स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE
सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Report on Two-Day 10th National Summit on Innovations and Inclusivity - Best Practices Shaping India's Health Future

30th April- 1st May 2026

Ministry of Health & Family Welfare,
New Delhi

Knowledge Management Division

स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE
सत्यमेव जयते

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Report on Two-Day 10th National Summit on Innovations and Inclusivity - Best Practices Shaping India's Health Future

30th April- 1st May 2026

Ministry of Health & Family Welfare,
New Delhi

DAY 1

INAUGURAL SESSION

The Inaugural Session of the Two-Day 10th National Summit on Innovations and Inclusivity – Best Practices Shaping India's Health Future commenced with the warm and ceremonial welcome and felicitation of all distinguished dignitaries.

The formal commencement of the Inaugural Session was marked by the lamp lighting ceremony, symbolising the dispelling of darkness and ushering in of knowledge, wisdom, and enlightenment. The Hon'ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda, together with Hon'ble Chief Minister of Haryana, Shri Nayab Singh Saini, and other distinguished dignitaries on the dais, jointly lighted the ceremonial lamp, invoking an auspicious beginning to the deliberations. The ceremony set a purposeful tone for the Summit, reaffirming the collective resolve of all stakeholders to advance the cause of inclusive and innovative public healthcare delivery across India.

1. ADDRESS: DR. SUMITA MISRA, ADDITIONAL CHIEF SECRETARY, HEALTH DEPARTMENT, HARYANA

Dr. Sumita Misra, IAS, Additional Chief Secretary, Health Department, Government of Haryana, extended a warm welcome to all distinguished participants on behalf of the Government of Haryana, including the Hon'ble Union Minister for Health and Family Welfare, the Hon'ble Chief Minister of Haryana, the Hon'ble Health Minister of Haryana, Senior Officials from the Ministry of Health and Family Welfare, Secretaries, Mission Directors, and Senior Officers from across the country. She extended a special welcome to Hon'ble Union Health Minister, Shri JP Nadda, recognising his presence as a source of inspiration and guidance to all gathered.

The summit was highlighted as a platform for collective deliberation and cross-learning, with the discussions over the two days emphasised as focussing not only on achievements but on the challenges that remain in public healthcare delivery, with a view to advancing the Hon'ble Prime Minister's vision of Viksit Bharat 2047. She reaffirmed the Government of Haryana's commitment, under the leadership of the Hon'ble Chief Minister, to improving access and delivery of healthcare, and adoption of newer technologies, capacity building of doctors, improvement in doctor-patient ratio, and enhancement of health indicators. It was also announced that Haryana would be presenting the NCD Care Companion Programme as its best practice at the summit.

Highlighting key initiatives of the Government of Haryana, it was stated that Free Dialysis services have been operationalised across all District Government Hospitals following the Hon'ble Prime Minister's announcement, with significant utilisation recorded and further expansion of dialysis centres planned for the current year. Drawing the attention to the Nirogi Scheme- a flagship preventive healthcare initiative, it was emphasised that a large segment of the population has been covered through health screening and an extensive volume of laboratory investigations completed since inception. She also added that the scheme is being further strengthened this year by removing the income eligibility barrier and extending doorstep screening to residents aged seventy years and above.

On quality assurance, Haryana's performance in implementation of the National Quality Assurance Standards across public health facilities was highlighted as exceeding the national average, with full coverage targeted by the close of the current year. The operationalisation of Day Care Cancer Centres in all District Hospitals was also highlighted as aimed at improving care for cancer patients and reducing the burden on families. On tuberculosis control, State's achievement of

near-complete notification against its annual target with a high treatment success rate was emphasised. A significant CSR partnership with Bharat Petroleum for the procurement of Truenat diagnostic machines across the state was also highlighted as a step toward strengthening diagnostic capacity.

She concluded by expressing hope that the summit's deliberations would be engaging and fruitful, and urged all participants to use the platform as a forum for exchange of knowledge and best practices, enabling them to return to their respective states with renewed resolve and actionable insights towards transforming public healthcare delivery across India.

2. WELCOME ADDRESS & CONTEXT SETTING - MS. ARADHANA PATNAIK, ADDITIONAL SECRETARY & MISSION DIRECTOR (NHM), MOHFW

Ms. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW, warmly welcomed all dignitaries, state representatives, and stakeholders, and set the stage for the discussions and deliberations ahead. She highlighted that the National Summit is an annual event serving as a platform for showcasing novel and innovative good practices from States and Union Territories. States and UTs are encouraged to develop innovations under NHM, which has dedicated budgetary provisions spanning the domains of Non-Communicable Diseases, Communicable Diseases, and Reproductive and Child Health, among others. Outlining the process of the National Summit, it was noted that States submit their best practices on the National Health Innovation Portal, which are then scrutinised by a central committee on the basis of replicability, scalability, and novelty, with the highest-scoring practices shortlisted and compiled for presentation at the summit.

Emphasising the importance of regular review and monitoring of gaps, challenges, and opportunities in the implementation of national health programmes, she highlighted the Common Review Mission as a key annual exercise. She mentioned that observations from the 17th CRM field visits, along with good practices and challenges identified, would be disseminated during the two-day summit.

Prioritising NHM interventions, she underscored that the current NHM cycle for FY 2026–2031 is crucial in attaining Sustainable Development Goal targets, including the elimination of Tuberculosis, Malaria, Lymphatic Filariasis, Leprosy, Measles, and Rubella, along with significant reductions in Maternal Mortality Ratio, Infant Mortality Rate, Under-Five Mortality Rate, and Neonatal Mortality Rate. To accelerate progress toward these targets, she shared that some new reforms and

initiatives are being launched during the summit by the Hon'ble Union Minister of Health & Family Welfare, as a first step.

Providing a detailed update on key initiatives, she shared the newer reforms being launched include Swasth Bharat Portal, the JANANI Portal, RBSK 2.0, an Integrated Training Module, and a Unified IEC Strategy. Addressing the challenge faced by frontline health workers due to multiple IT based platforms and as one of the action points emerging from the Manthan Shivir, she explained that the Swasth Bharat Portal is a one-stop integrated platform designed to bring multiple national health programmes onto a single digital interface, with interoperability including all records linked through ABHA ID for improved patient follow-up, tracking, and continuity of care. She further informed that the Reproductive and Child Health portal has been revamped and renamed JANANI an IT based platform designed for tracking a woman's RMNCH journey, with enhanced features for improved reproductive and child health services prioritising High risk pregnancy. On the newly developed Integrated Training Module, she stated that consolidating programme specific trainings and introducing cadre-based training would eliminate the need for repeated trainings under various health programmes thus minimizing duplication of efforts. She also mentioned that revised RBSK 2.0 guidelines including guidelines for Type 1 Diabetes in children and the revised National Essential Drugs Lists, developed in consultation with States, are also being now launched towards expanded coverage.

The importance of knowledge management and cross-learning through the summit was reiterated, with the new initiatives described as being aimed at revamping health systems, streamlining quality healthcare services, and strengthening the overall implementation of national health programmes. She also mentioned that deliberations on best practices, CRM findings, and orientation on the new initiatives would be undertaken over the course of the two-day summit. In her concluding remarks, heartfelt gratitude was expressed to the Government of Haryana for graciously hosting the summit, reaffirming the collective commitment towards the Government's vision of Viksit Bharat @ 2047 with improved healthcare services for all.

3. ADDRESS, MS. PUNYA SALILA SRIVASTAVA, UNION HEALTH SECRETARY, MINISTRY OF HEALTH AND FAMILY WELFARE

Ms. Punya Salila Srivastava, Secretary, Health and Family Welfare, MoHFW, in her address highlighted that this year marks a significant milestone as the summit convenes for the 10th edition, and that the platform has, over the years, evolved into a reliable forum for cross-learning among States and Union Territories. She expressed gratitude to the Hon'ble Health Minister for his guidance and

noted that the compendium of best practices released during the summit would serve as a critical evidence-based reference for States/UTs. Highlighting the transformative potential of Ayushman Bharat in achieving Universal Health Coverage, Health Secretaries and Mission Directors of all States/UTs were urged to implement ABHA ID, Health Professional Registry (HPR), and Health Facility Registry (HFR), emphasising that this would reduce duplication, improve efficiency, and enable real-time data-driven decision-making, while also establishing longitudinal health records for citizens. She also mentioned the rollout of integrated digital platforms such as the Swasth Bharat Portal and digital solutions like JANANI for maternal and child health tracking.

Referring to the dissemination of the 17th Common Review Mission report, its importance as a key learning tool for States/UTs for identifying challenges and thus planning actions accordingly. Drawing the attention to emerging public health priorities, including the rising burden of obesity and NCDs, States were urged to adopt and rollout the newer interventions of RBSK 2.0, and inclusion of Diabetes Management for children and adolescents. In her address it was also highlighted that Ayushman Arogya Mandir are being strengthened to bring Comprehensive Primary Healthcare services closer to communities and drew attention to the 80th NSO findings which show that median outpatient expenditure in public facilities has significantly reduced. It was further stressed the importance of capacity building through digital learning platforms such as iGOT and Saksham and strengthened human resource planning. States/UTs were urged to accelerate progress on priority areas including TB elimination, strengthening drug regulatory systems through initiatives like SHRESTH, and ensuring quality and safety through regular audits, including fire safety and heat preparedness. She also underscored the importance of addressing Anti-Microbial Resistance through State-led action plans. She concluded by reaffirming the collective commitment towards ensuring accessible, affordable, and quality healthcare for all, and urged States/UTs to use this platform as a knowledge management and exchange forum for sharing best practices and promoting cross-learning.

4. ADDRESS: MS. ARTI SINGH RAO, HON'BLE HEALTH MINISTER, HARYANA

Welcoming the key dignitaries to the Summit, Ms. Arti Singh Rao, Hon'ble Health Minister, Haryana, stated that under the guidance of the Hon'ble Chief Minister, the Government of Haryana has been making steady progress towards the goal of providing quality healthcare to every citizen. She highlighted that the state has consistently strengthened its foundational

infrastructure, human resources, drugs and diagnostics, and health education, delivering services through Medical Colleges, District Hospitals, Sub-District Hospitals, Community Health Centres, and Ayushman Arogya Mandir.

Expressing gratitude to the Union Health Minister for extending support to Haryana through the establishment of key national institutions including AIIMS, the National Cancer Institute, and NCDC. She also acknowledged the recent nationwide launch of HPV immunisation for the prevention of cervical cancer by the Hon'ble Prime Minister, recognising it as a reflection of his vision and sensitivity towards women's health.

Hon'ble State Health Minister highlighted that the state's health budget has witnessed substantial growth over the past decade, reflecting strong commitment of Hon'ble Chief Minister to the healthcare sector. It was further noted that for maternal and child health, modern Maternal and Child Health Units are being established in District Hospitals across Haryana.

Reaffirming Haryana's commitment to the elimination of tuberculosis in alignment with the target set by the Hon'ble Prime Minister, it was stated that various schemes are being actively implemented for community healthcare. The state's sustained focus on the screening and treatment of Non-Communicable Diseases, including Diabetes, Hypertension and Cancers, was also emphasised. She drew attention to the establishment of Day Care Centres and Intensive care Units at District Hospitals, the availability of modernised diagnostic facilities across all District Hospitals, and the continued expansion and strengthening of health infrastructure across the state. The Hon'ble Minister also acknowledged significance of the key initiatives being launched during the summit, including the Swasthya Bharat Portal, JANANI, RCH 2.0, the Compendium on Best Practices, 17th Common Review Mission Report, and RBSK 2.0, all being released by the Government of India on the occasion.

She concluded by reaffirming that Haryana would remain at the forefront with full dedication in the collective pursuit of the vision of Viksit Bharat 2047, and extended her gratitude to all participants.

5. KEYNOTE ADDRESS: SHRI NAYAB SINGH SAINI, HON'BLE CHIEF MINISTER, HARYANA

Shri Nayab Singh Saini, Hon'ble Chief Minister, Haryana, warmly welcomed all dignitaries to the Summit. The 10th National Summit was emphasized as a crucial step in shaping India's healthcare future, where States/UTs will showcase their innovative ideas and practices on a national platform, as well as exchange

knowledge and ideas with other States. A sincere gratitude was expressed to Hon'ble Union Minister for Health and Family Welfare for gracing the event, while also acknowledging the importance of organising such summits at the national level.

Referring to the State specific Good Practices, Hon'ble Chief Minister highlighted Haryana's Care Companion Program, rooted in the belief that a patient's family is the most important caregiver during sickness. The program focusses on health education to caregivers of patients through health facilities, integrated with mobile and WhatsApp-based services. The significant improvement in daily teleconsultations under e-Sanjeevani was also highlighted, with services being delivered through Ayushman Arogya Mandir, connecting patients from rural areas to higher medical centres such as PGI for comprehensive care and treatment.

The Hon'ble Chief Minister further underlined the substantial increase in budgetary allocation for health, focusing on strengthening and expanding healthcare services, in line with the Government's vision of "*Healthy Haryana is the Foundation of a Developed Haryana*". The Government's initiative to establish one medical college per district was also highlighted, which has significantly increased the number of medical colleges in the State, advancing the Hon'ble Prime Minister's goal of strengthening human resources for health and enhancing their productivity across the State.

Reaffirming the State's commitment to bolstering the quality of healthcare services, Hon'ble Minister highlighted the progress made in NQAS certification for public health facilities, which has increased community trust in government facilities and ensured accessible and affordable healthcare for all. The State's sustained focus on mother and child health was reiterated, with efforts toward boosting institutional delivery and immunisation coverage, reducing mortality, establishing and strengthening MCH Wings across districts strongly emphasised.

The Hon'ble Chief Minister shared the State's remarkable progress in screening of beneficiaries, diagnostic testing, and ambulance and emergency response services, enabling timely diagnosis and treatment of patients. Significant improvements in the provision of CT, MRI, and Haemodialysis services in public healthcare facilities were highlighted, along with the establishment of Cardiac Care Units and Cath Labs. It was affirmed that comprehensive financial coverage of families under the Ayushman Bharat–PMJAY and CHIRAYU schemes has been ensured across the State.

For strengthening cancer care in the State, the Hon'ble Chief Minister highlighted that Day Care Cancer Centres have been established in every district, to ensure quality and accessible healthcare services for all, without added financial burden, along with strengthened referral services through the provision of free transport. He also stressed upon the importance of preventive, rather than curative care, and remarked that the State is continuously promoting wellness and sports activities. During his concluding remarks, Hon'ble Chief Minister once again extended a warm welcome to all distinguished and esteemed guests, expressing heartfelt gratitude for their presence and active participation in the 10th National Summit and urged the participants for engaging in fruitful knowledge exchange and dissemination of novel ideas, for building a healthier, stronger country, fulfilling the vision of a *Viksit Bharat*.

KEY LAUNCHES DURING THE INAUGURAL SESSION

Hon'ble, Union Health Minister, Health and Family Welfare Shri Jagat Prakash Nadda, launched Swasthya Bharat Portal and JANANI–RCH 2.0, along with key publications including the Compendium on Best Practices (10th National Summit of Good and Replicable Practices), the 17th Common Review Mission (CRM) Report, Integrated Training Modules for Primary Care Teams (MO/SN/CHO/ANM/ASHA), Rashtriya Bal Swasthya Karyakram (RBSK) 2.0, and the Guidance Document on Diabetes Mellitus in Children and Adolescents.

6. INAUGURAL ADDRESS, SHRI JAGAT PRAKASH NADDA, HON'BLE, UNION HEALTH MINISTER, HEALTH AND FAMILY WELFARE AND MINISTER OF CHEMICALS AND FERTILIZERS

The Hon'ble Union Health Minister during his inaugural address warmly thanked the Government of Haryana for hosting the summit and appreciated the Chief Minister's personal presence, reflecting the State's commitment to public health. He congratulated the Ministry of Health and Family Welfare and all officials on the launch of Swasth Bharat Portal, calling it a significant step toward easing the work of thousands of health professionals and frontline workers across the country.

The decade of progress made under Hon'ble Prime Minister Shri Narendra Modi's leadership was highlighted underscoring the transformative role of the National Health Policy 2017- a comprehensive, holistic shift from the earlier curative-only approach encompassing prevention, promotion, curative, palliative, rehabilitative, and geriatric care under a unified framework. The need for systematic, scientific follow-up in NCD screening for hypertension, diabetes, and three common cancers among those aged 30 and above was stressed upon through the network of Ayushman Arogya Mandir, and urged consolidation of quality outcomes through continuous auditing under the National Quality Assurance Standards framework.

The Hon'ble Union Minister commended the significant progress made in maternal and child health, noting marked improvements in institutional deliveries and substantial reductions in maternal and infant mortality. He further highlighted India's remarkable achievements in communicable disease control-noting that India's decline in tuberculosis incidence is well ahead of the global average, with treatment coverage surpassing the global benchmark, and that India accounts for a negligible share of global malaria cases despite being home to a significant share of the world's population. India's polio-free status, elimination of neonatal and maternal tetanus, and the final phase of achieving WHO certification for Kala-azar elimination were also applauded. Referring to the success of the 100-day TB campaign, he called for a similar mission-mode approach to be extended to other priority diseases.

Drawing the attention of participants towards key areas to be prioritised for course correction, the need-based planning was highlighted as an important driver for effective programme implementation. Recognising the commendable strengths in India's training modules, patient care, and last-mile delivery mechanisms, the Hon'ble Minister called for further strengthening of Programme Implementation Plans under NHM, emphasising that the district-specific and ground-level planning would ensure that allocated resources translate into timely and purposeful outcomes. All district and block-level health officials were encouraged to acquaint themselves thoroughly with NHM provisions so that PIPs truly reflect local realities. The vital role of elected public representatives as partners in health programme delivery was also emphasised, with a call for regular and meaningful engagement between health officials and public representatives at all levels.

He concluded by appreciating the collective achievements of all States/UTs, reiterating that while the budget is not a constraint, the focus must firmly shift to proper planning and timely utilisation of resources, and urged all health officials to channel their efforts toward achieving India's public health goals.

7. VOTE OF THANKS- SHRI R S DHILLON, MISSION DIRECTOR NHM, HARYANA

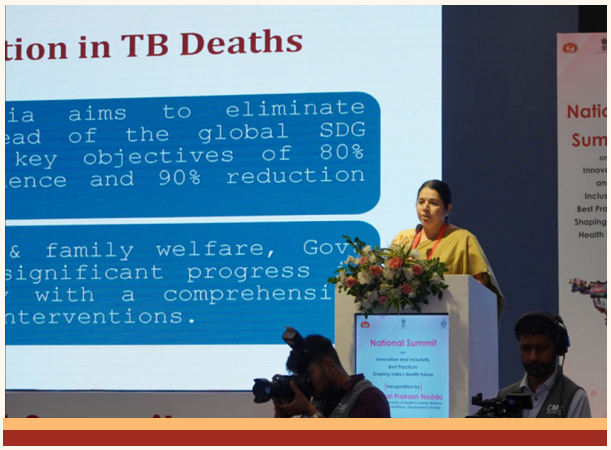
After the formal inauguration of the Summit, Mission Director, NHM Haryana, thanked all dignitaries for their presence. He expressed special gratitude to the Hon'ble Union Health & Family Welfare Minister for the inspiring address and leadership, and to the Hon'ble Chief Minister of Haryana for his continued support to public health reforms.

He acknowledged Secretaries, Mission Directors, and Senior Officials from States/UTs for their participation and contributions to collaborative learning. He noted that the initiatives launched mark an important step towards strengthening accessible and quality healthcare.

He concluded by thanking all Officers, Consultants, Organizing Teams, Hospitality Staff, and the District Administration for ensuring the smooth conduct of the event.

SESSION 2: BEST PRACTICES ORAL PRESENTATIONS

A. REDUCTION IN TB DEATH: GUJARAT



- The state implemented a robust TB Death Audit Review Mechanism along with a state-specific treatment and follow-up protocol, which included identification of vulnerable patients, comorbidity assessment, and structured follow-ups at the 15th day, 2nd month, 4th month, 6th month, and 3 months post-treatment completion. These interventions were further supported through trainings, referral systems, and monitoring dashboards.
- As part of these initiatives, a key innovation was the Arogya Samiksha Kendra, a centralized system operated by 100 trained tele-callers, counsellors, and paramedics. The centre was equipped with advanced call centre infrastructure, enabling continuous patient engagement, counselling, service monitoring, and coordination with health officials through video conferencing and digital click-to-call "hotline" facilities.

B. AMARAM: ALAPPUZHA MODEL OF ANTIBIOTIC RESISTANCE AWARENESS AND MITIGATION: KERALA

- AMARAM is a comprehensive initiative designed to address antimicrobial resistance (AMR) through rational use of antibiotics, interdepartmental collaboration, community empowerment, and sustainable strategies under the One Health approach.
- The initiative was implemented in two phases with a focus on strengthening stewardship and infection control mechanisms. During Phase I, 12 selected Local Self-Government Departments (LSGDs) operationalized hospital-based and community-based interventions in

collaboration with line departments to implement the One Health approach at the local level.

- Key activities included capacity building of healthcare providers (doctors, nurses, pharmacists) on antibiotic stewardship, establishment and strengthening of antimicrobial stewardship and Infection Prevention and Control (IPC) committees at facility and block levels, prescription audits, and AMR hotspot mapping.

C. COMPREHENSIVE MENTAL HEALTH CARE FRAMEWORK FOR HOMELESS PERSONS WITH MENTAL KALANGARAI: COMPREHENSIVE DE-ADDICTION AND REHABILITATION CENTRE (CDRC) - TAMIL NADU'S STRATEGY FOR ADDRESSING SUBSTANCE ABUSE & MANAM – STUDENTS MIND HEALTH SUPPORT FORUM: TAMIL NADU

- The initiative for care of Homeless Persons with Mental Illness focusses on a comprehensive care approach beginning with the rescue and acute care followed by intermediary, long term care and re-integration with family. Emergency Care and Recovery Centres (ECRCs) have been established to provide the services. To augment the initiative State is planning Livelihood opportunities/ skill development training with credit linkage provision to Homeless Persons with Mental Illness.

- Under KALANGARAI, Comprehensive De-addiction and Rehabilitation Centres (CDRC) have been established at MCHs & DHs, and SOP based free of cost treatment and rehabilitation services are provided for drug de-addiction.
- MANAM- Students Mind Health Support Forum is a Peer-led intervention model for improving mental health literacy and help seeking Behaviour among Medical and Allied health students at Government Medical Colleges to promote Mental Health and well- being.

D. CAPACITY BUILDING INITIATIVES- SUPPLY CHAIN MANAGEMENT AND SUCCESS STORY: JAMMU & KASHMIR

- A Supply Chain Management System (SCMS), including a team with members from NHM, JKMSCL and Directorates of Health Jammu & Kashmir focused on enhancing inter-departmental coordination and problem resolution for streamlining procurement.
- The DVDMS mobile app has been rolled out with cascaded training up to SHC level, and a dashboard for real-time data viewing has also been created.
- As a result of the active interventions, DVDMS utilization increased to 85% up to the SHC level, improved stakeholder coordination, removed duplicate demand and optimized procurement, and more than 3400 SCM professionals have been trained on the DVDMS mobile application, as well 100+ ToTs trained. The improved coordination resulted in a 44% reduction in cost of supplies and 47% reduction of quantity of drugs already procured under various NHM programs.

F. ADVANCING HEALTH SYSTEM RESILIENCE THROUGH CAREGIVER EDUCATION- THE HARYANA NCD CARE COMPANION PROGRAM (NCD-CCP) MODEL: HARYANA

- The state introduced the NCD Care Companion Program (NCD-CCP), which focused on transforming waiting time at health facilities into opportunities for patient education, awareness, and engagement.
- The initiative adopted a people-centric approach, “from awareness to action,” enabling people-to-people health transformation by strengthening the link between health facilities and households.
- The initiative ensured minimal financial burden while improving on-treatment adherence for diabetes and hypertension, thereby promoting sustained behaviour change and continuity of care beyond facility settings including reductions in preventable complications and hospital readmissions, improved medication adherence, and enhanced patient satisfaction.

G. COMPREHENSIVE GERIATRIC CARE UNDER URBAN HEALTH SYSTEMS: ODISHA

- The initiative implemented in urban Odisha aimed to address the growing elderly population, NCD burden, and limited access to integrated geriatric care, with a focus on providing comprehensive, elderly-friendly services through fixed-day camps at UPHCs and UAAM.
- Key interventions included dedicated geriatric care days (1st and 4th Saturdays), integrated service delivery (screening, treatment, physiotherapy, mental wellness), caregiver education, community outreach in parks and old-age homes, and digital continuity with ABHA and e-Sanjeevani.
- Under this initiative, 2,264 camps were conducted, covering 1,02,497 elderly beneficiaries, with 81,091 lab tests, 87,798 receiving free drugs, 15,053 accessing specialist OPDs, and 1,114 referrals to higher health facilities and 1575 (70+) received Ayushman Vayo Vandana Card at Geriatric camp.

H. MISSION UTTARAN - A BEACON OF HOPE FOR MATERNAL AND CHILD HEALTH IN TEA GARDEN AREAS OF CACHAR: ASSAM

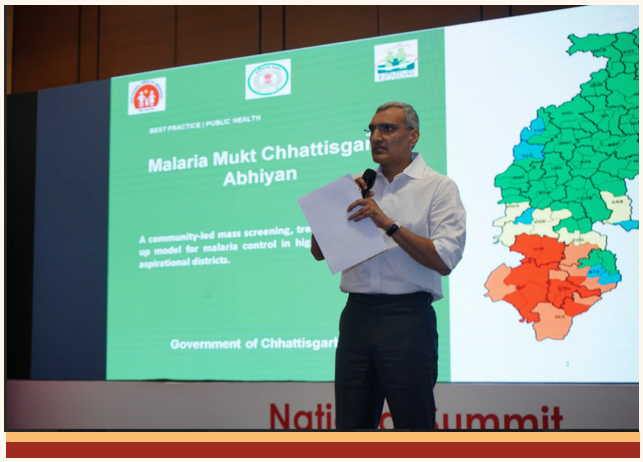
- Mission "Uttaran" adopted a community-based approach to address high maternal and infant mortality, severe anaemia, and deep-rooted cultural barriers among marginalized tea garden communities of Cachar.
- A nodal medical officer has been designated for each tea garden to serve as a single point of contact for healthcare coordination. Under a Public–Private Partnership (PPP) model, MoUs have been signed with 183 tea garden hospitals, supported by an annual grant of 10 lakh rupees and provision of free essential medicines under the Essential Medicines List (EML) through the State budget.
- Community mobilization was led by local Uttaran Groups comprising ASHAs, AWWs, SHG leaders, influential women, and Line Sardars of tea garden,

who tracked vulnerable households, conducted health camps, and promoted behavioural change.

- The combined initiatives led to a substantial 81% reduction in maternal deaths in Cachar's tea garden areas, declining from 11 deaths in FY 2021–2022 to just 2 in FY 2025–2026.

I. SUPPORT OF BIHAN IN FILARIA ELIMINATION PROGRAMME & MALARIA FREE CHHATTISGARH CAMPAIGN: CHHATTISGARH

a. MALARIA FREE CHHATTISGARH CAMPAIGN

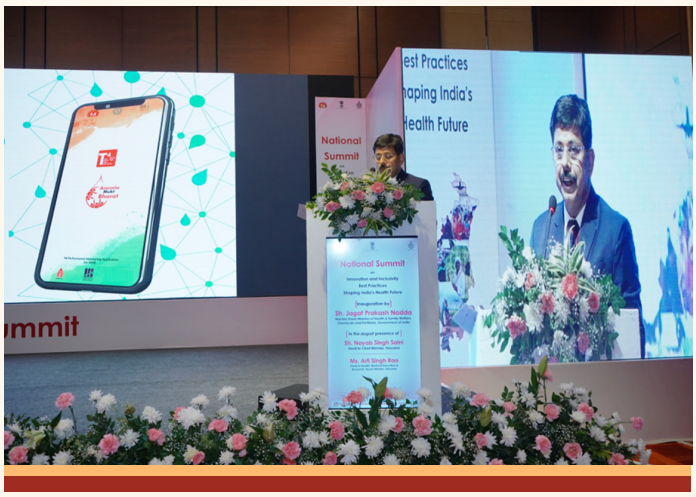


- The State launched the Malaria Mukt Chhattisgarh Abhiyan for proactive household screening, recognising asymptomatic carriers as a critical epidemiological blind spot in high-burden tribal areas.
- The campaign was anchored in the "T3 Engine" (Test, Treat, Track), enabling biannual mass screening using RDTs, immediate supervised treatment, and follow-ups on day 7 and 14, verified through empty blister pack checks.
- Grassroots mobilization formed the backbone of the intervention, with a workforce of 8,749-including ANMs, MPWs, CHOs, and Mitanins deployed to conduct door-to-door screenings, trace missed populations at weekly haat-bazaars, and undertake visible house markings, complemented by local-language folk media campaigns.

b. SUPPORT OF BIHAN IN FILARIA ELIMINATION PROGRAMME

- The state also collaborated with the BIHAN network, leveraging established SHG and Cluster Level Federation (CLF) platforms across 17 districts to address drug refusal and rebuild community trust in the Lymphatic Filariasis Elimination Programme.
- A robust, multi-tier capacity-building was implemented, orienting 212 CLFs and deploying trained Professional Resource Persons (PRPs) across 61 blocks to manage localized program delivery.
- SHG women were mobilized at the grassroots level to ensure drug intake within households and convert refusals in 3–4 neighboring homes.

J. BRIDGING DATA AND ACTION-THE AMB T$_4$ APP: JHARKHAND



- The AMB T-4 mobile application is a digital performance- based monitoring system for identification, tracking and monitoring of anemia cases, along with enabling community engagement.
- The app uses the T-4 framework: (i) Tracking of services and referrals, (ii) Test - real time recording of testing volumes and automated severity categorization, (iii) Treat - targeted medical intervention and real-time inventory management & (iv) Talk - IEC interventions, paired with SMS follow-ups.
- Strategic and phased rollout of the initiative included controlled field testing in Ranchi & Ramgarh, cascade capacity building through ToTs, training of frontline workers, integration with quarterly Anemia Mukt Jharkhand Saptah, and rollout across all 24 districts by means of Poshan - Pakhwada, PMSMA.

K. MATRUSNEH: MAHARASHTRA

- The initiative implemented in Nandurbar and Melghat aimed to address high rates of home deliveries, maternal and infant mortality among remote tribal populations, with key objectives to ensure100% institutional deliveries, intensified tracking of antenatal mother and neonate, and promoting safe delivery practices.

- Key interventions included Mission 42, involving 84 days of structured home visits (42 days before and after delivery), with ASHAs conducting alternate-day visits, ANMs every 7 days, and CHO/MOs every 15 days for monitoring and follow-up. Additional measures included strengthening referral transport, promotion of the Maher Ghar scheme, counselling sessions, and distribution of mother-baby kits.

L. SUMAN - SURAKSHIT MATRITVA AASHWASHAN: MADHYA PRADESH

- The State has established an Integrated Command and Control Centre (ICCC) under the SUMAN programme to institutionalise mechanisms for tracking Maternal, Neonatal and Child Health (MNCH) services delivered by providers and validating services received by beneficiaries.
- The conceptual framework integrates SUMAN ICCC and District Help Desks with the RCH Portal and MP ANMOL system to strengthen beneficiary tracking and service delivery. Beneficiary and provider information from the RCH Portal is shared with tele-callers for follow-up and gap identification. The State ICCC monitors high-risk cases, due services, and programme performance, while District Help Desks track missed services, referrals, and beneficiaries requiring attention.
- Post-intervention, the Still Birth Rate decreased to 1.94%, home deliveries reduced to 1%, and coverage of 4 ANC checkups improved to 98.2%.

M. 6-DAYS OBSERVERSHIP TRAINING OF NBSU STAFF NURSES AND MEDICAL OFFICERS AT DISTRICTS LEVEL SNCU & ENHANCING THE KNOWLEDGE AND SKILLS OF FAMILY PLANNING COUNSELLORS THROUGH CASE-BASED LEARNING - UTTAR PRADESH

a. STATE OBSERVERSHIP TRAINING FOR NBSU PROVIDERS

- The state introduced a structured Observership Training model for NBSU providers to strengthen newborn care services, expand functional NBSUs at CHC level, and reduce Neonatal Mortality Rate (NMR).
- District microplans linked FBNC-trained SNCU providers with NBSU Medical Officers and Staff Nurses who had completed 2.5-day classroom training, enabling structured one-week facility-based mentorship.

- At SNCUs, NBSU providers received hands-on mentoring in labour room management, newborn resuscitation, post-natal care, OPD services, and SNCU-based newborn management using logbooks, participant manuals, and OSCE checklists. The trainer–trainee relationship continued beyond the observership period, strengthening SNCU–NBSU referral coordination.

b. ENHANCING THE KNOWLEDGE AND SKILLS OF FAMILY PLANNING COUNSELLORS THROUGH CASE-BASED LEARNING

- The initiative covered all 217 Family Planning Counsellors across District Hospitals and CHCs through a state-wide digital peer-learning platform.
- A structured weekly learning model was implemented through WhatsApp groups, where the state shared real-life case studies based on counselling challenges faced by providers. Counsellors independently discussed solutions, followed by weekly state-led consolidation of standardised and correct responses to ensure a uniform counselling approach across the state.
- Key outcomes included stronger communication and client-handling skills, higher client satisfaction through empathetic and informed counselling, improved understanding of practical FP challenges, increased confidence across all FP methods, and more standardized counselling practices across districts, reducing variation in service quality.

POSTER GALLERY WALK

CENTRALISED PROCUREMENT SYSTEM IN ASSAM: A MODEL OF EFFICIENCY AND TRANSPARENCY IN STRENGTHENING SUPPLY CHAIN MANAGEMENT - ASSAM

The Centralised Procurement System is an initiative designed to eliminate frequent medicine stock-outs and delayed procurement cycles. It relies on a data-driven planning process using Drug and Vaccine Distribution Management System (DVDMS) consumption data and utilizes a transparent e-tendering process with 197 empaneled manufacturers under a three-year agreement. By enforcing NABL-certified quality testing, maintaining a six-month buffer stock, and ensuring direct supply to district warehouses, the state successfully achieved reduced stock-outs across its facilities.

DIGITIZATION OF HEALTH SERVICES THROUGH DVDMS ADOPTION - BIHAR

Bihar strengthened the Free Drug Service Initiative through the adoption of the DVDMS to improve medicine supply chain management and availability at health facilities. The initiative has enhanced transparency, streamlined inventory monitoring, and supported efficient drug distribution across the state.

"CHIRAYU DAY" (EVERY THURSDAY) UNDER RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK) - CHHATTISGARH

Chirayu Day enables early detection, free treatment, surgeries, intervention, follow-up care, and transportation support for children with health conditions. On Chirayu Day, the RBSK team takes identified children suffering from various diseases to Medical Colleges, District Hospitals and District Early Intervention Centres (DEICs) in an RBSK vehicle, where they are properly examined and treated by medical experts and dropped home after conservative or surgical management. The initiative has significantly reduced referral delays across health facilities and also decreased OOPE.

STRENGTHENING WOMEN'S MENTAL HEALTH THROUGH MENOPAUSE COUNSELLING - CHHATTISGARH

The State has established menopause counselling centres in urban health facilities (UPHCs/UCHCs), integrating mental health, yoga, diet, lifestyle counselling, clinical care, and community support. Trained psychologists, counsellors, dieticians, and healthcare workers provide specialised menopause management through dedicated training and capacity-building initiatives. The initiative has led to reductions in symptoms of anxiety, depression, and sleep disorders and also encouraging greater participation preventive care services including health screenings, thereby strengthening community trust in public health services.

FAST-TRACKING NI-KSHAY POSHAN YOJANA BENEFITS THROUGH CENTRALISED DBT PAYMENT SYSTEM & NUTRITIONAL COUNSELLING FOR TB PATIENTS THROUGH NUTRITION REHABILITATION CENTRE - CHATTISGARH

Chhattisgarh streamlined Ni-kshay Poshan Yojana benefit disbursement by implementing a centralized DBT approval mechanism integrated with PFMS, significantly reducing delays and clearing payment backlogs for TB Patients. The initiative also linked TB patients with Nutrition Rehabilitation Centres (NRCs) for locally tailored nutritional counselling to improve dietary practices and treatment outcomes.

PATH TOWARDS ZERO HOME DELIVERIES: ADDRESSING MARGINALIZED POPULATIONS DELHI'S INSTITUTIONAL BIRTH MOVEMENT – DELHI

Delhi identified persistent home deliveries among marginalized populations as a

critical concern and responded with a data-driven approach using HMIS analysis and ASHA-led verbal autopsies to pinpoint hotspots, followed by multipronged administrative and community-level interventions including Garbhini Parivar Sammelan and respectful maternity care workshops. This mission-mode initiative successfully achieved a substantial reduction in home deliveries across all eleven districts, progressively driving the shift towards universal institutional births in the capital.

EARLY DETECTION OF LUNG CANCER THROUGH AI-ENABLED CHEST X-RAY SCREENING - GOA

The initiative aims to improve early detection of lung cancer by integrating Artificial Intelligence (AI) with routine chest X-rays across 17 primary, secondary, and tertiary healthcare facilities. Recognizing that the traditional pathway from an initial X-ray to a confirmed diagnosis took an average of 90 days, the state implemented an optimized, AI-driven workflow. By utilizing AI to instantly flag suspicious nodules, enabling direct specialist referrals, and deploying dedicated Patient Navigators to guide patients, the program successfully reduced the overall time to diagnosis.

GOOD, REPLICABLE & INNOVATIVE PRACTICES (GRIP) SUMMIT – A PLATFORM FOR INNOVATION & BEST PRACTICES - GUJARAT

Gujarat initiated the GRIP State Summit through SHSRC Gujarat, to showcase healthcare innovations, promote knowledge exchange, and recognise outstanding practices through competitive evaluation. The selected best practices after multiple rounds of screening are evaluated by a jury, and the best practices receiving maximum marks are awarded the GRIP Award. Three good practices compendiums have been published (2023, 2024, 2025), serving as knowledge sharing platform for districts and the state.

SWASTHYA PARISHAD – DIALOGUES FOR HEALTHIER GUJARAT

The Swasthya Parishad initiative was launched as a structured, state-wide platform to institutionalize community participation in health planning, ensuring stakeholder engagement, interdepartmental convergence, and locally driven action planning for improved health outcomes. Through district and state-level consultations, the initiative generated actionable recommendations and implementation plans, strengthening governance, monitoring, and community ownership in health system reforms.

EQUIPPING FAMILY CAREGIVERS TO PROVIDE QUALITY CARE FOR ANTENATAL AND POSTNATAL MOTHERS AND THEIR INFANTS BY LEVERAGING EXISTING HEALTHCARE WORKFORCE - HIMACHAL PRADESH

Himachal Pradesh implemented the Care Companion Program to strengthen Maternal and Child Health by actively engaging family caregivers, particularly addressing low awareness in remote areas and bridging post-discharge care gaps. The methodology involved Training of Trainers (ToT), group sessions within facilities

utilizing visual education, two-way communication, and rigorous knowledge assessments. This initiative led to a notable increase in the detection of High-Risk Pregnancy (HRP) cases in the State.

STRENGTHENING HOME VISITS IN JHARKHAND (INTEGRATED HBNC & HBYC MODULE, JOINT VISITS INVOLVING AWWS AND VISIT WISE TRACKING OF EACH CHILD) - JHARKHAND

To address the challenge of poor outcomes from separate Home-Based Newborn Care (HBNC) and Home-Based Care for Young Child (HBYC) visits, Jharkhand introduced an Integrated Home Visit Module (IHVM). This innovation replaced three separate modules with a single, family-centric approach, mandating joint home visits by Sahiyas (ASHAs) and Anganwadi Workers to provide unified messaging on health, nutrition, and child development. By leveraging digital tracking through the Poshan Tracker and Sahiya App, the program enhanced real-time monitoring and follow-ups for vulnerable children, including those discharged from SNCUs and NRCs.

FORMATION & EMPOWERMENT OF MEDICAL BOARDS FOR LATE TERM ABORTIONS – KARNATAKA

Karnataka implemented the MTP Amendment Act, 2021 by establishing 35 Medical Boards, comprising gynaecologists, paediatricians, radiologists/sonologists, and anaesthetists, to review referrals for pregnancies beyond 24 weeks. Extensive training for 1,700 stakeholders, monthly monitoring, and technical support reduced court burdens and ensured quality care under specialist supervision.

ASHAKIRANA: A SPECTACLE OF HOPE - KARNATAKA

The initiative strengthens community-based eye care, referrals, and institutionalised services at secondary and tertiary hospitals. ASHAs are provided with Visual Acuity Screening Kit for comprehensive screening at the household level. Additionally, 393 Drishti Kendras have also been established in the State, for long-term, sustainable, community-level eye health services. Cataract cases and those requiring specialized treatments are referred to government hospitals and NGOs, while free spectacle distribution is digitally tracked to ensure transparency, accountability, and efficient service delivery.

LEARNING MANAGEMENT SYSTEM & KERALA HEALTH ONLINE TRAINING - KERALA

NHM Kerala's State Training Division established an integrated digital learning ecosystem through a Moodle-based Learning Management System (LMS) and Kerala Health Online Training YouTube Channel. The digital platforms enable structured, self-paced training, assessments, certification, and real-time monitoring, while the multilingual open-access YouTube channel disseminates training modules, expert sessions, and public health awareness content widely.

KERALA CARE: DIGITAL PLATFORM FOR PALLIATIVE CARE - KERALA

The Kerala Care initiative was implemented as a comprehensive, multi-departmental digital platform to strengthen coordination, real-time monitoring, and continuity of care for palliative and homebound patients through a structured web-based system. By enabling role-based access, public dashboards, and large-scale facility integration, the initiative improved service delivery, data-driven decision-making, and transparency across the care ecosystem.

USE OF DECISION SUPPORT SYSTEM FOR ASSESSMENT AND TREATMENT OF UNDER - FIVE CHILDREN – MADHYA PRADESH

Madhya Pradesh developed and implemented a Decision Support System (DSS) to strengthen assessment, classification, and treatment of under-five children by CHOs and ANMs. The initiative supports timely identification of high-risk conditions, improves clinical decision-making, and enhances quality of child health service delivery under NHM.

ADDRESSING OBESITY IN ADOLESCENTS AND YOUTH - MADHYA PRADESH

The initiative was implemented to address rising adolescent obesity through early identification, counselling, and promotion of healthy lifestyle practices in schools and communities. It aims to build a strong foundation for a healthier generation by strengthening awareness, behaviour change, and preventive health interventions.

LEVERAGING PANCHAYATI RAJ DEPARTMENT PLATFORM FOR STRENGTHENING THE SERVICES AT AYUSHMAN AROGYA MANDIR THROUGH INTERDEPARTMENTAL CONVERGENCE - MADHYA PRADESH

In Madhya Pradesh, the Health and Panchayati Raj Departments collaborated through Gram Sabhas to strengthen community engagement in healthcare. Organised on important national days like Gandhi Jayanti, Women's Day etc., these meetings discussed key health services, schemes, screenings, and health camps. The initiative witnessed participation from more than 9,000 CHOs, with Special Gram Sabhas conducted in 18,391 Gram Panchayats across 52 districts. The initiative improved awareness, increased footfall at Ayushman Arogya Mandirs, strengthened Jan Arogya Samitis, and enhanced community trust in local public health facilities.

BEST PRACTICES UNDER NATIONAL SICKLE CELL ANAEMIA ELIMINATION MISSION (NSCAEM): MADHYA PRADESH

Madhya Pradesh launched a comprehensive initiative under the National Sickle Cell Anemia Elimination Mission – 2047 to tackle the high prevalence of Sickle Cell Anemia in its 89 Tribal Blocks and PMJANMAN districts. Overcoming challenges like difficult terrain and low community awareness, the state implemented a robust strategy featuring agile point-of-care screening via Mobile Medical Units, genetic and prenatal counseling, and the unique community-driven "Sickle Mitra" support system. This continuum of care ensures patients receive free medicines (Hydroxyurea, Folic Acid) at the sub-health center level, pneumococcal vaccinations, free NAT-tested blood transfusions, telemedicine access, and a monthly pension of 600 rupees alongside disability certificates.

AROGYA KI OOR: TRIBAL IMMUNISATION CAMPAIGN – MADHYA PRADESH

To address persistent immunization inequities in tribal and hard-to-reach villages of Betul district, Madhya Pradesh implemented a community-driven outreach model integrating SHGs, tribal volunteers, and interdepartmental convergence. The initiative strengthened identification, tracking, counselling, and last-mile service delivery, leading to improved immunization coverage and reduction in left-out and dropout children.

CUSTOMISATION OF OXYGEN CONCENTRATOR IN AMBULANCE - MAHARASHTRA

The State implemented an innovative Oxygen Concentrator (OC) customization initiative for its 102 ambulances to address the critical challenge of empty or missing oxygen cylinders during long 100-200 km emergency transfers in the remote and tribal areas of Gadchiroli. Utilizing district fund budget, a compact, high-efficiency oxygen concentrator is integrated into the ambulance and powered by a separate inverter. Additionally, ambulance drivers are trained on operating, maintenance, and troubleshooting of the customized oxygen concentrators.

MOBILIZING COMMUNITY STRUCTURES FOR URBAN HEALTH: PARTNERING WITH RESIDENT WELFARE ASSOCIATIONS (RWA) IN ODISHA, INDIA AND COMMUNITY-BASED SURVEILLANCE (CBS) MODEL IN URBAN ODISHA: A DIGITAL, COMMUNITY-DRIVEN APPROACH FOR EARLY DETECTION OF PUBLIC HEALTH EVENTS - ODISHA

Odisha implemented a dual-pronged, community-driven urban health initiative in response to rising health burdens, delayed outbreak detection, and low public healthcare utilization in non-slum areas. On one front, the program engages Resident Welfare Associations (RWAs) to act as a vital bridge between residents and the health system, organizing localized health camps, immunization sessions, and cleanliness drives. Simultaneously, Odisha introduced a Community-Based Digital Surveillance (CBS) Model that empowers local groups, including MAS, JAS, and RWAs, to report key disease symptoms via mobile apps and QR codes. By integrating this data into real-time dashboards for rapid response, these combined efforts have successfully built trust in public facilities, lowered out-of-pocket healthcare costs, and created a robust first line of defense for early disease detection and containment across urban Odisha.

STRENGTHENING COMMUNITY WELLNESS THROUGH STRUCTURED CAREGIVER EDUCATION: ENHANCING WELLNESS ACTIVITIES AT AYUSHMAN AROGYA KENDRAS (AAKs) - PUNJAB

The initiative is designed to strengthen community health by empowering families through structured caregiver education. The program addresses the health literacy gap by integrating simple, standardized behavior-change tools into routine wellness sessions conducted by Community Health Officers (CHOs). These sessions are reinforced digitally via the MCCP platform, which provides WhatsApp-based nudges and remote query support for continuity of care.

LEVERAGING GEOSPATIAL MAPPING BASED ACTIVE CASE FINDING FOR EARLY TB DIAGNOSIS IN A HILLY INDIAN STATE - SIKKIM

Between April 2023 and September 2024, Sikkim implemented a geospatial TB mapping intervention across five districts using Ni-kshay data from 3,944 notified patients. Heat maps generated through digital platforms identified TB hotspots and guided Active Case Finding activities. Existing NTEP staff conducted implementation, strengthened by regular virtual capacity-building sessions.

INTEGRATED ESSENTIAL LABORATORY SERVICES (IELS) - HUB AND SPOKE MODEL FOR SAMPLE TRANSPORTATION - TAMIL NADU

Tamil Nadu's IELS model strengthens diagnostic services at public health facilities through "Hub & Spoke" laboratory networks. The model uses colour-coded sample

transport system and digital monitoring platforms including DDMS & LIMS, and a real-time tracking dashboard, to improve diagnostic efficiency, accountability, and turnaround time. The innovation primarily benefits rural and semi-urban populations accessing public health facilities across Tamil Nadu, with a focus on underserved and remote communities, pregnant women, elderly individuals, and patients requiring regular monitoring for chronic diseases.

DIFFERENTIATED TB CARE - TNKET (TAMIL NADU KASANOI ERAPPILA THITTAM) - TAMIL NADU

The initiative focuses on early identification and prioritised management of high-risk TB patients to reduce mortality. Under this model, drug-sensitive TB patients aged ≥15 years are triaged at diagnosis by NTEP staff using TB SeWA (Severe TB Web Application). The platform classifies severity through five clinical indicators and predicts mortality risk. Triage-positive patients, accounting for 70–80% of early TB deaths, show 10–50% risk, while triage-negative patients show 1–4% risk. TB SeWA enables real-time risk assessment, timely interventions, resource prioritisation, treatment planning, and strengthened district-level TB care management. The intervention has shown significant decline in early TB deaths and overall TB mortality in the State.

WAR ROOM FOR SAFE MOTHERHOOD - AN INNOVATION TO REDUCE PREVENTABLE DEATHS – TAMIL NADU

Tamil Nadu established a dedicated Maternal Health War Room with a centralised command centre and call centre to enable real-time surveillance and coordinated care for high-risk pregnancies across government and private facilities. This initiative drove a significant reduction in the state's Maternal Mortality Ratio, outperforming the national average, through systematic birth planning, digital monitoring, and a structured escalation chain ensuring timely resolution of all red-flagged cases

URBAN ACTION PLAN (UAP) FOR THE PREVENTION AND CONTROL OF DENGUE CASES IN URBAN AREAS - TELANGANA

In Adilabad, 49 municipal wards were organised into six interdepartmental teams, comprising personnel from the department of Health, Municipal Corporation, ICDS and MEPMA for coordinated dengue control activities. Joint field visits are conducted thrice weekly including fever surveillance, outbreak response, sanitation, fogging, mosquito breeding control, waste management, community awareness, SHG mobilisation, behaviour change communication and facilitating healthcare access for suspected dengue cases. The intervention led to improved early detection, increased awareness among the public, and better sanitation, with a notable decline in dengue cases in 2025 compared to 2024.

MUKHYAMANTRI SUSTHO SHAISHOB SUSTHO KAISHORE ABHIYAAN (MSSSKA) - TRIPURA

The Mukhyamantri Sustho Shaishab Sustho Kaishore Abhiyan (MSSSKA) is an initiative to address the disruption of essential services for children and adolescents (ages 0–19) following the COVID-19 pandemic. To tackle critical issues like anemia, malnutrition, and fragmented healthcare access, the program successfully united multiple government departments to deliver preventive and promotive care directly to communities. By equipping frontline workers to provide doorstep counseling and ensuring a steady, timely supply of critical resources like Iron Folic Acid, Vitamin A, and deworming tablets, the campaign reached an impressive 98% of the state's adolescents.

YOU QUOTE, WE PAY: THE REVERSE BIDDING APPROACH - UTTAR PRADESH

To address specialist shortages, Uttar Pradesh introduced a Reverse Bidding Model under NHM for contractual specialist recruitment. Doctors bid preferred monthly remuneration within a renumeration range of Rs. 70,000 Rs. - 5,00,000 per month, with selections based on the lowest bids through a reverse auction system. The process for recruitment includes registration, verification, facility preference mapping, and systematic allocation, ensuring optimal staffing and uninterrupted specialist service delivery across government health facilities.

IMPLEMENTATION OF DIAGNOSTIC NETWORK OPTIMIZATION FOR TB ELIMINATION IN UTTAR PRADESH – UTTAR PRADESH

Uttar Pradesh implemented a Diagnostic Network Optimisation (DNO) approach to strengthen NAAT-based TB diagnosis through geolocation mapping, capacity assessment, and enhanced sample transportation systems. The initiative improved accessibility, increased utilization of molecular diagnostics, and strengthened early TB detection under the National TB Elimination Programme.

KISHOR SWASTHYA MANCH: EMPOWERING ADOLESCENTS FOR A HEALTHY FUTURE - UTTAR PRADESH

The Kishor Swasthya Manch (KSM) is a statewide, school-based initiative designed to address critical adolescent health challenges such as a high burden of anemia, poor nutrition, and early marriage. Through the initiative, the state united the health, education, and women and child development departments to organize annual, interactive health events directly within high schools and inter-colleges across all 75 districts. At these events, students receive comprehensive care, including routine health check-ups, hemoglobin testing, nutritional counseling, and the distribution of iron-folic acid tablets and sanitary napkins.

SESSION 3: PRESENTATION ON NEW INITIATIVES FOR NHM

A. INTEGRATED TRAINING FOR THE PRIMARY HEALTHCARE TEAM AT AAM

Dr Anuradha Jain, Advisor CP-CPHC, NHSRC highlighted the shift towards an integrated training approach with a single comprehensive training module for all cadres (Medical Officers, Staff Nurses, Community Health Officers, ANMs, ASHAs) of healthcare workforce at the level of AAM, covering all (12) packages of CPHC services.

It was emphasised that the integrated training has been designed to simplify and streamline capacity-building efforts, replacing the need for separate trainings. The module is based on a framework of defined roles, activities, and competencies, with a focus not only on clinical, public health, and administrative skills, but also on

digital health and soft skills. This reform would enhance the capacity of Primary Care team, thus improving the overall service delivery at AAM.

B. REVISION OF IPHS ESSENTIAL MEDICINES LIST (EML), INTEGRATION OF LAQSHYA AND MUSQAN UNDER NQAS

Dr R.K. Pathni, Advisor QPS, NHSRC, shared newer reforms like revised list of Essential Medicines List (EML) under the Free Drugs Service Initiative (FDSI), and Integration of LaQshya and MusQan under NQAS.

EML has been revised to strengthen access to quality-assured essential medicines in public healthcare facilities, reduce out-of-pocket expenditure (OOPE), and support Universal Health Coverage. Key revisions include categorisation into essential and desirable medicines, strengthening uniformity across primary and secondary healthcare facilities, and inclusion of newer evidence-based medicines.

Another key reform is the Integration of LaQshya and MusQan under the National Quality Assurance Standards (NQAS) framework to strengthen the quality of care in public healthcare facilities through a unified quality assurance system included reducing multiple assessments and duplication, optimising resources, simplifying compliance and certification processes, and transitioning from vertical programmes to an integrated quality system.

C. RBSK 2.0/GUIDANCE DOCUMENT ON DIABETES MELLITUS IN CHILDREN AND ADOLESCENTS

Dr Shobhana Gupta, Deputy Commissioner, Child Health, MoHFW outlined the key features of the newly launched Rashtriya Bal Swasthya Karyakram (RBSK 2.0) and the guidance document on diabetes mellitus in children and adolescents.

The RBSK 2.0 Guidelines mark an important progression from the 2013 framework, reinforcing and expanding the 4Ds approach—Defects

at Birth, Diseases, Deficiencies, and Developmental Delays. The updated guidelines are designed to address evolving child health needs, including emerging conditions and non-communicable diseases among children.

The Guidance Document on Diabetes Mellitus in Children provides, for the first time, a structured and standardized framework for States and UTs to strengthen screening, diagnosis, referral, and lifelong management of childhood diabetes. Childhood diabetes is now integrated under the "Diseases" component of RBSK, with Mobile Health Teams supporting early detection and NCD Clinics ensuring continued care.

D. SWASTH BHARAT PORTAL

Dr Ranjan Chaudhary, Advisor-HCT, NHSRC outlined the key features of the newly launched Swasth Bharat Portal, an integrated digital platform developed by MoHFW to strengthen data-driven governance, convergence, and real-time monitoring across health programs. The portal has been designed as a unified interface to integrate multiple health information systems, enabling streamlined access, improved interoperability, and informed decision-making. It consolidates data from various national programs into a single dashboard, facilitating real-time tracking of key indicators and service delivery outcomes, supported through its features like role-based access, user-friendly dashboards, and data visualization tools.

E. JANANI PORTAL

Shri Rakesh Maurya, DDG, Stats, Ministry of Health and Family Welfare presented the key features of newly launched JANANI (Journey of Antenatal, Natal and Neonatal Integrated Care) portal. He highlighted it as a national model for digital transformation in RMNCAH+N services, conceptualized as a unified, and interoperable platform

that integrates multiple health programmes to enable comprehensive and real-time tracking of beneficiaries across the reproductive and child health lifecycle, aligned with national priorities and SDG goals.

JANANI consolidates fragmented systems into a digital-first, paperless platform, enabling real-time tracking of services from pre-pregnancy to early childhood. It leverages ABDM components such as ABHA-linked beneficiary registration, Health Facility and Provider Registries, and biometric authentication to ensure data accuracy, portability, and continuity of care across geographies.

DAY 2

17TH COMMON REVIEW MISSION- STATE PRESENTATIONS

The team leaders from each State visited during the CRM presented their findings before the Union Secretary, Health and Family Welfare; Additional Secretary and Mission Director (NHM); Joint Secretary (Policy); and the respective State Secretaries and Mission Directors (NHM). Each presentation was followed by a structured discussion, providing an opportunity for detailed deliberations and responses from the State officials.

A. NAGALAND

- Dr Sushil Kumar Vimal, Deputy Commissioner, NUHM, MoHFW while appreciating the communitisation practices highlighted the engagement of village heads, Gaon Buras (GBs), town councillors, and community volunteers in the delivery of primary healthcare services, with proactive involvement of in supporting health activities at the grassroots level. Gaps in infrastructure including Ayushman Arogya Mandir (AAM) branding and shortages in human resources was observed in the visited health facilities.
- In response to the observations, the State representative acknowledged the HRH related concerns and noted that efforts are underway to address these gaps. To further strengthen public health infrastructure, the State is also undertaking infrastructure strengthening initiatives under the Vibrant Villages Programme.

B. PUNJAB

- Dr Ashish B Chakraborty, Deputy Commissioner, Immunization, MoHFW highlighted that the dedication of healthcare staff and the recognition and appreciation received from the community emerged as key strengths of the health system. Progress was noted in infrastructure strengthening under PM-ABHIM however work completion was pending.

Gaps were reported in co-location of Aam Aadmi Clinics and Ayushman Arogya Kendras (AAKs), capacity building of human resources and delivery of expanded packages of services at AAKs

- In response to CRM observations, the state representative highlighted that rationalization of staff at co-located AAKs is being undertaken while construction work for CCBs and IPHLs is currently underway and expected to be completed soon. Additionally, Community Health Officers (CHOs) and Auxiliary Nurse Midwives (ANMs) are being trained in expanded packages of services, and the state is also planning to operationalize polyclinics to strengthen comprehensive primary healthcare delivery.

C. ANDHRA PRADESH

- Dr Zoya Ali Rizvi, Deputy Commissioner, Nutrition & AH, MoHFW highlighted several strengths of the visited facilities, such as good overall availability of human resources, effective primary care delivery through the AAMs, and strong community awareness regarding primary healthcare services. Key gaps identified included suboptimal postpartum family planning uptake and specialist shortage in rural and tribal areas.
- In response to the findings, the State sought support for integrated physical and digital training supported by interoperable digital platforms with open API architecture.

D. MAHARASHTRA

- Ms. Mona Gupta, Advisor HRH-HPIP, NHSRC highlighted several commendable practices in the State, such as Boat Ambulance. Areas highlighted for improvement included tracking of High-Risk Pregnancies (HRP), progress towards NQAS certification, ensuring consistency in filling of registers, addressing shortage of

specialists, timely disbursement of salaries, clearance of pending TDS and EPF payments.

- The State representative welcomed the feedback and informed that leprosy has been announced as a notifiable disease in the state. The state is planning for separate HR for the boat ambulance to function as a separate facility and all identified gaps have been noted for expedited redressal.

E. UTTARAKHAND

- Dr Neha Dumka, Advisor KMD, NHSRC highlighted the public's strong reliance on and utilisation of the public health system, with well-coordinated teams at SHC-AAM level and highly active community platforms such as PLA and 'Mahila Mangal Dals'. Challenges identified included gaps in infrastructure and IPHS compliance, geographical challenges, HRH shortage & retention issues.
- The State representative responded that the identified issues are being actively addressed, with a particular focus on resolving human resource shortages, which remain a prevalent challenge. Recruitment to improve workforce availability was currently underway, but they acknowledged the requirement of strict policy action for its retention. State also informed that their EDL list is being revised and efforts to ensure drugs availability were underway. underway.

F. MEGHALAYA

- Dr Rajiv K Pathni, Advisor QPS, NHSRC highlighted several robust practices in the State, such as Rescue Mission-Birth Waiting Homes, Chief Minister's Safe Motherhood Scheme (CMSMS), ASHA first APP, solarisation of health facilities, Megha Health Insurance scheme etc. Areas highlighted for improvement included rolling out all 12 CPHC packages, accelerating NQAS certifications, ensuring the availability of essential

medicines and diagnostics, providing dedicated internet connectivity at facilities, aligning staffing with IPHS 2022 norms.

- The State representative welcomed the feedback and informed that all identified gaps by the CRM team have been noted for expedited redressal.

G. MADHYA PRADESH

- Dr Govind K Bansal, Director RCH, MoHFW highlighted strengths including dedicated and trained human resources, regular health and wellness activities, 24×7 functional NRCs, adequate drug availability, and adherence to quality and BMW protocols. Some of the identified challenges included lack of disabled-friendly infrastructure, shortage of specialists, gaps in understanding of service packages among healthcare staff, dialysis staff shortages, lack of structured community health action plans.
- The state representative informed that state has initiated actions to strengthen digital tracking, integration of HBNC and NRC services, improve procurement and supply chain management.

H. TAMIL NADU

- Dr. Indu Grewal, Additional Commissioner, FP, MoHFW highlighted a strong public health system with good maternal and child health outcomes, robust governance mechanisms, advanced digital platforms, and efficient supply chain management systems. The review also identified gaps including weak referral linkages, inconsistencies in follow-up and patient tracking systems, and underutilization of AAM-PHCs for institutional deliveries, high prevalence of low-birth-weight cases in vulnerable areas.
- Responding to the findings, the State representative highlighted the close monitoring of the referral linkages and continuity of care. Performance-Based

Incentives (PBI) are being provided to ASHAs to enhance community-level engagement and service delivery. To address the burden of low birth weight (LBW) cases, dieticians have been deployed at secondary-level camps to support nutritional counselling and management. The State further assured all identified gaps highlighted during the CRM visit would be addressed in a phased manner.

I. ASSAM

- Dr K Madan Gopal, Advisor PHA, NHSRC emphasized several successful initiatives taking place in the state, including well-established infrastructure, effective frontline worker deployment with strong community trust, a reliable 108 referral transport system, widespread availability of essential drugs and diagnostics. Areas highlighted for improvement included full operationalization of PM-ABHIM and XV-FC assets, addressing specialist shortages in remote areas, ensuring full rollout of the 12 EPS, and strengthening community awareness and targeted outreach to prevent marginalized populations from being left behind.
- The State representative informed that efforts are underway to bridge HRH gaps through recent specialist recruitments, alongside active measures to improve facility compliance with IPHS and NQAS standards.

J. ODISHA

- Dr Ashima Bhatnagar, Deputy Secretary, NUHM, MoHFW highlighted that all 12 packages of Comprehensive Primary Health Care (CPHC) were being delivered across the AAMs, with drugs and diagnostic services available as per IPHS norms in most of the facilities visited. Some of the gaps included multiple vacancies of specialists and paramedical staff at the CHC and DH levels, affecting service delivery.
- In response to the observations, the state representative informed that a State

Review Mission (SRM) has been initiated following the Common Review Mission (CRM) visit to strengthen the monitoring system. The state also highlighted that the availability of specialists remains a challenge, as many postgraduate students are reluctant to rejoin the public health system. To address human resource gaps, recruitment processes are currently underway.

K. RAJASTHAN

- Dr. Ranjan Chaudhary, Advisor-HCT, NHSRC highlighted strong secondary care services and active community participation, with several innovative initiatives in maternal health, vector control, digital health surveys, and TB-free gram panchayats. Key gaps observed during the visit included vacancies of CHOs, specialists, staff nurses, and laboratory technicians, along with delays in rollout of the 12 CP-CPHC expanded service packages. High c-section rate was also identified as a key concern.
- The State representative responded that the delayed rollout of the 12 CP-CPHC packages was attributed to pending CHO recruitments, which are expected to be completed shortly, following which implementation would be expedited. The State also highlighted that the HR policy is being strengthened to ensure rational deployment of healthcare personnel. Additionally, efforts would be accelerated to reduce C-section rate.

L. SIKKIM

- Dr Indranil Das, Director PC&PNDT, MoHFW highlighted strong institutional delivery and immunization coverage despite difficult terrain, supported by active frontline workers and robust community engagement. Mobile Health Vans, functional dialysis services under PMNDP, physiotherapy units, were recognized as notable strengths improving healthcare access in remote areas. Identified challenges included shortage of specialists and doctors, referral dependency for advanced diagnostics

and increasing mental health concerns including suicide cases were observed.

- The State representative informed that a Pediatrician would soon be posted at Mangan District Hospital and maternity services are expected to become functional soon. The State also highlighted the ongoing Suicide Prevention Action Network (SPAN) programme to address the suicide issue.

M. KERALA

- Dr Shobhna Gupta, Deputy Commissioner and In-charge Child Health & RBSK, MoHFW highlighted strengths including accessible and disabled-friendly facilities, and delivery of quality health services including cancer screening in camp mode, strong community outreach, and free dialysis services up to CHC level. Some of the identified challenges included vacancies of specialists and staff nurses in rural areas, and non-availability of ultrasound services due to lack of radiologists. Fragmented referral pathways and high documentation burden due to multiple portals were also noted.
- Responding to the findings, the State representative informed that efforts are being undertaken to address these gaps, including streamlining multiple portals and strengthening processes towards NQAS certification.

N. UTTAR PRADESH

- Dr Raghuram Rao, Assistant Director General (TB), MoHFW highlighted several best practices, including motivated human resources improving service delivery, implementation of innovative quality improvement mechanisms, and functional ALS ambulance services with rapid response times. Some areas of redressal identified included overburdening of District Hospitals with underutilisation of CHCs and limited FRU operationalization due to HR shortages, alongside significant vacancies and capacity gaps.

- The State representative informed that the state has initiated the process of HR rationalisation and further strengthening their focus on NQAS certifications. Also, recommendations put forward by the CRM team were acknowledged for further actions.

O. CHHATTISGARH

- Dr Padmini Kashyap, Deputy Commissioner, MoHFW commended the robust public health systems in the State, and good practices including Siyan Jatan clinics & Mitanin help desks. Challenges identified included shortage of specialists and retention of staff, suboptimal utilization of mental health services, inappropriate use of antibiotics, lack of fire safety audit of drug warehouse, sustaining quality after NQAS certification and gaps in data reporting and consistency.
- The representative from the State acknowledged the findings and shared that all challenges identified in the CRM will be addressed including recruitments to fulfill HR gaps; weekly review of maternal & child health to strengthen death surveillance.

P. TELANGANA

- Dr Anuradha Medoju, RoHFW Hyderabad *(Dy. TL)* highlighted several best practices, including the operationalization of Arogya Mahila Clinics and the Telangana Diagnostics Hub, along with strong community-level convergence between ASHAs, ANMs, and AWWs. Challenges such as gaps in infrastructure and critical care services, such as non-functional equipment, absence of HDUs, and lack of blood storage units, along with interconnectivity issues affecting data systems were reported. Human resource shortages, inadequate training, and delays in salaries were also observed.

- The State representative responded that they are actively working on the recommendations provided during the CRM debriefing and are making efforts to address the identified gaps and challenges.

Q. BIHAR (VIRTUAL MODE)

- The representative from the CRM team for Bihar Dr. Santosh Kumar highlighted key strengths across the visited facilities, including well-established biomedical waste management systems and high immunization coverage, along with a functional e-VIN cold chain. Challenges and gaps were identified with specialist vacancies, incomplete follow-up of high-risk pregnancies, underutilization of IT portals, low IPHS compliance across facilities.
- The State representative acknowledged the findings, and shared status of progress regarding recruitment of HRH, infrastructure strengthening, and gap-filling for critical areas.

WAY FORWARD & CONCLUDING REMARKS

Ms. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW

Ms. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW, congratulated all States/UTs for their participation and emphasized continued engagement in sharing and scaling-up best practices through coordination with the Ministry. The following key directions were outlined as the way forward:

Strengthening submission and scaling-up of Best Practices:

States were encouraged to identify and submit high-quality best practices through the established process. It was emphasized that effective good practices observed during field visits are often not properly documented when submitted to the portal. States were advised to ensure due diligence while submitting practices at the level of Secretaries and Mission Directors, given the structured process of shortlisting, scrutiny, and approval is well defined at MoHFW level.

Follow-up on CRM findings and strengthening review mechanisms:
States were advised to ensure follow-up on CRM findings. While short term actions have largely been addressed, states now should focus on addressing mid- and long-term recommendations. Institutionalization of SRMs and structured pre-NPCC and NPCC discussions to address CRM observations was also emphasized upon.

Alignment with SDG and disease elimination targets:
States were directed to align their programmes and targeted interventions with SDGs and disease elimination targets, with emphasis on State-level progress driving national outcomes. Hence, coordinated efforts across all regions were highlighted to enable MoHFW's action targeting timely achievement of SDG goals, and thus Universal Health Coverage.

Strengthening digital health systems and portal integration:
Emphasizing on the Swasth Bharat Portal, the objective of National aggregator was explained to all States/UTs, reiterating the need towards adapting common IT-based platforms. States were advised to strengthen integration of State and national portals, ensure ABDM compliance, and update systems for interoperability, with

technical support from NHSRC.

Ensuring beneficiary-centric service delivery through digital platforms:
States were advised to prioritize seamless service delivery while implementing digital solutions such as ABHA ID tracking and biometric authentication. It was emphasized that beneficiaries should not be denied services due to technical or portal-related issues. Offline provisions must be effectively utilized to ensure uninterrupted access to healthcare services, particularly for vulnerable populations.

Enhancing capacity building through integrated training models:
Reiterating the need of enhanced skills of healthcare workforce, States/UTs were encouraged to adopt Integrated Training approach and plan phased implementation, targeting training of adequate personnel during the year, with flexibility for parallel sessions and batch-wise rollout across institutions and field-level teams.

Rationalization of IEC strategies:
Uniform IEC was highlighted as key area of priorities to be strengthened across States/UTs. States were advised to adopt need-based and context-specific IEC strategies and avoid generalized approaches across programmes, tailoring activities based on rural and urban needs, utilizing appropriate platforms such as social media, traditional media, and community engagement methods like nukkad nataks.

Rollout of new guidelines and programme frameworks:
For the newly released guidelines and framework by MoHFW, States/UTs were advised to adapt the same with state specific context and ensure timely implementation of programmes aligned with the National and State-level health priorities.

Focused approach towards RCH outcomes and Anaemia Mukt Bharat 2.0: States were advised to focus on RCH indicators, prioritizing high risk pregnancies and other upcoming programme strategies, with targeted attention to high-focus areas. Anaemia Mukt Bharat 2.0 is also being planned and was highlighted as another priority area for all States/UTs to focus on.

Addressing gaps in bio-medical waste management:
Bio-medical waste management related challenges were identified as an emerging area both during the field interactions as well as Common Review Mission and aligned with the National priorities, States/UTs were advised to strengthen bio-medical waste management. MoHFW would now be looking into more solution-oriented approach towards the key challenges identified for bio-medical waste management and States/UTs were also advised to come up with their localized solutions as well as strategies as relevant in state-specific context.

Strengthening service delivery at CHCs:
With MoHFW's newer reform for strengthening of all CHCs to upgrade them and make them functional as first-referral unit, States/UTs were encouraged to strengthen the healthcare facilities in alignment with the expanded range of services with improved linkages within the health system. The emphasis is to be provided on improving specialist availability including physiotherapy services and integration with Ayushman Arogya Mandir in respective catchment areas to reduce unnecessary referrals and improve continuum of care.

Effective Programme Implementation:
The States due for the NPCC were urged to expedite the processes for timely action. It was emphasized that implementation of ongoing and new interventions should not be delayed due to pending approvals, except where detailed scrutiny has to be advised. The States were also encouraged to integrate the programme implementation with the intersectoral convergence, where relevant for effective implementation.

Improving financial management and addressing SNA-SPARSH challenges:
The successful implementation of SNA-SPARSH with full expenditure utilization was acknowledged. States were requested to document and report challenges related to SNA-SPARSH implementation for resolution in coordination with the Department of Expenditure (DoE). Strengthening financial processes remains a priority area.

Ensuring timely DBT payments and clearing backlogs:
States were directed to ensure timely beneficiary payments, including JSY and other DBT-linked schemes. States must prioritize clearing pending backlogs using available funds.

After outlining the way forward, the AS & MD (NHM) expressed her gratitude to all States/UTs, senior officials, and teams for their contributions. She acknowledged the efforts of the NHM team, NHSRC, and all programme divisions for their continued support. She also extended her appreciation to the Government of Haryana for hosting the event successfully.

ANNEXURE 1: AGEDNA

Ministry of Health & Family Welfare, Government of India

Government of Haryana

AGENDA

National Summit

on

Innovation and Inclusivity - Best Practices
Shaping India's Health Future

Date : 30th April - 1st May, 2026 | Venue : Hyatt Regency, Chandigarh

Time	Session	
	Day 1: April 30th, 2026	
11:00 am – 01:00 pm	**Green Welcome of Dignitaries**	**Remarks**
11:00 am – 11:05 am	❖ Green Welcome of dignitaries ❖ Lighting of Lamp ❖ Jai Jai Haryana State Song(Audio-visual)	
11:05 am – 11:10 am	❖ Welcome & context setting AS&MD, NHM, MoHFW	
11:10 am – 11:20 am	❖ Address Secy, HFW, MoHFW	
11:20 am – 11:30 am	❖ Address Hon'ble Health Minister, Haryana	
11:30 am – 11:40 am	❖ Keynote Address Hon'ble Chief Minister, Haryana	
11:40 am – 12:00 pm	❖ Inaugural Address Hon'ble Union Minister, HFW	
12:00 pm – 12:05 pm	❖ Launching/Release of 1. Swasthya Bharat App/Portal AND JANANI – RCH 2.0. 2. Compendium on Best Practices (10th National Summit of Good and Replicable Practices) and 17th CRM report 3. Integrated Training Modules – Primary Care team – MO/SN/CHO/ANM/ASHA 4. Rashtriya Bal Swasthya Karyakram (RBSK) 2.0 and Guidance Document on Diabetes Mellitus in Children and Adolescents	
12:05 am – 12:10 am	❖ Felicitation of Dignitaries on dais ❖ Vote of Thanks Secy, HFW Haryana	

National Health Mission, Health Department, Haryana

AGENDA

Time	Session		
12:10 am – 01:00 pm	Best Practices Oral Presentation ***(10 min for each presentation*** *followed by 2 minutes for discussion* 1. TB – Gujarat 2. AMR – Kerala 3. Mental Health – Tamil Nadu 4. DVDMS – J&K	Respective Secy/MD, NHM of States/UTs	
01:00 pm – 01:15 pm	**Group Photograph**		
1:15 pm – 2:15 pm	***Lunch Break*** ***"Poster Gallery Walk"***		
02:15 pm – 04:00 pm	Best Practices Oral Presentation ***(10 min for each presentation*** *followed by 2 minutes for discussion)* 5. Bihar 6. Haryana 7. Odisha 8. Assam 9. Chhattisgarh 10. Jharkhand 11. Maharashtra 12. Madhya Pradesh 13. Uttar Pradesh	Respective Secy/MD, NHM of States/UTs	
04:00 pm – 04:15 pm	***Tea Break*** ***"Poster Gallery Walk"***		
04:15 pm – 05:30 pm	Presentations on New Initiatives in NHM 1. Integrated Training/VHSNC/CBAC/Unified IEC Guidelines 2. EDL / Integrated NQAS/Incentives (CHC FRU) 3. RBSK 2.0/Guidance Document on Diabetes Mellitus in Children and Adolescents 4. Integrated Portal 5. Janani Portal	Dr. Anuradha Jain, Advisor, NHSRC Dr. R. Pathni, Advisor, NHSRC Dr. Shobhna Gupta, DC, MoHFW Dr. Ranjan Chaudhary, Advisor, NHSRC Dr. Rakesh Maurya, DDG, Stats	

AGENDA

Day 2: May 1st, 2026			
Time	**Session**		**Remarks**
09:30 am – 11:00 am	CRM State presentations: **(*7 mins each*)** *3 min – open discussions* 1. Nagaland 2. Punjab 3. Andhra Pradesh 4. Maharashtra 5. Uttarakhand 6. Meghalaya 7. Madhya Pradesh 8. Tamil Nadu 9. Assam	Respective Team Leaders	
11:00 am – 11:15 pm	*Tea Break* *"Poster Gallery Walk"*		
11:15 pm – 12:45 pm	CRM State presentations: **(*7 mins each*)** *3 min – open discussions* 10. Odisha 11. Rajasthan 12. Sikkim 13. Kerala 14. Uttar Pradesh 15. Chhattisgarh 16. Telangana 17. Bihar (online)	Respective Team Leaders	
12:45 pm – 01:00 pm 01:00 pm – 01:15 pm	❖ Way forward ❖ Concluding Remarks		
01:15 pm	*Lunch & Wrap Up*		

National Health Systems Resource Centre,
Ministry of Health & Family Welfare,
Government of India