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

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Report of the 9th National Summit on Good and Replicable Practices and Innovation in Public Healthcare System in India and Dissemination of the Report of the 16th Common Review Mission

28TH FEBRUARY 2025 – 1ST MARCH 2025

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Table of Contents

Inaugural Session 2

Welcome Address and Context Setting: Smt. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW 2
Address: Smt. Punya Salila Srivastava, Secretary, Health and Family Welfare, MoHFW ... 3
Address: Shri Mukesh Mahaling, Hon'ble Health Minister, Odisha 3
Keynote Address: Shri Mohan Charan Majhi, Hon'ble Chief Minister, Odisha 4
Inaugural Address: Shri Jagat Prakash Nadda, Hon'ble Union Minister, Health and Family Welfare, and Minister of Chemicals and Fertilizers 4
Book Release 5
Vote of Thanks: Ms. Aswathy S., Secretary, Health and Family Welfare, Odisha 6
Group Photograph 6

State Presentations of Best Practices 7

Replicable Practices to Improve Quality of Mass Drug Administration Against Lymphatic Filariasis (2022-25): Odisha 7
Strengthening AAMs through Comprehensive Capacity Building of Community Health Officers (CHOs) : Chhattisgarh 7
Zero vacancy policy: Mission Mode Approach: Andhra Pradesh 8
Mironbising Gi Khudol (A gift for expectant mothers): Manipur 8
Tele-SNCU (Special Newborn Care Unit) Niloufer Hospital, Hyderabad: Telangana 9
Rescue Mission: Meghalaya's State Capability Building Model to Save Lives of Mothers & Infants: Meghalaya 9
Streamlining the Incentive Based Payment under Ayushman Bharat: Madhya Pradesh .. 10
Karnataka Brain Health Initiative (KaBHI): Karnataka 10
Strengthening Community Process in Jharkhand 11
Santhwanam Mental Health Rehabilitation Project: Kerala 11
Telestroke Project - A decentralised approach: Himachal Pradesh 12
Integrated Viral Hepatitis Services in Correctional Homes: establishing synergy: West Bengal 12
Behavioural Training for Hospital Staff: Uttar Pradesh 13

Day Care Cancer Centres: Odisha 13
Day Care Cancer Centre - Tamil Nadu 14

Poster Gallery Walk 15

Chief Minister's Menstrual Hygiene Scheme (CMMHS): Manipur 15
Mainstreaming Adolescent Health Services in the Era of Universal Health Coverage Through Strengthening the Adolescent Friendly Health Clinics: Himachal Pradesh 15
Shuchi Nanna Maithri Muttina Cup Yojane: Karnataka 15
Implementation of "Health Promoting Educational Institute" Strategies in the State of Himachal Pradesh, India: Challenges, Opportunities and the Way Forward..... 15
Anand Diwas: Madhya Pradesh..... 15
Immunization Wheel: Madhya Pradesh 15
Implementation of FPC-KMC in PHC New Management Projects running under PPP mode: Odisha..... 16
Evidence based scale up of STEMI management program: Himachal Pradesh..... 16
Danta Bhagya Yojane: Karnataka 16
Convergence for Effective Service Delivery on Viral Hepatitis for the Marginalized Communities: Manipur 16
Dengue Control Mega Campaign: Uttarakhand..... 16
Use of Digital, Mobile X-Ray Machines Equipped With AI Based Technology to Improve Case Detection of Tuberculosis: Meghalaya..... 16
Improved Treatment Success Rate in a Cohort of TB Patients Supported by Nikshay Mitra: Uttarakhand..... 17
Strengthening Comprehensive Primary Health Care Through Community Monitoring and Social Accountability Exercise by Jan Arogya Samitis: Jharkhand 17
ASHA First Payment Application: Meghalaya 17
Web-Based Performance Linked Payment System in NHM Chhattisgarh: "Revolutionizing Health Systems Management Through Technology"..... 17
Swasthya Sewa Utsav: Assam 17
Healthcare Leadership Enhancement Program (HLEP): Gujarat 17
Village Health Councils: Meghalaya 17
i-HMIS: Arunachal Pradesh..... 18

Goa Stroke Programme: Goa 18
Household contacts of TB patients on TB preventive treatment using e-Sanjeevani Telemedicine: Uttarakhand 18
POKHILA - Customized Health Solutions "Leaving No One Behind": Assam 18
Bihar's Pioneering Efforts: Advancing Immunization with Digital Micro-plans, Tele-calling, and Improved Monitoring Strategies 18
Shrawan Shruti Project: Bihar 18
Family Planning Convergence Programme: Bihar 19
How to Achieve "Tobacco End Game" by 2030: Himachal Pradesh 19
Special Sickle Cell OPD: Chhattisgarh 19
Innovative Interventions Among Migrant Workers: Kerala 19
Anaemia Monitoring Tool- Stronger Together: Managing Anaemia with SIRA Framework and Inter-Sectoral Unity: Andhra Pradesh 19
Anaemia Elimination Week – A Step Forward to Combat Anaemia in Haryana 19
Meghalaya Drone Delivery Network (MDDN): Meghalaya 20

16th Common Review Mission – State Presentations **22**

Arunachal Pradesh 22
Assam 22
Bihar 23
Chhattisgarh 23
Gujarat 23
Haryana 24
Himachal Pradesh 24
Jammu & Kashmir 24
Jharkhand 25
Karnataka 25
Madhya Pradesh 25
Maharashtra 26
Mizoram 26
Odisha 27
Rajasthan 27

Tripura 28
Uttar Pradesh 28
Uttarakhand 29
West Bengal 29

Outcome of Regional Conferences: Executive Director, NHSRC **30**

Way Forward: Additional Secretary & Mission Director (NHM), MoHFW **32**

Concluding Remarks: Secretary, Health and Family Welfare, MoHFW **33**

Annexure 1: Agenda **35**

Day 1

(28th February, 2025)

Inaugural Session

The 9th National Summit on Good and Replicable Practices and Innovations in Public Healthcare Systems in India, along with the Dissemination of the 16th Common Review Mission Report, was organized by the Ministry of Health and Family Welfare (MoHFW) in collaboration with the Government of Odisha on February 28th and March 1st, 2025, at Puri, Odisha. The agenda of the National Summit has been appended as an Annexure 1.

The summit was chaired by Shri Jagat Prakash Nadda, Hon'ble Union Minister, Ministry of Health & Family Welfare, Government of India, and brought together key stakeholders to discuss best practices, innovations, and policy directions for strengthening India's public healthcare system. The inaugural session commenced with a lamp lightning ceremony.

Welcome Address and Context Setting: Smt. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW

Smt. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW, welcomed all dignitaries, state representatives, and stakeholders, setting the tone for the summit. She emphasized two key priority areas currently under active consideration by the Ministry that included the integration of digital health portals to streamline healthcare data management, and reducing the number of registers at healthcare facilities to enhance efficiency. She acknowledged the platform as a valuable avenue for presenting Good and

Replicable Practices in Innovation in the Public Healthcare System in India, facilitating cross-learning among states. She further underscored the significance of collaborative efforts and knowledge sharing in driving impactful and sustainable advancements in healthcare delivery.

Address: Smt. Punya Salila Srivastava, Secretary, Health and Family Welfare, MoHFW

Smt. Punya Salila Srivastava, Secretary, MoHFW, provided an overview of the two-day summit, outlining the key announcements from the recent budget. She highlighted the government's focus on operationalizing Day Care Cancer Centres as a priority, expanding medical education seats, and ensuring broadband connectivity for health facilities at the primary level. She reiterated the importance of adhering to Indian Public Health Standards (IPHS) and National Quality Assurance Standards (NQAS) to improve healthcare services. Additionally, she mentioned an upcoming post-budget webinar on Public-Private Partnerships (PPPs) scheduled for March 5, 2025, to foster greater collaboration.

Address: Shri Mukesh Mahaling, Hon'ble Health Minister, Odisha

Shri Mukesh Mahaling, Hon'ble Health Minister, Odisha, presented an overview of Odisha's performance in key health indicators, citing improvements in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR). He highlighted the state's efforts in providing cancer treatment at district hospitals and reaffirmed the government's commitment to achieving IPHS. He emphasized filling up vacancies for doctors and allied health professionals remains a top priority, ensuring the availability of quality healthcare services across the state. Furthermore, he underscored Odisha's dedicated efforts toward the elimination of tuberculosis (TB) and filariasis, stressing the need for continued vigilance and targeted interventions. He acknowledged the Government of India's efforts in organizing this event as a valuable knowledge-sharing platform, fostering collaboration and innovation in public healthcare. He also expressed his appreciation for Puri, Odisha, being chosen as the host city for the first time, highlighting its significance in facilitating meaningful discussions and deliberations.

Keynote Address: Shri Mohan Charan Majhi, Hon'ble Chief Minister, Odisha

Shri Mohan Charan Majhi, Hon'ble Chief Minister, Odisha, elaborated upon Odisha's progress in achieving NQAS accreditation and its alignment with Sustainable Development Goals (SDGs). He announced the establishment of new medical, dental, and nursing institutions, including a National Institute of Yoga and Naturopathy and a National Pharmaceutical Education Institute, along with a Speech Therapy Centre to enhance healthcare education and services. The Chief Minister also introduced plans for a state-of-the-art laboratory for quality testing of medicines, reinforcing Odisha's commitment to pharmaceutical quality assurance. Additionally, he highlighted a 100-day health campaign in High Priority Districts (HPDs) aimed at accelerating progress on key health outcomes. Stressing the importance of increased budgetary allocations for health, he reaffirmed the state's dedication to scaling up healthcare infrastructure and services.

Inaugural Address: Shri Jagat Prakash Nadda, Hon'ble Union Minister, Health and Family Welfare, and Minister of Chemicals and Fertilizers

Shri Jagat Prakash Nadda, Hon'ble Union Minister, MoHFW, delivered the inaugural address, underscoring the need for a balanced approach to healthcare. He expressed confidence in India's progress in public health, highlighting that the nation has successfully navigated challenges and possesses the capacity to achieve its remaining healthcare goals. He referenced the National Health Policy (NHP) 2017, emphasizing its focus on preventive, promotive, and rehabilitative care, and stressed the importance of strengthening primary healthcare to reduce the burden on secondary and tertiary care facilities.

The Hon'ble Minister commended India's progress in reducing IMR and MMR, noting that the country's rate of decline is better than the global average. Citing the 100-day campaign on TB, which helped detect 500,000 cases, he advocated for applying a similar approach to other priority diseases. He encouraged administrative and technical experts to collaborate with public representatives in advancing healthcare initiatives, as the latter have a deeper understanding of ground realities and local healthcare needs. As the Hon'ble Union Minister, MoHFW, and also the Minister of Chemicals and Fertilizers, Government of India, he emphasized the importance of considering perspectives from both ministries to ensure rational and well-informed decision-making.

He highlighted non-communicable diseases (NCDs) as a major public health challenge, advocating

universal screening for common cancers to enable early detection and treatment. Commending the Government of India's achievement, he referred to a recent report which established that under AB PM-JAY, timely cancer treatment initiation improved significantly, as patients enrolled saw a 90% rise in access to cancer treatment within 30 days. Reaffirming the government's commitment to strengthening cancer care, he referred to the recent budget announcement on establishing Day Care Cancer Centres, emphasizing the urgent need for their operationalization to benefit patients across the country. He also underscored the importance of ensuring the availability of doctors in public health facilities, recognizing it as a key priority for the government. In his closing remarks, he reiterated the national summit's indispensable role in improving health outcomes and public health goals and encouraged synergistic efforts to achieve them. In his closing remarks, he reiterated the national summit's indispensable role in improving health outcomes and public health goals and encouraged synergistic efforts to achieve them.

Book Release

Following the address by Shri Jagat Prakash Nadda, the digital copy of *'Coffee Table Book: Fostering Resilience: Good, Replicable and Innovative Practices', and the printed copies of the 16th Common Review Mission Report, Report on the National Workshop on Non-Communicable Diseases: January 2025*, and *Report on the Regional Workshops 2024* were officially released by the dignitaries for public dissemination.

Vote of Thanks: Ms. Aswathy S., Secretary, Health and Family Welfare, Odisha

The Secretary, Health and Family Welfare, Odisha thanked the dignitaries, the participants and the State NHM team for the successful event. The inaugural session concluded with group photograph sessions.

Group Photograph

State Presentations of Best Practices

Fifteen best practices appraised by the Ministry of Health and Family Welfare (MoHFW) were presented by respective State officials to share knowledge on solutions and local innovations developed to address specific population needs. The platform facilitated opportunities for the participating States to cross-learn and adapt replicable solutions within their own contexts.

Replicable Practices to Improve Quality of Mass Drug Administration Against Lymphatic Filariasis (2022-25): Odisha

» Odisha implemented a 180-day preparatory phase, ensuring meticulous planning, training, and community mobilization.

» A unique aspect of the initiative was its real-time monitoring and data collection through a GPS-enabled mobile app, which allowed geo-tagging, tracking of activities, and immediate feedback loops for corrective actions.

» The state adopted a social mobilization model that engaged one mobilizer per 2-3 panchayats, conducting daily sensitization activities in schools, colleges, and community meetings.

» This participatory approach significantly improved public acceptance and compliance with drug administration.

» As reported, by 2024, 30% of endemic districts had stopped transmission, compared to just 3% in 2019. The program's cost-effectiveness, strong inter-sectoral collaboration, and scalability make it a model that can be replicated across states to accelerate the elimination of Lymphatic Filariasis in India.

Dr Brundha D, MD, NHM, Odisha

» Odisha plans to sustain progress with MMDP post-validation surveillance, and stronger community engagement for improved drug compliance.

Strengthening AAMs through Comprehensive Capacity Building of Community Health Officers (CHOs) : Chhattisgarh

» The program addressed the gap in CHO training by developing a standardized training module covering 12 expanded service packages in 21 days through hybrid mode.

» The training followed a cascade model, with Master Trainers trained at AIIMS Raipur, followed by district-level sessions combining online and offline learning.

» The structured multi-round training approach included pre- and post-tests, video lectures, case discussions, and problem-solving exercises to reinforce clinical skills.

» High-performing CHOs received specialized five-day training at AIIMS Raipur, further strengthening

Shri Vijay Dayaram K, MD, NHM

their expertise.

» The training program demonstrated a significant improvement in CHOs' competencies, as reflected in the increase in pre- and post-test scores, indicating better clinical knowledge, decision-making, and service delivery at AAM facilities.

» Moving forward, Chhattisgarh aims to expand training reach, improve digital learning tools, and further refine the curriculum for long-term impact

Zero vacancy policy: Mission Mode Approach: Andhra Pradesh

» Zero Vacancy Policy adopted a mission-mode approach to ensure continuous availability of healthcare professionals across primary, secondary, and tertiary health facilities.

» The state issued G.O. 188 in July 2022, granting blanket approval to fill vacancies caused by retirements, resignations, and promotions without delays.

» To address workforce shortages, 289 reserve doctors were appointed to handle leave vacancies, and specialists were recruited on contract, offering competitive salaries for serving in tribal and rural areas, alongside 50% additional pay for tribal areas and 30% for remote rural areas.

Shri G.Veerapandian, Commissioner (HFW), MD NHM

» A dedicated Medical Recruitment Board was constituted to attend state level recruitment for health facilities, and lateral entry pathways allowed specialists to transition from secondary health to medical education for career advancement.

» The initiative demonstrated reduced vacancy rates since 2021, streamlined recruitment processes, and minimal disruption in healthcare services. As of February 2025, the State has achieved a vacancy rate of 13.67% for the Specialist cadre, 6.06% vacancies for Staff Nurses, and zero vacancies for medical officers and lab technicians.

Mironbising Gi Khudol (A gift for expectant mothers): Manipur

» The initiative aimed to reduce maternal mortality by addressing gaps in antenatal care (ANC) and high-risk pregnancy (HRP) detection, especially in hilly and remote areas with limited healthcare resources.

» The program mobilized volunteer obstetricians and gynaecologists through partnerships with several professional organizations. High-risk tracking formats were introduced to ensure continuous follow-up of identified HRPs until delivery, while WhatsApp groups facilitated real-time communication and coordination among healthcare workers.

» The intervention led to a significant increase in ANC footfalls, improved HRP detection, and 100% provision of ultrasound services, ensuring better maternal health outcomes.

Dr. Dinesh M Singh, MD, NHM

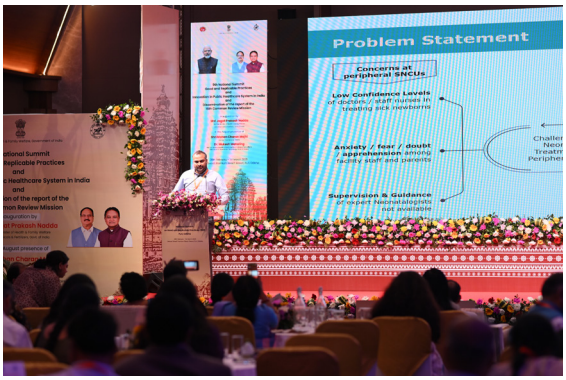
» Stakeholder involvement, including contributions from local MLAs, CRPF, district administration, and village chiefs, further strengthened the initiative.

» The initiative was cost-effective, requiring no additional funding, as it leveraged existing resources, volunteer services, and stakeholder contributions, making it a sustainable and scalable model for improving maternal healthcare in resource-limited settings.

Tele-SNCU (Special Newborn Care Unit) Niloufer Hospital, Hyderabad: Telangana

» A hub-and-spoke model was introduced to enhance neonatal care, with Niloufer Hospital as the Centre of Excellence (CoE) guiding 28 peripheral SNCUs through real-time virtual consultations.

» This system enables specialists at Niloufer Hospital to provide expert guidance on case management, respiratory support, infection control, and neonatal nutrition via dedicated video conferencing platforms, hotlines, and digital workstations.



Shri R V Karnan, MD, NHM

» The integration of pre-fixed virtual rounds, emergency video calls, and real-time case discussions has reduced unnecessary referrals and ensured timely reverse referrals for continued supervised care at peripheral SNCUs.

» The initiative significantly improved respiratory support efficiency, leading to the better and rational use of CPAP, minimized transport delays for critically ill newborns and reduced the number of Leaving Against Medical Advice (LAMA) cases. Additionally, aseptic protocols, rational use of antibiotics and Kangaroo Mother Care (KMC) practices have been streamlined under expert supervision, reducing hospital-acquired infections and unnecessary IV fluid administration.

» The capital cost was met through ECRP-II funds, while NHM funds cover operational costs, making it a cost-effective, scalable model for strengthening neonatal care.

Rescue Mission: Meghalaya's State Capability Building Model to Save Lives of Mothers & Infants: Meghalaya

» A transformative State Capability Building Model designed to reduce maternal and infant mortality rates by fostering a sense of purpose community ownership, and systemic strengthening.

» The State implemented multi-pronged interventions, under the Chief Minister's Safe Motherhood Scheme (CM-SMS), an addition to JSY and JSSK, provided direct funding to health facilities to ensure institutional deliveries for HRPs, transport support for pregnant women in remote areas, transit homes managed by SHGs,

Shri. Ramkumar S, MD, NHM

incentives for TBA to refer HRPs to a health facility and empowered health workers with unlimited trips to serve HRPs.

» Village Health Councils (VHCs) were also reinforced to drive maternal and child health outcomes through community ownership of health and nutrition.

» The State addressed the shortage of specialists through an MoU with Tamil Nadu, training 76 doctors in obstetric, life-saving aesthetic and USG skills. The upgradation of CHCs into First Referral Units (FRUs) further ensured timely access to critical maternal care.

» The impact of these interventions brought about a 48% reduction in MMR and a 31% decline in IMR between 2020 and 2024. The model is also low-cost as it leverages existing human and financial resources/schemes by building a sense of purpose around solving a complex problem meaning.

Streamlining the Incentive Based Payment under Ayushman Bharat: Madhya Pradesh

Dr. Saloni Sidana, MD, NHM

» The initiative addressed key challenges such as lack of access to reporting formats, lack of transparency, delays in payments, and absence of standard performance indicators.

» A structured web portal was developed, allowing Community Health Officers to directly enter their performance data, which was then verified by Block Medical Officers and processed by Block Account Managers for payment through e-Vitta software.

» The initiative led to a 72% increase in OPD reporting, 83% of AAM-SHCs documenting the expanded range of services, and a 60% rise in wellness session reporting, significantly improving healthcare service delivery. Additionally, grievances related to non-payment and payment timelines were reduced.

» The initiative currently includes over 10,000 registered and trained users (including CHOs, BMOs, and BAMs).

Karnataka Brain Health Initiative (KaBHI): Karnataka

» A pioneering program aimed at enhancing neurological care through early screening, capacity building, and digital health interventions.

» The initiative focuses on strengthening care pathways by connecting the AAM facilities to tertiary care centres and improving access to medicines.

» A key component of KaBHI is capacity building, with targeted training for CHOs, ASHAs, nurses, and doctors, enabling

Dr. Naveen Bhat. Y, MD, NHM

screening, diagnosis, management and rehabilitation of neurological disorders. The program also incorporates risk reduction strategies through high-risk individual screenings and awareness campaigns.

» So far, 3,00,360 individuals have been screened, with 48,077 consultations conducted, 1,93,104 people sensitized through community engagement, and 9,123 healthcare professionals trained, showing significant improvements in post-training evaluations.

Strengthening Community Process in Jharkhand

» Concerted efforts were made by Jharkhand to strengthen community processes through capacity-building initiatives for the Sahiyas.

» The State has launched the Sahiya app, a bilingual application that serves as a unified platform for managing Sahiyas' activities, reporting, and payment integration. Designed to consolidate Sahiya reporting for real-time data access and monitoring, the app has also reduced delays in processing payments.

Shri Abu Imran, MD, NHM

» A cost-effective training strategy was implemented alongside using an odd-and-even model for on-the-job learning. The peer learning method reduced residential training days, thereby cutting training costs and enhancing engagement and knowledge transfer.

» To reinforce the learnings, the State has also implemented the Sahiya Radio programme and the Jharkhand Swasthya Prahari to recognize and motivate the Sahiyas. The Sahiya Radio programme is a 15-minute weekly program presented in an edutainment format that covers various health issues and programs, addresses misconceptions, and provides disease-related information. The latter ranks and rewards Sahiyas based on their performance in 14 key indicators.

Santhwanam Mental Health Rehabilitation Project: Kerala

» The intervention aims to provide occupational therapy to mental health patients in remission, aiming to build their self-esteem and confidence for integration into mainstream society.

» The intervention was launched as a joint venture between a Block Panchayat (Pothencode), Grama Panchayat (Mangalapuram), and the District Mental Health Programme. It is delivered through a Day Care Centre for mentally ill patients in remission. Identified patients are transported to the Centre from their homes and back hiring a vehicle on MLA fund.

Dr. Rajan N. Khobragade, ACS, HFW

» At the Centre, patients are trained in vocational activities such as making medicine covers, lotions, soap, and horticulture, for which they are remunerated from the income generated through these activities. The DMHP monitors treatment compliance, and recreational activities such as crafts and indoor games are also facilitated.

» The project equips patients with basic life skills like cooking, cleaning, personal hygiene, and financial management to promote self-sufficiency. The individuals gain a sense of dignity through receiving remuneration for marketable skills. Additionally, the professional care and support provided by the rehabilitation centre alleviate the burden on families and reduce caregiver stress.

» The initiative has successfully helped individuals re-integrate into the community through facilitated social interaction and engagement in meaningful work. The project's success has led to the establishment of Day Care Centres with occupational therapy units in all 14 districts of the State at the Panchayat level. Currently, 32 community-based Day Care Centres, catering to 550 patients, are functional under the DMHP in collaboration with the Local Self-Governments.

Telestroke Project - A decentralised approach: Himachal Pradesh

M. Sudha Devi, Secretary HFW

» An innovative strategy to tackle stroke-related fatalities stands out as a shining example of best practice in public health.

» Initiated in 2014, the project operates hubs at IGMC, Shimla, and RPGMC Tanda, with 17 spokes equipped with CT scan facilities.

» Physicians and casualty medical officers are trained, and 108 ambulance staff are sensitized to respond efficiently. Four neurologists are available around the clock to manage stroke cases, and WhatsApp is used for transmitting CT images instantaneously. Tenecteplase, a crucial medication, is provided free of cost at the spokes.

» A smartphone-based app, developed by NIC, enhances the project's effectiveness. The app offers standardized protocols for doctors and allows them to feed patient data seamlessly. It helps patients identify stroke symptoms, send emergency SOS messages, locate the nearest active spoke, navigate using Google Maps, and access IEC material in both English and Hindi.

» As a result, 831 patients have been thrombolysed at the spokes to date. The model's strong inter-sectoral collaboration makes it scalable across States, provided the critical window of 4 hours is adhered to.

Integrated Viral Hepatitis Services in Correctional Homes: establishing synergy: West Bengal

» The initiative includes real-time screening for HBsAg and anti-HCV by trained prison health staff. Screening services have been made operational in all 60 Correctional Homes (CHs).

» West Bengal is the first state to roll out the Whole Blood Finger Prick Tests (WBFPT) for Hepatitis B (HepB), which have been extended to CHs to facilitate screening.

» Screen-positive cases are linked to designated treatment centres for further investigations, including viral load testing and baseline assessments. The CH staff, trained by health teams, are able to sustain this service.

» Additionally, four Central Correctional Homes (CCHs) have been designated as Regional Referral Treatment Centres for Viral Hepatitis. Three of these centres are equipped with point-of-care facilities for Viral Load estimation using TrueNat PCR.

» In FY 2023-24, a total of 28,496 inmates were screened for both HBsAg and anti-HCV, with the number of positive cases spanning around 201 and 225, respectively.

Shri Shubhanjan Das, MD, NHM

» Around 181 of the HBsAg-positive individuals were successfully linked to appropriate care post release. For anti-HCV reactive inmates, viral load testing was initially conducted for 206 (of the 225 reactive inmates), and 90 of them were put on antiviral treatment.

Behavioural Training for Hospital Staff: Uttar Pradesh

Dr. Pinky Jowel, MD, NHM

» To address the factors affecting provider-patient interaction, the State National Health Mission (NHM) developed a behavioural training intervention to sensitize healthcare providers and non-clinical staff to provide respectful and patient-centric care.

» The intervention adopted a strategic approach focusing on identifying critical touchpoints where provider behaviour significantly impacts patient experience, training facility staff and healthcare leaders as trainers and mentors to ensure accountability, and rewarding and appreciating the contributions of support staff at healthcare facilities to keep them motivated.

» A comprehensive behavioural training module was developed and delivered through audio-visual materials, with master trainers providing the training to health staff.

» According to State reports, 318 master trainers, including Chief Medical Superintendents, senior nurses, hospital managers, and quality consultants, have been trained in nine batches, and facility-based training has covered 4,865 hospital staff in 140 batches.

» The training's effectiveness was assessed qualitatively through feedback from stakeholders, including participants and patients, which highlighted improved provider sensitization, enhanced patient experiences, and strengthened patient-provider relationships.

Day Care Cancer Centres: Odisha

» The State has established Day Care Chemotherapy Centres, with six dedicated beds within District hospitals. These centres are equipped with the necessary infrastructure and human resources funded by the State budget. Volunteering doctors and nurses are identified and trained in cancer chemotherapy at tertiary care centres to provide treatment and follow-up services, with cancer screening and consultation camps held quarterly.

» Anti-cancer drugs are procured at a subsidized rate and supplied by the Medical Corporation (OSMC),

Dr. Brundha D, MD, NHM, Odisha

while other consumables are sourced from the District hospitals.

» Under the Niramaya scheme, all cancer drugs are provided free of cost to cancer patients in government hospitals. Additionally, essential haematological and imaging diagnostic services are offered free of cost by in-house and outsourced laboratories.

» Tele-consultation services are available with AHPGIC Cuttack and AIIMS Bhubaneswar for specialist advice.

» As a result, 9,875 cancer patients have been consulted, and 20,932 chemotherapy cycles have been conducted, representing a significant increase compared to the situation until 2018, when 3,654 cancer patients had been consulted, and 6,584 chemotherapy cycles had been conducted. Additionally, more than 50,000 cancer patients received over 104,000 chemotherapy sessions at district hospitals, accounting for approximately 40% of the State's chemotherapy load.

Day Care Cancer Centre - Tamil Nadu

» The State has established 38 Day Care Chemotherapy Centres across 20 government hospitals and 18 government medical colleges. Each institution has allocated two beds in the male and female medical wards and designated one physician per institution.

» Inter-directorate coordination meetings are held periodically to discuss the types of cancer cases to be treated, types of chemotherapy to be provided, referral processes, and protocols for using telemedicine.

Dr. A. Arun Thamburaj, MD, NHM

» To ensure robust implementation, physicians and one staff nurse from each institution were provided with three weeks of medical oncology training at the Rajiv Gandhi Government General Hospital (RGGGH).

» Standard operating guidelines, standardized case sheet formats, and updated passbooks for the listed chemotherapy reagents were distributed to institutions. In addition, the regular supply of chemotherapy drugs, was ensured at the DHs to accommodate the chemotherapy regimens.

» Consequently, the number of chemotherapy sessions in the 38 centres increased from 204 in FY 2023-24 to 731 sessions in FY 2024-25.

» The State plans to further strengthen its oncology services at the district level by establishing 24 district cancer care centres, including 11 newly upgraded medical colleges, 8 older medical colleges without oncology departments, and 5 district hospitals in newly formed districts.

Poster Gallery Walk

In addition to the best practices selected for presentation, the following innovative State projects aimed at improving regional health systems, service delivery and health outcomes were displayed as posters during the two-day event.

Chief Minister's Menstrual Hygiene Scheme (CMMHS): Manipur

The Chief Minister's Menstrual Hygiene Scheme (CMMHS) was launched in December 2022, to improve menstrual health among school-going girls aged 10 to 19 years. Through this scheme, free-of-cost high-quality sanitary napkins is distributed, and awareness on menstrual hygiene is raised. The initiative aims to enhance self-esteem, social participation, and school attendance, ensuring both urban and rural coverage across all 16 districts of Manipur.

Mainstreaming Adolescent Health Services in the Era of Universal Health Coverage Through Strengthening the Adolescent Friendly Health Clinics: Himachal Pradesh

The initiative aims to provide counselling services to adolescents on various health issues through a comprehensive service package. 103 Adolescent Friendly Health Clinics designated as Nayi Disha Kendras (NDKs) were established at Medical College/Zonal Hospital/District Hospital/Community Health Centre with a team of 3-4 health care providers trained on RKSK and its components

Shuchi Nanna Maithri Muttina Cup Yojane: Karnataka

Karnataka's Shuchi Nanna Maithri Muttina Cup Yojane is a Menstrual hygiene program, which aims to introduce reusable menstrual cups for young adolescents (PUC girls).The beneficiaries have been sensitized on adopting newer Menstrual Hygiene Methods (MHM) through adequate training. The implementation is overseen by Specialists (OBG), CHOs and RKSK-AH counsellors at the district, block and sub-block level under NHM. The children who have adopted menstrual cups have been helpful in generating awareness in the community as well as in their respective families.

Implementation of "Health Promoting Educational Institute" Strategies in the State of Himachal Pradesh, India: Challenges, Opportunities and the Way Forward

The initiative aims to certify educational institutes based on certain checklist criteria prepared in consultation with the Education Department of the State. The WHO Health Promoting Educational Institutes guidelines were referred and modified to the State specific context. The educational institutes were certified by the nearest BMO for a period of two years based on the assessment by a designated team.

Anand Diwas: Madhya Pradesh

The Anand Diwas initiative was introduced as an innovative approach by designating the first working day of every month for comprehensive supportive supervision and monitoring of all cold chain points. This initiative aimed to improve key components of CCPs such as infrastructure, human resources, cold chain equipment, temperature monitoring, vaccine management, and documentation (M&E) to ensure vaccines delivered for immunization are of superior quality.

Immunization Wheel: Madhya Pradesh

Madhya Pradesh has introduced the Immunization Wheel as an innovative job-aid tool to support frontline health workers and caregivers to address the challenges of low full immunization coverage and high drop-out rates. This visual tool, designed based on the National Immunization Schedule, features a rotating clock

hand that calculates vaccination due dates when aligned with a child's date of birth, ensuring caregivers understand the importance of timely immunization.

Implementation of FPC-KMC in PHC New Management Projects running under PPP mode: Odisha

To enhance neonatal care in hard-to-reach areas, the State has expanded Family Participatory Care (FPC) and Kangaroo Mother Care (KMC) services beyond First Referral Units (FRUs) to Primary Health Centres (AAM-PHCs). To strengthen implementation, all AAM-PHC staff have been provided structured training on FPC-KMC concepts, record-keeping, and reporting protocols, with hands-on demonstration provided to medical officers and nurses.

Evidence based scale up of STEMI management program: Himachal Pradesh

The STEMI Care program aims to improve timely diagnosis and treatment of ST-segment Elevated Myocardial Infarction (STEMI) by reducing ischemic time, and increasing the thrombolysis rate. The State had established a structured framework to implement the program at scale. It included the appointment of district nodal officers (technical and programmatic), training sessions led by cardiologists from IGMC Shimla, and the designation of spoke centers equipped with ECG machines and trained medical officers. Additionally, Tenecteplase, the thrombolytic drug has been incorporated into the State's Essential Drug List to ensure availability.

Danta Bhagya Yojane: Karnataka

The program aims to provide complete dentures and partial dentures to patients who have lost complete or partial dentition. Completely edentulous patients, and patients with 3 or more missing teeth over the age of 45 years having BPL card will be given complete and partial dentures free of cost. Implementation is through the association of 42 private dental colleges, 2 government dental colleges and 13 government dental labs of district hospital with government dental health officers and dental technicians.

Convergence for Effective Service Delivery on Viral Hepatitis for the Marginalized Communities: Manipur

To address Hepatitis among prison inmates, a Hepatitis Screening Program was initiated in collaboration between NGOs, community-based organizations, and the Manipur State AIDS Control Society. As part of this initiative, weekly screenings for Hepatitis B, Hepatitis C, HIV, and Syphilis are conducted every Friday, ensuring early detection and timely intervention.

Dengue Control Mega Campaign: Uttarakhand

An intensive dengue control mega campaign was implemented in a systematic manner to prevent occurrence of any epicentre, outbreak and high transmission during the FY 2023-24. To adequately contain spread of Dengue, "Hotspots" were identified where clustering of dengue cases were notified. A Micro-Plan was prepared with roles and responsibilities of identified front line health care workers, Municipal workers and work force from other departments for identified areas with supervisory roles for robust monitoring. Intersectoral and Inter-convergent actions along with the Municipal corporation/municipality were taken in the identified hotspots to undertake source reduction, fogging and awareness activities.

Use of Digital, Mobile X-Ray Machines Equipped With AI Based Technology to Improve Case Detection of Tuberculosis: Meghalaya

The Government of Meghalaya has launched an initiative to enhance tuberculosis and lung disease screening by introducing door-to-door diagnostic services through digital hand-held X-ray technology. This approach is integrated into Active Case Finding (ACF) efforts and health melas, ensuring early detection and intervention in even the most remote and hard-to-reach areas.

Improved Treatment Success Rate in a Cohort of TB Patients Supported by Nikshay Mitra: Uttarakhand

Under this initiative, Nikshay Mitras actively provide personalized assistance to TB patients, ensuring a tailored approach to each individual's needs. The role of Nikshay Mitra extends beyond nutritional support, as they play a pivotal role in reducing the stigma associated with TB by fostering understanding and empathy within communities. Additionally, Nikshay Mitra may facilitate job opportunities for patients or their family members, providing a comprehensive approach to address financial insecurities.

Strengthening Comprehensive Primary Health Care Through Community Monitoring and Social Accountability Exercise by Jan Arogya Samitis: Jharkhand

The intervention aimed at piloting the operational aspects of JAS across 35 Ayushman Arogya Mandir - Sub Health Centres in Khunti and West Singhbhum districts of Jharkhand for a period of 18 months. The implementation partner collaborated with the health officials at State, districts, and blocks levels to constitute JAS at Ayushman Arogya Mandirs and facilitated community participation, enhanced governance, and ensured accountability and quality delivery of healthcare services at these 35 AAM facilities.

ASHA First Payment Application: Meghalaya

The State has implemented an end-to-end DBT application of payments to ASHAs with the sole purpose of easing the payment process and ensuring timely disbursement of the same. The application is also an important support tool for programme officers at all level as it enables regular monitoring and tracking of ASHA payment and ensure minimum time lag in payments.

Web-Based Performance Linked Payment System in NHM Chhattisgarh: "Revolutionizing Health Systems Management Through Technology"

NHM Chhattisgarh planned to simplify the process of performance reporting and automate the process of data validation and payment system. A specialized software and mobile application by the National Informatics Centre aimed at streamlining performance reporting and automating data validation and payment processes was developed. The software intends to establish a transparent and efficient Performance Linked Payment system, enable accurate measurement and timely reporting of CHOs & AAM team performances and facilitate swift disbursement.

Swasthya Sewa Utsav: Assam

"Swasthya Sewa Utsav" is an initiative to assess the quality of the service providers and service delivery at the health institutions. The objective of the program is to assess the health institutions, their infrastructure, human resource and quality of services delivered through independent assessors.

Healthcare Leadership Enhancement Program (HLEP): Gujarat

The Department of Health & Family Welfare, Government of Gujarat along with the National Health Mission Gujarat envisaged a program for Enhancing Healthcare Leadership initiative through training and mentoring. A total of 48 Senior cadre officials of Gujarat Health system went through systematic mentoring and training program over the period of one year. Leadership training experts from premier institutes like IIPHG, IIM-A, IITs, MICA, & Others. It includes residency training, mentoring sessions, hands-on training for skills through specially designed practice assignments followed by one week visit to a State.

Village Health Councils: Meghalaya

The objective of the village health councils is to act as the nodal community institution that will mobilise action on health and nutrition issues, and serve as a critical link between the state health systems and

community members. The council serves as a platform to generate demand for healthcare services, lead awareness campaigns, help disseminate IEC material, coordinate with sector teams and hold state systems accountable for delivery of services by highlighting gaps and needs.

i-HMIS: Arunachal Pradesh

i-HMIS aims to bridge gaps in the healthcare ecosystem through digital means. The proposed hardware and networking solution for the iHMIS is an online centralized hosted model, built on a multi-node cluster in a cloud environment at the CDAC Data Centre. This model will utilize on-demand provisioning of computing resources, ensuring network and internet redundancy in hospitals for high availability.

Goa Stroke Programme: Goa

The Goa Stroke Programme, is a landmark initiative modelled after the successful STEMI-Goa Project. Launched in collaboration with the Directorate of Health Services and the Department of Neurology at Goa Medical College (GMC), this program aims to enhance stroke care across the State. To facilitate rapid diagnosis and treatment, GMC, NGDH, and SGDH are all equipped with CT scan facilities, enabling immediate assessment of patients with stroke symptoms. Patients exhibiting warning signs of stroke are transported directly to these hospitals via the 108 ambulance service.

Household contacts of TB patients on TB preventive treatment using e-Sanjeevani Telemedicine: Uttarakhand

The Joint Effort in Elimination of Tuberculosis (JEET 2.0), supported by the National TB Elimination Program has adopted an innovative approach for screening of household contacts of Drug-Sensitive TB patients using telemedicine. The e-Sanjeevani hub of the National Health Mission serves as a platform for hosting an online TB clinic. Medical officers were selected and trained on the preliminary usage of e-Sanjeevani. The doctors counsel TB patients on treatment adherence and conduct symptomatic screening for all household members.

POKHILA - Customized Health Solutions "Leaving No One Behind": Assam

POKHILA is a state specific initiative rolled out with the goal of strengthening the Art of Counselling and emerge as a role model for frontline health workers in reaching out to community. The initiative aims to create a cadre of motivated program advocates with comprehensive understanding of the health issues. The Psychologists/Counsellors or those having an academic background on Psychology or Social Work provide technical support to the program.

Bihar's Pioneering Efforts: Advancing Immunization with Digital Micro-plans, Tele-calling, and Improved Monitoring Strategies

The tele-calling monitoring initiative in Bihar is a systematic, state-level effort involving 14 program experts who make scheduled calls on session days to frontline workers. This initiative gathers data across key programmatic indicators over time to identify gaps and address them promptly.

Shrawan Shruti Project: Bihar

The program adopts a multi-pronged approach, encompassing screening programs, medical and surgical interventions, therapy, and ongoing support services for hearing impaired children. The Otoacoustic emission screening identifies children with hearing disabilities, categorizing them into temporary and permanent impairment. Temporary cases undergo conservative treatment, while those with permanent impairment receive cochlear implants. The family-centred approach ensures that the family's role is acknowledged and integrated into the care process.

Family Planning Convergence Programme: Bihar

The Family Planning Convergence Program (FPCP) is a collaborative initiative between the Health Department and the State Rural Livelihoods Mission (SRLM) aimed at improving family planning uptake in Bihar. The program's objectives are to reduce the Total Fertility Rate (TFR), increase the modern contraceptive prevalence rate and empower women. The program provides incentives to encourage participation and form peer groups to focus on delaying, spacing, and terminal methods of contraception. Monthly meetings at the village level promote awareness, while health cadres collaborate with SHG members and ASHAs to facilitate access to services, dispel myths, and offer ongoing support.

How to Achieve "Tobacco End Game" by 2030: Himachal Pradesh

Under the initiative, the State notified state, district, block level flying squads and courts to expedite the enforcement efforts under COTPA. Awareness notices were issued through the civil society and via print media. The State took a lead in the country for search & seizures under Section 5&7 of COTPA, 2003 and launched prosecutions which resulted into convictions. Additionally, the State imposed a ban on Electronic Nicotine Delivery Devices (ENDS), issued the notification for Article 5.3 of Framework Convention on Tobacco Control (FCTC), and enacted Vendor Licensing Act, 2016.100 'Nayi Disha Kendras' were established to support tobacco cessation. Tobacco Free Educational Institution Guidelines were issued in 2020, notified Health Promotion Committee in 2021, and integrated health promotional activities within educational institutions.

Special Sickle Cell OPD: Chhattisgarh

The objectives of the model sickle cell unit in AAM-UPHC Nawapara Ambikapur were to screen individuals for sickle cell disease, carry out confirmatory tests to diagnose Sickle cell disease (SS cases) and Sickle Cell trait (AS individuals), provide essential free treatment and counselling to all SS and AS cases, ensure their entry in the portal for further follow-up treatment and maintain a registry.

Innovative Interventions Among Migrant Workers: Kerala

Resourceful migrant workers from various states working in the district have been identified, trained and deployed to serve as Migrant Link Workers to provide fellow migrant workers information about health services and also to connect them to various services of provided by the Health Department, and other departments such as Labour and Skills or Legal Services Authority. It is for the first time in India that a State government has engaged migrant workers to provide services to their peers in similar lines to the services provided by ASHAs.

Anaemia Monitoring Tool- Stronger Together: Managing Anaemia with SIRA Framework and Inter-Sectoral Unity: Andhra Pradesh

Andhra Pradesh has adopted a comprehensive approach to anaemia management under the Family Doctor Program, integrating data and services across multiple departments to ensure timely detection, intervention, and treatment. The State has developed the Anaemia Monitoring Tool to enable systematic tracking of anaemia cases and facilitate real-time data collection, analysis and targeted interventions. Pregnant women's data is integrated between the Health, Medical & Family Welfare (HMFW) and Women & Child Development (WCD) Departments through a Unique RCH ID ensuring continuity of care.

Anaemia Elimination Week – A Step Forward to Combat Anaemia in Haryana

In order to achieve the Anaemia Mukt Bharat target of reducing anaemia by 3 percentage points annually, the State observed a dedicated "Anaemia Elimination Week" (AEW) every quarter to implement mandatory Haemoglobin testing during outpatient visits in public health facilities. The State NHM-developed Anaemia Tracking Web Portal facilitates real-time data entry for Hb testing, capturing demographic details, beneficiary categories, Hb testing status, and treatment or referral updates. Each beneficiary is assigned a

unique ID, enabling seamless tracking of follow-up Hb tests and improvement status. Opportunistic Hb Testing mandated in public health facility OPDs, particularly in gynaecology and paediatric departments.

Meghalaya Drone Delivery Network (MDDN): Meghalaya

The Government of Meghalaya constructed a dedicated Drone Station at Jengjal Sub-divisional Hospital in West Garo Hills to serve as a central hub, and enable the transportation of medical supplies to rural health facilities within a 50 km radius. The model follows a Hub-and-Spoke system, where Jengjal SDH functions as the permanent hub, while 12 AAM-PHCs, 12 AAM-SHC and 1 CHC in difficult to reach areas have been designated as spokes (as of Feb 2025). Financially, operations run on a 'per kg per km' cost basis, ensuring cost-effectiveness. Technologically, the drones are equipped with Beyond Visual Line of Sight (BVLOS) capability, allowing them to operate over long distances without direct human control.

Day 2

(1st March 2025)

16th Common Review Mission – State Presentations

The team leaders of each State visited for the CRM presented the State findings before the Union Secretary of Health and Family Welfare, Additional Secretary and Mission Director (NHM), Joint Secretary (Policy) and the State Mission Directors (NHM). After each presentation, time was allotted for open discussions or response from the State officials.

Arunachal Pradesh

Air Cmde (Dr.) Ranjan Kumar Choudhury, NHSRC

- The team lead of Arunachal Pradesh highlighted robust practices observed in the visited healthcare facilities.
- Areas highlighted for improvement included branding of AAM, roll out of twelve expanded package services, continuous power supply, internet connectivity, differently-abled friendly infrastructure, shortage of HR, frequent stockout of NCD medicines and slow progress in NQAS certification.
- The State representative welcomed the feedback and informed that the State actively engaged in resolving the HRH shortfall. All identified gaps have been noted for expedited redressal. The State acknowledged the internet issues in hard-to-reach areas and is making efforts to resolve them.

Assam

- The team lead of Assam highlighted several commendable practices in the State, such as the Boat Clinic initiative.
- Areas highlighted for improvement included revising the State EDL to align with the National Essential Diagnostics List (NEDL), strengthening blood bank services at the peripheral levels like CHCs and FRUs, improving teleconsultation services by involving specialists from Medical Colleges, and strengthening community processes. It was suggested that community engagement by ASHAs be reinforced to foster health-seeking behaviour within the community.

Dr. Pawan Kumar, MoHFW

Bihar

Dr. Govind Bansal, MoHFW

» The team leader of Bihar highlighted several strengths of the visited health facilities, notably the implementation of innovative IEC materials to improve awareness about various health schemes among the general populace.

» Areas highlighted for improvement were underutilized District Early Intervention Centres (DEICs) were noted, ANC information gaps in the Mother and Child Protection (MCP) cards, knowledge gaps about immunization among the health workforce, poor engagement of ASHAs in referring children to the NRCs, and poor progress in facilities to meet over 50% IPHS compliance.

» The State representative shared the ongoing efforts to address human resource shortages and that work has been initiated to resolve all gaps identified by the 16th CRM team.

Chhattisgarh

Dr. Ashish B. Chakraborty, MoHFW

» The team lead from Chhattisgarh highlighted several strengths of the visited facilities such the use of radium signages on the floor to guide patients within the hospitals for availing services, and a high level of community trust in the government facilities for various service packages.

» Some of the identified challenges included a lack of referral plans for high-risk pregnancies, training gaps among the health staff, a lack of awareness about the Day Care Chemotherapy Centres among the general population.

» Responding to the findings, the representative from Chhattisgarh informed that the State has developed a High Risk Pregnancy Detection App to facilitate systematic tracking of all HRPs. The State has also initiated DVDMS integration and has decided to undertake concurrent recruitment of State and district-level staff to expedite gap closure.

Gujarat

Ms. Mona Gupta, NHSRC

» The team lead of Gujarat highlighted commendable practices observed in the visited healthcare facilities such as close collaboration between the State's Health Department and the SHSRC and adequately positioned HRH.

» Some barriers identified during the CRM included shortfall in the number of ambulances in far-flung areas like Kachh, gaps in the practice of undertaking opportunistic screening in urban areas, burden of record maintenance, and the community's

preference of private healthcare facilities despite robust investments in the public health system.

» Responding to the findings, the State representative highlighted that Gujarat has initiated a 'distance and time measurement' method to positions ambulances for improving access and response time in far-flung areas. Additionally, a working group has also been constituted in order to improve data quality for the healthcare facilities. It was also informed that the State had also requested for API from the Centre to integrate various portals with the National platform.

Haryana

» Some of the good practices showcased were the Senior Citizen Corner at the District Hospital, the TB Huts which served as a one-stop place for all TB related services, and the State's own drug management portal.

» Some recommendations included improving documentation and reporting of health promotion initiatives at the AAM-SHC and PHC level, and operationalization the Integrated Public Health Laboratories in all districts.

» The State representative responded that actions pertaining to all recommendations provided by the CRM teams have been initiated in the State.

Himachal Pradesh

» The team lead for Himachal Pradesh outlined various good practices, enablers and barriers of health service delivery in the State.

» It was noted that although the State had an HRH policy in place, there was a need to establish the use of HRMIS. Additionally, it was found that in-house diagnostics were underutilized compared to services delivered through the PPP mode. The facility staff also lacked training in disaster management and infection control. Community-based platforms needed strengthening, as the representation of the tribal population in JAS was found to be low.

» In response to the findings, the State representative informed that the high court order against HR recruitment had been stayed by the Supreme Court, allowing recruitment activities to resume. Further, training on various HRH has been scheduled. Efforts have begun towards strengthening the in-house diagnostic services to gradually phase out the PPP arrangement.

Jammu & Kashmir

Dr. Deepak Kumar, MoHFW

» The team lead highlighted key findings, good practices and implementation gaps. It was highlighted that the ASHAs and MLHPs in the State were highly motivated.

» Some of the key recommendations included removing user fees for medicines, prescription audits for DVDMS, making fixed line internet connection available, releasing of untied funds for JAS and establishing an HRH policy, along with ensuring rationalization of HR.

» The state representative highlighted that the DVDMS has been newly established in the State, however, would make efforts for its roll out till the AAM-SHC. Acknowledging the manpower constraints in remote areas, the State informed internal deliberations to incentivize regular cadre too, and not just the NHM staff. Concurrently, delays in ASHA incentivization would be expedited.

Jharkhand

» The CRM team observed a strong ASHA engagement and the implementation of E-Aushadhi and DVDMS for drug tracking was reported. The NHM budget allocation for primary healthcare facilities was notably high, reflecting a commitment to strengthening primary care.

» While the infrastructure at the SDH and DH levels was well-developed, challenges persisted in maternal health services, particularly in labour rooms. A shortage of anaesthetists led to high referral rates for deliveries. Additionally, frequent stock-outs and supply chain issues were reported. Gaps in diagnostics and specialist availability affected service delivery, and delays in response time were observed. However,

» The State representative informed that DVDMS implementation would be extended to the AAM-SHC level, and the Essential Drug List (EDL) would be revised as per state requirements. The State has planned to provide specialized training to the CHOs to enhance service delivery. A State Review Mechanism (SRM) with 12 teams would assess 24 districts.

Dr. Indranil Das, MoHFW

Karnataka

» Some of the issues highlighted included long response times for ambulances, low NQAS certification of facilities (around 16%), and shortage of HR at some facilities.

» It was suggested that the State develop a master plan for utilization of the grants provided by the Centre. The team suggested the State to reconsider the use of Fixed Dose Combination in practice.

» Responding to the findings, the State representative highlighted the discussion held during the mid-term review meeting for providing wage loss compensation of care-givers accessing the Nutritional Rehabilitation Centre for their young ones. The State assured that the development of a master plan for planning activities would be expedited; and screening activities would be improved as suggested by the CRM team.

Dr. J N Srivastava, NHSRC

Madhya Pradesh

» The CRM team reported that the AAM branding was well established at the facilities visited. Emergency care services were available at the CHC level, and critical care services were well maintained.

» Some of the identified gaps included the underutilization of the DEIC, infrastructural shortfalls at AAM, limited rollout of the expanded package of services and non-operationalisation of CHCs as First

Referral Units (FRUs). Additionally, MOs were underutilized, and there was limited focus on the NQAS.

» To address these challenges, recommendations included the need for proper orientation and capacity-building of MOs.

» The State representative highlighted that all recommendations provided during the Common Review Mission debriefing were being considered for strengthening health services.

Dr. G B Singh, NHSRC

Maharashtra

Dr. Vinay Garg, MoHFW

» The team presented key findings from the State and highlighted several best practices, including the establishment of Hirkani Kaksha (breastfeeding rooms) at every level of health facility. The State demonstrated a strong focus on nutrition by intensively promoting local foods to prevent and manage malnutrition. There was a rapid scale-up for NQAS certification.

» Some challenges identified included the need for real-time updates on the PMNDP portal. Additionally, it was observed that staff members were not adequately trained in using the HMIS portal, affecting data accuracy and reporting.

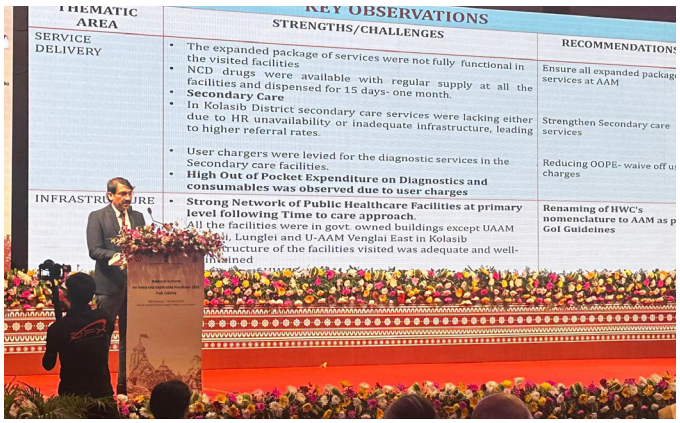
» The State representative informed that the recruitment processes for Medical Officers and specialists were ongoing, with improvements being made in the pay minus pension system to enhance retention. Additionally, enhancements were being made to the ambulance portal to improve emergency response efficiency.

Mizoram

» The findings from the CRM visits in Mizoram highlighted the need to expedite palliative care services.

» Other areas highlighted for improvement were secondary care user charges, infrastructure and service delivery gaps in secondary level hospitals, vaccine hesitancy and data entry challenges due to the unavailability of electronic devices and poor internet connectivity.

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



Dr. Sushil Vimal, MoHFW

Odisha

Dr. Zoya Ali Rizvi, MoHFW

» The CRM team lead for Odisha presented observations from the visits, highlighting several good practices which included the AMLAAN scheme for anemia reduction, activities for mental health and the availability of culturally appropriate IEC materials.

» It was suggested to improve access to ultrasound services at the lower levels of healthcare facilities due to prevalent accessibility constraints, and strengthen the infrastructure to enable access for people with disabilities.

» The State representative informed that the recruitment of HRH and training procedures are underway. The recommendations put forward by the CRM teams have been acknowledged for further actions.

Rajasthan

» The CRM team leader highlighted the good practices observed during the visits and some challenges.

» Some of the AAM-SHCs were found to be functioning in dilapidated buildings. It was observed that there was a significant shortage of lab technicians in the visited facilities. It was suggested that HR posted at different facilities be mapped for optimum service delivery.

» The State representative responded that the government has taken proactive steps to enhance health monitoring to achieve health goals. The State has launched its own State

Mr. Pulkesh Kumar, MoHFW

Review Mission, wherein State health experts, including NHM consultants, undertake routine visits to support districts and blocks in their health initiatives. The State assured that addressing human resource gaps is a focus area, with plans to fill all 20,000 vacancies by July 2025.

Tripura

» The findings from the State of Tripura highlighted good immunization coverage and the functional implementation of AAM at the visited facilities.

» Identified gaps included inadequate availability of a comprehensive basket of contraceptives, incomplete documentation of service delivery, lack of advanced diagnostic services at the visited facilities, a high rate of C-sections and shortages in critical care infrastructure.

» To address these gaps, it was recommended to strengthen human resource availability in critical care areas, invest in midwifery services to improve maternal healthcare, and ensure the availability of appropriate and standardized medical supplies across all facilities.

Dr. Avijit Roy, DHS, A&N Islands

» 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. Efforts are underway to improve workforce availability in the coming months to enhance service delivery and critical care management.

Uttar Pradesh

Dr. K Madan Gopal, NHSRC

» The team lead of Uttar Pradesh highlighted the State's proactive recognition of the importance of ultrasound (USG) in early detection and management of high-risk pregnancies (HRPs). The implementation of e ₹UPI voucher for USG services was commended.

» Some of the identified areas for redressal were high occupancy rate of SNCUs, critical HRH shortage, lack of an anonymous maternal death review mechanism. Given the State's engagement with numerous Public-Private Partnerships (PPPs), it was recommended to evaluate these models thoroughly to determine their potential applicability and implementation across other states.

» The State representative informed that they are strategizing to shift the SNCUs to adjoining specialist hospitals. Recruitment efforts for Community Health Officers (CHOs) and the specialists were under progress. Efforts were also underway to encourage health staff to report deaths anonymously.

Uttarakhand

Dr. Divya Valecha, MoHFW

» The team lead discussed the findings from the state highlighting several challenges, particularly the non-availability of essential medicines at the visited facilities, which contributed to out-of-pocket expenditure.

» While a HR policy was in place, there was a lack of staff awareness, even in quality-certified facilities. Pockets of high home deliveries were observed, indicating gaps in institutional delivery services. U-WIN and e-VIN systems were functional. The non-availability of several medicines further strained hospital services and patient care.

» The State representative informed that difficult terrain contributed to internet connectivity issues, impacting service delivery. To address healthcare gaps, the State is planning to establish a Centre of Excellence. Around 170 vacant positions for the CHOs would be filled soon. Additionally, Skilled Birth Attendant training would be expedited to strengthen maternal healthcare services.

West Bengal

Dr. L Swasticharan, MoHFW

» The findings from the CRM visit to West Bengal highlighted that primary healthcare services were well-equipped and comprehensive, with strong community engagement observed across facilities. “Choker Alo,” was highlighted for its contribution to universal eye screening.

» Identified gaps included accessibility constraints within the AAM, non-alignment of EML with the national list. Recommendations included mapping vulnerable populations and expediting the rollout of the Expanded Package of Services.

» The State representative informed that branding efforts had been completed, and the statutory audit report was submitted following the CRM visit. Additionally, they requested authorities to address the State’s funding concerns to support ongoing healthcare initiatives.

Outcome of Regional Conferences: Maj Gen (Prof.) Atul Kotwal, Executive Director, NHSRC

Maj Gen (Prof.) Atul Kotwal, the Executive Director of NHSRC, presented the key outcomes and insights from the four Regional Conferences. He emphasized that, although the workshops have led to notable improvements in health systems across various states, there is still substantial progress to be made. Additionally, he pointed out that the conferences have highlighted critical areas that require further deliberation and engagement by the respective stakeholders.

Purpose & objectives of the Regional Conferences: Prof Kotwal outlined the key objectives of the Regional Conferences held during the FY 2024-25, highlighting the expansion of service delivery through integrated care, linkages with PMJAY, and wellness promotion. He underscored the importance of enhancing community participation, ensuring quality and patient safety within healthcare facilities, strengthening human resources in terms of availability and skills, and improving infrastructure and logistics. Prof Kotwal emphasized the importance of effectively utilizing the funds from PM-ABHIM and XV Finance Commission health sector grants, which was even iterated by the Honourable HFM in previous discussions on infrastructure projects.

Strengthening of AAM: Strengthening the AAM serves as a foundational step in delivering CPHC services closer to the community, therefore further empowering secondary and tertiary care systems by reducing patient overload, streamlining referrals, and enabling them to focus resources on specialist care. Although the availability of Medical Officers at the AAM (PHC/UPHC/U-AAM/CHC) has improved following the workshops held in most States, concerns were raised over the declining availability of CHOs in some States. This decline necessitates an urgent discussion on policies for retaining CHOs.

Roll out of Expanded Packages at AAM: While training on the Expanded Package of Services (EPS) is ongoing, States like Haryana, Tamil Nadu, and Telangana have shown progress in post-workshop CHO training status, whereas states such as Chhattisgarh, Himachal Pradesh, Kerala, and Odisha have experienced a decline. To address this, a shift towards composite training for all cadres was suggested, with States like Jharkhand serving as an example of this approach.

Rationalization of Registers: He highlighted about the excessive number of registers currently in use at the healthcare facilities. Considering that some of the registers are mandated by NQAS, efforts are underway to reduce this number to 13 by eliminating unnecessary registers and minimizing the duplication of work.

Community Processes: It was shown that Jan Arogya Samitis (JAS) have been established in most States. While guidelines on their constitution and functioning have already been issued, it was urged that the focus should now shift towards utilizing these committees as platforms to foster community ownership and engagement in managing health facilities. Integration of NCDs into the VHSNC framework using a phased approach may be adopted with preventive and promotive measures, and basic screening for NCDs was suggested to make VHSNCs more holistic in addressing foundational health needs. Additionally, he suggested exploring the involvement of Self-Help Groups (SHGs) to support Jan Arogya Samitis (JAS), further enhancing community participation and ownership. It was informed that the revision of the Community-Based Assessment Checklist (CBAC) forms is currently underway and would be submitted to the MoHFW for approval.

Training on all the service packages at AAM: Regarding comprehensive training, some of the States have already initiated integrated training programs for staff nurses or MOs and were encouraged to share their training modules. This would enable the review and adaptation of best practices to enhance training initiatives across regions, ensuring a standardized and effective approach to capacity building.

CHO mentorship program: Prof Kotwal highlighted that the CHO mentorship program is progressing, with 393 CHOs certified across three batches, and nominations for the fourth batch currently underway. While the program is being evaluated, he referenced another initiative by PGIMER with Odisha employs a superior methodology for skill upgradation. Consequently, the MoHFW is modifying the CHO Mentorship Program to incorporate these learnings.

ASHA certification Program: ASHA certification program, developed in collaboration with the Ministry of Health and NIUS, offers a remarkable opportunity to enhance the credibility and confidence of ASHAs within society. However, their training in EPS remains a significant challenge in many States, with the national average of ASHAs trained in EPS being a mere 22.5%.

Wellness Sessions conducted at AAM: Collaboration between the Health Ministry and AYUSH is being strengthened, and a yoga training module for all AAM personnel is being developed through the AYUSH Ministry. The average number of wellness sessions held in the last 6 months (Sept 24 to Feb 25) has seen a marked reduction to 3,6 and 5 sessions per month which needs to be further analysed for potential improvements. Introducing wellness as the 13th package may be considered, especially with the integration of AYUSH.

Indian Public Health Standards: In terms of IPHS compliance, every State was encouraged to achieve 100% assessments under the IPHS framework. He highlighted that the IPHS ODK tool serves as a governance mechanism as it helped identify the weaknesses of each facility and could facilitate strategic planning to address them. He also stressed the importance of strengthening secondary care services in CHCs, gradually converting more CHCs into FRUs with continuity of care (CoC), and ensuring their operationalization.

Human Resources for Health: The availability of HRH in the States (against the IPHS) have seen a marginal increase between May 2024 and Dec 2024 for all the cadres except for MO-MBBS, which has seen an increase of 10% (from 66% to 76%). Capacity-building initiatives are already underway, and utilizing SHSRCs and SIHFWs will play a pivotal role in enhancing State-level capacity-building. Larger states may consider forming recruitment boards, similar to Tamil Nadu, to streamline hiring processes. Tools like HRIMS can assist in comprehensive HR management, from postings to leave tracking. IPHS suggests integrating CHOs as part of the nursing cadre, making them permanent employees of the health system—a model already implemented successfully in Odisha. A draft on structured career progression is in preparation and will soon be shared with the Ministry. To ensure round the clock quality services, deploying two MOs at each AAM-PHC has been proposed, enabling them to cater to all AAM-SHCs in their area and facilitate teleconsultation. Addressing rational deployment & capacity enhancement of HRH across the health facilities and improving the quality of training of the AAM team are the key priorities. Prof Kotwal invited feedback on whether Urban AAMs (U-AAMs) are necessary, the degree of flexibility required based on the population they serve (10,000–15,000), and the posting of MOs at U-AAMs.

National Quality Assurance Standards: While until now 1,859 AAM-SHCs have been NQAS certified in 27 States/UTs, it has been decided that from 1st April 2025 onwards, only those facilities that have implemented all 12 Essential Packages of Services (EPS) would be certified for NQAS. States must ensure that there is no discrepancy between virtual and physical assessments, and needs to physically verify 10% of virtual evaluations.

Diagnostic Services: Regarding diagnostic services, all 36 states are adopting the Free Diagnostics Service Initiative (FDSI) through various models—PPP, in-house, or hybrid. States are encouraged to conduct low-cost, high-volume tests in-house to strengthen capacity and reserve high-cost, low-volume tests for PPP mode, thereby optimizing state fund utilization.

Medicines and Supply chain: Prof Kotwal commended the significant reduction in out-of-pocket expenditure (OOPE) over the past decade but emphasized that 40-42% of OOPE is still spent on drugs. Ensuring drug availability per the Essential Drug List (EDL) will further reduce OOPE. States need to address slow progress in drug availability by enhancing supply chain mechanisms, possibly through rate contracting. Detailed insights from States about unused drugs over the past few years are also required to evaluate their relevance in the EDL. Strengthening supply chains through DVDMS implementation up to AAM-SHC levels

was emphasized as critical.

Digital Portals and Information Technology: States must also focus on consolidating data through a single-window system for programs like NCD, NiKshay, and Sickle Cell initiatives. He highlighted that an aggregator platform has been developed and is in testing phase, and thereby urged States to refrain from developing their own.

PM-AB Health Infrastructure Mission: On PM-ABHIM, he stressed that while allocations have increased, the pace of construction needs acceleration, and constructed facilities must be made fully functional. States were encouraged to establish engineering cells or seek national-level assistance for expedited progress.

Way Forward: Smt. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW

Smt. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW, commended the team for a successful event. She affirmed that future events would be undertaken annually to allow the States to present their best practices and enable cross-learning. The following were shared as the way forward by AS&MD (NHM).

Wider participation by the States: She urged all the States to actively participate and submit their best practices and innovations in the NHInP. The portal would be re-opened for the next round of submissions after the summit. During which the States were encouraged to apply as per the designated format, as some of the practices shared on this platform have been taken up for implementation at scale in the past. States were also encouraged to adapt and implement any relevant practices suitable to their context.

Follow-up on CRM findings: The States need to follow up with the respective facilities visited during the CRM to ensure gap redressals as guided by the feedback shared by the CRM teams.

Institutionalize State Review Mission: Highlighting budgetary proposals put across by the States for undertaking State Review Missions (SRMs) during the NHM PIP Mid-Term Review Meetings, AS&MD advocated that SRMs would be an ideal substitute for programmatic reviews or supervisions within States. SRMs could involve all health system components and would be instrumental in expediting the achievement of elimination targets under various disease-control programs. States were encouraged to institutionalize SRMs as a quarterly exercise wherein supportive supervision can be delivered as well as sustain the identification of good and replicable practices and gaps within the State.

Direct efforts towards the achievement of disease elimination targets: Currently, Tuberculosis, Measles, Rubella, Leprosy, and Lymphatic Filariasis are the priority disease control programs targeted for elimination. The GoI intends to achieve TB elimination by 2025, Measles and Rubella by 2026, and Leprosy and Lymphatic Filariasis by 2027. States need to direct concerted efforts to meet the elimination targets.

Expedite the rollout of the 12 expanded-package of services at AAM: In line with the commitment made at the Chief Secretaries' conference, States need to roll out the expanded package of services at the Ayushman Arogya Mandir by December 2025. Actions in this front include expedited training and recruitment of Community Health Officers.

Improving IPHS compliance: States fell short of achieving at least 80% of IPHS compliance mainly due to the non-availability of medicines and diagnostic services at the facilities. Considering this, the States need to align their State EML and EDL with the national lists and ensure their availability at the facilities. States may inform the Centre if any medicine or test is not required for their context for its removal from

their State-specific EML and EDL. Efforts in this direction would help States to achieve satisfactory IPHS compliance status. States also need to prioritize the recruitment of core healthcare service delivery teams, which include the CHOs, Medical Officers, Staff Nurses, Pharmacists, Lab Technicians, and Specialists.

Expedite progress under NQAS: States may leverage the virtual certification process to expedite the NQAS assessments and also ensure random physical verification of 10% of the virtually assessed AAM-SHCs.

Ensuring updated information sharing at the national portals: Since the Ministry utilizes the information shared on the national portal, States need to ensure timely updates of information to ensure an accurate reflection of their progress.

Reduction of multiple reporting: The Ministry has already initiated steps towards integrating the portals. The NHSRC team has been mandated to support the piloting, integration, and rollout of the aggregator platform in a year's time. A list of essential registers for the facilities has been shared with the States to reduce unnecessary reporting. With the uptake of online portals, most of the manual registers would be phased out. Currently, manual reporting under IHIP would be phased out due to the uptake of online reporting into the IHIP portal by most of the States. The efforts would be gradually extended to larger programs like NTEP to do away with dual reporting by the AAM team.

Improving the effectiveness of capacity-building activities: The NHSRC team has been requested to facilitate a training model where the SIHFWs and SHSRCs may function as the training hubs or regional institutes for capacity building. Further, States need to develop a combined training package for all cadres to improve the quality of service delivery.

Strengthening of Community Health Centres: Currently, patients from the Ayushman Arogya Mandir are referred to the District Hospitals, as most of the FRU CHCs provide only RCH services. States need to ensure that the CHCs are strengthened to also deliver the 12-service package.

Establishment of 200 Day Care Centres: In line with the union budgetary announcements, the Ministry has circulated a format to all States to facilitate gap analysis and finalization of sites for the establishment of 200 day care centres. States need to share the required information to commence implementation activities by the start of the next financial year (April 2025).

Strengthening internet connectivity to the peripheral level: States need to ensure that all AAM-PHCs are provided with broadband connectivity and may identify facilities reliant on private providers.

After briefing the participants on the way forward, AS&MD (NHM) expressed her gratitude to the Union Secretary, HFW, State Secretaries, State nodal officers, MoHFW team, Directors, ED NHSRC, and NHSRC team for participating and making the event a success. She extended her gratitude to the ACS and MD NHM of Odisha and team for their hospitality and for hosting the event.

Concluding Remarks: Smt. Punya Salila Srivastava, Secretary, Health and Family Welfare, MoHFW

Smt. Punya Salila Srivastava, Union Secretary, HFW congratulated the team for offering insights during the event, and affirmed that the current momentum would help us collectively to achieve our goals and targets. She encouraged all to move ahead in a focussed manner, and share feedback on the areas which need more focus, other than those discussed during the event or in the past deliberations. She urged everyone's active participation to help the Government of India to undertake necessary course correction.

CRM Team Leads

Annexure 1: Agenda

Ministry of Health & Family Welfare, Government of India

Agenda

9th National Summit
Good and Replicable Practices
and
Innovation in Public Healthcare System in India
and
Dissemination of the report of the
16th Common Review Mission

28th February – 1st March 2025
Venue: Swosti Premium Beach Resort, Puri, Odisha

Time	*Session*	
	Day 1: Feb 28th 2025	
10:00 am – 11:30 am	*Inaugural Session*	
10:00 am – 10:05 am	❖ Lamp Lighting	
10:05 am – 10:10 am	❖ Welcome & context setting	AS&MD, NHM, MoHFW
10:10 am – 10:20 am	❖ Address	Secy, HFW, MoHFW
10:20 am – 10:30 am	❖ Address	Hon'ble Health Minister, Odisha
10:30 am – 10:40 am	❖ Keynote Address	Hon'ble Chief Minister, Odisha
10:40 am – 11:00 am	❖ Inaugural Address	Hon'ble Union Minister, HFW
11:00 am – 11:05 am	❖ Release of: · Coffee Table Book: 9th National Summit on Best practices · Report: 16th Common Review Mission · Report: Four Regional Conferences of NHM (2024-25) · Report: Non-Communicable Diseases Conference (Jan 2025)	
11:05 am – 11:10 am	❖ Vote of Thanks	Secy, HFW Odisha
11:10 am – 11:15 am	❖ Group Photograph	
11:15 am – 11:45 pm	*Tea Break* *"Poster Gallery Walk"*	
11:45 am – 1:45 pm 10 min for each presentation followed by discussion	❖ Improving MDA through social mobilisation and community participation towards elimination of LF	Odisha

Time	Session	
	❖ An innovative training approach for CHOs	Chhattisgarh
	❖ Zero Vacancy in Health Facilities	Andhra Pradesh
	❖ "Mironbising Gi Khudol" (A gift for expectant mother), an extension of PMSMA	Manipur
	❖ State Centre of Excellence (CoE) for Newborn in Hub and Spoke Model	Telangana
	❖ Rescue Mission- Saving Lives of Mothers and Infants	Meghalaya
	❖ Streamlining the Performance Based Incentive under AB-AAM	Madhya Pradesh
	❖ Brain Health Initiative	Karnataka
	❖ Sahiya App - Strengthening Community Processes	Jharkhand
1:45 pm – 2:45 pm	*Lunch Break* *"Poster Gallery Walk"*	
2:45 pm – 3:45 pm 10 min for each presentation followed by discussion	❖ Santhwanam Mental Health Project	Kerala
	❖ Tele Stroke Project - A Decentralized Approach	Himachal Pradesh
	❖ Integrated Viral Hepatitis services in correctional homes : establishing synergy	West Bengal
	❖ Behavioural training of HRH	Uttar Pradesh
3:45 pm – 4:15 pm	*Tea Break* *"Poster Gallery Walk"*	
4:15 pm – 5:00 pm 15 min each presentation followed by discussion	❖ Day Care Cancer Centres – experience of two states	Odisha Tamil Nadu

Day 2: March 1st, 2025		
Time	**Session**	
10:00 am – 11:30 am	CRM State presentations: **(*10 mins each*)** ❖ Arunachal Pradesh ❖ Assam ❖ Bihar ❖ Chhattisgarh ❖ Gujarat ❖ Haryana ❖ Himachal Pradesh ❖ Jammu & Kashmir *10 min – open discussions*	Respective Team Leaders
11:30 am – 12:00 pm	*Tea Break* *"Poster Gallery Walk"*	
12:00 pm – 02:00 pm	CRM State presentations: **(*10 mins each*)** ❖ Jharkhand ❖ Karnataka ❖ Madhya Pradesh ❖ Maharashtra ❖ Mizoram ❖ Odisha ❖ Rajasthan ❖ Tripura ❖ Uttar Pradesh ❖ Uttarakhand ❖ West Bengal *10 min – open discussions*	Respective Team Leaders
02:00 pm – 03:00 pm	*Lunch Break* *"Poster Gallery Walk"*	
03:00 pm – 04:00 pm	❖ Outcome of Regional Conferences – Discussions	
4:00 pm – 4:30 pm	❖ Way forward	
4:30 pm	*High tea & wrap up*	

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