Department of Health and Family Welfare

1. Establishment and Strengthening of NCDC Branches and Health Initiatives, Inter-sectoral coordination for preparation and Control of Zoonotic Diseases and other neglected Tropical Diseases, National Viral Hepatitis Surveillance Programme, and Anti-Microbial Resistance Containment Programme (CS)

FINANCIAL OUTLAY (Rs in Cr)	OUTPU'	TS 2023-24		OUTCO	ME 2023-24	
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24
58.67	7.1 Establishment an	d strengthening of NCDC	Branches an	d Health Initiatives		
	1. Establishment of NCDC branches in states. 1	5.1 No. of States identified approx 3 acres of land / building space (free of cost and any litigation)	9	1. Operationalisation of NCDC branches. ²	1.1 Number of branches with disease surveillance system established 1.2 Number of branches conducting outbreak investigation	4

¹ Establishment of NCDC branches is subject to contribution of state (approximately 3 acres of land), construction related issues (CPWD willingness, local issues of labour, material etc). Operationalisation of NCDC branch can be applicable for number of branches which have completed the construction work/renovation of building space

² Operationalisation of NCDC branch can be applicable for branches which have completed the construction work/ renovation of building space, equipment has been procured and placed and trained manpower is available for undertaking surveillance and lab related activities

FINANCIAL OUTLAY (Rs in Cr)	OUTPUTS 2023-24		OUTCOME 2023-24	
	5.2 No. of States which has sought clearances for offered land i.e. NOC from revenue, Urban development Deptt. of EFCC and other relevant deptt.	10	1.3 Number of branches conducting referral and diagnostic test	4
	5.3 No. of States signed MOU with Director NCDC for the land	5	1.4 No. of branches conducting technical training of manpower for - Epidemiologic al Surveillance (routine, outbreak, emergency response, state- specific diseases, data management)	4
	5.4 No. of States which have transferred the land to Director NCDC	5	1.5 No. of branches conducting technical	4

FINANCIAL OUTLAY (Rs in Cr)	OUTPUTS 2023-24		OUTCOM	IE 2023-24	
	5.5 No. of States where Architectural drawings have been prepared by state CPWD office and approved by Chief Design Bureau of MoHFW	6		training of manpower for -Laboratory activities (handling of equipment, conduction referral and	
	5.6 No. of States' CPWD which have submitted the preliminary budgetary (PE) estimates and subsequently approved by IFD, MoHFW	6		diagnostics of tests, data management)	
	5.7 Initiation of construction/renovation work as per approved plan (arch. drawing & PE)	9			
	5.8 Completion of construction/ renovation work as per approved plan (arch. drawing & PE)	8			

FINANCIAL OUTLAY (Rs in Cr)	OUTPUTS 2023-24		OUTCOME 2	2023-24
	5.9 Human Resource Placement (Recruitment/transf er)	8		
	5.10Equipment procurement and placement	8		
	5.11Training of manpower- Epidemiological Surveillance	8		
	(routine, outbreak, emergency response, state-specific diseases,			
	data management) 5.12Training of manpower- Laboratory activities (handling	8		
	of equipment, conduction referral and diagnostics of tests, data			
7.2	Mational One Health Program for preventi	on and contro	ol of Zoonoses	

FINANCIAL OUTLAY (Rs in Cr)	OUTPU	TS 2023-24		OUTCOM	1E 2023-24	
	1. Professionals Trained in joint regional workshops through regional co- ordinators	1.1. Number of professionals trained in joint regional workshops and meetings	100	2.1. Improved capacity of States and district level manpower for prevention and control of zoonosis diseases	1.1 Number of Training workshops, stakeholder consultations conducted	5
	Strengthening of lab diagnostic capacity for ZD surveillance 7.3 National Rabies 0	2.1. No of regional reference labs having diagnosis capacity on Zoonoses strengthened under ISC (2 New + 10 Old) Control Programme (NRC	14 TP)	2.2. Improved Zoonotic diseases surveillance	2.1 No of samples tested for ZDs	100
	3.1 Training of health care Professionals for Animal Bite management (ABM), diagnosis, case management, prevention & control of Rabies	1.1. Number of trainings conducted at State and District level	15	1.1 Improved Capacity of States and district level health professionals with respect to ABM, diagnosis, case management, prevention & control of Rabies	1.1. Number of states where state and District Level ABM, diagnosis, case management, prevention & control of Rabies workshops were conducted	15

FINANCIAL OUTLAY	OUTPU'	ΓS 2023-24		OUTCOM	ME 2023-24			
(Rs in Cr)								
	7.4 Programme for P	revention and Control of	Leptospirosis	s (PPCL)				
	1. Trained Health professionals with respect to diagnosis, case management, prevention & control of Leptospirosis	1.1 Number of States replicating training on Leptospirosis (1 training at state & 1 training at district)	10	1. Improving capacity of health professionals with respect to diagnosis, case management, prevention & control of Leptospirosis	1.1. Total no. of health personnel trained in Leptospirosis management	50		
	7.5 Disease Control P	Programme: Integrated D	isease Surveil	illance Programme (IDSP)				
	Improved capacity of Districts to detect and respond to disease outbreaks	1.1. Percentage of P Form Reporting	66	Laboratory confirmation of outbreak prone diseases under IDSP	1.1 Percentage of outbreaks where preliminary assessment completed timely	30		
		1.2. Percentage of L Form Reporting 1.3. Percentage of districts having Core surveillance HR at DSUs	62 60		1.2 Percentage of outbreaks where human samples were collected	70		
	7.6 National Program	for Surveillance of Vira	l Hepatitis					

FINANCIAL OUTLAY (Rs in Cr)	OUTPU	TS 2023-24	OUTCOME 2023-24
	1. Surveillance system for hepatitis	a. Number of population-level surveys/ surveillance systems with which	1. Sero-prevalence of hepatitis B in India India 1.1 Provision of data on Sero-prevalence of hepatitis B in India (%)
14.26	7.7 National Progra	integration is established for carrying out surveillance of chronic viral hepatitis mme on Anti-Microbial Resistance Co.	2. Sero-prevalence of hepatitis C in India 1.2 Provision of data on Sero-prevalence of hepatitis C in India(%) 1.3 Provision of data on Sero-prevalence of hepatitis C in India(%)
14.20	National Progra AMR surveillance	1.1 Number of state 50	1. AMR surveillance 1. Number of 45
	lab network established	medical college labs strengthened for Quality assured testing for AMR detection	data analysed and available The Number of the data analysed and available and a

FINANCIAL OUTLAY (Rs in Cr)	OUTPU	TS 2023-24		OUTCOM	IE 2023-24
	2. Establish	2.1 Number of state 30	0 2	2. Antimicrobial use	2. Number of sites enrolled for External Quality Assessment scheme (EQAS) 1. Number of 30
	surveillance of antimicrobial drugs use in state medical college hospitals under AMR network	medical college hospitals where surveillance of antimicrobial use is established		surveillance data analysed and available	medical college hospitals reporting Antimicrobial use surveillance data to programme unit at NCDC (number of sites)
	3. Establish/Strengthen State AMR surveillance lab networks	3.1 3.1 Number of states being supported for establishment of state AMR surveillance lab networks	3	3. State AMR surveillance annual report developed	3.1 Number of states which have developed annual AMR surveillance reports

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2. Pharmacovigilance Programme of India (PvPI) (CS) 1.

FINANCIAL	OUTP	UTS 2023-24		OUTCO	ME 2023-24	
OUTLAY						
(Rs in Cr)					<u>, </u>	
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24
	2. Recognition of Medical College- Hospitals/ District hospitals as Adverse Drug Reactions Monitoring	1.1 Number of AMCs where ADRs reporting established (Cumulative) (ADR Monitoring Centres) (AMCs)	700	1. To create a nationwide system to report ADRs for patient-safety	1.1. Increase ADR Reporting	700
	Centres (AMCs)	1.2 Percentage of Individual, Case Safety Reports Expected to increase	10		1.2. Percentage of Individual, Case Safety Reports Expected to increase	10
	3. Drug safety Alerts, Signal and Changes in Prescribing Information Leaflet	2.1 Number of Drug Safety Alerts, Signal and Changes in Prescribing Information Leaflet	Target is not Amenable ³	2. Drug safety Alerts, Signal and Changes in Prescribing Information Leaflet	2.1 Number of Drug Safety Alerts, Signal and Changes in Prescribing Information Leaflet	Target is not Amenable ⁴

³ Target can't be predicted or finalized in advance, every ADRs is analyzed and appropriate drug alert issued therefore it depend on the actual scenario to realize.

⁴ Target can't be predicted or finalized in advance, every ADRs is analyzed and appropriate drug alert issued therefore it depend on the actual scenario to realize.

3. Development of Nursing Services(CS)

FINANCIA	OUT	PUTS2023-24		OUTCOME 2023-24			
L OUTLAY							
(Rs in Cr)							
2023-24	Output	Indicators	Targets	Oı	utcome	Indicators	Targets
			2023-24				2023-24
33.77	To conduct 100	1.1 Number of nurses	76	1.	To update the	1.1 Number of	2280
	courses of	training course			knowledge &	Nurses	
	Training and to	conducted			Skills of Nursing	trained	
	update the				personnel in		
	knowledge &				Nursing		
	Skills of Nursing				Education,		
	personnel				administration		
	Upgradation of	2.1 Number of nursing	7	2.	Increase in	2.1 Increase in	280
	School of	schools upgraded			availability of	number of	
	Nursing (SON)	to Nursing			Graduate nurses	seats of	
	into College of	colleges (Schools				graduate	
	Nursing	to be upgraded				nurses	
		into Colleges)					

4. Health Sector Disaster Preparedness and Response and Human Resources Development for Emergency Medical Services (CS)

FINANCIA	OUTPUTS 2023-24			OUTCOME 2023-24			
\mathbf{L}							
OUTLAY							
(Rs in Cr)							
2023-24	Output	Indicators	Targets	Outcome	Indicators	Targets	
			2023-24			2023-24	
135.79	1 Development of	4.1 No. of Training	30	1. Improved skill	1.1 No of trainees	>90%	
	Human Resource	workshops held		and knowledge of	successfully		

FINANCIA		OUTPU	TTS 2023-24			OUTCOM	ME 2023-24	
\mathbf{L}								
OUTLAY								
(Rs in Cr)								
			4.2 No. of trainees trained	900		trained staff	completed training	
	2	Chemical, Biological, Radiological, and Nuclear (CBRN) Medical management centres	2.1. No. of centres made functional for managing CBRN as per timeline /target	1	2.	Skill centres made functional	2.1 No. of Skill centres made functional (cumulative)	10
	3	Setting up of Skill Centres	3.1. No. of Skill centres initiated	15	3.	Doctors, Nurses and Paramedics	3.1 Number of Doctors, Nurses	300
	4	Training of Doctors, Nurses and Paramedics	4.1 Number of training workshops held	15		trained in Emergency Life Support	and Paramedics trained in Emergency Life Support	

5. National Organ Transplant Programme (NOTP) (CS)

FINANCIAL OUTLAY (Rs in Cr)	OUTPUT	S 2023-24		OUTCOMES 2023-24				
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24		
	To increase awareness on organ donation	1.1. No. of deceased Organ donors	600	Increase in organ transplant	2.1 Total No. of organ transplant done	10000		

6. Family Welfare Schemes (CS):

FINANCIA L OUTLAY (Rs in Cr)		OUTPUI	TS 2023-24	OUTCOME 2023-24					
2023-24	(Output	Indicators	Targets 2023-24	Outcome		Indicators	Targets 2023-24	
150.00	a.	Free Supply of C	ontraceptives						
	1.	Procurement for free distribution of contraceptives as per the requirement of Family Planning	1.1 No. of Condoms procured against requirement – MPcs	350	1 1	eptive to achieve Planning	10.1No. of Condoms supplied to States/UTs against procurement - MPcs	350	
		Programme	1.2 No. of OCPs procured against requirement - Lakh Cycles	300		10.2No. of OCPs supplied to States/UTs against procurement - Lakh Cycles	300		
			1.3 No. of IUCDs procured against requirement - Lakh Pcs	100			10.3No. of IUCDs supplied to States/UTs against procurement - Lakh Pcs	100	
			1.4 No. of Tubal Rings procured against requirement (Lakh Pairs)	20			10.4No. of Tubal Rings supplied to States/UTs against procurement (Lakhs Pairs)	20	

FINANCIA L OUTLAY (Rs in Cr)	OUTPUTS 2023-24		OUTCOME 2023-24	
	1.5 No. of EC Pills procured against requirement (Lakh packs)	100	10.5No. of EC Pills supplied to States/UTs against procurement (Lakh packs)	00
	1.6 No. of PT Kits procured against requirement (Lakh Kits)	350	10.6No. of PT Kits supplied to States/UTs against procurement(Lakh Kits)	50
	1.7 No. of Injectable contraceptive procured against requirement (Lakh doses)	60	10.7No. of Injectable contraceptive supplied to States/UTs against procurement (Lakh doses))
	1.8 No. of Centchroman contraceptive pills procured against requirement -	150	Centchroman contraceptive pills supplied to States/UTs against	50
37.90 b.	lakh strips IEC (Information, Education and Comm	unication) (R	procurement (lakh strips) enamed as Swastha Nagrik Abhiyan) (SNA)	

FINANCIA L OUTLAY (Rs in Cr)		OUTPUT	SS 2023-24			OUTCOM	E 20	23-24	
	9.1	Number of IEC Campaigns/events/o rganized	1.1. No. of actual campaigns carried out	160	a.	IEC Outcomes is reflected in outcomes of National Health programmes/progra mmes deliverables	1.	Increase in awareness level and Health Seeking Behaviour	Increase in awareness level and Health Seeking Behaviour
42.04	c.	Population Resea	rch Centres (PRC)						
	1.1	No. of research studies completed by the PRCs	1.1 No. of research studies completed by the PRCs	85	1.1	. Dissemination of Research Studies & Release of Compendium of Selected Studies	a.	Conduct of Dissemination workshop	01
202.40	d.	<u> </u>	Research Studies				1		
	1.	Conduct of Training of Trainers (ToT) for all States (phase I & II)	1.1 Questionnaires and manuals printing for ToT for all States (phase I & II)	Yes	1.	Completion of NFHS-6 field work in phase-I & phase II States.		Preparation of tab ulation plan for N ational & State Re ports Finalization of dat a sets for phase-I	Yes
								States	
	2.	Hiring of field staff and their training by Field Agencies	2.1 Conducting ToT and State-level training for field staff by Field Agencies in all States (phase I &	Yes	2.	Preparation of State factsheets for phase-I States	1.	Preparation of fact sheets templates f or phase-I States.	Yes

FINANCIA L OUTLAY (Rs in Cr)	OUTPU	TS 2023-24		OUTCOM	IE 2023-24	
		II) for M&L operation.				
	3. Mapping & Listing (M&L) in all States (phase I & II)	3.1 State-level training for Main Survey	Yes			
	4. Field work in phase-I and phase II States	4.1 Field work in phase-I and phase II States	Yes			
	e. Social Marketin	g of Contraceptives				
	Procurement of contraceptives as per the requirement of SMOs	1.1. No. of Condoms procured against requirement - MPcs	500	Supply of contraceptive and supply to SMOs as per their requirement	1.1. No. of Condoms supplied to SMOs against procurement — MPcs	500
		1.2. No. of OCPs procured against requirement- Lakh Cycles	100		1.2. No. of OCPs - Lakh supplied to SMOs against procurement - lakh Cycles	100

4. 5.

6. Strengthening of State Drug Regulatory System (CSS)

FINANCIA L OUTLAY (Rs in Cr)	OUTPU	TS 2023-24			OUTCOME	2023-24	
2023-24	Output	Indicators	Targets 2023-24		Outcome	Indicators	Targets 2023-24
	Number of samples to be tested	1.1 Number of drug samples	100000	1.	Increase Change in samples tested and better compliance with the Regulatory Mechanism so as to improve the safety, efficacy and quality of drugs available to the patients.	1.1 Improvemen t in quality in selection of samples	100000

6.

7. Ayushman Bharat Digital Mission

FINANCIA L OUTLAY (Rs in Cr)	OUTPU	TS 2023-24	OUTCOME 2023-24			
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24
	Onboarding of stakeholders (individuals and	1.1. % of individuals registered on ABDM via Health Ids	60	Use of digital health systems	1.1. % of the facilities with HMIS	75

	healthcare professionals)	1.2. % of health facilities registered on ABDM via HFR (public)	100	2.	Integrating work flows of different govt agencies	2.1. Integration with govt health programmes such as PMJAY, Nikshay, NCD, RCH, RBSK ⁵	100
		1.3. % of health facilities registered on ABDM via HFR (private)	20			2.2. Integration with National and State Medical Councils ⁶	100
		1.4. % of doctors registered on ABDM via HPR (public)	100			2.3. Integration with Nursing Councils ⁷	100
		1.5. % of doctors registered on ABDM via HPR (private)	20				
2	2. Onboarding of stakeholders (facilities)	2.1. % of nurses registered on ABDM via HPR (public)	100				

Integration will be completed with PMJAY, Nikshay, NCD, RCH, RBSK.
 Integration will be completed with the National and State Medical Councils.
 Integration will be completed with the Nursing Councils.

2.2. % of nurses registered	20	
on ABDM via HPR (private)		
-	40	
2.4. Installation of HMIS (private)	10	

8. Tertiary Care Programs (CSS)

FINANCIAL		Ol	UTP	UTS 2023-24				OUTCOME2023-24	
OUTLAY									
(Rs in Cr)									
2023-24		Output		Indicators	Targets		Outcome	Indicators	Targets
					2023-24				2023-24
	a.	National Pro	gran	nme for Control f	or Blindness	and	Visual Impairm	ent (NPCB&VI)	
	1.	Eye care	1.1	Cataract	90	1.	Persons	1.1 Cataract surgery (in lakh)	90
		service under		Surgeries			benefitted		
		NPCB & VI		(lakhs)			under NPCB		
		provided at	1.2	Collection of	0.75		& VI	1.2 Corneal Transplantation (in	0.75
		primary,		donated eyes for				lakh)	
		secondary at		corneal					
		District level		transplantation					
		and below		(lakh)					
		level	1.3	Number of free	16			1.3 Distribution of free	16
				spectacles to				spectacles (in lakh)	
				school children					
				suffering from					
				refractive errors					
				(Lakh)					

FINANCIAL OUTLAY (Rs in Cr)	(OUTPUTS 2023-24			OUTCOME2023-24	
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24
	b. Health- Telem	edicine				
	1. Tele consultations through Health & Welfare Centres (HWCs), e Sanjeevani Platforms.	1.1 No of HWC with Functional Tele consultation Facilities	1,50,000	1. Improved access to care	1.1 No of tele-consultation	2,50,00,000
	2. National Medical College Network (NMCN): Availability of Doctors for Specialist Consultation, availability of ICT infrastructure for Tele- Education	(cumulative)	100	2. Adoption of Tele-Education services in Medical Colleges by Students	2.1 Number of e- class room Session conducted in all Medical Colleges under NMCN	25,000
		ramme for Tobacco Con	ntrol & Drug	s-Addiction Treatm	ent under Tertiary Care Programm	ne
	1. Increase in availability of	1.1 Additional No. of districts with	30	1. Improved access for	1.1 No. of People who avail tobacco cessation services in	1,50,000

FINANCIAL OUTLAY (Rs in Cr)		O	UTP	UTS 2023-24				0	UTCOME2023-24	
2023-24		Output		Indicators	Targets 2023-24		Outcome		Indicators	Targets 2023-24
		Tobacco Cessation Services		Tobacco Cessation Centres			Tobacco Cessation services		2023-24	
	2.	Treatment of Drug Addiction (Other than tobacco)	2.1	To support Drug Dependence Treatment centres with in- patient facility (existing)	6	2.	Improved access to drug dependence Treatment services	2.1	New Registration	50,000
			2.2	To support Drug Treatment Clinics with OPD services (existing)	27			_	Follow-up cases In-Patient Department (IPD)	2,50,000 3,000
	d. 1.	NPCDCS Support for Tertiary Cancer Care Component (TCCC)		Functional TCCCs	5	1.	Improved access to treatment services	1.1	No. of patient benefitted from TCCCs	12,000
	2.	Support for State Cancer Institute (SCI)	2.1	Functional SCIs	5			1.2	No. of patient benefitted from SCIs	12,000
	e.	Assistance for C			auma Centre	s (1.	Trauma Centre		Prevention of Burn Injury)	
	1.	Making identified Trauma care		Number of Trauma Care Facilities made	2	1.	Strengthened trauma care facilities and		Number of Functional Trauma Care centres providing quality services	2

FINANCIAL OUTLAY (Rs in Cr)		O	UTPUTS 2023-24		OUTCOME2023-24					
2023-24		Output	Indicators	Targets 2023-24		Outcome		Indicators	Targets 2023-24	
		facilities (Level I, II, III) functional	functional (Level I, II, III) (Cumulative)			enhanced quality care to trauma victims				
	2.	Developing Burn Units in Tertiary Health Care Institutes.	2.1 Number of Burn units developed out of total to be established (Cumulative)	2	2.	Strengthened burn units for enhanced quality care burn victims	2.1	Number of Functional Care centres providing quality services to the victims of burn injuries.	2	
	3.	Strengthening, Trauma Registry and Capacity Building Centre	3.1 Establishment of Trauma Registry	1 TCF	3.	Improved quality of care through standard protocols for management of trauma	3.1	Data from identified TCFs and Burn Units analyzed and reports formulated.	1 Report	
			3.2 No. of Medical professionals in identified TCFs and Burn Units	20	4.	Availability of trained manpower in identified	4.1	No. of Medical professionals available in identified TCFs and Burn Units (10+10)	20	
			3.3 No. of Paramedical professionals in identified TCFs and Burn Units	30		TCFs and Burn Units	4.2	No. of Paramedical professionals available in identified TCFs and Burn Units (15+15)	30	
	f.		amme for Health Care		1		1		1	
	1.	Provision of tertiary	1.1 Establishment of Regional	19	1.	Provision of Geriatric OPD,	1.1	Percentage increase in number of geriatric OPD	10	

FINANCIAL OUTLAY (Rs in Cr)		0	UTP	UTS 2023-24		OUTCOME2023-24						
2023-24		Output		Indicators	Targets 2023-24		Outcome	Indicators	Targets 2023-24			
		geriatric Health care Services at Regional Geriatrics		Geriatric Centres in the selected medical colleges			30 bedded ward, research activities, imparting training.	services in RGCs. 1.2 Percentage increase in number of geriatic physiotherapy services in RGCs	10			
		Centres (RGCs)/ Dept. of Geriatrics	1.2	Beds in RGCs (cumulative)	570		Initiating 02 PG seats in geriatrics.	1.3 Percentage increase in number of geriatric Inpatient care in RGCs	10			
	2.	Provision of tertiary Geriatric health care Services at NCA	2.1	Establishment of National Centres for Aging (NCAs) at AIIMS Delhi and MMC Chennai	2	2.	Each NCA will have provisions of health care delivery with 200 bedded facility,	2.1 Establishment of infrastucture by 2023-24	2			
			2.2	Number of beds in NCAs	400 Cumulative		training of health professionals, research activities, development of health professional with 15 PG seats	2.2 Initiate OPD Services in NCAs by 2023-24	2			
	g.	National Menta	l Hea	alth Programme -	Teriary Care	Sch		1	1			

FINANCIAL OUTLAY (Rs in Cr)	OUTPUTS 2023-24			OUTCOME2023-24				
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24		
	1. Provision of tertiary mental health care services at CoE's/ Dept.	1.1 No. of seats for post-graduation in mental health (in all 4 categories)	544	Improved coverage of mental heat services		10		
	of Psychiatry				1.2 Percentage increase in number of mental health counselling services in COE's/ Dept. of Psychiatry	10		

1. Pradhan Mantri Swasthya Suraksha Yojana (CS)

FINANCIAL OUTLAY (Rs in Cr)		OUTPUTS 2023-24	OUTCOME 2023-24				
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24	
10318	1. Increased accessibility to AIIMS and AIIMS like Institutes	1.2. Total No. of Bed capacity (17-AIIMS) (in 19 AIIMS i.e. Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, Rishikesh, Raebareli, Mangalagiri, Nagpur, Kalyani, Gorakhpur, Bathinda, Deoghar, Bibinagar, Rajkot, Jammu, Bilaspur, Guwahati, Madurai)	15000	Improved tertiary healthcare and medical education	1.1 IPD patients in new AIIMS (for 18 AIIMS) (per annum) (in Lakhs)	3,93,600	

FINANCIAL OUTLAY (Rs in Cr)		OUTPUTS 2023-24	OUTCOME 2023-24				
		1.3. Total number of specialty departments (17-AIIMS) (in 18 AIIMS i.e. Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, Rishikesh, Raebareli, Mangalagiri, Nagpur, Kalyani, Gorakhpur, Bathinda, Deoghar, Bibinagar, Rajkot, Jammu, Bilaspur, Guwahati	540		1.2 OPD case in new AIIMS (for 18 AIIMS) (per annum in Lakhs)	84,24,000	
		1.4. Number of seats: UG Seats (17-AIIMS)	2075 (in 18 AIIMS)		1.3 No. of operational/ functional AIIMS	18	
		1.5. Number of seats: PG Seats (17- AIIMS)	1000 (in 18 AIIMS)		1.4 1.4 No. of Medical Graduates (graduating in a year	700	
		1.6. Number of seats: Nursing (B.Sc.) (12 - AIIMS) (in 13 AIIMS Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur, Rishikesh, Mangalagiri, Nagpur, Kalyani, Gorakhpur, Bathinda, Deoghar, Bilaspur	900		AIIMS)		
	2. Availability of Affordable /reliable	Super Specialties in 75 GMCs	497				
	tertiary care and Medical Education.	2.4. Number of PG Seats in GMCs (PG Seats in 75 GMCs)	1214				
	Education.	2.5. Total number of Super Speciality beds in GMCs (Approx. hospital beds in 75	17278				

FINANC OUTLA (Rs in C	Y	OUTPUTS 2023-24	O	OUTCOME 2023-24	
		GMCs)			

2. National AIDS and STD Control Programme (CS)

FINANCIAL OUTLAY (Rs in Cr)	OUT	PUTS 2023-24	C	OUTCOME2023-24			
2023-24	Output	Indicators Tar 202	gets Outcome 3-24		Targets 2023-24		
3033.62	1. Coverage of High Risk Group (Female Sex Workers, men who have Sex with men, Hijra/ Transgender people, Injecting Drug Users) and Bridge Population (Truckers & Migrants) through Targeted Intervention & Link Worker Scheme (LWS)	1.1 No. of High Risk Group and Bridge Population covered through Targeted Interventions/LWS (in lakh)	1. People living with HIV who know their HIV Status	1.1 Percentage of people living with HIV who know their HIV status	6		
	2. Reach of harm reduction programme	2.1 No. of injecting Drug Users (IDU) on OST(in lakh)	2. People living with HIV who know their HIV Status and are on ART	2.1 Percentage of people who know their HIV Positive status and are on ART			
	3. Testing of 'at risk' population (excluding pregnant women) for HIV	3.1 No. of 'at risk' 278 population (excluding pregnant women) tested for	3. PLHIV on ART and virally suppressed	3.1 Percentage of PLHIV, who are on ART are virally suppressed	0		

FINANCIAL OUTLAY (Rs in Cr)		OUTI	5 2023-24		OUTCOME2023-24					
				HIV (lakh)						
		of Pregnant for HIV and	4.1	No. of Pregnant Women tested for HIV (Quarterly) (in lakh) No. of Pregnant Women tested for Syphilis (in lakh)	278	4.	Estimated Pregnant Women tested for HIV	4.1	Percentage of estimated Pregnant Women tested for HIV	93
	5. Manager patients	ment of STI/RTI	5.1	No. of STI/RTI patients managed (in lakh)	112.1					
	^	ving with HIV on ART8	6.1	No. of PLHIV on ART (Cumulative) (in lakh)	18.25					
		ad Testing LHIV on ART	7.1	No. of viral load test conducted among PLHIV on ART (in lakh)	16.00					

3. National Rural Health Mission (CSS)

FINANCIAL OUTLAY (Rs in Cr)	O	UTPUTS 2023-24		OUTCOME 2023-24		
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24

⁸ Including PLHIV on ART in private sector

FINANCIAL OUTLAY (Rs in Cr)	Ol	UTPUTS 2023-24		OUTCOME 2023-24				
28859.739	Expanded basket of primary care	ngthening under NRHM 1.1 Number of functional AB-	1,60,000	Improved utilization of primary care services and	1.1 Number of total 30+ population	10		
	services provided by Ayushman Bharat- Health and Wellness Centers (AB-HWCs)	HWCs (SHCs, PHCs & UPHCs) (Cumulative)		screening & management of NCDs	screened for NCDs ¹⁰ (in Crore)			
		1.2 % Increase in number of HWCs with primary health care teams trained on 3 or more packages of expanded range of services	20		1.2 Number of patients provided treatment for HTN out of the total screened population (in Cr.)	1.3		
					1.3 Number of patients provided treatment for DM out of the total screeened population (in	0.90		

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⁹ This reflects combined budget for National Rural Health Mission and National Urban Health Mission – Flexible Pool

¹⁰ people screened either for hypertension or diabetes or both. Data source- HMIS (% increase to be calculated wrt FY- 22-23 over FY 21-22)

FINANCIAL OUTLAY (Rs in Cr)	0	OUTPUTS 2023-24		OUTCOME 2023-24			
				Cr.)			
	2. Implementation of DVDMS in PHCs	2.1 % of PHCs implementing DVDMS (Cumulative)	92	2. Increased availability of drugs and diagnostics at public health facilities 2.1. % of facilities providing 80 % o more essential drugs and diagnostics as per CPHC Guidelines			
	3. IPHS compliant public health facilities	3.1. Total IPHS compliant public health facilities (%)	10	3. Total number of IPHS compliant public health facilities 3.1. % Increase in number of specialist services provided under OPD at IPHS compliant facilities	10		
	4. NQAS certified public health facilities	4.1 % of public health facilities that are NQAS certified	10	4. Strengthening of public health facilities to provide quality healthcare services 4.1. % increase in total (old + new OPD patients at NQAS certified public health facilities annually	10		
	5. Teleconsultations at AB-HWCs	5.1. % of AB-HWCs providing 25 teleconsultations/ month (on an	12%	5. Improved utilization of public health facilities 5.1 % increase in total footfalls in HWC (crore)	10%		

FINANCIAL OUTLAY (Rs in Cr)		OUTPUTS 2023-24	OUTCOME 2023-24
		average)	
	b. Non Communicab	le Disease Programme: National M	ental Health Programme
	Improved coverage of Mental Health services	1.1 Number of districts hospitals with District Mental Health Programme 1.2 Number of District Mental Health Units operationalized	1. Improved coverage of Mental Health Services 1.1 % increase in registrations of people with mental disorders at District Mental Health Units 5
	c. Non Communicab	le Disease Programme: National B	indness Control Programme
	1. Eye care services under NPCB&VI provided at primary, secondary at District level and below level	1.1 No. of Cataract Surgeries performed (lakhs) 1.2 No. of donated eyes for corneal transplantation collected (lakhs)	1. Benefit under NPCBVI 1.1 No of persons benefitted under NPCBVI (lakh)
		1.3 Number of free spectacles to school children suffering from refractive errors (Lakh)	
	d. National Tobacco	Control Programme	
	Increase in availability of Tobacco Cessation Services	1.1 Additional No. of districts with Tobacco Cessation Centres	1. Access for Tobacco Cessation services 1.1 No. of People who avail tobacco cessation services in 2023-24 1,50,000
	e. National Leprosy	Eradication Programme	

FINANCIAL OUTLAY (Rs in Cr)		Ol	JTPU	UTS 2023-24							
	1.	Increased number of detected cases with G2D through increasing surveys and increasing number of such detected cases put on Treatment.	1.1	Reduction in percentage of detection of new Grade II disability (G2D) cases among new cases at the National level (% point)	1.5	1.	Elimination of Grade II disability (G2D) due to leprosy	1.1	Grade II disability (G2D) at National level (No. of cases per million population)	1.2	
	f.			ase Programme: Nat and Stroke (NPCDC		nme	for Prevention and Contro	ol of (Cancer, diabetes,		
	1.	Setting up of NCD Clinics at District Hospitals	1.1	Cumulative no. of NCD Clinics set up at District hospitals	700	1.	Improved access to NCD health services	2.1	No. of persons availing services at NCD Clinic	6,00,000	
	2.	Setting up of NCD Clinics at CHCs	2.1	Cumulative no of NCD Clinics set up at CHCs	5600	2.	Early Diagnosis and put on treatment	2.2	Cumulative no. of patients under treatment for hypertension	1,30,000	
	3.	Screening for High blood pressure & High Blood Sugar		No. of Persons Screened for High blood pressure No. of Persons Screened for High Blood Sugar	10,00,00,0 00 8,00,00,000			2.3	Cumulative no. of patients under treatment for diabetes	90,000	
	g.	National Oral Healt	h Pro		l	l		l			
	1.	To provide support to States to establish dental care unit at the	1.1	Number of districts covered under National Oral Health Program	504	1.	Availability of affordable, accessible and quality oral health care for the patient at	1.1	Availability of dental care unit at the level of DH and below. (Total	5000	

FINANCIAL OUTLAY (Rs in Cr)		Ol	UTPU	TS 2023-24		OUTCOME 2023-24							
		level of district hospital and below		(480 districts covered till FY 2021-22)			District Hospital and below		3750 dental care units supported across 36 States/UTs till FY 2021-22)				
	2.	To provide tobacco cessation services to the tobacco users attending dental OPD	2.1	Number of districts where capacity building of dentists is done to provide tobacco cessation services to the patients attending dental OPD	100	2.	Availability of trained dentist at NOHP dental care unit to provide tobacco cessation services to the patients	2.1	Number of districts where tobacco cessation services are available at NOHP dental care units	100			
	h.	National Programm	e for	Prevention and Cont	trol of Deafne	ss (N	(PPCD)						
	1.	Active screening in the community	1.1	Number of screened people	273000	3.	Diagnosis and rehabilitation of patients with hearing problem	1.1	Number of persons fitted with hearing aids	14576			
	i.	National Programm	e for	Prevention and Cont	trol of Fluoro	sis (N	NPPCF)						
	1.	Effective implementation of program activities in all endemic districts	1.1	Number of Districts implementing NPPCF activities effectively	163	2.	Improvement in sample (urine & water) testing in fluoride affected districts	1.1	increase in number of water samples being tested in fluoride affected districts	5			
								2.1	Percentage increase in number of urine samples being tested	5			

FINANCIAL OUTLAY (Rs in Cr)		O	UTPU	UTS 2023-24		OUTCOME 2023-24							
									in fluoride affected districts				
	j. RCH flexipool including Routine Immunization Programme, Pulse Polio Immunization Programme, National Iodine Del Disorders control Programme etc.												
	1.	Pregnant women given 180 Iron Folic Acid (IFA) tablets	1.1	% of Pregnant women registered for ANC given 180 Iron Folic Acid (IFA) tablets (Source: HMIS)	8911	1.	Reduction in Anemia contributing to reduction of Maternal Mortality Ratio (MMR)	1.1	Reduction of Maternal Mortality Ratio (MMR)	9212			
	2.	Percentage of pregnant women received Skilled Birth attendant during deliveries (Institutional + home)	2.1	% of SBA (Skilled Birth attendant) deliveries to total reported deliveries (Source: HMIS)	95 ¹³	2.	Increased access to safe delivery services contributing to reduction of Maternal Mortality Ratio (MMR)	2.1	Reduction of Maternal Mortality Ratio (MMR)	9214			
	3.	Public facilities notified under SUMAN	3.1	Number of public facilities notified under SUMAN (Cumulative)	1000	3.	Assured, Quality and Respectful Maternity Care at birth contributing to reduction of Maternal Mortality Ratio (MMR)	3.1	Reduction of Maternal Mortality Ratio (MMR) (per one lakh live births)	92			
	4.	LaQshya certified units * (Labour rooms)	4.1	Number of nationally certified LaQshya units (Labour rooms) (Cumulative)	100	4.	Quality care at birth contributing to reduction of Maternal Mortality Ratio(MMR)	4.1	Reduction of Maternal Mortality Ratio (MMR) (per one lakh live births)	92			

¹¹ Maintain at least 89% Pregnant Women are given 180 IFA tablets
¹² MMR 92 per one lakh live births
¹³ Maintain at least 95% yearly
¹⁴ MMR 92 per one lakh live births

FINANCIAL OUTLAY (Rs in Cr)		0	UTPU	JTS 2023-24			OUTC	COMI	E 2023-24	
	_	nya certified (operation res)	5.1	Number of nationally certified LaQshya units (operation Theatres) (Cumulative)	50	5.	Quality care at birth contributing to reduction of Maternal Mortality Ratio (MMR)	5.1	Reduction of Maternal Mortality Ratio (MMR) (per one lakh live births)	92
	6. Increase PPIUC accepts		6.1	PPIUCD acceptance Rate (%)	28	6.	Reduction of Total Fertility Rate (TFR) to 2.1 by 2021-22	6.1	Sustain Total Fertility Rate (TFR) (Source: SRS, ORGI)	2.1
		Successful arge Rate	7.1	SNCU Successful Discharge Rate (in %)	80%	7.	Management of higher number of sick newborns in SNCUs will result in reduction of newborn deaths	7.1	Reduction in Neonatal Mortality Rate (NMR) (In per 1000 live births) Annually	18
	8. Full In Covera	nmunization age	8.1	Percentage Full Immunization Coverage (FIC) (Source: HMIS)	To sustain > 90% Annually	8.	Reduction of Under 5 Mortality Rate (U5MR)	8.1	Reduction in Under 5 Mortality Rate (U5MR) (Source: SRS, ORGI) (per 1000 live births) Annually	28
Rs. 565.48 Cr.	k. Diseas	se Control Pro	gran	nme: National Vector	Borne Diseas	ses C	ontrol Programme	l		

1. Malaria: Reduction i number of o	cases number of cases as compared to corresponding period in the previous year 2.1 Percentage reduction	12	1.	Malaria: Reduction in API	1.1	Percentage reduction in API at national level	12 ¹⁵
Reduction i PKDL case 3. Japanese Encephaliti	2.1 Percentage reduction	1.0					
Encephaliti		10	2.	Kala azar: Kala azar elimination	2.1	Reduction in Number of endemic blocks reporting >1 KA case/10000 population at Block level (Estimated)	100
Routine immunizati the national	on at covered under routine immunization for	90	3.	Lymphatic Filariasis Stop MDA in Endemic Districts through TAS (Transmission Assessment: Survey) verification	3.1	Number of LF Endemic Districts achieved Mf Rate <1% verified by TAS	70
4. Lymphatic Filariasis: F the populati Mass Drug Administra (MDA) in I Endemic D	ion by MDA in eligible population LF	124					

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¹⁵ % Reduction and sustain the National API less than 1 (for calender year 2023)

FINANCIAL OUTLAY (Rs in Cr)		Ol	UTPU	UTS 2023-24			OUTO	COM	E 2023-24	
Rs. 315.07 Cr.	1.	Hepatitis C - Functional labs under the program		No. of serological tests done for diagnosis of viral hepatitis C	40,00,000	2.	Completion of treatment of Hepatitis C patients	1.1	No. of new patients completed treatment of HCV (presuming 10%	67,500
	2.	Hepatitis C - Functional treatment sites under the program	2.1	No of new patients initiated on treatment of hepatitis C	75,000				patient will be lost to follow up)	
	3.	Hepatitis B- Functional labs under the program	3.1	No. of serological tests done for diagnosis of viral hepatitis B	40,00,000	3.	Management of hepatitis B patients	2.1	No. of patients of hepatitis B who were put on treatment &	21,600
	4.	Hepatitis B- Functional treatment sites under the program	4.1	No. of new patients initiated on treatment of hepatitis B	24,000				continuing on treatment (presuming 10% patient will be lost to follow up	
	m.	Disease Control Pro	gran	nme: National Tuber	culosis Elimin	ation	Programme (NTEP)	ı	•	•
	1.	Increase in TB case notification	1.1	Percentage increase in TB case notification (Public& Private) from 2022	10	1.	Successful treatment of patients detected in 2022	1.1	Percentage of patients whose outcomes are successful (among those whose outcomes are reported)	90
	2.	Expansion of Rapid Molecular Diagnostics for TB	2.1	Number of blocks with Rapid Molecular Diagnostics % of eligible TB patients tested for	80	2.	Increase detection of Drug Resistant TB cases	2.1	Percentage increase in DR-TB cases from 2022 (%)	10

FINANCIAL OUTLAY (Rs in Cr)	OUTPUTS 2023-24 Rifampicin									
				ifampicin esistance						
	n.	National Programi	ne for Ho	ealth Care of Elde	erly	1				
	1.	Provision of Primary and Secondary Geriatric health care services at District Hospital and below	1.1 No Ho Ge Se 1.2 Nu wi bed	o. of District ospitals with eriatric OPD ervices umber of DH ith at least 10 eds reserved for derly patients	725 575	1.	Geriatric patients provided treatment at District Hospitals and CHCs	1.2	increase in number of geriatric OPD services, in district hospitals. Percentage increase in number of geriatric Inpatient care in district hospitals.	10
			wi	umber of CHCs ith geriatric OPD rvices	4525			1.3	Percentage increase in the number of geriatric patients in geriatric OPD services in CHCs	10

2. National Urban Health Mission - Flexible Pool (CSS)

FINANCIAL	OUTPUTS2023-24	OUTCOME2023-24
OUTLAY		
(Rs in Cr) ¹⁶		

¹⁶ There is no separate Flexible Pool for National Urban Health Mission. NUHM is included in the combined budget of Nationa Health Mission (NHM)

2023-24		Output	Indicators	Targets 2023-24		Outcome		Indicators		Targets 2023-24
	ac He	mproving ccess to ealthcare in rban India	1.1 Number of operational urban Health & Wellness centres HWCs (cumulative)	5900	1.	Improving access to healthcare in Urban India	1.1	% increase in number of 30+ population screened for NCDs in (UPHC & HWCs)	3	
	qu he se	roviding uality ealthcare ervices in rban India	2.1 % increase in number of children getting full immunization at all Urban Areas	2	2.	Increase utilization of public health facilities in Urban India	2.1	% increase in footfalls (number of OPDs) in health facilities in Urban India.(UPHC & HWCs)	5	
			2.2 % Increase in number of UHNDs (Urban Health & Nutrition days) Outreach/Special Outreach conducted by UPHCs*	2			2.2	% increase in female footfalls (number of OPDs) in health facilities in Urban India.(UPHC & HWCs)	5	

^{*} Increase from the previous financial year acheievement(Source HMIS)

3. Tertiary Care Programs (CSS)

FINANCIAL OUTLAY (Rs in Cr)		OUTPUTS 2023-24		OUTCOME2023-24					
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24			
Rs. 500.5	a. National Progr	amme for Control for Blindn	ess and Visual I	Impairment (NPCB&VI)					
Cr.	1. Eye care service under NPCB & VI	1.1 Cataract Surgeries (lakhs)	90	2. Persons benefitted under NPCB & VI	1.1 Cataract surgery (in lakh)	90			

	provided at primary, secondary at	1.2	Collection of donated eyes for corneal transplantation (lakh)	0.75			1.2	Corneal Transplantation (in lakh)	0.75
	District level and below level	1.3	Number of free spectacles to school children suffering from refractive errors (Lakh)	16			1.3	Distribution of free spectacles (in lakh)	16
b.	Health- Telemed	dicine	<u>, </u>						
1.	Tele consultations through Health & Welfare Centres (HWCs), e Sanjeevani Platforms.	1.1	No of HWC with Functional Tele consultation Facilities	1,50,000	1.	Improved access to care	1.1	No of tele- consultation	2,50,00,000
2.	National Medical College Network (NMCN): Availability of Doctors for Specialist Consultation, availability of ICT infrastructure for Tele-	2.1	Number of Medical Colleges with Tele- Medicine, Tele- Education Infrastructure (cumulative)	100	2.	Adoption of Tele- Education services in Medical Colleges by Students	2.1	Number of e- class room Session conducted in all Medical Colleges under NMCN	25,000

1.	Increase in availability of Tobacco Cessation Services	1.1	Additional No. of districts with Tobacco Cessation Centres	30	1.	Improved access for Tobacco Cessation services	1.1	No. of People who avail tobacco cessation services in 2023-24	1,50,000
2.	Treatment of Drug Addiction (Other than	2.1	To support Drug Dependence Treatment centres with in-patient facility ¹⁷	6	2.	Improved access to drug dependence Treatment	2.1	New Registration	50,000
	tobacco)	2.2	To support Drug Treatment Clinics with OPD services 18	27		services	2.2	Follow-up cases	2,50,000
							2.3	In-Patient Department (IPD)	3,000
d.	NPCDCS								
1.	Support for Tertiary Cancer Care Component (TCCC)	1.1	Functional TCCCs	5	1.	Improved access to treatment services	1.1	No. of patient benefitted from TCCCs	12000
2.	Support for State Cancer Institute (SCI)	2.1	Functional SCIs	5			1.2	No. of patient benefitted from SCIs	12000
e.	Assistance for C	Capaci	ty Building of Trauma (Centres (1. Tra	uma	Centres,: 2. Prevent	tion o	f Burn Injury)	
1.	Making identified Trauma care facilities (Level I, II,		Number of Trauma Care Facilities made functional (Level I, II, III) (Cumulative)	2 Trauma Care Facilitie s (TCFs) will be	5.	Strengthened trauma care facilities and enhanced quality care to trauma	1.1	Number of Functional Trauma Care centres providing quality services	2

¹⁷ To support 6 existing Drug Dependence Treatment Centres
¹⁸ To support 27 existing Drug Treatment Clinics through National Drug Dependence Treatment Centre (NDDTC), AIIMS

Rs. 36.5 Cr.		III) functional			made function al.		victims			
	2.	Developing Burn Units in Tertiary Health Care Institutes.	2.1	Number of Burn units developed out of total to be established (Cumulative)	2	6.	Strengthened burn units for enhanced quality care burn victims	2.1	Number of Functional Care centres providing quality services to the victims of burn injuries.	2
	3.	Strengthening, Trauma Registry and Capacity Building Centre	3.1	Establishment of Trauma Registry	1 TCF	7.	Improved quality of care through standard protocols for management of trauma	3.1	Data from identified TCFs and Burn Units analyzed and reports formulated.	1 Report
			3.2	No. of Medical professionals in identified TCFs and Burn Units (10+10)	20	8.	Availability of trained manpower in identified TCFs and Burn Units	4.1	No. of Medical professionals available in identified TCFs and Burn Units (10+10)	20
			3.3	No. of Paramedical professionals in identified TCFs and Burn Units (15+15)	30			4.2	No. of Paramedical professionals available in identified TCFs and Burn Units (15+15)	30
	f.		mme	for Health Care of Elde	erly	ı		ı		
	1.	Provision of tertiary geriatric Health care Services at	1.1	Establishment of Regional Geriatric Centres in the selected medical colleges	19	1.	Provision of Geriatric OPD, 30 bedded ward, research activities,	1.1	Percentage increase in number of geriatric OPD services in RGCs	10

	Regional Geriatrics Centres (RGCs)/ Dept. of Geriatrics	1.2 Beds in RGCs (Cumulative)	570		imparting training. Initiating 02 PG seats in geriatrics.		Percentage increase in number of geriatic physiotherapy services in RGCs Percentage increase in number of geriatric In-patient care in RGCs	10
2.	Provision of tertiary Geriatric health care Services at NCA	2.1 Establishment of National Centres for Aging (NCAs) at AIIMS Delhi and MMC Chennai 2.2 Number of beds in NCAs (Cumulative)	400	2.	Each NCA will have provisions of health care delivery with 200 bedded facility, training of health professionals, research activities, development of health professional with 15 PG seats		Establishment of infrastructure by 2023-24 Initiate OPD Services in NCAs by 2023-24	2
g.	National Mental I	Health Programme - Teriary	Care Scheme	ı				I
1.	Provision of tertiary mental health care services at CoE's/ Dept. of Psychiatry	4.1 No. of seats for post- graduation in mental health (in all 4 categories)	544	1.	Improved coverage of mental health services	1.1	Percentage increase in number of mental health OPD services in COE's/ Dept. of psychiatry including teleconsultations.	10

		1.2	Percentage	10
			increase in	
			number of mental	
			health counselling	
			services in	
			COE's/ Dept. of	
			Psychiatry	

Human Resources for Health and Medical Education (CSS)

FINANCIA L OUTLAY (Rs in Cr)		OUT	PUTS 2023-24		OUTCOME 2023-24					
2023-24		Output	Indicators	Targets 2023-24		Outcome		Indicators	Targets 2023-24	
Rs. 7500	a.	District Hospitals - U	pgradation of State Go	vt Medical C	olleg	es (PG seats)				
	1.	District Hospitals Upgradation of State Govt -Medical Colleges (PG seats)	1.1 Amount of fund sanctioned for each new PG seats in Current FY ¹⁹ (in Crs)	1.2	1.	To increase the availability of specialist doctors	1.1	No. of Additional PG seats created Total number of PG seats overall (Cumulative)	335 4000	
	b.	Strengthening of Gov	t Medical Colleges (UG	Seats) and (Centr	al Govt Health In	stitut	ions		
	1.	Strengthening of Govt Medical Colleges (UG Seats) and Institutions Central Govt Health	1.1 Amount of fund Sanctioned for each new MBBS seats under 10A ²⁰	1.2	1.	To increase the availability of doctors	1.1	1101 01 11222 5000 010000	500 4527	

¹⁹ Appropriate Central share of Rs. 1.2 cr per seat ²⁰ Appropriate central share of Rs. 1.2 cr per seat

c.	Establishment of New	Medical Colleges (Up	grading Distr	ict H	ospitals)		
1.	Establishment of New Medical Colleges (Upgrading District Hospitals)	1.1 Amount of funds sanctioned for new medical colleges 1.2 Amount of fund Sanctioned for new medical colleges in Aspirational Districts	Target not Amenable ²¹	1.	To increase the availability of medical seats	No. of UG seats added under the scheme No. of UG seats added under the scheme in Aspirational Districts	Target not Amenable ²²

5. Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB - PMJAY) (CSS)

FINANCIAL OUTLAY (Rs in Cr)		OUTPUTS 2023-24		OUTCOMES 2023-24				
2023-24	Output	Indicators	Targets 2023-24	Outcome	Indicators	Targets 2023-24		
Rs. 7000 Cr.	1. Hospital Admissions	1.1 Hospital admissions (Cumulative in lakhs)	99.1	1. Hospitalisation Rate	1.1 Number of total hospital admissions per lakh beneficiaries	5		
	2. Beneficiary Identification	2.1 Estimated number of Ayushman cards issued to individual	330	2. Beneficiary families aware of their rights under the	2.1 % change in number of families with Ayushman cards	10		

Depends on utilization by State Governments and subsequent demand raised.
 Depends on requests from States to NMC. (inputs from NMC are awaited)

FINANCIAL OUTLAY (Rs in Cr)		OUTPUTS 2023-24			OUTCOMES 2023-24	
		beneficiaries (in lakhs)		scheme		
	3. Claim Paymer	t 3.1 Amount of Claims submitted (in Cr.)	10,000	3. Increase in o of pocket expenditure saving	ut 3.1 % change in claims submitted by hospitals	5
	4. Hospital Empanelment	4.1 Total number of Public & Private Hospitals empanelled during the year	1,000	4. Increase in access to quality healthcare providers und the scheme	4.1 % change in number of hospitals empanelled cumulatively	4

6. PM- Ayushman Bharat Health Infrastructure Mission (CSS)

FINANCIAL OUTLAY (Rs in Cr)			OUTPUTS 2023-24		OUTCOME 2023-24					
2023-24		Output	Indicators	Targets 2023-24		Outcome	Indicators	Targets 2023-24		
a. ABHIM-NE	ΙM									
	1.	Infrastructure support to building less Sub Health Centre in rural areas of 10 High Focus States viz. Bihar, Jharkhand, Odisha, Punjab,	1.1 Number of Sub Health Centres approved for Infrastructure support/Constructio n in rural areas of 10 High Focus States.	2066	1.	Improved utilization of primary care services and screening & management of NCDs	1.1 Number of total 30+ population screened for NCDs (in Crore)	10		

	2.	Rajasthan, Uttar Pradesh, West Bengal, Assam Manipur and Meghalaya Expanded basket of primary care services provided by Ayushman Bharat- Health and Wellness Centers (AB- HWCs) in Urban Areas	2.1	Number of Urban - Health & Wellness Centres (Urban - HWCs) approved in Urban areas	4674					
b. ABHIM-NCI	DC (1.	Pertaining to IDSP Strengthening of Laboratories	1.1	Site identification for labs	2	1.	Completion of Pre project activities	1.1	No. of labs with completion of pre project activities ²³	2
									1 3	
	2.	Setting up of Regional NCDC	2.1	Identification of landfor remaining sites	2 sites	2.	Completion of pre-project activites	2.1	No. of regional NCDC sites with completion of pre- project ²⁴	2
	3.	Metropolitan PH Surveillance Unit	3.1	No. of metropolitan surveillance units	5	3.	Metropolitan PH	3.1	Reporting percentage on	20

²³ Identification of suitable land for the labs (BSL-3 & BSL-4); inspection of site for suitability by NCDC/MoHFW team ²⁴ Transfer of land in name of NCDC and MOU signed with concerned state;

				(MSUs) meet established performance			Surveillance Unit		IDSP-IHIP from MSUs	
	4.	Expansion of IHIP	4.1	benchmark The e-health Division of MoHFW has	Target not Amenable ²⁵	4.	Expansion of IHIP	4.1	Reporting percentage of P Form	66
				created an IT Unit at MoHFW and NCDC with required infrastructure and human resources to house the IHIP platform				4.2	Reporting percentage of L Form	
	5.	Strengthening of Surveillance	5.1	No. of state branches 26 for which finalization of site done.	2	5.	Completion of pre project activities	5.1	No. of state branches where pre-project activities completed	2
c. ABHIM – Dis	aster	Management Cell								
Rs. 24.73 Cr.	1.	To augment tertiary health care delivery through field hospitals.	1.1	Firming up of user requirements and specifications	Yes	1.	Completion of pre-project activities	1.1	Finalization of user requirements and specifications	To augment tertiary health care delivery through field hospitals.
	2.	To strengthen health sector command and control response through Health Emergency	2.1	No. of HEOCs initiated construction	2	2.	Improved connectivity for emergency/ disaster response	2.1	No. of Functional HEOCs (functionality will be tested by total number of VCs held)	To strengthen health sector command and control response through Health

 $^{^{25}}$ Establishment of eHealth Unit for taking over the IHIP application from WHO 7 Process of bid initiated for selection of an agency

Operation Centres (HEOC)			Emergency Operation
			Centres
			(HEOC)