



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

Letter No: OSH&FWS/ 7573 /2026

Date: 24.07.26

From

356/25
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 & 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) 2026-27 - Reg.

Madam / Sir,

The **Programme Implementation Plan (PIP) 2026-27** under the National Health Mission (NHM) has been approved by the Government of India. The approval includes the sanctioned work plan and budget for FY 2026-27, along with a brief description of the implementation modalities for each approved activity.

It is to mention that any of the approved activities if not implemented during the current FY due to any reasons shall only be taken up in the next FY, provided the same proposal has been **Re-validated & approved by GoI**. Hence, any approved activities not implemented during the previous years & same has not been Re-validated shall not be taken up during the current FY.

The District/City wise abstract of the approved NHM budget for FY 2026-27 is enclosed as **Annexure-1** for your information and necessary action. All activities shall be implemented strictly in accordance with the **Terms and Conditions** enclosed as **Annexure-2**.

The approved PIP shall be implemented with a clear focus on achieving the prescribed **Key Deliverables (Annexure-3)** complying with the **Key Conditionalities (Annexure-4)**. Regular monitoring and supportive supervision, review of outputs should be undertaken at all levels to ensure the intended outcomes.

I look forward to your continued commitment and cooperation in successful implementation of the approved PIP for improving health outcomes.

Enclosure: Soft Copy of PIP for FY 2026-27 to be shared via email.

Yours faithfully,


Mission Director,
NHM, Odisha.



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

Memo No. 7574

Date. 24.07.26

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

[Signature]
Mission Director,
NHM, Odisha

Memo No. 7575

Date. 24.07.26

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

[Signature]
Mission Director,
NHM, Odisha

Memo No. 7576

Date. 24.07.26

Copy forwarded to all Commissioners (Municipal Corporation Cities), Odisha for information & necessary action.

[Signature]
Mission Director,
NHM, Odisha

Memo No. 7577

Date. 24.07.26

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

[Signature]
Mission Director,
NHM, Odisha

Memo No. 7578

Date. 24.07.26

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

[Signature]
Mission Director,
NHM, Odisha

Memo No. 7579

Date. 24.07.26

Copy forwarded to all DPMs for information and necessary action.

[Signature]
Mission Director,
NHM, Odisha

Memo No. 7580

Date. 24.07.26

Copy forwarded to all CPMs for information and necessary action.

[Signature]
Mission Director,
NHM, Odisha

Annexure - 1: District/ Institution wise Abstract of Budget Approval for FY 2026-27, Odisha

Amount in Rs. (Lakhs)

SI No	District/ Institution	RCH	NDCP	NCD	HSS-Urban	HSS-Rural	Sub Total	Revalidation of Civil Works	Grand Total
		1	2	3	4	5	6=(1+2+3+4+5)	7	8=6+7
1	Anugola	454.70	293.58	292.91	105.71	4,180.31	5,327.20	143.40	5,470.60
2	Baleshwar	794.10	466.04	392.97	216.48	6,731.44	8,601.03	133.96	8,734.99
3	Baragada	479.58	315.09	247.67	75.85	4,766.01	5,884.20	1,303.13	7,187.33
4	Bhadrak	537.34	219.66	225.64	120.79	4,000.35	5,103.77	250.00	5,353.77
5	Balangir	866.82	359.08	354.08	106.72	6,305.30	7,991.99	1,685.91	9,677.90
6	Boudh	242.91	99.12	157.55	8.85	2,022.33	2,530.76	831.47	3,362.23
7	Kataka	692.60	487.80	394.87	54.91	6,435.55	8,065.71	1,307.42	9,373.13
8	Debagada	133.08	85.26	125.65	9.32	1,558.21	1,911.51	232.16	2,143.67
9	Dhenkanal	511.84	282.07	262.02	39.43	3,859.83	4,955.20	1,015.26	5,970.46
10	Gajapati	398.27	234.79	125.87	46.62	3,290.53	4,096.08	955.55	5,051.63
11	Ganjam	1,309.90	942.19	419.11	19.02	9,087.31	11,777.52	673.33	12,450.85
12	Jagatsinghpur	306.99	161.76	198.91	107.00	3,424.04	4,198.69	798.42	4,997.11
13	Jajpur	559.06	323.22	252.39	96.32	4,951.46	6,182.45	-	6,182.45
14	Jharsuguda	238.57	149.36	173.21	183.91	2,368.94	3,113.99	850.13	3,964.13
15	Kalahandi	780.12	361.28	271.27	58.66	5,976.31	7,447.63	488.26	7,935.89
16	Kandhamal	543.42	276.05	180.05	41.46	5,301.25	6,342.24	236.17	6,578.41
17	Kendrapada	416.70	203.66	230.32	111.43	4,544.81	5,506.93	136.49	5,643.42
18	Kendujhar	857.26	457.97	385.39	185.28	7,051.72	8,937.63	447.29	9,384.91
19	Khordha	675.93	376.89	366.63	81.84	4,832.78	6,334.08	765.44	7,099.52
20	Koraput	1,174.06	397.54	217.86	223.04	6,102.45	8,114.94	767.00	8,881.94
21	Malkanagiri	501.84	216.81	205.20	53.79	3,815.21	4,792.85	856.24	5,649.09
22	Mayurbhanj	1,532.86	905.39	429.08	184.07	10,252.50	13,303.90	2,015.91	15,319.81
23	Nabarangpur	779.85	282.63	212.19	41.77	5,777.92	7,094.36	352.42	7,446.78
24	Nayagada	339.17	255.68	211.88	8.54	3,404.06	4,219.35	448.67	4,668.02
25	Nuapada	351.17	168.49	139.74	0.26	3,337.11	3,996.77	44.65	4,041.42
26	Puri	490.13	295.57	240.87	239.51	5,419.93	6,686.01	583.68	7,269.69
27	Rayagada	649.17	305.24	204.80	139.95	4,852.44	6,151.60	705.88	6,857.48
28	Sambalpur	492.18	350.38	244.09	-	3,898.78	4,985.43	2,209.61	7,195.04
29	Sonpur	273.80	140.95	165.02	4.31	2,554.39	3,138.47	1,170.32	4,308.80
30	Sundaragada	757.87	623.09	290.49	154.14	6,666.78	8,492.37	617.41	9,109.78
31	Capital Hospital, BBSR	56.05	279.01	148.77	-	1,019.32	1,503.15	-	1,503.15
32	RGH, Rourkella	38.18	6.05	90.72	-	674.66	809.60	-	809.60
33	SCB MCH, Kataka	36.16	1.50	593.10	-	857.84	1,488.60	-	1,488.60
34	MKCG, MCH Brahmapur	74.42	1.50	571.45	-	813.49	1,460.86	-	1,460.86
35	VIMSAR, MCH Burla	73.57	1.50	436.10	-	781.18	1,292.34	-	1,292.34
36	SVPPGIP, Kataka	82.45	-	-	-	419.38	501.83	-	501.83
37	Bhubaneswar CHS	14.82	0.80	6.95	1,297.60	462.69	1,782.86	-	1,782.86
38	Kataka CHS	5.87	0.70	6.50	730.48	319.77	1,063.31	-	1,063.31

Annexure - 1: District/ Institution wise Abstract of Budget Approval for FY 2026-27, Odisha

Amount in Rs. (Lakhs)

SI No	District/ Institution	RCH	NDCP	NCD	HSS-Urban	HSS-Rural	Sub Total	Revalidation of Civil Works	Grand Total
		1	2	3	4	5	6=(1+2+3+4+5)	7	8=6+7
39	Sambalpur CHS	4.16	0.60	6.05	397.16	185.64	593.61	-	593.61
40	Brahmapur CHS	4.04	0.60	6.05	484.57	175.67	670.92	-	670.92
41	Rourkella CHS	9.81	0.65	6.28	591.86	275.09	883.68	-	883.68
42	FM MCH, Baleshwar	5.31	-	40.00	-	73.89	119.20	-	119.20
43	BB MCH, Balangir	5.31	-	460.00	-	69.22	534.53	-	534.53
44	SLN MCH, Koraput	81.28	-	504.35	-	380.92	966.56	-	966.56
45	PRM MCH, Mayurbhanj	43.72	-	-	-	100.34	144.06	-	144.06
46	SJ MCH, Puri	-	-	-	-	34.22	34.22	-	34.22
47	AHRCC, Kataka	-	-	-	-	29.52	29.52	-	29.52
48	MHI, Kataka	-	-	132.81	-	19.76	152.57	-	152.57
49	DD, MCH, Kendujhar	-	-	-	-	120.88	120.88	-	120.88
50	GMCH, Sundaragada	-	-	-	-	43.89	43.89	-	43.89
51	SCB Dental, Kataka	-	-	-	-	19.77	19.77	-	19.77
52	MCH Kalahandi	-	-	-	-	34.43	34.43	-	34.43
53	MCH Talcher, Anugola	-	-	-	-	30.91	30.91	-	30.91
54	MCH Jajpur	-	-	-	-	36.83	36.83	-	36.83
55	MCH Kandhamal	-	-	-	-	36.83	36.83	-	36.83
56	PGIMER, Capital Hospital, Bhubaneswar	-	-	436.10	-	20.86	456.95	-	456.95
57	AIIMS, Bhubaneswar	-	3.00	-	-	31.54	34.54	-	34.54
58	State	6,065.21	6,680.59	2,386.58	303.66	33,865.39	49,301.42	-	49,301.42
Sub Total		24,741.61	17,013.15	13,449.51	6,524.30	1,87,703.95	2,49,432.53	22,025.58	2,71,458.11
Infrastructure Maintenance (IM)							-	11680.00	11,680.00
Immunisation Kind Grants							-	31791.00	31,791.00
Grand Total (Rs. In Lakhs)		24,741.61	17,013.15	13,449.51	6,524.30	1,87,703.95	2,49,432.53	65,496.58	3,14,929.11

Terms and Conditions (2026-27)

The Programme Implementation Plan (PIP) for FY 2026-27 submitted by the State of Odisha and subsequently discussed in the **NPCC meeting held on 17th February, 2026** at Kartavya Bhawan, New Delhi & approved. Administrative approval is accorded for **an amount of 3149.29 Crore against a Resource Envelope of Rs. 2650.43 Crore for FY 2026-27**. This amount is inclusive of IM and Immunization Kind Grants. In order to implement the approved activities, State/ District/ Cities need to strictly follow the terms & conditions given below.

1. **SNA SPARSH & Financial Management:** In accordance with the SNA SPARSH initiative, all NHM funds will be operated through a Single Nodal Agency account. Unspent balances will NOT be carried forward, as the Mother Sanction lapses at the end of the financial year. States must ensure:
 - (i) Master sanction is issued to IA's as soon as mother sanction is issued by the centre.
 - (ii) Prioritize bills for beneficiary-oriented schemes like, JSY, NPY, etc, the payments will be made through DBT.
 - (iii) State must ensure that proportionate State share against Kind Grants and IM released is received in 0:100 SLS account and spent as per approved activities under ROP.
2. **PIP Reforms and Simplified Budget Format:** Major reforms in this planning cycle include: transition to a one-year PIP cycle; introduction of six new cross-cutting budget heads (Sl. Nos. 201–206) for Capacity Building, ASHA Incentives, IT Interventions, IEC & Printing, PSA Plants (PM-CARES AMC/CAMC), and State-specific Innovations; and rationalisation of **Key Deliverables from 186 to 65**. The major outputs agreed with the State in the form of Key Deliverables.
3. **Conditionality Framework:** The **Conditionality Framework for FY 2026-27** is given annexed. The key screening criterion remains Full Immunization Coverage (FIC): at least 90% for non-EAG/NE/hilly States and at least 85% for EAG, NE and hilly States. There are 12 conditionality indicators with incentive/penalty scoring ranging from +125 to -105 points.
4. **Revalidation of Previous Years' Approvals:** Proposals that were not implemented or were only partially implemented in previous PIPs have been clearly highlighted and submitted under revalidation using the prescribed format the details of amount revalidated. The amount proposed for revalidation will be counted within the current year's Resource Envelope and will correspondingly reduce funds available for new activity approvals.
5. **SDGs & Disease Elimination Targets:** State/Districts must intensify efforts towards the achievement of Sustainable Development Goals (SDGs) and India's disease elimination targets through focused planning, robust surveillance, timely service delivery, and community participation. Special emphasis should be placed on accelerating progress in maternal and child health indicators, TB elimination, elimination of neglected tropical diseases, and reduction of the burden of communicable and non-communicable diseases through convergence, innovation and evidence-based interventions.
6. **CRM Action Taken Report:** State/ Districts should ensure effective compliance of Action Taken Reports (ATRs) on the observations and recommendations emerging from Common Review Missions (CRMs). The findings of CRM visits should be utilized as an opportunity for systemic strengthening with focused corrective actions on service delivery gaps, infrastructure, human resources, quality assurance, and programme implementation to improve overall health system performance and accountability.



7. **Human Resources for Health (HRH):** Support for Human Resources for Health (HRH) will be to the extent of positions engaged over and above the regular positions as per IPHS norms and caseload. It is advised to adopt a health-systems approach rather than programme-wise deployment to avoiding duplication and enable more efficient utilization of HRH. The service delivery HR belongs to the system and the facility and their posts should not be **named after any program**.

It is to mention that employees who have completed **continuous 5 years of services in OSH&FWS** shall draw revised base remuneration for the said post as per the approved PIP (of the same year) which is inclusive of experience bonus.

The annual increment of 5% as approved in NHM PIP, shall be drawn, those have completed **12 months service in OSH&FWS in the current post**. The performance incentive shall be drawn based on Performance incentive order issued from time to time by the competent authority.

8. **Integrated Training Approach:** From FY 2026-27, an integrated comprehensive training approach will be adopted for ASHAs and key service providers (MPW, CHO, Staff Nurses, LTs, Pharmacists, Physiotherapists, Counsellors & Medical Officers) to avoid multiple parallel training programmes for the same personnel.

9. **Finance:**

- i. As per DoE guideline dated 4th September, 2023, 4th October, 2024 and 17th December, 2024 SNA SPARSH is implemented in 31 States/UTs under NHM and PM-ABHIM. SNA-SPARSH is to facilitate more effective cash management and with an aim of achieving the goal of "Just-in-time" fund flow from both the Centre and State Consolidated Funds through an integrated network of State IFMIS, e-kuber of RBI.
- ii. As per para 24 of DoE's guidelines dated 23rd March 2021, for flow of CSS funds, instead of releasing funds to UTs w/o legislature, Ministries/Department will issue LoA of not more than 25% of the annual amount earmarked for the scheme for the UT in one installment.
- iii. Using the authorization, the UT will transfer funds to the SNA account. Implementing agencies down the ladder will use the SNA account through zero balance account with clearly defined drawing limits. LoA for next installment of funds will be issued by Ministries/Department after utilization of 75% of funds release earlier.
- iv. Separate budget lines must be maintained for central and state share under NHM.
- v. Refund of unspent balance to Consolidated Fund of India (CFI) and Consolidated Fund of State (CFS) in funding pattern of Centre and State, if any, as per the DoE Guidelines dated 16th January 2024.

B. Action on the following issues would be looked at while issuing 1st Mother sanction of funds under NHM:

- i. Submission of Provision Utilization Certificate of the Previous FY under NHM.
- ii. Submission of FMR and SFP up to 31st March of the Previous FY under NHM.
- iii. State should have utilize the matching state share against commodity and infrastructure maintenance grants sanction released in previous FY under 0:100 SLS.
- iv. Any other guidelines issued by DoE time to time.



C. Action on the following issues would be looked at while considering the issue of subsequent Mother sanction of funds under NHM:

- i. State must have utilize at least 75% of the already issued Mother Sanction.
- ii. Statutory audit report along with Audited UCs by 31st July needs to be submitted by the states/UTs for issue of mother sanction beyond 75% of central allocation.

Other Financial Matters:

- i. The State/district should convey the district/block/ city approvals within 30 days of issuing of RoP/ District PIP respectively.
- ii. The State 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.
- iii. The unit cost/ rate wherever approved for all activities including procurement, printing, etc. are only indicative for 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.
- iv. 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.
- v. It is 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.
- vi. 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.
- vii. The accounts of State/ 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.
- viii. 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.
- ix. All Direct Benefit Transfer (DBT) payment should be ABHA Id linked.

10. IT Solutions: All IT solutions implemented by the State must be EHR-compliant. States not using the central software must provide APIs for accessing/viewing data required for monitoring. States are expected to operationalise the National Aggregator Platform for integration of programme portals (NCD, Nikshay, Sick Cell, U-WIN, PMNDP, etc.) to enable seamless single-window data entry for healthcare workers.



11. **JSSK, JSY, NPY and Other Entitlement Schemes:** The State must mandatorily provide for all entitlement schemes. No beneficiary should be denied any entitlement due to limitations of approved amount. JSY and NPY payments must be made through Direct Benefit Transfer (DBT) via Aadhaar-enabled payment system.
12. **Mandatory Disclosures:** The State must ensure mandatory disclosures on the State NHM website of all publicly relevant information as per CIC directions and MoHFW letters. District-wise RoPs must be uploaded on the NHM website within 30 days of issuance of RoP by MoHFW.
13. **Approvals over and above the Resource Envelope:** Approvals over and above the Resource Envelope are accorded on the condition that there will be no increase in the Resource Envelope and the State will have to prioritise and undertake approved activities within the existing RE. Any subsequent modification in the RE will be communicated separately.



Key Deliverables (KDs) for FY 2026-27

The Key Deliverables (KDs) have been rationalised from 186 (FY 2024-25) to 65 (FY 2026-27), reflecting a sharper outcome-oriented planning approach.

SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
1	Output	Maternal Health	ANC registration in 1st trimester of pregnancy (within 12 weeks)	% of PW registered for ANC in 1st trimester Numerator: Total number of PW registered in 1st Trimester Denominator: Total number of PW registered for ANC	Percentage	HMIS	95%
2	Output	Maternal Health	Identification of HRP under PMSMA/E-PMSMA	% of High-Risk Pregnancies (HRPs) identified Numerator: Total no. of PW identified as High-Risk Pregnancy (HRP) Denominator: Total number of PW registered for ANC	Percentage	PMSMA Portal	25%
3	Output	Maternal Health	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	HMIS	100%
4	Output	Child Health	SNCU successful discharge rate	SNCU successful discharge rate out of total admission (%) Numerator: No. of sick and small newborns discharged successfully (Unsuccessful denotes Death, LAMA and referral) Denominator: Total no. of sick newborns admitted in SNCUs	Percentage	FBNC MIS Online Portal	>85%



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
5	Output	Child Health	Child Death Reporting	Percentage of Child Death Reported against Estimated deaths Numerator: Total no. of Child deaths reported. Denominator: Estimated number of Child Deaths based on latest SRS report (Based on reported birth cohort : HMIS)	Percentage	MPCDSR/HMIS	80% (14942 estimated U5 deaths)
6	Outcome	Child Health	Stillbirth Rate	Still Birth Rate Numerator: Total no. of Stillbirth Reported Denominator: Total no. of Reported Deliveries on HMIS	Rate	HMIS	<17 per 1000 births
7	Output	Child Health (RBSK)	Screening of Children in Government & Government aided schools and Anganwadi Centre	Percentage of children screened and managed 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	Quarterly State Report	90% AWC (0-6 years) – 5462987 (2 Visits), Schools (6-18 years)- 5396754 (1- Visit)
8	Output	Child Health (RBSK)	Secondary/ Territory of management Conditions specified under RBSK	Number of beneficiaries received Secondary/ Territory management against RoP approval (for surgical intervention specified under RBSK).	Nos.	Quarterly State Report	1990
9	output	Immunization	Pentavalent 1st dose coverage	Percentage of children receiving Pentavalent vaccine 1st dose Numerator: Total no. of infants immunized with Pentavalent 1st dose Denominator: Total no of children under one year of age	Percentage	HMIS	>97%



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
10	Output	Immunization	MR-2nd dose Coverage >95%	MRCV 2nd dose coverage > 95% Numerator :Total no. of children received MR 2nd dose Denominator: Total no. of children under one year of age	Percentage	HMIS	>95%
11	Output	Nutrition	Bed Occupancy Rate at Nutrition Rehabilitation Centre (NRC)	Bed Occupancy Rate at NRCs Numerator- Total inpatient days of care in the reporting period Denominator- Total available bed days during the same reporting period	Percentage	State Reports	85%
12	Output	Nutrition	Early Initiation of Breastfeeding Source: HMIS	% of new born breastfed within one-hour birth against total live birth. Numerator: Number of new born breastfed within one hour of birth in the reporting period Denominator: Total live births registered in the same reporting period.	Percentage	HMIS	97%
13	Output	Nutrition	Hemoglobin testing- In-school children	Percentage of children 6-19 years in Govt /Govt-aided schools tested for anemia by ANM/ Staff Nurse /CHO/RBSK MHT Numerator: Number of children 6-19 years in Govt /Govt-aided schools tested for anemia by ANM/Staff Nurse/CHO/RBSK MHT, using Digital Invasive Hemoglobinometer Denominator: Total Number of children 6-19 years in Govt /Govt-aided schools (target beneficiaries) as provided by the State	Percentage	RBSK dashboard U-WIN	90%
14	Output	CAC	CAC services	Public Health Facilities equipped with Drugs (MMA Combi pack/ Mifepristone & Misoprostol), Equipment (MVA/EVA) and Trained Provider (MTP Trained MO/OBGYN) for	Percentage	CAC Annual & Quarterly Report	• District Hospital, CHCs (FRUs) & Other Sub District Level Hospitals and above level of public



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
				providing CAC services against the total number of Public Health Facilities as per RoP targets (Targets- Medical College 100%; District Hospital 100%; Sub District Hospital 100%; CHCs (FRUs) & Other Sub District Level Hospitals 100%; 24 x 7 PHCs, Non FRU CHCs: >80%; Other PHCs: 75% of Other PHCs must ensure availability of Medical Methods of Abortion (MMA) at least, subject to availability of a Trained Registered Medical Practitioner) Numerator: Total no. of Public Health 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			health facilities: 100% • Non FRU CHCs & 24*7 PHCs: >80% • Other PHCs: >75% of Other PHCs must ensure availability of Medical Methods of Abortion (MMA) at least, subject to availability of a Trained Registered Medical Practitioner
15	Output	Adolescent Health	Client load at AFHC	Average monthly Client load at AFHC/month at DH/SDH /CHC level in the reporting period Numerator: Total adolescent clients registered at the AFHCs Denominator: Number of AFHCs divided by no. of months (per AFHC per month)	Number	AFHC App/ RKSK dashboard	150
16	Output	Adolescent Health	Ayushman Bharat School Health & Wellness Programme implementation	Percentage of Health & Wellness Ambassadors trained to transact weekly activities in schools in the reporting period Numerator- Number of Health & Wellness Ambassadors (HWAs) trained in the reporting period Denominator- Target number of HWAs to be trained in the reporting period	Percentage	State reports	100%



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
17	Output	PCPNDT	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	State Report	180 (100%) (Target 100%= 180 meetings per year in 30 districts)
18	Output	FP Division	Couple Protection Rate (CPR) for modern methods (Spacing methods + Limiting methods)	Numerator: Estimated Number of Couples protected by modern contraceptives Denominator: Total No. of Currently Married Women of Reproductive Age Group (15-49 years age group) Base Year: 2025	Percentage	Numerator: HMIS/Janani portal Denominator: TGPP report-2020	25.0
19	Output	TB Mukd Bharat Abhiyan	TB patient assessed for Differentiated care	- Numerator: Total TB patients assessed for differentiated care - Denominator: Total TB case notified	Percentage	NIKSHAY Portal	>90%
20	Output	TB Mukd Bharat Abhiyan	% of eligible population provided TB Preventive Treatment (TPT)	- Numerator: Total eligible population initiated on TPT - Denominator: Total eligible population for TPT	Percentage	NIKSHAY Portal	>50%
21	Output	TB Mukd Bharat Abhiyan	% Of patients adopted by Ni-Kshay Mitra	% of eligible patients receiving support by Ni-kshay Mitra Numerator: No. of consented TB patient received at least one food basket Denominator: Total TB patient consented for Ni-kshay Mitra Initiative	Percentage	NIKSHAY Portal	>90%
22	Output	National Viral Hepatitis Control Programme (NVHCP)	Management of Hepatitis C –under the program	Percentage of Hepatitis C Patients benefited i.e. number who received treatment against target	Percentage	NVHCP MIS Portal	100% (400)

SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
23	Output	National Viral Hepatitis Control Programme (NVHCP)	Management of Hepatitis B –under the program	Percentage of Hepatitis B Patients benefited i.e. number who received treatment against target	Percentage	NVHCP MIS Portal	100% (900)
24	Outcome	Integrated Disease Surveillance Programme (IDSP)	Improved Capacity of Districts to detect and respond disease outbreaks	Reporting % of P form	Percentage	IDSP IHIP	99%
25	Output	National Leprosy Eradication Programme (NLEP)	Child Cases among new cases	No. of districts with Zero child case in the current F.Y	Number	State /UT Nikusth Report	31
26	Output	National Leprosy Eradication Programme (NLEP)	Grade II Disability (G2D) among new cases	No. of Districts with Zero Grade II Disability (G2D) among new cases	Number	State /UT Nikusth Report	31
27	Output	National Vector Borne Disease Control programme (NVBDCP)	Malaria Reduction in API at District level	Annual blood Examination Rate(ABER) *ABER= Number of Blood smear/Rapid Diagnostic Test examined in a year x 100 / total population	Percentage	MES report, NVBDCP	10% (For high endemic State/UT)
28	Output	National Vector Borne Disease Control programme (NVBDCP)	Lymphatic Filariasis	The proportion of districts/IUs with coverage > 90% against eligible population	Percentage	13 Table MDA report and WHO Post MDA report	100% in all MDA districts/blocks



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
29	Output	National Vector Borne Disease Control programme (NVBDCP)	Dengue & Chikungunya	Dengue Case Fatality Rate at State level	Percentage	State Report	<1%
30	Output	National Vector Borne Disease Control programme (NVBDCP)	Kala-azar	% Complete treatment of KA and PKDL Cases	Percentage	State Report	NA
31	Output	National Vector Borne Disease Control programme (NVBDCP)	Japanese Encephalitis (JE)	JE Case Fatality Rate (CFR)	Percentage	State Report	<10%
32	Output	National Rabies Control Program (NRCP)	Availability of Anti-Rabies Vaccine (ARV) and Anti-Rabies Serum (ARS) both till PHC level Health facilities	ARV available at the Health Facilities as per Essential Medical List Numerator- Total No. of Health Facility till PHC level having stocks of ARV and ARS both (Source-DVDMS Portal/State Monthly report) Denominator- Total No. of Health Facilities till PHC level (Source- Rural Health Statistic-MoHFW)	Percentage	DVDMS Portal/State Monthly report Rural Health Statistic-MoHFW)	100% availability of ARV & ARS till PHC level health facilities
33	Output	Program for Prevention and Control of Leptospirosis (PPCL)	Suspected Leptospirosis cases tested in the state endemic for leptospirosis	Percentage of suspected Leptospirosis cases tested (screened and confirmed) in the state as per PPCL guidelines Numerator: Number of suspected Leptospirosis cases that were tested (screened and/or	Percentage	State Monthly Report	.90%



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
				confirmed) as per PPCL guidelines during the reporting period. Denominator: Total number of suspected Leptospirosis cases identified during the same reporting period in state			
34	Output	National Program for Prevention and Control of Snakebite Envenoming (NPSE)	Availability of Anti-Snake Venom (ASV) till PHC level Health facilities.	ASV available at the Health Facilities as per Essential Drug List till PHC level Numerator- Total No. of Health Facility till PHC level having stocks of ASV Denominator- Total No. of Health Facilities till PHC level (Source- Rural Health Statistic-MoHFW)	Percentage	State Monthly Report	90%
35	Output	National Programme for Non-Communicable Diseases (NP-NCD)	Functional Day care Centre	Number of functional Day Care Cancer Centre against approved in FY 2025-26	Percentage	State Report	100%
36	Output	National Programme for Non-Communicable Diseases (NP-NCD)	Expanded NCD service coverage (STEMI / Stroke / COPD / NAFLD)	No. of Districts providing Expanded NCD Services (STEMI / Stroke / COPD / NAFLD) against the Number of districts in the State	Percentage	State Report	50%
37a	Output	National Programme for Non-Communicable Diseases (NP-NCD)	Hypertension Control Rate	% of Hypertensive patients under control against the Number of Hypertensive patients as per prevalence estimates	Percentage	National NCD Portal	25%



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
37b	Output	National Programme for Non-Communicable Diseases (NP-NCD)	Diabetes Control Rate	% of Diabetic patients under control against the Number of Diabetic patients as per prevalence estimates	Percentage	National NCD Portal	25%
38	Output	National Programme for Non-Communicable Diseases (NP-NCD)	Cancer Patients Put on Treatment	% of Cancer patients put on treatment against diagnosed	Percentage	National NCD Portal	>90%
39	Outcome	National Tobacco Control Programme (NTCP)	Improved access for Tobacco Cessation Services	% increase in number of people availed tobacco cessation services from last year	Percentage	MIS/ NTCP portal	10% increase
40	Output	National Mental Health Programme (NMHP)	Increase in Mental Health outpatient Services	Numerator: No. of patients catered in mental health OPD during the given year Denominator: No. of patients catered in Mental Health OPD in the previous year	Percentage and Number		40% increase of 2025-26
41	Output	National Programme for Control of Blindness and Visual Impairment (NPCB&VI)	Eye care services under NPCB and VI provided at primary, secondary at District level and below level	Number of cornea collection done by the state/UT against the annual target shared by NPCBVI MOHFW	Number	State Report	3800
42	Output	National Programme for Control of Blindness and Visual	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	State Report	120000



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
		Impairment (NPCB&VI)					
43	Output	Pradhan Mantri National Dialysis Program (PMNDP)	Number of new HD patients registered under PMNDP	Estimated number of new patients registered under PMNDP in the current financial year	Number	State Report/ PMNDP portal	10% increase in new patient registration from the previous FY
44	Outcome	National Programme for Prevention and Control of Fluorosis (NPPCF)	Extent of dental Fluorosis cases among children (aged 6-11) in Fluoride-affected districts	Percentage of children (aged 6-11) with suspected dental Fluorosis out of total children examined.	Percentage	State Report	
45	Output	National Programme for Prevention & Control of Deafness (NPPCD)	Screened for hearing loss	Number of people screened and managed for deafness/hearing impairment.	Number	NPPCD QPR	15000
46	Output	National Programme for Health Care of Elderly (NPHCE)	Provision of primary and secondary Geriatric healthcare services at District Hospital and below	Number of older persons (≥ 60 years of age) availing services at DH and CHC	Number	HMIS	540000
47	Output	National Programme for Palliative Care (NPPC)	Palliative care services	Number of beneficiaries availing palliative services from DH	Number	HMIS	58470
48	Output	National Oral Health Programme	Strengthening Oral Health Services	1. Percentage of CHCs providing all of the following services against total CHCs with dental units: • Tooth Fillings	Percentage	HMIS/State NOHP cell	100



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
				• Root Canal Treatment • Scaling			
49	Output	Health System Strengthening (HSS)- Urban (NUHM)	% Improvement in Footfall at Urban Health Facilities	A. AAM-USHC and AAM UPHC (Difference in footfall between the current and previous financial year / Footfall in the previous financial year) x100	Percentage	AAM Portal/ HMIS Portal	5%
50	Output	Free Drugs Service Initiative	Availability of IPHS medicines	Availability of IPHS medicines at primary level and district hospital healthcare facilities at DVDMS integrated facilities Calculated as state average stock of total number of medicine available at primary level of health facility divided by the Total number of medicines in IPHS EML at primary level of facility Numerator: Number of medicine available in state at each level Denominator: Number of medicines in IPHS EML at primary level of facility	Percentage	DVDMS Central Dashboard	70%
51	Output	Free Diagnostic Service Initiative	Diagnostic Tests Availability in Aspirational blocks	Percentage of aspirational block provided with free lab diagnostic services (Calculated as total number of aspirational blocks providing free lab diagnostic services divided by the total number of aspirational blocks operational X 100	Percentage	ODK Tool Kit	100%
52	Output	Blood Services & Disorders	Treatment to individuals with Sickle Cell Disease	% of diseased patients on Treatment Numerator: Total Number of individuals with Sickle Cell Disease put on Treatment in the State/UT. Denominator: Individuals confirmed with Sickle Cell Disease in the State/UT.	Percentage	Sickle Cell Portal (Follow up module)	100%



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
53	Output	Blood Services & Disorders	Complete database of Thalassemia and Hemophilia patients on National portal	% of Thalassemia and Hemophilia patients registered on national portal Numerator: Total Number of Thalassemia and Hemophilia patients registered on National portal by the State/UT. Denominator: Number of Thalassemia and Hemophilia patients for whom budget for Blood Transfusion /Iron Chelation/factor drugs proposed by State/UT in PIP of previous FY.	Percentage	Sickle Cell Portal	100%
54	Output	Comprehensive Primary Healthcare (CPHC)	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	AAM Portal	100%
55	Output	Comprehensive Primary Healthcare (CPHC)	Foot fall at AAM (Receiving services for Preventive, promotive, curative, rehabilitative and palliative care)	Numerator: No. of AAM reporting at least average foot fall 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 AAMs in rural areas (SHC-AAM+PHC-AAM) (Average population served by SHC/PHC as per HDI 22-23)	Percentage	AAM Portal	100%
56	Output	Comprehensive Primary Healthcare (CPHC)	ASHA Certification	Numerator: No. of ASHAs Certified in RNMCAH+N component Denominator: No. of ASHAs in position	Percentage	NIOS Portal	100%



SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
57	Output	Human Resource for Health	HRH Availability as per IPHS	% of HRH available as per IPHS (HR in Place/IPHS requirement x 100) for six key staff categories* 1. MPW(Male +Female) 2. Staff Nurses 3. Lab technicians** (**Reduction in gap % applicable only for those levels of Facilities where lab services including HR for lab have been outsourced) 4. Pharmacists 5. Medical Officer-MBBS 6. Clinical specialists	Percentage	NHSRC HRH Division	1. MPW (Male and Female)* – 95% 2. Staff Nurses – 60 % 3. Lab technicians – 85 % 4. Pharmacists* – 75% 5. Medical Officer-MBBS* – 75% 6. Clinical specialists – 95% *Total sanctioned posts of MPW (F+M), Pharmacists, and Medical Officers (MBBS) exceed the requirement as per IPHS norms. State is requested to fill the regular posts of MPW (F+M), Pharmacists and Medical Officers (MBBS). NHM HR may be given weightage in such recruitments. Once adequate regular posts are filled, State may drop the vacant NHM posts.
58	Output	Human Resource for Health	Saturation of HRH	% of HRH available as per IPHS (HR in Place/IPHS requirement x 100) for the following staff categories* - o Audiologist at DH - o Dentist up to CHC - o Physiotherapist up to CHC - o Radiographer up to CHC - o Clinical Psychologist up to CHC - o Entomologist at District Level	Percentage	NHSRC HRH Division	Audiologist at DH – 75 % Dentist up to CHC – 85% Physiotherapist up to CHC – 100% Radiographer up to CHC – 80% Clinical Psychologist up to CHC- 50% Entomologist at District Level – 100 %
59	Output	Human Resource for Health	HRH Training	% of the trainings program conducted against total trainings approved in ROP	Number	State Report	

SI No.	Indicator Type	Division	Indicator Statement	Indicator	Unit	Source of data	Target for FY 2026-27
60	Output	Biomedical equipment Management & Maintenance Program (BEMMP)	Equipment CAMC/AMC	% of Equipment Covered under Comprehensive Maintenance Contract/ Annual Maintenance Contract/ BEMMP 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	BEMMP Dashboard/ State Equipment Inventory Software (e-upkaran)	100%
61	Output	Quality Assurance (QA)	NQAS National certified public health facilities	Percentage of NQAS nationally certified public health facilities	Percentage	Certification Unit, QPS Division, NHSRC	30%
62	Output	National Programme for Climate Change and Human Health (NPCCHH)	Heat Stroke Management Units and Chest Clinics regarding Air Pollution	% of DH & SDH with Operational Heat Stroke Room (Mar-Jul) in Heat Prone State + % of DH with a functioning Chest Clinic regarding air pollution related Health Services (Oct-Feb) in cities recording AQI > 200 Numerator (First part)- Number of DH & SDH with Operational Heat Stroke Room (Mar-Jul) in Heat Prone State Denominator (First part)- Total number of DH & SDH in the State Numerator (Second part)- Number of DH with a functioning Chest Clinic (Oct-Feb) in Cities recording AQI >200 Denominator (Second part)- Number of DH in the cities where AQI > 200	Percentage	State Progress Report	30% + 30%
63	Outcome	Public Health Infrastructure	IPHS compliance	%Of healthcare facilities achieved IPHS compliance.	Percentage	IPHS Dashboard	70%
64	Output	Public Health Infrastructure	National Ambulance Services	Average No. of Patients Transferred Per Month Per ambulance	Number		114
65	Output	Public Health Infrastructure	MMU	Average No. of camps held per MMU and average footfall per Camp	Numbers		51 camps and 50 patients per camp

Conditionality Framework 2026 – 2027

Full Immunization Coverage (%) will be taken as the primary screening criterion. Conditionalities will be evaluated only for those Empowered Action Group (EAG), Hilly, and Northeastern States that achieve a minimum of 85% Full Immunization Coverage. For all other States and Union Territories, conditionalities will be assessed only for those achieving at least 90% Full Immunization Coverage. (Data Source: HMIS)

S. No.	Conditionalities	Indicators of 2026-27	Source of verification	% Incentive/ Penalty % Incentive/ Penalty (+125 to -105)
1.	AAMs State/UT Score*	Based on overall score of AAM conditionality (out of 50 marks): - Score ≥ 40: +20 - Score ≥ 30 or < 40: +10 - Score ≥ 20 but < 30: -10 - Score < 20: -20	AAM portal	+20 to -20
2.	Implementation of DVDMS or any other logistic management IT software with API linkages to DVDMS up to AAM-SHC level	Implementation up to AAM-SHC - In 100% AAM-SC: +5 - In $\geq 90\%$ but $< 100\%$ of AAM-SC: +3 - In $\geq 80\%$ but $< 90\%$ of AAM-SC: -3 - In $< 80\%$ of AAM-SC: -5	DVDMS Portal or any other similar system with API linkages to DVDMS	+5 to -5
3.	ANC Checkup	Percentage of pregnant women who received first ANC checkup in the first trimester $\geq 90\%$: +5 $\geq 70\%$ but $< 90\%$: +3 $\geq 50\%$ but $< 70\%$: -3 $< 50\%$: -5	Janani Portal or similar state portal	+5 to -5



S. No.	Conditionalities	Indicators of 2026-27	Source of verification	% Incentive/ Penalty % Incentive/ Penalty (+125 to -105)
4.	Human Resources for Health	A. Percentage of service delivery HRH in-place in regular cadre against IPHS norms (MPW, Staff Nurse, LT, Pharmacists, MO MBBS and Clinical Specialists) as on 31 st March 2027 • >=80%: +10 • >=70% but <80%: +5 • >=60% but <70%: 0 • <60%: -10	State notifications, advertisements and PIP, HRH Division	+10 to -10
		B. Percentage of contractual service delivery HRH in-place (MPW, Staff Nurse, LT, Pharmacists, MO MBBS and Clinical Specialist) filled against approved posts • >=90%: +5 • >=70% but <90%: +3 • >=60% but <70%: 0 • <60%: -5		+5 to -5
5.	District RoP	District wise RoP uploaded on NHM website within 30 days of issuing of RoP by MoHFW to State or before 31 May 2026, whichever is later • 100% of the districts whose RoPs for FY 2026-27 are uploaded on State NHM website: +5 • Fewer than 100% districts whose RoPs for FY 2026-27 are uploaded on State NHM website: -5	State NHM Website and D.O. Letter	+5 to -5



S. No.	Conditionalities	Indicators of 2026-27	Source of verification	% Incentive/ Penalty % Incentive/ Penalty (+125 to -105)
6.	Implementation of TeleMANAS	<u>Total Calls</u> a. States achieving 30% or more, increase in total calls from previous year handled through the TeleManas helpline: +5 b. States achieving between 30% to 20% increase in total calls from previous year handled through the Tele MANAS helpline: +4 c. States achieving increase between 20% to 10% in total calls from previous year handled through the Tele MANAS helpline: = +3 d. States achieving up to 10% increase or decrease in total calls from previous year handled through the Tele MANAS helpline: -5	Report from Mental Health Division, MoHFW	+5 to -5
7.	Implementation of National TB Elimination Programme	A. Percentage of districts achieving more than 90% of treatment success rate • >=80% districts achieving more than 90% treatment success rate: +5 • >=60% to <80% of districts achieving more than 90% treatment success rate: +2.5 • >=40% to <60% of districts achieving more than 90% treatment success rate: -2.5 • <40% of districts achieving more than 90% treatment success rate: -5 <u>Numerator:</u> No. of districts achieving more than 90% of treatment success rate <u>Denominator:</u> Total No. of districts in the State/UT	Ni-kshay Portal	+5 to -5



S. No.	Conditionalities	Indicators of 2026-27	Source of verification	% Incentive/ Penalty % Incentive/ Penalty (+125 to -105)
		B. Percentage of eligible patients receiving all benefits of Ni-kshay Poshan Yojana (NPY– DBT) • >=90% of eligible patients receiving all benefits of NPY – DBT: +5 • >=70% to <90% of eligible patients receiving all benefits of NPY – DBT: +2.5 • >=50% to <70% of eligible patients receiving all benefits of NPY – DBT: -2.5 • <50% eligible patients receiving all benefits of NPY – DBT: -5 <u>Numerator:</u> No. of eligible patients receiving all benefits of NPY-DBT <u>Denominator:</u> No. of eligible patients	Ni-kshay Portal	+5 to -5
8.	NQAS Certification progress over last year	• Achieved certification of 90% or more of remaining facilities: +15 • Achieved certification of 70 to 89% of remaining facilities: +10 • Achieved certification of 50 to 69% of remaining facilities: +5 • Achieved certification of less than 50% of remaining facilities: 0	Certification Unit, Quality & Patient Safety Division, NHSRC	0 to +15
9.	Compliance to IPHS for Infrastructure	Percentage of IPHS-compliant facilities • >= 30%: +10 • >=20% to <30%: +5 • >=10% to <20%: -5 • <10%: -10 All facilities put together: SC, PHC, CHC, SDH and DH, cumulative compliance would be taken In States with >75 % facilities achieving IPHS compliance will get full marks.	IPHS Dashboard/PHA division	+10 to -10



S. No.	Conditionalities	Indicators of 2026-27	Source of verification	% Incentive/ Penalty % Incentive/ Penalty (+125 to -105)
10.	Increase in State Health Budget	• $\geq 10\%$ increase in State health budget: +10 • $>0\%$ to $<10\%$ increase in State health budget: +5 • No increase or decrease in State health budget: 0 • $>0\%$ to $<5\%$ decrease in State health budget: -5 • $\geq 5\%$ decrease in State health budget: -10	State Report, State Health Budget	+10 to -10
11.	Implementation of NP-NCD	A. Screening coverage for Hypertension, Diabetes Mellitus and 3 cancers viz, Oral, Breast and Cervical Cancer. Proportion of eligible population screened for Hypertension, Diabetes Mellitus, Oral, Breast and Cervical cancers against the target population under Population Based Screening (PBS) under NP-NCD. • $\geq 70\%$ of eligible population screened: +5 • 20% to $< 70\%$: Pro-rata scoring • $< 20\%$: -5	NP-NCD Portal	+5 to -5
		B. Proportion of hypertensive and diabetic patients under control against the under-treatment hypertension and diabetes patients • $\geq 50\%$: +5 • 10% to $< 50\%$: Pro-rata scoring • $< 10\%$: -5	NP-NCD Portal	+5 to -5
		C. Proportion of District Hospitals providing services for all five newer NP-NCD components, namely Stroke, STEMI, NAFLD, COPD, and CKD • $\geq 50\%$: +5 • $\geq 25\%$ but $< 50\%$: +3 • $< 25\%$: 0	NP-NCD Portal	+5 to 0

S. No.	Conditionalities	Indicators of 2026-27	Source of verification	% Incentive/ Penalty % Incentive/ Penalty (+125 to -105)
12.	Implementation of Anaemia Mukd Bharat	Percentage of 5-19-year-old children and adolescents tested for anemia in schools by RBSK team against total no of children enrolled in Govt and govt-aided schools • >50%: + 5 • 20-50%: + 3 • <20%: +1 • Not started: -5	RBSK Portal	+5 to -5
		Percentage of Pregnant Women tested for anemia during first trimester against those registered in JANANI portal • >50%: + 5 • 20-50%: + 3 • <20%: + 1 • Not started: - 5	JANANI Portal	+5 to -5

With reference to the proposed conditionalities and scoring framework for Ayushman Arogya Mandirs (AAMs) for FY 2026-27, the following clarification and detailed methodology for calculation of AAM State/UT Score is submitted for consideration.

The overall AAM State/UT Score shall be calculated based on achievement against four sub-indicators derived from the AAM Portal. The total score shall be computed out of 50 marks and corresponding incentive/penalty shall be applied as per approved criteria.



The detailed scoring methodology proposed is as follows in table below:

S. No	Sub Indicator	Scoring criteria	Max Score for AAM - SHC / AAM - USHC	Max Score for AAM-PHC/AA M-UPHC	Numerator and Denominator	Remarks
1	Functional AAMs providing all 12 expanded packages of services (%)	80% and above operational AAM with 12 packages of services	5	5	Numerator: No. of AAM Providing 12 EPS services *100 Denominator: Total no. of Operational AAM	Max. Score – 5 for each facility parameters Total 10 Marks
		70%-79%	4	4		
		60%-69%	3	3		
		50%-59%	2	2		
		40%-49%	1	1		
		Less than 40%	-5	-5		
2	Functional AAMs reporting at least average footfall (norm 60 footfall/1000 population) (%) • Rural: AAM - SHC @300/month; AAM- PHC @1800/month • Urban: AAM-USHC @1200/month; AAM-UPHC @3000/month • Tribal: AAM - SHC @180/month; AAM -PHC @1200/month[1]	80% of AAM Facilities Meet criteria as per Calculation	5	5	Numerator: No. of AAMs reporting at least average footfall as per (norm of 60 footfalls per 1000 population): • Rural: AAM-SHC @ 300/month; AAM-PHC @ 1800/month • Urban: AAM-USHC @ 1200/month; AAM-UPHC @ 3000/month • Tribal: AAM-SHC@ 180/month; AAM-PHC @ 1200/month Denominator: Number of operational AAM	Max. Score – 5+5=10 or 5 each facility parameters Total 10 Marks
		70%-79%	4	4		
		60%-69%	3	3		
		50%-59%	2	2		
		40%-49%	1	1		
		Less Than 40%	-5	-5		

S. No	Sub Indicator	Scoring criteria	Max Score for AAM - SHC / AAM - USHC	Max Score for AAM-PHC/AAM-UPHC	Numerator and Denominator	Remarks
3.a	AAMs fulfilling expanded range of medicines as per essential medicine lists of Medicines[2] - AAM - SHC: 106, AAM-PHC:- 172;	80% and above availability of drugs in an operational AAM	2.5	2.5	Numerator: No. of facility having at least 80% drugs available at AAM * 100 Denominator: Total no. of Operational AAM	Max. Score – 5 Drugs – 2.5+2.5= 5 Diagnostics – 2.5+2.5= 5 Total Marks – 5 each parameters Total 10 Marks
		60% - 79%	2	2		
		40%-59%	1	1		
		Less than 40%	-2.5	-2.5		
3.b	AAMs fulfilling expanded range of diagnostics as per essential diagnostic lists of Diagnostics- AAM-SHC: 14, AAM-PHC: 63) (%)	80% and above availability of Diagnostic in an operational AAM	2.5	2.5	Numerator: No. of facility having at least 80% diagnostics available at AAM *100 Denominator: Total no. of Operational AAM	Max. Score – 5 Drugs – 2.5+2.5= 5 Diagnostics – 2.5+2.5= 5 Total Marks – 5 each parameters Total 10 Marks
		60%-79%	2	2		
		40%-59%	1	1		
		Less than 40%	-2.5	-2.5		
4	AAMs providing minimum of 10 wellness sessions per month (%)	Percentage of facilities conducting minimum 10 wellness sessions per month 80% to 100 %	5	5	Numerator: Number of monthly wellness sessions being conducted minimum 10 wellness session Denominator: Total no. of Operational AAM	Max. Score – 5 each parameters Total 10 Marks
		70% -79%	4	4		
		60% - 69%	3	3		
		50% -59%	2	2		
		40%-49%	1	1		
		Less than 40 %	-5	-5		



S. No	Sub Indicator	Scoring criteria	Max Score for AAM - SHC / AAM - USHC	Max Score for AAM- PHC/AA M-UPHC	Numerator and Denominator	Remarks
5	AAM – Ayushman Arogya Shivr[1] - Percentage of Ayushman Arogya Shivr conducted per FY	If achievement is 80% to 100 %	5	5	Numerator – No. of Ayushman Arogya Shivr conducted *100	Max. Score – 5 each parameters
		70% -79%	4	4		
		60%-69%	3	3	Denominator: No. of Ayushman Arogya Shivr in FY. i.e 12 AAS per Operational AAM	
		50% -59%	2	2		
		40% - 49%	1	1		
		Less than 40%	-5	-5		
	Total Marks					50

Hilly states, NE states,in case of natural calamities 50% of given targets are applicable

OPD footfall, Wellness Footfall, Ayushman Arogya Shivr Footfall, Immunization, VHSND/UHSND Footfall

Old norms as revised DO letter not received

Hilly states, NE states, in case of natural calamities 50% of given targets are applicable