccine and Rabies Immunoglobulins	ARV available at the Health Facilities as per Essential Medical List Numerator- Total No. of Health Facility till PHC level having stocks of ARV Source- DVDMS Portal/State Monthly report Denominator- Total No. of Health Facilities till PHC level (Source- Rural Health Statistic- MoHFW)	Percentage	Availability of Stock as per EML at 85% health Facilities till CHC Level	Availability of Stock as per EML at 90% health Facilities till CHC Level	DVDMS Portal/State Monthly report Rural Health Statistic- MoHFW)
81	Output		Rabies Immunoglobulins available at the Health Facilities as per Essential Medical List Numerator- Total No. of Health Facility till CHC level having stocks of ARS Denominator- Total No. of Health Facilities till CHC level (Source- Rural Health Statistic- MoHFW)	Percentage	Availability of Stock as per EML at 75% health Facilities till CHC Level	Availability of Stock as per EML at 80% health Facilities till CHC Level	DVDMS Portal/State Monthly report Rural Health Statistic- MoHFW)

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
National Viral Hepatitis Control Programme (NVHCP)							
82	Output	Management of Hepatitis C -under the program	Percentage of Hepatitis C Patients benefited i.e number who receivedtreatment against target.	Percentage	90%(256)	90%(256)	NVHCP MIS Portal
83	Output	Management of Hepatitis B -under the program	Percentage of Hepatitis B Patients benefited i.e number who receivedtreatment against target	Percentage	90%(458)	90%(476)	NVHCP MISPortal
84	Output	Pregnant women screened for hepatitis B	Percentage of pregnant women screened for hepatitis B (HBsAg) againstthe target (Institutional Deliveries)	Percentage	100%(665678)	100%(665678)	RCH Portal
85	Output	Administration of HBIG to newborns of HBsAg positive pregnant women	Percentage of new borns administered HBIG among new borns delivered to HBsAg positive pregnant women at health care facility	Percentage	100%(750)	100%(850)	RCH Portal
National Leprosy Elimination programme (NLEP)							
86	Output	Percentage of Grade II Disability (G2D) among new cases	No of Districts with Grade II Disability (G2D) percentage less than 2%among new cases	Nos	20	21	State Report
87	Output	Certification of Districts as Leprosy Free	No of Districts certified as Leprosy Free	Number	3	4	State Report
88	Output	Clearance of backlog of Reconstructive Surgeries (RCS)	Number of Reconstructive Surgeries (RCS) conducted during the F.Y./ Number of Patients Eligible for RCS during the F.Y.*100	Numbers	75	75	State Report
89		No of districts with Zero incidence of leprosy case in F.Y.	No of districts with zero new cases of leprosy in the current F.Y.		0	0	
National Vector Borne Disease Control programme (NVBDCP)							
90	Output	Malaria Reduction in API at District level	No. of districts with API <1	Numbers	To sustain in 25 Districts	To sustain in 25 Districts	MES report, NVBDCP
91.	Output		Annual blood Examination Rate (ABER)	Percentage	To sustain ABER>15%	To sustain ABER>15%	MES report, NVBDCP
92.	Output		%IRS population coverage in each round	I Round	>85%	>85%	IRS report, NVBDCP
93.	Output		II Round	>85%	>85%	IRS report, NVBDCP	
94.	Output		No. of Districts Certified as MalariaFree	Number	3	3	State & District, NVBDCP Data Base
95.	Output	Lymphatic Filariasis	The proportion of districts/IUs with coverage>65%for DA	Percentage	55 IUs (100% of MDA-DA Implimentin g unit)	48 IUs (100% of MDA-DA Implimentin g unit)	13 Table MDA report and WHO Post MDA report
96.	Output		and 85%forIDA of the total population (admin coverage/independent assessment)		197 IUs (100% of MDA-DA Implimentin g unit)	101 IUs (100% of MDA-DA Implimentin g unit)	13 Table MDA reportand WHO Post MDA report
97.	Output		Morbidity management and disease prevention (MMDP) services for hydrocele and Lymphedema cases	Number	100% MMDP services and kit distribution: 67117	100% MMDP services and kit distribution: 67117	13 Table MDA report/Monthly MMDP report
98.	Output		Cumulative number of endemic districtswhich achieved mf rate<1% verified byTAS1	Number	11	11	As per TAS plan
99.	Output		Cumulative number of districts to achieveDisease Free Status- LF as per TAS 3 Clearance	Number	9	9	Post TAS report
100.	Output	Dengue& Chikungunya	Dengue Case Fatality Rate at State level	Percentage	CFR <1%	CFR <1%	

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
101.	Output	Kala-azar	Number of blocks achieved Kala azar elimination i.e.<1 case per 10000population at block level	Number	NA	NA	
102.			Number of blocks sustained Kala-azar elimination	Number	NA	NA	
103.			%IRS population coverage in eachround	Percentage	NA	NA	
104.			%Complete treatment of KA Cases and HIV/VL	Percentage	NA	NA	
105.			%Complete treatment of PKDL Cases	Percentage	NA	NA	
National Tobacco Control Programme (NTCP)							
106	Output	Increase in availability of Tobacco Cessation Services available	No. of districts with Tobacco Cessation Centers	Number	30	30	MIS / NTCP portal
107	Outcome	Improved accessfor Tobacco Cessation Services	No. of People availed tobacco cessation services in2022-24	Number	65,000	70,000	MIS / NTCP portal
National Mental Health Programme (NMHP)							
108	Output	Improved coverage of mental health services	Percentage of districts covered District Mental HealthUnits operationalized.	Percentage	100	100	State Report
109	Output	Improved coverage of mental health services	Percentage increase Number of persons cateredthrough District Mental Health Units	Number/ Percentage	30% increase of previous year 2023-24	35 % increase of 2023-24	State Report
National Programme for Health Care of Elderly (NPHCE)							
110	Output	Provision of primary and secondary Geriatric healthcare services at District Hospitaland below	Numerator: No. of DH with Geriatric Unit (at least10beds) Denominator : No. of total DH in the state	Number	32/32	32/32	NPHCE QPR
111	Output	Provision of primary and secondary Geriatric healthcare services at District Hospitaland below	Numerator: No. of DH with physiotherapy unit forelderly Denominator : No. of total DH in the state	Number	32/32	32/32	NPHCE QPR
112	Output	Provision of primary and Secondary Generic Health Care Services at DistrictHospital and Below	Numerator: No. of CHCs with physiotherapy unit Denominator : No. of total CHC in the state	Number	278 (67%)	414 (100%)	NPHCE report
National Programme for Non-Communicable Diseases (NP-NCD)							
113	Input	population (30+) registered for NCD Services	% of population (30+) registered in the National NCD portal	Percentage	1,72,29,420	1,73,37,090	National NCD Portal
114	Process	population screened for NCD	% of population screened for Hypertension	Percentage	1,72,29,420	1,73,37,090	National NCD Portal
115	Process	population screened for NCD	% of population screened for Diabetes	Percentage	1,72,29,420	1,73,37,090	National NCD Portal
116	Output	Patient put on treatment	% of people on standard of care for Hypertension against target population	Percentage	16,35,152	17,98,667	National NCD Portal
117	Output	Patient put on treatment	% of people on standard of care for Diabetes against target population	Percentage	10,56,035	11,61,639	National NCD Portal
National Programme for Control of Blindness and Vision Impairment (NPCB&VI)							
118	Output	Eye care servicesunder NPCB and VI provided at District level andbelow	Percentage achievement of Cataract operationsagainst targets	Percentage Number	465400	209400	District Reports

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Sl No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
119	Output	Eye care services under NPCB and VI provided at primary, secondary at District level	Percentage achievement of Collection of donated eyes for corneal Transplantation against targets	Percentage Number	2000	2200	District Reports
120	Output	Eye care services under NPCB and VI provided at District level and below District level	No. of Free Spectacles to school children suffering from Refractive errors	Number	56000	60000	District Reports
121	Outcome	Cataract backlog Free Certification	No. of Districts Certified as Cataract backlog Free	Number	-	-	State Report
Pradhan Mantri National Dialysis Program (PMNDP)							
122	Output	Dialysis Facility in the District	No. of districts with dialysis facility under PMNDP Calculated as total number of districts having dialysis centres divided by the total number of districts in the state.	Number	30	30	State Report
123	Output	Number of sessions held in the month	Estimated number of dialysis sessions (monthly) Calculated as 10% increase over the previous year dialysis sessions	Number	0.2	0.21	State Report
124	Output	Peritoneal dialysis services under PMNDP	Estimated number of patients planned for peritoneal dialysis services	Number	100	150	
National Programme for Prevention and Control of Fluorosis (NPPCF)							
125	Outcome	Improvement in sample testing in fluoride affected districts	Percentage of water samples tested for Fluoride level against number of samples as per norms.	Percentage	40	100	NPPCD QPR
126	Outcome	Medical management of diagnosed fluorosis cases including supplementation, surgery, and rehabilitation.	Percentage of patients provided medical management to diagnosed fluorosis cases out of the total diagnosed cases.	Percentage	30	100	NPPCD QPR
National Programme for Prevention & Control of Deafness (NPPCD)							
127	Output	Hearing Aid	Number of people with hearing problems rehabilitated.	Number	10% Increase	10% Increase	NPPCD QPR
128	Output	Audiometry Facilities	Number of people screened for deafness/hearing impairment.	Number	30	30	NPPCD QPR
National Programme for Palliative Care (NPPC)							
129	Output	Palliative care services under NPPC programme	Total no. of District Hospitals providing palliative care services	Number	32	32	MPR
National Oral Health Programme (NOHP)							
130	Output	Strengthening Oral Health Services	Percentage of PHFs providing dental care services upto CHC level against total PHFs upto CHC level (DH/SDH/CHC)	Number	100%	100%	HMIS (Dental OPD)/MPR
National Programme for Climate Change and Human Health (NPCCH)							
131	Output	Orientation/ Training/Capacity Building of healthcare staff	% of Medical officers in district trained on diagnosis and management of HRI and ARI surveillance in context of air pollution	Percentage	80	100	State report
132	Output	Heat Related Illness	% of DHs and SDH with operational min 5 bedded Heat Stroke Room (from 1st March – 31st July)	Percentage	25	50	State report
133	Output	Acute Respiratory Illness (ARI) in context of Air Pollution	% of Sentinel Surveillance Hospitals reporting daily ARI cases on IHIP portal	Percentage	75	100	State report
Health System Strengthening (HSS)- Rural and Urban							

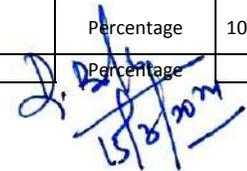


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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
134	Output	Improving access to healthcare in urban India	Number of operational urban health facilities (UPHCs and UCHCs) increased. (a) UCHC% = Numerator: No. Of UCHC operationalized Denominator: No. of UCHC approved	Percentage	a) UCHC – 7	a) UCHC – 7	MIS-QPR/ Approved State RoPs
			(b) UPHC % = Numerator: No. of UPHC operationalized Denominator: No. of UPHC approved		b) UPHC- 116	b) UPHC- 116	
135	Output	Improving access to healthcare in urban India	No. of UPHCs converted to Ayushman Arogya Mandir Numerator: No. of UPHC converted to AAPs Denominator: Total No. of UPHCs approved	Percentage	116 Nos. (100%)	116 Nos. (100%)	AAP Portal/ Approved State RoPs
136	Output	Improving access to healthcare in urban India	% of UCHC and UPHC-AAPs offering specialist service Numerator: No. of UCHC and UPHC-AAM offering specialist services Denominator: No. of UCHC and UPHC-AAM approved	Percentage	123 Nos. (100%)	123 Nos. (100%)	AAP Portal/ Approved State RoPs
137	Output	Improving access to healthcare in urban India	Annual utilization of urban health facilities (UPHC-AAM) increased with at least 50% visits made by women to be sustained a) Urban Health Facilities Footfall: Numerator: No of UPHC- AAM reporting at least average footfall (60 footfalls per 1000 population) Denominator: No of operational UPHC-AAM b) % female footfall: Numerator: Female footfall in current year Denominator: Total footfall recorded in current year	Percentage	a-50 UPHCs b- 50%	a-55 UPHCs b- 50%	AAP Portal
138 A	Output	Improving access to healthcare in urban India	%No of individuals screened for NCD at UPHC-AAM a) For Hypertension Numerator: Individuals screened for NCD- Hypertension Denominator: Total 30 years and above, Urban population as on 1 st April (Beginning of FY) (b) For Diabetes: Numerator: No. of individual screened for Diabetes Denominator: Total 30 years and above urban population as on 1st April (Beginning of FY)	Percentage	50% 50%	60% 60%	AAM Portal
138 b			% of individual screened for NCD at UPHC-AAM (a) For Oral Cancer: Numerator: No. of individual screened for Oral Cancer Denominator: Total 30 years and above urban population as on 1st April (Beginning of FY) (b) For Breast Cancer: Numerator: No. of individual screened for Breast Cancer Denominator: Total 30 years and above urban women population as on 1st April (Beginning of FY) (C) For Cervical Cancer: Numerator: No. of individual screened for Cervical Cancer Denominator: Total 30 years and above urban women population as on 1st April (Beginning of FY)	Percentage	a-30% b-30% c-30%	a-40% b-40% c-35%	AB-AAM Portal
139	Output	Providing quality healthcare	% Urban pregnant women accessing 4 or more antenatal care at UPHC- AAM and UCHC- AAM and UCHC Numerator: Total urban PW accessing 4 or more ANC's Denominator: Total urban PW registered	Percentage	86%	86%	HMIS
140	Output	Providing quality healthcare services in Urban India	Percentage of Urban Health and Nutrition Day (UHND) held organized Numerator: Number of monthly UHND organized Denominator: Number of monthly UHND approved	Percentage	92%	95%	MIS / HMIS portal/Approved State RoPs

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
141	Output	Providing quality healthcare services in Urban India	Number of patients treated for Diabetes and Hypertension at UPHC-AAM % of diagnosed patients put on treatment for Diabetes: Numerator: Number of patients put on treatment for Diabetes Denominator: Number of patients diagnosed for Diabetes % of diagnosed patients put on treatment for Hypertension: Numerator: Number of patients put on treatment for Hypertension Denominator: Number of patients diagnosed for Hypertension	Number	a-98% b-98%	a-98% b-98%	AAM Portal
DVDMS							
142	Output	Implementation of DVDMS in AAM SHC	% of Health Facilities up to AAM SHC implementing the DVDMS	Percentage	100%	100%	State Report
Quality Assurance (QA)							
143	Output	NQAS certified public health facilities (National + State)	Cumulative Number of NQAS certified public health facilities	Number	(a) DH: 22 (70%) (b) SDH: 16 (50%) (c) CHC: 192 (50%) (d) PHC: 644 (50%) (e) UPHC: 45 (50%) (f) AAM SC: 1256 (40%)	(a) DH: 24 (75%) (b) SDH: 20 (60%) (c) CHC: 230 (60%) (d) PHC: 773 (60%) (e) UPHC: 53 (60%) (f) AAM SC: 1884 (60%)	NHSRC Quality Certification Unit
144	Output	Public health facilities with Kayakalp score greater than 70%	Number of public health facilities with Kayakalp score more than 70% (on external assessment)	Number	2653	2919	NHSRC Quality Certification Unit
145	Output	NQAS Certified public health facilities (National + State) in Aspirational Block	Percentage of NQAS Certified Facilities (%) in Aspirational Block	Percentage	45%	65%	State Report
Free Diagnostic Service Initiative							
146	Output	Free Diagnostic s Services	Number of diagnostic test available at DH/SDH/CHC/PHC as per NEDL 2019 Calculated as average of total number of diagnostics tests available at each level of health facility divided by the minimum number of diagnostics tests specified in FDSI (14/63/97/111/134) guidelines Numerator: Number of Healthcare facility undertaking full menu of essential diagnostic tests prescribed in the FDSI guidelines Denominator: Total number of Primary Healthcare Facilities available in the State (Upto DH level)	Percentage	50%	60%	HMIS/ State Reports/ Dashboards/ Assessment report
Blood Services & Disorders							
147	Output	Number of District Hospitals having Blood Banks	Percentage(%)of District Hospitals having functional Blood Bank	Percentage	100%	100%	E -Raktkosh, Blood Cell
148	Output	Voluntary blood donation	Voluntary blood donation against the blood collection units targeted for replacement/ donation	Percentage	100%	100%	E -Raktkosh, Blood Cell
149	Output	Blood component separator	Percentage of blood banks having blood component separator	Percentage	37% (21 nos)	56% (32 nos)	Blood Cell
150	Output	No of ICHH centres in the state at high prevalence districts	Number of integrated centres for hemoglobinopathies & haemophilia in the district against no. of identified districts with high prevalence of hemoglobinopathies & haemophilia	Number	30	30	Blood Cell
151	Output	Sickle Cell Disease	Percentage of population screened for sickle cell disease against annual target	Percentage	100% (22,63,737)	100% (22,38,594)	Sickle Cell Portal
152	Output	Sickle Cell Disease	Percentage of people registered on Sickle portal with ABHA ID	Percentage	20%	30%	Sickle Cell Portal



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Sl No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
153	Output	Sickle Cell Disease	Distribution of Sickle cell Status card	Number	100% (22,63,737)	100% (22,38,594)	Sickle Cell Portal
Comprehensive Primary Healthcare (CPHC)							
154	Output	Number of functional Ayushman Arogya Mandir	Numerator: Total functional AAM in the state/ UT Denominator: Total primary healthcare facilities in State/UT as per the latest RHS	Percentage	100%	100%	AAM Portal
155	Output	AAM providing expanded service packages	Numerator: No. of AAM providing all 12 expanded range of services. Denominator: Total functional AAM in the state/ UT	Percentage	100%	100%	AAM Portal
156	Output	Footfall at AAM (Receiving services for Preventive, promotive, curative, rehabilitative and palliative care)	Numerator: No. of AAM reporting at least average footfall as per (norm of 60 footfalls per 1000 population): - Rural: SHC-AAM @ 300/month; PHC-AAM @ 1800/month - Urban: U-AAM @ 1200/month; UPHC-AAM @ 3000/month - Tribal: SHC-AAM @ 180/month; PHC-AAM @ 1200/month Denominator: Number of operational AAM in rural areas (SHC- AAM+PHC-AAM)	Percentage	95%	100%	AAM Portal
157	Output	Medicine at AAM	% of AAM where at least 80% of expanded range of medicines as per Essential list (Medicines: SHC-AAM- 105; PHC-AAM-171) against number of functional AAM.	Percentage	100%	100%	AAM Portal AS per UT essential Drug List for AAM- SC- 23 For AAM-PHC-71
158	Output	Diagnostic s at AAM	Percentage of AAM out of total functional AAM in State/UT with availability of diagnostics as per Essential list (Diagnostics: SHC-AAM-14; PHC-AAM-63) against number of functional AAM.	Percentage	100%	100%	AAM Portal
159	Output	Adoption of SASHAKT & Training of AAM primary health care teams on expanded service packages	Numerator: No of ABHA verified primary health care team members (ASHA, MPW, CHO, SN and MO) registered in SASHAKT portal Denominator: Total number of in position primary healthcare team members (ASHA, MPW, CHO, SN and MO) in State/UT	Percentage	50%	85%	SASHAKT portal
160	Output	NCD Screening	a) % of Individuals screened for NCD at AAM - Hypertension and Diabetes Numerator: Individuals screened for NCD- Hypertension and Diabetes Denominator: 30+ population of State/UT	Percentage	HTN-DM-	HTN-DM-	National NCD portal
161	Output		b) % of Individuals screened for NCD at AAM - Oral cancer, Breast Cancer and Cervical Cancer Numerator: Individuals screened for NCD- cancers Denominator: 30+ population of State/UT	Percentage	OC-BC-CC-	OC-BC-CC-	National NCD portal
162	Output	Wellness sessions at AAM	Numerator: Number of wellness sessions conducting a minimum of 10 wellness sessions per month Denominator: Total functional AAM in the state)	Percentage	100	100	AAM Portal
163	Output	Tele- consultations started at AAM	Numerator: Number of AAM conducting a minimum of 25 teleconsultations per month Denominator: Total functional AAM in the state)	Percentage	65	70	eSanjeevani portal
164	Output	JAS functioning	Numerator: Number of JAS constituted at AAM conducted at least 10 meetings in a year Denominator: Total no of JAS constituted AAM	Percentage	80	90	AAM Portal
165	Output	Functional AAM awarded Kayakalp Awards	Numerator: Number of AAM scoring more than 70% in Kayakalp peer assessment Denominator: Total number of functional AAM	Percentage	50%	70%	Kayakalp report
166	Output	Functioning of VHSNC(in Rural areas)	Numerator: Number of VHSNCs that conducted at least 10 meetings in the year (against the norm of minimum one meeting every month) Denominator: Total VHSNCs formed	Percentage	99	99	AAM Portal

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
167	Output	AAM primary healthcare team's incentives	a) Numerator: Number of AAM whose primary healthcare teams have received timely incentives (Performance Linked Payment and Team Based Incentives) minimum 10 times a year Denominator: Total number of functional AAM	Output	100	100	AAM Portal
AYUSH							
168	Output	Co- location of AYUSH facilities	Number of Public Health Facilities with Co-located AYUSH OPD Services	Number	1485	1485	State Report
Human Resource for Health							

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
169	Output	NHM HR in place	% of HRH in Position out of total posts approved under NHM*	Percentage	90%	92%	NHSRC HRH Division
170	Output	HRH availability as per IPHS	% of HRH available as per IPHS (HR in Place/IPHS requirement x 100) for six key staff categories*	Percentage			NHSRC HRH Division
			o MPW (Male+Female)		72%	78%	NHSRC HRH Division
			o Staff Nurses		40%	50%	NHSRC HRH Division
			o Lab technicians** (**Reduction in gap% applicable only for those levels of facilities where lab services including HR for lab have been outsourced)		45%	50%	NHSRC HRH Division
			o Pharmacists		88%	90%	NHSRC HRH Division
			o Medical Officer-MBBS		75%	80%	NHSRC HRH Division
			o Clinical specialists		76%	80%	NHSRC HRH Division
Biomedical equipment Management & Maintenance Program (BMMP)							
171	Output	Equipment CAMC/ AMC	% of Equipment Covered under Comprehensive Maintenance Contract/ Annual Maintenance Contract/ BMMP Calculated as total number of equipment covered under CMC/AMC divided by total number of equipment available at the facility (Average of all Facilities in percentage)	Percentage	77% under BEMP 10% under Warranty 1% under progress to include under BEMP 1% Not In BEMP scope 3% for Condemnation Total target Asset:63866	77% under BEMP 10% under Warranty 1% under progress to include under BEMP 1% Not In BEMP scope 3% for Condemnation Total target Asset:63866	BMMP Dashboard/ State Equipment Inventory Software (e- upkaran)
172	Output	Equipment Upkeep time	% upkeep time of of equipment uptime Calculated as average of upkeep time of all equipment at each level of facility against the specified uptime in BMMP (DH- 95%/CHC-90%/PHC-80%)	Percentage	A.DHH-97% B.CHCs & SDHs-95% C.PHCs-90%	A.DHH-97% B.CHCs & SDHs-95% C.PHCs-90%	BMMP Dashboard/ State Equipment Inventory Software (e- upkaran)
173	Output	AERB Compliance	% of Public Health Facility certified as per AERB compliance Calculated as average number of health facilities (having X- Ray related equipment) registered on eLORA portal for AERB license divided by the total number of health facilities having X-Ray related equipment.	Percentage	40%	100%	AERB Compliance certification dashboard
Health Management Information System (HMIS)							
174	Output	HMIS Reporting	Ensuring timely reporting of data by the State Data Manager/M&E/HMIS personnel by 20th of following month. Numerator: No. of health facilities reported data by 20th of following month. Denominator: Total no. of health facilities.	Percentage	99	99	HMIS IHIP Portal
Public Health Infrastructure							

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SI No.	Indicator Type	Indicator Statement	Indicator	Unit	Target 2024-25	Target 2025-26	Source of data
175	Output	Infrastructure (Rural and Urban health care facilities- a. DHH, b. SDH, c. CHCs, d. UCHCs, e. UPHCs, f. PHCs, g. Sub Health Centers, h. Others)	Number of new constructions completed and handed over against the projects sanctioned.	Number	(a) CHCs-20 (b) PHCs- 114 (C)Sub Health Centers- 430 (d) Others- 30 Total = 594	(a) CHCs-30 (b) PHCs- 170 (C) Sub Health Centers- 414 (d) Others-8 Total = 622	State Report
176	Output	IPHS compliance	% Of health care facilities achieved IPHS compliance.	Percentage	10	25	State Report
177	Output	GRS & Health Help Desk	Average calls received per day (output measurement by call efficiency): - numerator- Total calls received per day per call operator against the denominator - Average 130 call received per Call operator per day with avg. call handling time of 3 minutes.	Percentage	85	90	State Report
178	Output	GRS & Health Help Desk	% Of calls resolved out of calls received service wise a. Health Information, b. Counselling, c. SUMAN, d. ECD.	Percentage	100	100	State Report
179	Output	National Ambulance Services	% of Ambulances functional as per population norms (one BLS per 1 lakh Population and One ALS for every 5-lakh population)	Percentage	152	152	State Report
180	Output		Average response time per vehicle	Minutes	20min	20min	State Report
181	Output	MMU	Avg. no. of trips per MMU per month	Numbers	---	---	State Report
182	Output		Average no. of lab Number investigations per MMU per day.	Numbers	---	---	State Report
183	Process	DH Strengthening as knowledge Hub	% of District hospitals- initiated any of the following courses:-				
			(a) DNB courses	Percentage	100	100	State Report
			(b) Nursing courses -				
			ANM	Percentage	21	21	State Report
			GNM	Percentage	8	15	State Report
BSC NURSING	Percentage	10	15	State Report			
(C)Allied health care courses like CPS	Percentage	-	-	State Report			

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Conditionalities Framework 2024-26

Full Immunization Coverage (%) to be treated as the screening criteria. Conditionalities to be assessed only for those EAG, NE and hilly States which achieve at least 85% full Immunization Coverage. For rest of the States/UTs, the minimum full Immunization Coverage to be 90%.

Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
		Based on overall score of AAM conditionality (out of 100 marks)		
1	AAM State/UT Score	a. Score more than 75: +25 b. Score more than 50 or less than or equal to 75: +15 c. Score more than 25 but less than or equal to 50: -15 d. Score less than or equal to 25: -25	AAM portal	+25 to -25
		DVDMS implementation up to AAM-SC		
2	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to PHC level	a. In 100% AAM-SHC: +5 b. 80% or above but less than 100%: +3 c. 50% or above but less than 80%: 3 a. In less than 50%: -5	DVDMS Portal or Any other similar system with API linkages to DVDMS	+5 to -5
3	Registration of pregnant women and children (0-1) on RCH or equivalent portal	% Registration against estimated beneficiaries (Pregnant woman & Child registration 0-1 yr) on Pro- rata basis a. 100% Registration: +5 b. 80% or above but less than 100%: +3 c. 50% or above but less than 80%: No Penalty a. d. less than 50%: -5	RCH Portal or similar state portal	+5 to -5
4		Human Resources for Health		
4 (A)	A. Availability of regular service delivery HRH as per IPHS norms	Percent of service delivery HRH in-place in the regular cadre against IPHS norms for the six key categories as on 31st March 2025 and 31st March 2026 : MPW (Male + Female), Staff Nurses, Lab Technicians, Medical Officers (MBBS) and Specialists a. At least 80%: +7.5 b. At least 70%,, but less than 80%: +5 c. than 80%: +5 d. At least 60%, but less than	State notifications, advertisements and PIP, HRH Division of NHSRC	+7.5 to -7.5

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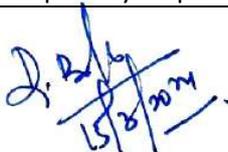
Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
		70%: Nil d. Less than 60%: -7.5		
4 (B)	B. In-place contractual HRH against the approved posts	Percentage of in-place contractual service delivery HRH of MPW (Male and Female), Staff Nurses, Lab technicians, Medical Officers (MBBS) and Specialists as on 31st March 2025 and 31st March 2026: a. More than 90%: +7.5 b. More than 70% but up to 90%: +5 c. More than 60% but up to 70%: +3 d. 60% and below: -7.5	State notifications, advertisements and PIP, HRH Division of NHSRC	+7.5 to -7.5
5	District wise RoP uploaded on NHM website	District wise RoP uploaded on NHM website within 30days of issuing of RoP by MoHFW to Stateor by 31 st May 2024 (whichever is later) a. 100% districts whose ROPs forFY2022-24 are uploaded on state NHM website: +5 b. Fewer than 100% districts whose ROPs for FY 2022-24 are uploaded on state NHM website: -5	State NHM website and D.O.letter	+5 to -5
6		Implementation of National Viral Hepatitis Control Programme (NVHCP)		
6 (A)	A. Percentage put on treatment for hepatitis B against the target	a. More than 90%: incentive 3 points (+3) b. More than 60% upto 90%: incentive 1 points (+1) c. More than 30% upto 60%: penalty 1 points (-1) d. 30% or Less: penalty 3 points (-3)	Report from NVHCP Division, MoHFW	+3 to -3
6 (B)	B. Percentage put on treatment for hepatitis C against the target	a. More than 90%: incentive 3 points (+3) b. More than 60% to 90%: incentive 1 points (+1) c. More than 10% to 60%: penalty 1 points (-1) d. 10% or Less: penalty 3 points(-3)	Report from NVHCP Division, MoHFW	+3 to -3
6 (C)	C. Percentage of pregnant women screened for hepatitis B (HBsAg)	a. More than 90%: incentive 3 points (+2) b. More than 70% to 90%: incentive 1 points (+1)	Report from NVHCP Division, MoHFW	+2 to -2

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Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
	against the target (Institutional Deliveries)	c. More than 50% to 70%: penalty 1 points (-1) d. 50% or Less: penalty 2 points(-2)		
6 (D)	D. Percentage of newborns administered HBIG among newborns delivered to HBsAg positive pregnant women at health care facility	a. More than 90%: incentive 2 points (+2) b. More than 70% to 90%: incentive 1 points (+1) c. More than 50% to 70%: penalty 1 points (-1) d. 50% or Less: penalty 2 points (-2)	Report from NVHCP Division, MoHFW	+2 to -2
7		Implementation of National Mental Health Program (NMHP)		
7 (A)	A. Actions taken for fulfilment of provisions under Mental Healthcare Act, 2017 (MHCA 2017)	State has established State Mental Health Authority: a. If Yes: +2 b. If not: -2 State has established Mental Health Review Boards: a. If Yes: +2 b. If not: -2 State has created State Mental Health Authority Fund: a. If yes: +1 If not: -1	Report from Mental Health division, MoHFW	+5 to -5
8		National Tuberculosis Elimination Programme (NTEP)		
8 (A)	A. Percentage of Districts achieving 90% of TB Notification targets	a. More than 80% of districts achieving 90% of target: +5 b. 60% to 80% of districts achieving 90% of target: +2.5 c. Less than 60% of districts achieving 90% of target: -2.5 d. Less than 40% of districts achieving 90% of TB Notification target: -5	NTEP Nikshay Portal & AAM Portal	+5 to -5
8 (B)	B. Percentage of Districts achieving more than 85% of treatment success rate	a. More than 80% of districts achieving 90% of target: +5 b. 60% to 80% of districts achieving 90% of target: +2.5 c. Less than 60% of districts achieving 90% of target: -2.5 d. Less than 40% of districts achieving 90% of target: -5	NTEP Nikshay Reports	+5 to -5
8 (C)	C. Percentage of AAM providing drugs	a. More than 80% of AAM providing drugs to TB patients: +5	AAM report	+5 to -5

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Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
	to TB patients	b. 60% to 80% of AAM providing drugs to TB patients: +2.5 c. Less than 60% of AAM providing drugs to TB patients: -2.5 d. Less than 40% of AAM providing drugs to TB patients: -5		
9		Implementation of National Quality Assurance Programme and LaQshya		
9 (A)	A. NQAS certification (against the target)	a. More than 80% of the targets achieved for the FY: Incentive 10 points (+10) b. Between 51-80% of the targets achieved for the FY: Incentive 5 points (+5) c. Between 25-50% of the targets achieved for the FY: Penalty 5 points (-5) d. Less than 25% of the targets achieved for the FY: Penalty 10 points (-10) <i>* Target for percent of public health facilities certified under NQAS (as per level of the facilities) will be taken from the attached DO letter as Annexure-A</i>	Quality and Patient Safety Division, NHSRC	+10 to -10
9 (B)	B. LaQshya certification (Labour Room and Maternity Operation Theatre)	a. More than 80% of the targets achieved for the FY: Incentive 5 points (+5) b. Between 51-80% of the targets achieved for the FY: Incentive 3 points (+3) c. Between 25-50% of the targets achieved for the FY: Penalty 3 points (-3) d. Less than 25% of the targets achieved for the FY: Penalty 5 points (-5)	Quality & Patient Safety Division, NHSRC and	+5 to -5
10	Compliance to IPHS for infrastructure	FY 2024-25 a. more than 15%: incentive: 20 points b. More than 10% up to 15%: 12 points c. More than 5% to 10%: Incentive 6 points d. Up to 5%: 3 points e. No increase: no penalty and no incentive: 0 f. Any decline: penalty 20 points	State Reports	+20 to -20



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Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
		FY 2025-26 a. more than 30%: incentive: 20 points b. More than 20% up to 30%: 12 points c. More than 10% to 20%: Incentive 6 points d. Up to 10%: 3 points e. No increase: no penalty and no incentive: 0 f. Any decline: penalty 20 points All facilities put together: SHC, PHC, CHC, SDH and DH, cumulative compliance would be taken		
11	Increase in State Health Budget	a. Increase in State health budget by 10% or more over previous year's budget: incentive 10 points b. Less than 10% increase: 0 For calculation of increase in budget, entire State budget for public health, medical education, and AYUSH would be considered	State reports State Health Budget	10 to 0
12		National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD)		
12 (A)	A. % of annual screening for Hypertension of target population (30+)	a. >70%: +5 b. >60%: +4 c. >50%: +3 d. >40%: +2 e. >30%: +1 f. <30%: 0 g. <20%: -3 h. <10%: -5	National NCD Portal	+5 to -5
12 (B)	B. % of annual screening for Diabetes of target population (30+)	a. >70%: +5 b. >60%: +4 c. >50%: +3 d. >40%: +2 e. >30%: +1 f. <30%: 0 g. <20%: -3 h. <10%: -5	National NCD Portal	+5 to -5
12 (C)	C. % of people on standard of care for hypertension against the targeted population (target population: proportionate estimated)	a. >60%: +5 b. >50%: +4 c. >40%: +3 d. >30%: +2 e. <30%: 0 f. <20%: -3 g. <10%: -5	National NCD Portal	+5 to -5

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Sl. No	Conditionalities	Indicators of 2024-26	Source of verification	% Incentive/ Penalty
	population for target 75 million by 2025)			
12 (D)	D. % of people on standard of care for diabetes against the targeted population (target population: proportionate estimated population for target 75 million by 2025)	a. >60%: +5 b. >50%: +4 c. >40%: +3 d. >30%: +2 e. <30%: 0 f. <20%: -3 g. <10%: -5	National NCD Portal	+5 to -5

[1] The Conditionalities apply to both urban as well as rural areas/facilities.

[2] Numbers given in the table are indicative of weights assigned. Actual budget given as incentive /penalty would depend on the final calculations and available budget. The total incentives to be distributed among the eligible States would be 20% of the total NHM budget.

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Ayushman Arogya Mandir Scoring for NHM Conditionality FY 2024-25 and 2025-26

Method for giving Score to the State for AAM (it has two Parts):

- Indicator for achieving State Level AAM operationalization Targets:
 - State level 100% of AAM operationalization against latest RHS – 15 marks
 - Creation of regular cadre of CHO - 10 marks
- AAM functionality - 75 marks, consists of 9 indicators – Average scoring of all the functional AAM will be taken to arrive at the same.

Sl. No	Proposed Indicator	Unit	FY 2024-25		FY 2025-26		Source
			Max Score for SHC-AAM/ U-AAM	Max Score for PHC-AAM	Max Score for SHC-AAM/ U-AAM	Max Score for PHC-AAM	
1	HWC-01: Functional AAM providing all 12 expanded range of services	%	10	5	10	5	AAM Portal
2	HWC-02: Functional AAM reporting at least average footfall as per (norm of 60 footfalls per 1000 population): <ul style="list-style-type: none">Rural: SHC-AAM @ 300/month; PHC-AAM @ 1800/monthUrban: U @ 1200/month; UPHC-AAM @ 3000/monthTribal: SHC-AAM @ 180/month; PHC-AAM @ 1200/month	%	10	10	10	10	AAM Portal
3	HWC-03: AAM fulfilling expanded range of medicines and diagnostics as per Essential list of both (Medicines: SHC-AAM- 105; PHC-AAM- 171 & diagnostics: SHC- AAM- 14; PHC - AAM- 63)	%	10	5	10	5	AAM Portal
4	HWC-04: AAM providing a minimum of 10 Wellness sessions per month	%	10	10	10	10	AAM Portal
5	HWC-05: Functional AAM scoring more than 70% in Kayakalp peer assessment	%	10*		10*		Kayakalp report

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Sl. No	Proposed Indicator	Unit	FY 2024-25		FY 2025-26		Source
			Max Score for SHC-AAM/ U-AAM	Max Score for PHC-AAM	Max Score for SHC-AAM/ U-AAM	Max Score for PHC-AAM	
6	HWC-06: Utilization of National NCD App for screening and tracking of all NCD patients.	%	5	10	5	10	National NCD Portal
7	HWC-07: % of operational AAM providing active Teleconsultation services	%	5*		5*		e-Sanjeevani application
8	HWC-08: Functional AAM with JAS constituted and conducted at least 10 meetings in a year.	%	10	10	10	10	AAM Portal
9	HWC-09: AAM whose primary healthcare teams have received timely incentives (<i>Performance Linked Payment and Team Based Incentives</i>) at least 10 times a year	%	5	10	5	10	AAM Portal

* For Kayakalp and teleconsultation any AAM (SHC or PHC) fulfilling the criteria are scored.

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NHM PIP

2024-26

Programme Implementation Plan

NCD-7
NPPCHH

NCD-7_NPCCHH

AIIMS, Bhubaneswar

S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	Total NPCCHH					1.00		0.00	Budget Shifted to respective heads as per NPCC Recommendation
114	Implementation of NPCCHH					1.00		0.00	To be implemented in all 30 districts with focus on selected districts for Green & Climate Resilient Health Care measures
114.1	Infrastructure civil works (climate resilient healthcare facilities)					0.00			
114.1.1	Retrofitting Health Care Facility Infrastrucutre(Climate/Disaster resilient)								Identified facilities of 60 % Districts (Cumulative 20) have been targeted to upgrade as Climate Resilient Health Care Facilities. Fund to be met out of State Budget.
114.2	Capacity building including training					0.00		0.00	
114.2.1	Capacity building of health professionals and health workers					0.00		0.00	
114.2.1.1	2 days training of DNO and Epidemiologists at state level on NPCCHH and preparation of DAPCCHH	30/ batch	120000	1.20	0	0.00	0	0.00	Participants: DNO and Epidemiologist from 30 districts Target: Total 2 numbers of batches(30 persons/batch) for 30 districts Budget: Rs.1.20 Lakhs *2=2.40 Lakhs
114.2.1.2	2 days training of Specialists on diagnosis and management of ARI and HRI including HRI surveillance and certification of Heat deaths	30/ batch	120000	1.20	0	0.00	0	0.00	Participants: Medical Officers from 30 districts Target: 1 batch consisting 30 Medical officers Budget: Rs.1.20 Lakhs*1=1.20 Lakhs
114.2.1.3	2 days training of Sentinel Surveillance Nodal Officers on ARI	26/ batch	100000	1.00	0	0.00	0	0.00	Participants: 2 persons from 13 Medical officers Target: 1 batch of training consisting 26 persons Budget: Rs.1 Lakh*1=1 Lakh
114.2.1.4	1 day Training of CHO on NPCCHH at district level			0.00		0.00		0.00	District has to integrate with CHO training package
114.2.1.5	1 day Training of ASHA, AWW on NPCCHH at block level			0.00		0.00		0.00	District has to integrate with ASHA sector meeting
114.2.1.6	1 day Training of PRI on NPCCHH			0.00		0.00		0.00	To be integrated with training of Panchayati Raj deptt.
114.2.2	Foster partnerships to create synchrony/ synergy with other health programmes, missions, and departments					0.00		0.00	
114.2.2.1	Jan Arogya Samiti (JAS) and Panchayats sensitized on NPCCHH			0.00		0.00			To be conducted by CHO in the existing platform
114.2.2.2	Schools/colleges in a district sensitized on Climate Change and Health			0.00		0.00			School Health & Wellness Ambassadors will be sensitized to take up this activity. Budgeted under RSKK programme.
114.3	Other operating costs (green measures in healthcare facilities)					1.00		0.00	
114.3.1	Strengthening of the Health System					0.00		0.00	

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S.No.	Scheme/ Activity	Approval 2024-26							State's Remarks
		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
114.3.1.1	Greening of health care facilities and maintenance of greening health care sector								Activities proposed as per GoI guideline 1. Plantation 2. Conversion lighting system to LED 3. Rain Water Harvesting Structure 4. Solar lighting system of Public Health Facilities 5. Energy Auditing Facilities DHH/SDH/CHC/UCHC have been targeted as per Govt. of India PIP guidance note for FY-2024-26 mentioned at Annexure 6:Unit Costs for Green & Climate Resilient Health Care Infrastructure Measures. The cost plan in this category is based on the vulnerability mapping on climate change for 14 districts in terms of flood/cyclone/drought/heat/air pollution
114.3.1.2	LED Replacement								Proposal :40% of the district in which 10% of the Health Care Facilities have to be undergone for LED replacement Detail proposal at NCD-7 NPCCHH Write-up Annexure
114.3.1.2.1	DHH/SDH								
114.3.1.2.2	CHC/UCHC	Per unit	75000	0.75	0	-	0	0.00	
114.3.1.2.3	PHC/UPHC								
114.3.1.3	Energy Auditing								Proposal for 2024-25:40% of the district in which 20% of the Health Care Facilities have to be undergone for Energy Auditing. District/ Facility. Proposal for 2025-26: 40% of the district in which 35% of the Health Care Facilities (Cumulative)have to be undergone for Energy Auditing. Detail proposal at NCD-7 NPCCHH Write-up Annexure
114.3.1.3.1	DHH/SDH	Per unit	100000	1.00	0	-		0.00	Background: Energy auditing is a major component to find out exact energy requirement for proper functioning of an institution. As per GoI guidance it can be done per institution in every 3 years interval.
114.3.1.3.2	CHC/UCHC	Per unit	30000	0.30	0	-	0	0.00	
114.3.1.3.3	PHC/UPHC								
114.3.1.4	Installation of Solar Panels (With battery back up)								Proposal for 2024-25: 45% of the district in which 5% of the Health Care Facilities have to be undergone for Solar System. Proposal for 2025-26: 45% of the district in which 10% of the Health Care Facilities (Cumulative)have to be undergone for Solar System Detail proposal at NCD-7 NPCCHH Write-up Annexure

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
114.3.1.4.1	DHH/SDH	Per unit	1000000	10.00	0	-	0	0.00	Background: Health care system contributes 5% of carbon emission globally. By changing it to more renewable sources like solar or wind the burden of carbon foot print can be reduced in long run and provide a sustainable green environment.
114.3.1.4.2	CHC/UCHC	Per unit	500000	5.00		-	0	0.00	
114.3.1.4.3	PHC/UPHC					-		0.00	
114.3.1.5	RWH Installation								Proposal for 2024-25: 30% of the district in which 5% of the Health Care Facilities have to be undergone for RWH System . Proposal for 2025-26 : 30% of the district in which 10% of the Health Care Facilities (Cumulative)have to be undergone for RWH System Detail proposal at NCD-7 NPCCHH Write-up Annexure
114.3.1.5.1	DHH/SDH	Per unit	300000	3.00	0	-	0	0.00	
114.3.1.5.2	CHC/UCHC	Per unit	200000	2.00		-	0	0.00	
114.3.1.5.3	PHC/UPHC					-		0.00	
114.3.2	Effluent treatment plant (ETP)			-		-		0.00	To be met out of State budget. Plan already taken up
114.3.3	Installation of AQI monitors	Per unit	100000	1.00	1	1.00		0.00	Installation of 44 AQI monitors (30 DHHs & 14 Sentinel Hospitals (12 MCHs, Capital Hospital & RGH Rourkela)) Background The AQI monitor will be use full to track the air pollutants level like SO2, CO, H2S, NO2, ground level O3, temp., humidity & other harm full air pollutants. The diseases like COPD, Pulmonary disease, Hypertension, long term damage to kidney, liver & brain, heart attack & stroke disease burden in general population can be correlated with AQI information which will help in identification of disease burden projection in long run.
114.4	IEC & Printing, e-planning, Monitoring & Evaluation					0.00		0.00	
114.4.1	General Awareness					0.00		0.00	

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
114.4.1.1	Observation of Important days								Days to be observed 1. World Water Day (22nd March) 2. World Health Day (7th April) 3. World Environmental Day (5th June) 4. International Day for Clean Air and Blue Skies (7th September) 5. International Day for Disaster Risk Reduction (13th October) 6. National Pollution Control Day (2nd December)
114.4.1.1.1	At State level	Per day observation	100000	1.00	0	0.00	0	0.00	The special days as mentioned above are to be observed at state
114.4.1.1.2	At District level	Per dist per day observation	15000	0.15	0	-	0	0.00	The special days as mentioned above are to be observed by 30 districts
114.4.1.1.3	At Village level	Per day observation	1000	0.01		-		0.00	The special days as mentioned above are to be observed at village level through VHSNC/GKS funds
114.5	Statutory Meetings and Planning					0.00		0.00	Budget Approved In Principle and Shifted to HSS-11_Planning and Programmed Management _SI.No.194
114.5.1	State Governing Body meeting (1/6 months)	Per meeting	5000	0.05	0		0		GoI mandate : Governing Body meeting are to be organized twice in a year
114.5.2	Quarterly State Task Force Meetings	Per meeting	3000	0.03	0		0		GoI Mandate : Task Force meeting are to be organized quarterly
114.5.3	Quarterly District Task Force Meetings	Per dist per qtr	1000	0.01	0		0		GoI Mandate : District Task Force meeting are to be organized quarterly (30 Districts*4=120)
114.5.4	District Action Plan on Climate Change and Human Health (DAPCCHH)	Per dist	5000	0.05	0		0		State has planned to take up District Action Plan & Budget on Climate Change(DAPCCHH) for all 30 districts
114.5.5	Monitoring, supervision & office contingency	Per annum	0	0.00	1		1		State Level : Rs.1.50 Lakhs per Annum District Level : Rs.4.50 Lakhs (Rs.15000/- per district X 30 Districts)
114.6	Surveillance, Research, Review, Evaluation (SRRE)					0.00		0.00	
114.6.1	Operational research on climate change and health	Per study	20000	0.20	0	0.00	0.00	0.00	Research topic: 1.Population based vulnerability health assessment for two districts (1 Urban and 1 rural) will be done as per the GoI Key deliverables guidance's.@ 20000 Rs per study=40000 Rs 2.A paper on best practice of community based intervention on climate change health 2 reports.@ 20000 Rs per paper=40000 Rs The above mentioned studies will be carried out by the Community medicine department of the selected Govt Medical colleges. Total budget proposed =80000 Rs per FY
114.7	HR					0.00		0.00	
114.7.1	HR for NPCCHH								Existing HR under other scheme to manage
Grand Total						1.00			

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NHM PIP

2024-26

Programme Implementation Plan

HSS-1
CPHC

AIIMS, Bhubaneswar

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		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
	Total CPHC					23.76		23.76	
150	Development & Operation Health & Wellness Centers - Rural					-		-	Target 2024-25 - 7316 (1296 PHC, 6020 SHC) Target 2025-26 - 7984 (1296 PHC, 6688 SHC)
150.1	ICT for HWC- Internet connection			-		-		-	Funds proposed under old FMR head 17.2.1
150.2	Filling up of CBAC form and mobilizing for NCD screening			-		-		-	Proposed under NCD Component
150.3	Follow up of NCD patients for treatment initiation and compliance			-		-		-	Proposed under NCD Component
150.4	ASHA incentives for Ayushman Bharat Health & Wellness Centers (H&WC)	Per ASHA p.m	1000	0.01	0	-	0	-	<p>Ongoing Activity Team Based Incentives to ASHAs Background: ASHAs are the backbone of the Primary Health Care Team - they are responsible for mobilising patients/clients to the HWCs. Based on the programmatic needs and GoI mandate - the ASHAs are incentivised under Team based incentives - (25 indicators). This activity was initiated from FY 2022-24. Approval: Rs.1000/per month will be paid to the ASHAs based on the HWC SHC team performance Justification: Incentives is being paid to ASHAs of rural areas for ensuring delivery of expanded range of services at SHC-HWC level on fulfilling set of deliverables mentioned under Team based incentives (based on modified state guidelines placed in the writeup folder). Budgeted for 70% of total estimated cost. If required budget will be asked in supplementary stage.</p>
150.5	Equipment for Rollout of B.Sc. (Community Health)			0.00		0.00		-	Not Proposed this year
150.6	IT equipment for HWCs (PHC and SHCS)					0.00		0.00	
150.6.1	Recurring Cost for PHC HWCs	Per facility	5000	0.05	0	0.00	0	-	<p>Ongoing Activity Background: For the FY 2024-26 - the target PHC HWCs is 1296 and HWC SHC is 6688; approval for IT equipments already given for 1288 PHCs and 5400 SHCs through last PIPs Detail Approval: For PHC HWCs: FY 24-25: Target 1296 (Current Sanctioned 1288) I. Non Recurring: Procurement of IT equipments proposed for 8 PHC HWCs = 8x0.55=4.4 Lakhs II. Recurring cost @Rs 5000/ per annum for 1296 SHC-HWCs= 1296x 5000 = Rs. Rs.64.80 lakhs FY 25-26: Target 1296 (Expected to be fully operational by 24-25) I. Non Recurring: Not Applicable as 100% target achievement is expected by 24-25</p>
150.6.2	Non Recurring: Procurement Desktop; software for PHC level H&WC (Rural)	Per facility	55000	0.55	0	0.00		-	

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.6.3	Recurring Cost for SC HWCs	Per facility	5000	0.05	0	0.00	0	-	<p>II. Recurring cost @Rs 5000/ per annum for 1296 PHC-HWCs= 1296×5000 = Rs. Rs.64.80 lakhs</p> <p>For SHC HWCs:</p> <p>FY 24-25: Target 6020 (Current Sanctioned 5400)</p> <p>I. Non Recurring: Procurement of IT equipments proposed for 620 SHC HWCs = 620×0.40=248 Lakhs</p> <p>II. Recurring cost @Rs 5000/ per annum for 6020 SHC-HWCs= 6020 × 5000 = Rs.301L.</p> <p>For 25-26: Target 6688 (Expected to be operational by 24-25: 6020)</p> <p>I. Non Recurring: Procurement of IT equipments proposed for 668 SHC HWCs = 668×0.40=267.2 Lakhs</p> <p>II. Recurring cost @Rs 5000/ per annum for 6688 SHC-HWCs= 6688 × 5000 = Rs.334.4L.</p>
150.6.4	Non Recurring: Procurement of Tablets; software for SC Level H&WC (Rural)	Per facility	40000	0.40	0	0.00	0	-	<p>For 25-26: Target 6688 (Expected to be operational by 24-25: 6020)</p> <p>I. Non Recurring: Procurement of IT equipments proposed for 668 SHC HWCs = 668×0.40=267.2 Lakhs</p> <p>II. Recurring cost @Rs 5000/ per annum for 6688 SHC-HWCs= 6688 × 5000 = Rs.334.4L.</p>
150.7	Tablets; software for implementation of ANMOL			0.00		0.00		-	<p>Tablet for Anmol device not proposed in current year. Only Device Allowance proposed at HSS-13</p>
150.8	Drugs & Supplies for Health & Wellness Centres (H&WC)					0.00		0.00	<p>Ongoing Activity</p> <p>Target till 2024-25: 7316 (1296 PHC, 6020 SHC)</p> <p>Target till FY 2024-25: 7984 (1296 PHC, 6688 SHC)</p> <p>Background: Non recurring cost under Lab strengthening of newly proposed SHC and PHC HWCs shall be met out of State budget & recurring cost for all SHC and PHC HWCs including newly proposed will be met out of XV FC Budget</p>
150.8.1	Lab strengthening for SHC - HWC					0.00			<p>Detail Proposal for SHC HWCs:</p> <p>FY 24-25: Target 6020 (Current Sanctioned 5400)</p>
150.8.1.1	Non Recurring Cost for SC HWCs	Per HWC	50000	0.50		0.00		-	<p>I. Non Recurring: lab strengthening for 620 SHC HWCs = 620×0.50=310 Lakhs</p>
150.8.1.2	Recurring cost for SC HWCs	Per HWC	10000	0.10		0.00		-	<p>For 25-26: Target 6688 (Expected to be operational by 24-25: 6020)</p> <p>I. Non Recurring: lab strengthening for 668 SHC HWCs = 668×0.50=334 Lakhs</p>
150.8.2	Lab strengthening for PHC - HWC					0.00			<p>Detail Proposal for PHC HWCs:</p> <p>FY 24-25: Target 1296 (Current Sanctioned 1288)</p>
150.8.2.1	Non Recurring Cost for PHC HWCs	Per HWC	100000	1.00	0	0.00		-	<p>I. Non Recurring: lab strengthening proposed for 8 new PHC HWCs = 8×1.0=8 Lakhs</p>
150.8.2.2	Recurring cost for PHC HWCs	Per HWC	30000	0.30		0.00		-	<p>FY 25-26: Target 1296 (Expected to be fully operational by 2024-25)</p> <p>I. Non Recurring: Not Applicable as 100% target achievement is expected by 2024-25</p>
150.9	Trainings for Ayushman Bharat Health & Wellness Centre (AB-H&WC)					0.00		0.00	

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.1	Training on CPCH for CHOs	Per student	80500	0.81	0	0.00	-	<p>CPCH Course: Background: Out of 5400 sanctioned, 4810 CHOs are trained in CPCH and are in position. The remaining 590 (from already sanctioned) + 1288 (new target for FY 24-26) CHOs are expected to be recruited from the integrated nursing course. (Pass outs from 2019-20 academic session – BSc (N) & PBBSc (N)); how ever, as contingency plan arising out of non availability of integrated course pass out candidates – 180 (about 10%) is proposed for the CPCH course Target: FY 2024-26 for 180 candidates. No new proposal proposed in 2025-26.</p>	
150.9.2	Multiskilling of MPW and ASHAs at HWCs (SHC and PHC)	Per inst.	14000	0.14	0	0.00	-	<p>1. Multi skilling training for MPWs on newer programmatic needs as per the 12 package of services Background: MPWs from 6688 HWCs are trained on expanded package of services through a 10 days module through last PIPs. FY 2024-25 Approval: 4 days Refresher training for MPWs (M&F) on newer programmatic needs as per the 12 package of services will be given once in two years Budget: @ 8000(Rs.1000 per person/day×2 MPWs×4 Days) per HWCs for 6688 SHC HWCs: 6688 × 8000 = 535.04L</p> <p>2. Multi skilling trainings for ASHAs on newer programmatic needs as per the 12 package of services Background: ASHAs from 6688 HWCs are trained on expanded package of services through a 14 days module through last PIPs. FY 2024-25 Approval: 3 days Refresher training (non residential) for ASHAs on newer programmatic needs as per the 12 package of services will be given once in two years Budget: @ 6000(Rs.400 per person/day×5ASHAs×3 Days) per HWCs for 6688 SHC HWCs: 6688 × 6000 = 401.28L Total Budget: 535.04+401.28 = 936.32L (Budgeted 80% i.e. Rs.749.06 Lakhs as HR positions may not be 100% at all HWCs) NB: even though the budget is approved FY 2024-25, the activity will</p>	

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.3	Additional Training of CHOs - CHO Induction for newly inducted CHOs	Per Batch	262140	2.62	0	0.00	0	<p>CHO Induction Training Background: as per GoI mandate, the CHO once inducted should go through a 15 days induction program; the state has customized the induction to 6 days induction and orientation to IT applications and portal and other 6 days as Basic Package of Services Approval (30 in a batch at state level) FY 2024-25: Target 6020 (Current Sanctioned 5400, as of now 4810 have been trained, Rest from the sanctioned will be trained by March 2024) CHO Induction for newly inducted CHOs - 620 SHC HWCs = 262140×21=55.05L For 2025-26: Target 6688 (Expected to be operational by 24-25: 6020) CHO Induction for newly inducted CHOs - 668 SHC HWCs = 262140×22=57.67L Allocation of the district for training: Districts with more number of CHOs will have the training within the district itself i.e. Cuttack, Balasore, Ganjam, Keonjhar, Puri, Mayurbhanj, Bhadrak & Jajpur. Districts with less number of CHOs will come together for the respective training: A. Koraput will host CHOs from Koraput & Malkangiri B. Dhenkanal will host CHOs from Angul & Dhenkanal C. Bolangir will host CHOs from Bolangir & Boudh D. Sambalpur will host CHOs from Bargarh, Sambalpur, Jharsuguda, Nuapada & Subarnapur. E. Sundargarh will host CHOs from Deogarh & Sundargarh F. Rayagada will host CHOs from Gajapati & Rayagada G. Kendrapara will host CHOs from Jagatsinghpur & Kendrapara H. Kalahandi will host CHOs from Kalahandi, Kandhamal & Nabrangpur I. Khurda will host CHOs from Khurda & Nayagarh</p>	
150.9.4	Additional Training of CHOs - Training on Basic Package Services	Per Batch	165810	1.66	0	0.00	0	<p>Training on Basic Package Services Background: New CHOs will be trained on 6 days Basic Package of services training which includes service from 1st - 7th package Approval (30 in a batch - residential @ dist level) FY 2024-25: Target 6020 (Current Sanctioned 5400, as of now 4810 have been trained, Rest from the sanctioned will be trained by March 2024) Basic Package of services for newly inducted CHOs - 620 SHC HWCs = 165810×21=34.82L For 2025-26: Target 6688 (Expected to be operational by 24-25: 6020) Basic Package of services for newly inducted CHOs - 668 SHC HWCs = 262140×22=36.48L</p>	

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.5	Additional Training of CHOs - Training on Expanded Package Services	Per Batch	165810	1.66	0	0.00	0	-	<p>Training on Expanded Package of Service Background: as per Gol mandate the CHOs are to be trained in expanded range of services (8th - 12th package of services) Approval (30 in a batch - residential @ dist. level) FY 2024-25: Target 6020 (Current Sanctioned 5400, as of now 4810 have been trained, Rest from the sanctioned will be trained by March 2024) Expanded Package of Service for newly inducted CHOs - 620 SHC HWCs = 165810×21=24.37L For 2025-26: Target 6688 (Expected to be operational by 24-25: 6020) Expanded Package of Service for newly inducted CHOs - 668 SHC HWCs = 262140×22=25.53L Allocation of the district for training: Districts with more number of CHOs will have the training within the district itself i.e. Cuttack, Balasore, Ganjam, Keonjhar, Puri, Mayurbhanj, Bhadrak & Jajpur. Districts with less number of CHOs will come together for the respective training: A. Koraput will host CHOs from Koraput & Malkangiri B. Dhenkanal will host CHOs from Angul & Dhenkanal C. Bolangir will host CHOs from Bolangir & Boudh D. Sambalpur will host CHOs from Bargarh, Sambalpur, Jharsuguda, Nuapada & Subarnapur. E. Sundargarh will host CHOs from Deogarh & Sundargarh F. Rayagada will host CHOs from Gajapati & Rayagada G. Kendrapara will host CHOs from Jagatsinghpur & Kendrapara H. Kalahandi will host CHOs from Kalahandi, Kandhamal & Nabarangpur</p>
150.9.6	Any other (please specify)			0.00		0.00		0.00	
150.9.6.1	Multiskilling activities for HWC (ongoing)			0.00		0.00		0.00	
150.9.6.1.1	Multiskilling of Mos	Per HWC		0.00		0.00		-	<p>Background: At present out of 1296 PHC HWCs, there are 696 Mos are in position which have already received training under CPHC. However they need refresher traing on recent updates and developments. In addition 600 MOs who are expected to join at PHC HWCs need to be trained on CPHC.</p>
150.9.6.1.2	Refresher Training for Existing Mos	40/ Per batch	264660	2.65	0	0.00	0	-	<p>Approved: 4 days of residential refresher training proposed for existing 696 MOs at State level All existing MOS will be trained at state level @4 days/round . Each batch will consist of 40 participants.</p>
150.9.6.2	Multi Skilling of Newly recruited Mos							-	
150.9.6.2.1	Multiskilling of Mos on NCD & HWC	40 per Batch	214278	2.14	0	0.00		-	<p>Approved: 3 days of NCD & HWC training for newly to be joined 600 MOs at State level @40 participants in a batch. As per the current training calendar 400 new Mos will be trained by end of FY 23-24. Hence 5 batch training is proposed for rest MOs.(200 MOs)</p>

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.6.2.2	Multiskilling of Mos on EPS	40 per Batch	264660	2.65	0	0.00	0	-	Approved: 8 days of EPS training for newly joined 600 MOs at State level Of the 600 MOs - 300 will be trained in the year 2024-25 & 300 in year 2025-26. The MOS will be trained in 2 rounds @4 days/round . Each batch will consist of 40 participants.
150.9.6.3	Multiskilling of PHC SNs (Theory + Skill Based)							-	
150.9.6.3.1	Multiskilling of PHC SNs/ANMs(Theamatic)	30 Per Batch	103470	1.03	0	0.00	0	-	Background: SNs/ANMs of 1296 PHCs have received CPHC training. However they need to be given refresher training on recent updates under CPHC. Approved: Refresher Multiskilling training of SNs/ANMs working at PHCs on recent updates in various programs as per GoI and state govt. and as per different programmatic needs is proposed. Hence, 4 days of refresher training will be carried at district level for SNs/ANMs (43 batches @30 participants in a batch)23 batches in 2024-25 & 20 batches in 2025-26.
150.9.6.3.2	Skill based training for PHC SNs/ANMs on Cancer screening	10 Per Batch	85230	0.85	0	0.00	0	-	Background: As per GoI mandate the the HWC PHC should conduct Cancer screening at the facility level - for this initiative the HWC PHCs are provided with an additional manpower of one SN at each of the HWC PHCs Current Status: The Cancer Screening training for SNs from HWC PHCs is completed for 778 HWC PHCs Approved: 518 SNs to be trained in Skill Based Training - the SNs will be trained in screening of patients for VIA, OVE & CBE (6 Days residential), total parcipant 518/10 per batch = 52 batches at DHH (26 batches in each year)
150.9.6.4	Multiskilling of CHOs (Theamatic areas)	30 Per Batch	25867	0.26	0	0.00	0	-	Background: HWCs are envisaged to deliver expanded range services that of beyond maternal and child health care services to include care for NCDs, Palliative and Rehabilitative care, Oral, Eye and ENT care, Mental health and first level care of emergencies and trauma, including free essential drugs and diagnostics services. At present 4810 CHOs are trained on EPS. These 4810 CHOs will be provided refresher trauning in the FY 24-25 and the rest 1878 (Remaining from 6688) will be trained in FY 25-26. Approved: Refresher Multiskilling training of CHOs on different thematic areas as per the new programs introduced by the GoI and State govt. based on programmatic needs. It is approved that the thematic training will be carried out in two FYs at district level. 4810 will be trained in year 2024-25 i.e. 160 batches and other 1878 CHOs in 2025-26 i.e. 63 batches @ 30 in a batch
150.9.6.5	Skill based/ Refresher training for CHOs								Revised as per NPCC Recommendation

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		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.9.6.5 .1	Skill based training on Cancer screening	Per Batch	85230	0.85	0	0.00	0	0.00	<p>Approval: Skill based training on Cancer screening Background: As per Gol and state mandate - the Cancer screening is a mandate at the HWCs (VIA, CBE & OVE) and it is included in the diagnostic list of HWC SHCs. The Gol training for Ca. screening is for 12 days which the Govt of odisha is doing in two phases (6+ 6 days). The target for the State for NQAS certification of SC HWC is 963 by Fy 2024-26. Amongst them, 215 nos of CHOs have already completed their first phase of Training (6days). Current status: Currently 215 CHOs are already completed 6 days of training. Approval: The State proposes to complete the phase-2 training (6 days) of 215 nos of CHOs and train the rest of the 748 CHOs from NQAS targeted facilities (963-215) on the Skill based cancer screening training. Phase -2 training of 215 nos of CHOs and Phase-1 training of 748 nos of CHOs, Total Target= 963 (96 Batches in 30 districts) Budget: @Rs.85230/- per batch X 48 batches = Rs.40.91 lakhs in each year.</p>
150.9.6.5 .2	Skill based training on Computer literacy	Per CHO	500	0.01		0.00		0.00	<p>Not Approved: Skill based training on Computer literacy This initiative proposes that all the CHOs will be trained for basic computer skills. Along with the basic computer skills, they will also be trained in the existing portals- CPHC-NCD, RCH, Nikshay, IHIP, FPLMIS, UWIN and others This training to be merged with refresher training of CHOs. Content on IT platforms & computer literacy to be included in training module. Budgeted in 2024-25: @Rs.500/- per CHO X 3040 CHOs = Rs.15.20 lakhs Budgeted in 2025-26: @Rs.500/- per CHO X 334 CHOs = Rs.1.67 lakhs Budget shifted from Sub Line Item No. 150.29</p>
150.9.6.6	One and half day training on Eat Right India Movement for the HWCs	Per Batch		0.00		0.00		0.00	Trainings completed for all primary health care staff in FY 2023-24. So not proposed this year.
150.9.6.7	Establishment of study center for certificate course in community health	Per Unit		0.00		0.00		0.00	28 PSCs established across the state; no new proposal for FY 2024-25
150.10	Printing activities for Ayushman Bharat H&WC			-		-		-	Printing of modules on all 12 services for the newly inducted Medical officers and CHOs ; this also includes the operational guidelines for reference
150.10.1	HWC SHC	Per module	38.16	0.00	0	-		-	<p>For CHOs: printing of induction modules and modules for the 12 services (Induction - 1, EPS-7, BPS - 8, OG - 7 = 23 modules) Approval: 600+1288 = 1888 units × 23 modules = 43424 modules @ avg. unit cost Rs. 38.16 as per the previous tender placed</p>

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.10.2	HWC PHC	Per HWC	216.85	0.00	0	-	-	-	For Medical Officers (EPS - 7 modules and NCD module -1) Approval: Printing of modules for MOs -600 MOs × 8 modules = 4800 modules @ avg. unit printing cost Rs.216.85 as per the previous tender placed
150.11	Printing of eat right tool kit & handbook								
150.11.1	Printing of Eat right tool kit	Per tool kit	990	0.01		-		-	Budget Sanctioned for all HWCs in previous PIPs. Printing in process.
150.11.2	Printing Handbook for ASHA	Per Copy	150	0.00		-		-	Budget Sanctioned for all HWCs in previous PIPs. Printing in process.
150.12	Strengthening of diagnostic services of Ayushman Bharat H&WC through PPP			-		-		-	Not proposed as it is being funded through XVFC.
150.13	Independent Monitoring Cost for performance assessment of Health & Wellness Centre (H&WC)			-		0.00		0.00	Ongoing activity
150.13.1	Concurrent monitoring of HWC	Lumpsum	3000000	30.00		0.00	0	0.00	Not Proposed in 2024-25. Approved in 2025-26: Concurrent monitoring of HWC activities is being done by various govt. agencies like NHSRC/NITI Ayog. In addition various development partners and academic institutions are also conducting independent studies in collaboration with State. Hence no separate budget is proposed.
150.13.2	Involving MCHs for mentoring	Per HWC/ Per Month	10000	0.10	0	0.00	0	0.00	Involving MCHs for mentoring of 10 selected functional HWCs of nearby districts Target: Seven MCHs of the State & AIIMS, Bhubaneswar will provide mentorship guidance to 10 HWCs each in the respective districts @10000/- per month TA/ DA & honorarium cost for field visits X 12 month x 8 = Rs.9.60 lakhs
150.14	Outsourcing of the services (Out Reach Activities) of selected Sub Center HWCs where the ANM position is vacant since long	Per SC	586000	5.86	0	0.00	0	0.00	Ongoing Activity, Approved only for existing 38 operational SCs covered under this initiatives. Detail modalities at Annexure B
150.15	House Rent for SC HWCs where Govt. building isn't available	Per SHC HWC p.m.	2500	0.03	0	0.00	0	0.00	Ongoing Activity Approval for 2024-25: Proposal 1: As per Portal 693 SHC HWC are operating in rented Buildings Proposal 2: Out of the proposed 1210 new SHC HWCs 968 are not having govt. buildings (Building Sanctioned construction going on) Total 1661(693+968) SHC HWC proposed for house rent @Rs.2500/- p,m, (including electricity) Approval for 2025-26: Out of 1661 SHC HWC,80% SCs shall have its own building and thus proposed house rent for 332 SC HWCs @Rs.2500/- p,m, (including electricity)

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.16	e-Decision Support System for Community Health Officers(DSS) at Sub Center Health and Wellness Centers- CHO Sathi App	Per CHO	500	0.01	0	0.00	0	0.00	Budget for FY 2024-25: Training of Newly recruited CHOs on e-DSS: Rs 500/-x 620=3.10 Lakhs Budget for FY 2025-26: Training of Newly recruited CHOs on e-DSS: Rs 500/-x668=3.34 Lakhs Refresher training for all CHOs: Rs 500/-x6688= 33.44 Lakhs Details at CPHC Write-up Justification at Annexure-C
150.17	Award to best performing HWC at the state level	Lumpsum	250000	2.5	0	0.00	0	0.00	State Level Award Ceremony for Best Performing SC-HWC on the UHC day. Detail modalities at CPHC Write-up Justification Annexure-D
150.18	Award to best performing HWC at the district level	annually	30000	0.3	0	0.00	0	0.00	District Level Award Ceremony for Best Performing SC-HWC on the UHC day
150.19	District bi-annual Convergence Meeting with NHM & NAM	Bi annual	10000	0.1		0.00	0	0.00	District level bi annual convergence meeting =10000x30x2=6L
150.20	Quarterly Convergence Meeting at the Block level with NHM & NAM	quarterly	5000	0.05		0.00	0	0.00	Quarterly Convergence Meeting at the Block level (the state has 314 block) =5000x314x4= 62.8L
150.21	Implementation of AB-HWC Mobile App in 100% Health and Wellness Centers	Per participant	500	0.01	0	0.00	0	0.00	On going Activity: Approval for 2023-24- 4896 (3634 nos of CHOs from SC-HWC, 1228 nos of ANM from PHC-HWC, 106 nos of Staff Nurse from UPHC-HWC) . Approval: FY 24-25: 2464 (CHO-2386, ANM - 68, UPHC SN- 10) FY 25-26: 668 CHO Detail modalities at Annexure-E
150.22	Equipping the Sub-Centre/ PHCs -Health and Wellness Centers with essential equipment, Instruments and furniture (EIF) for the delivery of Comprehensive Primary Health Care Services. (Without Civil Cost)	Lumpsum		0.00		0.00		0.00	To be taken after due facility assessment.
150.23	Incentives under CPHC					0.00		0.00	
150.23.1	Performance incentive for Mid-level service providers							0.00	The CHOs' performance is tracked through 28 state customised indicators out of the 6020 SHCs - 4810 CHOs are already in position so they will be eligible to get their incentives for 12 months and the rest 1210 CHOs who are expected to join in FY 24-25 will be eligible for getting 8 months incentive
150.23.2	for Old CHOs	Per month	15000	0.15		0.00		0.00	As it is a performance linked incentive, budget has been proposed 70% of the total entitlement (i.e. 4810x15000x12=865.8L) Budgeted under HSS-9_HRH, Sl.No.188
150.23.3	for New CHOs	Per month	15000	0.15		-		0.00	As it is a performance linked incentive, budget has been proposed 70% of the total entitlement (i.e. 1210x15000x8=145.2L) Budgeted under HSS-9_HRH, Sl.No.188

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.23.4	Team based incentives for Health & Wellness Centres (H&WC - Sub Centre)	Per HWC	36000	0.36					<p>Proposal 2024-25: Team based incentive proposed for 6020 for ANM & MPW(M) under SC HWCs which is tracked through state customized 27 indicators Amount of Incentive @ 3,000/- per month per SC as team based incentives to ANM/MPW(M)= 6020 x 12 x 0.03 = Rs. 2407.68L Budgeted: As it is a performance linked incentive, budget has been proposed 70% of the total entitlement - Rs.1517.04 lakhs Budgeted under HSS-9_HRH, Sl.No.188</p>
150.23.5	Team based incentives for Health & Wellness Centres (PHC-H&WCs)	Per Inst. Per annum	96000	0.96					<p>Proposal: Team based incentive proposed for 1296 PHC HWCs Proposed incentive: i. MBBS MO @ Rs. 3000/- Per Month x 12 months = Rs. 36000 ii. AYUSH MO @ Rs. 2000/- Per Month x 12 months = Rs. 24000 iii. Paramedics @Rs. 3000/- Per month x 12 months = Rs. 36000 = 36000 + 24000 + 36000 = Rs. 96000 = 96000 x 1296 = Rs. 1244.16 Lakhs Budgeted: As it is a performance linked incentive, budget has been proposed 70% of the total entitlement - Rs. 870.91 Lakhs Budgeted under HSS-9_HRH, Sl.No.188</p>
150.24	Strengthening primary EMO Eye Care by engagement of EMOs	Lumpsum	9618000	96.18		0.00			<p>Dropped as per NPCC Recommendation Eye Mitra Optician (EMO) are rural entrepreneur, who are trained by OSELFunder Odisha Skill Development Scheme, on identification and correction of Refractive Errors. The proposal envisages strengthening primary eye care services involving EMOs at PHC/UPHC HWCs in 14 selected districts of Odisha. Details Proposal & budget is at CPHC Write-up Justification Annexure H</p>
150.25	Fixed Day Case Confirmatory cum Referral Camp at SHC HWC	Per HWC	1500	0.02		0.00			<p>New Activity: Not Approved It is proposed to organize a 'fixed day' at SHC HWCs where fixed day camps (Mental, Dental & Eye Care) can be organized for confirmation of cases, providing basic primary care and referral to higher facilities (if required). Details proposal & budget budget is at CPHC Write-up Justification Annexure I</p>
150.26	Popularizing CPHC Services through mass media campgain	Lumpsum	4300000	43.00	0	0.00			<p>New Activity Recommended for One year only as per NPCC Recommendation Its proposed to have an aggressive Mass media campaign to wide spread the awareness about services provided at HWCs and thereby improving its utilization. Details proposal & budget budget is at CPHC Write-up Justification Annexure J</p>

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
150.27	Strengthening supply chain management at SHC HWC	Lumpsum	3001000	30.01		0.00		0.00	<p>Shifted to HSS-12_Sl.No.-196 as per NPCC Recommendation</p> <p>New Activity</p> <p>Its proposed to strengthen supply chain management at SHC HWC across state by creating login credentials of SHC HWCs in DVDMS, training CHOs on forecasting & indenting through e-Niramaya & supporting in transportation of drugs & logistics. The transportation cost to the CHOs under this initiative is proposed under HSS-7 (SI-180: free drug initiatives). Only training cost is proposed under CPHC.</p> <p>Details proposal & budget budget is at CPHC Write-up Justification Annexure K</p>
150.28	Jan-Sambad at SC HWCs	Per HWC	2000	0.02		0.00		0.00	<p>New Activity: Not Approved</p> <p>Under this initiative, it is envisaged that the SC HWC along with JAS will conduct one public meeting involving with wider participation from the community under "Jan-Sambaad".</p>
150.29	Computer literacy training of the CHOs	Per CHO	500	0.01		0.00		0.00	<p>Budget Shifted to Sub Line item No. 150.9.6.5 as per NPCC Recommendation</p> <p>This initiative proposes that all the CHOs will be trained for basic computer skills. Along with the basic computer skills, they will also be trained in the existing portals- CPHC-NCD, RCH, Nikshay, IHIP, FPLMIS, UWIN and others</p> <p>This Training to be merged with refresher training of CHOs. Content on IT platforms & computer literacy to be included in training module.</p> <p>Details proposal & budget budget is at CPHC Write-up Justification Annexure M</p>
151	Wellness Activities at HWCs-Rural					0.00		0.00	

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		Unit of Measure	Unit Cost (Rs)	Unit Cost (Rs. Lakhs)	F.Y. 2024-25		F.Y. 2025-26		
					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
151.1	Incentive/honorarium for Yoga instructor	Per HWC	60000	0.60		0.00		0.00	Budgeted under HSS-9_HRH, SI.No.188
151.2	IEC activities for Ayushman Bharat Health & Wellness centre (H&WC)			0.00		0.00		0.00	Ongoing Activity
151.2.1	IEC Recurring Cost			0.00		0.00		0.00	IEC Recurring Cost : For FY :2024-25 1296 PHC HWC @ Rs 50,000/- for organising minimum 24 events in a year 6020 SHC HWC @Rs. 25,000 for organising minimum 24 events in a year For FY :2025-26 1296 PHC HWC @ Rs 50,000/- for organising minimum 24 events in a year 6688 SHC HWC @Rs. 25,000 for organising minimum 24 events in a year
151.2.1.1	IEC Recurring Cost PHC HWCs	Per HWC	50000	0.50	0	0.00	0	0.00	Observance of days and wellness activities at HWC - PHC - 1296 × 50000 = Rs.648 Lakhs
151.2.1.2	IEC Recurring Cost SC HWCs	Per HWC	25000	0.25	0	0.00	0	0.00	Observance of days and wellness activities at HWC - SHC - 6020 × 25000 = Rs.1505 Lakhs

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
151.2.2	Day celebration	Lumpsum	0	0.00	1	0.00	1	0.00	Proposal - Day celebration State Level - @Rs.2.00 lakhs for State level Observation 1. HWC day - Rs. 1.00 lakhs 2. UHC day - Rs. 1.00 lakhs District Level - 1. HWC day - Rs. 50000/dist. × 30 dist. = Rs.15.00 Lakhs 2. UHC day - Rs. 50000/dist × 30 dist. = Rs.15.00 Lakhs Total= Rs. 30.00 lakhs + Rs.2.00 Lakhs =Rs. 32.00 Lakhs
151.2.3	Incentive/honorarium for Yoga instructor	Per HWC	60000	0.60	0	0.00	0	0.00	Budget Shifted from HSS-9_HRH, Sl.No.188 Background: This is an ongoing activity as per CPHC mandate. Budget is proposed based on increase in number of operational HWCs. Unit cost remains same. Considering the constraints of availability of trained Yoga teacher 50% of the total budget is proposed. As per Gol conditionality framework upto 10 Yoga sessions in a month will be conducted by a trained Yoga Teacher. Incentive/honorarium for Yoga instructor: @Rs.600 per yoga session For FY 2024-25 Total HWCs - 6020 SHC HWCs +1296 PHC HWCs = 7316 HWCs Budget FY 2024-25: 500 x 10 x 7316x 12 months = Rs.4389.6 lakhs Budget Proposed-50% of total cost- Rs.2194.80 lakhs For FY 2025-26 Total HWCs - 6688 SHC HWCs +1296 PHC HWCs = 7984 HWCs Budget FY 2025-26: 500 x 10 x 7984x 12 months = Rs.4790.4 lakhs Budget Proposed-50% of total cost- Rs.2395.20 lakhs NB:As per the state govt. Notification Yoga instructors are paid Rs.500 for facilitating one yoga session including travel cost, against the Gol norm of Rs. 250; this incentive includes travel expenses borne by the instructor as one instructor has to travel on an avg. 30 KMs to reach the facility. in addition getting yoga teachers in interior rural belts with low incentive is a real challenge.
152	Tele-consultation facilities at HWC-Rural					23.76		23.76	

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
152.1	Telemedicine/ teleconsultation facility under Ayushman Bharat H&WC			0.00		23.76		23.76	<p>Current status Background/Current Status:At present under e-sanjeevani eco system, state has 12 active Hubs,32 DHH Sub Hubs,19 SDH Sub Hubs,366 CHC Sub Hubs and 5742 spokes. These facilities are providing tele consultation services to the beneficiaries across state. Approval: New HUBs/Sub Hubs/Spokes are proposed in the following manner: FY 2024-25: A. Hubs:5 New (All New operational MCHs) I. Sri Jagannath Medical College and Hospital, Puri II. Fakir mohan MCH , Baleshwar III. Bhima Bhoi, Government Medical College & Hospital, Bolangir IV. Dharani Dhara Government Medical College, Keonjhar V. Government Medical College, Sundargarh B. Sub Hubs: 29 New (100 % saturation of SDH (32)& CHCs (382)) C. Spokes: 2242 New (All targeted PHC (1296)& SHC HWC (6020)) FY 2025-26: A. Hub: 3 (Saturation of all MCH expected to be operational) I. Govt MCH Kalahandi II. Govt. MCH Talcher,Anugul III. Govt. MCH Jajpur B. Sub Hubs: 0 C. Spokes: 668 (All targeted SHC HWC 6688)</p>
152.1.1	HUBs at Medical Colleges & Sub-hubs at DHHs					23.76		23.76	
152.1.1.1	Non Recurring Cost					-		-	
152.1.1.1.1	Telemedicine diagnostic kit:								State has planned to take-up this activity by providing Digital diagnostics devices at Spokes level, through the funding from XVFC. Hence no budget proposed
152.1.1.1.2	IT Equipment								

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
152.1.1.1.3	Computer & other accessories including printer	Per MCH	70000	0.70	0	-	0	<p>IT Equipment: Supply of IT Equipment (Computer, Web Camera, Microphone) is proposed for Existing Hubs, New Hubs & new Sub Hubs. The State has planned to have 6 IT sets at Hubs (Existing 4 sets provided) , 2 IT sets at DHH Sub-Hubs (Existing 1 set provided), one IT set at the other Sub-Hubs (at SDH/CHC level)and spokes. Additional IT set are proposed at Hubs and DHH Sub-Hubs to reduce the waiting time and call drop.</p> <p>Budget: To match the state norm IT equipments are proposed in the following manner: FY 2024-25: For Existing Hubs: 24 @Additional 2 per Hub for 12 Hubs For Existing DHH Sub Hubs: 32 @Additional 1 per DHH Sub Hubs for 32 DHH Sub Hubs For Newly Approved Hubs: 30 @ 6 per new Hub for 5 Hubs Newly Approved Sub Hubs (SDHs/CHCs): 29 @1 per new Sub Hub for 29 Sub Hubs Total Requirement for FY 2024-25: 115 Total Budget for FY 2024-25: Rs 70000x 115=80.50Lakhs FY 2025-26: For Newly Approved Hubs: 18 @ 6 per new Hub for 3 Hubs Total Requirement for FY 2025-26:18 Total Budget for FY 2025-26: Rs 70000x 18=12.60 Lakhs NB: The proposal for requirement of IT equipment for new spokes is proposed under ICT head of the PIP.</p>	
152.1.1.2	Recurring Cost					23.76	23.76		
152.1.1.2.1	Human Resource							To be mobilised from system & to be hired from market on session basis	
152.1.1.2.2	Super Specialist session at Hub (Part Time) @ Rs 3,000 per session of 120 minutes	Per session	2500	0.03	312	7.80	312	7.80	6 sessions (duration - 120minutes per session) per week x 52 weeks p.a. x 17 Hubs = 5304 sessions
152.1.1.2.3	Specialist sessions at Hub & sub-hubs (Part Time) @ Rs 3,000 per session of 120 minutes	Per session	2500	0.03	520	13.00	520	13.00	<p>A.Hub 10 sessions (duration - 120minutes per session) per week x 52 weeks p.a. x 17 hubs = 8840 sessions B.Sub-Hub (All 32 DHHs are considered as sub-hubs) 10 sessions (duration - 120minutes per session) per week x 52 weeks p.a. x 32 hubs = 16640 sessions Type of Specialist consultation - O&G, Peadriatic, Ophthalmology, SNCU follow up consultations, etc. Total consultations = 8840+16640=25480 Budget Approved for 2024-25: @Rs.2500/- X 25480 = Rs.637.00 lakhs Budget Approved for 2024-25: @Rs.2500/- X 27039 = Rs.675.98 lakhs</p>

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
152.1.1.2.4	General consultation Sessions at Sub hub @Rs.1000 per session of 120 minutes	Per session	1000	0.01	0	-	0	-	6 sessions (duration - 120 minutes per session) per week x 52 weeks p.a. x 414 sub hubs = 129168 sessions Budgeted-70% of total cost- Rs.904.18
152.1.1.2.5	Tele-consultation Coordinator	Per person p.m.	19700	0.20	1	2.36	1	2.36	Engaged through outsource agency (Skilled labour rate @Rs.480/- per day for 26 days in a month = Rs.12480/- + ESI & EPF = Rs.19700/-)
152.1.1.2.6	Internet Charges	Per Month	2000	0.02	1	0.24	1	0.24	HUB(MCH) & SUB HUB (DHH) - Rs. 2000 / month = Rs. 11.76 L
152.1.1.2.7		Per Month	1000	0.01	0	-	0	-	SUB HUB(SDH & CHC) - Rs. 1000/month = Rs.49.68 L
152.1.1.2.8		Per Month	500	0.01	-	-	0	-	For Spokes Proposed in Recurring expenses
152.1.1.2.9	Miscellaneous Charges	Per Month	3000	0.03	1	0.36	1	0.36	Cost for printing of prescription, register etc
152.1.2	Spokes for Model PHC HWCs			0.00		-		-	
152.1.2.1	Non Recurring Cost			0.00		-		-	
152.1.2.1.1	Telemedicine diagnostic kit:			0.00					- Not proposed
152.1.2.1.2	IT Equipment			0.00					- Requirement saturated in previous years except printer
152.1.2.1.3	Printer	Per HWC		0.00		-		-	- Already Proposed in 2022-23
152.1.2.2	Recurring Cost			0.00		-		-	- Recurring cost for 5400 SHCs from all 30 districts.
152.1.2.2.1	Miscellaneous cost	Per HWC p.a.	5000	0.05	0	-	0	-	Total HWCs - 1296 +6020 = 7316 • PHC HWCs - 1296 • SHC HWC - 6020 Total - 7316 × 0.05 = Rs.365.8 Lakhs
152.1.2.2.2	Internet connectivity charges	Per Month	500	0.01		-		-	Dropped as per NPCC Recommendation Total HWCs - 1296 +6020 = 7316 • PHC HWCs - 1296 • SHC HWC - 6020 Total - 7316×0.01 = Rs.438.96 Lakhs
152.2	Other IT Initiatives (please specify)					-		-	
153	CHO Mentoring					0.00		0.00	
153.1	State Mentorship for the CHOs	Per CHO p.m.	5400	0.054	0	-	0	-	Govt's mentorship initiative is initiated through CMC Vellore. At present state has 10 trained mentors. The state is expected to have 35 State mentors by end of FY 24-25. Each mentor will be tagged 36 CHOs each.
153.2	Review cum Sensitization Meeting for HWC SHC team at the district level	quarterly	1200	0.012	0	-	0	-	Quarterly District Level Review meeting - Approved budget is Rs.300/CHO (Rs.200 for reimbursement of travel using public conveyance and Rs. 100/- for refreshment)

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					Quantity/ Target	Budget (Rs. Lakhs)	Quantity/ Target	Budget (Rs. Lakhs)	
153.3	Review cum Sensitization Meeting for HWC SHC team at the block level	8 times in a year	2400	0.024	0	-	0	-	Block Level Review meeting (eight times in a year) - Approved budget is Rs.300/HWC team (Rs.300 will be utilised towards refreshment cost for the team)
153.4	Tickler Bag in SC-HWC for Effective Tracking and Follow up for NCD Patients	Lumpsum							Not proposed. All aspirational districts saturated through last year PIPs.
153.5	CHO Leadership Certification Program	Per CHO p.m.	150	0.00	0	-	0	-	Ongoing activity: With the support from JHPIEGO, by end of FY 2023-24, 1 CHO in each block to be certified as CHO peer leader/CHO buddy. They are expected to play the role of a peer mentor for the remaining CHOs of their block to accomplish assigned task under CPHC. The detail write-up is attached at annexure G
153.6	Nurse Mentor for SC HWC	Lumpsum	10240000	102.40			0		New Activity: Budget Shifted to HSS-6, SI.No. 175 in 2024-25 Under this initiative, for the Aspirational Districts & Blocks covered under aspirational block programme of Odisha, for every 20 SC HWC, one Nurse mentor will be empanelled and will be reimbursed based on their performance. There are 1667 nos of SC HWCs in the 10 Aspirational districts of Odisha and for them, 83 nos of Nurse Mentors will be engaged. These Nurse mentors will be basically GNM/BSc nurse who are available for freelance mentoring. These mentors once empanelled, will provide NQAS field mentoring to the CPHC team members on one to one basis. Budgeted: 50% as empanelment of nurse mentors may take time to rollout the programme.

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