NATIONAL HEALTH MISSION

TAMIL NADU

51st EXECUTIVE COMMITTEE MEETING

– 2026 –

Date : 17.07.2026

Venue :

4th Floor, Conference Hall,
Health & Family Welfare Department,
Namakkal Kavignar Maligai,
Secretariat, Chennai - 600 009.

PART A

NATIONAL HEALTH MISSION - TAMIL NADU

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AGENDA NO: 01/51/2026

Sub: Leave of absence.

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The 50th Executive Committee resolved to grant leave of absence for the following Members - Submitted for Information.

1.	The Secretary to Government, Adi-Dravidar & Tribal Welfare Department, Chennai-9.	Member
2.	The Regional Director, Ministry of Health and Family Welfare, Government of India, Besant Nagar, Chennai – 90.	Member
3.	The State Representative, UNICEF office for Tamil Nadu & Kerala, Old No. 2A, New No.1, 3rd Cross St., Raja Garden, Kottivakkam, Chennai -41.	Member

AGENDA NO: 02/51/2026

Sub: Confirmation of the Minutes of the 50th Executive Committee Meeting of the National Health Mission – Tamil Nadu – Submitted for information.

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Approved Minutes of the 50th Executive Committee Meeting is submitted in Annexure –I perusal and confirmation.

AGENDA NO: 03/51/2026

Sub: Action Taken Report (ATR) on the Minutes of the 50th Executive Committee Meeting – Submitted for information.

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The Action Taken Report (ATR) on the Minutes of the 49th Executive Committee Meeting is submitted in Annexure – II.

Government Orders–2026				
Sl. No	**G.O. No**	**Dated**	**Details**	**Pg. No**
1.	G.O.(D).No.27 H&FW (F1) Dept.,	06.01.2026	National Health Mission – 15th Finance Commission Grants for Health for 2025-2026 – Construction of Additional buildings to Government Hospital, Alangudi, Pudukkottai District instead of Government Hospital Tharagambadi, Mayiladuthurai District – Execution of works through Public Works Department Works Department – Administrative sanction – Accorded – Amendment – Issued.	28
2.	G.O. (Ms.) No.08 H&FW (EAP.II/1) dept.,	19.01.2026	National Health Mission – Tamil Nadu – Vaccines and other Consumables supplied by Government of India as kind / Commodity Grants to state Government for Routine Immunization Programme and National Tuberculosis Elimination Programme for the year 2025-2026 – Sanction and release of commensurate state share on SNA-SPARSH platform – Orders – Issued.	31
3.	G.O. (Ms.) No.09 H&FW (EAP.II/1) dept.,	19.01.2026	National Health Mission – Tamil Nadu – Establishment of District Early intervention centre in District Headquarters Hospital, Mayilduthurai under Rashtriya Bal Swasthya KAryakaram (RBSK) Programme – Administrative and Financial sanction accorded – Second and final instalment of financial sanction – Accorded – Orders	36
4.	G.O. (Ms.) No.10 H&FW (P2) Dept.,	20.01.2026	National Viral Hepatitis Control Programme – Implementation of 3-dose Hepatitis B Vaccination for High-risk group in Tamil Nadu – Permission accorded – Orders – Issued.	38
5.	G.O.(Ms.) No.14 H&FW (EAP.II/2) Dept.,	23.01.2026	National Health Mission – Tamil Nadu – Government District Headquarters Hospital – Construction of a new comprehensive building in Government Hospital, Rasipuram, Namakkal District	40

Government Orders–2026				
Sl. No	**G.O. No**	**Dated**	**Details**	**Pg. No**
			at a total cost Rs.53.39 crore – Revised administrative sanction – Accorded – Orders – Issued.	
6.	G.O.(Ms.) No.27 H&FW (EAP.II/1) Dept.,	29.01.2026	Health and Family Welfare Department – Development of Human Resources for Health Strategy in Tamil Nadu – Constitution of State Level Streering Committee – Orders – Issued.	44
7.	G.O. (Ms.) No.42 H&FW (EAP.II/1) Dept.,	13.02.2026	National Health Mission – Tamil Nadu – Establishment of Modern Kitchen in District Headquarters Hospitals, Erode, Cuddalore, Mannargudi, Kovilpatti and Tenkasi – Administrative and Financial sanction – Accorded – Orders – Issued.	50
8.	G.O.(Ms.) No.47 H&FW (EAP.II/1) Dept.,	16.02.2026	National Health Mission – Tamil Nadu – Vaccines and other consumables supplied by Government of India as kind / Commodity Grants to State Government for Routine Immunization Programme for the year 2025-2026 – Sanction and release of commensurate State Share on SNA-SPARSH platform – Orders – Issued.	54
9.	G.O.(Ms.) No.55 H&FW (EAP.II/1) Dept.,	19.02.2026	Health and Family Welfare Department – Revamping of state Health Systems Resource Centre – Tamil Nadu – Orders Issued.	58
10.	G.O.(Ms). No.57 H&FW (EAP.II/1) Dept.,	20.02.2026	National Health Mission – Tamil Nadu – Provision of additional amenities to the Government Peripheral Hospital, Sholinganallur, Chennai – Administrative and financial sanction accorded – Orders Issued.	75
11.	G.O.(Ms). No.60 H&FW (EAP.II/2) Dept.,	24.02.2026	Health and Family Welfare Department – Renaming of Health Management information System (HMIS) 3.0 as இ-ஹெல்த் (E-Hea66lth) – Orders – Issued.	79
12.	G.O.(Ms). No.62 H&FW (EAP.II/1) Dept.,	26.02.2026	National Health Mission – Tamil Nadu – Establishment of Master Dental Check-up Unit (MDCU) in the Tamil Nadu Government Dental College and Hospital, Chennai – Administrative and financial sanction accorded – Orders Issued.	82
13.	G.O.(Ms.) No.68 H&FW (EAP.II/1) Dept.,	27.02.2026	National Health Mission – Tamil Nadu – Vaccine and other consumables supplied by Government of India as kind / Commodity Grants to State Government for Routine Immunization Programme under Reproductive and Child Health Project and National	87

Government Orders–2026				
Sl. No	**G.O. No**	**Dated**	**Details**	**Pg. No**
			Tuberculosis Elimination Programme for the Financial Year 2025-2026 – Sanction and release of commensurate State Share on SNA-SPARSH platform – Orders – Issued.	
14.	G.O.(Ms.) No.69 H&FW (EAP.II/1) Dept.,	27.02.2026	National Health Mission – Tamil Nadu – Provision of additional amenities to Tamil Nadu Institute of Mental Health and Neuro Sciences (TNIMHANS), Chennai – Sanction accorded – Orders Issued.	92
15.	அரசாணை (டி) எண்.70 வணிகவரி மற்றும் பதிவுத் (எம்.1) துறை	02.03.2026	**சங்கங்கள் - பதிவுத்துறை** - 1975-**ஆம் ஆண்டைய தமிழ்நாடு சங்கங்கள் பதிவுச் சட்டப் பிரிவின் கீழ் மாநிலம் முழுவதிலும் பதிவு செய்யப்பட்டுள்ள மாவட்ட சுகாதார சங்கம் மற்றும் நோயாளிகள் நலச் சங்கம்** (District Health Society and Patient Welfare Society) **ஆகிய சங்கங்களுக்கு** 2005-2006 **ஆண்டு முதல்** 2025-2026 **வரையிலான நிதியாண்டுகளில் புதுப்பிக்க தவறிய காலத்திற்கு புதுப்பிக்க ஒரு முறை விலக்களித்து ஆணை வெளியிடப்படுகிறது.**	95
16.	G.O.(Ms). No.72 H&FW (EAP.II/1) Dept.,	03.03.2026	National Health Mission – Tamil Nadu – Provision of new Mortuary Building to Government Hospital, Singampunari, Sivagangai District – Adminstrative and financial sanction – Accorded – Orders Issued.	99
17.	G.O.(Ms). No.73 H&FW (EAP.II/2) Dept.,	03.03.2026	Prime Minister Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) – Construction of additional two (2) staircases in 50 bedded Critical Care Block in Government Medical College Hospital, Sivagangai at a Total cost of Rs,1,05,60,000/- Administrative and financial sancton – Accorded – Orders – Issued.	103
18.	G.O.(Ms). No.81 H&FW (AA1) Dept.,	05.03.2026	Maternity Leave – Sanction of Maternity Leave benefits to all the contract nurses under National Health Mission for a maximum period of 26 weeks as per the Maternity Benefit Act – Orders – Issued.	107
19.	G.O.(Ms).No.86 H&FW (R2) Dept.,	06.03.2026	Child Health – Infant Mortality Rate – Reduction of Infant Mortality Rate (IMR) in Tamil Nadu – Revamping of	110

Government Orders–2026				
Sl. No	**G.O. No**	**Dated**	**Details**	**Pg. No**
			State Level Task Force Committee and District Level Task Force Committee for reduction of Infant Mortality Rate – Orders – Issued.	
20.	G.O.(Ms). No.95 H&FW (EAP.II/1) Dept.,	11.03.2026	National Health Mission – Tamil Nadu – Vaccines and other consumables supplied by Government of India as Kind / Commodity Grants to state Government for Routine Immunization and Pulse Polio Immunization Programmes Under Reproductive and Child Health Project and National Tiberculosis Elimination Programme for the Financial Year 2025-2026 – Sanction and release of commensurate state share on SNA-SPARSH platform – Orders – Issued.	115
21.	G.O. (Ms). No.101 H&FW (EAP.II/1) Dept.,	13.03.2026	National Health Mission – Tamil Nadu – Sanction and Release of State Share against the Grants-in-Aid released by the Government of India towards liquidation of arrears for the year 2024-2025 on SNA-SPARSH platform for implementation of infrastructure Maintenance during the year 2025-2026 – Orders – Issued.	120
22.	G.O. (Ms). No.120 H&FW (EAP.II/1) Dept.,	14.03.2026	National Health Mission – Tamil Nadu – Construction of Sewage Treatment Plant and Effluent Treatment Plant at Government Hospital, Tiruchengode, Namakkal District – Administrative and financial sanction – Accorded – Orders Issued.	124
23.	G.O. (Ms.) No. 131 H&FW (EAP.II/1) Dept.,	24.04.2026	National Health Mission – Tamil Nadu – Vaccines, consumables and other materials supplied by Government of India as Kind / Commodity Grants to State Government for Routine Immunization Programme, Pulse Polio Immunization Programme and National Tuberculosis Elimination Programme for the year 2025-2026 and National Viral Hepatitis Control Programme for the year 2019 to 2024-2025 – Sanction and release of Commensurate State Share on SNA-SPARSH platform – Orders – Issued.	129
24.	G.O. (Ms.) No. 132 H&FW (EAP.II/1) Dept.,	30.04.2026	National Health Mission – Tamil Nadu – Revalidationof unspent balance available in State share of Grants-in-Aid sanctioned against the vaccines, consumables and other materials	133

Government Orders–2026				
Sl. No	**G.O. No**	**Dated**	**Details**	**Pg. No**
			supplied by Government of India as kind / Commodity Grants to State Government for Routine Immunization Programme, Pulse Polio Immunization Programme and National Tuberculosis Elimination Programme in the year 2025-2026 – Order issued.	
25.	G.O.(Ms). No.149 H&FW (EAP.II/1) Dept.,	25.05.2026	National Health Mission – Tamil Nadu – Sanction and release of First Mother Sanction and proportionate State Share for Grants-in-Aid under Flexible Pool for Reproductive and Child Health and Health System Strengthening, National Health Programme and Urban Health Mission under National Health Mission for the financial year 2026-2027 on SNA-SPARSH platform – Orders – Issued.	138
26.	G.O.(Ms) No.157 H&FW (R2) Dept.,	03.06.2026	Health and Family Welfare – Maternal Health – 5th Task Force committee Meeting – Inclusion of Project Director Tamil Nadu State AIDS Control Society as Member in the State Task Force Committee for Reduction of Maternal Mortality Ratio in Tamil Nadu – Amendment Order – Issued.	143
27.	G.O.(Ms.)No.168 H&FW (EAP.II/1) Dept.,	25.06.2026	National Health Mission – Tamil Nadu – Vaccines, consumables and other materials supplied by Government of India as kind / Commodity Grants to State Government for Routine Immunization Programme, National Tuberculosis Elimination Programme and National Viral Hepatitis control Programme for the year 2025-26 – Sanction and release of commensurate State Share on SNA-SPARSH platform – Orders – Issued.	145
28.	G.O.(Ms). No.169 H&FW (EAP.II/1) Dept.,	25.06.2026	National Health Mission – Tamil Nadu – Sanction and release of First Mother Sanction and proportionate State Share for Grants-in-Aid for Pradhan Mantri Ayushman Bharat Health Infrastructure Mission for the Financial Year 2026-2027 on SNA SPARSH platform – Orders – Issued.	150
29.	G.O.(Ms). No.180 H&FW (EAP.II/1) Dept.,	07.07.2026	National Health Mission –Tamil Nadu – Change of nomenclature of the post of Medical Officers sanctioned to District Early Intervention Centres –Orders – Issued.	154

AGENDA NO: 04/51/2026

Sub: Adoption of Government Orders related to the Schemes received after 50th Executive Committee Meeting – Submitted for information.

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The following Government orders have been received after 50th Executive Committee meeting is submitted below. **GO copies are enclosed in Annexure – IV.**

AGENDA NO: 05/51/2026

Sub: Adoption of proposals **(Circulation Note)** approved by the Executive Committee after 49th Executive Committee Meeting – Submitted for information.

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SI. No	Circulation Note No	Subject	Pg. No.
1	1/2026	NHM- TN - Civil works - Announcement No.54/2025-26 of the Hon'ble Health Minister - Establishment of modern kitchen in 5 district Headquarters Hospitals a total cost of Rs.5,00,00,000/- change of institution from DHQH Udumalpet to DHQH Tenkasi - Permissions requested -Reg	159
2	2/2026	NHM -TN - Audit Report along with Audited Accounts for the Financial Year 2024-25- Submitted to the Governing Body for adoption and approval - Reg.	162
3	3/2026	NHM -TN - PMABHIM Establishment of one 100 Bedded CCB at Government Rajaji Hospital, Madurai and one 50 bedded CCB at GMCH Kallakurichi approved by GoI - Remittance of funds into Government Account for executing Civil Works Through PWD - Permission requested – Reg.	174
4	5/2026	NHM-TN - Revision of Base salary for contract employees working under NHM-TN - Circulation Note submitted for approval of the Subcommittee - Reg.	178
5	6/2026	NHM-TN-NCD - Makkalai Thedi Maruthuvam- Incentives for Women Health Volunteers (WHVs) -Release through TNCDW- the monthly incentive for WHVs to be enhanced from Rs.5,500/- to Ts.6,500/- approval of Executive Sub Committee - Requested.	185
6	7/2026	NHM -TN -Blood - Equipment for Blood Centres based on gap analysis for a sum for Rs.19,52,05,066/- approval of the subcommittee - Requested -Reg.	187
7	9/2026	NHM - Tamil Nadu - Financial Assistance States/UTs for Public Health Infrastructure during FY 2026-27 - Incentive Assistance eligible to Tamil Nadu under the notified performance indicators claim proposal submitted to Government of India - Approval of Project Proposals for utilization of Incentive Assistance - Approval of Executive Sub Committee - Requested -Reg.	191

AGENDA NO: 06/51/2026

Sub: National Health Mission, Tamil Nadu – Approval of Record of Proceedings (RoP) for the State Programme Implementation Plan (PIP) 2026-27 by Government of India – Placed before the Executive Committee for information and approval for implementation – Reg.

Ref:
1. Agenda No. 06/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026.
2. Minutes of the 50th Executive Committee Meeting approved vide Rc. No.12944334/P5/NHM/2025, dated 09.02.2026.
3. Proposal submitted by the State vide Rc.No.11966296/P5/NHM/2025, dated 03.02.2026.
4. National Programme Coordination Committee (NPCC) Meeting for Tamil Nadu held at New Delhi on 11.02.2026 and 12.02.2026.
5. Revised proposal submitted by the State vide Rc. No.11966296/P5/NHM/2025 dated 23.03.2026.
6. Approval of NHM Record of Proceedings (RoP), F.No. M-11011/1/2016-NHM-III, Ministry of Health & Family Welfare, Government of India, dated 19.06.2026.

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The National Health Mission (NHM), Tamil Nadu is implementing various health programmes and interventions through the State Health Society and District Health Societies with the objective of strengthening healthcare delivery and improving health outcomes across the State.

The Programme Implementation Plan (PIP) for FY 2026-27 was prepared based on the District Health Action Plans (DHAPs) received from all districts, programme-specific requirements of various Directorates under the Health and Family Welfare Department, and the strategic priorities of the Government of Tamil Nadu. The proposals focused on strengthening service delivery, enhancing healthcare infrastructure, augmenting human resources, improving access to drugs and diagnostics, and addressing emerging public health priorities.

As approved by the 50th Executive Committee of National Health Mission – Tamil Nadu vide references 1st and 2nd cited, the State submitted the Programme Implementation Plan (PIP) 2026-27 amounting to Rs. 3,301.02 Crore to the Government of India for appraisal and approval vide reference 3rd cited.

Subsequently, officials from the National Health Mission – Tamil Nadu and various Health Directorates participated in discussions with the programme divisions of the Ministry of Health and Family Welfare, Government of India, during the National Programme Coordination Committee (NPCC) meetings held at New Delhi on 11.02.2026 and 12.02.2026 under the Chairmanship of the Additional Secretary and Mission Director, NHM.

Based on the observations and recommendations made during the appraisal process, necessary modifications were incorporated and a revised proposal amounting to Rs. 3,364.64 Crore was submitted to the Government of India vide reference 6th cited.

The Government of India has subsequently communicated the approval of the State Programme Implementation Plan for FY 2026-27 through the Record of Proceedings (RoP) cited under reference 6 above.

The broad outline of the approved Resource Envelope, pool-wise and programme-wise approvals, key deliverables, conditionalities and list of activities not approved by the Government of India are placed before the Executive Committee for information and approval for implementation.

TABLE 1. RESOURCE ENVELOPE FOR FY 2026-27

(Rs.in Crore)

Sl. No	Particulars	2026-27
A	GoI Support (Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission under National Health Mission including Cash and Kind)	1,363.70
B	GoI Support for Incentive Pool based on last year's performance (assuming no incentive/ reduction on account of performance)	145.51
C	GoI Support (under Infrastructure Maintenance)	230.98
D	**Total GoI support (A+B+C)**	**1,740.18**
E	**State Share (C*40% / l0%)**	**1,160.12**
F	**Total Resource Envelope (D+E)**	**2,900.31**

TABLE 2. COMPOSITION OF RESOURCE ENVELOPE – GOI SHARE AND STATE SHARE
(Rs.in Crore)

Sl. No	Particulars	2026-27	
		GoI Share (including Incentive Pool)	State Share (40%)
A	**GoI Support (Including – Incentives, Cash and Kind) (i+ii+iii)**	**1,509.20**	1,160.12
(i)	Cash	940.63	
(ii)	Incentives pool	145.51	
(ii)	Kind (a+b+c+d)	423.06	
	(a) Immunisation	238.69	
	(b) NVBDCP	10.08	
	(c) NTEP	171.90	
	(d) NVHCP	2.39	
B	**Infrastructure Maintenance (including Direction and Administration)**	**230.98**	
	Total Resource Envelope (A+B)	**1,740.18**	**1,160.12**

TABLE 3. MAXIMUM PERMISSIBLE RESOURCE ENVELOPE FOR FY 2026-27

(Rs. In Crore)

Sl. No.	Particulars	Amount
A	Total GoI Allocation	1,740.18
B	Proportionate State Matching Share (40%)	1,160.12
C = (A+B)	Total Resource Envelope	2,900.31
D	Less: Infrastructure Maintenance (IM)	230.98
E	Less: Kind Grants	423.06
F = (C-D-E)	Eligible Activity Resource Envelope for Fresh Approvals	2,246.27
G = (F × 1.25)	**Maximum Permissible Approval Limit (125%)**	**2,807.84**
H	Add: Infrastructure Maintenance (IM)	230.98
I	Add: Kind Grants	423.06
J = (G+H+I)	**Maximum Permissible Resource Envelope**	**3,461.87**

TABLE 3. POOL-WISE SUMMARY OF APPROVALS UNDER ROP 2026-27

(Rs. in Crore)

Sl. No.	NHM Pool / Budget Head	Budget Proposed	Budget Approved (Rs. in Crore)
1	Reproductive and Child Health (RCH) Flexible Pool *(including RI, IPPI and NIDDCP)*	358.14	369.83
2	National Disease Control Programmes (NDCP) Flexible Pool *(NTEP, NVHCP, NVBDCP, NLEP, IDSP, NRCP and PPCL)*	137.27	137.27
3	Non-Communicable Diseases (NCD) Flexible Pool *(NPCB&VI, NMHP, NPHCE, NTCP, NP-NCD, PMNDP and NPCCHH)*	329.25	275.62
4	National Urban Health Mission (NUHM) Flexible Pool	226.52	221.20
5	Health System Strengthening (HSS)	2,313.22	2,272.48
6	Revalidation	0.24	0.24
	Total NHM Programme Approval (145%)	**3,364.64**	**3,276.64**
7	Infrastructure Maintenance (IM)	230.98	230.98
8	Immunization and Other Kind Grants	423.06	423.06
	Grand Total	**4,018.68**	**3,930.68**

TABLE 4. THEME-WISE SUMMARY OF APPROVALS UNDER ROP 2026-27

(Rs. in Crore)

S. No.	Theme / Intervention	Budget Proposed	Budget Approved	% of Total Approval
1	Human Resources for Health (HRH)	1,428.24	1,419.74	43.33
2	Reproductive & Child Health (RCH)	358.14	369.83	11.29
3	Drugs	385.35	349.43	10.66
4	Other Proposals / Health System Interventions	280.48	318.35	9.72
5	Non-Communicable Diseases (NCD)	329.25	275.62	8.41
6	National Disease Control Programmes (NDCP)	137.27	137.27	4.19
7	Programme Management Activities	128.81	128.81	3.93
8	Diagnostics	125.32	105.22	3.21
9	ASHA Incentives	60.18	60.18	1.84
10	Innovations	39.08	39.02	1.19
11	IT Interventions & Systems	49.79	36.32	1.11
12	Capacity Building / Training	26.05	22.84	0.70
13	IEC & Printing	16.44	13.77	0.42
14	Revalidation	0.24	0.24	0.01
	Total	**3,364.64**	**3,276.64**	**100.00**

TABLE 5. POOL AND PROGRAMME WISE SUMMARY OF APPROVAL (ROP 2026-27)

SUMMARY OF APPROVAL (2026-27)			
BUDGET ABSTRACT (POOL & PROGRAMME)			
Pool	**FMR Code**	**Programme/ Theme**	***2026-27*** **Budget (Rs. in lakhs)**
RCH Flexible Pool (including RI, IPPI, NIDDCP)	RCH.1	Maternal Health	14146.00
	RCH.2	PC & PNDT Act	0.00
	RCH.3	Child Health	14125.49
	RCH.4	Immunization	2205.91
	RCH.5	Adolescent Health	1639.84
	RCH.6	Family Planning	2485.23
	RCH.7	Nutrition	2369.13
	RCH.8	National Iodine Deficiency Disorders Control Programme (NIDDCP)	11.19
	RCH Sub Total	**(1-62)**	**36982.79**

SUMMARY OF APPROVAL (2026-27)			
BUDGET ABSTRACT (POOL & PROGRAMME)			
Pool	**FMR Code**	**Programme/ Theme**	***2026-27*** **Budget (Rs. in lakhs)**
NDCP Flexi Pool	NDCP.1	Integrated Disease Surveillance Programme (IDSP)	69.18
	NDCP.2	National Vector Borne Disease Control Programme (NVBDCP)	496.61
	NDCP.3	National Leprosy Eradication Programme (NLEP)	2881.07
	NDCP.4	National Tuberculosis Elimination Programme (NTEP)	7833.36
	NDCP.5	National Viral Hepatitis Control Programme (NVHCP)	46.64
	NDCP.6	National Rabies Control Programme (NRCP)	2390.00
	NDCP.7	Programme for Prevention and Control of Leptospirosis (PPCL)	10.00
	NDCP.8	State specific Initiatives and Innovations	0.00
	NDCP Sub Total	**(63-86)**	**13726.86**
NCD Flexi Pool	NCD.1	National Program for Control of Blindness and Vision Impairment (NPCB+VI)	7744.67
	NCD.2	National Mental Health Program (NMHP)	757.82
	NCD.3	National Programme for Health Care for the Elderly (NPHCE)	180.00
	NCD.4	National Tobacco Control Programme (NTCP)	159.00
	NCD.5	National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD)	12350.84
	NCD.6	Pradhan Mantri National Dialysis Programme (PMNDP)	1985.01
	NCD.7	National Program for Climate Change and Human Health (NPCCHH)	79.94
	NCD.8	National Oral health programme (NOHP)	182.20
	NCD.9	National Programme on palliative care (NPPC)	30.00
	NCD.10	National Programme for Prevention and Control of Fluorosis (NPPCF)	7.47
	NCD.11	National Programme for Prevention and Control of Deafness (NPPCD)	380.00
	NCD.12	National programme for Prevention and Management of Burn & Injuries (NPPMBI)	3732.60
	NCD.13	State specific Programme Interventions	0.00
	NCD Sub Total	**(87-126)**	**27589.55**

SUMMARY OF APPROVAL (2026-27)			
BUDGET ABSTRACT (POOL & PROGRAMME)			
Pool	**FMR Code**	**Programme/ Theme**	***2026-27*** **Budget (Rs. in lakhs)**
Health System Strengthening (HSS) - Urban	HSS(U).1	Comprehensive Primary Healthcare (CPHC)	0.00
	HSS(U).2	Community Engagement	710.64
	HSS(U).3	Public Health Institutions as per IPHS norms	94.12
	HSS(U).4	Quality Assurance	2234.17
	HSS(U).5	HRH	17941.04
	HSS(U).6	Technical Assistance	62.21
	HSS(U).7	Access	0.00
	HSS(U).8	Innovation	0.00
	HSS(U).9	Untied Grants	1077.75
	NUHM Sub Total	**(127-149)**	**22119.93**
Health System Strengthening (HSS) Rural	HSS.1	Comprehensive Primary Healthcare (CPHC)	2022.65
	HSS.2	Blood Services & Disorders	6105.18
	HSS.3	Community Engagement	3171.92
	HSS.4	Public Health Institutions as per IPHS norms	14636.56
	HSS.5	Referral Transport	5780.00
	HSS.6	Quality Assurance	11730.63
	HSS.7	Other Initiatives to improve access	25297.18
	HSS.8	Inventory management	1676.32
	HSS.9	HRH	124033.30
	HSS.10	Enhancing HR	1073.51
	HSS.11	Technical Assistance	5297.61
	HSS.12	IT interventions and systems	0.00
	HSS.13	Innovation	0.00
	HSS.14	Untied Grants	7132.90
	HSS.15	Snake bite and envenoming	0.00
	HSS Sub Total	**(150-200)**	**207957.76**
	HSS.16	Capacity building incl. training	2,284.16
	HSS.17	ASHA Incentives	6,017.79
	HSS.18	IT interventions and systems	3,632.07
	HSS.19	IEC & Printing	1,377.40
	HSS.20	Inventory management	2,076.82
	HSS.21	Innovations	3,901.61
	Total	**(201-206)**	**19289.85**
		Grand Total	**327666.74**

TABLE 6. LIST OF ACTIVITIES NOT APPROVED IN ROP 2026-27

FMR	Activity	Budget (in lakhs)
110	Procurement of LINAC for Tiruvannamalai GMCH	3650
110	Procurement of BMI Measuring Devices at 10 CHC and PHCs	111.00
127	Operational cost for 708 UHWC	212.40
137	Operational cost of Urban 466 PHCs	279.60
138	Operational cost for 39 UCHCs	39.90
157	Operational cost of Blood collection and Transport Vans	48.00
158	Implementation of NAAT testing for Blood Safety	595.00
179	Implementation of screening and treatment activities through 3 NGOs	41.40
179	Tribal Bed Grant Scheme through NGO	75.00
181	Procurement of Digital Mammography Unit to DH Palani, DH Thirukovilur, DH Cheyyar and DH Tiruthani	240
	TOTAL	**5292.3**

Decision Points:

1. The Executive Committee is requested to record the approval accorded by the Government of India for the State Programme Implementation Plan (PIP) 2026-27 vide Record of Proceedings (RoP) dated 19.06.2026 for a total outlay of Rs.3,930.68 Crore.
2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to implement all activities approved under the RoP 2026-27 in accordance with the approved norms, guidelines, conditions and financial provisions of the Government of India.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release funds to the Directorates, District Health Societies, Government Health Institutions, Programme Divisions, Tamil Nadu Medical Services Corporation (TNMSC), Public Works Department (PWD) and other implementing agencies as per the approved RoP and subject to receipt and availability of funds.
4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to take necessary action for compliance with the key deliverables, observations and conditionalities stipulated in the RoP and to submit Action Taken Reports and other reports to the Government of India as required.
5. The Executive Committee may ratify the modifications and revisions made to the original proposal during the appraisal process and subsequent discussions held with the Government of India during the NPCC meetings.

AGENDA NO: 07/51/2026

Sub: NHM-TN - Civil Works 2026-27 - New buildings approved under NHM - Execution through PWD - Approval requested - Reg.

Ref:
1. G.O. Ms. No.116, Health and Family Welfare (EAP II-2) Department, dated 25.03.2011
2. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
3. Minutes of the 50th EC Meeting held on 06.02.2026
4. PIP 2026-27
5. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background:

National Health Mission (NHM), Tamil Nadu is continuously supporting the strengthening of public health infrastructure across the State through the creation of new health facilities and augmentation of existing infrastructure. The objective is to enhance service delivery, improve patient care, address increasing service demands, facilitate the introduction of new healthcare services, and strengthen preparedness for public health emergencies.

In this regard, proposals for construction of new buildings were received from the various Directorates under the Health and Family Welfare Department based on identified infrastructure gaps, inadequacy of existing facilities, increasing patient load, expansion of healthcare services, and the need to upgrade health institutions in accordance with prevailing standards and programme requirements.

The proposals for civil works were examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 7/50/2026.

2. Status of Approval in 50th EC Meeting:

The following proposals for construction of the above Civil Works were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Table 1. Civil Works Approved by the 50th Executive Committee for Inclusion in PIP 2026-27

Type of Building	No. of Units	Total Cost Proposed	Civil & Electrical Component	Equipment Component
		Rs in Lakhs		
Maternal & Child Health Building	9	9,200.00	8,000.00	1,200.00
Additional Building to Government Hospitals	7	5,800.00	5,200.00	600
ANM / Nursing Academic Block	2	2,900.00	2,825.00	75
ANM / Nursing Hostel Building	3	2,298.00	2,298.00	-
Additional Building to Government Medical College Hospitals	3	2,085.00	1,885.00	200
Kitchen Building	7	1,030.00	1,030.00	-
TB Ward	5	530	530	-
Radiology Block	1	300	300	-
Mortuary Block	4	280	280	-
Regional Vaccine Store	1	228.8	228.8	-
Ophthalmic Unit	2	200	200	-
Laundry Building	1	70	70	-
Grand Total	**45**	**24,921.80**	**22,846.80**	**2,075.00**

Thereafter, the proposals were incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 5th cited), approved the following infrastructure projects under the National Health Mission:

Table 2. Infrastructure Projects Approved under NHM RoP 2026-27

Type of Building	No. of Units	Total Cost Approved	Civil & Electrical Component	Equipment Component	Approved for CW in 2026-27	Balance for CW to be Proposed during 2027-28
		(A)	(B)	(C)	(D)	(E=A-D)
		(Rs. in Lakh)				
Maternal & Child Health Building	9	9,200.00	8,000.00	1,200.00	3,200.00	4,800.00
Additional Building to Government Hospitals	7	5,800.00	5,200.00	600	2,240.00	2,960.00
ANM / Nursing Academic Block	2	2,900.00	2,825.00	75	1,200.00	1,625.00
ANM / Nursing Hostel Building	3	2,298.00	2,298.00	-	989	1,309.00
Additional Building to Government Medical College Hospitals	3	2,085.00	1,885.00	200	792.5	1,092.50
Kitchen Building	7	1,030.00	1,030.00	-	915	115
TB Ward	5	530	530	-	530	-
Radiology Block	1	300	300	-	150	150
Mortuary Block	4	280	280	-	280	-
Regional Vaccine Store	1	228.8	228.8	-	114.4	114.4
Ophthalmic Unit	2	200	200	-	200	-
Laundry Building	1	70	70	-	70	-
Grand Total	**45**	**24,921.80**	**22,846.80**	**2,075.00**	**10,680.90**	**12,165.90**

The detailed list of buildings approved under RoP 2026-27 is enclosed as Annexure.

4. Proposal: Execution of Civil Works through Public Works Department:

As per the existing norms, all major Civil Works approved under NHM are executed through the Public Works Department (PWD), Government of Tamil Nadu.

Further, as per the directions issued in G.O. Ms. No.116, Health and Family Welfare (EAP II-2) Department, dated 25.03.2011, the funds approved under NHM for Civil Works are required to be remitted into the Government account and Administrative and Financial Sanction orders obtained from Government for execution of works through PWD.

5. Decision Points:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for execution of the approved civil works through PWD and for taking further action required for implementation of the projects.

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to provide the new buildings** to the health institutions, as detailed in the Annexure, through the Public Works Department (PWD) at the approved cost noted against each of them as approved in RoP 2026-27.
2. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to remit the funds Rs.10,680.90 Lakh approved for the FY 2026-27**, into the Government Account for execution of the Civil Works through the Public Works Department (PWD).
3. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to send necessary proposals to the Government** for obtaining Administrative and Financial Sanction Orders for execution of the approved Civil Works through the Public Works Department (PWD).
4. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to include the balance funding requirements** for the approved multi-year infrastructure projects **in subsequent Programme Implementation Plans** (PIPs), wherever necessary, for completion of the works.

ANNEXURE

LIST OF CIVIL WORKS APPROVED UNDER NHM – ROP 2026-27 TO BE EXECUTED THROUGH PUBLIC WORKS DEPARTMENT

Sl. No.	District	Directorate	FMR CODE	Facility Type	Name of the Institution	Total Cost Approved	Civil & Electricals	Equipment	RoP Approved for CW in 2026-27	Balance for CW to be Proposed in 2027-28
						(Rs in Lakh)				
						A	B	C	D	E = A -D
1	Coimbatore	DMRHS	RCH.1.11	Maternal & Child Health Building	DHQH Pollachi	600.00	600.00	-	250.00	350.00
2	Thoothukudi	DMRHS	RCH.1.11	Maternal & Child Health Building	DHQH Kovilpatti	600.00	600.00	-	250.00	350.00
3	Thiruvallur	DMER	RCH.1.11	Maternal & Child Health Building	GMCH Thiruvallur	800.00	800.00	-	300.00	500.00
4	Chengalpattu	DMRHS	RCH.1.11	Maternal & Child Health Building	GH Madurakatam	1,200.00	1,000.00	200.00	400.00	600.00
5	Dharmapuri	DMER	RCH.1.11	Maternal & Child Health Building	GMCH Dharmapuri	1,200.00	1,000.00	200.00	400.00	600.00
6	Dindugal	DMER	RCH.1.11	Maternal & Child Health Building	GMCH Dindugal	1,200.00	1,000.00	200.00	400.00	600.00
7	Kanniyakumari	DMER	RCH.1.11	Maternal & Child Health Building	GMCH Kanniyakumari	1,200.00	1,000.00	200.00	400.00	600.00
8	Nagapattinam	DMER	RCH.1.11	Maternal & Child Health Building	GMCH Nagapattinam	1,200.00	1,000.00	200.00	400.00	600.00
9	Tiruppur	DMER	RCH.1.11	Maternal & Child Health Building	GMCH Tiruppur	1,200.00	1,000.00	200.00	400.00	600.00
10	Dharmapuri	DMER	NDCP.4.73	TB Ward	GMCH Dharmapuri	50.00	50.00	-	50.00	
11	Cuddalore	DMRHS	NDCP.4.73	TB Ward	GH Capper hills	120.00	120.00	-	120.00	
12	Erode	DMER	NDCP.4.73	TB Ward	GMCH Erode	120.00	120.00	-	120.00	
13	Kanniyakumari	DMER	NDCP.4.73	TB Ward	GMCH Kanniyakumari	120.00	120.00	-	120.00	
14	Tiruvarur	DMER	NDCP.4.73	TB Ward	GMCH Tiruvarur	120.00	120.00	-	120.00	

Sl. No.	District	Directorate	FMR CODE	Facility Type	Name of the Institution	Total Cost Approved	Civil & Electricals	Equipment	RoP Approved for CW in 2026-27	Balance for CW to be Proposed in 2027-28
						(Rs in Lakh)				
15	Tenkasi	DMRHS	NCD.1.95	Ophthalmic Unit	DHQH Tenkasi	100.00	100.00	-	100.00	
16	Tiruvarur	DMRHS	NCD.1.95	Ophthalmic Unit	DHQH Mannargudi	100.00	100.00	-	100.00	
17	Thoothukudi	DMER	HSS.4.164	Addl Building to GMCH	GMCH Thoothukudi	385.00	385.00	-	192.50	192.50
18	Chengalpattu	DMER	HSS.4.164	Addl Building to GMCH	GMCH Chengalpattu	500.00	500.00	-	200.00	300.00
19	Cuddalore	DMER	HSS.4.164	Addl Building to GMCH	GMCH Cuddalore	1,200.00	1,000.00	200.00	400.00	600.00
20	Kanniyakumari	DMRHS	HSS.4.164	Addl Building to GH	DHQH Padmanabhapuram	500.00	500.00	-	200.00	300.00
21	Kanchipuram	DMRHS	HSS.4.164	Addl Building to GH	DHQH Kanchipuram	1,200.00	1,000.00	200.00	400.00	600.00
22	Tenkasi	DMRHS	HSS.4.165	Addl Building to GH	GH Veerakelam Puthur	500.00	500.00	-	200.00	300.00
23	Thiruvallur	DMRHS	HSS.4.165	Addl Building to GH	GH Ponneri	600.00	600.00	-	240.00	360.00
24	Sivaganga	DMRHS	HSS.4.165	Addl Building to GH	GH Devakottai	900.00	800.00	100.00	400.00	400.00
25	Virudhunagar	DMRHS	HSS.4.165	Addl Building to GH	GH Srivilliputhur	900.00	800.00	100.00	400.00	400.00
26	Pudukkottai	DMRHS	HSS.4.165	Addl Building to GH	GH Gandharvakottai	1,200.00	1,000.00	200.00	400.00	600.00
27	Cuddalore	DMER	HSS.4.169	ANM / Nursing Academic Block	Nursing School -Cuddalore	900.00	825.00	75.00	400.00	425.00
28	Chennai	DMER	HSS.4.169	ANM / Nursing Academic Block	GMCH Kilpauk	2,000.00	2,000.00	-	800.00	1,200.00
29	Madurai	DPH&PM	HSS.4.169	ANM Hostel Building	ANM Training School Hostel - Madurai	698.00	698.00	-	349.00	349.00
30	Chennai	DMER	HSS.4.169	Nursing Hostel Building	Govt. Kasturba Gandhi Hospital	800.00	800.00	-	320.00	480.00
31	Kanchipuram	DMER	HSS.4.169	Nursing Hostel Building	Kanchipuram Nursing Hostel	800.00	800.00	-	320.00	480.00

Sl. No.	District	Directorate	FMR CODE	Facility Type	Name of the Institution	Total Cost Approved	Civil & Electricals	Equipment	RoP Approved for CW in 2026-27	Balance for CW to be Proposed in 2027-28
						(Rs in Lakh)				
32	Kanchipuram	DMRHS	HSS.4.169	Kitchen Building	DHQH Kanchipuram	100.00	100.00	-	100.00	
33	Kanniyakumari	DMRHS	HSS.4.169	Kitchen Building	DHQH Padmanabhapuram	100.00	100.00	-	100.00	
34	Thiruvallur	DMRHS	HSS.4.169	Kitchen Building	GH Ponneri	100.00	100.00	-	100.00	
35	Vellore	DMRHS	HSS.4.169	Kitchen Building	DHQH Gudiyatham	100.00	100.00	-	100.00	
36	Thanjavur	DMER	HSS.4.169	Kitchen Building	Raja Mirasudhar Hospital, Thanjavur	200.00	200.00	-	200.00	
37	Thiruvallur	DMRHS	HSS.4.169	Kitchen Building	DHQH Tiruthani	230.00	230.00	-	115.00	115.00
38	Chennai	DMER	HSS.4.169	Kitchen Building	IOG Chennai	200.00	200.00	-	200.00	
39	Erode	DMRHS	HSS.4.169	Laundry Building	DHQH Erode	70.00	70.00	-	70.00	
40	Karur	DMRHS	HSS.4.169	Mortuary Block	DHQH Kulithalai	70.00	70.00	-	70.00	
41	Madurai	DMRHS	HSS.4.169	Mortuary Block	GH Melur	70.00	70.00	-	70.00	
42	Tenkasi	DMRHS	HSS.4.169	Mortuary Block	GH Sankaran Kovil	70.00	70.00	-	70.00	
43	Tiruppur	DMRHS	HSS.4.169	Mortuary Block	GH Kangeyam	70.00	70.00	-	70.00	
44	Thanjavur	DMER	HSS.4.169	Radiology Block	Govt. Raja Mirasudhar Hospital	300.00	300.00	-	150.00	150.00
45	Trichy	DPH&PM	HSS.4.169	Vaccine Store	Regional Vaccine Store - Trichy	228.80	228.80	-	114.40	114.40
					TOTAL	**24,921.80**	**22,846.80**	**2,075.00**	**10680.90**	**12165.90**

AGENDA NO: 08/51/2026

Sub: NHM-TN – Rashtriya Bal Swasthya Karyakram (RBSK) – **District Early Intervention Centres (DEICs)** – Remodelling of existing buildings in Government Kasturba Gandhi Hospital, Chennai for establishment of DEIC - Establishment of Sensory Integration Parks in 5 DEICs - Reallocation of approved funds under FMR RCH.3.22 for DEIC works and Sensory Integration Parks in 5 DEICs – **Rs. 175 Lakh** - Approval of the Executive Committee – Requested - Reg.

Ref:
1. National Programme Coordination Committee (NPCC) Meeting held on 11.02.2026 and 12.02.2026.
2. Agenda No.7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026.
3. Agenda No.8/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026.
4. Minutes of the 50th Executive Committee Meeting held on 06.02.2026.
5. Programme Implementation Plan (PIP) 2026-27.
6. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27).

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1. **Background**

District Early Intervention Centres (DEICs) are established under the Rashtriya Bal Swasthya Karyakram (RBSK) to facilitate early identification and management of developmental delays, disabilities, birth defects, deficiencies and other health conditions among children. The DEICs provide multidisciplinary services including developmental assessment, therapeutic interventions, rehabilitation and referral support for children requiring specialized care.

It has been proposed to establish a dedicated District Early Intervention Centre (DEIC) in Government Kasturba Gandhi Hospital, Chennai and to establish Sensory Integration Parks with therapeutic equipment in selected District Early Intervention Centres in the State.

In this regard, the proposals received were placed before the Executive Committee of NHM-TN in the 50th EC Meeting held on 06.02.2026, vide Agenda Nos. 7/50/2026 and 8/50/2026.

2. **Status of Approval in the 50th Executive Committee Meeting**

The proposals were approved vide references 2nd to 4th cited for inclusion in the Programme Implementation Plan (PIP) 2026-27, as detailed below:

Table 1. DEIC proposals approved by the 50th Executive Committee for inclusion in PIP 2026-27

Agenda No.	Proposal	Unit Cost	No. of Units	Total Cost
		(Rs. in Lakhs)		
7/50/2026	Construction of District Early Intervention Centre Building at Government Kasturba Gandhi Hospital, Chennai	200	1	200
8/50/2026	Establishment of Sensory Integration Park and Equipment at Government Kilpauk Medical College Hospital, Chennai, The Nilgiris, Ramanathapuram, Thoothukudi and Government Pentland Hospital, Vellore	15	5	75
	Grand Total			**275**

Consequently, the proposals were incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. **Approval Status of RoP 2026-27**

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 6th cited), approved the following activities under FMR RCH.3.22.

Table 2. Activities approved under NHM RoP 2026-27 under FMR RCH.3.22

Particulars	Total Approved Cost	Funds Approved for FY 2026-27	Balance funds to be Proposed in FY 2027-28
	(Rs. in Lakhs)		
Construction of DEIC Building at Government Kasturba Gandhi Hospital, Chennai	160	100	60
Establishment of Sensory Integration Parks and Equipment (5 DEICs @ Rs.3.00 Lakhs)	15	15	-

In respect of construction of a new building in Government Kasturba Gandhi Hospital, Chennai, for establishment District Early Intervention Centre (DEIC), an amount of Rs.160 Lakh only, has been approved in the Record of Proceedings (RoP) 2026-27, cited in the 6th reference against the proposed cost of Rs.200 Lakh.

Subsequently, the proposal for construction of the District Early Intervention Centre Building at Government Kasturba Gandhi Hospital, Chennai was reviewed. It was ascertained that adequate space is available in the existing hospital building of the institutions for establishing the proposed DEIC.

Accordingly, it has been assessed that the required facilities can be established through remodelling of the existing buildings, thereby eliminating the need for construction of a new standalone building.

Based on the revised implementation strategy, the remodelling works required for establishment of the DEIC can be completed at an estimated cost of Rs.60 Lakh.

Further, Sensory Integration Parks are an integral component of the District Early Intervention Centres, providing structured therapeutic environments for children with developmental and sensory integration disorders.

However, in the Record of Proceedings (RoP) 2026-27, the unit cost for Sensory Integration Park has been approved at Rs.3 Lakh, against the amount Rs.15 Lakh proposed per unit.

Accordingly, the total requirement for the five approved District Early Intervention Centres works out to Rs.75.00 Lakhs, against which only Rs.15.00 Lakhs has been approved in the RoP, resulting in a deficit of Rs.60.00 Lakhs.

Table 3. Financial Requirement for DEICs and Sensory Integration Parks

Project	Particulars	Amount (Rs. in Lakh)
DEIC Building	A. Total approval	160
	B. Proposed remodelling works	60
	C. **Balance available for reallocation (A-B)**	**100**
Sensory Integration Parks	D. Approved for Sensory Integration Parks (5 DEICs @ Rs.3.00 Lakh)	15
	E. Actual requirement (5 DEICs @ Rs.15.00 Lakhs)	75
	F. Additional requirement / Deficit (E- D)	**60**

4. **Proposal**

Since the District Early Intervention Centre at Government Kasturba Gandhi Hospital, Chennai can be established by utilizing the existing infrastructure through remodelling, a balance provision of Rs.100 Lakh remains available from the funds sanctioned for construction of the DEIC Building.

Further, the approved allocation of Rs.15 Lakh for establishment of Sensory Integration Parks is insufficient against the actual requirement of Rs.75 Lakh, resulting in a deficit of Rs.60. Lakh.

Accordingly, it is proposed to reallocate an amount of Rs.60 Lakh available from the approved allocation for construction of the District Early Intervention Centre Building at Government Kasturba Gandhi Hospital, Chennai towards strengthening of the Sensory Integration Parks in the five approved District Early Intervention Centres.

The proposed reallocation is entirely within the approved allocation under FMR RCH.3.22 and does not involve any additional financial commitment to the Government of India or the State Government. The proposal will facilitate optimum utilization of the approved funds by establishing the District Early Intervention Centre at Government Kasturba Gandhi Hospital, Chennai through remodelling while simultaneously strengthening the Sensory Integration Parks in the five approved District Early Intervention Centres.

S. No	Activity	PIP proposed in lakh	ROP approved in lakh	Deficit in lakh	Change of Scope	Savings or excess due to change of scope in lakh	Revised Allocation in lakh
1	Construction of DEIC Building at Govt. Kasturba Gandhi Hospital, Chennai	200	160 (ROP 26-27-100) – remaining 60 to be proposed in PIP 27-28	-	New construction changed to remodelling of existing building @ Rs.60 lakh	100 (160-60)	60
2	Establishment of Sensory Integration Parks & Equipment (5 DEICs @ Rs.15 Lakh each)	75	15	60	No change of scope: unit cost approved lower than proposed	(+) 60 (reallocated from DEIC Building savings)	75
Total		**275**	**175**	**100**			**135**

5. **Decision Points:**

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows for implementation of the approved activities.

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **establish the District Early Intervention Centre (DEIC)** at **Government Kasturba Gandhi Hospital, Chennai, remodelling** the existing building in the premises, in lieu of constructing a new standalone DEIC building.
2. The Mission Director, National Health Mission – Tamil Nadu may be authorized to send necessary **proposals to the Government for obtaining Administrative and Financial Sanction Orders** for execution of the remodelling works for establishment of the District Early Intervention Centre at **Government Kasturba Gandhi Hospital, Chennai**, through the **Public Works Department (PWD)** based on the revised project cost of **Rs.60 Lakh**.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **utilize a sum of Rs.60 Lakh** from the funds approved under **FMR RCH.3.22** for FY 2026-27, for carrying out the remodelling works in the existing building for establishment of the DEIC at Government Kasturba Gandhi Hospital, Chennai.

4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **remit the funds of Rs.40 Lakh** into the **Government Account in the year 2026-27 and Rs.20 lakh in the year 2027-28,** towards the provision of funds for executing the remodelling works through the Public Works Department (PWD).

5. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to establish Sensory Integration Parks and procurement of therapeutic equipment at a unit cost of Rs.15 lakh** in the following District Early Intervention Centres:

    a. Government Kilpauk Medical College Hospital, Chennai

    b. Government Medical College Hospital, The Nilgiris

    c. Government Medical College Hospital, Ramanathapuram

    d. Government Medical College Hospital, Thoothukudi

    e. Government Pentland Hospital, Vellore.

6. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to reallocate a sum of Rs.60 Lakh (12 lakh*5 unit),** in addition to the RoP approval of Rs.15 lakh (3 lakh*5 units), from the balance funds now available from the funds approved for construction of the District Early Intervention Centre Building at Government Kasturba Gandhi Hospital, Chennai towards establishment of **Sensory Integration Parks and procurement of therapeutic equipment in the above mentioned 5 institutions.**

7. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to release the approved funds** to the Heads of the Institutions concerned to carry out necessary works through Public Works Department required for establishment and operationalization of the **Sensory Integration Parks and procurement of therapeutic equipment**, in accordance with the codal procedures in force.

8. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to include the balance funds required in subsequent Programme Implementation Plans** (PIPs), wherever necessary, for completion of the works.

AGENDA NO: 09/51/2026

Sub: NHM-TN – Civil Works 2026-27 - Construction of Specialized Ophthalmic Unit at Government Medical College Hospital, Chengalpattu at total cost of Rs.320 Lakhs – **Additional funds required** – Utilization of unspent balance available from Maternity Block projects – Approval of the Executive Committee – Requested - Reg.

Ref:
1. G.O. Ms. No.248, Health & Family Welfare Department, dated 31.10.2013.
2. G.O. Ms. No.192, Health & Family Welfare Department, dated 07.07.2015.
3. G.O. Ms. No.366, Health & Family Welfare (EAP.II-1) Department, dated 07.11.2024.
4. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026.
5. Minutes of the 50th Executive Committee Meeting held on 06.02.2026.
6. Programme Implementation Plan (PIP) 2026-27.
7. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)..

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1. Background

The National Health Mission, Tamil Nadu is continuously strengthening specialty healthcare infrastructure in Government Medical College Hospitals to improve access to quality tertiary healthcare services. Strengthening ophthalmic infrastructure has become increasingly important in view of the growing burden of cataract, diabetic retinopathy, glaucoma and other vision-threatening disorders requiring specialized diagnosis and treatment.

Government Medical College Hospital, Chengalpattu caters to a large referral population from Chengalpattu District and adjoining districts and has witnessed a substantial increase in outpatient attendance and surgical workload for ophthalmic services. Further, with the expansion of screening programmes for diabetic retinopathy and other ophthalmic complications under the National Programme for Control of Blindness and Visual Impairment (NPCBVI), there is an increasing requirement for dedicated infrastructure for comprehensive ophthalmic care.

Accordingly, a proposal for construction of a Specialized Ophthalmic Unit at Government Medical College Hospital, Chengalpattu had been received and placed before the Executive Committee of NHM-TN., in the 50th EC Meeting held on 06.02.2026, vide Agenda No.7/50/2026, seeking necessary permission to include the proposal in the PIP 2026-27.

2. Status of Approval in the 50th Executive Committee Meeting

The proposal for construction of a Specialized Ophthalmic Unit at Government Medical College Hospital, Chengalpattu was placed before the 50th Executive Committee Meeting and the same was approved for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Table 1. Proposal approved by the 50th EC for inclusion in PIP 2026-27

Particulars	Total Cost Proposed (Rs. in Lakhs)
Specialized Ophthalmic Unit – Government Medical College Hospital, Chengalpattu	320

Thereafter, the proposal was incorporated in the **PIP 2026-27** and submitted to the Government of India for approval and provision of funds.

3. Approval Status of RoP 2026-27

In the Record of Proceedings (RoP) 2026-27, cited in the 6th reference, the proposal has been approved for construction of the Specialized Ophthalmic Unit at Government Medical College Hospital, Chengalpattu, at a cost of Rs.100 Lakhs under the FMR - NCD.1.95, as against the proposal of Rs.320 Lakhs submitted by the State.

Table 2. Approval Status under RoP 2026-27

Particulars	Amount (Rs. in Lakhs)
Proposal submitted by the State	320
Approved by Government of India	100
Additional requirement	**220**

The above approval is based on the standard cost norms applicable under NHM.

It is, however, pertinent to note that Government Medical College Hospital, Chengalpattu is a major tertiary care teaching institution serving a large referral population from Chengalpattu District and the surrounding districts. The institution has been recording a consistent rise in patient footfall for specialized ophthalmic care, particularly for cataract surgeries, diabetic retinopathy screening and management, glaucoma, retinal disorders, and other ophthalmic complications.

The expansion of screening programmes under the NPCBVI, coupled with the rising prevalence of Diabetes Mellitus, has further augmented the demand for comprehensive ophthalmic evaluation and treatment. Once established, the Specialized Ophthalmic Unit will provide integrated diagnostic, surgical, and rehabilitative ophthalmic services and will also reinforce postgraduate teaching and training activities in the Medical College Hospital.

In view of the growing patient load, the need for advanced ophthalmic infrastructure and equipment, and the pivotal role of Government Medical College Hospital, Chengalpattu as a tertiary referral centre, the originally proposed project cost of Rs.320.00 Lakhs remains fully justified for the establishment of a comprehensive Specialized Ophthalmic Unit.

Since the Government of India has accorded approval for Rs.100.00 Lakhs only, based on the standard NHM cost norms, an additional Rs.220.00 Lakhs is required to complete the project as originally envisaged.

4. Proposal

In this regard, it is submitted that under the NHM Record of Proceedings 2013-14 and Supplementary Record of Proceedings 2014-15, approval was accorded for construction of 214 Maternity Blocks at Primary Health Centres at a unit cost of Rs.23.00 Lakhs, aggregating to Rs.4,922.00 Lakhs.

The approved funds were remitted into the Government Account and Administrative and Financial Sanction Orders were issued by the Government for execution of the works through the Public Works Department.

Table 3. Funds remitted for construction of Maternity Blocks

Sl. No.	RoP	Funds (Rs. in Lakhs)	Challan No. & Date	G.O. & Dated
1	RoP 2013-14	1,979.50	10030 / 23.09.2013	248 / 31.10.2013
2	Supplementary RoP 2014-15	2,942.50	1133 / 09.02.2015	192 / 07.07.2015
	Total	**4,922.00**		

However, out of the 214 Maternity Blocks approved, construction of 18 Maternity Blocks could not be taken up due to various reasons and consequently a sum of Rs.414 Lakh remained unutilized in the Government Account, apart from the residual balances arising out of completed works.

Subsequently, Government, vide G.O. Ms. No.366, Health & Family Welfare (EAP.II/1) Department, dated 07.11.2024, permitted utilization of Rs.54.80 Lakh from the above unspent balance towards the renovation of the School of Nursing, Government Kasturba Gandhi Hospital, Triplicane, Chennai.

Accordingly, a balance amount of **Rs.359.20 Lakh** is presently available.

Table 4. Availability of Funds

Particulars	Amount (Rs. in Lakh)
Unspent balance from 18 Maternity Blocks	414.00
Less: School of Nursing renovation, Government Kasturba Gandhi Hospital	54.80
Balance Available	**359.20**
Additional requirement for Specialized Ophthalmic Unit	220.00
Balance after proposed utilization	**139.20**

Considering the critical need for establishing a Specialized Ophthalmic Unit at Government Medical College Hospital, Chengalpattu, it is proposed to utilize Rs.220Lakh from the above available balance of Rs.359.20 Lakh towards provision of the additional funds required, for constructing the proposed Specialized Ophthalmic Unit at the originally proposed project cost of Rs.320 Lakh.

5. Decision Points:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to** provide the new buildings for the **Specialized Ophthalmic Unit at Government Medical College Hospital, Chengalpattu,** at a total project cost of **Rs.320 Lakh**, comprising **Rs.100 Lakh approved under the NHM Record of Proceedings (RoP) 2026-27** and an **additional funds of Rs.220 Lakh** from the available unspent balance of completed Maternity Block projects detailed above.
2. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to utilize a sum of Rs.220 Lakh** from the available unspent balance of **Rs.359.20 Lakh** arising out of completed Maternity Block projects towards meeting the additional funding requirement for construction of the **Specialized Ophthalmic Unit at Government Medical College Hospital, Chengalpattu**.
3. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to execute the Specialized Ophthalmic Unit** at Government Medical College Hospital, Chengalpattu through the **Public Works Department (PWD)** at the project cost of **Rs.320 Lakh**.
4. **T**he Mission Director, National Health Mission – Tamil Nadu may be **permitted to remit the funds of Rs.100 Lakh** into the Government Account for execution of the Civil Works through the PWD.
5. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to send necessary proposals to the Government** for obtaining **Administrative and Financial Sanction Orders** for execution of the **Specialized Ophthalmic Unit** in Government Medical College Hospital, Chengalpattu through the PWD.

AGENDA NO: 10/51/2026

Sub: NHM–TN - Civil Works 2026-27 – Construction of Residential Quarters for Medical Officer and Staff Nurses in PHCs situated in remote, hilly and difficult terrain areas – **Additional funds required for hilly areas** – Reallocation of savings available under the approved component – Approval of the Executive Committee – Requested - Reg.

Ref:
1. G.O. Ms. No.116, Health and Family Welfare (EAP II-2) Department, dated 25.03.2011
2. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
3. Minutes of the 50th EC Meeting held on 06.02.2026
4. PIP 2026-27.
5. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27).

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1. Background

The National Health Mission, Tamil Nadu is implementing various infrastructure initiatives to strengthen the delivery of healthcare services across the State. One of the key strategies to improve the availability of healthcare professionals in remote, hilly and difficult terrain areas is the provision of residential accommodation for Medical Officers and Staff Nurses within the health institutions.

Accordingly, the proposals were received for the construction of Residential Quarters for Medical Officer and Staff Nurses in PHCs situated in remote, hilly and difficult terrain areas, at identified institutions.

The proposals were examined by the National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 7/50/2026.

2. Status of Approval in the 50th Executive Committee Meeting

The proposals for construction of Medical Officer and Staff Nurse Quarters were placed before the Executive Committee of NHM-TN in the 50th EC Meeting, seeking permissions for including in the Programme Implementation Plan (PIP) 2026-27.

Table 1. Medical Officer and Staff Nurse Quarters approved by the 50th Executive Committee for inclusion in PIP 2026-27

Particulars	No. of Units	Approved Cost (Rs. in Lakhs)
Medical Officer Quarters at Rs.30 Lakhs each	2	60.00
Staff Nurse Quarters at Rs.40 Lakhs each(twin)	4	160.00
Total	**6**	**220.00**

Subsequently, with permission of the Executive Committee of NHM-TN obtained in the refs. 2nd & 3rd cited, the proposals were incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for approval.

3. Approval Status of RoP 2026-27

The Government of India, Ministry of Health & Family Welfare, vide the Record of Proceedings (RoP) 2026-27, approved the construction of two Medical Officer Quarters and four Staff Nurse Quarters under FMR HSS.4.167 at a total approved cost of Rs.220.00 Lakhs.

Subsequently, the Public Works Department prepared the detailed estimates for execution of the approved works. The estimates revealed that the originally approved cost was insufficient for certain works due to factors such as:

- Difficult terrain,
- Transportation of construction materials,
- Site development requirements, and
- Other location-specific construction challenges.

Further, the PWD Executive Engineers of **Coimbatore** and **Dindigul** Districts informed that the construction of **Staff Nurse Quarters at UPHC Valparai** and **Staff Nurse Quarters at PHC Perumparai** could not be executed within the approved cost, due to substantial escalation in construction costs for the hilly terrain and additional works required for site conditions.

Consequently, it is proposed to **cancel these two works at UPHC Valparai and PHC Perumparai**, and to utilize the savings available under the same approved component towards provision of additional funds required to the remaining sanctioned works, as detailed below:

Table 2. Revised Cost Estimates for Medical Officer and Staff Nurse Quarters

Sl. No.	District	Institution	Facility	Approved Cost	Estimated Cost as per DPR	Balance Available
				(Rs. in Lakh)		
1	Erode	PHC Gudiyalathur	MO Quarters	30.00	47.00	-17.00
2	Erode	PHC Hongalvady	MO Quarters	30.00	47.50	-17.50
3	Dharmapuri	PHC Vathalmalai	SN Quarters	40.00	40.00	0
4	Erode	PHC Hongalvady	SN Quarters	40.00	46.50	-6.50
5	Coimbatore	UPHC Valparai	SN Quarters	40.00	Deferred due to cost escalation	40.00
6	Dindigul	PHC Perumparai	SN Quarters	40.00		40.00
			Total	**220.00**	**181.00**	**39.00**

4. Proposal

As the construction of Staff Nurse Quarters at UPHC Valparai, Coimbatore District and Staff Nurse Quarters at PHC Perumparai, Dindugal District is proposed to be deferred due to substantial cost escalation, an approved provision of Rs.80.00 Lakhs earmarked for these two works remains available under FMR HSS.4.167.

Since all the approved works fall under the same infrastructure component, it is proposed to reallocate Rs.41.00 Lakhs from the deferred works towards meeting the additional funding requirement of the remaining four sanctioned works based on the detailed estimates furnished by the Public Works Department.

After meeting the additional requirement, a balance provision of Rs.39.00 Lakh will remain available under the approved component, which is proposed to be utilized for other infrastructure works (under FMR HSS.4.167), with the approval of the Executive Committee.

As per the existing norms, all major Civil Works approved under NHM are executed through the Public Works Department (PWD), Government of Tamil Nadu.

Further, as per the directions issued in G.O. Ms. No.116, Health and Family Welfare (EAP II-2) Department, dated 25.03.2011, the funds approved under NHM for Civil Works are to be remitted into the Government Account and Administrative and Financial Sanction Orders obtained from Government for execution of works through the Public Works Department.

5. Decision Points

The Executive Committee is requested to consider and approve the following:

1. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to undertake the construction** of the following Medical Officer and Staff Nurse Quarters based on the revised estimates furnished by the Public Works Department, involving a revised project cost of **Rs.181.00 Lakh,** against the originally approved cost of **Rs.140.00 Lakh**, as detailed in **Table 3** below.

Table 3. Works proposed for execution based on revised PWD estimates

Sl. No.	District	Institution	Facility	Approved Cost	Revised cost
				(Rs. in Lakh)	
1	Erode	PHC Gudiyalathur	MO Quarters	30.00	47.00
2	Erode	PHC Hongalvady	MO Quarters	30.00	47.50
3	Dharmapuri	PHC Vathalmalai	SN Quarters	40.00	40.00
4	Erode	PHC Hongalvady	SN Quarters	40.00	46.50
			Total	**140.00**	**181.00**

2. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to cancel the proposals to construct** the **Staff Nurse Quarters at UPHC Valparai, Coimbatore District** and **Staff Nurse Quarters at PHC Perumparai, Dindigul District**, in view of the substantial cost escalation reported by the respective Executive Engineers.
3. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to reallocate a sum of Rs.41.00 Lakh** from the approved provision available under the deferred works towards the provision of additional funding requirement of the approved Medical Officer and Staff Nurse Quarters, as detailed in **Table 4** below.

Table 4. Proposed Reallocation of Funds under FMR HSS.4.167

Sl. No.	Particulars	Amount (Rs. in Lakh)
1	Funds available from cancellation of Staff Nurse Quarters at UPHC Valparai	40.00
2	Funds available from cancellation of Staff Nurse Quarters at PHC Perumparai	40.00
	Total Funds Available	**80.00**
3	Proposed reallocation towards additional funding requirement of the approved works	41.00
4	**Balance available under the approved component**	**39.00**

4. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to provide the new Medical Officer Quarters and Staff Nurse Quarters** to the health institutions, as detailed in **Table 3**, through the **Public Works Department (PWD)** at the revised cost estimates furnished by the PWD.
5. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to remit the funds of Rs.181.00 Lakh** into the **Government Account** for execution of the approved Civil Works through the **Public Works Department (PWD).**
6. The Mission Director, National Health Mission – Tamil Nadu may be **authorized to send necessary proposals to the Government for obtaining Administrative and Financial Sanction Orders** for execution of the approved Civil Works through the **Public Works Department (PWD),** based on the revised costs with **reallocation of funds.**
7. The Mission Director, National Health Mission – Tamil Nadu may be permitted to utilize the **balance amount of Rs.39.00 lakh** available under the approved component towards any additional funding requirements or other essential civil works that may arise, subject to the approved of the Executive Committee of NHM.

AGENDA NO: 11/51/2026

Sub: NHM-TN – Equipment to Health Facilities based on the Gap analysis - Approved under ROP for 2026-27 – sanction of Rs.22,235.48 lakhs equipment and Rs.653.9 lakhs for kits - Submitted for information of the Executive Committee –Reg.

Ref:
1. Agenda No. 8/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
2. Minutes of the 50th EC Meeting held on 06.02.2026
3. PIP 2026-27
4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background:

National Health Mission (NHM), Tamil Nadu is committed to strengthening Government Health Institutions by ensuring the availability of modern, safe and quality medical equipment for delivering comprehensive healthcare services. Medical equipment forms an integral part of healthcare infrastructure and is essential for improving accessibility, quality and efficiency of healthcare services across all levels of care.

Medical care in hospitals requires coordinated efforts of Doctors, Nurses, Technical Personnel and adequate infrastructure. Among these, the availability of quality medical equipment plays a vital role in providing timely diagnosis, effective treatment and continuous patient monitoring. Critical care areas such as Intensive Care Units (ICUs), Emergency Departments, Operation Theatres, Labour Rooms and Diagnostic Services require advanced medical equipment to provide safe and efficient healthcare services.

Rapid advancements in medical technology have considerably enhanced the quality of healthcare through the introduction of advanced diagnostic and therapeutic equipment. Adoption of technologically advanced medical equipment enables early diagnosis, minimally invasive procedures, accurate clinical decision-making and improved treatment outcomes. It also strengthens the capacity of Government Health Institutions to provide specialized healthcare services comparable to national standards.

Considering the increasing patient load, expansion of healthcare services, replacement of obsolete equipment and identified infrastructure gaps, proposals for procurement of various medical equipment were received from the Directorates based on service requirements and institutional needs.

The proposals were examined and finalized for inclusion in the Programme Implementation Plan (PIP) 2026-27.

2. Status of Approval in the 50th Executive Committee Meeting:

The proposals for procurement of various medical equipment were placed before the **50th Executive Committee Meeting** for inclusion in the Programme Implementation Plan (PIP) 2026-27. The Executive Committee approved the proposals for strengthening

diagnostic, critical care and patient care services in Government Health Institutions across the State.

Accordingly, the approved proposals were incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

Further, during the 50th Executive Committee Meeting, the Committee suggested inclusion of one CT Scanner for Rajiv Gandhi Government General Hospital (RGGGH), Chennai. Accordingly, the proposal for procurement of one CT Scanner for RGGGH has been included in the Programme Implementation Plan (PIP) 2026-27.

3. Status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27**, approved the procurement of various medical equipment under the National Health Mission for strengthening healthcare services in Government Health Institutions.

The approved equipment will facilitate improvement in diagnostic capabilities, emergency care, critical care, maternal and child healthcare and other specialized healthcare services, thereby enhancing accessibility and quality of healthcare delivery throughout the State.

The details of equipment approved under the RoP 2026-27 are furnished below as Table I & II.

4. Proposal: Procurement of Medical Equipment through Tamil Nadu Medical Services Corporation (TNMSC):

An amount of **22,235.48 Lakhs** have been approved altogether towards **procurement of equipment** and **Rs. 653.9 for Diagnostic Kit** and instrument to the Health Facilities through NHM ROP for the year 2026-27.

Table:1 Equipment

Sl. No	FMR Number	Name of the Activity	Total Cost (Rs. In lakhs)
1.	RCH 1.12	Procurement of LDR Cots to 91 CEMONC Centres and 20 Community Health Centres	178.66
2.	RCH 1.13	Procurement of Defibrillator for 50 CEmONC centers	124
3.	RCH 1.13	Procurement of TEG to 15 CEmONC centers	255
4.	RCH 1.13	Procurement of Syringe Infusion pump to HDU of CEmONC / Labour room	42.74
5.	RCH 1.13	Procurement of Volume Infusion Pump to HDU of CEmONC / Labour Room	40.15
6.	RCH 3.22	Equipment to DEIC Mayiladuthurai	53.39
7.	RCH 3.23	Procurement of HBNC Kit for ASHA	26.50
8.	RCH 3.24	Procurement of Equipment for the 92 SNCUs based on the gap analysis	2207.68

Sl. No	FMR Number	Name of the Activity	Total Cost (Rs. In lakhs)
9.	RCH 3.24	Procurement of Equipment for 8 MNCU	477.26
10.	RCH 3.24	Procurement of Equipment for 3 new NBSUs	17.97
11.	RCH 3.24	Upgradation of 4 NBSU to SNCU	213.12
12.	RCH.3.27	Procurement of Equipment for the 55 PICUs based on the gap analysis	606.6
13.	RCH 4.32	Procurement of Hub Cutter & Puncture proof for Immunisation	108.06
14.	RCH.7.57	Strengthening of 13 CLMC and 3 LMU	160
15.	RCH.7.57	Procurement of Electric Breast Pumps to CLMCs & LMUs	30
16.	NDCP.2.67	Procurement of Portable Fogging Machine for 100 BPHCs	84
17.	NDCP 4.73	Procurement of Equipment for IRL Lab and CDST under NTEP Scheme	397.74
18.	NCD.1.95	Ophthalmic equipment for 35 DHQH/SDH and 34 MCHs based on Gap analysis	1,125.41
19.	NCD.1.95	Procurement of Ophthalmic Equipment for New DHQH Vedaranyam, Pennagram & Jayamkondam, SDH Saidapet, Kudankulam, Bhavani & Vellore MCH	200
20.	NCD 5.109	Procurement of Cathlab for Didingul, Kallakuruchi, Krishnagiri & Tiruupur MCH	3200
21.	NCD 5.110	Establishment of Cough Clinic at 11 Districts as Pilot	142.36
22.	NCD 5.110	Procurement of USG with Sheer wave Elastography for NAFLD Programme for 10 Districts	385.8
23.	NCD.6.112	Procurement of 100 Haemodialysis Machines	700
24.	NCD.6.114	Establishment of Heat Stroke units at 20 Selected District	79.94
25.	NCD.8.116	Dental Chairs for PHCs and SDH	175
26.	NCD.12.121	Procurement of OAE for screening in 38 Blocks	190
27.	NCD.12.124	Procurement of Skin Bank equipment For Sivakasi Government hospital	43.57
28.	NCD.12.124	Purchase of Equipment for 26 Burns unit	130
29.	NCD.12.125	Procurement & Supply of Arthroscopy Equipment for Tiruchirappalli MCH Cuddalore MCH& Periyar Nagar Peripheral Hospital	195
30.	NCD.12.125	Procurement of E Fast equipment at Sankagiri GH	12
31.	NCD 12.125	Procurement and Supply of C-Arm with compatible OT Table for Three Secondary Care institutions.	75.56
32.	NCD 12.125	Procurement of Advanced Cardiac Imaging, Calcium Modification, Electrophysiology, and Diagnostic Devices for 5 Institution based on Gap analysis	2,282.52
33.	NCD 12.125	Equipment for Strengthening of Neurotrauma services in 4 facilities across the state RGGGH Chennai, Thanjavur GH, Thiruvarur GH & Salem GH.	388.28

Sl. No	FMR Number	Name of the Activity	Total Cost (Rs. In lakhs)
34.	NCD 12.125	Procurement of TAEI Equipment for newly constructed Walajabad & Uthiramerur GH, Kancheepuram District	128.18
35.	HSS 4.165	Procurement of Equipment to 6 MCH Buildings under construction	600
36.	HSS 4.165	Procurement of Physiotherapy Equipment for 388 CHC	265
37.	HSS 4.169	Provision of Mechanised laundry equipment to District and Sub-District Hospitals	519
38.	HSS 4.169	Procurement of Equipment for Central Sterile Supply Department (CSSD) to SDH and CHCs	176.78
39.	HSS 4.169	Procurement of Microwave ablation for 5 MCH	115.87
40.	HSS 4.169	Procurement of Diesel Generator for 22 Hilly region Health facilities	185
41.	HSS.7.181	Procurement of X-Ray with CR System for Secondary & Primary healthcare institutions	522.25
42.	HSS.7.181	Procurement of CT scan for RGGGH, Vedaranyam DHQH & Kovilpatti DHQH	900
43.	HSS.7.181	Procurement of Digital Radiography for 3 Instituitions	255
44.	HSS.7.181	Procurement of Fluoroscope for Karur MCH	24
45.	HSS.7.181	Procurement of equipment for Apex Labs under IELS	262.95
46.	HSS.7.181	Procurement of New PLEX (Plasma exchange) machine for RGGGH Chennai, Tirunelveli GH, Thiruvarur GH for treatment of rodenticide hepatotoxicity patients.	180
47.	HSS 8.184	Maintenance of Biomedical Equipment	1676.32
48.	HSS 20.205	Maintenance of 70 PSA Plants	2076.82
			22,235.48

TABLE 2: Diagnostic Kit

Sl. No.	FMR Number	Name of the Activity	Total Cost (Rs. In lakhs)
1	RCH 7.52	Procurement of Haemoglobinometer for Anaemia Testing	637.43
2	NDCP 7.85	Procurement of Diagnostic Kit for Leptospirosis	10
3	NCD 5.110	Procurement of Glucometer strips for HSCs	6.47
			653.9

For the equipment, which is available in TNMSC Rate contract, the same will be utilized based on the validity of the RC and for the equipment, which is not available in TNMSC Rate Contract, NHM will constitute a Technical Committee comprising minimum of 3 specialists from the concerned Directorates by addressing the directorates to depute the specialists.

Decision Points:

1. The Mission Director, National Health Mission, Chennai-6 may be permitted to release the Approved funds for procurement of equipment to Managing Director, Tamil Nadu Medical Services Corporation, Egmore, Chennai-8.

2. The Mission Director National Health Mission Chennai-6 may be permitted to place orders for the equipment, which is available in TNMSC rate contract based on the validity of the RC and for the equipment, which is not available in TNMSC Rate Contract, NHM will constitute a Technical Committee comprising minimum of 3 specialists from the concerned directorates by addressing the directorates to depute the specialists. The Rate Contract specification of TNMSC and wherever not available with TNMSC to finalise by constituting a committee.

AGENDA NO: 12/51/2026

Sub: NHM – TN – Allocation of Funds for Drugs & Reagents under PIP 2026-27 – Submitted for Information – Regarding.

Ref:
1. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
2. Minutes of the 50th EC Meeting held on 06.02.2026
3. PIP 2026-27
4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1.Background

Access to affordable medicines and quality diagnostic services are fundamental components of effective healthcare delivery. The findings of the National Statistical Office (NSO) 80th Round Survey on Household Social Consumption: Health (2025) reaffirm that out-of-pocket expenditure (OOPE) continues to impose a substantial financial burden on households, particularly during hospitalization.

While expenditure on medicines constitutes a major share of OOPE, timely access to quality diagnostic services is equally critical for early disease detection, prompt clinical decision-making, appropriate treatment, and improved patient outcomes. Ensuring the uninterrupted availability of essential drugs, Integrated Emergency Laboratory Services reagents (IELS), and laboratory consumables in Government Health Institutions is therefore essential to strengthen healthcare delivery and reduce the financial burden on patients.

The National Health Mission – Tamil Nadu (NHM-TN) supplements the State Government's healthcare initiatives by providing financial support for the procurement of essential drugs, specialty drugs, reagents, and laboratory consumables through the Tamil Nadu Medical Services Corporation (TNMSC). These drugs, reagents, and consumables are supplied to Government Health Institutions for implementation of various National Health Programmes and for providing comprehensive diagnostic and treatment services across the State.

Accordingly, proposals for supply of Drugs, Reagents, and Laboratory Consumables were prepared based on the performances of the Directorate of Public Health and Preventive Medicine (DPH&PM), the Directorate of Medical and Rural Health Services (DM&RHS), and the Directorate of Medical Education and Research (DME&R), and were placed before the 50th Executive Committee Meeting for approval.

2. Status of Approval in the 50th Executive Committee Meeting

The proposal for supply of Drugs, Reagents, and Laboratory Consumables for the year 2026–27 was placed before the 50th Executive Committee Meeting and approved for inclusion in the Programme Implementation Plan (PIP) 2026–27.

Thereafter, the approved proposal was incorporated in the Programme Implementation Plan (PIP) 2026–27 and submitted to the Government of India for consideration and approval.

3. Approval Status of RoP 2026-27

The Government of India, Ministry of Health & Family Welfare, vide the Record of Proceedings (RoP) 2026–27, approved the proposal for supply of Drugs, Reagents, and Laboratory Consumables.

The approved funds will be utilized for supply of essential and specialty drugs, reagents, and laboratory consumables through the Tamil Nadu Medical Services Corporation (TNMSC) for supply to Government Health Institutions across the State. The procurement will support implementation of various National Health Programmes, including General Essential Drugs, Kit-A & Kit-B, Mobile Medical Unit (MMU), Rashtriya Bal Swasthya Karyakram (RBSK), Anti-Retroviral (ARV), Anti-Rabies Serum (ARS), Non-Communicable Diseases (NCD) Programme, and Integrated Emergency Laboratory Services (IELS), thereby ensuring uninterrupted diagnostic and treatment services.

The release and utilization of funds shall be monitored based on the performance of the Directorates, to ensure efficient utilization of resources and uninterrupted availability of drugs, reagents, and laboratory consumables in Government Health Institution.

4. Proposal

In view of the approval accorded by the Government of India under the NHM RoP 2026-27, permission may be accorded to the Mission Director, NHM-TN, to release the approved funds to Tamil Nadu Medical Services Corporation (TNMSC) for procurement and supply of Drugs and Consumables as listed below.

Sl. No	Program	FMR	Description	Total cost (Rs. In Lakhs)
1.	Maternal Health	RCH 1.4	Procurement of JSSK Drugs & Consumable	3451.85
2.	Maternal Health	RCH 1.4	Procurement of Glucose Sachets for PW	107.52
3.	Maternal Health	RCH 1.10	Procurement of MMA Drugs	21
4.	Child Health	RCH 3.22	Procurement of Growth Hormone	1493.36
5.	Maternal Health	RCH 3.26	Procurement of ORS & Zinc Tablets IDCF	131
6.	Child Health	RCH 3.28	Procurement of Iron drops, Vitamin D3, & Mulita vitamin Drops	807.18
7.	Child Health	RCH 3.28	Procurement of Surfactant and Caffeine	1283.08
8.	NCD	RCH 3.30	T1DM	994.31
9.	Maternal Health	RCH 4.32	Procurement of Anti Diphtheria Serum and Benzyl Penicillin	14.73
10.	Maternal Health	RCH 5.36 & 7.52	Procurement of IFA Tablets (Blue, Pink & Red)	1244.89
11.	Maternal Health	RCH7.52	Procurement of Iron Sucrose Injection	66.48
12.	RCH	RCH 7.53	Procurement of Albendazole for NDD two rounds	506.8
13.	Child Health	RCH 7.55	Procurement of Vitamin A Syrup	122.43
14.	Malaria	NDCP.2.64	Procurement of Drugs for Malaria Elimination (Chloroquine Phosphate Tablets, Primaquine Tablets 2.5 mg & 7.5 mg	18.18

Sl. No	Program	FMR	Description	Total cost (Rs. In Lakhs)
15.	NDCP	NDCP 2.69	Drugs & Consumables for LCDC	18.24
16.	TB	NDCP.4.77	Procurement of TPT Drugs under Latent TB infection Management	77
17.	TB	NDCP.4.77	Procurement of DRTB Drugs for Emergency	113.78
18.	NPCD	NDCP.6.84	ARV Drugs for PHC	2390
19.	Mental Health	NCD 2.97	Drugs for DMHP	133
20.	Mental Health	NCD 2.97	Drugs for ECRC	28.5
21.	Mental Health	NCD 2.97	Drugs for Deaddiction centres	21
22.	NCD	NCD.4.106	Drugs for Tabaco Cessation	76
23.	NCD	NCD.5.110	COPD Drugs	76
24.	Cancer	NCD.5.110	Targeted Immunotherapy Drugs	1622.52
25.	Cancer	NCD.5.110	Procurement of Drugs & Supplies for Oncology CCU/ICU/Day care	1710
26.	NCD	NCD 6.112	Procurement of In. Erythropoietin	368.23
27.	NCD	NCD 6.112	Procurement of CAPD Bags	856.28
28.	Blood & Disorders	HSS.2.154	procurement of Hydroxy Urea, Haemophilia Drugs & Prophylaxis for Haemophilia drugs	6065.94
29.	Blood & Disorders	HSS.2.158	Procurement of Consumables for Coagulation Haemophilia patients	30
30.	RBSK	HSS.7.180	Drugs for Mobile Health teams under RBSK	323.2
31.	FDSI	HSS.7.180	Procurement of Drugs for 405 MMU	506.25
32.	NCD	HSS.7.180	Procurement of Drugs for NCD at NCD Clinics	380
33.	NCD	HSS.7.180	Procurement of Drugs for NCD at CHC / SDH	3393
34.	NCD	HSS.7.180	Drugs for NPHCE	38
35.	NCD	HSS.7.180	NCD Drugs for PHCs	1443
36.	NCD	HSS.7.180	Drugs & supplies for Universal Screening of NCDs	1398
37.	NCD	HSS.7.180	NCD Drugs for HSCs	1399.5
38.	NCD	HSS.7.180	Procurement of Oral Morphine	38
39.	NCD	HSS.7.180	Procurement of Drugs for 25 MPCs	25
40.	FDSI	HSS.7.180	Essential Drugs for Primary Health Care service through Free Drug service Initiative	4000
41.	FDSI	HSS.7.180	Free Drug service Initiative for Secondary Care Institutions	2500
42.	NUHM	HSS.7.180	Procurement of EDL Drugs for UHWC	708
43.	NUHM	HSS.7.180	Procurement of EDL Drugs for UCHC	156
44.	Maternal Health	FMR 206.Sl. No.2	Procurement of Ferric Carboxy Maltose	183.27
45.	NPCD	FMR 206.Sl. No.7	Pre Exposure prophylaxis	222
			Total (Rs in Lakhs)	**40562.52**

Out of the total drug approved by GOI the drugs are classified as programme drugs and general drugs and released as follows;

(Rs. In lakhs)

Description	DPH	DMS	DME	Total
Programme drug	14847.46	4873.81	14341.25	34062.52
General Drug	4000	2500	-	6500

Diagnostic Reagent

The total requirement for reagents during FY 2026–27 is **₹132.00 Crore**, comprising **₹44.27 Crore** for DPH, **₹33.72 Crore** for DMS, and **₹54.00 Crore** for DME. Against this, **₹49.48 Crore** has been approved under PIP 2026–27. The remaining **₹82.52 Crore** will be met from the balance savings/interest fund available under **15th Finance Commission (15th FC)** funds. In this regard separate approval will be obtained from State Level Executive Committee (SLEC)

S. No.	Particulars	DPH	DMS	DME	Total	Approved in PIP 2026-27	Remarks
		(Rs in Lakhs)					
1	Reagents for Diagnostics	4427	3372	5400	**13200**	4948	**8252 will be utilised from XV FC**
2	Reagents & Consumables for Cancer Screening at HWC-HSC	340.89				340.89	
3	Reagents for EQAS	103.81				103.81	Will be released to DPH for Calibration of Lab equipment
4	Reagents for 35 UPHC	78.75				78.75	Will be Released to 35 CPHL & control of GCC & Other corporations

Decision Point:

The above approvals are hereby submitted for information.

Agenda: 13/51/2026

Sub: NHM – TN - Human Resource Support for Health Service Delivery and Programme Management – Submitted for information – Reg.

Ref: F.No.M- 11011/12016 / NHM -III – Ministry of Health and Family Welfare , GOI, NHM , Dated: 19.12.2026 (ROP 26-27)

The National Health Mission (NHM), Tamil Nadu is a flagship initiative of the Government of India that provides financial and technical assistance to the Government of Tamil Nadu to strengthen the public health system. One of the key components of NHM is the provision of additional human resources to supplement the existing workforce of the State Health Department, ensuring uninterrupted delivery of quality healthcare services and effective implementation of national health programmes.

NHM-Tamil Nadu supports the engagement of healthcare professionals and allied personnel across all levels of public health institutions to bridge critical human resource gaps and enhance service delivery. These institutions include Health Sub Centres (HSCs), Primary Health Centres (PHCs) (Rural and Urban), Community Health Centres (CHCs) (Rural and Urban), Sub-District Hospitals (SDHs), District Hospitals (DHs) and Government Medical College Hospitals (MCHs).

The NHM-supported human resources has significantly enhanced the availability, accessibility, and quality of healthcare services across Tamil Nadu, particularly in underserved and difficult-to-reach areas.

In addition to supporting service delivery institutions, NHM-Tamil Nadu also provides dedicated Programme Management Units (PMUs) to strengthen planning, implementation, monitoring, supervision, financial management, procurement, data management, and reporting of various National Health Mission programmes. Currently State Program Management Unit , District Program Management Units, City Program Management Units and Block Program Management Units are functioning in the state.

The human resources engaged under NHM are additional and complementary to the regular State Government workforce. They work in close coordination with permanent government officials and healthcare providers to strengthen institutional capacity without replacing sanctioned government posts. This collaborative approach enables the State to effectively manage increasing service demands, implement national flagship programmes, and improve healthcare outcomes.

The National Health Mission, Tamil Nadu, serves as a strategic partner to the Government of Tamil Nadu by providing additional human resources for both healthcare service delivery and programme management. NHM complements the existing government workforce and strengthens the overall public health system. This integrated approach enables efficient implementation of health programmes, enhances service delivery, and contributes significantly to improved health outcomes for the people of Tamil Nadu.

In this regard, NHM may be submitted the approved HR details and the budget details to the Executive Committee as an information mentioned below:

Table 1. HR components

1.1. Approved Human resources till 2025-26

S. No	Details	EC Approved Post up to 2025-2026	Pending Govt. Order
1	Service Delivery Staff	46,132	2,993
2	MLHP	7,291	2,443
3	Program Management Staff	3,176	165
	Total A	**56,599**	**5,601**

1.2 Newly approved HR in ROP 2026-27

S. No	Details	EC Approved Post in 2026-2027
1	Service Delivery Staff	2,231
2	Program Management Staff	52
	Total B	**2,283**

1.3 Total HR approved details:

S. No	Details	EC Approved HR	Pending Govt. Order
1	Up to 2025-2026	56,599	5,601
2	2026-2027	2,283	-
Grand Total		**58,882**	**5,601**

*New HR will be discussed under the Program / Scheme agenda separately (List of HR annexed)

Table 2. Total Budget for Human resources

S. No	Budget approved under NHM	NHM (Rs.in Lakhs)	NUHM (Rs.in Lakhs)
1	Service Delivery (SD) HRH	84,589.52	13,341.00
2	Program Management (PM) HRH	4,388.98	270.00
3	Budget for Data Entry Operators (DEOs)	1,831.06	372.30
4	Budget for engaging support services on outsource basis/Support Staff at the facility level (SS-F)	6,613.96	1,789.93
6	Budget for engaging support services on outsource basis/Support Staff in Office (SS-O)	109.68	-
7	Annual Increment and Rationalization budget for SD and SS-F	6,522.54	998.86
8	Annual Increment and Rationalization budget for PM,DEO and SS-O	534.47	47.95

S. No	Budget approved under NHM	NHM (Rs.in Lakhs)	NUHM (Rs.in Lakhs)
9	EPF* for SD and SS-F	2,692.09	689.44
10	EPF* for PM, DEO and SS-O	301.18	13.18
11	CHO	10,911.42	-
	Total	**1,18,494.90**	**17,522.66**

Table 2.1Human resources budget allocation details

S.No	Budget approved details	Ongoing Human resources till 2025-26 in lakhs	Newly approved HR in 2026-27* in Lakhs	Total in lakhs
1	**NHM**	117104.61	1390.29	118494.9
2	**NUHM**	17453.31	69.35	17522.66
Total		**134557.92**	**1459.64**	**136017.56**

*(3 months' salary cost only approved)

Decision Points:

1. The Mission Director, NHM may be permitted to release the salary cost for ongoing Human Resource to the concerned directorates as per approved amount in the ROP 26 -27 under FMR HSS.142 and HSS.9.185 both urban and rural components respectively for a sum of Rs.136017.56 lakhs.
2. The Mission Director, NHM may be permitted to incur the expenditure approved under the component of salary cost for New Human Resource upon obtaining the government order for a sum of Rs. 1459.64 lakhs.

Annexure

NHM-TN- New HR Approved - 2026-2027																					
S.No	**Post**	**CEmONC**	**MCH**	**NBSU**	**SNCU**	**DEIC**	**HMIS**	**NCD - Cancer**	**Magizhchi Clinic**	**NMHP**	**NPCHE**	**NPPC**	**NPPCF**	**NRC**	**NTCP**	**NUHM**	**RKSK**	**Tribal**	**SPMU**	**NOHP**	**Total Post**
1	Staff Nurses		1695	9	28					5	36	8		21	2			1			**1805**
2	Counsellor	94						46						7	2						**149**
3	Physiotherapist					1					6					78					**85**
4	MPHW / Security				24					7	24	4			6						**65**
5	Psychologist								38	5											**43**
6	ANM															9		25			**34**
7	Coordinators																29				**29**
8	Medical Officer										6	2				7		1			**16**
9	Data Entry Operator				4	1									2				3	2	**12**
10	IT Coordinator						7														**7**
11	Psychiatrist									5					2						**7**
12	Cook and Care Taker													7							**7**
13	Lab technician					1							4					1			**6**
14	Consultant												4								**4**
15	Paediatrician					2															**2**
16	Social Worker														2						**2**
17	City Epidemiologist															2					**2**
18	Dental Technician					1															**1**
19	Optometrist					1															**1**
20	Early interventionist cum social worker					1															**1**
21	System analyst / Data Manager					1															**1**
22	Audiologist and speech therapist					1															**1**
23	Psychologist					1															**1**
24	Dentist					1															**1**
25	Driver																	1			**1**
	Total	**94**	**1695**	**9**	**56**	**12**	**7**	**46**	**38**	**22**	**72**	**14**	**8**	**35**	**16**	**96**	**29**	**29**	**3**	**2**	**2283**

AGENDA NO: 14/51/2026

Sub: Proposal to transfer the funding of salaries and emoluments for regular state government staff on deputation with the National Health Mission, Tamil Nadu (NHM-TN) from NHM funds to the State Budget, following directives from the Government of India (GoI). Seeking approval from the 51st Executive Committee (EC).

Ref:
1. Ministry of Health and Family Welfare, Government of India D.O. Letter No. Z-18015/93/2025-NHM-II, dated December 9, 2025.
2. Record of Proceedings (RoP) 2026–2027.

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Executive Summary

This agenda seeks the approval of the 51st Executive Committee to approach the State Government for a dedicated budgetary allocation to cover the salaries and allowances of regular government employees currently serving on deputation under NHM-TN.

This measure is driven by a recent mandate from the Government of India, which explicitly states that the compensation of regular government personnel must be met entirely from the State Budget rather than being drawn from NHM project funds.

Background:

To ensure the effective administration and execution of public health programs, NHM-TN leverages the expertise of 109 regular government officials on a deputation basis. These placements are governed by the following frameworks:

State Programme Management Unit (SPMU): Governed by G.O. Ms. No. 19, Health and Family Welfare Department, dated February 8, 2007.

District Programme Management Units (DPMUs): Governed by G.O. Ms. No. 27, Health and Family Welfare Department, dated February 22, 2007.

Historically, the Government of Tamil Nadu sanctioned the disbursement of salaries and related allowances for these 109 officials directly from NHM funds. While contractual staff are funded by the Central Government, these deputed regular officials provide critical structural, administrative, and technical support.

The Present Proposal & Justification

The Government of India's latest directives to States and Union Territories clarify the core operational principles of the Mission:

1. NHM resources are meant to supplement the public healthcare ecosystem and should not serve as a permanent substitute for standard state government positions.
2. States must optimize and rationalize contract human resources in alignment with Indian Public Health Standards (IPHS).
3. A disproportionately large share of NHM funds is currently consumed by HR costs, which reduces the budget available for core program activities.

4. Salaries and emoluments for regular government staff must be entirely booked under the State Budget.

Financial Implication:

To comply with this mandate, NHM-TN requires an annual state budget allocation of Rs. 15.02 crore to sustain the compensation and allowances of the deputed personnel as attached in annexure I & II

Regular government officials serve as the administrative backbone of the Mission. Their duties include:

* Delivering administrative leadership and driving policy execution.

* Exercising statutory and financial authority in compliance with government regulations.

* Monitoring, supervising, and auditing healthcare services to ensure accountability.

* Seamlessly integrating NHM initiatives with the State Health Department and other national healthcare programs.

To ensure that salaries are paid without interruption and that central directives are fully honored, NHM-TN must formally request the State Government to accommodate these expenses within the state's fiscal planning.

Decision Points:

The Executive Committee is requested to accord approval of;

1. The Mission Director, National Health Mission, Tamil Nadu may be permitted to submit a formal proposal to the Government of Tamil Nadu seeking necessary amendments to the existing Government Orders (G.O.s) that currently authorize NHM-TN to bear these costs.

2. The Mission Director, National Health Mission, Tamil Nadu may be permitted to obtain fresh sanction and a dedicated State Budget allocation to fund the salaries and admissible emoluments of the 109 regular government officials working on deputation under NHM-TN.

Annexure-I

National Health Mission -Tamil Nadu- HR-Regular Cadre on deputation details

State Program Management Unit

S. No	Name of the Post	Govt Orders	Sanctioned	Salary per Month	Per Year	Scale of Pay
1	Mission Director	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	2,53,650	30,43,800	Level-28(5)GP-8700
2	State Programme Manager (NHM)	G.O (MS) No.395 H&FW (EAP-II-2) Dept. dt.18.10.2007 / G.O (Ms) No.78 H&FW (EAP-II-2) Dept. dt.04.03.2008	1	1,40,000	16,80,000	Level-26(6)-GP-7600
3	State Programme Manager (NUHM)	G.O (Ms) No.3 H&FW (EAP-II-1) Dept. dt.05.01.2015	1	1,36,400	16,36,800	Level-26(6)-GP-7600
4	Additional Director (HR)	G.O (Ms) No.436 H&FW (EAP-II-2) Dept. dt.01.10.2019	1	3,33,600	40,03,200	Level-29(19)-GP-8800
5	Additional Director (NHM)	G.O (Ms) No.96 H&FW (EAP-II-2) Dept. dt.24.03.2008	1	3,43,040	41,16,480	Level-29(18)-GP-8800
6	Finance Advisor & Chief Accounts Officer	G.O (MS) No.342 H&FW (WAP-II-2) Dept. dt.20.12.2011	1	1,55,560	18,66,720	Level-26(14)-GP-7600
7	Joint Director	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	2,51,000	30,12,000	Level-28(7)-GP-8700
8	Deputy Director	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	2,12,380	25,48,560	Level-28(7)-GP-8700
9	Accounts Officer	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	1,21,800	14,61,600	Level-23(8)-GP-5700
10	Accounts Officer	G.O (Ms) No. 340 H&FW (EAP-II-2) Dept. dt.27.09.2017	1	1,25,160	15,01,920	Level-23(9)-GP-5700
11	Accounts Officer	G.O (Ms) No. 340 H&FW (EAP-II-2) Dept. dt.27.09.2017	1	1,08,820	13,05,840	Level-23(5)-GP-5700
12	Accounts Officer (NUHM)	G.O (Ms) No.3 H&FW (EAP-II-1) Dept. dt.05.01.2015	1	1,21,800	14,61,600	Level-23(4)-GP-5700

S. No	Name of the Post	Govt Orders	Sanctioned	Salary per Month	Per Year	Scale of Pay
13	Assistant Accounts officer	G.O (Ms) No. 340 H&FW (EAP-II-2) Dept. dt.27.09.2017	1	1,18,920	14,27,040	Level-20(21)-GP-5100
14	Administrative Officer	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	1,49,640	17,95,680	Level-22(16)-GP-5400
15	Assistant Engineer	G.O (MS) No.395 H&FW (EAP-II-2) Dept. dt.18.10.2007	1	1,49,640	17,95,680	Prerevised-old Pay comission
16	Medical Officer / APO (NUHM)	G.O (Ms) No.3 H&FW (EAP-II-1) Dept. dt.05.01.2015	1	1,49,640	17,95,680	Level-22(13)-GP-5400
17	Medical Officer / APO	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	1,49,640	17,95,680	Level-23(19)-GP-5700
18	Medical Officer / APO	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	1,49,640	17,95,680	Level-23(12)-GP-5700
19	Medical Officer / APO	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	1,49,640	17,95,680	Level-23(14)-GP-5700
20	Medical Officer / APO	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	1,49,640	17,95,680	Level-22(8)-GP-5400
21	Medical Officer / APO	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	1,49,640	17,95,680	Level-22(11)-GP-5400
22	Medical Officer / APO	G.O (Ms) No. 223 H&FW (EAP-II-1) Dept. dt.16.06.2017	1	1,40,000	16,80,000	Level-22(11)-GP-5400
23	Medical Officer / APO	G.O (Ms) No.19 H&FW (EAP-II-1) Dept dt.12.01.2018	1	1,30,000	15,60,000	Level-22(11)-GP-5400
24	Medical Officer / APO	G.O (Ms) No.23 H&FW (EAP-II-1) Dept. dt.21.01.2020	1	1,10,000	13,20,000	Level-22(11)-GP-5400
25	Medical Officer / APO	G.O (Ms) No. 223 H&FW (EAP-II-1) Dept. dt.16.06.2017	1	1,10,000	13,20,000	Level-22(11)-GP-5400
26	Medical Officer / APO	G.O (Ms) No.156 H&FW (EAP-I-1) Dept. dt.25.05.2016	1	1,10,000	13,20,000	Level-22(11)-GP-5400

S. No	Name of the Post	Govt Orders	Sanctioned	Salary per Month	Per Year	Scale of Pay
27	Medical Officer / APO	G.O (Ms) No.156 H&FW (EAP-I-1) Dept. dt.25.05.2016	1	1,10,000	13,20,000	Level-22(11)-GP-5400
28	Superintendent	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	65,000	7,80,000	Level-14(4)-GP-4450
29	Superintendent	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	65,000	7,80,000	Level-14(4)-GP-4450
30	Typist	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	65,960	7,91,520	Level-11(3)-GP-4200
31	Assistant	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	40,000	4,80,000	Level-10(7)-GP-2800
32	Assistant Director	G.O (Ms) No. 62 H&FW (EAP-II-2) Dept. dt.20.02.2007	1	90,000	10,80,000	
	Total A		**32**	**46,55,210**	**5,58,62,520**	

Annexure -II

National Health Mission -Tamil Nadu- HR-Regular Cadre on deputation details

District Program Management Unit

District Programme Management Unit						
S. No	**Name of the Post**	**Govt Orders**	**Sanctioned**	**Salary per Month**	**Per Year**	
1	District Accounts Manager	G.O Ms No.350 H&FW (EAP-II-2) Dept. dt.20.12.2012 & G.O Ms No.209 H&FW (EAP-II-2) Dept. dt.31.05.2017	37	1,05,000	4,66,20,000	9300-34800+GP RS.4900
2	Assistant Programme Management	G.O Ms No.350 H&FW (EAP-II-2) Dept. dt.20.12.2012	37	40,000	1,77,60,000	Level-22(11)-GP-5400
	Total B		**74**	**1,45,000**	**6,43,80,000**	
	Grand Total		**106**	**48,00,210**	**12,02,42,520**	
	* Additionally DA Arrear, EL Surrender, Increment / Pay Fixation arrear and Leave Salary Contribution, Pension Contribution of CPS&NPS around 3 crore per year				**3,00,00,000**	
	Grand Total				**15,02,42,520**	

AGENDA No: 15/51/2026

Sub: NHM-TN - Provision of revised Performance-Based Incentive of Rs.7,500/- per month to 2,650 ASHA Workers from the approved funds of Rs.2,386.94 Lakhs under RoP 2026–2027 - Approval requested - Reg.

Ref:
1. Agenda No.41/45/2023 of the 45th Executive Committee Meeting held on 22.09.2023
2. Agenda No.23/46/2024 of the 46th Executive Committee Meeting held on 08.04.2024
3. F.No.10(2)/2023-NHM-I/E-8252479, MoH&FW, GoI, Nirman Bhawan, New Delhi, dated:11.03.2024 (Supplementary RoP FY 2024-26)
4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, dated:19.06.2026 (NHM RoP FY 2026-27)

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Background:

In Tamil Nadu, **2,650 ASHA workers** are actively serving in remote, underserved, tribal, and hard-to-reach areas, delivering essential healthcare services to the community and functioning as an integral part of the public healthcare delivery system.

They play a pivotal role in the implementation of various public health programmes, including antenatal care, identification of high-risk pregnant women, motivating and escorting pregnant women for institutional deliveries, postnatal care for mothers and newborns, Home-Based Newborn Care (HBNC), Home-Based Young Child Care (HBYC), mobilization of children for immunization sessions, maternal and child health activities, referral and follow-up of malnourished children, and early identification and referral of communicable and non-communicable diseases.

In the **45th Executive Committee (EC) Meeting**, a proposal was placed for providing a performance-based incentive of **Rs.5,100/- per month per ASHA** from the financial year **2023–2024** onward and the same was approved vide **reference 1st cited** above.

Further, as per the **reference 2nd cited** above, the **46th Executive Committee** approved an additional incentive of **Rs.650/- per month per ASHA** for all **2,650 ASHA workers** towards the delivery of the expanded service package under the **Comprehensive Primary Health Care (CPHC)** component in the **RoP 2024–2025**, under **FMR Code HSS 3.159**.

In addition, an incentive of **Rs.200/- per month per ASHA** was approved in the **Supplementary RoP 2025–2026** towards counselling and escorting beneficiaries for **ANTARA** injection, vide **reference 3rd cited** above.

Accordingly, ASHA workers are presently receiving a total **performance-based incentive of Rs.5,950/- per ASHA per month**.

2. Approval Status of RoP 26-27

Now, in the **RoP 2026–2027**, the monthly performance-based incentive for each ASHA has been enhanced from **Rs.5,950/- to Rs.7,500/-**, thereby providing an additional incentive of **Rs.1,550/- per ASHA per month** towards undertaking various public health activities and delivering an expanded package of healthcare services.

Accordingly, an amount of **Rs.2,386.95 lakh** has been approved in the RoP 26-27(reference 4th cited above) towards the performance-based incentive for ASHAs, as detailed in **Table 1** below.

Table 1: ASHA Performance-Based Incentive Approved in RoP 2026–2027

Sl. No.	Activity Proposed	Budget approved in FY 26-27 Rs.in Lakhs	Monthly incentive/ ASHA In Rs.
1	ASHA Incentive for ensuring Antenatal care & facilitating institutional deliveries	254.40	800
2	ASHA incentive for Mobilizing High risk pregnant mother and Achieving healthy outcome	84.8	260
3	ASHA Incentive for Identification and mobilization of High risk mother in post natal period	26.5	80
4	ASHA Incentive for Home Based Newborn Care programme) Undertaking six (in case of institutional deliveries) and seven (for home deliveries) home –visits for the care of the new born and post-partum mother. (Day 1,3,7,14,21,28,42)	106	335
5	Home Based Young Child (HBYC) Care 5 House visit of the New born after 42 days of life – Rs.50 per visit	79.5	250
6	ASHA incentive for ensure Immunization for Children	89.44	280
7	Mobilization of children through ASHA	63.6	200
8	Adolescent Health Day - Adolescent Health Day to be organized in the village once in every quarter on a convenient day preferably on a Friday after 3 pm during 4th week at Anganwadi centre.	21.2	70
9	Family Planning Escorting or facilitating beneficiary to the health facility for the PPICUD insertion	55.65	175

Sl. No.	Activity Proposed	Budget approved in FY 26-27 Rs.in Lakhs	Monthly incentive/ ASHA In Rs.
10	Family Planning - Counselling and escorting beneficiary for ANTARA injection	63.6	200
11	Anemia Mukth Barath- Ensuring Weekly Iron and Folic Acid Supplementation to the Non-Pregnant Women in the Reproductive Age group	15.9	50
12	Anemia Mukt Bharat - Mobilizing the all Children in the age group and Ensuring Weekly Iron and Folic Acid Supplementation	31.8	100
13	National Deworming Day For mobilizing out of school children.	5.3	20
14	Screening and Referral of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) Children	47.7	150
15	Mother's Absolute Affection (MAA) For conduction of Mothers meeting every quarter preferably on AN clinic day at AWC / HSC on Outreach session as per the Fixed tour plan of VHN	10.6	30
16	IDCF- For prophylactic distribution of ORS to family with under five children.	2.65	10
17	National Iodine Control Programme – Spot Testing of samples	7.95	25
18	ASHA incentive for Source reduction & IEC activities for prevention & Control of Vector borne diseases	63.6	200
19	Preparing blood slides -Rs.15/Slide Providing complete treatment for RdT positive Pf cases and Providing complete radical treatment to positive Pf and Pv case detected by blood slide, as per drug regimen -Rs.75	47.85	150
20	Incentive for ASHA/AWW/Volunteer/etc for detection of Leprosy (Rs 250 for detection of an early case before onset of any visible deformity, Rs 200 for detection of new case with visible deformity in hands, feet or eye)	1.25	4
21	ASHA Incentive for Treatment completion of PB cases (@ Rs 400)	2	6
22	ASHA Incentive for Treatment completion of MB cases (@ Rs 600)	3	10
23	ASHA Incentive for House to House survey	7.95	25
24	Incentives for Routine Recurrent Activities	636	2000

Sl. No.	Activity Proposed	Budget approved in FY 26-27 Rs.in Lakhs	Monthly incentive/ ASHA In Rs.
25	Expanded Services Package under CPHC component	318	1000
26	Comprehensive Abortion Care	15.9	50
27	Incentives for Mobilization of patients under NVHCP	6.8	20
28	Team based incentive	318	1000
	Total	2,386.94	7,500.00

DECISION POINT:

In this regard, the approval of the Executive Committee of the National Health Mission, Tamil Nadu is requested for the release of the enhanced performance-based incentive to ASHA workers, as detailed above.

The Mission Director, National Heath Mission- Tamil Nadu may be permitted to release a performance based incentive of Rs.7500/- per ASHA per Month for 2650 ASHA workers from approved funds under in FMR Code of HSS.9.188 & HSS.17.202 in RoP 2026-2027.

AGENDA NO: 16/51/2026

Sub:	NHM-TN - Capacity Building & Training FY 2026-27 - Approved under NHM RoP 2026-27 - Implementation of Integrated Training activities at a total budget of Rs.2284.15/- Executive committee Approval requested - Reg.
Ref:	1. Agenda No. 12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
	2. Minutes of the 50th EC Meeting held on 06.02.2026
	3. PIP 2026-27
	4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)ROP Approval 2026-27
	5. NHM Training Norms for all NHM programmes
	6. D.O.No.NHSRC/24-25/ CP -CPHC/Traininglnstitute-0520/ Dated:2nd April,2026 and Guidance Document and roll out Strategy -Integrated Training of Primary Health care Team

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1. **Background:**

National Health Mission (NHM), Tamil Nadu places strong emphasis on continuous capacity building of healthcare providers, programme managers and frontline workers across all levels of the public health system, to ensure quality service delivery, uniform implementation of national health programmes, and preparedness to meet emerging public health needs.

Accordingly, proposals for Capacity Building, including Training (covering RCH, NDCP, NCD, HSS–Urban, and HSS–Rural components) were formulated by the respective Programme Divisions of NHM, Tamil Nadu and the various Directorates under the Health and Family Welfare Department, based on the training needs identified for various cadres of health functionaries. These proposals were incorporated into the Programme Implementation Plan (PIP) 2026–27 submitted to the Government of India for consideration and approval and were subsequently placed before the 50th Executive Committee Meeting under Agenda No. 12/50/2026.

2. **Approval status of RoP 2026-27 in 50th EC meeting**

The following proposals for capacity building of the above Trainings were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 4th cited), approved the following Schemes/Activities under National Health Mission, Tamil Nadu:

3. **Table 1. Summary of Schemes Approved under NHM RoP 2026-27**

FMR Code	S. No	Scheme/Activity	Amount Proposed (Rs. Lakhs)	Amount Approved (Rs. Lakhs)
HSS.16	201	Capacity building incl. training (Incl.RCH, NDCP, NCD,HSS-Urban, HSS-Rural)*	2,605.05	2,284.15

The detailed activity wise breakup of Capacity Building incl. Training (Sl.No.201) approved under RoP 2026-27 is enclosed as Annexure 7.1 .

Tabel II-_Overall Budget:

Component	Proposed (₹ lakh)	Approved (₹ lakh)	Approval Rate
RCH (Reproductive & Child Health)	753.65	576.34	76%
DCP (Disease Control Programs)	118.80	118.80	~100%
NCD (Non-Communicable Diseases)	523.66	386.05	74%
HSS-Rural	413.58	407.59	99%
HSS-Urban	0.00	0.00	—
GRAND TOTAL	2,605.05	2,284.15	~88%

Overall, about ₹320.9 lakh (12%) was cut from the original proposal.

Key Observations on Approved Budget Status:

Fully Approved Activities:

The proposed budget for **Integrated Training** has been fully approved with an allocation of **₹795.37 lakh**. Several programme-specific trainings under RCH, Disease Control Programmes, NCD and Health Systems Strengthening have also been approved as proposed, subject to adherence to prescribed norms and conditionalities.

Partially Approved Activities:

Certain training activities have been approved with reduced financial allocation compared to the proposal.

RCH Training Activities: Proposed **₹753.65 lakh**; approved **₹576.34 lakh**.

NCD Training Activities: Proposed **₹523.66 lakh**; approved **₹386.05 lakh**.

Quality Training Activities: Certain components such as Kayakalp training have been approved with revised allocations.

LaQshya Refresher Training: Approved for **₹9.59 lakh** against the proposed **₹14.90 lakh**; certification component was not approved as it is subsumed under NQAS.

Activities Integrated/Subsumed Under Integrated Training:

Certain proposed trainings have been merged with Integrated Training modules to avoid duplication and ensure effective utilization of resources. These include:

a. Immunization Orientation Training for ANM/VHN/SHN/CHN/HW.
b. Immunization Orientation Training for Medical Officers.
c. WHV Orientation/Refresher Training under NP-NCD.
d. District Level Training under NPNCD-Cancer.
e. Mental Health Screening and Follow-up Training.
f. Integrated NPHCE & NPPC Training for Staff Nurses.
g. Pre-Service Training to Tutors of ANM/GNM Nursing.

3.Details of the approved training:

a. **Integrated Training (₹36.32 lakh):** Approved for refresher training of ASHAs (16 batches in 7 RTIs). The allocated funds shall be utilized only for integrated trainings and not for specialized trainings.
b. **Maternal Health (₹112.03 lakh):** CEmONC, LSAS, Midwifery and USG trainings have been approved. USG training shall be conducted as per the PC&PNDT (Six Months Training) Rules, 2014, and other trainings shall follow RCH norms.
c. **NSCAP (₹3.00 lakh):** Trainings for Genetic Counsellors, General Medicine Specialists and Paediatricians have been approved. Training completion reports shall be submitted to the Ministry.
d. **LaQshya (₹9.59 lakh):** Refresher training has been approved. The certification component has not been approved as it is subsumed under NQAS.
e. **Comprehensive Abortion Care and Family Planning (₹70.48 lakh):** MTP, MMA, Laparoscopic, Minilap and IUCD/Antara trainings have been approved and shall be conducted as per the respective programme guidelines.
f. **Adolescent Health (₹206.20 lakh):** State- and district-level School Health and Wellness Programme (SHWP) trainings have been approved as per approved norms.
g. **Child Health (₹54.94 lakh):** Facility-Based Newborn Care (FBNC) observership training has been approved at designated Regional Training Centres.
h. **Immunization and Nutrition (₹95.36 lakh):** Cold Chain Handler, HPV Vaccination and SAM-MAM trainings have been approved as per programme norms. Orientation trainings for ANMs and Medical Officers have been merged with integrated training.
i. **Disease Control Programmes (₹118.80 lakh):** Trainings under NVHCP, NLEP, NTEP, PPCL and IDSP have been approved and shall be implemented as per respective national programme guidelines.
j. **Non-Communicable Diseases (₹386.05 lakh):** Comprehensive trainings for Medical Officers, Staff Nurses and specialists have been approved. Selected trainings have been merged under integrated training to optimize resources.

k. **Health Systems Strengthening (₹407.59 lakh):** Trainings on NQAS, Kayakalp, Emergency Management, Snakebite Management, Finance, HMIS and MCCD have been approved as per programme guidelines. Kayakalp training has been approved with a revised allocation.

Overall Approval (₹2,284.15 lakh): The approved capacity-building activities shall be implemented in accordance with the respective programme guidelines, approved norms and prescribed conditionalities under RoP 2026–27.

These approved capacity-building initiatives are expected to enhance the technical competencies of healthcare workers, strengthen service delivery, improve programme outcomes, and contribute to better health indicators across the state.

While approving the above Training Schemes, the Government of India has stipulated the following salient conditionalities, which are required to be complied with during implementation:

An integrated, competency-based, beneficiary-oriented training module is being developed for five key cadres of the primary healthcare team (MOs, Staff Nurses, CHOs, MPW-Fs, ASHAs) The training is aligned with cadre-specific roles and responsibilities within each of the 12 expanded package of comprehensive primary healthcare services. With the amalgamation of content into the **Integrated Training Module**, certain existing trainings will be merged as their subject matter will now comprehensively be covered within this module.

Capacity Building and Training:shall be conducted strictly as per the Integrated Training Modules developed by NHM, and the amount approved under integrated modules/trainings shall be utilized only from the budget allocated for integrated trainings and not from specialized/disease-specific training budgets .

4.Proposal: Implementation of Approved Training Activities

In view of the above, approval is solicited to implement the Capacity Building and Training activities approved under the RoP 2026–27 and to release the sanctioned funds during the financial year 2026–27 through the respective Programme Divisions, Regional Training Institutes (RTIs) and Districts. The implementation shall be carried out strictly within the approved financial allocations and in compliance with the conditionalities stipulated by the Ministry of Health & Family Welfare, Government of India.

Further, the revised NHM Training Financial Norms prescribe the admissible limits for expenditure towards TA/DA, honorarium, accommodation, food and refreshments, incidental expenses, institutional overhead charges and other training-related components for trainers and trainees under the National Health Mission, considering the increased cost of living, escalation in prices of essential commodities increase in overall expenses and the rising cost of training-related activities.

Accordingly, the financial provisions for various training programmes under the NHM PIP 2026–27 have been proposed and got approved based on the revised financial norms. The major revisions are as follows:

1. Food and Refreshment Charges: Revised from Rs.300/- to Rs.400/- per trainee per day, considering prevailing inflation, the increased cost of food items, and to ensure the provision of adequate quality refreshments during training programmes.
2. Contingency Expenses: Revised from Rs.50/- to Rs.100/- per participant towards operational requirements such as notepads, folders, pens, photocopying, stationery and other essential training materials, considering the increased cost of logistics required for effective conduct of training programmes.
3. **Module Expenses:** Revised from **Rs,200/- to ₹300/- per module** towards printing and other related expenses.

The revised NHM Training Financial Norms have been prepared in accordance with the above revisions and are submitted for approval. A copy of the revised financial norms is enclosed as Annexure-2

5. Decision Points:

In this regard, the approval of the Executive Committee of the National Health Mission – Tamil Nadu is requested for the implementation of the approved Capacity Building and Training activities, approval of the Revised Financial Norms for NHM Training Programmes release of funds and for taking further action required as detailed below:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to implement the approved Capacity Building and Training activities (Sl. No. 201) at a total approved cost of Rs.2,284.15 lakhs, as detailed in Annexure 7.1 of the RoP 2026–27, through the respective Programme Divisions, Regional Training Institutes (RTIs) and District NHM units.
2. The Executive Committee may accord approval for the Revised Financial Norms for NHM Training Programmes including the Revision of Food and Refreshment charges Revision of Contingency Expenses per participant, Revision of **Module Expense** from towards printing and other related expenses, as enclosed as Annexure-2
3. The Mission Director, National Health Mission, Tamil Nadu may be permitted to ensure strict compliance with all conditionalities stipulated by the Government of India in the RoP 2026–27 including utilization of integrated training budgets exclusively for integrated training modules, adherence to the provisions of the PC&PNDT Act/Rules for Ultrasonography (USG) training and timely submission of all prescribed compliance and training reports.

ANNEXURE 7.1

Capacity Building – S.No 201(Details Of Trainings Approved in ROP 26-27

Note: Amount for trainings approved under integrated modules/trainings to be utilized only from the budget allocated for integrated trainings, and not from specialized ones.

S. No	Programme/ Theme	Proposed Training/Activity	Proposed (Rs. Lakhs)	Approved (Rs. Lakhs)	Remarks
Integrated Training of Core Cadres					
1	Integrated Training	Integrated Refresher training of Medical Officers	330.00	330.00	Approved for 15-days Integrated training of 3600 MOs, 120 batches @ Rs.2.75 lakh/batch as per RCH norms.
2	Integrated Training	Integrated Refresher training of Staff Nurse	133.10	133.10	Approved for 5+5 day training of 3300 Staff Nurses, 110 batches @ Rs.1.21 lakh/batch.
3	Integrated Training	Integrated Refresher training of VHN/ANM	120.45	120.45	Approved for 5+5 day training of 3000 CHN/SHN/ANM/VHN/UHN, 100 batches @ Rs.1.20 lakh/batch.
4	Integrated Training	Integrated Induction training of CHO/MLHP	175.50	175.50	Approved for 5+5 day Integrated training of 2820 MLHPs/CHOs, 94 batches @ Rs.1.87 lakh/batch.
5	Integrated Training	Integrated training for ASHAs	36.32	36.32	Approved for Refresher training of ASHAs @ Rs.2.27 lakh/batch for 16 batches in 7 RTIs.
		Sub-Total (A)	795.37	795.37	
B.Specific Packages (RCH)					
6	Maternal Health	Other MH components (EmOC Training)	12.87	12.87	Ongoing - 1 batch (8 participants) of CEmONC training of 25 weeks and ToT CEmONC for MO, as per RCH norms.
7	Maternal Health	Other MH components (LSAS Training)	25.19	25.19	Ongoing - 1 batch (24 MOs) of LSAS training of 24 weeks.
8	Maternal Health	Other MH Component (MLCU training)	0.00	0.00	-
9	Maternal Health	Midwifery Training for NPM & ME	66.77	66.77	Boarding/Lodging for NPM & Midwifery Educator (36 Staff Nurse) + cost of ME training for 6 MEs.
10	Maternal Health	ECHO training	0.00	0.00	-
11	Maternal Health	USG training	7.20	7.20	Approved for 36 MOs @ Rs.20,000/MO as per PC&PNDT (Six Months Training) Rules, 2014, subject to compliance conditionalities.
12	Maternal Health	Pre Service training to Tutors of ANM/GNM Nursing	0.00	0.00	Approved as part of integrated training.
13	NSCAP	Training for Genetic counselling for Counsellors	1.50	1.50	Approved; State to share training report on completion.
14	NSCAP	Training for General Medicine & Paediatrician	1.50	1.50	Approved; State to share training report on completion.
15	LaQshya	LaQshya Refresher Training	14.90	9.59	Approved for 16 batches (15 participants/batch) for Staff/MO/Specialist of 120 FRU-SUMAN Centres @ Rs.0.5995 lakh/batch; certification part not

S. No	Programme/ Theme	Proposed Training/Activity	Proposed (Rs. Lakhs)	Approved (Rs. Lakhs)	Remarks
					approved (subsumed under NQAS).
16	Comprehensive Abortion Care	MTP training to Doctors from SDHs/CHCs/PHCs/UPHCs	14.20	14.20	Approved for 100 MBBS Doctors in 20 batches @ Rs.0.71 lakh/batch, as per CAC Training & Service Guidelines-2023.
17	ComprehensiveAbortion Care	MMA Training to Medical Officer	24.43	24.43	Approved for 630 MBBS Doctors in 63 batches @ Rs.38,775/batch, as per MMA training guidance note.
18	Family Planning	Laparoscopic Training to MO	12.62	12.62	Ongoing - 20 batches, 4 participants/batch, 12 days/batch @ Rs.63,140/batch.
19	Family Planning	Minilap Training MO - Refresher	5.52	5.52	26 batches, 4 participants/batch, 3 days/batch @ Rs.21,230/batch.
20	Family Planning	IUCD & Antara Training (MOs)	19.23	19.23	Ongoing - 38 batches, max.10 participants/batch, 5 days/batch @ Rs.50,600/batch.
21	Family Planning	IUCD & Antara Training (SN/LHV/ANM)	19.23	19.23	Ongoing - 38 batches, max.10 participants/batch, 5 days/batch @ Rs.50,600/batch.
22	Adolescent Health	State Level Master Training under SHWP (SHWP)	4.44	4.44	4 batches @ Rs.1.11 lakh/batch at State level.
23	Adolescent Health	District Level Training of SHWP for School Teachers (6th-12th)	201.76	201.76	388 batches of 40-50 each @ Rs.52,000/batch at district level.
24	Child Health	Facility Based Newborn Care/Observership Training at RCC	54.94	54.94	4+14 day FBNC observership training, 18 batches at 3 Training sites @ Rs.3.0522 lakh/batch, 20 participants/batch.
25	Immunization	District Level Orientation Training for ANM/VHN/SHN/CHN/HW on Immunization Activities	76.00	0.00	Approved as part of integrated training.
26	Immunization	District Level Orientation Training for MOs on Immunization Activities	96.00	0.00	Approved as part of integrated training.
27	Immunization	Training for Cold Chain Handlers on Vaccine & CCM at Block Level	59.90	59.90	Approved as per RCH norms (2 days at RTIs).
28	Immunization	Training on HPV vaccination	25.46	25.46	Approved as per norms for HPV campaigns.
29	Nutrition	SAM-MAM Free District - Training	10.00	10.00	2 batches of F-SAM technical training of MOs/SN/Nutrition Counsellor teams for NRC @ Rs.5 lakh/batch.
		RCH Total	753.65	576.34	
30	NVHCP	Hands on Training on Viral load testing	2.00	2.00	Approved as per NVHCP norms (Lab technicians).
31	NVHCP	NVHCP Refresher Training	2.00	2.00	Approved as per NVHCP norms (MOs and district Nodal Officers).
32	NVHCP	MIS portal and NVHCP refresher Training	1.00	1.00	Approved for training of Peer Supports as per NVHCP norms.
33	NLEP	Capacity building under NLEP - Medical Officers	39.60	39.60	132 batches (30/batch) @ Rs.0.30 lakh/batch.

S. No	Programme/ Theme	Proposed Training/Activity	Proposed (Rs. Lakhs)	Approved (Rs. Lakhs)	Remarks
34	NTEP	Refresher TOT Training for BMOs on NTEP Program Updates	1.01	1.01	Ongoing - 2 days training for MOs @ 0.34 lakh/batch, 33 participants, 3 batches.
35	NTEP	Refresher TOT Training for BMOs on NTEP Program Updates	2.75	2.75	Ongoing - 0.28 lakh/batch, 30 participants, 10 batches.
36	NTEP	Nikshay Aushadhi & Nikshay Shivir Implementation Training	0.34	0.34	2 days training for DPCs, 36 participants, 1 batch.
37	NTEP	Refresher Training on TB Case Notification & PPC	0.34	0.34	2 days training for DPPMCs, 36 participants, 1 batch.
38	NTEP	Refresher TOT on PMDT Updates	0.34	0.34	2 days training for DPPMCs, 36 participants, 1 batch.
39	NTEP	Refresher/Induction training on Differentiated TB Care/B.Palm/TB Free Panchayat	43.80	43.80	Various category staff @ Rs.0.10 lakh/batch, 20 participants, 438 batches.
40	NTEP	Capacity building - uniform implementation of NTEP guidelines in Medical colleges	5.00	5.00	Approved for capacity building across Medical colleges.
41	PPCL	Training on Prevention & Control of leptospirosis	7.60	7.60	District level, Rs.0.20 lakh/District/year, 38 districts.
42	IDSP	IDSP-IHIP & VPD-IHIP Orientation Training	13.02	13.02	1 day training, 1246 participants, 31 batches @ Rs.0.42 lakh/batch.
		DCP Total	118.80	118.795	
43	NP-NCD	Training of Trainers on NCD (Comprehensive)	7.80	7.80	State level ToT to DTTMO/DPO-NCD/DNOs, 6 batches @ Rs.1.21 lakh/batch at RTI.
44	NP-NCD	Comprehensive Training on NCD to Staff Nurses	86.31	86.31	3420 SNs @ Rs.64,463/batch, 114 batches; covers NP-NCD, MASLD, CKD, Diabetic Foot, NPCB&VI, NPPCD, COPD, NPHCE, NPPC, DMHP.
45	NP-NCD	Comprehensive Training on NCD to Medical Officer	56.02	56.02	2100 MOs @ Rs.65,025/batch, 70 batches; DHQHs/MCHs/Block PHC MOs.
46	NP-NCD	WHVs Orientation/refreshment training	76.86	0.00	Approved as part of integrated training.
47	NPNCD-Cancer	District Level Training	38.82	0.00	Approved as part of integrated training.
48	NPNCD-Cancer	National Level training - High precision surgical techniques	8.82	8.82	Approved for Training for Surgical Oncologist.
49	NPNCD-Cancer	60-Day Hands-on Training in Endoscopy for Surgeons in MCHs	51.68	51.68	Approved.
50	NPNCD-Cancer	30-Day Hands-on Training in Paediatric Hemato-Oncology (Medical Oncologists, ICH Egmore)	4.52	4.52	Approved.
51	NPNCD-Cancer	5-Day Hands-on Refresher Training on Day Care Chemotherapy services in MCHs	3.89	3.89	Approved for General physicians and Staff nurses.
52	NPNCD-Cancer	National Level Training - high precision RT	12.60	12.60	Approved for Radiation Oncologist.

S. No	Programme/ Theme	Proposed Training/Activity	Proposed (Rs. Lakhs)	Approved (Rs. Lakhs)	Remarks
53	Mental Health	Training on Mental Health screening and follow-up	15.68	0.00	Approved as part of integrated training.
54	Mental Health	Velli Manasu - Training for Students & Teachers in schools	80.74	80.74	Rs.1000 x 8074 Schools.
55	NPHCE	Refresher Training to Palliative Care SN on NPPC/NPHCE	5.56	5.56	463participants@ Rs.14,621/participant.
56	NPHCE	Integrated NPHCE & NPPC Training to Staff Nurses - Skill Lab	6.26	0.00	Approved as part of integrated training.
57	NPPCD	Training for ENT Surgeons	1.00	1.00	Training on Temporal Bone Dissection for ENT Surgeons in District NPPCD units.
58	NPPC	Refresher Training to Physiotherapiston NPPC/NPHCE	5.56	5.56	463 participants @ Rs.14,621/participant.
59	NPCCHH	Heat stroke management training	0.76	0.76	State level skill-based training, 138 participants, 3 batches @ Rs.25,593/batch.
60	NPCCHH	Sensitization Workshop of State Program Officers & District Health Officers	23.99	23.99	Ongoing - across 38 districts and 1 State level, batches of 25 participants, all 4 quarters @ Rs.61,500/batch.
61	NTCP	Capacity building including training - DTCC	28.50	28.50	New activity, as per NTCP PIP Guideline.
62	NTCP	Training under NTCP at District Level	3.80	3.80	As per NTCP PIP Guideline.
63	NTCP	Training Under NTCP at State Level	2.50	2.50	As per NTCP PIP Guideline.
64	NPCB	Training to PMOA	2.00	2.00	Rs.25,000/batch, 8 batches, for PMOAs at District Level.
		NCD Total	523.66	386.05	
65	Quality	Orientation Training for Districts on NQAS (2 Days)	22.50	22.50	9 batches @ Rs.2.5 lakh.
66	Quality	Kayakalp Training	10.00	7.50	2 days training @ Rs.1.5 lakh, 5 batches.
67	MUSQAN	MusQan Orientation Training	0.00	0.00	-
68	Quality	Orientation Training for Districts on NQAS (2 Days)	22.50	22.50	9 batches @ Rs.2.5 lakh.
69	Quality	State Level Training of Service Provider (3 Days)	28.00	28.00	8 batches @ Rs.3.5 lakh/batch.
70	Quality	Kayakalp Training	14.00	10.50	7 batches @ Rs.1.5 lakh.
71	Health Systems Strengthening	Emergency management Training	238.00	238.00	680 batches (30/batch) inclusive of TAEI skill grading, PREM, Poison management for doctors, nurses, paramedical staff @ Rs.35,000/batch.
72	NPSE	State Level Training & Capacity Building onCase Management	5.42	5.42	State level training on snakebite management of MOs.
73	NPSE	DistrictLevel Training & Capacity Building on Case Management	7.42	7.42	District level training on snakebite management of health professionals.
74	Programme Management	Finance Training	38.80	38.80	DAMs and Accounts Assistants, 40 batches @ Rs.0.97 lakh/batch.

S. No	Programme/ Theme	Proposed Training/Activity	Proposed (Rs. Lakhs)	Approved (Rs. Lakhs)	Remarks
75	Programme Management	Refresher Training toAPM/NHM Coordinator	4.00	4.00	FY 2026-27.
76	HMIS	HMIS Training	12.15	12.15	On IHIP portal for all health staff from the facilities.
77	HMIS	MCCD Training	10.80	10.80	New activity - MCCD training to Medical Officers of the Health facilities.
	HSS Rural	Sub-Total	413.58	407.59	
		HSS-Urban	0.00	0.00	No activity proposed
		GRAND TOTAL	**2,605.05**	**2,284.15**	

Annexure-2 NHM-TN-Training Financial Norms

NATIONAL HEALTH MISSION-(NHM)-TN FINANCIAL NORMS - NHM TRAININGS -2026														
S.No	Item	Category	For ONE DAY orientation/sensitisation/review meeting/training(s) A (I)						Duration of training : > 1 day A (II)					
			Both Boarding and Lodging provided at Regional Training Institutes (1/4 DA alone is eligible)		Only Boarding provided *(1/2 DA alone is eligible)*				Both Boarding and lodging provided at Regional Training Institutes *(1/4 DA alone is eligible)*		Only Boarding provided *(1/2 DA alone is eligible)*			
			Chennai	Other than Chennai	Chennai		Otherthan Chennai		Chennai	Other than Chennai	Chennai		Otherthan Chennai	
			DA	DA	DA	Accomodation charges *(per day)	DA	Accomodation charges * (per day)	DA	DA	DA	Accomodation charges* (per day)	DA	Accomodation charges* (per day)
1	Daily Allowance (DA)	Group A	100	50	200	1200	100	NIL	100	50	200	1200	100	600
		Group B	75	40	150	700	75	NIL	75	40	150	700	75	400
		Group C	50	25	100	500	50	NIL	50	25	100	500	50	300
		Group D	40	20	80	400	40	NIL	40	20	80	400	40	200
2	Food/ Refreshment expenses		Rs.400/- per participant						Rs.400/- per participant					
3	Honorarium to Resource Person **	National Level MasterTrainers/State level officials***	Rs.1000/- per session						Rs.1000/- per session					
		State level Master trainers/District level officials****	Rs.500/- per session						Rs.500/- per session					
		In house faculty members #	NIL						NIL					
4	Institutional overhead charges (IOH)		15% of the above (S.Nos. 1+2+3)						15% of the above (S.Nos. 1+2+3)					
5	Travelling allowance for participants and resource persons		As per TNTA Rules,Actuals to be paid						As per TNTA Rules,Actuals to be paid					

6	Contingency expenses *****	Rs.100/- per participant per training (Stock Entry needed)	Rs.100/- per participant per training (Stock Entry needed)
7	Module cost	Limited to Actuals depending on the total no. of pages (approximately Rs.300/-per participant)	Limited to Actuals depending on the total no. of pages (approximately Rs.300/-per participant)

Note :

*Accomodation charges may be provided ONLY if lodging is not provided in the training venue. They are be permitted to stay outside and the Bills limited to the charges mentioned above may be settled on production of "Non- Availability Certificate"from the training venue concerned.

**Each session will be for one and a half an hour(1 1/2 hours). Resource persons are entitled @ maximum of two sessions per day for one faculty.

***Includes those trained at National level ToT training

****Includes those trained at State level ToT training

***** Contingency expenses includes notepad,folder,pen,photocopying,etc..

No Honorarium for in-house faculties

AGENDA NO: 17/51/2026

Sub: NHM-TN-NCD-Women Health Volunteers (WHVs)- Revised Incentives with increase from Rs. 5,500 to Rs. 6,500 per month (Rs 1000) for the year 2026-27- Approval Requested- Reg.

Ref:
1. G.O (Ms.) No. 340 Health and Family Welfare (EAP II-1) Dept dt- 3.8.2021
2. G.O (Ms.) No. 393 Health and Family Welfare (EAP II-1) Dept dt- 31.8.2021.
3. Agenda No. 12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
4. R.C. No. 12944334/P5/NHM/2025, Dated: 09.02.2026- Minutes of 50th Executive Committee Meeting
5. GoI Record of Proceedings (RoP) 2026-27

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Back Ground

As per reference 1st cited, Government has issued orders for implementing the 'Makkalai Thedi Maruthuvam' scheme with the Field level team which includes Women Health Volunteers (WHV) under PBS activity, Village Health Nurse (VHN), Mid-Level Health Provider (MLHP), Palliative Care Nurse, Physiotherapist and Health Inspector (HI) for this scheme.

This pioneering scheme was launched on 05.08.2021 in 50 UHC blocks across the State. In Corporations, the scheme was initially implemented in one zone each of Coimbatore Corporation, Tirunelveli Corporation and Greater Chennai Corporation (GCC). At present, the programme is being scaled up across the entire State of Tamil Nadu by engaging WHVs as the key field functionaries through TNCDW.

As per the reference 2nd cited, the Mission Director, NHM is permitted to engage Women Health Volunteers through self-help group network under TNCDW in all 8,713 in rural HSCs areas and 2,256 in urban areas in Tamil Nadu and also permitted to pay performance-based incentives for WHVs.

The incentive structure for WHVs has been enhanced in a phased manner since 2017 as mentioned in Table 1.

Table 1: WHV incentive structure since 2017

Period	Monthly Incentive	Components
24.08.2017 – 31.08.2021	Rs. 3,500/-	Rs. 3,000/- Incentive + Rs. 500/- Travel Support
01.09.2021 – 31.05.2022	Rs. 4,500/-	Additional Rs. 1,000/- for performance under MTM Scheme
02.06.2022 – till date	Rs. 5,500/-	Additional Rs. 1,000/- as Team-Based Incentive under UHWC component

Considering the scope of work assigned to WHVs, the monthly incentive for WHVs has been proposed to be enhanced from Rs. 5,500/- to Rs. 6,500/-.

The same was examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting.

2. Status of Approval in 50th EC Meeting:

This is an ongoing activity under the RoP since 2021 under HSS.9.188 – Incentives under Comprehensive Primary Health Care (CPHC), providing an incentive of Rs. 5,500 per month to Women Health Volunteers (WHVs).

For the year 2025–26, an amount of Rs. 4,912.38 lakh was approved under the RoP for 7,443 WHVs and for remaining 3,526 WHVs Rs. 2,327.16 lakh was approved under PM-ABHIM funds at the rate of Rs 5500 per month per WHV.

In PIP 2026-27 proposal, for all **10,969 WHVs**, at a total cost of **Rs. 7,311.93 lakh** was proposed under **FMR: HSS.9.188 – Incentives under Comprehensive Primary Health Care (CPHC) at the rate of Rs. 5,500 per month per WHV** and placed before the 50th Executive Committee Meeting under Ongoing activities.

Hence, the proposal was incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27:

During the pre-NPCC meeting with the Program division, it was suggested to include WHV components under ASHA incentive head and the same was proposed. Accordingly, the proposal was approved for components mentioned in Table 2 in the Record of Proceedings (RoP) 2026-27 (reference 5th cited):

Table 2: Approved Components in RoP 2026-27

FMR Sl. No.	Scheme/ Activity	NO of WHVs	Cost per WHVs	Total Amount Approval for FY 2026-27	GoI Remarks for RoP
URBAN					
HSS.17.202.28	Incentives for Routine Recurrent Activities	2256	2000	541.44	Recommended Rs. 541.44 lakhs as routine and recurring incentive for 2256 WHVs (working as Urban ASHA) @Rs. 2000 per WHV per month for 12 months
HSS.17.202.29	Expanded Services Package under CPHC component	2256	1000	270.72	Recommended Rs. 270.72 lakhs towards ASHA incentive for delivery of expanded package of services for 2256 WHVs (working as Urban ASHAs) @Rs. 1000 per WHV per month for 12 months.

FMR Sl. No.	Scheme/ Activity	NO of WHVs	Cost per WHVs	Total Amount Approval for FY 2026-27	GoI Remarks for RoP
HSS(U).2.130	ASHA (including ASHA Certification and ASHA benefit package)	2256	2500	676.8	Recommended for approval Rs.676.80 lakhs under Other Incl Operational Costs for following activities: 1. Rs. 676. 80 lakhs for filling CBAC form @ Rs. 10 for 3000 no per WHV for 2256 WHVs. 2. In principle approval for ASHA uniform as per the ASHA revised norms.
HSS(U).5.144	Incentives under CPHC	2256	1000	270.72	Recommended for approval Rs. 270.72 lakhs as Team Based Incentives @ Rs.1000/Month per WHV for 2256 WHVs .(Urban)
	Total- Urban	**2256**	**6500**	**1759.68**	
RURAL					
HSS.17.202.33	Incentives for Routine Recurrent Activities	8713	2000	2091.12	Recommended Rs. 2091.12 lakhs as routine and recurring incentive for8713 WHVs (working as Rural ASHA) @Rs. 2000 per WHV per month for 12 months
HSS.17.202.34	Expanded Services Package under CPHC component	8713	1000	1045.56	Recommended Rs. 1045.56 lakhs towards ASHA incentive for delivery of expanded package of services for 8713 WHVs (working as Rural ASHAs) @Rs. 1000 per WHV per month for 12 months.
HSS.3.159	ASHA (including ASHA Certification and ASHA benefit package)	8713	2500	2613.9	6. Recommeded Rs. 2613.90 lakh as incentive for filling of CBAC form for 8713 WHV (working as Rural ASHAs) @ Rs. 10 per CBAC form filled per WHV (working as Rural ASHAs), one WHV fills 3000 CBAC forms.
HSS.9. 188	Incentives under CPHC	8713	1000	1045.56	5. Recommended Rs. 1045.56 lakh for Team based incentive for 8713 WHV (working as Rural ASHAs) @Rs. 1000 per month/WHV for 12 months.
	Total- Rural	**8713**	**6500**	**6,796.14**	
	Grant total	**10969**	**6500**	**8,555.82**	

The details on District-wise Distribution of WHVs is enclosed as Annexure.

4. Proposal

It is proposed to implement the revised incentive of Rs. 6,500/- per month per WHV for all 10,969 WHVs (8,713 Rural + 2,256 Urban) for the year 2026-27.

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested for execution of the approved activity and for taking further action required for implementation of the projects.

5. Decision Point:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to enhance and release WHVs incentive of Rs. 6,500/- per month from April 2026 to 10,969 WHVs** in all 8,713 in rural HSCs areas and 2,256 in urban areas in Tamil Nadu.
2. The Mission Director, National Health Mission- Tamil Nadu **may be permitted to release an amount of Rs. 8,555.82 lakhs** towards the payment of Incentive to WHVs to Tamil Nadu Corporation for Development of Women (TNCDW) for the year 2026-27, in instalments as per requirement and fund availability, as per revised rate.

Annexure

District-wise Distribution of WHVs (10,969):

S. No.	District Name	No. of Rural WHVs	No. of Urban WHVs
1	Ariyalur	117	10
2	Chengalpattu	221	66
	Chennai	0	560
3	Coimbatore	328	183
4	Cuddalore	319	41
5	Dharmapuri	218	7
6	Dindigul	311	38
7	Erode	311	66
8	Kallakurichi	212	5
9	Kancheepuram	143	26
10	Karur	168	26
11	Krishnagiri	239	31
12	Madurai	314	171
13	Mayiladuthurai	147	14
14	Nagapattinam	111	15
15	Kanniyakumari	267	43
16	Namakkal	240	40
17	Perambalur	90	5
18	Pudukkottai	242	16
19	Ramanathapuram	244	26
20	Ranipet	163	24
21	Salem	398	102
22	Sivagangai	275	21
23	Tenkasi	177	34
24	Thanjavur	309	43
25	The Nilgiris	194	24
26	Theni	162	33
27	Thiruvarur	195	23
28	Tirunelveli	202	52
29	Tirupathur	134	30
30	Tiruppur	242	107
31	Tiruvallur	303	57
32	Tiruvannamalai	410	30
33	Trichy	307	102
34	Thoothukudi	253	49
35	Vellore	157	64
36	Villupuram	345	21
37	Virudhunagar	245	51
Total		**8713**	**2256**

Agenda No: 18/51/2026

Sub: NHM – Tamil Nadu – Implementation of Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities under various National Health Programmes during the Financial Year 2026–27 – Administrative and Financial Approval – Requested.

Ref: F.No.M- 11011/12016 / NHM -III – Ministry of Health and Family Welfare , GOI, NHM , Dated: 19.12.2026 (ROP 26-27)

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Background

Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) are integral components of the National Health Mission (NHM), aimed at creating awareness, promoting healthy behaviours, encouraging community participation, and improving the utilization of Government health services. IEC interventions play a crucial role in disseminating programme-specific information, facilitating behavioural change, and strengthening the effective implementation of various National Health Programmes.

The Government of India, under the approved National Health Mission Record of Proceedings (RoP) 2026–27, has approved programme-specific IEC/BCC activities under various programmes, including Reproductive and Child Health (RCH), National Disease Control Programmes (NDCP), Non-Communicable Diseases (NCD), Urban Health Systems, and Rural Health Systems.

The approved activities include printing of IEC materials, registers, forms, Standard Operating Procedures (SOPs), case sheets, treatment cards, awareness campaigns, observance of National and International Health Days, advocacy activities, school health awareness programmes, community mobilization, mass media campaigns, outdoor publicity, digital health awareness initiatives, and other programme-specific IEC interventions.

Accordingly, the respective Programme Divisions have submitted programme-wise proposals for implementation of the approved IEC/BCC activities during the FY 2026–27.

Justification

The approved IEC/BCC activities are essential for strengthening the implementation of various National Health Programmes by improving public awareness, promoting positive health-seeking behaviour, enhancing community participation, and increasing the utilization of Government health services.

The proposed activities will facilitate:

- Dissemination of standardized IEC materials across Government Health Facilities.
- Printing of programme-specific forms, registers, treatment cards, case sheets, and Standard Operating Procedures (SOPs).

- Conduct of awareness campaigns in connection with National and International Health Days.
- Community mobilization and Behaviour Change Communication (BCC) activities.
- School-based health awareness programmes.
- Mass media campaigns, outdoor publicity, and advocacy activities.
- Strengthening the implementation of National Health Programmes, including NQAS, LaQshya, HMIS 3.0, TeleMANAS, Family Welfare, Mental Health, NTEP, NVHCP, Vector Borne Disease Control Programme, National Oral Health Programme, NPHCE, NPCB, NPCCHH, and other programme initiatives.

Implementation of the approved IEC/BCC activities will ensure uniform dissemination of programme messages throughout the State, improve awareness among beneficiaries, enhance service utilization, strengthen programme implementation, and contribute towards the achievement of programme objectives and key health indicators.

Financial Implication

The expenditure shall be met from the IEC/BCC budget approved under the National Health Mission Record of Proceedings (RoP) 2026–27 under the respective programme budget heads. The Total Approved Budget: ₹1,377.40 Lakhs attached in annexure.

Decision Points:

The Executive Committee is requested to accord approval for:

1. The Mission Director, NHM may be permitted to implement the programme-wise Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities approved under the National Health Mission Record of Proceedings (RoP) for the Financial Year 2026–27.
2. The Mission Director, NHM may be permitted to utilize the approved IEC/BCC budget amounting to ₹1,377.40 lakhs under the respective programme budget heads for implementation of the approved IEC/BCC activities.
3. The Mission Director, NHM may be permitted to issue necessary administrative and financial proceedings and incur expenditure under the respective approved programme budget heads for implementation of the IEC/BCC activities in accordance with the approved Record of Proceedings (RoP), Government of India guidelines, and the applicable financial rules and procedures.
4. The Mission Director, NHM may be permitted to finalize programme-wise specifications, designs, artwork, printing quantities, procurement modalities, and implementation schedules, and to make minor modifications, if required, within the approved programme-wise IEC allocation without exceeding the total approved RoP budget.

Annexure

S. No	Programme/ Theme	Activity Proposed (FMR. HSS.19.204)	Approved Budget (Rs. Lakhs)
1	Adolescent Health	Printing of IEC Materials for Schools	69.74
2	Adolescent Health	Printing of School Health and Wellness Modules:	30.99
3	Nutrition	Printing of IEC Banners and Materials for National Deworming Day	44.84
4	LaQshya	Printing of LaQshya Case Sheets and Registers	200.45
5	Family Welfare	World Population Day' celebration for State and District level activities	15.5
6	Family Welfare	Vasectomy Fortnight celebration at District level activities	15.5
7	Family Welfare	Printing and IEC for Family Welfare including CAC Services:	76.73
8	IDSP	Printing of CIF and Lab forms	3
9	VBDCP	IEC activities for Malaria along with activities for anti-malaria month celebration	10.12
10	VBDCP	IEC for Vector Borne Diseases Incl. Dengue & Chikungunya.	24.48
11	NLEP	IEC/BCC: Mass media, Outdoor media, Rural media, Advocacy media for NLEP	39.52
12	NLEP	Printing Works for NLEP	7.6
13	NVHCP	Printing of NVHCP Treatment cards and IEC activities for World Hepatitis Day	8.4
14	NTEP	ACSM for NTEP	90
15	NTEP	Printing (ACSM) for NTEP	10.5
16	NOHP	IEC Activities for World Oral Health Day	15.03
17	Mental Health	IEC Activities for Mental Health	59.36
18	Mental Health	IEC for Telemanas	32.67
19	NPHCE	Community Based Intervention- IPC,Group activities and mass media for NPHCE	19
20	NTCP	Implementation of ToEFI guideline- Coverage of Public School and Private School & ToEFI Certificate Printing	11.2
21	NTCP	Tobacco Cessation- IEC/BCC for Districts	38
22	NP-NCD	State specific Initiatives and Innovations- IEC/BCC for State NCD Cell	10
23	NP-NCD	State specific Initiatives and Innovations- IEC/BCC for District NCD Cell	47.5
24	NPPCF	IEC materials for NPPCF	3
25	NPCB	IEC for NPCB Activities	20
26	NPCCHH	IEC on Climate Sensitive Diseases	12
27	Quality	Printing SOPs, Forms and Formats	39.75
28	HMIS 3.0	IEC for HMIS 3.0	19.92
29	NIDD	Awareness program for double fortified salt	14.4
30	HMIS	Printing of HMIS format to the health facilities as per HMIS-IHIP formats.	19.92
31	NQAS	Printing of SOPs / Registers / Case Sheets for Paediatric OP / Ward / Signage	197.2
32	Planning and Programme Management	Printing of Accounts register	171.08
Grand Total			**1377.40**

Agenda No: 19/51/2026

Sub: NHM– TN – State Program Management Unit and District Program Management unit - on going activities - fund release as per norms - Permission requested - Reg.

Ref: F.No.M- 11011/12016 / NHM -III – Ministry of Health and Family Welfare, GOI, NHM , Dated: 19.12.2026 (ROP 26-27)

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The State Programme Management Unit (SPMU) functioning under the National Health Mission, Tamil Nadu and the District Programme Management Units (DPMUs) functioning under the respective District Health Societies play a vital role in strengthening programme planning, implementation, monitoring, supervision, financial management, and coordination of various National Health Mission (NHM) interventions across the State.

The State Programme Management Unit extends technical and managerial support for conducting State-level review meetings, workshops, conferences, training programmes, and other programme management activities on a regular basis. Likewise, the District Programme Management Units facilitate the conduct of District-level review meetings, programme monitoring, supervisory activities, and coordination meetings to ensure effective implementation of NHM programmes.

Further, the State and District Programme Management Units provide travel support to programme personnel for undertaking official travel to districts, health facilities, and field locations for monitoring, supervision, review, evaluation, and other programme-related activities, whenever required. Such activities are essential for strengthening programme implementation, ensuring adherence to National Health Mission guidelines, and achieving the intended health outcomes.

The Government of India provides financial assistance for the operational expenses of the State Programme Management Unit and District Programme Management Units under the National Health Mission with the objective of strengthening health systems and ensuring effective implementation of NHM activities throughout the State.

Accordingly, the Government of India, under the National Health Mission, has approved financial allocation of ₹5,047.60 lakhs under Financial Management Report (FMR) – HSS.11.194 towards the operational expenses of the State and District Programme Management Units (Annexure attached) .

The approved allocation includes expenditure towards conducting review meetings, workshops, conferences, programme management activities, travel support for official field visits, and other admissible operational expenses as per the approved Programme Implementation Plan (PIP) and National Health Mission guidelines.

Decision Point:

The Mission Director, NHM may be permitted to release the funds as per annexure to the State and district towards the operational expenses of the State Programme Management Unit and District Programme Management Units under the National Health Mission, Tamil Nadu under FMR HSS.11.194.

Annexure

S.No	Activities	Approved amount (Rs. In lakh)
1	Travel Allowance - Adult Health Clinic under PMU	0.86
2	Immunization - Mobility Support - Block / District level officer	138
3	Immunization - Mobility support - State level	5.4
4	Immunization -Consumables	5.52
5	Immunization - Quaterly meeting for RI	12.09
6	Immunization - Quaterly meeting for RI - Block level	55.32
7	Immunization - Quertely meeting - State level	4.1
8	Immunization - maintainance - cold chain equipment	61
9	NLEP - Mobility support State	4.8
10	NLEP - Mobility support for district	76
11	NLEP -Travel expenditure for Contract staff	6
12	NLEP - State and District level meeting	1.9
13	NLEP - State office montly expenditure	1.5
14	NLEP - Operation - maintenance District Cell	13.3
15	IDSP - POL districts	13.68
16	IDSP - Mobility support - state and district	5.6
17	Dengu - Chikenguniya- Epidemic Prepadness	5
18	NTEP - Mobility support - District	7.2
19	NTEP - Mobility support - STS,STLS,DPPM, Radiographer etc	263.3
20	NTEP- mobility support - district	72
21	NTEP - Mobility support - State	6.6
22	NTEP - POL Charges	26.5
23	NTEP - supervision and Monitoring - district level officer	196.38
24	NTEP - Operational Cost District and State	168
25	NVHCP - State alp - operational cost	2
26	NVHCP - Treatment center Operational cost - 3 center	0.9
27	NVHCP - Meeting /opertional cost	1.5
28	NVHCP - Treatment center Operational cost- 40 center	12
29	NVHCP - Meeting cost/Contingency /operational cost for district	5.7
30	NVHCP - Meeting cost/Contingency /operational cost for State	1
31	NVBDCP - Annual interdepartment meeting & STF meeting	20
32	NPCB - Management of Blindness control society - State and District	20
33	NPNCD- Mobility support district	38
34	NPNCD - Mobility Support NCD program officer accorss the state	182.4

S.No	Activities	Approved amount (Rs. In lakh)
35	NPNCD - District Contingency	22.8
36	NPPCF - Mobility support	0.6
37	Mental Health - Conference	6.75
38	Audit Fee	190
39	Mobility support - IT /LIMS coordinator (85 IT personals - 2500.00 per month)	25.5
40	SPMU activities	2000
41	Mobility support for BPMU, DPMU of DHOs, DPMU of JDHS	499.74
42	contingency support for BPMU, DPMU of DHOs, DPMU of JDHS	658.26
43	DNB - 10 Institutions contingency	6
44	DNB - Mobility support	2.00
45	Mental Health - State nodal officer - Mobility support	4.80
46	Hiring of Vehicle for APMs	177.6
47	CPHC - Monitoring and Evaluation - AAM	20
	Total	**5047.6**

AGENDA NO: 20/51/2026

Sub: NHM-TN - ROP 2026-27 - New Activity - **Establishment of State Midwifery Training Institute (SMTI) at College of Nursing, Madurai Medical College (Rs.48 Lakhs) and Midwifery Led Care Unit (MLCU) at Govt. Rajaji Hospital, Madurai (Rs.25 Lakhs) at a total budget of Rs.73 Lakhs-** Executive committee Approval requested – Reg.

Ref:

1. G.O.(Ms) No:26/ H&FW (EAPII-1) Dept, Dt:19.01.2022, ROP 21-22
2. G.O.(Ms) No:788/ H&FW) Dept, Dt:03.07.2023
3. Agenda No12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
4. Minutes of the 50th EC Meeting held on 06.02.2026
5. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)
6. Training cost approved for NPM&ME-ROP 26-27
7. National Midwifery Guidelines, Ministry of Health and Family Welfare, Government of India-page No -24
8. Scope of Practice for ME&NPM
9. MLCU-Guidelines-Final

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1.Background:

The Government of India, Ministry of Health and Family Welfare, has introduced the National Midwifery Guidelines to establish Midwifery-Led Care Units (MLCUs) managed by Nurse Practitioners in Midwifery (NPMs) across Medical Colleges, District Hospitals, First Referral Units (FRUs), and Community Health Centres. The initiative aims to improve maternal and newborn health outcomes by ensuring quality, respectful maternity care, with normal deliveries managed by ICM-standard trained midwives and complicated cases handled by specialist Doctors.

Under the National Health Mission, Tamil Nadu, a proposal was included in the Programme Implementation Plan (PIP) 2026–27 for establishing a State Midwifery Training Institute (SMTI) at the College of Nursing, Madurai Medical College, along with a Midwifery-Led Care Unit (MLCU) at Government Rajaji Hospital, Madurai.

As per references 1st and 2nd cited, Six Staff Nurses were nominated as Master Trainers and deputed to the Fernandez Institute (NMTI), Telangana, to undergo a six-month Midwifery Educator Training Programme followed by one year of mentorship. These Master Trainers will subsequently train selected Staff Nurses in the Nurse Practitioner in Midwifery (NPM) course, with the College of Nursing, Madras Medical College, and the Institute of Obstetrics and Gynaecology & Government Kasturba Gandhi Hospital for Women and Children serving (MLCU) as clinical training sites.

To strengthen midwifery education and facilitate the operationalization of MLCUs, it has been proposed to establish an SMTI and Skill Lab at the College of Nursing, Madurai Medical College, to provide theoretical, simulation-based, and clinical training under

mentorship. Accordingly, a new activity for the establishment of the SMTI at Madurai Medical College and an MLCU at Government Rajaji Hospital, Madurai, was formulated for inclusion in the PIP 2026–27 under RMNCH+A, Maternal Health – Midwifery Education and Capacity Building/MLCU. The proposal was finalized by the National Health Mission, Tamil Nadu, and placed before the 50th Executive Committee Meeting vide Agenda No. 12/50/2026.

2. **Justification for the Proposal:**

In Tamil Nadu, the CEmONC building at Government Rajaji Hospital (GRH), Madurai, has adequate space suitable for establishing a Midwifery-Led Care Unit (MLCU). The facility handles an average delivery load of 1,000–1,200 deliveries per month, of which approximately 60% are normal/assisted deliveries and 40% are LSCS. The Department is undertaking measures to further improve the rate of normal deliveries through implementation of the MLCU model.

The budget requirement has been proposed to provide skill-based training to Nurse Practitioner in Midwifery (NPM) trainees at the State Midwifery Training Institute (SMTI), along with the associated Skill Lab and Midwifery-Led Care Units (MLCUs) training.

The proposal is directly aligned with the implementation of Midwifery-Led Care Units (MLCUs) and is evidence-based, drawing on the Midwifery-Led Care Guidelines issued by the Government of India. Since the intervention is beneficial for pregnant women in enabling physiological normal birth, it directly supports improved maternal health outcomes.

The establishment of Midwifery-Led Care Units in the State will serve as a model of care, wherein normal deliveries are managed by trained Staff Nurses (NPMs) and complicated cases are managed by Specialist Doctors. The requirement for such trained Staff Nurses is determined based on the delivery load of the respective institutions.

Yoga and exercises during pregnancy are recommended as part of MLCU training to promote the physical and mental well-being of pregnant women, reduce stress, improve sleep, enhance muscular strength, and support safe and comfortable labour. The practices shall be provided under supervision, ensuring trimester-appropriate and individualized care, with emphasis on safe practices while strictly avoiding unsafe exercises during pregnancy. Overall, the focus is on ensuring respectful maternity care through safe, evidence-based practices that support maternal comfort and positive pregnancy outcomes.

3. **Status of Approval in 50th EC meeting:**

Under the National Health Mission, Tamil Nadu, proposals for the establishment of a **Midwifery-Led Care Unit (MLCU)** at Government Rajaji Hospital, Madurai, and a **State Midwifery Training Institute (SMTI)** at the College of Nursing, Madurai Medical College, Madurai, were placed before the **50th Executive Committee Meeting** under **Agenda No. 12/50/2026**. The Executive Committee approved the proposals, vide the 2nd and 3rd references cited, for inclusion in the **Programme Implementation Plan (PIP) 2026–27** as new activities under the National Health Mission.

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026–27** (5th reference cited), approved the following funds under the National Health Mission:

i. Key component of fund approval:

Sl.No.	Component	Details
1	**Type of Activity**	New Activity
2	**Category of Activity**	Reproductive, Maternal, Newborn, Child Health and Adolescent Health (RMNCH+A)
3	**Sub-Category**	Maternal Health - Midwifery Education and Capacity Building / MLCU at Government Madurai Medical College, Madurai
4	**Total Budget approved**	**Rs.73,00,000/- (Rupees Seventy Three Lakhs Eighty only)** Rs.25 lakhs for Midwifery Led Care Unit (MLCU) at Govt. Rajaji Hospital, Madurai and Rs.48 lakhs for State Midwifery Training Institute (SMTI) at College of Nursing, Madurai Medical College
5	**Total No. of Units (Target)**	Midwifery Led Care Unit (MLCU) at Govt. Rajaji Hospital, Madurai and Establishment of State Midwifery Training Institute (SMTI) at College of Nursing, Madurai Medical College
6	**Linkage with Key Deliverables**	Linked to NHM Deliverable: Operationalization of Midwifery-Led Care Units (MLCUs) with trained NPMs.
7	**Human Resources**	**Not budgeted**
8	**Timeline for Implementation & Fund Release**	Three months

ii. Detailed Financial Breakup:

S. No	Item	A. MLCU @ Govt. Rajaji Hospital (Rs.)	B. SMTI @ College of Nursing (Rs.)	Grand Total (Rs.) A +B	Fund release and Procurement
1	**Civil Works**	12,30,000	20,00,000	32,30,000	**PWD**
2	**Mannequins**		9,56,700	9,56,700	**TNMSC**
3	Linen Items	62,100	86,800	1,48,900	Institutional Local Procurement
4	Furniture	1,35,500	5,59,500	6,95,000	Institutional Local Procurement
5	Instruments	4,86,200	1,21,900	6,08,100	Institutional Local Procurement
6	Equipment	5,33,200	5,97,100	11,30,300	TNMSC
7	Charts/IEC	53,000	1,08,000	1,61,000	Institutional Local Procurement
8	Books	-	39,500	39,500	Institutional Local Procurement

S. No	Item	A. MLCU @ Govt. Rajaji Hospital (Rs.)	B. SMTI @ College of Nursing (Rs.)	Grand Total (Rs.) A +B	Fund release and Procurement
9	Stationery	-	30,500	30,500	Institutional Local Procurement
10	**Teaching & Learning Materials**	-	3,00,000	3,00,000	Institutional Local Procurement
	Grand Total	**25,00,000**	**48,00,000**	**73,00,000**	

6. **Decision Points:**

In this regard, necessary permission from the Executive Committee of National Health Mission - Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to establish One Midwifery Led Care Unit (MLCU)** at Govt. Rajaji Hospital, Madurai and **One State Midwifery Training Institute (SMTI)** at College of Nursing, Madurai Medical College and at an estimated cost of **Rs.73 lakhs** as detailed in the table for financial break up give above, as approved in RoP 2026-27 comprising **Rs.25.00 lakhs** for the MLCU and **Rs.48.00 lakhs** for the SMTI.
2. The Mission Director, National Health Mission, Tamil Nadu, may be permitted to submit the necessary proposal to the Government for obtaining Administrative Sanction orders for the execution of the works through the Public Works Department (PWD) and the Tamil Nadu Medical Services Corporation (TNMSC) and Local procurement following codal procedures.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to remit **Rs.32.30 lakhs** towards **Civil Works** to the Government account to be executed by the **Public Works Department (PWD)**.
4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release a sum of **Rs.20.87 lakhs** towards procurement of **Mannequins and Equipment** to **Tamil Nadu Medical Services Corporation (TNMSC)** for which the technical specifications of the equipment being as per the existing Tamil Nadu Medical Services Corporation (TNMSC) Rate Contract (RC).
5. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release a sum of **Rs.19.83 lakhs** towards **Linen Items, Furniture, Instruments, Charts/IEC Materials, Books, Stationery, and Teaching & Learning Materials** to be released to the Dean, Government Madurai Medical College for local procurement in accordance with the approved financial norms.

AGENDA NO: 21/51/2026

Sub: NHM-TN – Child Health **– Establishment of 8 Mother Newborn Care Units (MNCUs)** at Government Mohan Kumaramangalam Medical College Hospital, Salem, Government Raja Mirasdar Hospital, Thanjavur, Government Medical College Hospital, Vellore, Government Medical College Hospital, Thoothukudi, Government Medical College Hospital, Tiruppur, Government Medical College Hospital, Virudhunagar, Government Medical College Hospital, Chengalpattu and Government Headquarters Hospital Tirupathur – Civil & Electrical Modification Works and Procurement of Equipment under NHM RoP 2026-27 – **Rs. 677.26 Lakhs** - Approval Requested.

Ref: 1. Minutes of the 50th Executive Committee Meeting held on 06.02.2026.
2. F.No.M.11011/12016-NHM-III, MoHFW, GOI, NHM, New Delhi, Dated:19.06.2026 (RoP 2026-27).
3. G.O.(Ms.) No.500, Health and Family Welfare Department, Dated:29.10.2025.

1. Background

Mother and Newborn Care Units (MNCUs) are an important component of family-centred neonatal care, wherein mothers are accommodated within the Special Newborn Care Unit (SNCU) to enable continuous care of their sick newborns. At present, mothers of newborns admitted in SNCUs are often separated from their babies due to the absence of dedicated postnatal accommodation within neonatal care units. This affects Kangaroo Mother Care (KMC), exclusive breastfeeding, maternal participation in newborn care and continuity of postnatal monitoring.

The establishment of MNCUs facilitates **Family Participatory Care (FPC)** by enabling mothers to stay with their newborns throughout the treatment period. Mothers are trained to participate in routine newborn care, feeding, Kangaroo Mother Care, phototherapy support and infection prevention practices, thereby improving neonatal survival, reducing complications and ensuring better preparedness after discharge.

At present, seven (7) Mother Newborn Care Units

1. Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Egmore, Chennai
2. Government Medical College and Hospital, Thiruvannamalai
3. Government Coimbatore Medical College Hospital, Coimbatore
4. Mahatma Gandhi Memorial Government Hospital, Tiruchirappalli
5. Government Medical College Hospital, Dharmapuri
6. Government Villupuram Medical College, Villupuram
7. Government Tirunelveli Medical College Hospital, Tirunelveli

are already functional in the State and have been instrumental in promoting family-centred newborn care by enabling mothers to stay with their sick newborns during the course of

treatment. **Building on the experience and benefits of these functional MNCUs, it has become necessary to expand the programme to additional high-burden institutions where the existing SNCUs are managing a large volume of sick newborns.**

Table 1: Existing 7 MNCUs Performance April 2025 - March 2026

Sl. No.	MNCUs	Facility Type	Total No. of Beds	Total No. of Admissions	Bed Occupancy Rate (%)
1	Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Egmore, Chennai	MCH	15	1479	27.0
2	Government Medical College and Hospital, Thiruvannamalai	MCH	10	2203	60.4
3	Government Coimbatore Medical College Hospital, Coimbatore	MCH	12	1655	37.8
4	Mahatma Gandhi Memorial Government Hospital, Tiruchirappalli	MCH	20	170	2.3
5	Government Medical College Hospital, Dharmapuri	MCH	20	369	5.1
Total			**77**	**5876**	**20.9**

Note: *Government Villupuram Medical College, Villupuram and Government Tirunelveli Medical College Hospital, Tirunelveli have been recently established from June 2026.*

Further, **G.O.(Ms.) No.500, Health and Family Welfare Department, dated 29.10.2025**, envisages strengthening quality maternal and newborn healthcare services by improving infrastructure and promoting family-centred neonatal care. The proposed establishment of eight additional MNCUs is in line with the objectives of the said Government Order.

The eight institutions have been identified based on high delivery load, high SNCU admissions, increased burden of Low Birth Weight (LBW) and preterm babies, high Bed Occupancy Rate (BOR), and the need to strengthen newborn care services through Family Participatory Care.

2. Status of Approval in the 50th EC Meeting

A proposal for establishment of Mother Newborn Care Units (MNCUs) at selected high-load Government institutions was placed before the 50th Executive Committee Meeting held on 06.02.2026.

The Executive Committee approved the proposal in principle and recommended inclusion of the activity under the Programme Implementation Plan (PIP) 2026-27. The proposal included establishment of 8 MNCUs with civil and electrical modification works and procurement of essential neonatal equipment.

3. Approval Status of RoP 2026-27

The Government of India, Ministry of Health & Family Welfare, under the Record of Proceedings (RoP) 2026-27, has approved the establishment of **8 Mother Newborn Care Units (MNCUs)** with the following financial support:

Table-2

Sl. No.	Component	FMR Code	Approved Amount
1	Civil & Electrical Modification Works	RCH 3.24(1)	Rs.200.00 Lakhs
2	Procurement of Equipment	RCH 3.24(4)	Rs.477.26 Lakhs
	Total		**Rs.677.26 Lakhs**

4. Proposal

It is proposed to establish **20-bedded Mother Newborn Care Units (MNCUs)** at the following eight Government institutions:

1. Government Mohan Kumaramangalam Medical College Hospital, Salem
2. Government Raja Mirasdar Hospital, Thanjavur
3. Government Medical College Hospital, Vellore
4. Government Medical College Hospital, Thoothukudi
5. Government Medical College Hospital, Tiruppur
6. Government Medical College Hospital, Virudhunagar
7. Government Medical College Hospital, Chengalpattu
8. Government Headquarters Hospital, Tirupathur

The proposed MNCUs will provide dedicated accommodation for mothers whose newborns require prolonged admission in SNCUs, thereby promoting uninterrupted Kangaroo Mother Care, breastfeeding, Family Participatory Care and improved maternal-newborn bonding.

Table 3: Institution-wise Performance (2025-2026) and Justification

Institution	Deliveries	SNCU Admissions	LBW Babies proportionate to SNCU admissions	Preterm Babies proportionate to SNCU admissions	Justification
Government Mohan Kumaramangalam Medical College Hospital, Salem	8,845	3,854	1,747 (45.3%)	2,043 (53.0%)	• Recorded a high volume of SNCU admissions, with nearly half of admitted newborns being LBW and more than half being preterm, indicating the need for an MNCU to

Institution	Deliveries	SNCU Admissions	LBW Babies proportionate to SNCU admissions	Preterm Babies proportionate to SNCU admissions	Justification
					strengthen Family Participatory Care and improve neonatal outcomes.
Government Raja Mirasdar Hospital, Thanjavur	11,001	3,660	1,422 (38.9%)	1,892 (51.7%)	• One of the highest delivery loads and SNCU admissions in the State, with a substantial proportion of LBW and preterm newborns requiring prolonged neonatal care, justifying the establishment of an MNCU.
Government Medical College Hospital, Vellore	10,282	5,225	2,232 (42.7%)	2,752 (52.7%)	• Recorded the highest SNCU admissions among the proposed institutions, with a significant burden of LBW and preterm babies, highlighting the need for an MNCU to facilitate continuous maternal involvement and improve neonatal care.
Government Medical College Hospital, Thoothukudi	5,280	1,698	823 (48.5%)	1,030 (60.7%)	• A high proportion of SNCU admissions comprise LBW and preterm newborns requiring specialized care and continuous maternal support, warranting the establishment of an MNCU.
Government Medical College Hospital, Tiruppur	7,117	2,528	1,095 (43.3%)	1,353 (53.5%)	• Reported a considerable number of SNCU admissions, with over 40% LBW and more than half preterm babies, demonstrating the need for an MNCU to promote Family Participatory Care.
Government Medical College Hospital, Virudhunagar	4,773	2,091	1,106 (52.9%)	1,205 (57.6%)	• More than half of the SNCU admissions were LBW and preterm newborns, indicating a high-risk neonatal case load and the necessity for an MNCU to enhance neonatal survival and family-centered care.
Government Chengalpattu Medical College Hospital, Chengalpattu	8,579	2,745	1,298 (47.3%)	1,745 (63.6%)	• Recorded a high number of SNCU admissions with a large proportion of LBW and preterm babies, supporting the

Institution	Deliveries	SNCU Admissions	LBW Babies proportionate to SNCU admissions	Preterm Babies proportionate to SNCU admissions	Justification
					establishment of an MNCU for improved maternal participation and neonatal outcomes.
Government Headquarters Hospital Tirupathur	5,275	2,380	922 (38.7%)	492 (20.7%)	• Reported high government deliveries in the institute with a substantial number of SNCU admissions with a significant burden of LBW newborns requiring prolonged care and is also about 90 kms far from the nearest tertiary care centres Government Vellore Medical College, justifying the establishment of an MNCU at the District Hospital.
Total	61,152	24,181	10,645 (44.0%)	12,512 (51.7%)	• The eight selected institutions together recorded 24,181 SNCU admissions, of which 10,645 (44.0%) were Low Birth Weight (LBW) babies and 12,512 (51.7%) were preterm babies. • The substantial burden of high-risk newborns requiring prolonged neonatal care and continuous maternal involvement justifies the establishment of Maternal and Neonatal Care Units (MNCUs) to strengthen Family Participatory Care, improve breastfeeding practices, and enhance neonatal outcomes.

The comparative analysis demonstrates that the above eight institutions consistently report higher neonatal workload and justify their prioritization for establishment of Mother Newborn Care Units.

The total financial requirement approved under RoP 2026-27 is **Rs.6,77,26,080/-**, comprising **Rs.2.00 Crore** towards Civil & Electrical Modification Works and **Rs.4,77,26,080/-** towards procurement of equipment.

Further, the proposed MNCUs will be equipped with CPAP units, neonatal warmers, LED phototherapy units, transcutaneous bilirubinometers, multipara monitors, infusion pumps,

syringe pumps, pulse oximeters, KMC chairs, oxygen-air-suction points, emergency crash carts and Fowler's cots for mothers, as detailed in **Equipment list (Table 5)**. *(**Note:** The equipment available under the existing Tamil Nadu Medical Services Corporation (TNMSC) Rate Contract (RC) shall be procured through the prevailing RC, adopting the technical specifications prescribed therein. For any equipment not covered under the existing TNMSC Rate Contract, a Technical Committee shall be constituted under the guidance of the Mission Director, NHM-TN to finalize the technical specifications, which shall be communicated to TNMSC for procurement.)*

Table 5: Total Fund Details (Equipment list & Civil Works)

Sl. No.	Name of the Equipment for MNCU	Quantity required / MNCU	Total No. of MNCUs	Total No.of Equipment For 8 MNCU	Unit Cost(in lakhs)	Cost/ each MNCU	Total Cost 8 MNCU (in lakhs)
1	CPAP Unit	3	8	24	2,80,000	8,40,000	67,20,000
2	LED Phototherapy Unit	6	8	48	50,000	3,00,000	24,00,000
3	Transcutaneous Bi lirubinometer	1	8	8	3,50,000	3,50,000	28,00,000
4	Neonatal Warmer	20	8	160	42,000	8,40,000	67,20,000
5	Multi-Para Monitor	2	8	16	5,90,000	11,80,000	94,40,000
6	Pulse-Oxymeter	5	8	40	1,20,000	6,00,000	48,00,000
7	Syringe Pump	10	8	80	18,984	1,89,840	15,18,720
8	Infusion Pump	5	8	40	18,984	94,920	7,59,360
9	KMC Chair	8	8	64	5,000	40,000	3,20,000
10	Oxygen, Air, Suction points set	20	8	160	50,000	10,00,000	80,00,000
12	Emergency Crash Cart	2	8	16	15,500	31,000	2,48,000
13	Fowlers Cot for Mother etc.,	20	8	160	25,000	5,00,000	40,00,000
Total Cost Equipment (A)					**15,65,468**	**59,65,760**	**4,77,26,080**
14	Civil works for partition	1	8	8	17,50,000	17,50,000	1,40,00,000
15	Electrical works	1	8	8	7,50,000	7,50,000	60,00,000
Total Civil Cost (B)					25,00,000	25,00,000	2,00,00,000
Total Cost (A +B)						**84,65,760**	**6,77,26,080**

*(**Note:** As per the approved Mother-Newborn Care Unit (MNCU) civil structure, the existing space within or adjacent to the SNCU shall be remodelled and converted into an MNCU. The approved scope of work **(annexure 1)** includes vinyl flooring, partition works, electrical modifications, oxygen pipeline works, and other necessary civil remodelling works, to be executed through the Public Works Department (PWD). The cost indicated towards civil and electrical modification works is tentative, and the final financial requirement shall be based on the estimate furnished by the Public Works Department (PWD). Accordingly, the required funds shall be released to the respective Deans/Joint Directors of Health Services (JDHS) for execution of the works through the Public Works Department (PWD) as deposit works.)*

Activity Monitoring: The activities of the Mother Newborn Care Units (MNCUs) shall be monitored quarterly based on institutional performance indicators, including admissions, discharges, weight gain among preterm and low birth weight (LBW) babies, and survival outcomes. Effective implementation is expected to reduce prematurity-related neonatal deaths, thereby contributing to the reduction of the State Infant Mortality Rate (IMR).

5. Decision Points

In this regard, permission of the Executive Committee of National Health Mission – Tamil Nadu is requested for the following:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to establish 8 Mother Newborn Care Units (MNCUs) in coordination with the concerned Directorates at Government Mohan Kumaramangalam Medical College Hospital, Salem, Government Raja Mirasdar Hospital, Thanjavur, Government Medical College Hospital, Vellore, Government Medical College Hospital, Thoothukudi, Government Medical College Hospital, Tiruppur, Government Medical College Hospital, Virudhunagar, Government Medical College Hospital, Chengalpattu, Government Headquarters Hospital, Tirupathur at a total cost of Rs.677.26 lakhs.
2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release Rs.200.00 lakhs to the respective Joint Directors of Health Services (JDHS) towards civil and electrical modification works for execution through the Public Works Department (PWD) as deposit works, as per the approved standard type design.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release **Rs.477.26 lakhs** to the Managing Director, Tamil Nadu Medical Services Corporation (TNMSC) towards procurement and supply of equipment for the establishment of the 8 Mother Newborn Care Units (MNCUs), as detailed in Table 5, with the technical specifications of the equipment being as per the existing Tamil Nadu Medical Services Corporation (TNMSC) Rate Contract (RC).
4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to reallocate funds, if required, among the approved institutions towards civil works, electrical modifications, and procurement of equipment, within the overall approved project cost, based on the actual requirement and readiness of the institutions, without exceeding the total sanctioned amount.
5. The Mission Director, NHM-TN may be permitted to reallocate the available savings to meet any additional financial requirement arising out of the estimate furnished by the Public Works Department (PWD) for the civil, electrical, and oxygen pipeline works for the establishment of the Mother Newborn Care Units (MNCUs).

Annexure 1:

MOTHER-NEWBORN CARE UNIT (MNCU)

Operational Guidelines - as per GoI / MoHFW-NHM Norms

1. BACKGROUND AND NEED

India has built a large network of Facility Based Newborn Care (FBNC) units under the National Health Mission - Newborn Care Corners (NBCC) at every delivery point, Newborn Stabilization Units (NBSU) at CHCs/FRUs and Special Newborn Care Units (SNCU) at District Hospitals and above. However, in conventional SNCUs the mother is separated from her sick or small newborn, which reduces breastfeeding and Kangaroo Mother Care (KMC), increases infection risk from multiple caregivers, causes maternal anxiety and delays discharge.

The Mother-Newborn Care Unit (MNCU) is a re-designed newborn care unit based on the principle of ZERO SEPARATION - the mother (or a trained surrogate family member) stays with the small and sick newborn 24x7, on a bed placed next to the baby care station, while the unit continues to provide Level-II special newborn care. The model, first demonstrated in India and endorsed by WHO (2021-22), showed:

- Higher exclusive breastfeeding and earlier initiation of KMC (immediate KMC reduces neonatal mortality by about 25 per cent - WHO iKMC trial, 2021).
- Lower rates of hospital-acquired sepsis and hypothermia.
- Reduced average length of stay and fewer left-against-medical-advice cases.
- Simultaneous postnatal care of the mother by obstetric staff inside the same unit.

About 80-85 per cent of small and sick newborns needing special care (oxygen, IV fluids, phototherapy, tube feeding) can be managed with the mother present; only critically sick babies need intensive care areas.

2. TYPES / LEVELS OF NEWBORN CARE UNITS (GoI NORMS)

Unit	Location (norm)	Beds / capacity	Level of care
NBCC (Newborn Care Corner)	Every delivery point (PHC and above)	One radiant warmer per labour room / OT	Essential care at birth, resuscitation (Level I)
NBSU (Newborn Stabilization Unit)	CHC / FRU (approx. 1000-3000 deliveries per year)	4 beds (part of maternity ward)	Stabilization, sick newborn care up to 48-72 hrs, phototherapy (Level I-II)
SNCU (Special Newborn Care Unit)	District Hospital / facility with more than 3000 deliveries per year	12-15 beds (4 beds per 1000 deliveries; plus 30 per cent step-down)	Level II special care - all care except ventilation and major surgery
MNCU (Mother-Newborn Care Unit)	Re-designed SNCU at DH / Medical College	Same bed norm; each baby station paired with a mother's bed (dyad care)	Level II care with zero separation + postnatal care of mother + KMC

Unit	Location (norm)	Beds / capacity	Level of care
KMC unit / ward	Adjacent to SNCU / maternity ward	4-8 mother-baby beds (norm: about 1 KMC bed per 4 SNCU beds)	Continuous KMC for stable LBW babies (in MNCU, KMC is integrated in the same unit)

Under the revised FBNC operational guidelines, existing SNCUs are to be progressively converted into MNCUs, and all new units are to be designed as MNCUs (family-centred, zero-separation design).

3. DESIGN NORMS FOR AN MNCU

3.1 Location and size

- Located close to the labour room / maternity OT and obstetric ward, preferably on the same floor, with easy trolley access; away from general traffic.
- Bed strength: 4 beds per 1000 institutional deliveries per year (minimum 12, usually 12-20 bedded), each bed being a MOTHER-BABY DYAD station.
- Space norm: approximately 100-120 sq ft per dyad station inside the clinical area (about 50 sq ft per baby care point in a conventional SNCU, doubled to accommodate the mother's bed, chair and movement space); total unit area about 2.5-3 times the clinical area to include ancillary zones.

3.2 Zones and layout

- Entrance with reception, hand-washing and gowning area (elbow/foot-operated taps).
- Clinical zone A (intensive corner): 20-25 per cent stations for very sick babies needing CPAP / close observation - mothers still adjacent or with recliner chairs.
- Clinical zone B (dyad care area): baby warmer/cot next to mother's bed with screen/curtain for privacy; oxygen, suction and power points at each station.
- Step-down / KMC area: for stable, growing babies on continuous KMC and breastfeeding support.
- Maternal examination cubicle for daily obstetric check-up and emergency assessment of mothers.
- Breast-milk expression / lactation support area (with access to CLMC where available).
- Support areas: nursing station with central monitoring view, clean utility, dirty utility, equipment and store room, duty rooms, counselling space, mothers' toilet and bathing facility, area for food and drinking water, family/attendant waiting area.

3.3 Engineering / environment

- Temperature maintained at 26-30 degree C with 30-60 per cent humidity; air-conditioning with adequate fresh-air exchange.
- Uninterrupted power with generator/UPS backup; 8-12 electrical outlets per baby station; adequate lighting (day-night cycling) and low noise levels.

- Piped oxygen and suction (or cylinders/concentrators as fallback) at every station.
- Washable, seamless flooring and surfaces; infection-control compliant design (hand-wash stations approx. one per 3-4 beds).

3.4 Equipment (per GoI SNCU/MNCU list, indicative)

- Radiant warmers, mother-side baby cots/bassinets, phototherapy units (LED), bubble CPAP machines, oxygen concentrators, pulse oximeters and multipara monitors, infusion/syringe pumps, weighing scales, laryngoscopes and resuscitation kits, transport incubator, glucometer, micro-bilirubinometer; mother's bed with mattress per station, recliner/KMC chairs.

3.5 Human resources (norm for a 12-16 bedded unit)

- Paediatricians / medical officers: 3 (round-the-clock coverage); designated obstetrician for daily maternal rounds.
- Staff nurses: 10-12 (nurse to baby ratio 1:3-4 per shift; 1:2 for intensive corner), trained in FBNC plus maternal postnatal care.
- Support staff: 4 (cleaning/hygiene), data entry operator for SNCU online reporting, lactation/KMC counsellor where feasible.

3.6 Key operating principles

- Zero separation: mother stays 24x7; trained surrogate (grandmother/father) substitutes when the mother is unwell.
- Mother as primary caregiver: feeding, KMC, hygiene, monitoring - under nurse supervision (family participatory care).
- Joint paediatric-obstetric management; mother's postnatal care delivered inside the unit.
- Entitlements under JSSK (free stay, diet, drugs, diagnostics, transport); follow-up through SNCU follow-up and HBSC programmes; reporting on the SNCU online portal.

4. REFERENCES (GoI / WHO)

- MoHFW: Facility Based Newborn Care (FBNC) Operational Guidelines, 2011; revised FBNC guidelines released 2025 (family-centred care, MNCU/zero separation).
- MoHFW: KMC and Optimal Feeding of Low Birth Weight Infants - Operational Guidelines, 2014.
- MoHFW: India Newborn Action Plan (INAP), 2014; SNCU toolkit and Care of Small and Sick Newborns in SNCU guidelines.
- WHO (2021-22): Immediate KMC trial and WHO recommendations for care of preterm/LBW infants; WHO-SEARO feature on MNCU (Kalawati Saran Children's Hospital model).

AGENDA No. 22/51/2026

Sub	NHM-TN – Maternal Health – 51st Executive Committee Agenda – Provision of Injection Ferric Carboxymaltose (FCM) for Mothers with Moderate Anaemia under RMNCH+A – New Activity approved in RoP 2026-27 – Permission requested to release 183.28 lakhs to TNMSC – Reg.
Ref:	1. Minutes of the 50th Executive Committee Meeting, NHM–TN. 2. Record of Proceedings (RoP) 2026-2027.

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1. Background

Anaemia continues to be one of the most significant public health challenges affecting women and adolescents in Tamil Nadu. As per the National Family Health Survey (NFHS-5), 57% of women aged 15–49 years are anaemic. Among pregnant women, anaemia is a major contributor to maternal morbidity and mortality, increasing the risk of postpartum haemorrhage, preterm birth, low birth weight, maternal near-miss events and adverse neonatal outcomes.

Under the **Anaemia Mukt Bharat (AMB)** strategy, timely detection and effective treatment of moderate and severe anaemia are essential interventions for improving maternal and adolescent health outcomes. Although oral Iron and Folic Acid (IFA) supplementation is the standard first-line therapy, many beneficiaries fail to achieve adequate haemoglobin correction because of poor compliance, gastrointestinal intolerance and the need for rapid correction during late pregnancy.

Injection **Ferric Carboxymaltose (FCM)** is a third-generation intravenous iron preparation that enables administration of up to 1000 mg of elemental iron in a single infusion with excellent safety profile and rapid replenishment of iron stores. The intervention is expected to significantly reduce maternal complications, blood transfusion requirements and improve pregnancy outcomes.

2. **Status** of Approval in 50th EC Meeting

The proposal for **Provision of Injection Ferric Carboxymaltose (FCM) for Mothers with Moderate Anaemia** was placed before the **50th Executive Committee Meeting** of the National Health Mission – Tamil Nadu.

The Executive Committee recommended inclusion of the proposal in the **Programme Implementation Plan (PIP) 2026-2027** for consideration and approval by the Government of India.

3. Approval Status of RoP 2026-2027

The Government of India, in the **Record of Proceedings (RoP) 2026-2027**, has approved the proposal of **Rs. 183.27 lakhs** for implementation of **Injection Ferric Carboxymaltose (FCM)** under Annexure 7.5 State Specific Initiatives and Innovations SI. No.206.

The approved activity covers administration of Injection FCM to eligible beneficiaries comprising antenatal women with moderate anaemia (Hb 7–9.9 g/dL).

The approved financial outlay is as follows:

Sl. No	Activity	Beneficiaries	Amount (Rs.in Lakhs)
1	Injection FCM for Antenatal Mothers with Moderate Anaemia	1,22,186	183.28

4. **Proposal**

It is proposed to implement the approved activity of providing **Injection Ferric Carboxymaltose (FCM)** to eligible antenatal mothers with moderate anaemia across all 38 districts of Tamil Nadu.

The Injection FCM shall be procured through the **Tamil Nadu Medical Services Corporation (TNMSC)** following completion of tender formalities and will be supplied to the respective health facilities.

The eligibility criteria for administration shall include:

- Antenatal women with Haemoglobin between **7.0 and 9.9 g/dL** (Moderate Anaemia).
- Pregnant women with poor tolerance or inadequate response to oral iron therapy.
- High-risk pregnancies or late antenatal registration requiring rapid haemoglobin correction.
- Iron deficiency anaemia confirmed by clinical assessment.

Implementation of this intervention is expected to result in rapid correction of haemoglobin levels, replenishment of iron stores, reduction in maternal near-miss events, decreased blood transfusion requirements, improved birth outcomes and reduced anaemia-related morbidity.

The district-wise target for antenatal mothers are furnished in **Annexure-I**.

5. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to implement the approved activity of **Provision of Injection Ferric Carboxymaltose (FCM) for Mothers with Moderate Anaemia at a total cost of Rs.183.27 lakhs** under the approved FMR Code Annexure 7.5 State Specific Initiatives and Innovations SI. No.206 of RoP 2026-2027.

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **procure Injection Ferric Carboxymaltose (FCM) through Tamil Nadu Medical Services Corporation (TNMSC)** and release the approved funds thereto for procurement and distribution to the respective districts and health facilities as per need.

3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to issue necessary administrative instructions for implementation of the activity and ensure administration of Injection FCM to eligible beneficiaries across all districts during FY 2026-2027 in accordance with the approved operational guidelines.

ANNEXURE

DISTRICT-WISE TARGET FOR INJ. FERRIC CARBOXYMALTOSE (FCM) – ANTENATAL MOTHERS WITH MODERATE ANAEMIA

(25% of Total Deliveries Government Institutions @ Unit Cost of Rs.150 per injection)

S. No	District	Total Deliveries during 2024-2025 (with 10% buffer) at Government Institutions	25% (EligibleMothers)	Cost @ Rs.150/Inj. FCM (Rs.)
1	Ariyalur	6,371	1,593	2,38,950
2	Chennai	48,868	12,217	18,32,550
3	Chengalpattu	14,324	3,581	5,37,150
4	Coimbatore	13,537	3,384	5,07,600
5	Cuddalore	18,756	4,689	7,03,350
6	Dharmapuri	14,486	3,622	5,43,300
7	Dindugal	15,088	3,772	5,65,800
8	Erode	8,140	2,035	3,05,250
9	Kancheepuram	6,848	1,712	2,56,800
10	Kanyakumari	6,903	1,726	2,58,900
11	Karur	7,732	1,933	2,89,950
12	Krishnagiri	14,818	3,705	5,55,750
13	Madurai	24,107	6,027	9,04,050
14	Mayiladuthurai	6,410	1,603	2,40,450
15	Nagapattinam	3,706	927	1,39,050
16	Namakkal	7,494	1,874	2,81,100
17	Perambalur	5,176	1,294	1,94,100
18	Pudukottai	12,338	3,085	4,62,750
19	Ramanathapuram	7,654	1,914	2,87,100
20	Salem	21,239	5,310	7,96,500
21	Sivaganga	9,365	2,341	3,51,150
22	Thanjavur	21,228	5,307	7,96,050
23	The Nilgiris	3,842	961	1,44,150
24	Theni	13,132	3,283	4,92,450
25	Thoothukudi	12,789	3,197	4,79,550
26	Tiruchirapalli	18,829	4,707	7,06,050
27	Tirunelveli	10,930	2,733	4,09,950
28	Tenkasi	5,820	1,455	2,18,250
29	Tirupur	11,664	2,916	4,37,400
30	Tiruvallur	13,404	3,351	5,02,650
31	Tiruvannamalai	21,144	5,286	7,92,900
32	Tiruvarur	8,444	2,111	3,16,650
33	Vellore	16,355	4,089	6,13,350
34	Tirupattur	10,767	2,692	4,03,800
35	Ranipet	4,635	1,159	1,73,850
36	Villupuram	11,505	2,876	4,31,400
37	Kallakurichi	14,097	3,524	5,28,600
38	Virudhunagar	16,798	4,200	6,30,000
	Total	**4,88,743**	**1,22,186**	**1,83,27,900 (Rs.183.28 Lakhs)**

AGENDA NO: 23/51/2026

Sub: NHM-TN – Maternal Health – Proposal for 94 Counsellors for MCH Call Centres at State & District - Rs.59.22 Lakhs- Approval Requested - Reg.

Ref:
1. PIP 2026-2027
2. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
3. Minutes of the 50th EC Meeting held on 06.02.2026
4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background

The Maternal and Child Health (MCH) Call Centre is a dedicated telephonic follow-up and support system established to strengthen the continuum of maternal and newborn care. The call centre facilitates timely follow up with pregnant women, high-risk mothers, and recently delivered mothers to promote safe motherhood, improve service utilization, ensure early identification of complications, and facilitate prompt referral to appropriate health facilities.

The MCH Call Centre functions through proactive follow-up calls to beneficiaries. Each Primary Health Centre (PHC) is expected to ensure a minimum of 10 beneficiary calls per day through the Staff Nurse. The details of high-risk pregnancies and recently delivered mothers are obtained from the Pregnancy and Infant Cohort Monitoring and Evaluation (PICME) portal, health institutions, and labour room admissions.

Special emphasis is placed on High-Risk Antenatal (HR-AN) mothers. Follow-up calls are made to mothers newly identified as high-risk and at critical stages of pregnancy, including the 10th, 20th, 30th, and 35th weeks of gestation, 21st day, 14th day, and 28th day before the Expected Date of Delivery (EDD). The call centre also follows up mothers discharged from Comprehensive Emergency Obstetric and Newborn Care (CEmONC) centres, Medical College Hospitals, Special Newborn Care Units (SNCUs), and Neonatal Intensive Care Units (NICUs) on the 1st and 7th day after discharge. All postnatal high-risk mothers receive an additional follow-up call on the 5th day after discharge to assess their health status and reinforce postnatal care practices.

During each interaction, trained call centre personnel assess the mother's well-being, reinforce antenatal and postnatal care practices, educate beneficiaries on danger signs, verify service utilization, and ensure that high-risk mothers receive timely referral and admission whenever warning signs are identified. High-risk conditions monitored through the MCH Call Centre include Pregnancy-Induced Hypertension (PIH), Gestational Diabetes Mellitus (GDM), anaemia, hypothyroidism, hyperthyroidism, teenage pregnancy, underweight mothers, Bad Obstetric History (BOH), History of Bleeding (HOB), cardiac diseases, and other medical disorders complicating pregnancy.

Based on the risk assessment, mothers are categorized into Red, Yellow, Green, and Gray categories in the PICME portal to facilitate timely intervention. Follow-up by the

concerned Village Health Nurse (VHN) is mandated within 24 hours for Red, 48 hours for Yellow, 7 days for Green, while Gray cases are followed until pregnancy outcome is recorded. This systematic risk stratification enables effective tracking, field-level action, and continuity of care.

At present, the MCH Call Centre in DHO office is operated by two Mentor Staff Nurses and Staff Nurses from PHCs deployed on a diversion basis. However, currently a shortage of approximately 2,400 Staff Nurse vacancies, resulting in significant disruption to the routine functioning and service delivery of PHCs. Diverting PHC Staff Nurses to the MCH Call Centre further increases the workload at health facilities and affects the provision of essential health services. Therefore, there is a need to engage dedicated personnel exclusively for the MCH Call Centre to ensure uninterrupted telephonic follow-up, timely identification and referral of high-risk mothers and newborns, effective counselling, and continuity of care throughout the antenatal, intranatal, and postnatal periods.

To address these systemic gaps and strengthen access to maternal care services, it is proposed for placement of 94 Counsellors at 45 MCH call centres at HUD and 1 State Call centres to interface for mother's well-being, reinforce antenatal and postnatal care practices, educate beneficiaries on danger signs, verify service utilization, and ensure that high-risk mothers receive timely referral and admission whenever warning signs and follow-up.

2. Status of Approval in 50th EC Meeting:

As per the reference 2nd and 3rd cited, 94 counsellors for MCH Call Centres at State & District (DHO office) were placed before the 50th Executive Committee Meeting and the same was approved for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Thereafter, the proposals were incorporate in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, as per the reference 4th cited approved under Record of Proceedings (RoP) 2026-27, for 94 counsellors for MCH Call Centres at State & District (DHO office) at a total cost of Rs. 59.22 Lakhs for 3 months as detailed below:

Table 1. Counsellors on Contractual Basis for MCH Call Centre

Designation	Qualification	No of Post	Mode of Recruitment	Recruitment Under
Counsellors	Staff Nurse (Dip. Nursing)	94	Contractual Basis	DHS

Table 2. Financial Requirement for 94 Counsellors at MCH Call Centre

No of Post	Basic Salary per month in Rs	Recurrent Cost for 1 year for 94 Counsellors	Recurrent Cost for 3 months for 94 Counsellors
94	21000	2,36,88,000	59,22,000

4. Proposal: 94 counsellors for MCH Call centre at District and State

A total of 94 contractual Counsellors will be placed under NHM as mentioned in the Table 1 through concerned District Health Societies. 45 district-level MCH call centres will each be staffed with two Staff Nurses, deployed on a shift basis. Two shifts will be maintained, with one Staff Nurse assigned from 8:00 a.m. to 2:00 p.m. and another from 2:00 p.m. to 8:00 p.m. The State Call Centre will be staffed with four Staff Nurses to provide overall coordination, monitoring, technical support, and supervision of district-level operations.

Implementation Strategy

1. Identification of space within existing MCH call centre at HUDs/State 102 call centre.
2. Dedicated Phone numbers will be designated through 108 to all 46 Call centres.
3. Formation of cabins ensuring confidentiality
4. Procurement of required equipment and logistics
5. Deployment of HR through NHM
6. Integration with existing help lines and referral systems

Monitoring & Evaluation

1. Maintenance of call registers and digital records
2. Monthly reporting on:
    - Number of calls received
    - Referrals made
    - Follow-up outcomes
3. Periodic review at district and state level

Roles and Responsibilities of Counsellors

1. Receive and attend all incoming calls.
2. Provide accurate information and counselling on safe abortion services, approved MTP facilities and related reproductive health services.
3. Follow age-specific counselling protocols and promptly report cases involving minors to the designated Child Protection Officer as per legal guidelines.
4. Maintain accurate records of calls, referrals, follow-up actions, and case closure.
5. Escalate unresolved, emergency, or non-responsive cases to the State Call Centre for appropriate intervention.

6. Adhere to the Standard Operating Procedures (SOPs), MTP Act, POCSO Act, and all applicable Government guidelines while delivering services.
7. Participate in training programmes, review meetings, and capacity-building activities to ensure quality counselling and continuous improvement in service delivery.

5. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for further action on 94 Counsellors.

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to deploy **94 counsellors** for **45 MCH Call Centre in all HUDs** and **1 State Call centre**, as detailed in the Annexure, at the approved cost noted against each of them as approved in RoP 2026-27.
2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release the funds Rs.56.70 Lakh approved for salary of the FY 2026-27 for 90 counsellors for 45 MCH Call Centre to the DHS respectively.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release the funds Rs.2.52 Lakh approved for the salary of FY 2026-27 for 4 counsellors at State Call Centre to DPH.

94 Counsellors for MCH Call Centre					
S. No	**HUD**	**Counsellors**	**Salary per month@ 21000**	**Total Cost For 3 months**	**In Lakhs**
1	Aranthangi	2	42000	126000	1.26
2	Ariyalur	2	42000	126000	1.26
3	Attur	2	42000	126000	1.26
4	Chengalpattu	2	42000	126000	1.26
5	Chennai State Office	4	84000	252000	2.52
6	Cheyyar	2	42000	126000	1.26
7	Coimbatore	2	42000	126000	1.26
8	Cuddalore	2	42000	126000	1.26
9	Dharmapuri	2	42000	126000	1.26
10	Dindigul	2	42000	126000	1.26
11	Erode	2	42000	126000	1.26
12	Kallakurichi	2	42000	126000	1.26
13	Kancheepuram	2	42000	126000	1.26
14	Kanniyakumari	2	42000	126000	1.26
15	Karur	2	42000	126000	1.26
16	Kovilpatti	2	42000	126000	1.26
17	Krishnagiri	2	42000	126000	1.26
18	Madurai	2	42000	126000	1.26
19	Mayiladuthurai	2	42000	126000	1.26
20	Nagapattinam	2	42000	126000	1.26
21	Namakkal	2	42000	126000	1.26
22	Palani	2	42000	126000	1.26
23	Paramakudi	2	42000	126000	1.26
24	Perambalur	2	42000	126000	1.26
25	Poonamallee	2	42000	126000	1.26
26	Pudukottai	2	42000	126000	1.26
27	Ramanathapuram	2	42000	126000	1.26
28	Ranipet	2	42000	126000	1.26
29	Salem	2	42000	126000	1.26
30	Sivaganga	2	42000	126000	1.26
31	Sivakasi	2	42000	126000	1.26
32	Tenkasi	2	42000	126000	1.26
33	Thanjavur	2	42000	126000	1.26
34	The Nilgiris	2	42000	126000	1.26
35	Theni	2	42000	126000	1.26
36	Thirupattur	2	42000	126000	1.26
37	Thoothukudi	2	42000	126000	1.26
38	Tiruchirapalli	2	42000	126000	1.26
39	Tirunelveli	2	42000	126000	1.26
40	Tirupur	2	42000	126000	1.26
41	Tiruvallur	2	42000	126000	1.26
42	Tiruvannamalai	2	42000	126000	1.26
43	Tiruvarur	2	42000	126000	1.26
44	Vellore	2	42000	126000	1.26
45	Villupuram	2	42000	126000	1.26
46	Virudhunagar	2	42000	126000	1.26
	TOTAL	**94**	**1974000**	**5922000**	**59.22**

AGENDA No. 24/51/2026

Sub: NHM-TN – Maternal Health – Reproductive, Maternal, Newborn, Child Health and Adolescent Health (RMNCH+A) – Strengthening of Maternal Health Services through placement of **1,695 Staff Nurses** at Directorate of Medical and Rural Health Services (DMS) and Directorate of Medical Education and Research (DME&R) Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Institutions on contract basis at a total cost of Rs. **1,067.85** lakhs– approval requested.

Ref:
1. Minutes of the 50th Executive Committee Meeting, National Health Mission – Tamil Nadu.
2. ROP 2026-2027.
3. G.O (2D) No.42, dt: 02.08.2004
4. G.O (2D) No.46, dt: 04.05.2007
5. G.O (3D) No.110, dt: 29.12.2005
6. G.O (2D) No.84, dt: 17.07.2028
7. DMS Letter Ref.No.37555/P&DII/3/26, dt: 16.07.2026
8. DME Letter Ref.No. dt: 16.07.2026

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1. Background

Tamil Nadu has made remarkable progress in reducing Maternal Mortality Ratio (MMR). As per the Sample Registration System (SRS) Special Bulletin (2020–22 / 2021–23), the MMR has declined from 49 per 100,000 live births to approximately 35 per 100,000 live births. This achievement reflects the strengthening of institutional deliveries, emergency obstetric care and quality maternal health services across the State.

The Comprehensive Emergency Obstetric and Newborn Care (CEmONC) institutions functioning under the Directorate of Medical Services (DMS) and Directorate of Medical Education (DME) vide Government orders cited, manage a high volume of deliveries and high-risk pregnancies. During the year 2025-26, DMS institutions conducted **1,31,732 deliveries** and managed **1,85,749 high-risk pregnancies**, while DME institutions conducted **1,88,389 deliveries** and managed **3,17,426 high-risk pregnancies**. Further, 54% of Caesarean Sections in DMS institutions and 48% in DME institutions were performed in these facilities.

The **94 CEmONC Centres under DMS** serve as First Referral Units (FRUs) located predominantly in rural, remote, coastal, tribal and hilly areas, and contribute **36.6% of all Government institutional deliveries** and **18.6% of the total deliveries in the State**. The proportion of Night LSCS in these centres has increased from 22% to 24% during the current year and, on average, 55% of the critical obstetric cases referred to these centres are managed in-house every month, avoiding unnecessary referrals to higher institutions. The **36 CEmONC Centres in Medical College Hospitals under DME**, with 9,751 sanctioned obstetric beds, act as the referral centres for the district and taluk hospitals and handle about 23,947 deliveries per month and over 4.2 lakh complicated maternal admissions annually.

Adequate availability of Staff Nurses is essential for ensuring round-the-clock labour room services, emergency obstetric care, postnatal care, newborn care and management of maternal and neonatal emergencies.

2. Status of Approval in 50th EC Meeting

The proposal for strengthening Maternal and Child Health Services through placement of additional Staff Nurses in DMS and DME CEmONC institutions was placed before the **50th Executive Committee Meeting** of the National Health Mission – Tamil Nadu. The Executive Committee recommended inclusion of the proposal in the Programme Implementation Plan (PIP) 2026-2027 for approval by the Government of India.

3. Approval Status of RoP 2026-2027

The proposal has been included in the **ROP 2026-2027** under FMR HSS 185 for placement of **1,695 Staff Nurses** in DMS and DME CEmONC institutions.

The proposed deployment is as follows:

Sl. No.	Institution	No. of Staff Nurses
1	Directorate of Medical Services (94 CEmONC Institutions including SNCU & PICU)	1,039
2	Directorate of Medical Education (36 CEmONC Institutions including SNCU)	656
	Total	**1,695**

The financial implication for placement of **1,695 Staff Nurses** on contract basis at a consolidated remuneration of **Rs.21,000/- per month** for **3 months** is **Rs.1,067.85 lakhs**.

4. Proposal

It is proposed to strengthen maternal and newborn health services in DMS and DME CEmONC institutions through placement of **1,695 Staff Nurses** on contract mode through MRB/ District Health Society based on the facility-wise delivery load and staffing norms.

The additional Staff Nurses will support labour room services, emergency obstetric care, antenatal and postnatal wards, newborn care, PICU services, infection prevention practices and continuous patient monitoring. The proposed deployment is expected to improve quality of maternal and newborn care and contribute towards further reduction in Maternal Mortality Ratio (MMR), Infant Mortality Rate (IMR) and under-five mortality in the State.

Justification for the Requirement

(i) DMS CEmONC Centres:

- An institution-wise assessment of Staff Nurse requirement has been carried out for all 94 CEmONC Centres based on the average CEmONC Bed Occupancy Rate (April 2025 – March 2026), average number of deliveries per month, existing shortage of Staff Nurses against sanctioned strength, and location-specific challenges of remote, coastal and hilly institutions. Based on these parameters, the centres were prioritized into Critical, High and Moderate gap categories and the requirement proposed at approximately 75%, 60% and 35% of the Indian Public Health Standards (IPHS) norms respectively, with special consideration to hard-to-reach centres such as Rameswaram, Vedaranyam, Gudalur, Valparai and Coonoor.

- As against the requirement of **1,960 Staff Nurses** as per IPHS norms, only **1,039 Staff Nurses** (877 for CEmONC, 140 for SNCU and 22 for PICU) are proposed, as detailed in Annexure Tables 1 to 3.

(ii) DME CEmONC Centres:

- The ward-wise assessment of the 36 CEmONC Centres in Medical College Hospitals, applying the accepted nursing norms (1 SN per labour cot / HDU bed, 1 SN per 2 post-operative beds, 1 SN per 6 AN/PN beds, 2 SN per OT table, over three shifts), works out to a requirement of **3,857 Staff Nurses against 2,026 in position** – a shortfall of 1,831, with the present staffing at only about 52.6% of norms. Institutions such as Trichy (17%), Coimbatore (19%), Kilpauk (20%), Chengalpattu (24%), Salem (25%) and Vellore (28%) function far below safe levels.
- The demand has however been moderated, considering the financial burden, to only **378 Staff Nurses** (about one-fifth of the assessed shortfall), confined to the 19 highest-load centres.

(iii) DME SNCUs:

- Of the 27 SNCUs assessed against the GoI norm of 10 Staff Nurses per 12 SNCU beds, the 25 high-load intensive care units proposed for augmentation require **1,075 Staff Nurses against 532 presently working** (49.5% of norms), the worst staff units functioning at only 32–48% of norms. Only **278 Staff Nurses** (about half of the assessed shortfall) are sought, prioritized on beds, performance and district infant-death trends.
- Infant deaths in the districts concerned have declined by about 33% (from 4,157 in 2020-21 to 2,793 in 2024-25), and sustaining this decline requires adequate SNCU nursing strength.

(iv) Across both Directorates, the State presently has barely half the nursing strength required as per norms, while the total request of 1,695 posts is a conservative, targeted task anchored to accepted norms. The performance of the Staff Nurses shall be monitored through indicators including 24×7 shift availability in Labour Room, Obstetric OT, HDU and Postnatal wards, compliance with nurse-to-patient and SNCU nurse-to-bed ratios, Bed Occupancy Rate, Night LSCS, infection prevention practices and maternal and neonatal outcome indicators.

The Staff Nurses will be engaged on a contractual basis as per the NHM salary norms. The minimum educational qualification shall be a Diploma in Nursing with one year of relevant experience or a Degree in Nursing.

5. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to send a proposal to the Government for the creation of **1,695 Staff Nurses** at DME and DMS CEmONC Institutions on contract basis through MRB/ District Health Society.

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to incur an expenditure at a total cost of **Rs.1,067.85 lakhs** in the ROP 2026-2027 under the FMR HSS.9.185 upon receipt of Government Order.

Placement of Human Resources							
S.No	**Designation**	**Total No. of posts**	**Basic Qualification Required**	**Basic salary in Rs. per month / post**	**Total Recurrent cost for 1 month in lakhs**	**Total Recurrent cost for 3 months in lakhs**	**Mode of Appointment**
1	Staff Nurse	1,695 (1,039 – DMS CEmONC & 656 – DME CEmONC)	Diploma in General Nursing and Midwifery (GNM) with one year of experience or Bachelor of Science in Nursing (B.Sc. Nursing) from a recognized institution	21,000	355.95	1,067.85	District Health Society/ MRB
	Total	**1,695**			**355.95**	**1,067.85**	

3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to rationalise/ decentralise the staff nurses among the mentioned CEmONC institutions based on need.

Annexure 1 – Staff Nurse required for DMS & DME CEmONC Institutions

Summary of Staff Nurse Requirement

S.No	Directorate	CEmONC	SNCU	PICU	Total SN Proposed	Details
1	DMS (94 CEmONC Institutions)	877	140	22	1,039	Tables 1–3
2	DME (36 CEmONC Institutions)	378	278	–	656	Tables 4–5
	Total	**1,255**	**418**	**22**	**1,695**	

Table 1: Staff Nurse required for DMS CEmONC Centres (877)

S. No	District	CEmONC Centre	Type	Deliveries 2025-26	Avg. Deliveries / Month	CEmONC Beds	CEmONC BOR (%)	SN Proposed	Priority
1	Cuddalore	Chidambaram	TK	3503	292	118	110	31	Critical
2	Cuddalore	Cuddalore	HQRS	4990	416	134	125	4	Critical
3	Cuddalore	Virudhachalam	TK	2635	220	77	108	16	Critical
4	Karur	Kulithalai	TK	1420	119	75	95	17	Critical
5	Krishnagiri	Hosur	HQRS	4167	348	185	90	51	Critical
6	Ranipet	Walajapet	HQRS	2401	201	56	98	13	Critical
7	Salem	Attur	TK	2187	183	86	95	19	Critical
8	Thanjavur	Kumbakonam	HQRS	3983	332	206	95	54	Critical
9	Thirupattur	Tirupathur	HQRS	5275	440	122	82	23	Critical
10	Thirupattur	Vaniyambadi	TK	2533	212	69	96	14	Critical
11	Tiruvarur	Mannargudi	HQRS	2026	169	134	168	30	Critical
12	Virudhunagar	Sivakasi	TK	1298	109	40	101	4	Critical
13	Ariyalur	Jayamkondan	HQRS	2238	187	75	94	13	High
14	Erode	Erode	HQRS	2886	241	133	97	2	High
15	Dharmapuri	Pennagaram	HQRS	1229	103	78	125	15	High
16	Kancheepuram	Kancheepuram	HQRS	5293	442	105	96	9	High
17	Kanyakumari	Kuzhithurai	TK	1325	111	69	113	12	High
18	Kanyakumari	Padhmanabapuram	HQRS	1270	106	70	125	11	High
19	Madurai	Melur	TK	1338	112	40	96	3	High
20	Mayiladuthurai	Mayiladuthurai	HQRS	4653	388	197	95	38	High
21	Namakkal	Tiruchengode	TK	1175	98	61	86	5	High
22	Perambalur	Perambalur	HQRS	3889	325	189	135	30	High

S. No	District	CEmONC Centre	Type	Deliveries 2025-26	Avg. Deliveries / Month	CEmONC Beds	CEmONC BOR (%)	SN Proposed	Priority
23	Ramanathapuram	Paramakudi	HQRS	1575	132	67	95	12	High
24	Salem	Mettur Dam	HQRS	2100	175	86	86	10	High
25	Tenkasi	Tenkasi	HQRS	2962	247	154	98	31	High
26	Thanjavur	Pattukottai	TK	2427	203	124	93	25	High
27	Theni	Cumbum	NTK	2044	171	56	80	10	High
28	Theni	Periakulam	HQRS	1760	147	75	85	6	High
29	Tirunelveli	Ambasamudram	TK	1814	152	75	135	16	High
30	Tirupur	Udumalpet	TK	1400	117	75	80	9	High
31	Vellore	Gudiyatham	HQRS	2989	250	98	110	18	High
32	Virudhunagar	Aruppukottai	HQRS	2538	212	124	80	21	High
33	Virudhunagar	Rajapalayam	TK	2334	195	94	89	16	High
34	Tirupur	Dharapuram	TK	879	74	46	197	4	Moderate
35	Tiruvarur	Tiruthuraipoondi	TK	749	63	43	179	4	Moderate
36	Chengalpattu	Madhuranthagam	TK	444	37	44	45	0	Moderate
37	Chengalpattu	Tambaram	HQRS	2163	181	119	79	13	Moderate
38	Coimbatore	Mettupalayam	TK	1092	91	66	94	7	Moderate
39	Coimbatore	Pollachi	HQRS	2479	207	141	91	16	Moderate
40	Coimbatore	Valparai	TK	67	6	20	85	4	Moderate
41	Cuddalore	Kattumannarkoil	TK	178	15	21	78	2	Moderate
42	Cuddalore	Kurinchipadi	TK	229	20	34	82	3	Moderate
43	Cuddalore	Panrutti	TK	184	16	26	85	3	Moderate
44	Cuddalore	Thittakudi	TK	52	5	20	30	3	Moderate
45	Dharmapuri	Harur	TK	1194	100	60	95	6	Moderate
46	Dindugal	Kodaikanal	TK	320	27	22	98	0	Moderate
47	Dindugal	Nilakottai	TK	234	20	27	65	2	Moderate
48	Dindugal	Palani	HQRS	1764	147	54	98	2	Moderate

S. No	District	CEmONC Centre	Type	Deliveries 2025-26	Avg. Deliveries / Month	CEmONC Beds	CEmONC BOR (%)	SN Proposed	Priority
49	Erode	Gobichettypalayam	TK	988	83	64	65	5	Moderate
50	Erode	Sathiyamangalam	TK	792	66	64	93	8	Moderate
51	Kallakurichi	Tirukoilur	HQRS	1434	120	29	80	3	Moderate
52	Kanyakumari	Boothapandi	TK	470	40	24	85	2	Moderate
53	Krishnagiri	Denkanikottai	TK	527	44	46	95	4	Moderate
54	Madurai	Tirumangalam	TK	995	83	40	100	2	Moderate
55	Madurai	Usilampatti	HQRS	2453	205	102	102	12	Moderate
56	Mayiladuthurai	Sirkazhi	TK	1066	89	68	93	10	Moderate
57	Nagapattinam	Vedaranyam	HQRS	639	54	44	76	8	Moderate
58	Namakkal	Komarapalayam	TK	399	34	26	88	2	Moderate
59	Namakkal	Rasipuram	HQRS	1577	132	51	88	4	Moderate
60	Pudukottai	Aranthangi	HQRS	2151	180	52	93	4	Moderate
61	Pudukottai	Gandarvakottai	TK	36	3	20	30	0	Moderate
62	Ramanathapuram	Mudukalathur	TK	143	12	11	74	0	Moderate
63	Ramanathapuram	Rameswaram	TK	249	21	24	92	5	Moderate
64	Ranipet	Arakkonam	TK	405	34	30	94	2	Moderate
65	Ranipet	Sholingur	NTK	252	21	24	90	2	Moderate
66	Salem	Omalur	TK	686	58	44	48	4	Moderate
67	Sivaganga	Devakottai	TK	275	23	28	78	3	Moderate
68	Sivaganga	Karaikudi	HQRS	2073	173	104	94	10	Moderate
69	Sivaganga	Manamadurai	TK	227	19	20	80	2	Moderate
70	Tenkasi	Sankaran Kovil	TK	876	73	74	79	10	Moderate

S. No	District	CEmONC Centre	Type	Deliveries 2025-26	Avg. Deliveries / Month	CEmONC Beds	CEmONC BOR (%)	SN Proposed	Priority
71	Thanjavur	Peravurani	TK	141	12	18	90	2	Moderate
72	The Nilgiris	Coonoor	TK	243	21	25	66	0	Moderate
73	The Nilgiris	Gudalur	HQRS	573	48	45	87	3	Moderate
74	The Nilgiris	Kothagiri	TK	181	16	20	60	2	Moderate
75	Theni	Bodinaickannur	TK	546	46	24	81	2	Moderate
76	Thoothukudi	Kovilpatti	HQRS	2885	241	120	115	10	Moderate
77	Thoothukudi	Srivaikundam	TK	387	33	39	95	5	Moderate
78	Thoothukudi	Tiruchendur	TK	998	84	40	67	3	Moderate
79	Tiruchirapalli	Manapparai	HQRS	2980	249	107	98	11	Moderate
80	Tiruchirapalli	Musiri	TK	276	23	24	69	2	Moderate
81	Tiruchirapalli	Srirangam	TK	1056	88	23	67	2	Moderate
82	Tiruchirapalli	Thuraiyur	TK	363	31	30	96	3	Moderate
83	Tirunelveli	Nanguneri	TK	604	51	12	65	1	Moderate
84	Tiruvallur	Ponneri	TK	623	52	32	80	3	Moderate
85	Tiruvallur	Tiruthani	HQRS	1467	123	84	145	11	Moderate
86	Tiruvannamalai	Arani	TK	586	49	42	110	5	Moderate
87	Tiruvannamalai	Chengam	TK	658	55	55	118	8	Moderate
88	Tiruvannamalai	Cheyyar	HQRS	1558	130	62	86	10	Moderate
89	Tiruvannamalai	Polur	TK	493	42	34	73	4	Moderate
90	Tiruvarur	Nannilam	TK	216	18	26	146	3	Moderate
91	Tiruvarur	Vijayapuram	WCH	759	64	36	149	8	Moderate
92	Villupuram	Tindivanam	HQRS	1575	132	97	92	10	Moderate

S. No	District	CEmONC Centre	Type	Deliveries 2025-26	Avg. Deliveries / Month	CEmONC Beds	CEmONC BOR (%)	SN Proposed	Priority
93	Virudhunagar	Sathur	TK	472	40	36	60	2	Moderate
94	Virudhunagar	Srivilliputhur	TK	1674	140	63	89	8	Moderate
	Total			**1,37,712**	**11,519**	**6,173**		**877**	

Table 2: Staff Nurse required for DMS SNCUs (140)

S.No	District	Centre	Type	SNCU Beds	SN Sanctioned	SN Required as per Norms	Additional SN Required	SN Proposed	Priority
1	Cuddalore	Chidambaram	TK	12	8	9	1	1	Critical
2	Cuddalore	Cuddalore	HQRS	16	12	15	3	2	Critical
3	Cuddalore	Virudhachalam	TK	10	3	9	6	5	Critical
4	Erode	Erode	HQRS	24	12	18	6	5	Critical
5	Karur	Kulithalai	TK	12	3	8	5	4	Critical
6	Krishnagiri	Hosur	HQRS	32	10	18	8	6	Critical
7	Ranipet	Walajapet	HQRS	2	6	6	0	0	Critical
8	Salem	Attur	TK	12	5	12	7	5	Critical
9	Thanjavur	Kumbakonam	HQRS	20	9	15	6	5	Critical
10	Thirupattur	Tirupathur	HQRS	32	9	20	11	8	Critical
11	Thirupattur	Vaniyambadi	TK	12	3	9	6	5	Critical
12	Tirupur	Dharapuram	TK	0	0	0	0	0	Critical
13	Tiruvarur	Mannargudi	HQRS	22	10	18	8	6	Critical
14	Virudhunagar	Sivakasi	TK	7	6	6	0	0	Critical

S.No	District	Centre	Type	SNCU Beds	SN Sanctioned	SN Required as per Norms	Additional SN Required	SN Proposed	Priority
15	Ariyalur	Jayamkondan	HQRS	10	13	12	0	0	High
16	Dharmapuri	Pennagaram	HQRS	12	3	12	9	5	High
17	Kancheepuram	Kancheepuram	HQRS	18	8	14	6	4	High
18	Kanyakumari	Kuzhithurai	TK	10	6	12	6	4	High
19	Mayiladuthurai	Mayiladuthurai	HQRS	34	8	18	10	6	High
20	Namakkal	Tiruchengode	TK	15	7	13	6	4	High
21	Perambalur	Perambalur	HQRS	28	14	24	10	6	High
22	Ramanathapuram	Paramakudi	HQRS	15	7	15	8	5	High
23	Salem	Mettur Dam	HQRS	20	9	15	6	4	High
24	Tenkasi	Tenkasi	HQRS	21	10	16	6	4	High
25	Thanjavur	Pattukottai	TK	16	8	14	6	4	High
26	Theni	Cumbum	NTK	6	10	6	0	0	High
27	Theni	Periakulam	HQRS	10	5	13	8	5	High
28	Tirunelveli	Ambasamudram	TK	10	3	9	6	4	High
29	Tirupur	Udumalpet	TK	12	10	8	0	0	High
30	Vellore	Gudiyatham	HQRS	19	5	12	7	4	High
31	Virudhunagar	Aruppukottai	HQRS	20	8	14	6	4	High
32	Virudhunagar	Rajapalayam	TK	20	5	12	7	4	High
33	Chengalpattu	Tambaram	HQRS	15	6	12	6	2	Moderate
34	Coimbatore	Mettupalayam	TK	12	4	8	4	1	Moderate
35	Coimbatore	Pollachi	HQRS	26	10	18	8	3	Moderate
36	Dharmapuri	Harur	TK	10	6	9	3	1	Moderate
37	Dindugal	Kodaikanal	TK	6	3	6	3	1	Moderate
38	Dindugal	Palani	HQRS	12	8	8	0	0	Moderate
39	Erode	Gobichettypalayam	TK	15	5	9	4	1	Moderate
40	Madurai	Usilampatti	HQRS	10	10	10	0	0	Moderate

S.No	District	Centre	Type	SNCU Beds	SN Sanctioned	SN Required as per Norms	Additional SN Required	SN Proposed	Priority
41	Pudukottai	Aranthangi	HQRS	6	6	6	0	0	Moderate
42	Sivaganga	Karaikudi	HQRS	16	12	12	0	0	Moderate
43	The Nilgiris	Gudalur	HQRS	10	6	9	3	1	Moderate
44	Thoothukudi	Kovilpatti	HQRS	20	12	20	8	3	Moderate
45	Thoothukudi	Tiruchendur	TK	8	5	4	0	0	Moderate
46	Tiruchirapalli	Manapparai	HQRS	15	9	15	6	2	Moderate
47	Tiruchirapalli	Srirangam	TK	3	3	2	0	0	Moderate
48	Tiruvallur	Tiruthani	HQRS	10	4	9	5	2	Moderate
49	Tiruvannamalai	Cheyyar	HQRS	12	8	10	2	1	Moderate
50	Villupuram	Tindivanam	HQRS	14	3	12	9	3	Moderate
	Total			**729**	**355**	**581**	**235**	**140**	

Table 3: Staff Nurse required for DMS PICUs (22)

S.No	District	Hospital	PICU Beds	SN in Position	SN Proposed
1	Thanjavur	Kumbakonam	6	nil	4
2	Mayiladuthurai	Mayiladuthurai	12	3	2
3	Tirupathur	Tirupathur	12	nil	4
4	Perambalur	Perambalur	10	nil	4
5	Tenkasi	Tenkasi	6	nil	4
6	Cuddalore	Cuddalore	12	3	4
	Total		**58**		**22**

Table 4: Staff Nurse required for DME CEmONC Centres (378)

S. No	District	Hospital	SN Required as per Norms	SN in Position	Shortfall	SN Proposed	Avg. Deliveries / Month	Priority
1	Ariyalur	Ariyalur MCH	60	47	13	0	338	Moderate
2	Chengalpattu	Chengalpattu MCH	113	27	86	43	953	HIGH
3	Chennai	IOG for Women & Children	276	246	30	0	1282	Moderate
4	Chennai	Kilpauk MCH	88	18	70	22	501	HIGH
5	Chennai	KGH	144	58	86	12	684	HIGH
6	Chennai	RSRM	206	66	140	34	989	CRITICAL
7	Coimbatore	Coimbatore MCH	135	25	110	25	640	HIGH
8	Coimbatore	Govt Medical College and ESI Hospital - Singanallur - Coimbatore	30	23	7	0	58	Moderate
9	Cuddalore	Govt Raja Muthaiah Medical College Hospital - Chidambaram	66	22	44	10	292	High
10	Dharmapuri	Dharmapuri MCH	130	50	80	10	871	HIGH
11	DINDIGUL	Dindigul MCH	116	83	33	0	794	Moderate
12	ERODE	Erode (IRT) MCH	43	17	26	8	124	Moderate
13	Kallakurichi	Kallakurichi MCH	86	60	26	8	948	Moderate
14	Karur	Karur MCH	76	65	11	0	397	Moderate
15	Krishnagiri	Krishnagiri MCH	88	64	24	7	684	Moderate
16	Madurai	Madurai MCH	215	70	145	20	1430	CRITICAL
17	Nagapattinam	Nagapattinam MCH	55	39	16	0	334	Moderate
18	NAGERCOIL	Kanya Kumari MCH	54	39	15	0	198	Moderate
19	Namakkal	Namakkal MCH	55	36	19	0	308	Moderate
20	PUDUKKOTAI	Pudukottai MCH	95	84	11	0	631	Moderate
21	Ramanathapuram	Ramanathapuram MCH	65	58	7	0	411	Moderate
22	Salem	Govt Mohan Kumaramangalam Salem MCH	183	46	137	40	983	CRITICAL
23	SIVAGANGAI	Sivagangai MCH	70	50	20	0	445	Moderate
24	Thanjavur	Thanjavur MCH- RMH	191	84	107	16	1222	HIGH
25	THE NILGRIS	Nilgiris MCH	45	38	7	0	195	Moderate

S. No	District	Hospital	SN Required as per Norms	SN in Position	Shortfall	SN Proposed	Avg. Deliveries / Month	Priority
26	Theni	Theni MCH	111	63	48	10	680	High
27	THIRUCHIRAPALLI	Trichy MCH	142	24	118	40	966	CRITICAL
28	THIRUNELVELI	Tirunelveli MCH	142	59	83	20	637	High
29	THIRUPPUR	Tiruppur MCH	99	72	27	0	791	Moderate
30	THIRUVALLUR	Thiruvallur MCH	93	75	18	0	764	Moderate
31	THIRUVANNAMALAI	Thiruvannamalai MCH	76	52	24	20	1308	High
32	THOOTHUKKUDI	Thoothukudi MCH	75	46	29	0	548	Moderate
33	Tiruvarur	Thiruvarur MCH	69	36	33	0	291	Moderate
34	Vellore	Vellore MCH	176	50	126	20	1142	CRITICAL
35	Villupuram	Villupuram MCH	91	46	45	14	578	High
36	Virudhunagar	Virudunagar MCH	98	88	10	0	530	Moderate
	Total		**3,857**	**2,026**	**1,831**	**378**		

Table 5: Staff Nurse required for DME SNCUs (278)

S.No	SNCU / Hospital	SNCU Beds	SN Required as per GoI Norms	SN Working	Shortfall	SN Proposed	Priority
1	Govt. Vellore Medical College Hospital	70	58.3	25	33.3	12	HIGH
2	Govt. Dharmapuri Medical College Hospital	70	58.3	27	31.3	20	High
3	Govt. Villupuram Medical College Hospital	72	60	20	40	15	HIGH
4	Govt. Thiruvarur Medical College Hospital	30	25	16	9	8	Moderate
5	Govt. Thiruvannamalai Medical College Hospital	45	37.5	20	17.5	12	High
6	Karur Medical College Hospital, Karur	30	25	24	1	0	Moderate
7	Pudukottai Medical College Hospital	50	41.7	17	24.7	10	High
8	Govt. Erode Medical College Hospital, Perundurai	12	10	8	2	2	Moderate

S.No	SNCU / Hospital	SNCU Beds	SN Required as per GoI Norms	SN Working	Shortfall	SN Proposed	Priority
9	Govt.The Nilgiris Medl College Hospital, Nilgiris	22	18.3	15	3.3	0	Moderate
10	Govt.Tiruppur Medl College Hospital,Tiruppur	40	33.3	20	13.3	10	Moderate
11	Govt. Dindigul Medl College Hospital, Dindigul	70	58.3	30	28.3	10	High
12	Govt. Namakal Medl College Hospital, Namakal	31	25.8	19	6.8	5	Moderate
13	Govt. Ramanathapuram Medl College Hospital	30	25	20	5	4	Moderate
14	Govt. Nagapattinam Medl College Hospital	23	19.2	13	6.2	5	Moderate
15	Govt. Krishnagiri Medl College Hospital	30	25	19	6	5	Moderate
16	Govt. Tiruvallur Medl College Hospital	40	33.3	20	13.3	10	Moderate
17	Govt. Kallakurichi Medl College Hospital	30	25	18	7	6	Moderate
18	Govt. Medical College Hospital, Cuddalore	22	18.3	13	5.3	5	Moderate
19	Govt Kilpauk Medical College Hospital, Chennai	40	33.3	12	21.3	10	High
20	I.O.G & Hl for Women & Children, Chennai	95	79.2	38	41.2	17	HIGH
21	I.C.H & Hospital for Children, Chennai	80	66.7	40	26.7	15	High
22	ISO & Govt. Kasthurba Gandhi Hl, Chennai	50	41.7	17	24.7	10	High
23	Govt. R.S.R.M. Hospital, Chennai	50	41.7	16	25.7	10	High
24	Govt.Raja Mirasdar Hospital, Thanjavur	60	50	23	27	17	High
25	Government Rajaji Hospital, Madurai	120	100	35	65	25	CRITICAL
26	Government Medical College Hospital, Trichy	80	66.7	21	45.7	25	HIGH
27	Government Medical College Hospital, Tirunelveli	50	41.7	25	16.7	10	Moderate
	Total	**1,342**	**1,118**	**571**	**547**	**278**	

AGENDA NO: 25/51/2026

Sub: NHM–TN – Child Health – **Upgradation of 4 NBSUs to SNCUs** at the 1.Government District Headquarters Hospital, Tirukoilur- Kallakurichi District 2. Government District Headquarters Hospital, Rasipuram-Namakkal District 3. Government District Headquarters Hospital, Vedaranyam- Nagapattinam District 4. Government Sub District Hospital Sirkazhi, Mayiladuthurai District at a total cost of **Rs.280.79 lakhs** – Approval requested

Ref:

1. Minutes of the 50th Executive Committee Meeting Agenda No: 6/50/2026 of the 50th EC meeting held on 6.2.26
2. F.No.M.11011/1/2016-NHM-III, Ministry of Health & Family Welfare, Government of India, NHM, New Delhi, dated 19.06.2026 (RoP 2026-27) .
3. G.O.(Ms.) No.200 , Health and Family Welfare (EAP-II) Department, dated 16.08.2011.
4. G.O.(Ms.) No.577 , Health and Family Welfare (EAP-II) Department, dated 24.12.2021.
5. G.O.(Ms.) No.72 , Health and Family Welfare (EAP-II) Department, dated 24.03.2025.
6. Maternal and Newborn Health Toolkit, Ministry of Health and Family Welfare, Government of India – November 2013.
7. DMS Letter Ref No: 110/P&D3/1/2025-2, dt:29.01.2026

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1. Background

Special Newborn Care Units (SNCUs) established under the National Health Mission have significantly contributed to reducing Infant Mortality Rate (IMR) in Tamil Nadu by providing specialized facility-based newborn care. During 2025–26, around **1,08,654 sick newborns** were treated in SNCUs across the State, with nearly **95% successfully discharged**.

However, SNCUs functioning near to the certain facilities under the Directorate of Medical Education and Research (DME&R) and the Directorate of Medical and Rural Health Services (DMS) are experiencing increasing patient load due to referrals from peripheral health facilities. Strengthening newborn care services at District Headquarters Hospitals and Sub District Hospitals through upgradation of Newborn Stabilization Units (NBSUs) into SNCUs is essential to reduce referrals, decongest tertiary SNCUs and improve access to quality neonatal care.

The four NBSUs proposed for upgradation at **Tirukoilur, Rasipuram, Vedaranyam and Sirkazhi** have been identified based on objective performance indicators and service delivery requirements. These facilities together have reported a high case load with a total of **1180 newborn admissions per year**, **25% to 15 %** of high **referral rate**, significant referral of sick newborns to tertiary care SNCUs, and cater to geographically remote, backward, coastal and underserved populations. Further, the existing SNCUs in the respective districts are experiencing considerable patient load, while the proposed facilities already functioning as CEmONC centres have adequate infrastructure and paediatricians for operationalization of SNCU. Upgradation of

these NBSUs into SNCUs will reduce unnecessary referrals, decongest tertiary care centres, improve timely access to specialized newborn care and strengthen neonatal health services across the respective districts.

Accordingly, the following four NBSUs have been identified for upgradation into SNCUs.

Sl. No	District	Health Facility	Type
1	Kallakurichi	Government District Headquarters Hospital, Tirukoilur	DHQH
2	Namakkal	Government District Headquarters Hospital, Rasipuram	DHQH
3	Nagapattinam	Government District Headquarters Hospital, Vedaranyam	DHQH
4	Mayiladuthurai	Government Sub District Hospital, Sirkazhi	SDH

The proposed upgradation is expected to:

- Reduce referrals and overcrowding in nearby tertiary care SNCUs.
- Improve access to specialized newborn care closer to the community.
- Improve survival and quality of care for sick newborns.
- Strengthen facility-based newborn care under NHM.

2. Status of Approval in the 50th EC Meeting

The proposal for upgradation of four Newborn Stabilization Units (NBSUs) into Special Newborn Care Units (SNCUs) was placed before the **50th Executive Committee Meeting** of the National Health Mission – Tamil Nadu vide **Agenda No. 6/50/2026** held on **06.02.2026**.

The Executive Committee recommended inclusion of the proposal in the **Programme Implementation Plan (PIP) 2026-27** for approval by the Government of India.

3. Approval Status of RoP 2026-27

Government of India has approved the proposal in the **Record of Proceedings (RoP) 2026-27** for upgradation of four NBSUs into SNCUs.

The approval includes:

Sl.No	Component	Amount (Rs. in Lakhs)
1	Equipment for four SNCUs	213.12
2	Civil & Electrical Modification including Oxygen Supply pipeline modification	40.00
3	Human Resources (28 Staff Nurses, 4 DEOs, 24 Multipurpose Health Worker and Security Personnel/Guard)	24.09
	Total	**277.21**

The detailed equipment list and RoP approvals are enclosed as Annexures.

4. Proposal

It is proposed to upgrade the following four Newborn Stabilization Units (NBSUs) into fully functional Special Newborn Care Units (SNCUs):

- Government District Headquarters Hospital, Tirukoilur - Kallakurichi District
- Government District Headquarters Hospital, Rasipuram-Namakkal District
- Government District Headquarters Hospital, Vedaranyam, Nagapattinam District
- Government Sub District Hospital sirkazhi, Mayiladuthurai District

The proposal includes the following components:

i. Procurement of Equipment

Procurement of SNCU equipment for four upgraded SNCUs through Tamil Nadu Medical Services Corporation (TNMSC). The detailed equipment list attached in the Annexure 1.

Particulars	Amount (Rs. in Lakhs)
Equipment for four SNCUs	213.12

(***Note:*** *The equipment available under the existing Tamil Nadu Medical Services Corporation (TNMSC) Rate Contract (RC) shall be procured through the prevailing RC, adopting the technical specifications prescribed therein. For any equipment not covered under the existing TNMSC Rate Contract, a Technical Committee shall be constituted under the guidance of the Mission Director, NHM-TN to finalize the technical specifications, which shall be communicated to TNMSC for procurement.)*

ii. Civil & Electrical Modification

Civil modification, electrical works and oxygen pipeline installation for four SNCUs. The type design will be as per the approved standard design.

Particulars	Amount (Rs. in Lakhs)
Civil & Electrical works including Oxygen Supply pipeline modification(Rs.10.00 lakhs × 4)	40.00

iii. Human Resources

As per the staffing pattern prescribed in **G.O.(Ms.) No.577, Health and Family Welfare (EAP-II) Department, dated 24.12.2021**, each Special Newborn Care Unit (SNCU) requires **10 Staff Nurses, 1 Data Entry Operator, 3 Multipurpose Health Workers and 3 Security Personnel** for round-the-clock functioning.

Hence, the following contractual personnel are proposed for operationalization of the four SNCUs.

Sl.No	Name of Post	No of HR present in above NBSU	Total HR required for SNCU	No. of additional HR required for upgradation to SNCU	Salary (Rs./Month)	Mode of Recruitment
1	Staff Nurse	12	40	28	21,000	District Health Society / MRB
2	Data Entry Operator	0	4	4	17,500	District Health Society
3	Multipurpose Health Worker (MPHW)	0	12	12	11,000	District Health Society
4	Security Guard/ Security Personnel	0	12	12	11,000	District Health Society

***(Note:** The total financial implication is **Rs.2,80,78,695/-,** as against the RoP 2026–27 approved amount of **Rs. 277.21 lakhs**, due to the revision in the pay scale of the contractual human resources approved for the year 2026–27. Further, the proposal includes **three months'** salary for the contractual human resources, as only three months of HR support was approved in the RoP 2026–27, considering the time required for establishment and operationalization of the newly upgraded SNCUs.)*

5. Decision Points

1. The Mission Director, NHM-TN may be permitted to obtain Government orders for upgradation of **four** Newborn Stabilization Units (NBSUs) into **Special Newborn Care Units (SNCUs)** at Government District Headquarters Hospital, Tirukoilur - Kallakurichi District, Government District Headquarters Hospital, Rasipuram-Namakkal District, Government District Headquarters Hospital, Vedaranyam, Nagapattinam District and Government Sub District Hospital Sirkazhi, Mayiladuthurai District.

2. The Mission Director, NHM-TN may be permitted to release **Rs.213.12 lakhs** to the Managing Director, Tamil Nadu Medical Services Corporation (TNMSC) towards procurement and supply of equipment for the four to SNCUs to upgrade, as approved in the RoP 2026–27, as per the existing TNMSC technical specifications.

3. 3. The Mission Director, NHM-TN may be permitted to release **Rs.40.00 lakhs** (Rs.10.00 lakhs per SNCU) to the respective Joint Directors of Health Services towards civil and electrical modification works, including oxygen pipeline works, for execution through the Public Works Department (PWD) as deposit works, as per the approved standard type design.

4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to reallocate funds, if required, among the approved institutions towards civil works, electrical modifications, and procurement of equipment, within the overall approved project cost, based on the actual requirement and readiness of the institutions, without exceeding the total sanctioned amount.

5. The Mission Director, National Health Mission – Tamil Nadu may be permitted to utilize the available savings, if required, to meet any additional financial requirement arising out of the revised estimates furnished by the Public Works Department (PWD) for the above civil and electrical modification works.

6. The Mission Director, NHM-TN may be permitted to engage the following contractual human resources for the four upgraded SNCUs:

Sl.No	**Name of Post**	**No. of Posts**	**Salary (Rs./Month)**	**Mode of Recruitment**
1	Staff Nurse	28	21,000	Through District Health Society / MRB
2	Data Entry Operator	4	17,500	Through District Health Society
3	Multipurpose Health Worker	12	11,000	Through District Health Society
4	Security Guard	12	11,000	Through District Health Society

Annexure 1:

Upgradation of 4 NBSUs to SNCUs						
Sl. No.	**Equipment Name**	**Required quantity /SNCU**	**Total no of equipment for 4 SNCUs**	**Unit Cost (in Rs)**	**Cost/ SNCU**	**Total Cost (in Rs)**
1	Volume Infusion pumps	10	40	18,984	1,89,840	7,59,360
2	Syringe Infusion pumps	10	40	18,984	1,89,840	7,59,360
3	Infant Warmers with trolley	10	40	42,000	4,20,000	16,80,000
4	LED Single Surface Phototherapy	7	28	36,624	2,56,368	10,25,472
5	Weighing Machine (Electronic)	2	8	4,892	9,785	39,138
6	Pulse oximeter	8	32	1,20,000	9,60,000	38,40,000
7	Multi-Channel Monitor	3	12	2,42,550	7,27,650	29,10,600
8	Portable X-ray Machine	1	4	3,70,000	3,70,000	14,80,000
9	CPAP with Humidifier	2	8	2,80,000	5,60,000	22,40,000
10	Baby Bassinet	8	32	9,000	72,000	2,88,000
11	Transport Incubator	1	4	1,83,834	1,83,834	7,35,336
12	Double Surface Phototherapy	3	12	55,326	1,65,977	6,63,909
13	T - Piece Resuscitator	2	8	83,440	1,66,880	6,67,520
14	Neonatal ventilator	1	4	10,56,000	10,56,000	42,24,000
			Total for Equipment (A)	**25,21,634**	**53,28,174**	**2,13,12,695**
1	Data Entry Services for 3 months	1	7	17,500	52,500	2,10,000
2	Sanitary and security services for 3 months	6	24	11,000	1,98,000	7,92,000
3	Staff Nurses for 3 months	7	28	21,000	4,41,000	17,64,000
			Total for HR (B)	**49,500**	**6,91,500**	**27,66,000**
	Civil Modification (c)	1	4	**10,00,000**	**10,00,000**	**40,00,000**
	Grand Total (A + B + C)				**70,19,674**	**2,80,78,695**

***(Note:** The procurement of equipment shall be carried out in accordance with the technical specifications and procurement detailed in the proposal above.)*

Annexure 2:

Performance of 4 NBSUs

District	NBSU	Live Births	NBSU Admissions	Total Referral	Referral Rate (%)	LBW Cases (in nos) (%)
Mayiladuthurai	Sirkazhi	1009	559	53	9.5	63.3
Kallakurichi	Thirukoilur	1426	240	61	25.4	75
Namakkal	Rasipuram	1575	226	35	15.5	56
Nagapattinam	Vedharanayam	641	155	23	15	76.1

Annexure 3:

Facility	Key Performance Indicators	Justification
DHQ Hospital, Thirukoilur	471 admissions/year, BOR 96.8%, high referral (15%), 45 km from nearest SNCU, backward & hilly district, only one SNCU in district	• High workload with severe overcrowding at Kallakurichi Medical College SNCU. The facility manages a **very high proportion of LBW babies (75%)**, requiring specialized neonatal care, and continues to have a **high referral burden** for sick newborns. Upgradation will reduce referrals, improve access for remote and hilly populations, and strengthen comprehensive newborn care services.
DHQ Hospital, Rasipuram	475 admissions/year, BOR 97.6%, referral rate 13%, 33 km from nearest SNCU	• The facility has consistently high admissions and bed occupancy, with **more than half of admitted newborns being LBW**, necessitating advanced neonatal management. The existing referral burden to Namakkal Medical College SNCU highlights the need for an in-house SNCU. Upgradation will decongest the tertiary SNCU, reduce unnecessary referrals, and improve neonatal outcomes.
DHQ Hospital, Vedaranyam	409 admissions/year, BOR 84%, RR coastal and remote area, 45 km from nearest SNCU	• The facility caters to coastal, fishing, and minority populations with difficult geographical access. It records the **highest proportion of LBW admissions (76.1%)** among the proposed facilities and continues to have a **significant referral rate**, indicating the need for advanced newborn care. Upgradation will enable timely management of high-risk and LBW newborns locally while reducing referrals to distant SNCUs.
SDH, Sirkazhi	485 admissions/year, BOR 99.7%, referral rate 9%, no Medical College in district	• The facility has the **highest bed occupancy** among the proposed institutions and manages a **substantial proportion of LBW newborns (63.3%)**. Despite the relatively lower referral rate, the large caseload and absence of a Medical College in the district necessitate upgradation. Establishment of an SNCU will reduce the burden on Mayiladuthurai SNCU, facilitate management of LBW and sick newborns closer to home, and further minimize avoidable referrals.

Annexure-IV

TYPE DESIGN — SPECIAL NEWBORN CARE UNIT (SNCU)

As per Maternal and Newborn Health (MNH) Toolkit, MoHFW, Government of India

1. Unit Definition and Placement

Parameter	Norm (MNH Toolkit)
Level of facility	District Hospital (DH) — Level 3 delivery point (block or district level; minimum 20–50 deliveries per month including caesarean section)
Position in FBNC chain	NBCC (every delivery point) → NBSU (FRU/CHC) → SNCU (District Hospital) — apex unit of district newborn care
Bed strength	12-bed unit, plus 4 beds for the step-down area (16 newborn spaces in all); bed strength may be scaled up according to delivery load
Location within facility	Close to the labour room / maternity ward, as a distinct protected zone within the hospital

2. Space and Civil Works

Component	Specification
Space per newborn	Each newborn space shall contain a minimum of 100 sq ft (9.9 sq m) of clear floor space, excluding hand washing stations and columns
Break-up of 100 sq ft	Baby care area: 50 sq ft per bed; general support and ancillary areas: 50 sq ft per bed
Mother of out-born baby	Provision of bed for the mother of an out-born baby must be ensured
Hand washing	Hand washing stations at entry and within the unit; strict infection-control zoning (clean and dirty utility separation)
Finishes	Floor and walls easy to clean; surfaces that minimize growth of microorganisms
Utilities	24-hour uninterrupted running water; 24-hour stabilized power supply with generator/UPS backup; good lighting; adequate ventilation; air-conditioning for thermal control

3. Human Resources (for a 12 + 4 bedded unit)

Position	Norm
Staff Nurses	10–12 dedicated staff nurses (round-the-clock shifts)
Doctors	Paediatrician / Medical Officer trained in SNCU care: 3–4 (Paediatrician/MO and staff nurses trained in FBNC)

Support staff	4 support staff (all shifts, extra in morning shift for other duties) + 1 data entry operator/clerical support
Other facility HR	Specialists at DH level including gynaecologist/EmOC, anaesthetist/LSAS, paediatrician; lab technician, counsellor and cleaning staff supporting the unit
Training	All SNCU doctors and nurses trained in FBNC; resuscitation (NSSK) training for delivery-point staff

4. Services to be Provided

Care at birth (all newborns):

- Prevention of infection
- Provision of warmth
- Resuscitation, including resuscitation of asphyxiated newborns
- Early initiation of breastfeeding
- Weighing the newborn

Care of normal newborn:

- Breastfeeding / feeding support
- Care of sick newborn:
- Managing all sick newborns (except those requiring mechanical ventilation and major surgical interventions)
- Management of low-birth-weight newborns < 1800 g
- Post-natal care and follow-up of all babies discharged from the unit and high-risk newborns

Other services:

- Immunization services
- Referral services (to tertiary/medical college level for ventilation or surgery)

5. Equipment (as per FBNC norms for a 12-bed SNCU)

- Radiant warmers with trolley — one per bed (12) plus step-down provision
- Phototherapy units (single/double surface) — approximately 1 per 3–4 beds
- Oxygen supply (central/concentrators/cylinders) with flowmeters, humidifiers and oxygen hoods
- CPAP capability where trained HR available; pulse oximeters and multiparameter monitors
- Resuscitation equipment at every station: self-inflating bag and masks (sizes 0 and 1), laryngoscope, ET tubes, suction machines/mucus extractors
- Infusion pumps, syringe pumps, glucometer, micro-weighing scale, thermometers
- Laboratory support: micro-bilirubinometer/serum bilirubin estimation, blood glucose, sepsis screen access
- Infection control: hand-washing stations, alcohol handrub, HLD/sterile gloves, autoclave support, syringe hub cutters

6. Organization of the Unit

- Intensive-care/main area (12 beds) for inborn and outborn sick newborns, with separation of inborn and outborn babies where feasible
- Step-down area (4 beds) for babies recovering and no longer requiring intensive monitoring
- Kangaroo Mother Care (KMC) / mothers area with provision for the mother of the out-born baby
- Nursing station with clear view of all beds; storage, clean and dirty utility areas

7. Referral and Follow-up Linkages

The SNCU receives sick newborns referred from NBSUs and NBCCs of the district, manages all sick newborns except those needing mechanical ventilation or major surgery (who are referred to tertiary care), back-refers stabilized babies to NBSUs for completion of treatment where appropriate, and ensures follow-up of all discharged and high-risk newborns, linking with home based newborn care (HBNC) through ASHAs.

8. Records and Reporting

- Admission/discharge register, case records and referral notes in standard formats
- SNCU online data reporting as per GoI FBNC reporting system; monthly reports to district and state
- Death review and reporting; follow-up registers for high-risk newborns

AGENDA NO: 26/51/2026

Sub: NHM–TN – Child Health – Establishment of **3 Newborn Stabilization Units (NBSUs)** at Government Sub District Hospital, Nanguneri, Tirunelveli District, Government Sub District Hospital, Vijayapuram, Tiruvarur District and Upgraded Government Primary Health Centre, Jamunamarathur, Tiruvannamalai District at a total cost of **Rs.44.64 Lakhs** under NHM RoP 2026-27 – approval requested.

Ref:
1. G.O.(Ms.) No.236, Health and Family Welfare (EAP II-1) Department, dated 22.10.2013.
2. Programme Implementation Plan (PIP) 2026-27.
3. Agenda No.6 of the 50th Executive Committee Meeting held on 06.02.2026 and Minutes thereof.
4. F.No.M.11011/12016/NHM-III, Ministry of Health & Family Welfare, Government of India, New Delhi, dated 19.06.2026 (RoP 2026-27).
5. DMS Letter Ref. No. 110/P&D3/1/2025-1, dt: 03.01.2026
6. Maternal and Newborn Health Toolkit, MoHFW 2013
7. Ref No. 9035/E/NHM/2021 dt: 12.03.2026

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1.Background:

Newborn Stabilization Units (NBSUs) play a vital role in providing facility-based newborn care by stabilizing sick and low birth weight newborns before referral to higher centres and managing newborn complications at secondary level health facilities. The Government of Tamil Nadu has established a network of Newborn Care Units under the National Health Mission to reduce Neonatal Mortality Rate (NMR) and strengthen the continuum of newborn care.

At present, **146 NBSUs with 640 beds** are functioning across the State, providing essential newborn care services. However, certain high-delivery Government Health Institutions are functioning without NBSUs, resulting in referrals of sick newborns to distant facilities and delay in initiation of newborn care.

Government Sub District Hospital, Nanguneri, Tirunelveli District, Government Sub District Hospital, Vijayapuram, Tiruvarur District and Upgraded Government Primary Health Centre, Jamunamarathur, Tiruvannamalai District have consistently reported substantial institutional deliveries and are strategically located to cater to underserved populations as per reference 5th cited. Establishment of NBSUs at these facilities will strengthen newborn stabilization services, reduce unnecessary referrals, improve access to quality newborn care and contribute towards reduction of neonatal mortality.

Further, Government in G.O.(Ms.) No.236, Health and Family Welfare (EAP II-1) Department, dated 22.10.2013, has prescribed the norms for establishment of Newborn Stabilization Units (NBSUs), including provision of essential newborn care equipment, infrastructure support and required human resources for effective delivery of newborn care services.

Accordingly, the present proposal has been formulated to establish three new NBSUs with necessary civil and electrical modifications, procurement of equipment through Tamil Nadu Medical Services Corporation (TNMSC) and deployment of the required contractual Staff Nurses as per the approved norms.

2. Status of Approval in the 50th Executive Committee Meeting

The proposal for establishment of **3 Newborn Stabilization Units (NBSUs)** at the above health facilities was placed before the **50th Executive Committee Meeting** held on **06.02.2026**.

The Executive Committee approved the proposal in principle for inclusion in **Programme Implementation Plan (PIP) 2026-27** for obtaining approval from the Government of India under National Health Mission.

3. Approval Status of RoP 2026-27

The Government of India, Ministry of Health & Family Welfare, vide **RoP 2026-27** (Reference 4 cited), has approved establishment of **3 Newborn Stabilization Units (NBSUs)** with the following financial assistance:

***Table 1: Fund Details in* RoP 2026-27 for three NBSU**

Sl.No	Component	FMR Code	Amount (Rs. in Lakhs)
1	Civil Modification Works	RCH 3.24 (8)	21.00
2	Equipment Procurement	RCH 3.24 (9)	17.97
3	Human Resources	HSS 185	4.86
	Total		**43.83**

***(Note:** The total financial implication is **Rs.44.64 lakhs**, as against the **RoP 2026–27 approved amount of Rs.43.83 lakhs**, due to the revision in the pay scale of the contractual human resources approved for the year **2026–27**. Further, the proposal includes **three months' salary** for the contractual human resources, as only **three months of HR support** was approved in the RoP 2026–27, considering the time required for the establishment and operationalization of the three newly established NBSUs.)*

4. Proposal

It is proposed to establish **3 Newborn Stabilization Units (NBSUs)** at the following health facilities.

Table 2: Facilities Details

Sl.No	District	Name of Facility	Type
1	Tirunelveli	Government Hospital, Nanguneri	Sub District Hospital
2	Tiruvarur	Government Hospital, Vijayapuram	Sub District Hospital
3	Tiruvannamalai	Upgraded Government Primary Health Centre, Jamunamarathur	UGPHC

Justification for Selection of Facilities

The three proposed institutions have been selected based on their sustained institutional delivery load, strategic geographical location and need for strengthening newborn stabilization services.

1. Government Sub District Hospital, Nanguneri- Tirunelveli District

Government Hospital, Nanguneri recorded **468 institutional deliveries during 2024–25**, which increased to **604 deliveries during 2025–26**, demonstrating a steady increase in service utilization. The hospital caters to a large rural population and currently lacks an NBSU.

2. Government Sub District Hospital Hospital, Vijayapuram – Tiruvarur District

Government Hospital, Vijayapuram reported **600 deliveries during 2024–25**, which further increased to **759 deliveries during 2025–26**. The facility caters to surrounding rural and semi-urban populations with increasing institutional deliveries.

3. Upgraded Government Primary Health Centre, Jamunamarathur – Tiruvannamalai District

Jamunamarathur UGPHC is located in a remote hilly and tribal area with limited access to higher health facilities. The institution conducted **483 deliveries during 2024–25** and **422 deliveries during 2025–26**, indicating sustained demand for institutional delivery services. Establishment of an NBSU at this strategically located facility will significantly improve access to essential newborn care for tribal and hard-to-reach populations and minimize transportation delays for sick newborns.

Table 3: *Overall Performance of the 3 proposed facilities together reported:*

Period	**Institutional Deliveries**
April 2024 – March 2025	1,551
April 2025 – March 2026	1,785

The increasing delivery load and geographical importance of these facilities justify establishment of Newborn Stabilization Units to strengthen facility-based newborn care services in underserved regions.

Each NBSU will be equipped with essential newborn care equipment including Radiant Warmers, LED Phototherapy Units, Pulse Oximeters, Syringe Infusion Pumps, Volume Infusion Pumps, Resuscitation Equipment and Monitoring Devices through TNMSC based on existing technical specifications **(Annexure-II)**, along with necessary civil and electrical modifications including oxygen points based on existing type design **(Annexure-III)**.

The proposal also includes engagement of **three Staff Nurses for each NBSU** to ensure round-the-clock newborn care services **(Annexure I).**

Activity Monitoring: The activities of the Newborn Stabilization Units (MNCUs) shall be monitored quarterly based on institutional performance indicators, including admissions, discharges, management of low birth weight (LBW) babies, and survival outcomes. Effective

implementation is expected to reduce referrals and neonatal deaths, thereby contributing to the reduction of the State Infant Mortality Rate (IMR).

Decision Points

The Executive Committee may accord approval for:

1. The Mission Director, may be permitted **to Establish 3 Newborn Stabilization Units (NBSUs)** in coordination with the concerned Directorates at Government Sub District Hospital, Nanguneri, Tirunelveli District; Government Sub District Hospital, Vijayapuram, Tiruvarur District and Upgraded Government Primary Health Centre, Jamunamarathur, Tiruvannamalai District at a total cost of **Rs.44.64 Lakhs** under NHM RoP 2026-27 and obtain necessary Government Orders.

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to engage **9 Staff Nurses** (3 per SNCU) on a contractual basis through the Medical Recruitment Board (MRB)/District Health Society.

3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release **Rs.17.97 lakhs** to the Managing Director, Tamil Nadu Medical Services Corporation (TNMSC) towards procurement and supply of essential newborn care equipment for the above three NBSUs, adopting the technical specifications prescribed under the existing Tamil Nadu Medical Services Corporation (TNMSC) Rate Contract (RC).

4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release **Rs.7.00 lakhs** to each institution towards civil and electrical modification works, including oxygen pipeline points, to the respective Joint Director of Health Services (JDHS)/District Health Officer (DHO) for execution through the Public Works Department (PWD) as deposit works, as per the approved standard type design.

5. The Mission Director, National Health Mission – Tamil Nadu may be permitted to utilize the available savings, if required, to meet the additional expenditure arising due to the revised estimates furnished by the Public Works Department (PWD) for the above civil and electrical modification works.

Annexure I: HR Details

Sl.No	Name of the Health facility	No of Staff Nurses per facility	Salary/month/ post in Rs.	Salary/3 months for 3 posts in each institution in Rs.	Mode of appointment
1	Sub District Hospital Nanguneri, Tirunelveli	3	21,000	1,89,000	Contract basis through MRB/ District Health Society.
2	Sub District Hospital Vijayapuram, Tiruvarur	3	21,000	1,89,000	
3	Upgraded Primary Health Centre, Jamna marudur Tiruvanna malai	3	21,000	1,89,000	
Total		**9**		**5,67,000**	

Annexure II

Sl. No.	Name of the Equipment for NBSU	Quantity required/ NBSU	Total No. of Equipment Required For 3 NBSU	Unit Cost	Cost/each NBSU	Total Cost for 3 NBSU (in Rs)
1	Radiant warmer with trolley, drawers	4	12	42,000	1,68,000	5,04,000
2	LED Single Surface Photo therapy unit	2	6	36,624	73,248	2,19,744
3	Pulse Oximeter	2	6	1,20,000	2,40,000	7,20,000
4	AMBU unit ,500ml &Neonatal Laryngoscope set	2	6	5,000	10,000	30,000
5	Baby Electronic weight Scale	1	3	2,000	2,000	6,000
6	Pump suction, foot operated	1	3	20,000	20,000	60,000
7	Thermometer, clinical, digital, 32-34C	4	12	1,000	4,000	12,000
9	B type cylinder	1	3	5,000	5,000	15,000
10	Endo tracheal tube	1	3	1,000	1,000	3,000
11	Syringe Infusion pump	2	6	18,984	37,968	1,13,904
12	Volume Infusion Pump	2	6	18,984	37,968	1,13,904
	Total Equipment cost (A)			2,70,592	5,99,184	**17,97,552**
	Hiring of Staff Nurses for 3 months (B)	3	9	21,000	1,89,000	**5,67,000**
	Civil Modification including 4 oxygen points (C)	1	3	7,00,000	7,00,000	**21,00,000**
	Grand Total(A+B+C)				**14,88,184**	**44,64,552**

*(**Note:** The equipment available under the existing Tamil Nadu Medical Services Corporation (TNMSC) Rate Contract (RC) shall be procured through the prevailing RC, adopting the technical specifications prescribed therein. For any equipment not covered under the existing TNMSC Rate Contract, a Technical Committee shall be constituted under the guidance of the Mission Director, NHM-TN to finalize the technical specifications, which shall be communicated to TNMSC for procurement.)*

Annexure III

TYPE DESIGN — NEWBORN STABILIZATION UNIT (NBSU)

As per Maternal and Newborn Health (MNH) Toolkit, MoHFW, Government of India

1. Unit Definition and Placement

Parameter	Norm (MNH Toolkit)
Level of facility	First Referral Unit (FRU) / Community Health Centre (CHC) — Level 2 delivery point (minimum 10 deliveries per month including management of complications; sector or block level)
Position in FBNC chain	NBCC (every delivery point) → NBSU (FRU/CHC) → SNCU (District Hospital)
Location within facility	Within or in close proximity of the maternity ward
Bed strength	4 stabilization beds (radiant warmer stations) + 2 designated beds in the post-natal ward for rooming-in

2. Space and Civil Works

Component	Specification
Unit area	Approximately 40–50 sq ft per bed; space to accommodate four radiant warmers (i.e., about 160–200 sq ft of baby-care area)
Rooming-in	2 designated beds in the post-natal ward for rooming-in of mother with baby
Hand washing	Provision of hand washing station and containment of infection control within the unit
Finishes	Floor and walls easy to clean; surfaces that minimize growth of microorganisms
Utilities	24-hour running water supply; 24-hour stabilized power supply with backup; good lighting; adequate ventilation

3. Human Resources

Position	Norm
Medical Officer	MO / Paediatrician trained in F-IMNCI (paediatrician where available) — in-charge of the unit
Nursing staff	1 dedicated nursing staff per shift; total 4 dedicated staff for round-the-clock coverage
Support staff	Sweeper/support for labour room and maternity ward includes NBSU housekeeping and infection-control support
Training	All doctors and nurses trained in FBNC / NBSU module and F-IMNCI / NSSK as applicable

4. Services to be Provided

Care at birth (all newborns):

- Prevention of infection
- Provision of warmth
- Resuscitation
- Early initiation of breastfeeding
- Weighing the newborn

Care of normal newborn:

- Breastfeeding / feeding support; monitoring of vital signs

Care of sick newborn:

- Identification and management of low birth weight infants ≥ 1800 g with no other complications
- Phototherapy for newborns with hyperbilirubinemia (laboratory facility to estimate bilirubin is a prerequisite)
- Management of newborn sepsis
- Initial care and stabilization of sick newborns; stabilization and referral of sick newborns and those with very low birth weight (rooming-in)

Other services:

- Immunization services (zero-day OPV, BCG, Hepatitis B as per GoI schedule; Inj. Vitamin K at birth)
- Referral services to SNCU with pre-referral stabilization

5. Equipment and Accessories

Base equipment as for NBCC (per bed/unit), scaled for a 4-bedded NBSU:

- Radiant warmers — 4 (one per bed)
- Phototherapy units — 2
- Baby tray; baby scale; pediatric/neonatal stethoscope
- Self-inflating bag and mask — neonatal sizes 0 and 1; oxygen hood (neonatal); oxygen source
- Laryngoscope and endotracheal intubation tubes; two sets of pencil batteries
- Mucus extractor with suction tube and foot-operated suction machine; NG/feeding tubes
- Blankets; two clean and dry towels per delivery; empty vials for collecting blood
- Alcohol handrub; HLD/sterile gloves; syringe hub cutter
- Pulse oximeter, glucometer and thermometer for monitoring (as per FBNC norms)

6. Standard Practices (Do's and Don'ts)

Do: always wash hands before handling the baby; rooming-in with mother; keep baby warm with extra care for preterm/LBW; keep cord dry and clean; exclusive breastfeeding with early initiation; observe every 2 hours in first 6 hours and every 6 hours from 6–24 hours after delivery; at least three additional visits for LBW babies; refer any signs/symptoms of complications to a doctor.

Do not: keep all babies routinely under the radiant warmer; delay breastfeeding beyond half an hour; use prelacteals, even water; apply anything on the cord; bathe the newborn for 24 hours after birth; omit routine checkup.

7. Referral Linkage

Newborns requiring intensive care — LBW < 1800 g, sickness beyond stabilization capacity, need for exchange transfusion or intensive monitoring — are stabilized (temperature, airway/breathing, blood sugar, perfusion, pre-referral antibiotics) and referred to the SNCU at the District Hospital with a referral note and assured transport.

AGENDA NO: 27/51/2026

Sub: NHM-TN – State Specific Initiative – Child Health – **Establishment of NEO-GENESIS Unit** (Advanced Perinatal Micro Premie and Extremely Low Birth Weight Intensive Care Unit) at the **Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children (IOG)**, Chennai under State Specific Initiative (Annexure 7.5, Sl.No.206(4)) at a total cost of **Rs.306.00 lakhs** – Approval requested – Reg.

Ref:
1. Minutes of the 50th EC meeting held on 06.02.2026 Agenda No.6
2. RoP 2026-27 Sl.No:206- Annexure 7.5 State Specific Initiative
3. Proposal Received from IOG, Chennai.

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1. Background

The Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children (IOG), Chennai is one of the highest-volume tertiary referral centres for maternal and newborn care in Tamil Nadu, managing a large number of high-risk pregnancies resulting in extremely low birth weight (ELBW) and micro preterm births. During April 2025 to December 2025, Tamil Nadu reported 1,133 Extremely Low Birth Weight (ELBW) (<1000 g) newborns, with IOG Chennai managing one of the highest caseloads among all Special Newborn Care Units (SNCU) in the State (Annexure-I).

Micro preterm and ELBW neonates require highly specialized neonatal intensive care, including advanced respiratory support, thermoregulation, continuous physiological monitoring and stringent infection prevention practices. The existing Neonatal Intensive Care Unit (NICU) infrastructure is insufficient to provide exclusive technology-enabled intensive care for this highly vulnerable group.

The Chennai region and surrounding districts (Chennai, Chengalpattu, Kancheepuram, Tiruvallur, Tiruvannamalai, Ranipet, Tirupattur and Vellore) constitute one of the highest neonatal care referral clusters in Tamil Nadu, with **19 SNCUs/Extramural SNCU (ESNCUs)** managing a total of **30,754 neonatal admissions** during **April 2025–March 2026**. Of these, **488 Extremely Low Birth Weight (ELBW) (<1000 g) babies** were admitted, accounting for a significant proportion of critically ill newborns requiring intensive neonatal care. During the period, **325 ELBW deaths (67%)** were reported, highlighting the substantial burden of mortality among this high-risk group despite availability advanced neonatal services. The high referral load, concentration of ELBW admissions, and associated mortality underscore the need for strengthening specialized neonatal intensive care and advanced perinatal services in this region. The SNCU-wise details of admissions, ELBW case load and outcome indicators are enclosed as Annexure-I for reference.

Establishment of a dedicated 10-bedded **NEO-GENESIS Unit (Advanced Perinatal Micro Premie and ELBW Intensive Care Unit)** at IOG, Chennai will significantly strengthen advanced neonatal care services and improve survival as well as

long-term neurodevelopmental outcomes among ELBW and micro preterm babies. The proposed unit will also serve as a model advanced neonatal intensive care facility under the public health system of Tamil Nadu.

2. Status of Approval in 50th EC Meeting

The proposal for establishment of a dedicated **NEO-GENESIS Unit** at the **IOG, Chennai** was placed before the **50th Executive Committee Meeting** of the National Health Mission – Tamil Nadu under the State Specific Initiative component.

The Executive Committee recommended inclusion of the proposal in the Programme Implementation Plan (PIP) 2026-27 for consideration and approval by the Government of India.

3. Approval Status of RoP 2026-27

The Government of India, in the **Record of Proceedings (RoP) 2026-27**, has approved the proposal under **Annexure 7.5 – State Specific Initiative, Sl. No.206(4)** for establishment of a **NEO-GENESIS Unit** at the **IOG, Chennai** at a total cost of **Rs.306.00 lakhs**.

The approved financial assistance comprises:

A. Financial Break-up

Establishment of Neo-Genesis Unit @ IOG, Chennai					
Sl. No.	**Category**	**Item**	**Quantity**	**Unit Cost (INR)**	**Total Cost (INR)**
1	Core Incubation	Hybrid Neonatal Warmer cum Incubator bed for Premature Babies	10	20,00,000	2,00,00,000
2	Monitoring	Multi-parameter Monitors (IBP, EtCO2, EEG)	7	5,00,000	35,00,000
3	Diagnostics	Transcutaneous PO2/PCO2 Monitor	1	18,00,000	18,00,000
4	Monitoring	Near-Infrared Spectroscopy (NIRS) Device	1	22,00,000	22,00,000
	Total				**2,75,00,000**

***(Note: Equipment Sl. No. 2** is available under the existing Tamil Nadu Medical Services Corporation (TNMSC) Rate Contract (RC) and shall be procured through the prevailing RC. **Equipment Sl. Nos. 1, 3 and 4** are not available under the TNMSC Specification. A Technical Committee shall be constituted under the guidance of the Mission Director, NHM-TN to finalize the technical specifications through concerned directorates for these items, and the approved specifications shall be communicated to TNMSC after approval of this proposal for initiating procurement)*

B. Infrastructure (non-recurring)

Item	**Unit Cost (INR)**	**Total (INR)**
Civil Work (₹2 lakh/bed)	2,00,000	20,00,000
Electrical Setup (₹1.1 lakh/bed)	1,10,000	11,00,000
Total		**31,00,000**

Total Budget: **Rs. 306 lakhs**

No additional human resources have been approved under this activity, as the proposed unit will function utilising the existing trained neonatologists, nursing personnel and technical staff available at the Institute.

4. Proposal

It is proposed to establish a dedicated **10-bedded NEO-GENESIS Unit** at the **IOG, Chennai** for providing comprehensive advanced care to micro preterm and Extremely Low Birth Weight (ELBW) neonates.

The unit will be equipped with state-of-the-art neonatal intensive care equipment including Hybrid Neonatal Warmer-cum-Incubator systems, Multi-parameter Monitors, Transcutaneous PO_2/PCO_2 Monitor and Near Infrared Spectroscopy (NIRS) Device to facilitate advanced respiratory support, continuous physiological monitoring, thermal regulation and neuroprotective care.

Civil and electrical modification works for remodelling the existing/new space within or adjacent to the Level III/IV SNCU/NICU into a Neogenesis Unit will be carried out through the Public Works Department (PWD), as per the approved Level III/IV SNCU/NICU civil structure and the approved scope of work in accordance with the NABH guidelines, at an estimated cost of Rs.31.00 lakhs.

The procurement of equipment will be carried out through **Tamil Nadu Medical Services Corporation (TNMSC)** as a one-time procurement under the approved State Specific Initiative.

The activity will strengthen facility-based newborn care, improve successful discharge rates of critically ill ELBW neonates, reduce neonatal mortality and morbidity, and contribute towards achievement of NHM key deliverables relating to newborn survival and quality of neonatal intensive care services.

Activity Monitoring:

Monthly outcome audits of all Extremely Low Birth Weight (ELBW) babies managed at the **NEO-GENESIS Unit, IOG, Chennai** will be conducted to review clinical outcomes, survival, mortality and quality of care. After discharge, these babies will be followed up through the existing **Home-Based Newborn Care (HBNC)** and **Home-Based Young Child Care (HBYC)** programmes to ensure continuity of care, growth and developmental monitoring, early identification of complications, and timely referral as required.

5. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to establish a dedicated 10-bedded NEO-GENESIS Unit (Advanced Perinatal Micro Premie and Extremely Low Birth Weight Intensive Care Unit) in coordination with

the concerned Directorates **at the Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children (IOG), Chennai** at a total approved cost of Rs.306.00 lakhs under Annexure 7.5 – State Specific Initiative, Sl.No.206(4) of RoP 2026-27.

2. 3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to procure the approved neonatal intensive care equipment amounting to **Rs.275.00 lakhs** through the Tamil Nadu Medical Services Corporation (TNMSC) and release funds thereto, wherever necessary, with Equipment Sl. No. 2 being procured through the existing TNMSC Rate Contract (RC) and Equipment Sl. Nos. 1, 3 and 4 being procured based on the technical specifications finalized by the Technical Committee.
3. The Mission Director, NHM-TN may be permitted to release **Rs.31.00 lakhs** to the Government Account towards execution of **Civil and Electrical modification** works through the Public Works Department (PWD) for remodelling the existing/new space within or adjacent to the Level III/IV SNCU/NICU into a Neogenesis Unit, as per the approved Level III/IV SNCU/NICU civil structure and the approved scope of work in accordance with the NABH guidelines.
4. The Mission Director, NHM-TN may be permitted to utilize the available savings fund to meet any additional financial requirement arising out of the actual cost estimate, if required, furnished by the Public Works Department (PWD) for the civil and electrical modification works.

Annexure 1: SNCU PERFORMANCE REPORT (April 2025 - March - 2026)

Sl. No.	Name of District	Name of FBNC	Total Admission	< 2.5 KG	>2.5 KG	<1000 gm	Referred	Discharged	LAMA	Died	<1000 gm Deaths
1	Chengalpattu	NICU GMCH Chengalpet	2751	1238	1453	60	33	2558	1	133	47
2	Chengalpattu	SNCU DH Tambaram	587	197	388	2	86	493	3	1	0
3	Chennai	NICU ICH Egmore Chennai	2055	832	1141	82	9	1642	50	267	60
4	Chennai	NICU IOG Egmore Chennai	3404	1606	1685	113	5	3049	8	182	66
5	Chennai	NICU KGH Triplicane Chennai	2756	838	1892	26	43	2660	5	46	20
6	Chennai	NICU KMC Chennai	1367	598	765	4	1	1163	1	7	1
7	Chennai	NICU RSRM Chennai	3076	1210	1830	36	18	2629	1	81	23
9	Kancheepuram	SNCU DH Kancheepuram	1685	525	1158	2	100	1572	5	2	0
10	Ranipet	SNCU DH Walajapet	605	188	416	1	18	595	0	2	0
11	Thiruvallur	NICU GMCH Thiruvallur	2619	1032	1569	18	83	2472	7	51	9
12	Thiruvallur	SNCU DH Tiruttani	505	199	305	1	83	418	0	0	0
13	Thiruvannamalai	NICU GMCH Thiruvannamalai	3562	1446	2082	34	83	3369	16	89	17
14	Thiruvannamalai	SNCU DH Cheyyar	497	144	349	4	77	399	5	1	1
15	Tiruppattur	SNCU DH Thirupathur	2382	910	1460	12	30	2331	0	21	0
16	Tiruppattur	SNCU PHC Pudurnadu	152	41	111	0	17	132	0	0	0
17	Tiruppattur	SNCU SDH Vaniyambadi	1061	303	756	2	159	888	1	1	0
18	Vellore	NICU GMCH Vellore	5234	2142	3002	90	31	4718	117	329	80
18	Chennai	NICU Stanley MCH Chennai	428	140	286	2	4	415	0	9	2
19	Vellore	SNCU DH Gudiyatham	772	377	394	1	140	590	40	2	0
	Grand Total		35498	13966	21042	490	1020	32093	260	1224	326

Annexure 2: Type Design

1. Design standards to anchor the brief

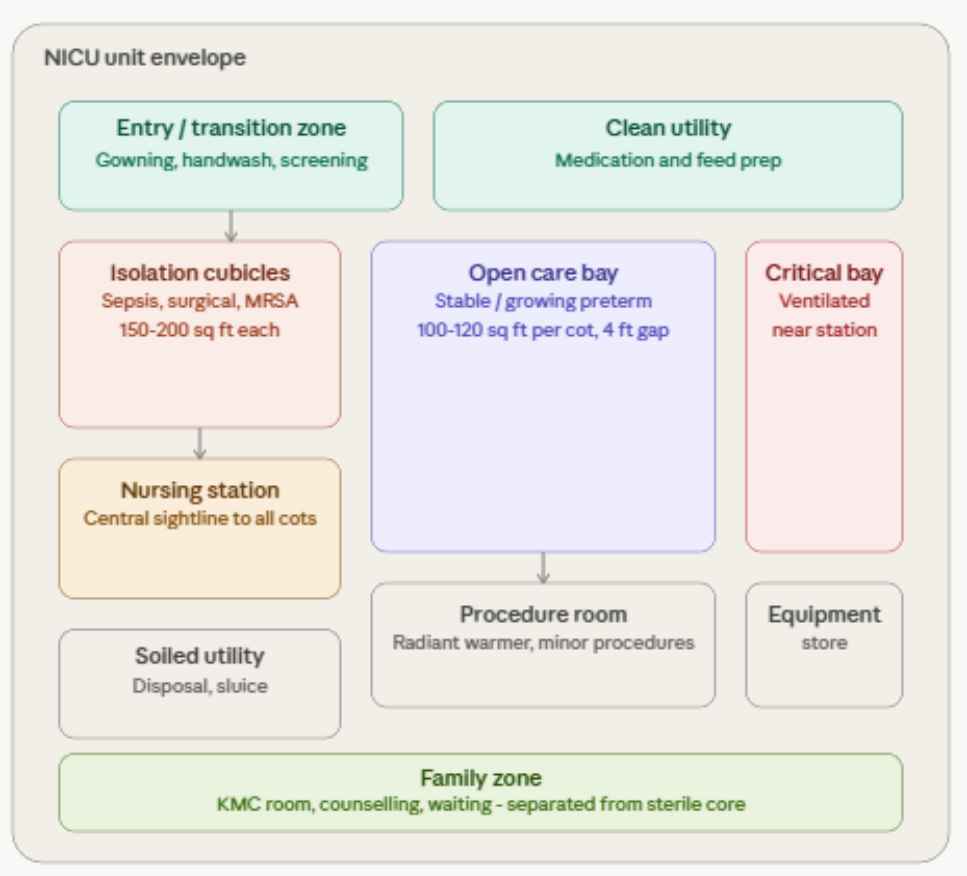
Most tertiary Indian NICUs (Apollo, Fortis, Cloudnine, and government tertiary units under NHM) converge on National Neonatology Forum (NNF) and NABH/AAP-derived norms rather than a single published Apollo blueprint. Use these as your base:

Parameter	Level III	Level IV
Space per bassinet/incubator	100–120 sq ft (open bay)	120–150 sq ft
Isolation/single room	150–180 sq ft	180–200 sq ft
Clear space between cots	Min 4 ft (open bay), 6 ft for ECMO/surgical bays	Same + surgical clearance
Nurse-to-bed ratio (space driver)	1:2 to 1:3	1:1 to 1:2 (extra equipment footprint)
Bed-to-bathroom/handwash station	1 handwash per 4 beds + 1 at each entry	Same, plus scrub stations at OT-adjacent zones
Corridor width	Min 8 ft (stretcher + equipment passage)	Min 10 ft near OT link

2. Functional zoning

A Level III/IV unit is organized as concentric zones by infection-control risk, not just room count:

- **Transition/reception zone** – gowning, hand hygiene, staff changing, visitor screening
- **Clean utility zone** – medication prep, formula/breast milk prep (separate from soiled utility)
- **Care zones** – open bay (Level III, stable/growing preterm), isolation cubicles (sepsis, MRSA, surgical), critical/ventilator bay (highest acuity, closest to nursing station)
- **Support zones** – radiant warmer/procedure room, equipment store (extra incubators, ventilators), soiled utility/disposal
- **Staff zone** – central nursing station with sightlines to all cots, duty room, documentation area
- **Family zone** – KMC (kangaroo mother care) room, counselling room, waiting area — physically separated from the sterile core



3. Equipment specification (per bed/cubicle)

- **Warming**: Servo-controlled radiant warmer or double-walled humidified incubator (skin/air probe, humidity control to 80-90% for ELBW infants)
- **Respiratory**: Ventilator (SIMV/HFOV capable for Level IV), CPAP/NIV driver, blender with air-O2 mixer, pulse oximeter
- **Monitoring**: Multipara monitor (HR, SpO2, RR, NIBP, temp), transcutaneous CO2 for ventilated infants
- **Infusion**: Minimum 4-6 syringe/infusion pump ports per bed
- **Phototherapy**: LED phototherapy unit, bili-blanket for isolation cubicles
- **Level IV additions**: Point-of-care ultrasound/echo, therapeutic hypothermia unit, capability for minor bedside surgery, ECMO-ready power/gas points in at least 1-2 bays

4. Infrastructure and services

- **HVAC**: Independent air-handling unit for NICU (not shared with general wards), 6-12 air changes/hour, HEPA filtration, temperature 24-26°C, humidity 40-60%, positive pressure relative to corridor (negative pressure only in the isolation cubicle for airborne-precaution cases)

- **Electrical**: Minimum 6 power points per bed on UPS/DG backup, dedicated NICU circuit separate from general hospital load, color-coded gas outlets (O2, medical air, suction) at every cot
- **Plumbing**: Handwash sinks with elbow/sensor taps at every 4 beds and each zone entry, no-touch soap/sanitizer dispensers
- **Flooring/surfaces**: Seamless, antimicrobial, coved skirting (no right-angle joints that trap dust), washable ceiling tiles
- **Lighting**: Dimmable, indirect lighting over cots (day-night cycling supports neurodevelopment), individual spot lighting for procedures
- **Noise control**: Acoustic ceiling tiles, target <45 dB ambient (NNF/AAP recommendation)
- **Fire and backup**: NICU circuits on both UPS (instant) and DG (backup) power; smoke detection tied to fire-safe zoning since infants can't self-evacuate

AGENDA NO: 28/51/2026

Sub: NHM-TN – Child Health – State Specific Initiatives and Innovations in Tamil Nadu – Comprehensive Newborn Screening (CNBS) Programme for all Government delivered babies through Placement Model – Proposal approved under Annexure CH 7.5 Serial No.206(5) of RoP 2026-27 – Permission to roll out the programme with approved consumables under Hub and Spoke Model at a total cost of **Rs.699.90 lakhs** – Approval Requested.

Ref:
1. G.O 63 Health and Family Welfare Department Dated 11.3.2024
2. Minutes of the **50th Executive Committee Meeting**, National Health Mission – Tamil Nadu.
3. Annexure RCH 7.5, RoP 2026-27 – State Specific Initiatives and Innovations – Serial No.206(5) – Child Health Comprehensive Newborn Screening (CNBS) Programme.
4. This office letter Ref.No:13348516/NHM/RCH/2026, Dt:11-03-2026
5. Ref. No. 13348516/NHM/RCH/2026, dated 11.03.2026, communicating the list of equipment and technical specifications to the Managing Director, Tamil Nadu Medical Services Corporation (TNMSC)

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1. Background

Currently, newborn screening in Government health facilities is largely limited to identifying visible congenital anomalies and physical birth defects. Only a small proportion of newborns undergo comprehensive screening for congenital metabolic disorders, although many of these conditions are treatable if identified during the neonatal period. Comprehensive Newborn Screening enables early diagnosis of Congenital Hypothyroidism, Congenital Adrenal Hyperplasia, G6PD Deficiency, Galactosemia, Biotinidase Deficiency, Cystic Fibrosis and Phenylketonuria.

The required infrastructure for implementation of the programme is already available in the State. Government, ***vide G.O.(Ms.) No. 63, Health and Family Welfare (EAP.II/1) Department, dated 11.03.2024,*** established Centres of Excellence for Prevention and Management of Genetic Disorders at the Institute of Child Health, Egmore; Government Coimbatore Medical College Hospital; and Government Madurai Medical College Hospital, with necessary civil works, equipment, and contractual Human Resources for certain limited conditions.

As the required laboratory infrastructure, equipment and manpower are already in place, the Comprehensive Newborn Screening Programme can be implemented through the existing Regional Genetic Laboratories without any additional infrastructure or Human Resources. Accordingly, the present proposal is limited to the procurement of consumables at an approved cost of Rs. 699.90 lakhs.

Table 1- Expected Disease Yield for the State for One Year

Sl. No.	Condition	Prevalence in India	Est. cases/yr in TN	Primary risk if missed
1	Congenital Hypothyroidism	1:1,000 – 1:2,500	320 – 800	Irreversible intellectual disability
2	G6PD Deficiency	1:125	6,000 – 6,500	Severe neonatal jaundice / kernicterus
3	Congenital Adrenal Hyperplasia	1:2,500 – 1:6,800	120 – 320	Salt-wasting crisis, neonatal mortality
4	Cystic Fibrosis	1:40,000 – 1:100,000 (likely under reported)	8 – 20	Chronic lung/nutritional disease
5	Galactosemia	1:40,000 – 1:60,000	13 – 20	Liver failure/sepsis, can be fatal
6	Biotinidase Deficiency	1:60,000 – 1:100,000	8 – 13	Seizures, developmental regression
7	Phenylketonuria (PKU)	1:90,000 – 1:100,000	8 – 9	Irreversible intellectual disability

The programme's principal value lies in preventing lifelong intellectual disability, development delay and chronic disease morbidity (DALYs), not just averting death, and in cost-per-case terms it is among the most cost-effective interventions available in child health. Considering the significant public health benefits and the need to further reduce the Infant Mortality Rate in Tamil Nadu, implementation of State-wide Comprehensive Newborn Screening has been proposed under the State Specific Initiatives and Innovations.

2. Status of Approval in 50th EC Meeting

The proposal to implement the Comprehensive Newborn Screening Programme through the **Placement Model** under the **Hub and Spoke Model** was placed before the **50th Executive Committee Meeting** of the National Health Mission – Tamil Nadu. The Executive Committee recommended the proposal for inclusion in the Programme Implementation Plan (PIP) 2026-27 for approval of the Government of India.

3. Approval Status of RoP 2026-27

Government of India, under **Annexure RCH 7.5 – State Specific Initiatives and Innovations**, has approved the proposal under **Annexure 7.5 Serial No.206(5)** for implementation of Comprehensive Newborn Screening for all Government-delivered babies through the Placement Model in below said at three institution at a total approved cost of **Rs.699.90 lakhs** for establishment of hubs.

1. Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children (IOG), Egmore, Chennai
2. Government Coimbatore Medical College Hospital, Coimbatore
3. Government Rajaji Hospital, Madurai

Note: The estimated coverage of **2,22,192 Government institutional live births** represents approximately **six months of births**, considering that the initial six months will be utilized for tender finalization, infrastructure establishment, procurement and installation of equipment, and capacity building of personnel before operationalization of the programme.

4. Proposal

It is proposed to roll out the Comprehensive Newborn Screening Programme throughout the State through the Placement Model by utilizing the approved RoP provision. The Tamil Nadu Medical Services Corporation (TNMSC) shall undertake procurement of services through the Placement Model for establishing the three Regional Hub Centres with analyzers, equipment, reagents and consumables. The programme shall be implemented using the existing human resources available in the Regional Genetic Laboratories and no additional human resources are proposed.

(Note: The list of equipment and the corresponding technical specifications have already been finalized and communicated to the Tamil Nadu Medical Services Corporation (TNMSC) vide Ref. No. 13348516/NHM/RCH/2026, dated 11.03.2026, for initiation of the tender process. Tender finalization will be carried out by TNMSC in accordance with the prescribed procurement procedures.)

Note: The unit cost indicated in **Table 2: Financial Breakup** is a **tentative estimate** arrived at based on the prevailing market price and by benchmarking with the **"Shalabham" Newborn Screening Programme** implemented by the Government of Kerala, where screening for four disorders is being undertaken at **Rs.60/- per test**. Accordingly, a tentative unit cost of **Rs.45/- per test** has been adopted for the present proposal. The final procurement cost shall be determined through the TNMSC tender process and may vary based on the competitive bid rates.

Table 2: Financial Breakup

Sl. No.	Test Name for Neonates	Unit Cost (In Rs.)	Total Cost (In Lakhs)
1.	hTSH Plus 960 Wells (Congenital Hypothyroidism)	45	99.98
2.	G6PD 960 Wells (G6PD Deficiency)	45	99.98
3.	Total Galactose 960 Wells (Galactosemia)	45	99.98
4.	17 – Hydroxyprogesterone (OHP) 960 Wells (Congenital Adrenal Hyperplasia)	45	99.98
5.	Biotinidase (Biotinidase Deficiency)	45	99.98
6.	IRT (Cystic Fibrosis)	45	99.98
7.	PKU (Phenylketonuria)	45	99.98
Total		**315**	**699.90**

Table-3: Government Institutions Live Birth (Oct'24 - Mar'25) For reference to 2026-27

Sl. No.	District	Live Birth - Male	Live Birth - Female	Total Live Birth	Total Cost / District (Each test Rs.45 x 7 = 315)
1	Ariyalur	1,516	1,382	2,898	9,12,870
2	Chengalpattu	3,263	3,239	6,501	20,47,815
3	Chennai	11,454	10,863	22,317	70,29,698
4	Coimbatore	3,133	3,028	6,161	19,40,558
5	Cuddalore	4,427	4,081	8,508	26,79,863
6	Dharmapuri	3,471	3,097	6,568	20,68,763
7	Dindigul	3,528	3,331	6,859	21,60,428
8	Erode	1,896	1,789	3,685	11,60,775
9	Kallakurichi	3,355	3,041	6,396	20,14,740
10	Kancheepuram	1,611	1,507	3,118	9,82,013
11	Kanniyakumari	1,563	1,570	3,133	9,86,895
12	Karur	1,825	1,687	3,512	11,06,123
13	Krishnagiri	3,466	3,269	6,735	21,21,368
14	Madurai	5,668	5,310	10,977	34,57,755
15	Mayiladuthurai	1,480	1,440	2,919	9,19,485
16	Nagapattinam	852	834	1,685	5,30,775
17	Namakkal	1,742	1,671	3,413	10,74,938
18	Perambalur	1,236	1,123	2,359	7,42,928
19	Pudukkottai	2,924	2,701	5,625	17,71,875
20	Ramanathapuram	1,783	1,695	3,477	10,95,255
21	Ranipet	1,098	1,019	2,117	6,66,698
22	Salem	5,078	4,570	9,648	30,38,963
23	Sivaganga	2,236	2,033	4,269	13,44,735
24	Tenkasi	1,339	1,298	2,636	8,30,340
25	Thanjavur	4,892	4,734	9,625	30,31,875
26	Theni	3,078	2,904	5,982	18,84,330
27	The Nilgiris	877	866	1,743	5,48,888
28	Thiruvallur	3,172	2,929	6,101	19,21,658
29	Thiruvarur	1,967	1,874	3,841	12,09,758
30	Thoothukkudi	2,994	2,816	5,810	18,29,993
31	Tiruchirappalli	4,435	4,118	8,552	26,93,880
32	Tirunelveli	2,544	2,417	4,961	15,62,558
33	Tirupathur	2,546	2,357	4,903	15,44,288
34	Tiruppur	2,742	2,559	5,301	16,69,658
35	Tiruvannamalai	5,030	4,576	9,605	30,25,575
36	Vellore	3,832	3,582	7,413	23,35,095
37	Viluppuram	2,759	2,459	5,217	16,43,355
38	Virudhunagar	3,872	3,760	7,631	24,03,765
Total		**1,14,671**	**1,07,521**	**2,22,192**	**6,99,90,323**

Transport of Samples

1. Dried Blood Spot (DBS) samples collected at delivery points across the State are proposed to be transported to the respective Regional Genetic Laboratories (Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Egmore, Chennai, Government Coimbatore Medical College Hospital,

Coimbatore, Government Rajaji Hospital, Madurai) through the Postal Department, using breathable sample covers supplied by the Department, as detailed below:

Table 4 – Transport Cost Calculation (for 6 months, ~2,22,192 newborns)

Item	Rate	Quantity	Cost (Rs.)
Breathable Sample Cover (per cover)	Rs.18/-	14,813 covers (2,22,192 ÷ 15 samples/cover)	2,66,634
Speed Post Tariff (Parcel, up to 500 gm)	Rs.50/-	14,813 covers	7,40,650
Total Transport Cost			**10,07,284**

(Note: 15 samples per cover is a tentative estimate and may vary institution-wise depending on daily delivery volume at each delivery point.)

The transport cost of **Rs.10,07,284/-** towards the despatch of newborn screening samples from CEmONC centres to the three Regional Hub Laboratories through the Postal Department shall be met from the **SNCU Operational Cost** and is not included in the Rs.699.90 lakh consumables provision approved under RCH 7.5.

Activity Monitoring:

Hence, the entire activity will be monitored through the PICME portal, with data being entered at both Hub and Spoke Centres.

5. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, NHM-TN, may be permitted to roll out the Comprehensive Newborn Screening (CNBS) Programme in coordination with the concerned Directorates for all Government-delivered babies through the Hub and Spoke Model as approved under Annexure CH 7.5, Serial No.206(5) of the RoP 2026-27.
2. The Mission Director, NHM-TN may be permitted to release the approved funds of **Rs.699.90 lakhs** to the Managing Director, Tamil Nadu Medical Services Corporation (TNMSC) towards procurement of services through the Placement Model for establishing three Regional Hub Centres with analyzers, equipment, reagents and consumables at the Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Egmore, Chennai, Government Coimbatore Medical College Hospital, Coimbatore, and Government Rajaji Hospital, Madurai.
3. The Mission Director, NHM-TN may be permitted to authorize the Managing Director, Tamil Nadu Medical Services Corporation (TNMSC) to incur expenditure based on the final rates approved through the tender process and to re-appropriate the approved funds within the overall sanctioned cost of **Rs.699.90 lakhs**, without exceeding the total approved financial allocation.

4. The Mission Director may be permitted to direct that the transport cost of **Rs.10,07,284/-** towards the despatch of newborn screening samples from CEmONC centres to the three Regional Hub Laboratories through the Postal Department shall be met from the **SNCU Operational Cost** and is not included in the Rs.699.90 lakh consumables provision approved under RCH 7.5.
5. The Mission Director may be permitted to monitor the Screening activity appropriately through addition of features in the PICME portal
6. The action of the Mission Director, NHM-TN in addressing the Managing Director, TNMSC for initiation of procurement through letter prior to issuance of the RoP 2026-27 may be ratified
7. The Mission Director, NHM-TN, may be permitted to address the Government to issue the necessary Government Orders for the State-wide implementation of the Comprehensive Newborn Screening Programme.

AGENDA NO: 29/51/2026

Sub: NHM–TN – Child Health - **Establishment of 6 New Lactation Management Units (LMUs)** at Government District Headquarters Hospital, Jayankondam ,Ariyalur; Government District Headquarters Hospital, Karaikudi, Sivaganga; Government District Headquarters Hospital, Paramakudi, Ramanathapuram; Government District Headquarters Hospital, Kovilpatti, Thoothukudi; Government District Headquarters Hospital, Tambaram, Chengalpattu and Government District Headquarters Hospital, Mannargudi, Tiruvarur to the tune of **Rs 66 lakhs** –Requested -Reg

Ref:
1. Proceedings of the 50th Executive Committee Meeting, National Health Mission – Tamil Nadu.
2. Record of Proceedings (RoP) 2026-2027 FMR Code No: RCH 7.57(1)
3. National Guidelines on Lactation Management Centres in Public Health Facilities, MoHFW 2017
4. Agenda No: 36/41/2021 Establishment of 12 Lactation Management units at Government Health Institutions.
5. RoP 21-22 -LMU establishment
6. RoP 21-22 - Equipments
7. Agenda No: 31/48/2025 Establishment of 6 Lactation Management units at Government Health Institutions.
8. DMS Letter Ref No: 38094/P&D3/1/2026 dated: 10.07.2026

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Background:

Establishment of Human Milk Bank designated as "Lactation Management Units (LMU)" is mandatory for feeding Low Birth weight babies and extreme Low Birth Weight babies as the babies cannot be fed directly by the mothers. It is also essential when the mother is extremely sick and for abandoned babies in CEmONC hospitals or out side the hospitals.

As a friendly initiative, milk substitutes like artificial milk products, milk from bovine sources are avoided to reduce chances of infection even in well babies. So, it is essential to provide safe milk from human source to reduce mortality and morbidity at SNCUs at Secondary Care Hospitals.

19 Comprehensive Lactation Management Centres (CLMCs) and 35 Lactation Management Units are functional in SNCUs in the State under various funding sources:

Sl. No	Type	Existing CLMC/LMUs
1	CLMC	Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children , Egmore, Chennai
2	CLMC	Institute of Child Health and Hospital for Children, Egmore, Chennai
3	CLMC	Government Rajaji Hospital, Madurai
4	CLMC	Government Coimbatore Medical College Hospital, Coimbatore
5	CLMC	Government Mohan Kumaramangalam Medical College Hospital, Salem
6	CLMC	Government Raja Mirasdar Hospital, Thanjavur

Sl. No	Type	Existing CLMC/LMUs
7	CLMC	Government Theni Medical College Hospital, Theni
8	CLMC	Mahatma Gandhi Memorial Government Hospital, Tiruchirappalli
9	CLMC	Institute of Social Obstetrics and Government Kasturba Gandhi Hospital for Women and Children, Triplicane, Chennai
10	CLMC	Government Medical College Hospital, Chengalpattu
11	CLMC	Government Medical College Hospital, Dharmapuri
12	CLMC	Government RSRM Lying-in Hospital, Royapuram, Chennai
13	CLMC	Government Medical College Hospital, Vellore
14	CLMC	Government Tirunelveli Medical College Hospital, Tirunelveli
15	CLMC	Government Sivagangai Medical College Hospital, Sivaganga
16	CLMC	Government Villupuram Medical College Hospital, Villupuram
17	CLMC	Government Medical College Hospital, Tiruvannamalai
18	CLMC	Government Medical College Hospital, Krishnagiri
19	LMU	Government Medical College Hospital, Tiruvarur
20	LMU	Government Kilpauk Medical College Hospital, Chennai
21	LMU	Government Medical College Hospital, Ramanathapuram
22	LMU	Government Medical College Hospital, Dindigul
23	LMU	Government Hospital, Sirkazhi
24	LMU	Government Headquarters Hospital, Pollachi
25	LMU	Government Headquarters Hospital, Tenkasi
26	LMU	Government Medical College Hospital, Namakkal
27	LMU	Government Headquarters Hospital, Kancheepuram
28	LMU	Government Hospital, Tirupattur
29	LMU	Government Medical College Hospital, Thoothukudi
30	LMU	Government Headquarters Hospital, Perambalur
31	LMU	Government Medical College Hospital, Pudukkottai
32	LMU	Government Headquarters Hospital, Cuddalore
33	LMU	Government Medical College Hospital, Tiruppur
34	LMU	Government Medical College Hospital, Tiruvallur
35	LMU	Government Headquarters Hospital, Kumbakonam
36	LMU	Government Sub-District Hospital, Mayiladuthurai
37	LMU	Government Medical College Hospital, Ariyalur
38	LMU	Government Sub-District Hospital, Hosur
39	LMU	Government District Headquarters Hospital, Palani
40	LMU	Government District Headquarters Hospital, Erode
41	LMU	Government Medical College Hospital, Kallakurichi
42	LMU	Government Medical College Hospital, Kanniyakumari
43	LMU	Government Medical College Hospital, Karur
44	LMU	Government Medical College Hospital, Nagapattinam
45	LMU	Government District Headquarters Hospital, Aranthangi
46	LMU	Government Headquarters Hospital, Manapparai
47	LMU	Government Medical College Hospital, The Nilgiris
48	LMU	Government Medical College Hospital, Virudhunagar
49	LMU	Government Cuddalore Medical College, Cuddalore
50	LMU	Government District Headquarters Hospital, Usilampatti
51	LMU	Government Sub-District Hospital, Pattukkottai
52	LMU	Government District Headquarters Hospital, Gudiyatham
53	LMU	Government District Headquarters Hospital, Tindivanam

Sl. No	Type	Existing CLMC/LMUs
54	LMU	Government District Headquarters Hospital, Aruppukkottai

During 2025-26, these units collected **12,018 litres** of human milk supporting **82,800 sick newborns**.

2. Status of Approval in 50th EC Meeting

The proposal for establishment of 6 new Lactation management units was placed before the **50th Executive Committee Meeting** of the National Health Mission – Tamil Nadu.

The Executive Committee recommended inclusion of the proposal in the **Programme Implementation Plan (PIP) 2026-2027** for consideration and approval by the Government of India.

3. Approval Status of RoP 2026-2027

The Government of India, in the **Record of Proceedings (RoP) 2026-2027**, has approved Rs. 66 lakhs for establishment of 6 new Lactation Management Units at Government District Headquarters Hospital, Jayankondam ,Ariyalur; Government District Headquarters Hospital, Karaikudi, Sivaganga; Government District Headquarters Hospital, Paramakudi, Ramanathapuram; Government District Headquarters Hospital, Kovilpatti, Thoothukudi; Government District Headquarters Hospital, Tambaram, Chengalpattu and Government District Headquarters Hospital, Mannargudi, Tiruvarur under the FMR 7.57(1).

4. Proposal

The proposed facilities as per reference 8th cited at Government District Headquarters Hospital, Jayankondam, Ariyalur; Government District Headquarters Hospital, Karaikudi, Sivaganga; Government District Headquarters Hospital, Paramakudi, Ramanathapuram; Government District Headquarters Hospital, Kovilpatti, Thoothukudi; Government District Headquarters Hospital, Tambaram, Chengalpattu and Government District Headquarters Hospital, Mannargudi, Tiruvarur have been selected based on their high SNCU/NICU admission volumes (Annexure I).

These institutions handle substantial numbers of sick and preterm newborns who would benefit immensely from organized lactation support services. 3,688 Sick Newborns have been admitted and treated in these SNCUs during 2025-26.

Each LMU will be equipped with comprehensive lactation support infrastructure including dedicated spaces for donor collection, counselling, milk processing and storage, along with essential equipment such as refrigerators for storage, deep freezers, dual high-output electric breast pumps, reusable lactation sets, milk containers, bottle sealers, sterilization equipment, and necessary furniture and IEC materials.

The units will provide integrated services including lactation counselling, breast milk expression support, human milk collection and processing, safe storage and distribution, donor mother screening and registration and continuous quality monitoring.

With a total budget of **Rs. 66.00 Lakhs** covering infrastructure modifications **(Rs.30.00 Lakhs)** and equipment procurement **(Rs.36.00 Lakhs),** ***Note:*** *The detailed scope of civil and infrastructure modification works is provided in* ***Annexure I*** *for reference.* This initiative will significantly enhance the availability of human milk for vulnerable newborns, reduce dependence on formula feeding, improve nutrition outcomes for SNCU/NICU babies, strengthen the continuum of care for newborn health, and contribute to achieving key deliverables for reducing neonatal mortality and improving exclusive breastfeeding rates in the state.

The LMUs will be integrated with existing SNCU/NICU services, creating a comprehensive continuum of care for newborn nutrition. **This initiative aligns with national guidelines on lactation management and human milk banking**, addressing a critical gap in newborn care infrastructure.

Further a proposal to procure equipment of Lactation Management Unit in the institutions the NPCC has approved in RoP 2026-27, **Rs.66.00 Lakhs** (Rupees Sixty Six Lakhs) for infrastructure modification for the 6 newly proposed LMUs.

Table-1

Sl. No	Components	Unit costs (in Rs)	Total Amount (in Lakhs)
1.	Infrastructure Modifications (6 LMUs) as per existing type design (Annexure II)	5,00,000/-	30.00
2	Equipment and Furniture	6,00,000/-	36.00

Table-2 Detailed equipment list with budget is mentioned below

S. No.	Name of Equipment for LMU	Quantity per LMU	No. of LMUs	Unit Cost (Rs.)	Total Cost (Rs.)
1	Refrigerator (Storage) - 215 L	2	6	30,000	3,60,000
2	Deep Freezer (-20C)	1	6	1,50,000	9,00,000
3	Dual high output electric Breast pumps	1	6	1,50,000	9,00,000
4	Low output manual breast pump	1	6	30,000	1,80,000
5	Extra Reusable lactation sets supplied to be used with breast pumps	10	6	4,700	2,82,000
6	Polypropylene milk container	50	6	100	30,000
7	Bottle sealer with foil for sealing bottles	1	6	5,000	30,000
8	Stationeries	1	6	3,000	18,000
9	Stainless Steel strainer	2	6	500	6,000
10	Stainless steel wire mesh basket	2	6	1,500	18,000
11	Medical Ice box gel packs	2	6	10,000	1,20,000
12	Autoclave - portable table top	1	6	50,000	3,00,000
13	Stainless steel mugs	6	6	100	3,600
14	Stainless steel bowls	6	6	150	5,400

15	KMC Chairs	5	6	2,000	60,000
16	Tables - 2 Nos	2	6	3,000	36,000
	Equipment Sub total (A)				**36,00,000**
17	Infrastructure Modification (Partition of rooms for donor collection, counselling, processing and storage including IEC activities) **(B)**	1	6	5,00,000	30,00,000
	GRAND TOTAL (C=A+B)				**66,00,000**

(Note: *Items mentioned in S.No. 2,3,4,5 and 12 will be procured through TNMSC based on the existing approved technical specifications available and other items listed will be procured through local purchase for following codal procedure in place.)*

Activity Monitoring: The activities of the Lactation Management Centres (LMUs) shall be monitored quarterly based on institutional performance indicators, including admissions, mothers milk collected and dispensed, and sick newborns benefitted and their survival outcomes. Effective implementation is expected to reduce infant mortality, thereby contributing to the reduction of the State Infant Mortality Rate (IMR).

DECISION POINTS:

1. The Mission Director, NHM-TN may be permitted to establish (6 LMUs) through the concerned directorates at a cost of Rs.66.00 lakhs at
    i. Government District Headquarters Hospital, Karaikudi, Sivaganga
    ii. Government District Headquarters Hospital, Paramakudi, Ramanathapuram
    iii. Government District Headquarters Hospital, Kovilpatti, Thoothukudi
    iv. GovernmentDistrict Headquarters Hospital, Tambaram, Chengalpattu
    v. Government District Headquarters Hospital, Mannargudi, Tiruvarur
    vi. Government District Headquarters Hospital, Jayankondam, Ariyalur

2. The Mission Director, NHM-TN may be permitted to release **Rs.36.00 lakhs** (**Rs.6.00 lakhs per facility**) to the Managing Director, Tamil Nadu Medical Services Corporation (TNMSC), Chennai, towards procurement of equipment at Sl. Nos. 2, 3, 4, 5 and 12 through the existing TNMSC Rate Contract (RC), adopting the approved technical specifications prescribed therein, while the remaining items shall be procured through local purchase by the respective Joint Directors of Health Services (JDHS) in accordance with the codal procedures in force.

3. The Mission Director, NHM-TN may be permitted to release **Rs.30.00 lakhs** (**Rs.5.00 lakhs per facility**) to the respective Joint Directors of Health Services (JDHS) towards civil and electrical modification works, including partition works for donor, collection, counselling, processing, and storage areas, for execution through the Public Works Department (PWD) as deposit works, as per the approved standard type design.

Annexure I: Performance of the Facilities:

Sl. No.	Name of District	Name of FBNC	Average Total Admission for Last 3 years	Average <2.5Kg for last 3 years	Average total discharged for last 3 years
1	Ariyalur	SNCU DHQH Jayankondam	549	147	486
2	Chengalpattu	SNCU DHQH Tambaram	625	213	504
3	Ramanathapuram	SNCU DHQH Paramakudi	399	136	351
4	Sivaganga	SNCU DHQH Karaikudi	1096	385	1025
5	Thoothukudi	SNCU DHQH Kovilpatti	1043	455	962
6	Tiruvarur	SNCU DHQH Mannargudi	732	281	634
	Total		**4444**	**1617**	**3962**

Annexure II: Type Design and Blueprint

LACTATION MANAGEMENT UNIT (LMU)

Type Design and Blueprint (Layout)

Source: National Guidelines on Lactation Management Centres in Public Health Facilities, MoHFW

1. DEFINITION

Lactation Management Unit (LMU) is established in a District Hospital or Sub District Hospital with a functional SNCU of at least 12 beds where sick newborns are admitted for medical management. The unit should be established in the vicinity of the SNCU. The LMU is set up with collection and storage facility of Mother's Own Milk to fulfil the feeding requirement of admitted sick babies.

2. SALIENT FEATURES OF LMU

- No screening of mother is required as babies are fed by milk expressed by their own mothers.
- Emphasis on milk expression, counselling and support for better let down along with use of electric and manual pumps.
- Careful labelling of expressed milk and supervised dispensing.
- Pasteurization and testing of milk is not required.

States and UTs need to prioritise establishing LMU in the district hospital where SNCU with high bed strength (20 to 30 beds) is operational. If the SNCU already has necessary facilities for milk expression, storage (refrigerator and deep freezer), cleaning of milk expression and feeding equipment along with hand washing area for mothers, establishment of a separate LMU is not recommended.

3. INFRASTRUCTURE REQUIREMENT (TYPE DESIGN)

Optimum space requirement for a LMU is approximately 160 Sq. Mts. If the health facility with SNCU does not meet this minimum space requirement, facilities for milk expression, storage (refrigerator and deep freezer), cleaning of milk expression and feeding equipment along with hand washing for mothers should be provided in the SNCU/KMC area. Before establishing LMU, the District Programme Management Unit must carry out an appropriate need assessment.

The following facilities should be available in the LMU:

- Machine pumping
- Milk storage
- Thawing
- Washing facility
- Dispensing of milk

- Record keeping

4. ESSENTIAL AREAS

The design of the LMU would be a simpler and smaller version of CLMC with the following essential areas:

1. Reception cum administrative area: a smaller room/space than that of CLMC.

2. Counselling area: mothers of newborns admitted in SNCU may be counselled in the postnatal ward; mothers of outborn babies would require a small dedicated counselling room.

3. Milk expression area: similar to that of CLMC; however, provides milk expression facility for fewer mothers (2 to 3).

4. Cleaning area: similar to that of CLMC.

5. Milk storage area: equipped with horizontal deep freezer and a refrigerator with storage arrangement for collected Mother's Own Milk.

6. Shower and changing room for mothers and Sluice room.

No separate milk processing area and laboratory is required for the LMU. For proper functioning of LMU, one refrigerator exclusively for keeping human milk should be kept in the SNCU/KMC room as per existing GoI guidelines.

BLUEPRINT: SUGGESTED LAYOUT DESIGN FOR LMU

(Schematic representation; approx. total area 160 Sq. Mts.)

ENTRY **(from SNCU / KMC side)**	RECEPTION CUM ADMINISTRATIVE AREA (record keeping)	COUNSELLING ROOM (for mothers of outborn babies)
SHOWER AND CHANGING ROOM FOR MOTHERS	HAND WASHING AREA	MILK EXPRESSION AREA (2 to 3 mothers, electric and manual pumps)
SLUICE ROOM	CLEANING AREA (washing, autoclaving of pump sets and bottles)	MILK STORAGE AREA (horizontal deep freezer, refrigerator, thawing) DISPENSING OF MILK to SNCU / KMC

Flow of movement: Entry → Reception → Counselling → Shower and changing → Hand washing → Milk expression → Cleaning → Milk storage → Dispensing to SNCU/KMC.

Note: Actual room dimensions may be adapted to available space at the facility, kept in the vicinity of the SNCU.

AGENDA NO: 30/51/2026

Sub: NHM-TN - Placement of Human Resources to **District Early Intervention Centre** under Rashtriya Bal Swasthya Karyakram at Mayiladuthurai District – **Rs.9.48 lakh** - Approval requested - Reg.

Ref:
1. G.O.Ms.No.306, H&FW (EAP.II-1) Dept., dt.03.07.2025
2. G.O.Ms.No.09, H&FW (EAP.II-1) Dept., dt.19.01.26
3. Agenda No. 10/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
4. Minutes of the 50th EC Meeting held on 06.02.2026
5. PIP 2026-27
6. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. **Background:**

Rashtriya Bal Swasthya Karyakram (RBSK) Programme has been implemented under National Health Mission, aiming at early detection and management of the '4 Ds' prevalent among Children between 0-18 years – viz. Defects at birth, Diseases in Children, Deficiency conditions, and Developmental delays including disabilities, with a view to develop a healthy and competent Society.

Under RBSK, Early Intervention Centres are established in every district to provide referral support to Children detected with 4 D's during screening.

The children presumptively diagnosed to have a Disease, Deficiency. Disability and Defects (4 D's) who require confirmatory tests or further examinations are referred to the designated Tertiary level health facilities through DEICs. The follow-up is also done by the DEICs.

A total of 39 DEICs are strategically established across the State except Mayiladuthurai district with 32 centres located at Government Medical College Hospitals and 7 centres at District Headquarters Hospitals. In order to extend the same services to Mayiladuthurai District, the funds for Establishment of DEIC at Mayiladuthurai District was proposed in Supplementary PIP 2024-2026 and approved. Remodelling of existing infrastructure at old building – (5000 Sq. feet) Electrical requirement including the Differently Abled Friendly amenities DEICs at Mayiladuthurai has been approved at cost of Rs.45 lakh.

Currently, as per the ref 1st cited, the establishment of DEIC is under process and the civil works, which is expected to be completed by Aug 2026.

The DEICs require a multidisciplinary team to provide comprehensive care for children with 4Ds (Defects at birth, Diseases, Deficiency conditions, and Developmental delays including disabilities). These team will support early detection, intervention, and management of childhood disabilities, ensuring holistic care for children referred through RBSK screening.

Hence, the proposals for placement of Human Resources for New DEIC at Mayiladuthurai Government Headquarters Hospital was examined and finalized by the National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 10/50/2026.

2. **Status of Approval in 50th EC Meeting:**

The proposal towards the placement of Human Resources for New DEIC at Mayiladuthurai Government Headquarters was placed before the 50th Executive Committee Meeting and the same was approved vide references 3rd and 4th cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Thereafter, the proposal was incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. **Approval status of RoP 2026-27:**

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 6th cited), approved the following Human Resources under the National Health Mission:

Placement of Human Resources for New DEIC at Mayiladuthurai Government Headquarters Hospital Approved under NHM RoP 2026-27

Table 1 - Placement of Human Resources on contract basis - DHS					
Sl.No	**DEIC - Designation**	**No.of Posts**	**Basic Salary in Rs. Per month**	**Recurrent cost for 3 months in Rs.**	**In lakhs**
1	Audiologist and speech therapist	1	32,000	96,000	0.96
2	Data Entry Operator	1	17,500	52,500	0.53
3	System analyst / Data Manager	1	25,000	75,000	0.75
4	Dental technician	1	17,000	51,000	0.51
5	Early interventionist cum social worker	1	20,000	60,000	0.60
6	Lab technician	1	17,000	51,000	0.51
7	Optometrist	1	17,500	52,500	0.53
8	Physiotherapist	1	23,000	69,000	0.69
9	Psychologist	1	27,000	81,000	0.81
	Total	**9**	**1,96,000**	**5,88,000**	**5.88**

Table 2 – Human Resources in Regular scale Pay - MRB						
Sl. No.	**Name of the post**	**No. of Post**	**Educational Qualification**	**Details of pay**	**Remittance to Gov per month *No. of post in Rs.**	**Recurrent cost for 3 months in lakh**
1.	Assistant Surgeon (Paediatrician)	2	As per the existing rules		80,000	2.4

			and regulation in force	**Sanctioned in regular time scale of pay.**		
2.	Assistant Surgeon (Pedodontist/ Dentist)	1	As per the existing rules and regulation in force		40,000	1.2
Total					**1,20,000**	**3.6**

The above recurrent cost mentioned in the Table 1 and 2 has been calculated for only 3 months considering the time required to obtain Government orders and completion of recruitment. However, a sum of Rs. 24 lakh for contract posts and Rs.14.4 lakh for regular posts will be the annual recurrent cost.

4. **Proposal: Execution of placement of Human Resources.**

As per the existing norms, the placement of 9 contractual Human Resources under NHM as mentioned in the Table 1 will be placed through the concerned District Health Society.

The Pediatrician and Dentist as mentioned in the Table 2 will placed under the concerned Directorate on regular basis through MRB.

5. **Decision Points:**

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for execution of the approved Human Resources for New DEIC at Mayiladuthurai Government Headquarters Hospital and for taking further action required for placement.

1. The Mission Director, National Health Mission-TN may be permitted to send the proposal to Government for sanction of Human Resources.
2. The Mission Director, National Health Mission-TN, may be permitted to place Human Resources, as mentioned in Table 1, on contract mode through the concerned District Health Society as per codal procedures in force and as per the qualifications already followed for earlier DEICs.
3. The Mission Director, National Health Mission-TN may be permitted to place Paediatricians and Pedodontists/ Dentist at District Early Intervention Centres in Mayiladuthurai DHQH (Table–2) on diversion basis by Director of Medical and Rural Health Services as a temporary measure till the sanction of posts.
4. The Mission Director, National Health Mission may be permitted to remit the salary component for the posts sanctioned in time scale pay to the Government Receipt Account at the rate approved by the Government of India.
5. The Mission Director, National Health Mission may be permitted to release funds to the contract posts through the concerned District Health Society after approval.

AGENDA NO: 31/51/2026

Sub: NHM-TN – Child Health – Establishment of **Six new Nutritional Rehabilitation Centres (NRCs)** at Government Government Mohan Kumaramangalam Medical College and Hospital, Salem; Government Medical College Hospital,Villupuram; Government Medical College Hospital,Thoothukudi; Government Medical College Hospital, Tiruppur; District Head Quarters Hospital, Tirupathur and District Head Quarters Hospital, Kancheepuram and engagement of contractual Human Resources including HR support for Government Krishnagiri Medical College Hospital NRC – **Rs. 98.61 Lakhs** - Approval- requested.

Ref:

1. Minutes of the 50th Executive Committee Meeting, National Health Mission – Tamil Nadu.
2. FMR Code No: RCH 7.54, ROP 26-27
3. G.O.(Ms) No.349 dt: 19.12.2012
4. G.O.(Ms) No.277 dt: 07.08.2017
5. G.O.(Ms) No.413 dt: 21.11.2017
6. G.O.(Ms) No.162 dt: 19.05.2022
7. Proc.No.145/P15/NHM/2022 Dated: 01-09-2024
8. Agenda 67 of the 42nd EC Minutes dt 2.06.2022
9. Agenda 26 of the 47th EC Minutes dt 30.09.2024
10. Ref No. 9035/E/NHM/2021 dt: 12.03.2026
11. Operational Guidelines for Facility based Management of SAM children, MoHFW-2011

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1. Background

As per the National Family Health Survey (NFHS-6), **23.2%** of children under five years in Tamil Nadu are underweight, **20.7%** are stunted,**17.4%** are wasted and **4.9%** are severely wasted, indicating a persistent burden of child malnutrition. Further, **56.6%** of children aged 6–59 months are anaemic as per NFHS-5, increasing their susceptibility to infections and mortality. Preterm and low birth weight babies are also at increased risk of developing Severe Acute Malnutrition (SAM) during infancy.

Children suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) with medical complications require facility-based management through Nutritional Rehabilitation Centres (NRCs), where specialized medical care, therapeutic feeding, nutritional counselling and follow-up services are provided.

At present, **12 Nutritional Rehabilitation Centres** are functioning across the State in a phased manner. Considering the increasing burden of malnutrition and geographical accessibility, establishment of six additional NRCs has become essential to strengthen facility-based nutritional rehabilitation services.

At present, the following 12 Nutritional Rehabilitation Centres are functioning, which were sanctioned in a phased manner.

Table-1

Sl. No.	Name of the Nutritional Rehabilitation Centre
	Phase -1
1.	Government Medical College Hospital, Dharmapuri
2.	Government District Head Quarters Hospital, Perambalur
3.	Institute of Child Health and Hospital for Children , Egmore, Chennai
4.	Government Medical College Hospital, Tiruvannamalai
5.	Government Rajaji Hospital, Madurai
6.	Government Medical College Hospital, Tirunelveli
	Phase -2
7.	Government Medical College Hospital, Vellore
8.	Government Medical College Hospital, The Nilgiris
	Phase -3
9.	Government District Head Quarters Hospital, Erode
10.	Government Medical College Hospital, Karur
11.	Government Medical College Hospital, Krishnagiri
12.	Government Stanley Medical College Hospital, Chennai

As per the references 3rd, 4th, 5th and 6th cited, Nutrition Rehabilitation Centres (NRCs) have been established at the following institutions: Government Medical College Hospital, Dharmapuri; Government District Headquarters Hospital, Perambalur; Institute of Child Health and Hospital for Children, Egmore, Chennai; Government Medical College Hospital, Tiruvannamalai; Government Rajaji Hospital, Madurai; Government Medical College Hospital, Tirunelveli; Government Medical College Hospital, Vellore; and Government Medical College Hospital, The Nilgiris.

Further, approval for the establishment of NRCs at Government District Headquarters Hospital, Erode; Government Medical College Hospital, Karur; and Government Stanley Medical College Hospital, Chennai was obtained in the 42nd Executive Committee meeting and accorded in the Record of Proceedings (RoP) 2022–23.

Subsequently, as per Announcement SPI No. 5750 made by the Honourable Finance Minister — "A Nutrition Rehabilitation Centre will be set up at Government Medical College Hospital, Krishnagiri at a cost of Rs. 25.00 lakh" (P.R. No. 525, dated 11.03.2024, Dharmapuri) — the NRC at Government Medical College Hospital, Krishnagiri, along with three other Medical College Hospitals, was established vide the reference 7th cited, and ratification for their operationalization was obtained vide the reference 9th cited.

Table-2 Performance of Existing NRCs 2025-26

S.No	Name of facility where NRC is located	Admission	Discharges with target 15% weight gain & (%)
1	Government Medical College Hospital, Dharmapuri	431	341 (79%)
2	Government District Head Quarters Hospital, Perambalur	431	360 (83%)

S.No	Name of facility where NRC is located	Admission	Discharges with target 15% weight gain & (%)
3	Institute of Child Health and Hospital for Children , Egmore, Chennai	346	259 (75%)
4	Government Medical College Hospital, Tiruvannamalai	583	489 (83%)
5	Government Rajaji Hospital, Madurai	466	397 (85%)
6	Government Medical College Hospital, Tirunelveli	588	412 (70%)
7	Government Medical College Hospital, The Nilgiris	199	155 (77%)
8	Government Medical College Hospital, Vellore	531	429 (81%)
9	Government Medical College Hospital, Karur	1054	811 (77%)
10	Stanley Medical College Hospital, Chennai	314	276 (88%)
11	Government District Head Quarters Hospital, Erode	441	354 (80%)
12	Government Medical College Hospital, Krishnagiri	225	176 (78%)
	Total	**5609**	**4459 (79%)**

2. Status of Approval in 50th EC Meeting

The proposal for establishment of **six new Nutritional Rehabilitation Centres (NRCs)** and engagement of required contractual human resources was placed before the **50th Executive Committee Meeting** of the National Health Mission – Tamil Nadu. The Executive Committee recommended the proposal for inclusion in the **Record of Proceedings (RoP) 2026-2027** for approval by the Government of India.

3. Approval Status of RoP 2026-2027

The Government of India has approved the proposal under **RoP 2026-2027**.

Under **FMR Code RCH 7.54(1)**, a sum of **Rs.97.18 lakhs** has been approved towards establishment of **six Nutritional Rehabilitation Centres** at Government Mohan Kumaramangalam Medical College and Hospital, Salem; Government Medical College Hospital, Villupuram; Government Medical College Hospital, Thoothukudi; Government Medical College Hospital, Tiruppur; District Head Quarters Hospital, Tirupathur and District Head Quarters Hospital, Kancheepuram.

Sl.No	Component	Amount (Rs. in Lakhs)
1	Civil Modification for 6 NRC Rs 10 Lakhs x 6 NRC Annexure-II	60
2	One time cost for establishing new NRC	12

	(Rs 2 Lakh x 6 centre) Annexure- I	
3	Operational cost @ Rs.1.1Lakh / NRC for 6 Centre	6.66
4	Human Resource for 3 Staff Nurse, 1 Nutrition Counsellor and 1 Cook cum Caretaker for 3 months	18.52
	Total	**97.18**

Further, under **FMR Code HSS 185**, the Government of India has approved **Rs.5.70 lakhs per month** towards the engagement of **18 Staff Nurses, 6 Nutrition Counsellors, and 6 Cook-cum-Caretakers** for the establishment of above six new NRCs. In addition, **Rs.0.95 lakh per month** has also been approved under **HSS 185** towards the engagement of **3 Staff Nurses, 1 Nutrition Counsellor, and 1 Cook-cum-Caretaker** for the existing NRC at Government Medical College Hospital, Krishnagiri.

(***Note:*** *The total financial implication is* ***Rs.98.61 lakhs****, as against the* ***RoP 2026–27 approved amount of Rs.97.18 lakhs****, due to the revision in the pay scale of the contractual human resources approved for the year* ***2026–27****. Further, the proposal includes* ***three months' salary*** *for the contractual human resources, as only* ***three months of HR support*** *was approved in the RoP 2026–27, considering the time required for the establishment and operationalization of the six newly established Nutritional Rehabilitation Centres (NRCs).)*

4. Proposal

It is proposed to establish 10 bedded **Six new Nutritional Rehabilitation Centres (NRCs)** at Government Mohan Kumaramangalam Medical College and Hospital, Salem; Government Medical College Hospital, Villupuram; Government Medical College Hospital, Thoothukudi; Government Medical College Hospital, Tiruppur; District Head Quarters Hospital, Tirupathur and District Head Quarters Hospital, Kancheepuram for providing comprehensive facility-based management of children suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) with medical complications.

They have been selected on the twin criteria of high malnutrition burden and absence of an existing NRC in the district which together account for over 6,300 SAM/MAM children identified in the ongoing community screening 2025-26 (Salem 1,545, Tiruppur 1,516, Villupuram 1,489, SAM+MAM cases), ranking among the highest caseloads in uncovered districts of the State.

This burden is corroborated by NFHS-5, which records severe wasting well above the state average of 5.5% in Thoothukudi (7.7%), Kancheepuram (6.9%) and Tiruppur (10.3%), underweight above 20% in most of these districts, and a high load of very-low-birth-weight babies (183 in Salem alone during Apr–Dec 2025) who are at greatest risk of progressing to SAM in infancy.

Locating the NRCs with equitable geographic spread across the western, northern, southern and coastal belts and functioning as referral hubs for the surrounding high-burden blocks, thereby helping closing the facility-based care gap for severely malnourished children in these districts.

The proposal includes civil modifications, procurement of kitchen and essential equipment, operational support and engagement of contractual human resources for the six newly established NRCs and Government Krishnagiri Medical College Hospital NRC.

Each newly established NRC will be provided with **three Staff Nurses, one Nutrition Counselor and one Cook-cum-Caretaker**.

The prescribed qualification for the contractual personnel shall be as follows:

Table-3: Placement of Human Resources

S.No	*NRC-Designation*	*Total No. of posts*	*Basic Qualification Required*	*Basic salary in Rs. per month/post*	*Total Recurrent cost for 3 months in lakhs*	*Mode of Appointment*
1	Staff Nurse	21 (3/NRC)	Diploma in General Nursing and Midwifery (GNM) with one year of experience or Bachelor of Science in Nursing (B.Sc. Nursing) from a recognized institution	21000	13.23	District Health Society/MRB
2	Nutrition Counsellor	7 (1/NRC)	Degree from a recognized University with Nutrition, Food Science, Dietetics or equivalent qualification	21000	4.41	District Health Society
3	Cook-cum-Caretaker	7 (1/NRC)	Matriculation (10th Standard Pass) with previous experience in cooking, preferably in institutional or hospital settings	11000	2.31	District Health Society

***(Note:** The proposal includes the **engagement of contractual human resources for the six newly established Nutritional Rehabilitation Centres (NRCs) and HR support for the existing Nutritional Rehabilitation Centre at Government Krishnagiri Medical College Hospital**, as approved under **FMR Code HSS 185** of the RoP 2026–27)*

The proposed intervention will strengthen nutritional rehabilitation services, improve recovery rates among severely malnourished children, enhance caregiver counselling and contribute towards reduction in child morbidity and mortality in Tamil Nadu.

Fund Details:

The details are furnished below:

S.No	**Activity component**	**Amount required (Rs. In lakhs)**
1	Civil Modification for 6 NRC Rs 10 Lakhs x 6 NRC Annexure-II	60
2	One time cost for establishing new NRC (Rs 2 Lakh x 6 centre) Annexure- I	12
3	Operational cost @ Rs.1.1Lakh / NRC for 6 Centre	6.66
4	Human Resource - 3 Staff nurse x Rs 21000/ month/ Staff nurse x 7 NRC (including Krishnagiri MCH NRC) x 3 months Table-2	13.23
5	Human Resource - 1 Nutrition Counselor (Feeding Demonstrator) for each of the NRC for 7 NRC (including Krishnagiri MCH NRC) Rs.21000 / month x 3 months Table-2	4.41

S.No	Activity component	Amount required (Rs. In lakhs)
6	Human Resource - 1 Cook cum care taker (Feeding Demonstrator) for each of the NRC for 7 NRC (including Krishnagiri MCH NRC) Rs.11000 / month x 3 months x 7 NRC Table-2	2.31
Total		**98.61**

Activity Monitoring: The activities of the Nutrition Rehabilitation Centres (NRCs) shall be monitored quarterly based on institutional performance indicators, including admissions, discharges, partial and target weight gain among SAM and MAM children. Effective implementation is expected to reduce malnutrition, thereby contributing to the reduction of the State Under 5 Mortality Rate (U5MR).

5. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to establish **Six Nutritional Rehabilitation Centres (NRCs)** at Government Mohan Kumaramangalam Medical College and Hospital, Salem; Government Medical College Hospital, Villupuram; Government Medical College Hospital, Thoothukudi; Government Medical College Hospital, Tiruppur; District Head Quarters Hospital, Tirupathur and District Head Quarters Hospital, Kancheepuram at a total establishment cost of **Rs. 98.61 Lakhs** and obtain necessary government orders for the same.

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release funds towards civil and electrical modification works at **Rs.10.00 lakhs** per NRC to the respective Deans/Joint Directors of Health Services (JDHS) for execution through the Public Works Department (PWD) as deposit works, with the modifications being carried out as per the approved standard type design.

3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to utilize the available savings, if required, to meet any additional financial requirement arising out of the estimates furnished by the Public Works Department (PWD) for the above civil and electrical modification works.

4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release the approved one-time establishment cost of **Rs.2.00 lakhs** per NRC (Rs.12.00 lakhs for six NRCs) towards **procurement of kitchen items and other essential items** through local purchase in accordance with the codal procedures in force, and to release the approved **operational cos**t of **Rs.1.11 lakhs** per NRC (Rs.6.66 lakhs for six NRCs).

5. The Mission Director, National Health Mission – Tamil Nadu may be permitted to engage **21 Staff Nurses, 7 Nutrition Counsellors, and 7 Cook-cum-Caretakers** on a contractual basis through the respective District Health Societies/ MRB f***or the six newly established Nutritional Rehabilitation Centres (NRCs) and HR support for the existing Nutritional Rehabilitation Centre at Government Krishnagiri Medical College Hospital,***, as per the approved qualifications and remuneration under NHM norms.

Annexure -I

Details of the equipment and supplies for NRC one time supply

A. Essential Ward Equipment
Glucometer – (1)
Thermometers (preferably low-reading – (2)
Weighing scales (Digital) (3: one each to be kept in Ward, Outpatient and Emergency area)
Infantometer (1 each for OPD and NRC)
Stadiometer (to measure standing height) (1)
Resuscitation equipment
Suction equipment (low pressure)

B.Other Ward Equipment
IV Stands
Almirahs
Shoe rack & dustbin
Room heaters
IEC – Audi/visual materials (TV, Posters, etc.)
Toys for structural play area (Safe, Home made toys can be used as well)
Calculator
Reference height and weight charts
Cots, Mattresses, Curtains
Dining Table and Chair

C.Kitchen Equipment
Cooking Gas
Dietary scales (to weigh to gms)
Measuring jars
Electric Blender (or manual whisks)
RO Water Filter
Refrigerator
Utensils (large containers, cooking utensils, feeding cups, saucers, spoons, jugs etc.)

Budget estimate (for a 10 bedded NRC)			
Sl.No	**Items**	**Unit Cost**	**Total Cost**
1	Essential Ward Equipment –A	50,000	3,00,000
2	Other Ward Equipment -B	75,000	4,50,000
3	Kitchen Equipment –C	75,000	4,50,000
Total (One – time expenditure)		**2,00,000**	**12,00,000**

Annexure -II

NUTRITION REHABILITATION CENTRE (NRC)

Type Design and Criteria for Civil Works

1. Location and Size of the NRC

The NRC is a special unit located within a health facility, dedicated to the initial management and nutrition rehabilitation of children with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). At a District Hospital / Medical College Hospital, the NRC shall have 10–20 beds; at an FRU/CHC, the NRC shall have 6–10 beds. The unit shall be a distinct area within the health facility, in proximity to the paediatric ward / in-patient facility. The number of beds shall be estimated based on the expected caseload of SAM/MAM children with medical complications, existing health infrastructure, accessibility and population inequities of the district.

The NRC shall have a cheerful, stimulating and child-friendly environment. Walls may be brightly painted and decorated with child-friendly themes. The ward shall have sufficient space for all mothers/caregivers staying with the children, to sit together, and to be given cooking and feeding demonstrations.

2. Type Design — Functional Areas of the NRC

2.1 Patient Area with Semi-Cabin Formation for Each Bed

The patient area shall house the beds in a semi-cabin (semi-partitioned cubicle) formation, providing each mother–child unit privacy while permitting continuous visual supervision from the nursing station.

- **Semi-cabin design:** Each bed shall be enclosed on three sides by partitions of approximately 4–5 ft height (half-walls or modular panels), with the side facing the nursing station kept open. Partitions shall have a smooth, washable, easily cleanable finish with curved/rounded edges for child safety.
- **Cot for mother:** Each semi-cabin shall accommodate one paediatric/adult bed for the child and one separate cot for the mother/caregiver, so that the mother can stay comfortably with the child round the clock. Adult-size beds are provided so the mother can also be with the child during feeding and care.
- **Space per cabin:** Each semi-cabin shall have a minimum floor area of about 150 sq ft to accommodate the child's bed, the mother's cot, a bedside locker/stool and free movement space for feeding and nursing care.
- **Fittings:** Each cabin shall be provided with an individual light point, an electrical socket, a mosquito-proof window (where along the external wall), and a call-bell/buzzer connected to the nursing station.
- **Circulation:** A clear circulation corridor of minimum 5 ft width shall run in front of the row of semi-cabins for trolley and staff movement.

2.2 Play and Counselling Area: A dedicated area with toys, play material, audiovisual equipment (TV/DVD) and IEC material for structured play therapy, psychosocial stimulation and nutrition/health counselling of mothers.

2.3 Nursing Station: Centrally placed with an unobstructed line of sight to all semi-cabins; provided with a work counter, storage for drugs/registers, hand-washing point and emergency tray.

2.4 Kitchen and Food Storage Area: Attached to the ward, or partitioned within the ward, with enough space for cooking, therapeutic feed preparation, feeding and demonstration to mothers. Platforms shall be of easily cleanable material (granite/stainless steel); provided with a sink with running water, exhaust ventilation, and rodent/insect-proof food storage.

2.5 Dining Area for Mothers / Caregivers

- **Provision:** A separate dining area shall be provided adjacent to the kitchen, with washable dining tables and seating for all admitted mothers/caregivers to take meals together. This area shall also serve for group feeding demonstrations and nutrition education sessions.
- **Specifications:** The dining area shall have a hand-washing point at the entry, smooth washable flooring and walls, adequate lighting and ventilation, and mosquito/fly-proofing.
- **Size:** Approximately 150 sq ft for a 10-bedded unit and 250 sq ft for a 20-bedded unit, permitting comfortable seating of 10–20 caregivers at a time.

2.6 Toilet, Bathroom and Hand-Washing Facilities: Attached toilet and bathroom facilities for mothers and children (minimum two each), along with two separate hand-washing areas. Fixtures shall include child-friendly fittings and 24-hour running water.

3. Space Norms / Covered Area

The approximate covered area shall be about 150 sq ft per bed, plus 30% for ancillary areas. Indicative space distribution:

Space / Component	10-Bedded Unit	20-Bedded Unit
Patient area (semi-cabins) @ ~150 sq ft per bed	1,500 sq ft	3,000 sq ft
Play and counselling area	200 sq ft	350 sq ft
Nursing station	80 sq ft	120 sq ft
Kitchen and food storage (attached/partitioned)	150 sq ft	250 sq ft
Dining area for mothers/caregivers	150 sq ft	250 sq ft
Toilets and bathrooms (2 each) + 2 hand-washing areas	150 sq ft	200 sq ft
Ancillary/circulation (~30% of patient area)	450 sq ft	900 sq ft
Approximate total covered area	~2,700 sq ft	~5,100 sq ft

(Note: Areas are indicative and may be adapted to site conditions, subject to the per-bed norm of ~150 sq ft plus 30% ancillary space being maintained)

4. Criteria for Civil Works

- **Floor surfaces:** Floor surfaces shall be easily cleanable (kota stone / vitrified anti-skid tiles) and shall minimize the growth of microorganisms; joints shall be sealed and coving provided at wall junctions.

- **Walls:** As with floors, the ease of cleaning and durability of wall surfaces must be considered; washable paint / glazed tile dado up to at least 4 ft height in patient, kitchen and dining areas. Semi-cabin partitions shall likewise be of durable, washable material.
- **Water supply:** The unit shall have a 24-hour uninterrupted running water supply, with piped supply to the kitchen, dining hand-wash point, toilets, bathrooms and hand-washing areas.
- **Power supply:** The unit shall have a 24-hour uninterrupted, stabilized power supply, with backup arrangement; each semi-cabin to have an individual light and socket point.
- **Lighting:** All areas — semi-cabins, nursing station, kitchen, dining and play areas — shall be well lit with natural and artificial lighting.
- **Ventilation:** The unit shall be adequately ventilated, especially the kitchen and dining areas (exhaust fans / cross-ventilation).
- **Mosquito and fly screens:** All windows shall be covered with mosquito and fly screens; doors of kitchen and dining areas to have self-closing fly-proof mesh shutters.
- **Child safety:** Rounded edges on all partitions and furniture, non-slip flooring, protected electrical points at child-safe height, and grills/guards on windows.
- **Sanitation and waste:** Segregated storage and disposal points for biomedical and general waste, and adequate drainage with anti-fly traps for kitchen and washing areas.

5. Furniture Requirement (per bed / unit)

- One paediatric/adult bed per child with mattress and washable cover, within each semi-cabin.
- One cot with a mattress for the mother/caregiver in each semi-cabin.
- Bedside locker/stool, one per semi-cabin.
- Dining tables and chairs/benches in the dining area sufficient for all admitted caregivers.
- Demonstration table, weighing scales platform, and counselling seating in the play/counselling area.

AGENDA NO. 32/51/2026

Sub: National Health Mission – TN – Anaemia Mukt Bharat- Strengthening of Test-Treat- Talk- Track Strategy under ***"Irumbu Kanmani Thittam"*** for a tune of **Rs. 637.43 lakhs** - Approval requested – Reg.

Ref: 1. Announcement by Hon'ble Health&Family Welfare Minister- 25000 Adolecent health and wellness camps will be conducted in schools throughout the state in the year 2023-2024.
2. RCH.7.52 - Anaemia Mukt Bharat Hb with DIH
3. RCH.5.38 – Organizing Adolescent Health & Wellness Day

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1. Background:

Anaemia continues to be a significant public health challenge in Tamil Nadu, with adolescents being a highly vulnerable group due to rapid growth, increased nutritional requirements, and, among girls, the onset of menstruation.

Indicators	NFHS-5 (2020-21)		
	Urban	Rural	Total
Adolescent girls 15-19 years who are anaemic (%)	50.6	54.9	52.9

Under the Anaemia Mukt Bharat (AMB) strategy, early identification, prompt management, and sustained behaviour change communication are critical to reducing anaemia prevalence.

To operationalize the objectives of the AMB strategy in a structured and school-friendly manner, the **Test–Treat–Talk–Track** approach was implemented. Under this approach, both adolescent boys and girls studying in **6th, 9th, and 11th standards** in Government and Government-aided Middle, Secondary, and Higher Secondary schools were clinically evaluated and subsequently subjected to blood sample collection and haemoglobin estimation using a cell counter for the detection and categorization of anaemia, followed by appropriate clinical management and behaviour change communication.

During 2025–2026, a total of 18,51,303 adolescents were screened under the Test–Treat–Talk–Track approach, revealing an anaemia prevalence of 51% (9,37,278 adolescents).

2. Status of Approval in 50th EC Meeting

The Following proposal for strengthening of Test-Treat- Talk- Track Strategy for screening school adolescent girls and boys for detection and management of Anaemia were placed before the 50th Executive Committee Meeting under proposal New activities/State specific initiatives and the same was approved vide reference 1st & 2nd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

S. No	Component	Target Group	Calculation	Estimated Cost (in Lakhs)
1	Haemoglobin testing – Screening (Test)	Adolescent boys & girls of 6th, 9th & 11th Std in Govt. & Govt. aided schools	Rs. 15 per test × 28,33,026 students	**Rs. 424.95**
2	Haemoglobin testing – Follow-up (Treat)	Estimated 50% anaemic students	Rs. 15 per test × 14,16,513 students	**Rs. 212.48**
3	Incentives to volunteers for ensuring re-testing of adolescents	Adolescent boys & girls of 6th, 9th & 11th Std in Govt. & Govt. aided schools	Rs. 10 per adolescent x 28,33,026 adolescents	**Rs. 283.3**
Total Cost				**Rs.920.73**

2. Approval status of RoP 2026-27:

A. Budget approved for the strengthening of the Test–Treat–Talk–Track Strategy under "Irumbu Kanmani Thittam" for adolescent anaemia screening.

S. No	FMR Code	Component	Target Group	Calculation	Estimated Cost (in Lakhs)
1	RCH.7.52	Haemoglobin testing – Screening (Test)	Adolescent girls of 6th, 9th & 11th Std	Rs. 15 per test × 28,33,026 students	**Rs. 424.95**
2		Haemoglobin testing – Follow-up (Treat)	Estimated 50% anaemic students	Rs. 15 per test × 14,16,513 students	**Rs. 212.48**
Total Cost					**Rs.637.43**

B. Budget approved for procurement of Prophylactic Weekly Iron and Folic Acid Tablets

S. No	FMR Code	Component	Target	Calculation	Estimated Cost (in Lakhs)
1	RCH.5.36	Weekly Iron and Folic Acid Supplementation	52 IFA tablets for 8546119 adolescents in Govt/Govt.aided/Private schools	Rs. 0.1438 X 52 tablets X 8546119 adolescents	**Rs. 639.04**
Total Cost					**Rs.639.04**

C. Budget approved for Organising Adolescent Health & Wellness Days

S. No	FMR Code	Component	Target	Calculation	Estimated Cost (in Lakhs)
1	RCH.5.38	Peer Education Programme	Organising Adolescent Health & Wellness Days in 15,497 schools	Rs. 1000 per quarter for 4 quarters	**Rs. 619.88**
Total Cost					**Rs.619.88**

3. Proposal: strengthening of the Test–Treat–Talk–Track Strategy under "Irumbu Kanmani Thittam"

Adolescence represents a critical window for intervention, as anaemia during this stage has long-term implications for physical growth, cognitive development, educational attainment, productivity, and future maternal health.

Component	Proposed Intervention under Irumbu Kanmani Thittam	Expected Outcome
Test	● Universal haemoglobin screening of **all adolescents' girls** studying in 6th, 9th, and 11th standards using Point-of-Care Digital Haemoglobinometers in schools, **irrespective of clinical evaluation,** to enable early detection and management of anaemia.	● Point-of-care haemoglobin testing provides immediate results at the screening site, enabling early detection of anaemia and prompt initiation of treatment. It reduces dependence on laboratory infrastructure, minimizes turnaround time, improves accessibility in school and community settings, and enhances screening coverage.
Treat	● Management of identified anaemic adolescents through a structured treatment protocol based on the severity of anaemia. ● Mild and moderate anaemic adolescent girls will receive a therapeutic regimen of Iron and Folic Acid (IFA) tablets (containing 60 mg elemental iron) under the Weekly Iron and Folic Acid Supplementation (WIFS) programme on a daily basis for 90 days. Following completion of therapy, haemoglobin levels will be reassessed, and those who do not demonstrate an improvement in haemoglobin	● Ensures standardized clinical management, timely treatment, improved treatment adherence, and reduced anaemia-related complications among adolescents.

Component	Proposed Intervention under Irumbu Kanmani Thittam	Expected Outcome
	levels will be referred to higher health facilities for further evaluation and appropriate clinical management. ● Severe anaemic adolescent girls will be referred to higher health facilities for further evaluation and appropriate clinical management.	
Talk	● Leveraging Adolescent Health and Wellness Clubs & Days to enable RBSK and PHC Medical Officers to deliver behaviour change communication and **individualized counselling** on iron-rich diets, adherence to Iron and Folic Acid (IFA) supplementation, menstrual hygiene management, deworming, healthy dietary practices, and prevention of anaemia. ● The details of adolescent girls identified with anaemia will be shared with the MCH Call Centre through the NALAM App/PICME platform for telephonic follow-up counselling, reinforcement of treatment adherence, dietary advice, and ensuring timely follow-up and referral, as required.	● Strengthens awareness through counselling at Adolescent Health and Wellness Days and regular telephonic follow-up by the MCH Call Centre, improving treatment adherence, healthy dietary practices, continuity of care, and long-term prevention of anaemia among adolescent girls.
Track	● Development of a **dedicated module in the NALAM App** for digital recording and real-time tracking of screened adolescents, including haemoglobin status, treatment, counselling, follow-up, referral, and programme outcomes.	● Enables real-time monitoring, longitudinal follow-up, improved data quality, timely identification of defaulters, evidence-based programme management, and enhanced accountability.

Prioritization of Adolescent Girls for Anaemia Control

During the formulation of the **PIP 2026–27**, haemoglobin screening of both adolescent boys and girls (N=28,33,026, *Source: EMIS data received on 30.06.2026*) studying in 6th, 9th, and 11th standards in Government and Government-aided schools was proposed under the Test–Treat–Talk–Track Strategy. However, considering the available programme evidence indicating a higher prevalence of anaemia among adolescent girls **57% (5,72,471)** screened under the Test–Treat–Talk–Track Strategy

during 2025–2026 (*Source: DPH Reports*), their increased physiological vulnerability due to the **onset of menstruation**, and the significant implications for **future maternal and child health**, it is proposed to **prioritize adolescent girls** (N=8,66,730, *Source: EMIS data received on 30.06.2026*) first under the strengthened intervention. This targeted approach will enable optimal utilization of available resources while maximizing the public health impact of the programme.

For the procurement of Digital Haemoglobinometers (DIHs), a Technical Expert Committee has been constituted to finalize the technical specifications, ensuring procurement of quality-assured equipment in accordance with programme requirements. The procurement of Digital Haemoglobinometers (DIHs) and related consumables shall be carried out through the **Tamil Nadu Medical Services Corporation** (TNMSC) following the prescribed tender procedures.

Table 1: Financial Requirement for Haemoglobin Screening and Follow-up of Adolescent Girls

S.No	Component	Target Group	Calculation	Estimated Cost (In lakhs)
1	Haemoglobin **Screening** - Testing using DIH	Adolescent Girls of 6th, 9th & 11th std in Govt. & Govt. aided schools = N=8,66,730	Rs. 15 per test X 8,66,730 adolescent girls with 10% Buffer	**Rs. 143.01**
2	Haemoglobin Testing – **Follow-up**	Estimated 57% of adolescent girls = N=4,94,036 adolescent girls	Rs. 15 per test X 4,94,036 adolescent girls with 10% Buffer	**Rs. 81.52**
Total Cost Required (A)				**Rs. 224.53**
Total Approved Amount (B)				**Rs.637.43**
Remaining Amount (C)				**Rs. 412.9**

Provision for Therapeutic Iron and Folic Acid (IFA) Supplementation

As per the RoP 2026–27, approval has been accorded only for the procurement of Iron and Folic Acid (IFA) tablets under the Weekly Iron and Folic Acid Supplementation (WIFS) programme for prophylactic supplementation among adolescents. However, no financial provision has been made for the procurement of IFA tablets required for therapeutic management of mild and moderate anaemia.

Considering the high prevalence of anaemia among adolescent girls in Tamil Nadu, it is proposed that the available balance amount of **Rs. 412.90 lakh** may be utilized for the procurement of Iron and Folic Acid (IFA) tablets to provide therapeutic doses (600mg elemental iron for 90 days) to mild and moderate anaemic adolescent girls, in accordance with the prescribed treatment protocol under the strengthened Test–Treat–Talk–Track Strategy.

Table 2: Financial Requirement for Procurement of Therapeutic WIFS for Mild and Moderate Adolescent Anaemic Girls

S.No	Component	Total Tablets required	Unit Cost (as per current RC)	Estimated Cost (In lakhs)
1	Therapeutic dose of *60 mg elemental iron* for mild and moderate anaemic adolescent girls	4,94,036 beneficiaries X 1 tablet per day X 90 days with 10% buffer = **4,89,09,564 tablets**	Rs. 0.105	**Rs. 51.36**
Total Cost Required (A)				**Rs. 51.36**
Remaining Amount (C) (Table 1)				**Rs. 412.9**
Balance Amount (D)				**Rs. 361.54**

To strengthen the ***Track*** component of the Test–Treat–Talk–Track Strategy, it is proposed to develop a dedicated module in the NALAM App for digital recording and real-time tracking of screened adolescents, including haemoglobin status, treatment, counselling, follow-up, referrals, and programme outcomes.

The remaining balance amount of **Rs. 361.54 lakh** may be utilized for the development, implementation, and maintenance of the dedicated NALAM App module to facilitate end-to-end digital monitoring and ensure effective tracking of adolescent beneficiaries under the programme.

As approved in the RoP 2026–27, financial assistance of Rs.1,000 per school per quarter has been earmarked for the conduct of Teen Health Day. It is proposed that Rs.500 per school per quarter may continue to be utilized for conducting Teen Health Day, as followed during the financial years 2024–25 and 2025–26. The remaining Rs.500 per school per quarter may be pooled and utilized for the development of IT enabled monitoring of school health services including RBSK, Anaemia Management , KKT etc., for which a detailed proposal will be submitted separately.

5. DECISION POINTS:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for Strengthening of Test-Treat-Talk- Track Strategy under "*Irumbu Kanmani Thittam* for taking further action required for implementation of the programme.

1. The Mission Director, National Health Mission, Tamil Nadu, may be permitted to utilize the funds approved under **FMR Code: RCH 7.52** for the **Expansion of the Test–Treat–Talk–Track Strategy through Irumbu Kanmani Thittam** during **2026–27**, for the procurement of Digital Haemoglobinometers (DIHs) to undertake haemoglobin screening of **adolescent girls** studying in **6th, 9th, and 11th standards** in Government and Government-aided schools through TNMSC.

2. The Mission Director, National Health Mission–Tamil Nadu, may be permitted to utilize **Rs. 51.36 lakh**, from the funds approved under **FMR Code: RCH 7.52** for the procurement of Digital Haemoglobinometers (DIHs), **towards the procurement of therapeutic Iron and Folic Acid (IFA) tablets** for the management of **mild and moderate anaemia** among adolescent girls.

3. The Mission Director, National Health Mission–Tamil Nadu, may be permitted to utilize the balance amount of **Rs. 361.54 lakh**, after the procurement of Digital Haemoglobinometers (DIHs) and therapeutic Iron and Folic Acid (IFA) tablets, for the **development of a dedicated Anaemia Module in the NALAM App** under the Irumbu Kanmani Thittam.

4. The Mission Director, National Health Mission–Tamil Nadu, may be permitted to utilize the remaining financial assistance of **Rs. 309.94 Lakhs (Rs. 500 per school per quarter)**, approved under the **FMR Code: RCH.5.38** for Teen Health Day, towards the development of an **IT-enabled monitoring system for school health services**, including RBSK, Anaemia Management, *Irumbu Kanmani Thittam,* Kannoli Kaapom Thittam, Mental Health and other adolescent health interventions and to submit a detailed proposal separately for approval.

Annexure - 1 - School Data									
Sl. NO	**District**	**No of Blocks**	**No of Schools**	**100 to 500**	**501 to 1000**	**51 to 100**	**less than 50**	**More than 1000**	**Grand Total**
1	ARIYALUR	6	251	15	1	35	199	1	251
2	CHENGALPATTU	8	386	56	4	45	278	3	386
3	CHENNAI	10	482	112	10	55	302	3	482
4	COIMBATORE	15	489	83	6	66	333	1	489
5	CUDDALORE	14	598	56	7	54	479	2	598
6	DHARMAPURI	10	532	41	2	48	440	1	532
7	DINDIGUL	15	471	52	10	56	351	2	471
8	ERODE	14	494	60	6	45	383		494
9	KALLAKURICHI	9	372	44	7	42	277	2	372
10	KANCHEEPURAM	5	236	22	6	29	179		236
11	KANNIYAKUMARI	9	377	48	2	43	283	1	377
12	KARUR	8	288	27	3	22	236		288
13	KRISHNAGIRI	10	559	44	7	58	449	1	559
14	MADURAI	15	550	71	12	53	409	5	550
15	MAYILADUTHURAI	5	219	25	2	23	168	1	219
16	NAGAPATTINAM	6	225	24	3	30	168		225
17	NAMAKKAL	15	332	35	4	48	245		332
18	PERAMBALUR	4	170	17	1	19	133		170
19	PUDUKKOTTAI	13	544	68	5	65	406		544
20	RAMANATHAPURAM	11	360	50	2	38	270		360
21	RANIPET	8	265	32	4	26	201	2	265
22	SALEM	21	673	83	10	75	499	6	673
23	SIVAGANGAI	12	470	32	8	48	382		470
24	TENKASI	10	312	44	9	38	219	2	312
25	THANJAVUR	15	535	52	12	60	410	1	535
26	THE NILGIRIS	4	206	17		14	175		206
27	THENI	8	299	28	4	30	235	2	299
28	THOOTHUKKUDI	13	477	58	5	42	371	1	477
29	TIRUCHIRAPPALLI	16	574	81	11	48	431	3	574
30	TIRUNELVELI	11	350	57	4	33	252	4	350
31	TIRUPATHUR	6	299	39	4	32	223	1	299
32	TIRUPPUR	14	433	60	6	43	322	2	433
33	TIRUVALLUR	14	484	53	7	56	367	1	484
34	TIRUVANNAMALAI	18	711	84	5	66	555	1	711
35	TIRUVARUR	10	388	24	1	38	322	3	388
36	VELLORE	8	309	34	11	25	239		309
37	VILLUPURAM	13	513	57	1	74	379	2	513
38	VIRUDHUNAGAR	11	461	65	8	58	327	3	461
	TOTAL	**414**	**15694**	**1850**	**210**	**1680**	**11897**	**57**	**15694**

Annexure - 2 - Field Team								
S.No	**HUD**	**Block PHC / CHC**	**Urban CHC**	**Rural PHC**	**Urban PHC**	**Total**	**RBSK Team (Rural)**	**RBSK Team (Urban)**
1	Aranthangi	6	0	27	1	34	12	
2	Ariyalur	6	0	32	2	40	12	
3	Attur	8	0	29	2	39	16	
4	Chengalpattu	8	0	30	12	50	16	1
5	Chennai	0	16	0	143	159		31
6	Cheyyar	8	0	33	3	44	16	
7	Coimbatore	12	6	39	33	90	24	3
8	Cuddalore	14	0	52	7	73	26	
9	Dharmapuri	10	0	41	1	52	16	
10	Dindigul	7	1	29	3	40	14	2
11	Erode	14	1	49	14	78	28	
12	Kallakurichi	9	0	36	1	46	18	
13	Kancheepuram	5	0	19	5	29	10	1
14	Kanniyakumari	9	0	30	9	48	18	
15	Karur	8	0	24	6	38	16	
16	Kovilpatti	5	0	18	2	25	10	
17	Krishnagiri	10	0	47	6	63	20	
18	Madurai	13	3	41	33	90	26	3
19	Mayiladuthurai	5	0	24	3	32	10	
20	Nagapattinam	6	0	19	3	28	12	
21	Namakkal	15	0	40	9	64	30	
22	Palani	7	0	25	3	35	14	
23	Paramakudi	6	0	22	2	30	12	
24	Perambalur	4	0	25	1	30	8	
25	Poonamallee	1	2	4	7	14	2	
26	Pudukottai	7	0	33	3	43	14	
27	Ramanathapuram	5	0	21	4	30	10	
28	Ranipet	7	0	26	4	37	14	
29	Salem	12	3	38	16	69	24	2
30	Sivaganga	12	0	37	5	54	24	
31	Sivakasi	6	0	25	5	36	12	
32	Tenkasi	10	0	37	6	53	20	
33	Thanjavur	14	0	56	8	78	28	
34	The Nilgiris	4	0	30	5	39	8	
35	Theni	8	0	28	6	42	16	
36	Thirupattur	6	0	26	6	38	12	
37	Thoothukudi	7	0	21	8	36	14	
38	Tiruchirapalli	14	3	50	19	86	28	2
39	Tirunelveli	9	1	33	11	54	18	3
40	Tirupur	13	1	34	21	69	26	2
41	Tiruvallur	13	0	39	3	55	26	
42	Tiruvannamalai	10	0	43	3	56	20	
43	Tiruvarur	10	0	37	4	51	20	
44	Vellore	7	2	26	13	48	14	3
45	Villupuram	13	0	51	3	67	26	
46	Virudhunagar	5	0	17	2	24	10	
Tamil Nadu		388	39	1443	466	2336	770	53

AGENDA NO: 33/51/2026

Sub: National Health Mission – Adolescent Health - Engagement of 29 District Adolescent Health and Nutrition Co-ordinators on a Contractual Basis in 29 Districts of Tamil Nadu at a total cost of Rs.100.92 lakhs- Approval requested – Reg.

Ref:
1. Agenda No. 10/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
2. Minutes of the 50th EC Meeting held on 06.02.2026
3. RoP 2026-27

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1. Background:

Rashtriya Kishor Swasthya Karyakram is a paradigm shift- realigns the existing clinic-based curative approaches to focus on a more holistic model. It is based on continuum of care for Adolescent Health and development needs through the three-tier public health system based on services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities. A multi-component intervention targeting both determinants of health problems and their consequences.

The programme expands the scope of Adolescent Health- from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. The Strength of the program is its health promotion approach.

Phase -1

Rashtriya Kishor Swasthya Karyakram a health programme for adolescents, in the age group of 10-19 years, this activity is being implemented in Tamil Nadu since 2014-15 in 12 high priority districts (16 HUDs) as first phase vide reference 1st cited.

Phase -2

In the year 2017-18 the programme has been extended to 12 more districts (14 HUDs) vide reference 2nd cited as second phase in the State. Therefore, currently this programme is being implemented in 24 districts (30 HUD).

Phase -3

To strengthen the programme in the remaining 14 non-RKSK districts and address adolescent health issues comprehensively across the State, RKSK has extended to all 14 non-RKSK districts in Phase-3 (2024-25). The districts covered under this phase include Coimbatore, Cuddalore, Erode, Chennai, Kanyakumari, Mayiladuthurai, Nagapattinam, Salem, Sivagangai, The Nilgiris, Theni, Tirupur, Thiruvallur, and Thiruvarur. Tamil Nadu has been a pioneer in implementing RKSK, ensuring adolescents receive appropriate care and support.

Under the NHM RoP 2024-25 (FMR RCH.5.40), the Government of India has approved towards Monthly Remuneration with Mobility and Communication Support for 9 RKSK District Coordinators.

In order to maintain uniformity state wide, in the PIP 2026-2027 it was proposed for the placement of additional RKSK coordinators in Phase -2 and Phase -3 districts so as to improve overall adolescent health as the RKSK Coordinators play a pivotal role in all districts.

2. Status of Approval in 50th EC Meeting

The Following proposal for engagement of 29 RKSK District Co-ordinators on contract basis were placed before the 50th Executive Committee Meeting under proposal for additional Human Resources and the same was approved vide reference 1st & 2nd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Table 1: **Engagement of 29 RKSK District Co-ordinators**

S. No	Activity	Calculation	Amount (₹) in Lakhs
1.	Engagement of 29 RKSK District Co-ordinators on contract basis	₹29,000/month × 29 Coordinators × 3 months	Rs.100.92
Total			**Rs.100.92**

3. Approval status of RoP 2026-27:

Budget approved as engagement of 29 District Adolescent Health and Nutrition Co-ordinator on contract basis

S. No	FMR Code	Activity	Calculation	Amount (₹) in Lakhs
1.	HSS.9.185	Engagement of District Adolescent Health and Nutrition coordinator in 29 districts on contract basis	₹29,000/month × 29 Coordinators × 3 months	Rs.100.92
Total				**Rs.100.92**

4. Proposal: Engagement of 29 District Adolescent Health & Nutrition Co-ordinator on contract basis

The engagement of 29 District Adolescent Health & Nutrition Coordinators on contract basis is essential for strengthening the implementation, monitoring, and convergence of adolescent health and nutrition interventions under the National Health Mission in Tamil Nadu. These Coordinators will serve as the dedicated district-level resource persons to ensure effective planning, implementation, supportive supervision, capacity building, and monitoring of all activities under the Rashtriya Kishor Swasthya Karyakram (RKSK).

Name of the post	No.of Posts	Mode of Hiring	Remuneration per month	Qualification
Adolescent Health & Nutrition Co-ordinator	29	Through District Health Society	Rs. 29,000/- per month	MA Social Work / MA Sociology with Psychology background/ MA Psychology

The Job Responsibilities:

1. At Adolescent Friendly Health Centres (AFHCs)- To ensure and monitor the functionality of all AFHCs in the blocks by verifying that the approved annual operational support is effectively utilized for maintaining essential infrastructure and adolescent-friendly services.

   This includes ensuring the adolescent-appropriate IEC materials (charts, posters, leaflets, wall paintings, etc.), proper centre signage and directional boards, and uninterrupted availability of essential commodities such as contraceptives, Iron and Folic Acid (IFA) tablets, Albendazole tablets, Dicyclomine tablets, sanitary napkins, and other approved supplies. The Coordinator shall conduct regular monitoring visits, identify gaps, facilitate corrective actions, and ensure compliance with RKSK operational guidelines.

2. Each Coordinator in the district will be visiting outreach areas, specially VHNDs, AWCs and Schools along with the Adolescent Health clubs and days, under Peer Educator counselling the adolescents on sessions regarding the Health, Nutrition and other related adolescent Health issues

i. The Coordinator must ensure the participation of all target adolescents of that particular village / area and mobilized them with the help of VHN/ UHN / ASHA (10 to 19 years married, unmarried, school going, out of schools).
ii. Minimum two visits per week to be made to VHNDs/Schools/AH clubs at SC/ Local Adolescent club, etc.
iii. The Coordinator may coordinate with RBSK team for making necessary field visits to visit schools/AWCs and facilitate counselling to adolescent groups (10 to 19 years) on RKSK priority areas.
iv. The Coordinator should submit a tentative advanced tour plan to the DHO / CHO for the inspection of the above Adolescent Health programme
v. In case of any change in the schedule of visits, the same should be intimated to the concern person.
vi. The coordinator should identify the problems of the adolescents in the area and accordingly address those problems during the counselling.
vii. The coordinator may also take part in the IEC/BCC campaign to address the problem in the areas.

viii. They need to take part in Focussed Group Discussions during their visits to address adolescent health problems and issues (Early marriage/teenage pregnancy/area specific problems)

ix. A brief report mentioning visited institutions/Places/No. of adolescents counselled/ Topic on which counselling was provided/FGD conducted etc. should be submitted to district as well as state monthly via email.

With the expansion of the Test–Treat–Talk–Track (TTTT) Strategy under "Irumbu Kanmani Thittam", the District Adolescent Health & Nutrition Coordinators will play a pivotal role in ensuring systematic implementation of haemoglobin screening, timely treatment, counselling, referral, and follow-up of anaemic adolescents. They will coordinate with Health, Education, and other line departments to monitor programme performance, address implementation gaps, ensure data quality, and facilitate timely reporting, thereby improving treatment compliance and reducing the burden of anaemia among adolescents.

Further, these Coordinators are indispensable for the effective implementation of the Menstrual Hygiene Management (MHM) Programme, including monitoring the availability and distribution of sanitary napkins, strengthening adolescent counselling services, promoting menstrual hygiene awareness, coordinating behaviour change communication activities, and ensuring convergence with schools and community platforms.

In addition, the Coordinators will oversee the functioning of Adolescent Friendly Health Centres (AFHCs), support the implementation of Weekly Iron and Folic Acid Supplementation (WIFS), National Deworming Day activities, Peer Educator Programme, Adolescent Health Days, and other RKSK interventions. They will ensure adherence to programme guidelines through regular field monitoring, supportive supervision, capacity building of field functionaries, and timely corrective actions. Considering the increasing scope of adolescent health and nutrition initiatives and the need for continuous district-level monitoring, inter-sectoral coordination, and programme management, the placement of 29 District Adolescent Health & Nutrition Coordinators is critically required to achieve the intended health outcomes and ensure effective implementation of adolescent health programmes across all districts of Tamil Nadu.

In the ROP 2026-2027, the Government of India has approved the placement of 29 additional Co-ordinators as District Adolescent Health and Nutrition Co-ordinators complementing the existing 9 RKSK Co-ordinators, to ensure that all 38 Districts have dedicated personnel vide reference 3rd cited.

Mode of Hiring:

The services of the District Adolescent Health and Nutrition Co-ordinators will be engaged through the respective District Health Societies as per the existing rules in force, on a contractual basis. The Co-ordinators will be deployed at the district level to facilitate the effective implementation, monitoring, coordination, and supportive supervision of

adolescent health and nutrition interventions under the Rashtriya Kishor Swasthya Karyakram (RKSK).

Financial Implication:

Sl. No	Particulars	Amount (in Lakhs)
1	Monthly remuneration for one District Adolescent Health and Nutrition Co-ordinator	Rs. 29,000 × 12 months = Rs. 3.482
2	Annual financial implication for 29 District Adolescent Health and Nutrition Co-ordinators	29 Co-ordinators × Rs. 29,000 × 12 months = Rs. 100.923 lakh
3	Proposed financial requirement for FY 2026–27 (3 months only)	29 Co-ordinators × Rs. 29,000 × 3 months = Rs. 25.23

As the engagement of the District Adolescent Health and Nutrition Co-ordinators is subject to the issuance of **Government Orders and completion of the recruitment process**, approximately **six months will be required** for administrative formalities. Hence, financial approval is sought **only for three months** during the current financial year, amounting to Rs. 25.23 lakh.

5. DECISION POINTS:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for the engagement on contract basis of 29 District Adolescent health & Nutrition Co-ordinator on contract basis for taking further action required for implementation of the programme.

1. The Mission Director, National Health Mission-TN may be permitted to place 29 District Adolescent Health and Nutrition Co-ordinators on Contract basis through respective District Health Societies with the Qualification of MA Social Work / MA Sociology with Psychology background/ MA Psychology with the base pay of ₹29,000/month.
2. The Mission Director, National Health Mission - TN may be permitted to send necessary proposal to the government to obtain the permission for above said activities.
3. The Mission Director, National Health Mission–Tamil Nadu, may be permitted to submit a proposal to the Government for renaming the existing 9 District RKSK Coordinators as "District Adolescent Health and Nutrition Coordinators" to ensure uniformity in the nomenclature of programme personnel.

Annexure: Engagement of 29 District Adolescent Health and Nutrition Co-ordinators on contract basis

Sl. No	Districts	No. of Posts	Remuneration per month	Total amount required for 3 months (in lakhs)
1	CHENGALPATTU	1	29000	0.87
2	CHENNAI	1	29000	0.87
3	COIMBATORE	1	29000	0.87
4	CUDDALORE	1	29000	0.87
5	DHARMAPURI	1	29000	0.87
6	DINDIGUL	1	29000	0.87
7	ERODE	1	29000	0.87
8	KALLAKURICHI	1	29000	0.87
9	KANCHEEPURAM	1	29000	0.87
10	KANNIYAKUMARI	1	29000	0.87
11	KARUR	1	29000	0.87
12	MAYILADUTHURAI	1	29000	0.87
13	NAGAPATTINAM	1	29000	0.87
14	NAMAKKAL	1	29000	0.87
15	PUDUKKOTTAI	1	29000	0.87
16	RAMANATHAPURAM	1	29000	0.87
17	RANIPET	1	29000	0.87
18	SALEM	1	29000	0.87
19	SIVAGANGAI	1	29000	0.87
20	TENKASI	1	29000	0.87
21	THANJAVUR	1	29000	0.87
22	THE NILGIRIS	1	29000	0.87
23	THENI	1	29000	0.87
24	THOOTHUKKUDI	1	29000	0.87
25	TIRUPATHUR	1	29000	0.87
26	TIRUPPUR	1	29000	0.87
27	TIRUVALLUR	1	29000	0.87
28	TIRUVARUR	1	29000	0.87
29	VILLUPURAM	1	29000	0.87
TOTAL		**29**	**841000**	**25.23**

AGENDA NO: 34/51/2026

Sub: NHM–TN – Tribal Health – **Establishment of a Tribal Mobile Medical Unit (MMU)** for **Udumalpet Block in Tiruppur District** – Required Human Resources (Medical Officer, Staff Nurse, Lab Technician, and Driver), Drugs, Diagnostics, and Operational Costs – Required funds amounting to **Rs.6.75 Lakhs** – Approval of the EC requested – Reg.

Ref:
1. Minutes of the 50th Executive Committee Meeting Agenda No:12/50/2026 of the 50th EC meeting held on 6.2.26.
2. PIP - 2026-2027.
3. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background

According to the Directorate of Tribal Welfare, Government of Tamil Nadu, the Scheduled Tribe (ST) population is approximately **7.94 Lakhs, representing 1.14%** of **the total state population.** Tribal communities, particularly Vulnerable Tribal Groups (PVTGs), face difficulties in access to healthcare due to difficult nature of the terrain, have high Maternal Mortality Rates (MMR) attributed to poor nutrition, anemia, and primitive birthing practices.

To address these challenges, the 20 **Tribal Mobile Medical Units (MMU) has been operational since 2014-15 through 20 NGOs across 14 districts**. The tribal Mobile Medical Unit team consists of one Medical Officer, Staff Nurse, Lab Technicians and Driver. These units provide essential health services to remote settlements where long distances, lack of transport, and dense forests hinder healthcare access. In **2025, the fleet was upgraded to specialized 4X4 New Gurkha vehicles** designed to traverse difficult geographical terrains.

Now, it is ascertained that Udumalpet Block in Tiruppur District contains 20 Tribal Settlements (including Mavadapoo, Gurumalai, and Thalinji, Ravanapuram ,Dhali, Kallpuram and Manupatti) with a total population of 4,056.

Currently, residents in these settlements face extreme barriers to accessing healthcare. Residents have to travel more than **80 kms via Pollachi and Kadamparai dam to reach the Erisinampatti Block PHC.**There is no proper road connectivity for the above tribal settlement. The people have to either **travel 3 to 4 hours via Pollachi, Anamalai and Kadamparai dam route to reach the Erisinampatti block PHC or to walk 3-4 hours in the forest in order to reach the PHC**.

Given that Tribal MMUs successfully operate in similar terrains in other districts, there is an urgent need to establish a dedicated unit for Udumalpet to serve this population.

2. Status of approval in 50th EC

A proposal for establishment of a Tribal Mobile Medical Unit (MMU) for Udumalpet Block in Tiruppur District through NGO as being done earlier in 14 Districts was placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 3rd cited), approved proposal for establishment of a Tribal Mobile Medical Unit (MMU) for Udumalpet Block in Tiruppur District under **FMR HSS.7-182.3 and 185.**

Table - I Approved cost for Operationalization of Tribal MMU- Operational cost for 9 months.

S.NO	Activity	Approved Unit cost in Rs. / month	Approved Cost Rs. in Lakhs, for 9 months
1.	POL	25,000	2.25
2.	Lab reagents	5,000	0.45
3.	FC & Maintenance	3,000	0.27
4.	Supervisory Charge	2,000	0.18
	Total Operational Cost	**35,000**	**3.15**

Table -II Approved Qualification for HR engagement for Tribal MMU unit.

S.NO	HR Name	Qualification	Mode of Appointment
1.	Medical Officer	MBBS	Through NGO (as being done earlier)
2.	Lab Technician	CMLT/DMLT with 2 years experience	Through NGO (as being done earlier)
3.	Staff Nurse	B.Sc(Nursing)/Diploma Nursing	Through NGO (as being done earlier)
4.	Driver	8th Pass with licence (Heavy Vehicle)	Through NGO (as being done earlier)

Table -III Approved cost for HR Remuneration of Tribal MMU unit for 3 months.

S.NO	HR Name	Remuneration Unit cost/month in Rs.	Remuneration Approved cost for 3 months Rs.in Lakhs
1.	Medical Officer	63,000	1.9
2.	Lab Technician	17,000	0.51
3.	Staff Nurse	21,000	0.63
4.	Driver	17,500	0.53
	Total	**1,18,500**	**3.6**

The approved budget for the Establishment of Tribal MMU in **Tiruppur district for 9 months-operational cost and HR remuneration – 3 months is Rs. 6.75 Lakhs.**

Proposal

Considering the successful implementation of 20 Tribal Mobile Medical Units (MMUs) across 14 tribal-populated districts since 2014–15, **there is an urgent need to establish a dedicated unit for** Udumalpet Block, Tiruppur District.

In view of the above, the approval of the Executive Committee is requested to operationalize the approved Tribal Mobile Medical Unit for Udumalpet Block, Tiruppur District, by:

1. Procuring one specialized 4x4 Gurkha vehicle through the State Health Transport Department, utilizing funds from the Tribal Welfare Department, subject to the permission of the Tribal Welfare Department, as been done earlier for 20 tribal veichles.

2. Engaging the required Human Resources through a suitable NGO selected by the District Health Society (DHS), Tiruppur, by following codal procedures in force. Though the above salary renumeration pertains for 9 months, due to administrative reasons, the amount has been proposed and approved only for 3 months considering the time taken for receipt of necessary Government Orders.

3. Executing the necessary Memorandum of Understanding (MoU) between the DHO and NGO.

4. Releasing the approved funds in accordance with NHM financial norms,

5. Procuring essential drugs and diagnostic consumables through the Tamil Nadu Medical Services Corporation (TNMSC) by DHO.

Decision Points:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for the Establishment of a Tribal Mobile Medical Unit (MMU) for **Udumalpet Block in Tiruppur District – Required Human Resources (Medical Officer, Staff Nurse, Lab Technician, and Driver), Drugs, Diagnostics, and Operational Costs.**

1. The Mission Director, National Health Mission-TN **may be permitted to establish one Tribal Mobile Medical Unit (MMU) for the Udumalpet Block in Tiruppur District** through a suitable **Non-Governmental Organization (NGO) selected through DHS.**
2. The Mission Director, National Health Mission-TN **may be permitted to submit the proposal for Government Order for the administrative establishment of Tribal MMU**.
3. The Mission Director, National Health Mission-TN **may be permitted to procure a specialized 4X4 Gurkha vehicle through the State Health Transport Department, utilizing balance funds from the Tribal Welfare Department,** subject to the permission of the Tribal Welfare Department.
4. The Mission Director, National Health Mission-TN **may be permitted to engage 1 Medical Officer ,1 Staff Nurse ,1 Lab Technician and 1 Driver on a**

contractual basis as per NHM norms through the suitable NGOs as currently implementing the Tribal Mobile Medical Unit (MMU) programme in other Tribal Populated Districts. This engagement will be formalized via a **Memorandum of Understanding (MoU) signed by the District Health Officer, Tiruppur and selected NGO.**

5. The Mission Director, National Health Mission-TN **may be permitted to incur the expenditure for HR remuneration and operational cost through the DHO of Tiruppur district to the NGOs.** Quarterly advances shall be settled with the NGOs within 30 days of the commencement of the following quarter, subject to the **annual renewal of the Memorandum of Understanding (MoU) with the NGO.**
6. The Mission Director, National Health Mission-TN **may be permitted to procure essential drugs and diagnostics through the Tamil Nadu Medical Services Corporation (TNMSC)** and authorize the issuance of a passbook to the District Health Officer (DHO), Tiruppur, for the issue of drugs to the NGO.

AGENDA NO: 35/51/2026

Sub: NHM–TN – Tribal Health – **Operationalization of 25 Multi-Purpose Centres (MPCs)** under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN) – Funds amounting to **Rs.63.125 lakh** required for the provision of essential drugs, and diagnostics and services of ANM – Approval requested – Regarding.

Ref:
1. G.O.(D).NO.28 dt: 29.2.2024, Adi Dravidar and Tribal Welfare (TD.1(1) Department.
2. G.O.(D).NO.218 dt:04.11.2024, Adi Dravidar and Tribal Welfare (TD.1(1)] Department.
3. G.O.(MS).NO.32 dt: 13.03.2025, Adi Dravidar and Tribal Welfare (TD.1(1)] Department.
4. G.O.(MS).NO.48 dt: 07.04.2025, Adi Dravidar and Tribal Welfare (TD.1(1)] Department.
5. Minutes of the 50th Executive Committee Meeting Agenda No: 12/50/2026 of the 50th EC meeting held on 6.2.26
6. PIP- 2026-2027.
7. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. BACKGROUND

The Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN) was launched by the Hon'ble Prime Minister on 15th November 2023, with the objective of improving the socio-economic conditions of **Particularly Vulnerable Tribal Groups (PVTGs)** by ensuring the delivery of essential services and infrastructure **across 11 critical intervention areas.**

One of the key interventions under PM-JANMAN is the establishment of Multi-Purpose Centres (MPCs) to provide multiple essential services under one roof in small PVTG habitations that have remained underserved due to inaccessibility or non-fulfilment of eligibility criteria under various Government schemes.

The Ministry of Tribal Affairs (MoTA), Government of India, has sanctioned 60 Multi-Purpose Centres for Tamil Nadu and issued the necessary operational guidelines. Based on these guidelines, the Tribal Welfare Department, Government of Tamil Nadu, has obtained the required Government Orders for the **25 MPCs approved for FY 2023–24,** and has initiated the establishment of these **25 centres across PVTG areas and balance 35 MPCs approved in 2024-2025** under the construction.

In Tamil Nadu, the PM-JANMAN Mission covers **695 villages across 21 Health Unit Districts.** The proposed Multi-Purpose Centres will function as integrated service hubs, facilitating access to health, nutrition, education, skill development, financial inclusion, and other essential Government services for PVTG communities.

Each MPC shall be staffed with **one Auxiliary Nurse Midwife (ANM)** and equipped with **EDL drugs and basic diagnostics** on par with a Health Sub-Centre, to ensure delivery of comprehensive primary healthcare services.

The ANMs shall work in close coordination with **Anganwadi Workers (AWWs) and ASHA workers** to improve the health and nutritional status of PVTG communities.

The scope of the project includes the following:

i) Healthcare Service Delivery: The ANM shall provide the following services at each MPC:

- Maternal and child healthcare, including antenatal and postnatal care
- Immunization services
- Family welfare services
- Management of common ailments
- Screening for communicable and non-communicable diseases
- Health education and awareness
- Implementation of National Health Programmes
- Referral services
- Maintenance of health records

2. Status of Approval of 50th EC Meeting

The proposal for engagement of 25 ANMs at 25 MPCs was placed before the 50th Executive Committee Meeting of National Health Mission – Tamil Nadu. Vide Agenda No.12/50/2026 held on 06.02.2026. The Executive Committee recommended inclusion of the proposal in the programme Implementation Plan (PIP) 2026-2027 for approval by the Government of India.

3. Approval status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 4th cited), approved the following Health System Strengthening (Rural) under **FMR 8.1.1.1, HSS7.180.4 and 181-Activity 11.**

The approved budget for the operationalization of 25 MPCs for one year is **Rs. 63.125 Lakhs**. The project also includes the provision of operational support to ensure the effective functioning and sustainability of the Multi-Purpose Centres.

Sl. No.	Activity	Unit Cost (Rs in lakhs)	Total Cost (25 units) (Rs. Lakhs)	Remarks
1	ANM Salary @ Rs. 17,500/month)	0.175	13.125	3 months HR Cost approved for 25 posts
2	Essential Drugs	1.0	25.00	Per year
3	Diagnostic Services	1.0	25.00	Per year
Total		**2.17**	**63.125**	

Table II -Approved HR qualification for HR engagement for 25 MPCs

HR Post	Qualification	Mode of engagement (contract basis)
ANM	Should have passed Higher Secondary School Examination and 2 years ANM Course conducted by DPH approved Institutions	Through District Health Society (DHS)

3.Proposal

Whereas the Ministry of Tribal Affairs (MoTA), Government of India, has sanctioned 60 Multi-Purpose Centres (MPCs) for Tamil Nadu under the PM-JANMAN Mission, of which 25 MPCs approved during FY 2023–24 have been completed and are ready for operationalization; and whereas the Record of Proceedings (RoP) for FY 2026–27 has approved the required Human Resources, EDL drugs, and basic diagnostics for these centres;

It is proposed to operationalize health service delivery in the 25 completed MPCs by:

Engaging 25 ANMs on a contractual basis, as per NHM norms, **through the respective District Health Societies**; Though the above salary renumeration pertains for 9 months, due to administrative reasons, the amount has been proposed and **approved only for 3 months** considering the **time taken for receipt of necessary Government Orders.**

1. Providing essential drugs and diagnostic services through the Tamil Nadu Medical Services Corporation (TNMSC), and
2. Releasing the approved funds in accordance with NHM financial norms,

so as to ensure uninterrupted delivery of comprehensive primary healthcare services to PVTG habitations.

3. **DECISION POINTS**

1. **The Mission Director, National Health Mission, may be permitted to engage 25 ANMs on a contractual basis** through the respective **District Health Societies**
2. **The Mission Director, National Health Mission, may be permitted to procure E**DL drugs and basic diagnostics on par with a Health Sub-Centre **through the Tamil Nadu Medical Services Corporation** (TNMSC) and iincorporated into the existing passbooks of the deployed Tribal Mobile Medical Units (MMUs), including PM-JANMAN Regular MMUs, in the respective PVTG-populated Districts to facilitate the issuance of drugs and diagnostics by the DHOs for the Multipurpose Centres (MPCs) serving the PVTG hamlets.
3. The Mission Director, National Health Mission **may be permitted to incur the expenditure for HR remuneration through the DHS** of the respective districts to the DHO.

ANNEXURE

List of approved MPC in the State

Sl. No.	District	Taluka/Block/Mandal	Village
1	Chengalpattu	Chengalpatu	Kallvai
2	Chengalpattu	Maduranthakam	Aatchivalagam
3	Chengalpattu	Thirukalukundram	Annai Sathya Nagar
4	Coimbatore	Coimbatore North	Naickenpalayam
5	Coimbatore	Coimbatore North	Anaikatti (South)
6	Coimbatore	Mettupalayam	Gopanari R.F.
7	Cuddalore	Kattumannarkovil	Palajannallur
8	Cuddalore	Panruti	Melur
9	Dharmapuri	Pennagaram	Ajjanahalli
10	Dharmapuri	Pappireddipatti	Kundalamaduvu
11	Ranipet	Arakonam	pulithangal
12	Ranipet	Arakonam	Vettangulam
13	Thiruvannamalai	Thiruvannamalai	Kalingaleri
14	Tiruvannamalai	Thandrampet	Kottaiyur
15	Tiruvannamalai	Tiruvannamalai	Melkachirapattu
16	Tiruvannamalai	Thandrampet	Kalnaduputhur
17	Tiruvannamalai	Thandrampet	Thanipadi
18	The Nilgiris	Kotagiri	koccod
19	The Nilgiris	Gudalur	Kodamoola
20	The Nilgiris	Kotagiri	Denad
21	The Nilgiris	Udhagamandalam	Sholur
22	Viluppram	Marakanam	Thenneri
23	Viluppram	Gingee	Ammankulathumedu
24	Viluppuram	Vikkiravandi	Nallampalayam
25	Viluppuram	Vanur	Ozhidhiyapattu

AGENDA NO: 36/51/2026

Sub:	National Health Mission – TN – NCD – Cancer – Strengthening Cancer Management – provision of Targeted Therapy and Immunotherapy for patients treated for Cancer on Curative intent to the tune of Rs 1622.52 lakhs – through TNMSC - Approval requested - Reg
Ref:	1. Minutes of the 50th EC Meeting held on 06.02.2026 2. Approved Activity under Record of Proceedings (RoP) 2026-2027

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1. Background:

Cancer is one of the leading causes of morbidity and mortality in Tamil Nadu, accounting for a substantial disease burden and requiring long-term treatment and follow-up. Several initiatives are being undertaken under the Tamil Nadu Cancer Care Mission to strengthen the continuum of cancer care, including early detection through Organized Cancer Screening, enhancement of diagnostic services, strengthening of Regional Cancer Centres, expansion of radiotherapy facilities, and upgradation of tertiary cancer treatment infrastructure across the State.

2. Cancer Management in Government Health Institutions:

Cancer Management services are being provided in the following 18 Govt institutions; -

1. Government Arignar Anna Memorial Cancer Hospital, Kanchipuram
2. Regional Cancer Centre, Government Medical College Hospital, Coimbatore
3. Regional Cancer Centre, Government Hospital, Royapettah
4. Regional Cancer Centre, Government Medical College Hospital, Thanjavur
5. Regional Cancer Centre, Government Medical College Hospital, Madurai
6. Regional Cancer Centre, Government Medical College Hospital, Tirunelveli
7. Rajiv Gandhi Government General Hospital, Chennai
8. Government Stanley Medical College, Chennai
9. Tamil Nadu Government Multi-Super Speciality Hospital, Omandurar, Chennai
10. Institute of Obstetrics and Gynaecology, Government Hospital for Women and Children, Chennai

11. Government Medical College Hospital, Salem
12. Government Medical College Hospital, Thoothukudi
13. Government Medical College Hospital, Thiruvannamalai
14. Government Medical College Hospital, Dharmapuri
15. Government Medical College Hospital, Pudukkottai
16. Government Medical College Hospital, Kanyakumari
17. Government Medical College Hospital, Villupuram
18. Kalaignar Centenary Super Speciality Hospital, Chennai

All these institutions are being systematically strengthened with high end equipment for providing standard treatment to the reported cancer patients, which in turn has resulted in catering to an increased case load.

TNCMCHIS-Oncology Procedure Performance						
Claims Settled in 2025 (Amt. in Cr.)						
Department	**Govt**		**Pvt**		**% Nos**	
	Nos	**Amt.**	**Nos**	**Amt.**	**Govt.**	**Pvt.**
Medical Oncology	16,425	31.34	10,519	25.62	61%	39%
Surgical Oncology	7,227	15.61	2,111	6.51	77%	23%
Radiation Oncology	10,550	41.27	8,245	34.54	56%	44%
Total	34,202	88.21	20,875	66.67	62%	38%

Source : CMCHIS 2025

While Surgery, Chemotherapy and Radiotherapy continue to remain the cornerstone of cancer treatment, advances in Oncology have enabled the use of Targeted Therapy and Immunotherapy in selected patients based on tumour biology and molecular characteristics.

Targeted Therapy is a form of precision medicine that acts on specific molecular targets involved in the growth and spread of cancer cells, whereas Immunotherapy stimulates the body's immune system to recognize and destroy cancer cells.

These therapies are currently included in standard treatment protocols for several malignancies including Breast Cancer, Lung Cancer, Colorectal Cancer, Ovarian Cancer, Liver Cancer, Gastrointestinal Stromal Tumours and selected Haematological Malignancies. These therapies have demonstrated

significant improvement in treatment response, survival outcomes and quality of life in patients with specific cancer types and clinical indications

2. Status of Approval in 50th EC Meeting:

Hence, the proposal for provision of **Targeted Therapy and Immunotherapy drugs** for eligible cancer patients undergoing treatment with curative intent in Government cancer treating institutions was placed before the **50th Executive Committee Meeting**, and the same was approved vide reference **1st cited** for inclusion in the **Programme Implementation Plan (PIP) 2026-27**.

3.Approval status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 2nd cited), approved the activity under the National Health Mission, as follows:

FMR CODE	SL.NO	SCHEME/ACTIVITY	AMOUNT PROPOSED (IN LAKHS)	AMOUNT APPROVED (IN LAKHS)	GOI REMARKS FOR ROP
NCD.5	110	Other NP-NCD Components	1622.52	1622.52	Rs. 1622.52 Lakhs for Targeted Immunotherapy for cancer patients for 18 Centers

Proposal:

Based on the case load in major Government cancer treatment institutions, it is estimated that approximately 5% of cancer patients may require Targeted Therapy and around 3% may require Immunotherapy as part of their treatment protocol planned with curative intent.

At present, the high cost of these drugs poses a significant financial burden on patients and their families, often resulting in treatment interruption or non-initiation of recommended therapy. Provision of these drugs through Government institutions would ensure equitable access to advanced cancer treatment and reduce out-of-pocket expenditure among cancer patients.

In view of the above, it is proposed to procure Targeted Therapy and Immunotherapy drugs for eligible cancer patients receiving treatment in the above-mentioned Government institutions.

An annual budget requirement of **Rs.16.225 Crore (Rs.1,622.50 Lakhs)** has been estimated towards procurement of the required Targeted Therapy

and Immunotherapy drugs for eligible cancer patients in 18 institutions as detailed in Table 1.

Table 1: Detailed Financial Break-up

Institution		**Expected Patient Load (No. of New cases/annum)**		**Targeted Therapy**			**Immunotherapy**		
Type	**No**	**Per centre**	**Total Expected**	**Expected Load for targeted**	**Average cost for 12**	**Total Expected Expenditure**	**Expected load for Immunotherapy**	**Average cost for 12**	**Total Expected Expenditure Immunotherapy**
				therapy (about 5%of new cases)	cycles (in Lakhs)	for Targeted Therapy (in Lakhs)	(about 3% of new cases)	cycles (in Lakhs)	(in Lakhs
Apex Centre	1	1000	1000	50	2.5	125	30	5	150
RCC	5	500	2500	125		312.5	75		375
TCC	12	200	2400	120		300	72		360
Total	18		5900	295		737.5	177		885
Total Expected Budget for Targeted and Immunotherapy (Rs. In Lakhs)							**1622.5**		

Decision points:

I. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission may be permitted to **introduce high end**

II. **Targeted therapy and Immunotherapy in Government Oncology units** for needed patients diagnosed with cancer.

III. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission, may be permitted to constitute an **expert committee to finalise the list** of Targeted Therapy and Immunotherapy drugs to be introduced with curative intent.

IV. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission, may be permitted to deposit **Rs 1622.52 lakhs** to Tamil Nadu Medical Services Corporation Limited (TNMSC) towards procurement of necessary Targeted therapy and Immunotherapy drugs as Specialty Drugs.

AGENDA NO: 37/51/2026

Sub:	National Health Mission – TN – NCD – Tamil Nadu Cancer Care Mission – **Implementation of Cancer Survivorship Programme** in 10 High-Load Government Cancer Treatment Institutions at the cost of **Rs.32.75 lakhs** – Approval requested – Reg.
Ref:	1. Minutes of the 50th EC Meeting held on 06.02.2026 2. Approved Activity under Record of Proceedings (RoP) 2026-2027

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1. Background:

As part of the Tamil Nadu Cancer Care Mission, the State is planning to implement a Cancer Survivorship Programme in selected high-load Government cancer treating institutions to provide comprehensive survivorship care services for cancer survivors across Tamil Nadu.

With the increasing cancer caseload and growing demand on the health system for long-term cancer management, there is a need to strengthen the continuity of care for individuals diagnosed with cancer. While significant investments have been made to improve early detection, diagnosis and treatment services, structured survivorship care following completion of primary treatment remains limited.

The proposed **Cancer Survivorship Programme aims to support patients from the time of diagnosis through patient navigation, treatment adherence, structured follow-up to reduce remissions and recurrences, early identification and management of treatment-related side effects, rehabilitation, psychosocial support and access to supportive care services.** The programme will also facilitate risk-stratified follow-up, individualized Survivorship Care Plans, nutrition counselling, physical rehabilitation, peer support group meetings and survivor empowerment activities.

Implementation of the programme is expected to improve treatment outcomes, enhance the quality of life of cancer survivors, promote adherence to follow-up care, facilitate early detection of recurrence and late effects of treatment, and strengthen the continuum of cancer care across Government institutions.

2. Status of Approval in 50th EC meeting:

The **Cancer Survivorship Programme** proposal was placed before the 50th Executive Committee Meeting and the same was approved vide reference 1st cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 2nd cited), approved the activity under the National Health Mission, as follows:

S.NO	SCHEME/ACTIVITY	AMOUNT PROPOSED (IN LAKHS)	AMOUNT APPROVED (IN LAKHS)	GOI REMARKS FOR ROP
Sl.No.206. NP- NCD -15	NP-NCD Survivorship oncology support	32.75	32.75	Rs 32.75 lakhs for establishment of support system at 10 major treating Institutions

4. Proposal:

In order to strengthen the continuum of cancer care, it is proposed to implement a **Cancer Survivorship Programme** in the following ten high-load Government cancer treatment institutions:

1. Government Arignar Anna Memorial Cancer Hospital, Kanchipuram
2. Regional Cancer Centre, Government Royapettah Hospital
3. Regional Cancer Centre, Government Thanjavur Medical College Hospital
4. Regional Cancer Centre, Government Coimbatore Medical College Hospital
5. Regional Cancer Centre, Government Rajaji Hospital, Madurai
6. Regional Cancer Centre, Government Tirunelveli Medical College Hospital
7. Rajiv Gandhi Government General Hospital
8. Government Stanley Medical College Hospital
9. Tamil Nadu Government Multi Super Speciality Hospital, Omandurar
10. Government Medical College Hospital, Thoothukudi

The proposed programme will facilitate equitable access to comprehensive survivorship services by integrating survivorship care into the existing cancer treatment system.

The programme includes:

- Integration of structured survivorship care into existing cancer treatment services across selected Government institutions.
- Development and implementation of individualized Survivorship Care Plans.
- Patient navigation services to promote treatment adherence, timely follow-up and continuity of care.
- Provision of comprehensive supportive care services including psychosocial counselling, nutrition counselling, lifestyle modification and physical rehabilitation.

- Establishment of peer support groups and survivor empowerment activities to improve self-management and psychosocial well-being.

The programme is expected to achieve:

- Improved quality of life among cancer survivors.
- Early identification and timely management of treatment-related complications.
- Improved treatment adherence and continuity of care through patient navigation and individualized survivorship planning.
- Improved efficiency of the healthcare system through standardized survivorship pathways and coordinated follow-up services.
- Strengthened continuity of cancer care across Government institutions.

The programme is proposed to be implemented in ten institutions.

5. Financial Implication:

Component	Amount (Rs.)
Peer Support Group Meetings (based on the caseload, lumpsum will be provided) (estimate for average 2500 Survivors - Rs.200 per survivor; 10 institutions)	50,00,000
Operational expenses for Survivorship Therapy Sessions	
a) Rehabilitation consumables @ Rs.2,000 per institution (hand exercisers, exercise bands, therapy balls, etc.	20,000
b) Simple rehabilitation aids @ Rs.22,000 per institution (walking sticks, elbow crutches, grip strengtheners, etc.	2,20,000
c) Patient education materials @ Rs.1,000 per institution	10,000
d) Other session-related expenses @ Rs.5,000 per institution	50,000
Printing of Survivorship Care Planner - Rs.50 per survivor	12,50,000
Total Annual Cost	**65,50,000**
Cost for Six Months	**32,75,000**

The sanctioned fund will be released to the Dean of the abovesaid Government Medical College Hospitals and the Director of the Govt Arignar Anna Memorial Cancer Hospital.

6. Decision Points:

1. The Mission Director, National Health Mission–TN & Tamil Nadu Cancer Care Mission may be permitted to **implement the Cancer Survivorship Programme in ten high-load Government cancer treatment institutions** under the Tamil Nadu Cancer Care Mission

2. The Mission Director, National Health Mission–TN & Tamil Nadu Cancer Care Mission may be permitted to incur an expenditure **of Rs.32.75 lakhs** towards implementation of the Cancer Survivorship Programme during 2026–27, as approved under the Programme Implementation Plan (PIP) 2026–27.

3. The Mission Director, National Health Mission–TN & Tamil Nadu Cancer Care Mission may be permitted to issue necessary **administrative and financial sanctions, operational guidelines,** and undertake all activities required for effective implementation of the Cancer Survivorship Programme in the identified institutions.

AGENDA NO: 38/51/2026

Sub:	NHM- TN – Cancer Care Mission– Strengthening Cervical Cancer Screening **– Implementation of HPV DNA Testing for Cervical Cancer Screening among women aged 35 years in four high - burden districts** to the tune of **Rs. 846.31 lakhs** – Approval requested – Reg.
Ref:	1. Minutes of the 50th EC Meeting held on 06.02.2026. 2. Approved Activity under Record of Proceedings (RoP) 2026-27.

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1. Background:

Cervical cancer continues to be one of the leading cancers among women in Tamil Nadu and remains a significant public health concern. Although cervical cancer is largely preventable through effective screening and early treatment of precancerous lesions, a considerable proportion of women continue to present with advanced disease due to delayed diagnosis. As part of the Tamil Nadu Cancer Care Mission, several initiatives are being implemented to strengthen cancer prevention, early detection, diagnosis and treatment across the State.

The State has been implementing Organized Cancer Screening under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD), wherein eligible women are screened for cervical cancer using **Visual Inspection with Acetic Acid (VIA)** at Health and Wellness Centres and other Government health facilities across the state.

While VIA has enabled expansion of screening services at the community level, it is a subjective screening method with relatively lower sensitivity and specificity, which may result in false-negative findings and missed precancerous lesions. In view of the advances in cervical cancer screening, the **World Health Organization (WHO)** recommends **HPV DNA testing** as the preferred primary screening test owing to its high sensitivity, objectivity and high negative predictive value for detecting high-risk Human Papillomavirus infection, the primary cause of cervical cancer.

Implementation of HPV DNA testing is expected to substantially improve the accuracy of cervical cancer screening, facilitate early identification of women at risk, strengthen referral for diagnosis and treatment, and reduce cervical cancer-related morbidity and mortality.

2. Status of Approval in 50th EC Meeting:

Hence, Implementation of HPV DNA testing **as the primary screening test for cervical cancer among women aged 35 years in the four identified high-burden districts, namely Villupuram, Tiruvannamalai, Perambalur and Ariyalur** was placed before the **50th Executive Committee Meeting** and the same was approved vide reference 1st cited for inclusion in the Programme Implementation Plan (PIP) 2026-27

3. Approval Status of RoP 2026-27:

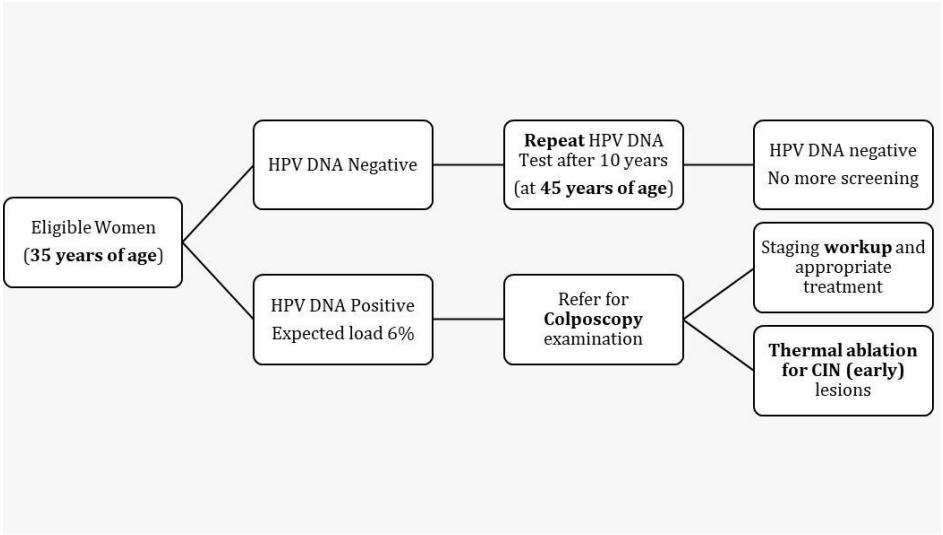
The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 2nd cited), approved the activity under the National Health Mission, as follows:

FMR Code	Sl. No.	Scheme / Activity	Amount Proposed (Rs. in Lakhs)	Amount Approved (Rs. in Lakhs)	GOI Remarks for RoP
206	16	HPV DNA Test for Cervical Cancer Screening in Four High Burden Districts	869.50	869.50	Implementation of HPV DNA testing for cervical cancer screening among women 35 years of age in four high-burden districts Villupuram, Tiruvannamalai, Perambalur, and Ariyalur

4. Proposal:

Based on the Cancer Registry data, the districts of **Perambalur (CIR 24.3), Tiruvannamalai (CIR 23.8), Ariyalur (CIR 23.3) and Villupuram (CIR 22.6)** have reported the higher crude incidence rates of cervical cancer in Tamil Nadu.

As a forward-looking initiative to improve the effectiveness of cervical cancer screening, it is proposed to introduce **HPV DNA testing** as the primary screening modality for **women aged 35 years** in these four high-burden districts.



Considering the eligible population of women aged 35 years and providing an additional 20% buffer to ensure adequate coverage, it is estimated that 94,034 women will undergo HPV DNA testing during the implementation period.

The proposed procurement cost of Rs 900 per HPV DNA test is cost-effective, considering that the prevailing market price of HPV DNA testing ranges from

approximately Rs 1,200 to Rs 2,000 per test. Accordingly, the total financial requirement for implementation of the programme is Rs 846.31 lakhs (Rs 8.46 crore).

As a part of pilot implementation of HPV DNA testing in Dharmapuri district (CIR 30.7), the technical specifications for the testing kits were finalised by expert committee, and is currently under tender process with TNMSC for procurement and will be finalised shortly.

Table 1: Detailed Financial Break-up

Sl. No.	District	Projected Population 2024*	35-year Women (1.26%)	20% Buffer	Total Women to be Screened	Cost per Test	Estimated Cost (Rs in Lakhs)
1	Ariyalur	8,01,639	10,101	2,020	12,121	900	109.09
2	Perambalur	6,01,041	7,573	1,515	9,088	900	81.79
3	Tiruvannamalai (including Cheyyar)	26,21,084	33,026	6,605	39,631	900	356.68
4	Villupuram	21,95,381	27,662	5,532	33,194	900	298.75
Total		62,19,145	78,362	15,672	94,034		**846.31**

***Based on the Population Projection for India and all States, 2011-2036**

Proposed Implementation Protocol

IEC on the need for Cervical Cancer screening

+

Training for WHV on Interpersonal communication (IPC)

↓

Communication on the procedure for self-sample collection reaching through IPC to the target beneficiary (at 35 years of age) at the door step

↓

Provision of Self-sampling kits to the beneficiary (at 35 years of age) and collection of samples through WHV at the door step or through the MLHP at HWC-HSCs

↓

Transportation of collected samples at Room temperature through Integrated Essential Lab Services (IELS)

↓

Processing of samples at an RTPCR facility

↓

Dissemination of results through MTM/Cancer portal

5. Decision Points:

I. The Mission Director, National Health Mission–Tamil Nadu & Tamil Nadu Cancer Care Mission may be **permitted to implement HPV DNA testing as the primary screening test for cervical cancer among women aged 35 years in the four identified high-burden districts, namely Villupuram, Tiruvannamalai, Perambalur and Ariyalur.**

II. The Mission Director, National Health Mission–Tamil Nadu & Tamil Nadu Cancer Care Mission may be permitted to constitute an Expert Committee to finalize the implementation protocol, quality assurance mechanisms and monitoring framework for HPV DNA testing under the programme.

III. The Mission Director, National Health Mission–Tamil Nadu & Tamil Nadu Cancer Care Mission may be permitted to release/deposit a sum of Rs. 846.31 lakhs to the Tamil Nadu Medical Services Corporation Limited (TNMSC) towards procurement and supply of HPV DNA testing kits for which specification already communicated to TNMSC and other consumables required for upscaling the implementation of the programme in the four identified districts.

AGENDA NO: 39/51/2026

Sub: National Health Mission – Tamil Nadu Cancer Care Mission – Strengthening Comprehensive Cancer Care Services – **Provision of Nutritional Support for Cancer Patients undergoing treatment in Government Institutions at a cost of Rs.277.20 lakh under PIP 2026-2027 – Approval Requested** - Reg.

Ref:
1. Minutes of the 50th EC Meeting held on 06.02.2026
2. Approved Activity under Programme Implementation Plan (PIP) 2026-2027

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1. Background:

The Government of Tamil Nadu has launched the Tamil Nadu Cancer Care Mission to establish a comprehensive and integrated framework for cancer prevention, early detection, diagnosis, treatment, survivorship care and supportive services across the State. The Mission aims to strengthen the continuum of cancer care by ensuring equitable access to quality diagnosis, timely treatment and supportive care services, thereby improving treatment outcomes and quality of life among cancer patients.

Cancer treatment through Medical Oncology, Surgical Oncology and Radiation Oncology often requires prolonged treatment duration and repeated hospital visits. Nutritional status plays a critical role in determining treatment tolerance, compliance and overall prognosis. Cancer patients are particularly vulnerable to malnutrition due to disease burden, metabolic changes and treatment-related side effects, which may adversely affect treatment outcomes.

2. Status of Approval in 50th EC Meeting:

Hence, the proposal for provision of nutritional support to eligible cancer patients undergoing inpatient treatment in Government cancer treating institutions across the State under the Tamil Nadu Cancer Care Mission was placed before the **50th Executive Committee Meeting**, and the same was approved vide reference **1st cited** for inclusion in the **Programme Implementation Plan (PIP) 2026-27**.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 2nd cited), approved the activity under the National Health Mission, as follows:

S. No.	Programme/Theme	Activity Proposed	Amount Proposed (In Lakhs)	Amount Approved (In Lakhs)	GoI Remarks
21	NP-NCD	Nutritional support for cancer patients	277.20	277.20	**New Activity:** Approved **Rs. 227.20 Lakh** for nutritional support of cancer patients @ **Rs.700 per pack 6 packs for 1.5 months per patient** to be provided for inpatients on Radiotherapy and Post-operative care (**60% of 11,000 patients**– previous year caseload in Government institutions) at **Rs.4,200 per patient**.

In view of the above, approval is requested for the provision of nutritional supplements to cancer patients undergoing treatment in Government institutions under the Tamil Nadu Cancer Care Mission at a total cost of **Rs.277.20 lakh**.

4. Proposal:

In order to strengthen supportive cancer care services under the Tamil Nadu Cancer Care Mission, it is proposed to provide targeted nutritional supplementation to eligible cancer patients undergoing inpatient treatment in Government cancer treating institutions across the State.

Table 1: Composition of Supplements for different categories of Cancer patients

Patient Category	Type of Supplements Recommended
Patients during pre-treatment admission, including those with poor nutritional reserves or compromised oral intake (to be considered for Oral Nutrition Supplementation)	• Energy-dense, high-protein oral nutritional supplements (ONS). •Polymeric formula enriched with long-chain omega-3 fatty acids (EPA/DHA).
Patients on feeding jejunostomy	• High-calorie, high-protein peptide-based formula. • Hydrolysed whey peptide-based protein. • Negligible lactose. • Gluten-free. •MCT-based formula containing **12–20% MCT fat**. • Low-residue formula. •Trans fat **<1%** (WHO recommendation).

Patients who have undergone major abdominal surgeries with extensive intestinal resections (ESPEN, 2025)	• High-calorie, high-protein peptide-based formula. • Hydrolysed whey peptide-based protein. • Negligible lactose. • Gluten-free. • MCT-based formula containing **12–20% MCT fat**. • Low-residue formula. • Trans fat **<1%** (WHO recommendation).
Patients with chyle leak not on Octreotide (ESPEN, 2021)	• High-calorie, high-protein, fat-restricted nutritional supplement. •MCT-based polymeric formula. • Negligible lactose. • Gluten-free. • MCT content **12–20% of total fat**. • Provides **2 kcal/mL**. • Total fat: **0.005 g/mL**. • Long-chain triglycerides (LCT): **<5% of total energy intake**. •Medium-chain triglycerides (MCT): **>20% of total energy intake**. • Trans fat **<1%** (WHO recommendation).

The proposed nutritional supplement will provide approximately 150 grams per day of protein-rich and micronutrient-fortified nutritional support to improve immune function, tissue repair and recovery during treatment. The supplementation is proposed at a cost of Rs.700 per pack, with six packs covering a treatment period of approximately one and a half months per patient.

Based on the previous year's treatment caseload of approximately 11,000 cancer patients in Government institutions (as per TNCMCHIS-2025 data), nutritional support is proposed for about 6,600 patients (60% of the annual caseload) who require inpatient treatment and supportive nutritional care.

- The proposed intervention is expected to:
- Improve treatment and surgical tolerance among cancer patients
- Reduce treatment interruptions, surgical complication and delays
- Enhance compliance with prescribed cancer therapy

- Support optimal recovery and rehabilitation during treatment and
- Contribute to improved clinical outcomes and quality of life.

It is also proposed to constitute an expert committee to finalise the ingredients and composition of the nutrient supplement powder planned to be introduced under Nutrition Supplement program and its customization to meet the different needs of the cancer in-patients.

List of Implementing Institutions

The nutritional supplements will be provided to eligible patients receiving treatment in the following 18 major Government cancer treating institutions:

1. Government Arignar Anna Memorial Cancer Hospital, Kanchipuram
2. Regional Cancer Centre, Government Royapettah Hospital
3. Regional Cancer Centre, Government Thanjavur Medical College Hospital
4. Regional Cancer Centre, Government Coimbatore Medical College Hospital
5. Regional Cancer Centre, Government Rajaji Hospital, Madurai
6. Regional Cancer Centre, Government Tirunelveli Medical College Hospital
7. Rajiv Gandhi Government General Hospital, Chennai
8. Government Stanley Medical College Hospital, Chennai
9. Tamil Nadu Government Multi Super Speciality Hospital Omandurar, Chennai
10. Kalaignar Centenary Super Speciality Hospital, Chennai
11. Institute of Obstetrics and Gynaecology, Government Hospital for Women and Children, Egmore
12. Government Mohan Kumaramangalam Medical College Hospital, Salem
13. Government Medical College Hospital, Tiruvannamalai
14. Government Medical College Hospital, Dharmapuri
15. Government Medical College Hospital, Pudukkottai
16. Government Medical College Hospital, Kanniyakumari
17. Government Medical College Hospital, Thoothukudi
18. Government Medical College Hospital, Villupuram

The total financial implication for the proposed activity is detailed below:

Sl. No.	Particulars	Details / Cost
1	Expected Number of Beneficiaries	6,600 patients
2	Unit Cost (Rs.700 per pack/ 6 packs required for a period of 4 to 6 weeks of IP for cancer patients)	Rs.4,200 per patient
	Total Financial Implication	**Rs.277.20 lakh**

The activity is aligned with the NHM Key Deliverable relating to increasing the percentage of diagnosed cancer patients who are initiated and retained on treatment by improving treatment tolerance and adherence.

Decision points:

1. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission may be permitted to introduce "**Nutrition Supplement program"** during hospital stay for cancer patients admitted in Oncology departments in the 18 Cancer treating Government Hospitals.
2. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission, may be permitted **to constitute an expert committee to finalise the ingredients and composition of the nutrient supplement powder** planned to be introduced under Nutrition Supplement program and its customization for different needs of the cancer inpatients.
3. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission, may be permitted to deposit **Rs.277.20 lakh** to Tamil Nadu Medical Services Corporation Limited (TNMSC) towards procurement of necessary Nutrient supplements for the 18 Government Health institutions, based on requirement to be submitted by DMER.

AGENDA NO: 40/51/2026

Sub:	National Health Mission – TN – NCD – Cancer – Establishment of **District Cancer Control Units** for strengthening follow-up and referral of screen-positive beneficiaries under Organized Cancer Screening – at a cost of **Rs.24.57 lakhs** - Approval requested - Reg.
Ref:	1. Minutes of the 50th EC Meeting held on 06.02.2026 2. Approved Activity under Record of Proceedings (RoP) 2026-2027

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1. Background

The Government of Tamil Nadu is implementing Organized Cancer Screening (OCS) under the Tamil Nadu Cancer Care Mission with the objective of facilitating early detection and timely treatment of Oral, Breast and Cervical cancers. The programme follows a continuum of care comprising community-based screening, referral for confirmatory diagnosis, treatment initiation and follow-up. While significant progress has been achieved in expanding screening coverage across the State, ensuring completion of the diagnostic pathway for screen-positive individuals remains a major challenge.

The Organized Cancer Screening programme has been implemented in a phased manner, beginning with four pilot districts in November 2023, followed by twelve Phase-I districts in May 2025, seven Phase-II districts in November 2025 and expansion to all remaining districts in February 2026.

Justification

Under the current programme, approximately 30–40% of the eligible population has been personally invited for screening by Women Health Volunteers, of whom nearly 50% have undergone screening. Screen-positive beneficiaries are referred to higher institutions for confirmatory diagnosis and further management.

However, less than 40% of screen-positive beneficiaries' complete referral and undergo confirmatory diagnostic evaluation. This loss to follow-up represents one of the most critical bottlenecks in the Organized Cancer Screening programme. Delayed confirmation of diagnosis may result in disease progression, presentation at advanced stages, poorer treatment outcomes and increased mortality.

The increasing number of beneficiaries identified through Organized Cancer Screening necessitates a dedicated mechanism for beneficiary tracking, referral coordination and monitoring of diagnostic services.

2. Status of Approval in 50th EC meeting

The proposal for establishment of District Cancer Control Units for strengthening follow-up and referral of screen-positive beneficiaries under Organized Cancer Screening was placed before the 50th Executive Committee Meeting and was approved vide reference 1st cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 2nd cited), approved the activity under the National Health Mission, as follows:

FMR CODE	SL.NO	SCHEME/ACTIVITY	AMOUNT PROPOSED (IN LAKHS)	AMOUNT APPROVED (IN LAKHS)
HSS Rural 9	185 8.1.13.1	Remuneration for all NHM HR - Counsellors	24.84	24.84

4. Proposal

To strengthen continuity of care and improve referral completion, it is proposed to establish District Cancer Control Units (DCCUs) at the district level in the O/o District Health Officer of the respective district.

Each District Cancer Control Unit will be supported by a dedicated Lady Counsellor (two counsellors for Chennai district and one counsellor per district in other districts) who will function as the district-level patient navigator for Organized Cancer Screening.

District	No. Of Posts
Chennai	2
Other Districts	1 Per Districts
Total	**39 Posts**

The District Cancer Control Unit shall:

- Line-list and track all screen-positive beneficiaries through the MTM Line-list Portal.
- Follow up beneficiaries who have not accessed confirmatory diagnostic services within two weeks of referral.
- Provide counselling and motivation to improve referral compliance.
- Coordinate referrals with secondary and tertiary care institutions.
- Liaise with Institutional Nodal Officers to facilitate timely diagnostic evaluation.
- Identify and escalate delays in diagnostic services.
- Maintain real-time information regarding the functional status of diagnostic equipment within the district.
- Line-list and track all screen-positive beneficiaries through the MTM Line-list Portal.

Expected Outcomes

The proposed intervention is expected to:

- Improve referral completion among screen-positive beneficiaries.
- Reduce loss to follow-up after cancer screening.

- Shorten the interval between screening and confirmation of diagnosis.
- Facilitate earlier initiation of treatment.
- Improve overall effectiveness of the cancer screening programme and contribute to better patient outcomes.

Implementation

The issue of Government Orders is anticipated during the third quarter of the financial year, hence the Government of India approval has been sought under NHM for meeting the salary component of the proposed Lady Counsellors for an interim period of **three months** to facilitate immediate operationalization of the District Cancer Control Units without interruption

Roles of the Lady Counsellor:

- To prepare and maintain a list of beneficiaries who have tested positive during screening. For those beneficiaries who have not visited any higher-level centre for confirmatory diagnosis even after two weeks from the date of screening, initiate follow-up communication, thereby motivating and guiding them to undergo the necessary confirmatory tests.
- To facilitate the navigation of screened-positive beneficiaries by dynamically mapping on the availability of confirmatory services in the higher centres and ensuring timely sharing of information regarding their visits to higher centres.
- To document the instances of biopsy reports not uploaded within 10 days from the date of Biopsy taken , follow up to ascertain the reasons for delay, and to undertake necessary measures to address and rectify the gap.
- To facilitate referral of beneficiaries in coordination with the Institutional Nodal Officers for OCS.

Financial Implication

The financial implication towards engagement of one Lady Counsellor for each District for an initial period of three months is detailed as follows:

<table>
<tr><th colspan="5">District Cancer Control Room - Expenditure</th></tr>
<tr><th>Expenses</th><th>Cost per unit Rs.</th><th>No of posts</th><th>Cost for 3 months Rs.</th><th>Qualification and Mode of Recruitment</th></tr>
<tr><td>Salary proposed in PIP</td><td>18,000</td><td>46</td><td>24,84,000</td><td rowspan="3">MSW (Masters in Social Work) / M.Sc. Psychology Outsourcing of services by concerned District Health Society (DHS</td></tr>
<tr><td rowspan="2">Revised salary under NHM</td><td rowspan="2">21,000</td><td>46</td><td>28,98,000</td></tr>
<tr><td>(no of posts reduced to match the amount sanctioned as 1 per district and 1 additional post for Chennai)</td><td>24,57,000</td></tr>
</table>

5. Decision Points

I. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission may be permitted to establish District Cancer Control Units at the District level under the Organized Cancer Screening programme of the Tamil Nadu Cancer Care Mission

II. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission may be permitted to submit **necessary proposals to the Government for establishment of District Cancer Control Units and sanction of the required human resources,** with the recurring financial implication of **Rs. 98.28 lakh per annum.**

III. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission may be permitted to **engage two Lady Counsellors for Chennai District Cancer Control Unit and one Lady Counsellor for each of other Districts under this program by Outsourcing through the DHS as per the prescribed qualification mentioned above.**

AGENDA NO: 41/51/2026

Sub:	NHM – Tamil Nadu Cancer Care Mission– Performance-based incentives for Women Health Volunteers (WHVs) under the Organized Cancer Screening Programme – At the cost of Rs 360.24 Lakhs under PIP 2026-27 - Approval requested – Reg.
Ref:	Minutes of the 50th EC Meeting held on 06.02.2026 Approved Activity under Record of Proceedings (RoP) 2026-2027

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Background

The Government of Tamil Nadu is implementing Organized Cancer Screening (OCS) under the Tamil Nadu Cancer Care Mission for early detection of Oral, Breast and Cervical cancers through a community-based approach. Women Health Volunteers (WHVs) play a pivotal role in mobilising eligible beneficiaries for cancer screening through household visits, community engagement and health education.

In addition to their responsibilities under the Organized Cancer Screening programme, Women Health Volunteers perform several community-level functions under the Makkalai Thedi Maruthuvam (MTM) programme, including doorstep delivery of Non-Communicable Disease (NCD) drugs, maintenance of NCD line lists, referrals for immunisation and antenatal care services, identification of beneficiaries requiring palliative care and physiotherapy, monitoring of blood pressure and blood sugar levels during home visits, provision of targeted health education and submission of programme reports. **They currently function as part-time workers and receive a monthly incentive of Rs.5,500**.

Through sustained community mobilisation by WHVs, approximately 73.76 lakh eligible individuals have been personally invited for cancer screening, of whom 41.66 lakh (56.5%) have undergone screening. While the programme has demonstrated encouraging screening uptake, only about 50% of invited individuals have come forward for screening which stress on the need for more stronger motivation by WHV at doorstep. Also, only 40% of beneficiaries identified as screen-positive have reached higher institutions for confirmatory diagnosis which can also be improved by community level follow up by WHV.

Status of Approval in 50th Executive Committee Meeting

Hence, the proposal for provision of performance-based incentives to Women Health Volunteers (WHVs) under the Organized Cancer Screening Programme was placed before the 50th Executive Committee Meeting, and the same was approved vide reference 1st cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Approval Status of RoP 2026–27

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026–27 (reference 2nd cited), approved the activity under the National Health Mission.

Sl.No	Scheme/Activity	Amount Proposed (In Lakhs)	Amount Approved (In Lakhs)	GoI Remarks for RoP
186	Incentives (Allowance, Incentives, Staff Welfare Fund)	360.22	360.22	Rs. 360.22 lakhs for performance based incentives to 10,969 WHVs for Cancer Screening and referral for FY 2026-2027

Proposal

Considering their close rapport with the community and regular household visits, Women Health Volunteers are best positioned to undertake follow-up, counselling and mobilisation of beneficiaries towards screening and to ensure completion of referral for confirmatory diagnosis and treatment.

To strengthen the continuum of care from screening to diagnosis, it is proposed to provide a performance-based incentive to Women Health Volunteers as follows:

- Rs.20 for each beneficiary identified as **screen-positive;** and
- Rs.20 for each **screen-positive beneficiary reaching the referral centre** for confirmatory diagnosis.

Financial Implication

The activity will be implemented through the existing cadre of **10,969 Women Health Volunteers**, **without creation of additional human resources.**

Based on the projected screening volume, expected positivity rates and anticipated referral completion, the total annual financial implication is **Rs.360.22 Lakhs**, translating to an average incentive of approximately **Rs.273 per Women Health Volunteer per month**.

S.No	Indicator	Projected number	Proposed incentive
A	**Total Target Population for Oral Cancer (18+ Men and Women) = A**	5,38,00,000	NA
B	**Expected number of target population to be invited (B = 60% of A)**	3,22,80,000	NA

C	**Total Target Population for Breast and Cervical cancer (Women >30years) = C**	1,88,30,000	NA
D	**Expected number of target 30+ female population to be invited (D = 60% of C)**	1,12,98,000	NA
	Projected number of Oral cancer screening positives (Expected Positivity rate = 1% of B)	3,22,800	64,56,000.00
	Projected number of Breast cancer screening positives (Expected Positivity rate = 2% of D)	2,25,960	45,19,200.00
	Projected number of Cervical cancer screening positives (Expected Positivity rate = 4% of D)	4,51,920	90,38,400.00
	Screen-positive beneficiaries reaching referral centres (80% of screened positive expected)	8,00,544	1,60,10,880.00
	Total annual incentive Rs.		3,60,24,480.00
	Monthly incentive per WHV Rs.		273.68

Payment Mechanism

WHV enters the details of invites provided in MTM Line List Portal (OCS)

↓

Screening & Referral Completion Status will be updated in Portal accordingly

↓

Monthly report of Screen-positive beneficiaries & Referral completion and its tracking to the concerned WHV- submitted by the PHC MO

↓

Verification by BMO and submission to O/o DHO

↓

Fund Release through DHO Office

↓

Payment of Graded Incentive to WHVs

Decision Points

The Mission Director, NHM-TN may be permitted to provide performance-based incentives to Women Health Volunteers under the Organized Cancer Screening programme at the approved financial implication of **Rs.360.22 Lakhs per annum**, at the rate of **Rs.20 for each beneficiary identified as screened-positive** and **Rs.20 for each screened-positive beneficiary reaching the referral centre for confirmatory diagnosis**, release the funds to the District Health Officer (DHO) offices for disbursement of the incentives, and issue necessary administrative and financial sanctions for implementation.

AGENDA NO: 42/51/2026

Sub: NHM - TN – DNB Programme – Payment of stipend arrear to DNB candidates – Request of funds to the tune of **Rs.3,12,30,366/- towards stipend arrear for 307 DNB candidates** – Permission to utilize funds available under Salary Head for the Financial Year 2026-27 for one-time settlement – Approval requested – Reg.

Ref:
1. G.O.(Ms) No.275, H&FW Department, dated:04.08.2017
2. G.O.(Ms) No.94, H&FW (MCA-2) Department, dated:12.03.2020
3. G.O.(Ms) No.389, H&FW (MCA-2) Department, dated:28.08.2021
4. G.O.(Ms) No.390, H&FW (MCA-2) Department, dated:08.11.2017
5. G.O.(D) No.838, H&FW (MCA-2) Department, dated:18.09.2020
6. G.O.(D) No.130, H&FW (MCA-2) Department, dated:31.01.2020
7. G.O.(D) No.335, H&FW (MCA-2) Department, dated:29.07.2021
8. G.O.(D) No.98, H&FW (MCA-2) Department, dated:25.01.2023
9. This Letter, Ref No.004797/DNB Admin, Cell/2022, dated: 22.05.23 of the Director of Medical and Rural Health Services, Chennai.
10. This Office Proceedings No. 879/NHM/DNB/P18/2023, Dated:30.12.2026
11. This Office Proceedings No. 879/NHM/DNB/P18/2023, Dated:12.06.2026
12. The petitions filed by the DNB candidates.
13. RoP 2026-27

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1. Background:

The DNB programme was introduced to strengthen secondary care hospitals by enhancing human resources and infrastructure. It aims to build the capacity of non-teaching hospitals, promote efficient utilization of resources, and improve the delivery of patient-centred care.

The Government has permitted the Director of Medical and Rural Health Services, Chennai, to start DNB Speciality Courses in District Hospitals during the year 2016-2017, as per G.O. Ms. No. 275, Health Family Welfare Department, dated: 04.08.2017 vide reference 1st cited.

Currently 10 Institutions under the control of the Director of Medical and Rural Health Services, Chennai-6, are conducting DNB courses at 1. Cuddalore, 2. Chidambaram, 3. Kovilpatti, 4. Kancheepuram, 5. Erode, 6. Pollachi, 7. Perambalur, 8. Karaikudi, 9. Mayiladuthurai, 10. Padmanabhapuram. Further the DNB courses have been extended in Medical Colleges in various specialties.

Vide G.O 8th cited, the Government has enhanced the stipend for the DNB Students as tabulated below:

Year	Enhanced Stipend for Post MBBS	Enhanced stipend for DNB Post Diploma and 2 years Diploma Course
I year	**Rs.48,000**	**Rs.45,000**
II year	**Rs.49,000**	**Rs.47,500**
III year	**Rs.50,000**	**-**

Based on the above orders, the Director of Medical and Rural Health Services, Chennai had requested to sanction an arrear amount of Rs 3.91 Crores for 368 DNB candidates vide ref. 9th cited as detailed below:

SL.NO	YEAR	NO. OF CANDIDATES	ARREAR AMOUNT
1	2019-20	25	2684451
2	2020-21	29	5992129
3	2021-22	144	21850913
4	2022-23	170	8659857
	TOTAL	**368**	**Rs.3,91,87,350/-**

Vide reference 10th cited, proceedings was issued to an amount of **Rs.3,91,87,350/-** in FMR Code **(HSS.10. 191.A-9.2.29.1- A.9.11.3.1)** DNB/CPS Courses for Medical Doctors approved in NHM ROP F.Y. 2025-26 towards the settlement of stipend arrear for DNB candidates.

Although, an amount of Rs.1224.38 lakhs was available under the head, due to dearth of funds, only Rs.26,45,830/- was released to 22 DNB candidates on 31.01.2026. The remaining balance lapsed at the end of the financial year 2025–26.

Further, vide ref. 11th cited, an amount to the tune of Rs. 53,11,154/- has been released to 39 DNB candidates who have obtained the Hon'ble Court orders (as on 31.05.2026) for the payment of the stipend arrears.

Now, 16 DNB candidates have obtained the Hon'ble Court orders (as on 30.06.2026) for the payment of the stipend arrears, vide ref. 12th cited.

Therefore, an amount of **Rs. 3,12,30,366/-** is required towards the payment of stipend arrears for the rest **307 DNB candidates** as detailed below:

<table>
<tr><th>S.No.</th><th colspan="2">Details</th><th>Amount</th></tr>
<tr><td>1.</td><td colspan="2">Total Amount requested from DMS for 368 Candidates</td><td>Rs.3,91,87,350/-</td></tr>
<tr><td rowspan="2">2.</td><td rowspan="2">61 DNB candidates (received up to 30.05.2026) have obtained Hon'ble Court orders for the payment of arrear stipend.</td><td>Amount released for 22 Candidates</td><td>Rs. 26,45,830/-
(paid vide ref.10th cited)</td></tr>
<tr><td>Amount released for 39 candidates</td><td>Rs. 53,11,154/-
(paid vide ref.11th cited)</td></tr>
<tr><td>3.</td><td colspan="2">Balance amount required for balance 307 DNB candidates</td><td>Rs. 3,12,30,366/-</td></tr>
</table>

2. Status of Approval in 50th EC Meeting:

EC approval requirement during the 50th EC Meeting did not arise.

3. Approval Status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 13th cited), approved an amount of Rs. 978.51 Lakhs has been approved for the stipend for current DNB Candidates for the F.Y. 2026-27. No separate allocation has been made for payment of the pending stipend arrears.

FMR.Code	S.No	Scheme Activity	Approved Ammount for F.Y. 2026-27	Sub Heaad/for activity	Amount approved for the Activity
HSS.10	191	DNB Courses for Medical Doctors	1.058.51 (in lakhs)	**1.**Infrastructure Development for DNB Training as per GOI norms for provision of classroms, demo rooms, library, hostel facilities, furniture, and training materials at virudhachalam GH and Paramakudi GH at Rs.40 Lakhs per center	80 (in Lakhs)
				2. The stipend of DNB Candidates. The stipend must be provided as per the NBE norms or basic stipend according to government policy/norms.	441.31 (in lakhs) (A)
				3. The Stipend of NBEMS Post MBBS PG Diploma candidates. The stipend must be approved as per NBE norms or basic stipend according to state government policy/norms.	537.2 (in lakhs) (B)
Total (A+B)					**Rs. 978.51 Lakhs**

4. Proposal:

The Director of Medical and Rural Health Services had requested an amount of Rs.3,91,87,350/- towards payment of stipend arrears to 368 DNB candidates. Due to dearth of funds under the NHM RoP 2025–26, only Rs.79,56,984/- was released to 61 candidates who had obtained Hon'ble Court orders.

Now, a balance amount of Rs.3,12,30,366/- is required towards payment of stipend arrears to the remaining 307 DNB candidates.

As the approval under RoP 2026–27 provides funds only for the stipend of current 153 DNB candidates and no separate allocation has been made for stipend arrears, it is proposed to utilize the savings available under the Salary Head of the approved NHM RoP 2026–27 for one-time settlement of the pending stipend arrears.

Decision Point:

1. The Mission Director, National Health Mission – Tamil Nadu, may be permitted to release an amount of **Rs. 3,12,30,366/- (Rupees Three Crore Twelve Lakh Thirty Thousand Three Hundred and Sixty-Six Only)** towards the **stipend arrears of 307 DNB candidates** as a **one-time settlement**, from the funds available under the **Salary Head** approved for the Financial Year **2026–27.**

AGENDA: 43/51/2026

Sub:	NHM-TN-National Programme for Non-Communicable Disease (NPNCD)- Provision of Drugs and Consumables for Type 1 Diabetes Mellitus (T1DM) Patients across all 38 Districts at the cost of **Rs. 9,94,30,740**–Approval Requested – Reg.
Ref:	1. G.O.(Ms.) No.323, Health and Family Welfare (EAP II/1) Department, Dated: 27.09.2023 2. Agenda No. 9/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 3. R.C. No. 12944334/P5/NHM/2025, Dated: 09.02.2026- Minutes of 50th Executive Committee Meeting 4. GoI RoP 2026-27

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1. Back Ground

Type 1 Diabetes Mellitus (T1DM) is an autoimmune condition predominantly affecting children and adolescents, characterised by the complete and irreversible destruction of insulin-producing beta cells of the pancreas. Unlike Type 2 Diabetes, T1DM requires lifelong insulin therapy for survival. As per the International Diabetes Federation (IDF) Diabetes Atlas 2021, India has the highest number of children and adolescents living with T1DM globally. Worldwide, approximately 1.2 million children aged 0–19 years are affected, with around 1,49,500 new cases diagnosed annually.

Children and young persons with T1DM face multiple challenges including inconsistent insulin supply, absence of structured diabetes education, poor glycaemic monitoring, and limited access to specialist care. Without optimal metabolic control through an appropriate insulin regimen, these patients are at significant risk of life-threatening and debilitating complications including Hypoglycaemia, Diabetic Ketoacidosis (DKA), poor growth and development, early microvascular complications (retinopathy, nephropathy, neuropathy), macrovascular complications, and premature mortality.

To address this critical need, Tamil Nadu has established a State-level T1DM Registry, operational since 14th August 2024, vide reference 1st cited. As on February 2026, 5,597 T1DM patients have been registered in this Registry across the State. Of these, 1,608 patients are receiving treatment at Government Hospitals across all 38 districts.

The 1,608 patients are on a split mixed insulin regimen, which does not provide the flexibility or physiological precision of the Basal Bolus Regimen. The absence of a Basal Bolus Regimen (comprising a long-acting Basal Insulin and a rapid-acting Bolus Insulin) significantly limits glycaemic control, increases the risk of hypoglycaemia and DKA episodes, and reduces the productivity and quality of life of these young patients. Additionally, the high Out-of-Pocket Expenditure (OOPE) for procuring insulins, pen

needles, glucometers, and SMBG strips in the private market places a significant economic burden on the families of these patients.

The National Health Mission, Tamil Nadu have partnership with Idhayangal Trust, bringing specialized care to children across the state. The Trust currently supports children below 12 years across the State, providing Insulin Glulisine and Regular Insulin for those above 12 years.

It was proposed to provide basal bolus regimen and other consumables to the 1608 patients who are currently getting treatment at Govt Hospitals. The Basal Bolus Insulin Regimen proposed under this activity – Insulin Glargine or Insulin Degludec (Basal) combined with Insulin Glulisine (Bolus) – is the gold standard of care for T1DM and is expected to improve HbA1c levels by at least 2%, preventing long-term vascular complications, reducing emergency admissions for DKA and severe hypoglycaemia, and substantially lowering downstream healthcare costs associated with managing end-stage complications such as End-Stage Renal Disease, proliferative retinopathy, and lower limb amputations.

2. Status of Approval in 50th EC Meeting:

The proposals for procurement of drugs and consumables for Type 1 Diabetes Mellitus patients enrolled in Government Hospitals across all 38 districts were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Hence, the proposal was incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 4th cited), approved the following components in Table 1 under the National Health Mission and shifted to Child health division.

Table 1: Approved Components in RoP 2026-27

RoP No	Component	Amount (Rs.)	Amount (in Lakhs)
NCD.5.110 (Shifted to Sl. No.30 RCH.3)	Basal Insulin (Glargine 80% + Degludec 20%) for 1,608 patients	2,57,28,000	257.28
	Bolus Insulin Glulisine for 1,608 patients	4,59,24,480	459.24
	Pen Needles for 1,608 patients	1,60,80,000	160.80
	SMBG Strips with Lancets for 1,608 patients	88,76,160	88.76

	Glucometers (Additional 241 units)	4,10,100	4.10
	Cooling Pouches / Travel Wallets (One-time, 1,608 patients)	24,12,000	24.12
	Grand Total	**9,94,30,740**	**994.30 Lakhs**

The district wise number of T1DM Patients and detailed financial breakup is enclosed as Annexure I and II.

Insulin Degludec is currently available under the TNMSC Rate Contract at a unit rate of Rs. 1,440. The proposed cost of the other items has been determined based on prevailing market rates. The specifications of the approved components will be finalized by a technical committee constituted by Mission Director, NHM-TN, in consultation with the concerned Directorates and subject experts.

4. Proposal

It is proposed to provide basal bolus regimen and other consumables including Insulin pens, pen needles, blood glucose test strips with lancets, glucometers, and cooling pouches/travel wallets to 1608 patients getting treatment at Govt Hospitals.

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested for execution of the approved activity and for taking further action required for implementation of the projects.

5. Decision Point:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to release an amount of Rs. 9,94,30,740 (Nine crore ninety four lakhs thirty thousand seven hundred and forty) to Tamil Nadu Medical Service Corporation (TNMSC)** for the procurement and supply of drugs and consumables as per the specifications given in Annexure-II. The passbook may be issued to the concerned Dean/JDHS.

   The district wise distribution given in Annexure-1

Annexure I

District-wise Distribution of T1DM Patients receiving treatment at Government Hospitals:

Sl.No	District Name	No of patients treated at Govt
1	Govt. Medical College Hospital, Ariyalur	18
2	Govt. Medical College Hospital, Chengalpattu	35
3	Institute of Child Health and Hospital for Children - Chennai	402
4	Govt. Medical College Hospital, Coimbatore	65
5	Govt. Medical College Hospital, Cuddalore	43
6	Govt. Medical College Hospital, Dharmapuri	20
7	Govt. Medical College Hospital, Dindigul	29
8	Govt. Medical College Hospital, Erode	15
9	Govt. Medical College Hospital, Kallakurichi	17
10	District Headquarters Hospital, Kancheepuram	12
11	Govt. Medical College Hospital, Kanniyakumari	13
12	Govt. Medical College Hospital, Karur	34
13	Govt. Medical College Hospital, Krishnagiri	25
14	Govt. Medical College Hospital, Madurai	10
15	District Headquarters Hospital, Mayiladuthurai	6
16	Govt. Medical College Hospital, Nagapattinam	2
17	Govt. Medical College Hospital, Namakkal	25
18	Govt. Medical College Hospital, Perambalur	5
19	Govt. Medical College Hospital, Pudukkottai	27
20	Govt. Medical College Hospital, Ramanathapuram	1
21	District Headquarters Hospital, Ranipet	3
22	Govt. Medical College Hospital, Salem	159
23	Govt. Medical College Hospital, Sivagangai	8
24	District Headquarters Hospital, Tenkasi	5
25	Govt. Medical College Hospital, Thanjavur	26
26	Govt. Medical College Hospital, The Nilgiris	15
27	Govt. Medical College Hospital, Theni	62
28	Govt. Medical College Hospital, Thiruchirappalli	54
29	Govt. Medical College Hospital, Thiruvarur	23
30	Govt. Medical College Hospital, Thoothukudi	12
31	Govt. Medical College Hospital, Tirunelveli	108
32	District Headquarters Hospital, Tirupathur	36
33	Govt. Medical College Hospital, Tiruppur	57
34	Govt. Medical College Hospital, Tiruvallur	64
35	Govt. Medical College Hospital, Tiruvannamalai	12
36	Govt. Medical College Hospital, Vellore	124
37	Govt. Medical College Hospital, Villupuram	10
38	Govt. Medical College Hospital, Virudhunagar	26
	Grand Total	**1608**

Source: T1DM Registry

Time period: As on February 2026

Annexure II

Sl.	Item	TNMSC RC status	No. of Patients	Cartridges/ Units per Patient per Year	Total Units per Year	% Type	Units Required	Unit Cost (Rs.)	Total Estimated Cost per Year (Rs.)
1	Basal – Insulin Glargine	To be Procured through TNMSC	1,608	20	32,160	80%	25,728	640	1,64,65,920
2	Basal – Insulin Degludec	Available (as on 09.07.2026-05:00 P.M.)	1,608	20	32,160	20%	6,432	1,440.00	92,62,080
3	Bolus – Insulin Glulisine	To be Procured through TNMSC	1,608	34	54,672	100 %	54,672	840	4,59,24,480
4	Insulin Pen (2 per patient)	To be Procured through TNMSC	1,608	2	3,216	100 %	3,216	—	—
5	Pen Needles	To be Procured through TNMSC	1,608	500	8,04,000	100 %	8,04,000	20	1,60,80,000
6	SMBG Strips with Lancet Needles (Lancing device compatible)	To be Procured through TNMSC	1,608	1,200	19,29,600	100 %	19,29,600	4.6	88,76,160
7	Glucometer (1 free per 8,000 strips; additional 241 units required)	To be Procured through TNMSC	1,367	1	1,367	100 %	1,367	300	4,10,100
8	Cooling Pouch / Travel Wallet (One-time issue – accommodates 2 Insulin Pens)	To be Procured through TNMSC	1,608	1	1,608	100 %	1,608	1,500.00	24,12,000
		Grand Total							**9,94,30,740**

AGENDA NO: 44/51/2026

Sub:	NHM- TN -National Programme for Non-Communicable Diseases (NPNCD)- Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)- Screening and Management across 10 Districts in Tamil Nadu at the cost of **Rs. 358.80 Lakhs**– Approval Requested – Reg.
Ref:	1. G.O.(Ms.) No. 162, Health and Family Welfare (P1) Department, Dated: 06.06.2025 2. Agenda No. 8/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 3. R.C. No. 12944334/P5/NHM/2025, Dated: 09.02.2026- Minutes of 50th Executive Committee Meeting 4. D.O. No. T.20015/03/2026-NCD-II, Ministry of Health and Family Welfare, Dated: 04.02.2026 5. RoP Approval 2026-27

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1. Background

Non-Alcoholic Fatty Liver Disease (NAFLD), now increasingly referred to as **Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD)**, is an emerging Non-Communicable Disease closely associated with Diabetes, Hypertension, Obesity, and Dyslipidaemia. Studies from South India indicate a Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) prevalence of approximately 30%, reflecting a significant public health burden.

MASLD is a hepatic manifestation of metabolic syndrome and represents the most common cause of fatty liver disease globally. If left undetected and unmanaged, it can progress from simple steatosis to Non-Alcoholic Steatohepatitis (NASH), liver fibrosis, cirrhosis, and hepatocellular carcinoma, thereby significantly increasing Out-of-Pocket Expenditure (OOPE) for patients and their families.

Tamil Nadu, with its high burden of metabolic risk factors including Diabetes, Hypertension, Obesity, and Dyslipidaemia, is particularly vulnerable to the rising prevalence of MASLD. The existing NCD infrastructure at Public Health facilities provides a strong foundation for integrating MASLD screening and management into routine care.

In this context, it was proposed to strengthen MASLD screening and management. The target population includes adults with known metabolic risk factors attending Public Health facilities.

Table 1: Tier-wise management protocol

Level	Risk Group	Assessment	Management
PHC (Spoke)	Low Risk (FIB-4 < 1.30 for ≤65 yrs; < 2.00 for >65 yrs)	BMI, Waist Circumference, BP, FBS, PPBS, CBC, LFT, Platelet Count, FIB-4 Score	Lifestyle modifications, strict control of Hypertension, Diabetes & Dyslipidaemia; FIB-4 follow-up yearly
	Indeterminate / High Risk	FIB-4 Score	Referred to Secondary/Tertiary Care Centre
SDH/DHQ (Hub)	Indeterminate & Grade 1/2	USG Abdomen, Viral Hepatitis Markers, Thyroid Profile, ECG, Shear Wave Elastography	Control of HT/DM; Dapagliflozin, Vitamin E 400, Statins; yearly FIB-4 reassessment
MCH (Tertiary)	High Risk & Grade 3 / Hepatic Failure	Fibroscan, CT/MRI, USG, Viral Markers, Thyroid, ECG	Specialist management; Statins, Dapagliflozin, Vitamin E 400, Lifestyle Modification

2. Status of Approval in 50th EC Meeting:

The proposals for strengthen Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) screening and management by introducing Fibro scan for diagnosing MASLD in 2 GHs were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Hence, the proposal was incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27:

As per the reference 4th cited, the Ministry of Health and Family Welfare requested that the proposal should include the provision of a 3D/4D USG Machine and USG Probe with Shear Wave Elastography for Hub facilities (₹27.00 lakh per unit), and BMI assessment equipment comprising a weighing scale, height stand, and measuring tape for Spoke (PHC) facilities (₹15,000 per unit). Accordingly, the proposal was revised and submitted for implementation as a pilot in 10 districts.

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 5th cited), approved the following components mentioned in Table 2 under the National Health Mission:

Table 2: Components approved under RoP 2026-27

RoP No.	Component	Amount (Rs.)	Amount (in Lakhs)
NCD.5.110	Equipment for Hub – 3D/4D USG Machine @ Rs. 22,00,000 per unit × 10 Districts	2,20,00,000	220.00
	Equipment for Hub – USG Probe with Sheer Wave Elastography (SWE) @5,00,000 per unit x 10 districts	50,00,000	50.00
	Equipment for Spoke – BMI Assessment Equipment (Weighing Scale, Height Stand, Measuring Tape)@ Rs. 15,000 per PHC × 592 PHCs in 10 districts	88,80,000	88.80
	Grand Total	**3,58,80,000**	**358.80 Lakhs**

The detailed breakup is enclosed as Annexure.

The approved equipment are not available under the TNMSC Rate Contract or on the Government e-Marketplace (GeM) portal. The estimated costs have been adopted based on the D.O. No. T.20015/03/2026-NCD-II, dated 04.02.2026, issued by the Ministry of Health and Family Welfare. The technical specifications of the equipment will be finalized by a Technical Committee constituted by the Mission Director, NHM-TN, in consultation with the concerned Directorates and subject experts.

4. Proposal

It is now proposed to strengthen Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) screening and management by introducing 3D/4D USG Machine and USG Probe with Sheer wave Elastography at 10 DHQHs (Hub) and BMI assessment devices at 592 PHCs (Spoke) in 10 Districts: Chengalpattu, Coimbatore, Cuddalore, Madurai, Tirunelveli, Salem, Thanjavur, Tiruchirapalli, Tiruvallur, and Kancheepuram.

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for execution of the approved activity and for taking further action required for implementation of the projects.

5. Decision Points

1. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to implement the program of Screening and Management of MASLD as Hub and Spoke Model, in 10 Districts on pilot basis** namely Chengalpattu, Coimbatore, Cuddalore, Madurai, Tirunelveli, Salem, Thanjavur, Tiruchirapalli, Tiruvallur, and Kancheepuram.

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **release an amount of Rs. 3,58,80,000 (Three crore fifty eight lakh eighty thousand) to Tamil Nadu Medical Service Corporation (TNMSC)** for the procurement and supply of 3D/4D USG Machine and USG Probe with Sheer wave Elastography at 10 DHQHs (Hub) and BMI assessment devices at 592 PHCs (Spoke) as per the Annexure.

3. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to form a technical committee to finalise the specifications of the approved equipment**, in consultation with the concerned Directorates and subject experts.

Annexure

The total number of units targeted under this pilot is as follows:

Sl. No.	District	Hub (DHQ)	Spokes (PHC)	Equipment for Hub @ 27,00,000/- per unit	Equipment for Spoke @ PHC @ 15000 per Unit
1	Chengalpattu	1	42	27,00,000	6,30,000
2	Coimbatore	1	72	27,00,000	10,80,000
3	Cuddalore	1	59	27,00,000	8,85,000
4	Madurai	1	74	27,00,000	11,10,000
5	Tirunelveli	1	46	27,00,000	6,90,000
6	Salem	1	88	27,00,000	13,20,000
7	Thanjavur	1	65	27,00,000	9,75,000
8	Tiruchirapalli	1	69	27,00,000	10,35,000
9	Tiruvallur	1	53	27,00,000	7,95,000
10	Kancheepuram	1	24	27,00,000	3,60,000
Total		**10**	**592**	**2,70,00,000**	**88,80,000**
				Rs. 3,58,80,000	

Agenda 45/51/2026

Sub:	NHM – TN - Mental Health – **Implementation of Mental Health Training (Velli Manasu) for Students and Teachers** in Government and Government-aided schools at a total cost of **Rs. 80.74 Lakhs** – Approval Requested – Reg.
Ref:	1. Minutes of the 50th EC Meeting held on 06.02.2026 2. PIP 2026-27 3. Minutes of the Consultative Meeting: Ref. No. 170426/NHM/P18/ 2026, Dated: 02.06.2026 4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27) 5. G.O. (Ms.) No. 83, Health and Family Welfare (MCA-1) Department, Dated: 06.03.2026

1. Background:

According to the World Health Organisation (WHO), adolescent mental health is a critical component of overall health and development. 1 in 7 adolescents globally experience a mental health condition (WHO, 2025). Mental health conditions account for a significant proportion of disease burden in the age groups of 10 to 19.

As per the reference 5th cited, in the Government Order, G.O. (Ms.) No. 83, Dated: 06.03.2026, The Government of Tamil Nadu has come up with the Mental Health Policy for Educational Institutions in Tamil Nadu. In alignment with the policy, the Mental health Training Program would improve Mental Health Literacy, provide Mental Health First aid, and identify students in psychological distress. The training of teachers and students in schools is essential for early identification of Psychological distress and referral for immediate action.

Therefore it was envisaged to implement the Velli Manasu program – an initiative for training of students and teachers to improve Mental Health Literacy, identification of students in psychological distress and referral to specialists in 8074 schools (EMIS, December 2025)

2. Status of Approvals obtained in 50th Executive Committee Meeting:

The following proposals for implementation of Velli Manasu – training for students & Teachers in schools and Mental Health Wellness sessions were placed before the 50th Executive Committee Meeting and the same was approved vide references 1st and 2nd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Table 1: Velli Manasu training and wellness sessions approved in the 50th Executive Meeting for inclusion in PIP 2026 – 2027

Name of the activity	Description of the activity	Total No. of Units proposed	Cost per unit (Rs. In Lakhs)	Total cost (Rs. In Lakhs)
			Rs. in Lakhs	
Velli Manasu - Training for Students & Teachers in schools and Mental Health wellness sessions for Schools across the state	Proposal to a. Training for Students & Teachers in schools - Rs. 6000/ school/ year for 8074 schools across the state, totalling to Rs.484.44 Lakhs. b. To conduct health and wellness sessions in schools on one Friday every month with the help of Psychiatrist from DMHP, PHC MOs, RBSK in collaboration with the NGOs @ Rs.5000 per camp for 20 Camps per district per month, totalling to Rs.456 Lakhs	8,549	0.11	940.44

Thereafter, the proposals were incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval Status of RoP 2026 – 2027:

As per the reference 2nd cited, two components under the Velli Manasu were proposed in the PIP 2026 -27 namely **(i)** Training for Students & Teachers in schools at a total cost of Rs. 80.74 Lakhs and **(ii)** Wellness sessions in schools on one Friday of the month at a total cost of Rs, 456 Lakhs.

Now, out of the two components proposed, the Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 4th cited), FMR HSS.16 Sl. No 201 has approved only the Training for Students & Teachers in schools under the National Health Mission as below:

Table 2: Velli Manasu - Training for Students & Teachers in schools approved in the RoP 2026 – 2027

S.No	Component	Number of Schools approved for the activity	Funds per School for the training
1	Training for students and teachers in schools	8074	Rs. 1000
Total amount approved			**Rs. 80.74 Lakhs**

4. Proposal:

As of June 2026, there are 8095 Government and Government aided – High schools and Higher Secondary schools in Tamil Nadu with 23,28,596 students and 1,61,951 teachers (EMIS, June 2026). Approvals in the RoP 2026 – 2027 have been obtained for 8074 Government and Government aided – High schools and Higher Secondary schools in Tamil Nadu.

Further, a preliminary consultative meeting was held on 17.04.2026 for the implementation of the Velli Manasu - Training for Students & Teachers in schools. Stakeholders from the School Education department, DME & R, DM & RHS, and DPH & PM along with NGOs (Non-Governmental Organization) and CBOs (Community Based Organization) such as the Banyan, SCARF, and Tamil Nadu Science Forum, were a part of the Consultative meeting. The following points were decided in the meeting and were recorded as minutes as per the reference 2nd cited.

(i) It was decided that the School Education Department would take the lead and develop an action plan for the implementation of the Training for Students & Teachers in schools for 9th to 12th standards on pilot basis.

(ii) The Tamil Nadu Science Forum, a CBO, would be engaged for the development of modules for training of students and teachers.

Now, it is proposed to conduct the Training for Students & Teachers in Government and Government Aided schools for 40370 Students and 40370 Teachers.

Monitoring Indicators:

1. Training coverage – Number of schools completing full training cohort (5 students + 5 teachers) against 8,074 approved schools
2. Referral completion – Number of students identified in distress referred for further psychological support, with follow-up

Outcome Indicators:

i. Improvement in Mental Health Literacy among trained students, using pre-post MHL questionnaire score

ii. Improvement in teachers ability to identify warning signs of psychological distress, using post-training assessment

iii. Increase in referral-to-service linkage rate, i.e., proportion of referred students accessing follow-up care (DMHP/TeleMANAS/counsellor) within 30 days

iv. Increase in adolescent help-seeking (TeleMANAS/DMHP) in intervention districts, pre- vs post-intervention

v. Reduction in disciplinary incidents linked to unaddressed emotional/behavioural issues

vi. Reduction in absenteeism/dropout rates

Table 3: Proposed: Velli Manasu - Training for Students & Teachers in schools

S.No	Component	Number to be trained per school	Number of Schools approved for the activity	Total Number of trainees	Funds per person enrolled in the training program	Total funds to be disbursed (in Lakhs)
1	Training for students	5	8074	40,370	Rs. 100	Rs. 40.37
2	Training for teachers	5	8074	40,370	Rs. 100	Rs. 40.37
Grand Total				**80,740**	**Rs. 200**	**Rs. 80.74**

5. Decision Points:

In this regard, necessary permissions from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for execution of the approved Training for Students & Teachers in schools program and for taking further action required for implementation of the projects:

1. The Mission Director, NHM – TN may be permitted to send necessary proposals, in co-ordination with the **School Education Department**, to the Government for obtaining the Government Orders for the **Implementation of the Training for Students & Teachers in 8074 Government and Government-aided schools for 40,370 students and 40,370 teachers.**

2. The Mission Director, NHM – TN, may be permitted to utilise the funds for the implementation of the Mental Health training **upon receipt of a district specific action plan** from the School Education Department for the conduction of Training for Students & Teachers in schools through organization identified by the School Education Department or DIET.

Agenda 46/51/2026

Sub:	NHM – TN - Mental Health – Implementation of **District Perinatal Psychiatric Services (Magizhchi Clinic) program** in 38 Districts at a total cost **of Rs. 30.78 Lakhs –** Approval Requested – Reg.
Ref:	1. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

1. Background:

According to World Health Organization (WHO), worldwide about **10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression. In developing countries this is even higher, i.e. 15.6% during pregnancy and 19.8% after child birth.**

In this regard, it was proposed to strengthen psychiatric services for AN/PN mothers, which is crucial to prevent adverse maternal, and child outcomes and to reduce the long-term burden on the health system.

Early detection and timely care can prevent serious complications, including postpartum depression, suicide risk, impaired maternal–infant bonding, and poor child developmental outcomes.

2. Approval Status of RoP 2026 – 2027:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 1st cited), **FMR HSS.9 Sl.No 185** approved the District Perinatal Psychiatric Services (Magizhchi Clinics) program under the National Health Mission as below:

Human Resource	Qualification	Mode of recruitment	Per Centre/ Month	For 38 Centres /for 3 Months
One Psychologist per centre	M.Sc Psychology/ M.Phil Clinical Psychology	District Health Society on Contractual Basis	**Rs. 27,000**	**Rs.30,78,000**

3. Proposal:

In order to ensure early detection and timely care, prevent serious complications, including postpartum depression, suicide risk, impaired maternal–infant bonding, and poor child developmental outcomes, it is proposed to strengthen psychiatric services for AN/PN mothers, which is crucial to prevent adverse maternal, and child outcomes and to reduce the long-term burden on the health system.

One Psychologist may be placed at **CEmONC** (Comprehensive Emergency Obstetric and Newborn Care) **Centres** in the 38 Districts, at the rate of one per district.

S.No	Human Resource	Mode of recruitment	Per Centre/ Month	Amount (in Rs.) for 38 CEmONC Centres /for 3 months
1.	Psychologist (1 per centre)	District Health Society on Contractual Basis	**Rs. 27,000**	**Rs. 30,78,000**

Role of Psychologist in CEmONC Centres:

- Screen antenatal and postnatal mothers for mental health conditions
- Identify and manage depression, anxiety, stress, and postpartum mental health disorders
- Assess and provide crisis intervention for mothers at risk of suicide or self-harm and referral to the DMHP Psychiatrist in High-risk cases
- Provide psychological counselling and emotional support to mothers and families
- Counsel mothers following pregnancy loss, stillbirth, neonatal death, or obstetric complications.
- Promote mother infant bonding and positive parenting.
- Screen for psychosocial risk factors, including domestic violence and poor social support.
- Refer high-risk mothers to psychiatrists and the District Mental Health Programme (DMHP) for further management of High-risk cases, and other cases where Psychiatric interventions are necessary
- Maintain case records and ensure follow-up of mothers requiring mental health support.
- Provide basic maternal mental health orientation to healthcare staff

Monitoring Indicators:

1. Screening coverage: Number of antenatal/Postnatal mothers screened using a validated tool (e.g., EPDS) at each visit
2. Assessment completion- Number of referred women receiving a full structured psychological assessment
3. Risk-screening completion- Number of cases screened for suicidal risk /self-harm and follow-up

Outcome Indicators:

1. Reduction in depressive and anxiety symptoms using Edinburgh Postnatal Depression Scale (EPDS) score and GAD-7 respectively
2. Reduction in PTSD symptoms (e.g., birth trauma) using PCL -5
3. Reduction in Remission rate by achieving EPDS <10
4. Reduction in Relapse rate in mothers with clinically significant symptoms within 6 months

4. Decision Points:

In this regard, necessary permissions from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for execution of the approved District Perinatal Psychiatry services (Magizhchi Clinics) Program and for taking further action required for implementation of the projects:

1. The Mission Director, NHM – TN may be permitted to send necessary proposals to the Government for obtaining the Government Orders for:
    a. **Implementation of the District Perinatal Psychiatry services Program** (Magizhchi clinics) in all the **CEmONC Centres** through the concerned Directorates.
    b. **Recruitment of 38 Psychologists** through the District Health Society on a contractual basis in the respective districts.

2. The Mission Director may be permitted to utilize the funds for the implementation of the District Perinatal Psychiatry Services Program (Magizhchi Clinics) at a total cost **of Rs. 30.78 Lakhs.**

3. The Mission Director may be permitted to **place the counsellors depending on the necessity and delivery load** among different CEmONC Centres.

Agenda 47/51/2026

Sub:	NHM – TN - Mental Health **– Expansion of TeleManas as Tele-psychiatry units** in Tamil Nadu by repurposing of the funds allocated for Mobile Mental Health Unit activity (HR and Operational costs) at a total cost of **Rs. 26.99 Lakhs** – Approval Requested – Reg.
Ref:	1. Minutes of the 50th EC Meeting held on 06.02.2026 2. PIP 2026-27 3. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

1. Background:

The NCRB 2024 Report indicates that Tamil Nadu recorded 19,965 suicides (11.7% of India's total), with a suicide rate of 25.9 per lakh population, more than double the national average. In this regard, there is a critical need for the provision of specialised mental health services to populations facing significant psychological stress and unmet mental health needs. At present, the coverage of the District Mental Health Programme (DMHP) units in the 38 districts of Tamil Nadu is restricted up to the Community Health Centre (CHC) level institutions, resulting in limited accessibility of Psychiatric care at the periphery level, particularly at the Block Primary Health Centre (PHC) level.

2. Status of approvals obtained in 50th Executive Committee Meeting

The following proposals for implementation of Mobile Mental Health Units were placed before the 50th Executive Committee Meeting and the same was approved for inclusion in the Programme Implementation Plan (PIP) 2026-27 vide references 1st and 2nd cited:

Table 1: Mobile Mental Health Units approved in the 50th Executive Meeting for inclusion in PIP 2026 – 2027

Sl. No.	FMR Code	Programme	Name of the Activity	Description of the Activity	Cost per Unit (Rs. in lakhs)	Total No. of units proposed	Total Cost (Rs. in lakhs)
57	206	Mental Health	Five Mobile Mental Health Units for providing mental health services to the vulnerable population in the community	**Rs. 50.29 Lakhs towards Specialized Mobile Mental Health Unit for Screening** **Proposal for 3 HR/mobile unit:** Psychiatrist, Clinical	10.06	5	50.29

			– 1 Health Teams	Psychologist, Staff Nurse **Hiring of Vehicle:** Rs. 40,000 per mobile unit **IEC/mobile unit/year Rs.5000** **Contingency/ mobile unit/year** – Rs.10000 **Drugs/ Mobile Unit/ year**: Rs. 50,000 Proposed for 6 months			

Thereafter, the proposals were incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

2. Approval Status of RoP 2026 – 2027:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27, has approved the establishment of 5 Mobile Mental Health Units (MMHU) initiative, along with the requisite Human Resources and other operational components, as detailed below:

Table 2: Approval status of the Mobile Mental Health Unit (MMHU) initiative in RoP 2026 – 2027 - Human resources

S.No	Component	Cost/Month	Total no. of Posts	Amount/month/5 units	Amount/6 months/5 units
1	Psychiatrist	75,000	5	3,75,000	22,50,000
2	Psychologist	27,000	5	1,35,000	8,10,000
3	Staff Nurse	21,000	5	1,05,000	6,30,000
Total		**1,23,000**	**15**	**6,15,000**	**36,90,000**

Table 3: Approval status of the Mobile Mental Health Unit (MMHU) initiative in RoP 2026 – 2027 – Operational costs

S.No	Component	Cost/Month	Amount/6 months/5 units
1	Hiring of Vehicle	40,000	12,00,000
2	IEC	5,000	25,000
3	Drugs	50,000	2,50,000
4	Contingency	10,000	50,000

	Total		**15,25,000**

4. Proposal:

As per the discussions held with MD, NHM – TN and other stakeholders, it was decided that the funds allotted for the Mobile Mental Health Unit initiative shall be repurposed to expand the existing TeleManas program in the State to improve accessibility of services and coverage upto the last mile. Further, the proposal has been concurred with by the State Nodal Officer - Mental Health.

Therefore, in order to improve the coverage and accessibility of Psychiatric services in the State, it is now proposed to establish a Hub at Institute of Mental Health, Kilapuk, Chennai. The Hub will be staffed with Psychiatrists and Psychologists who will ensure proactive tele-follow-up and a Video Tele consultation with Psychiatrists for every Block PHC through a fixed roster.

The Tele-Psychiatry Hubs will also ensure follow-up of all DMHP cases, including TAEI self-harm cases, with consultations to be conducted through **eSanjeevani telemedicine platform** to enable secure video-based clinics between Hub specialists and patients in the Block PHCs as a spoke.

On pilot basis, One Tele-Psychiatry unit will be situated at **Institute of Mental Health, Kilpauk, Chennai** in view of the availability of tertiary psychiatric care infrastructure, and specialists. The Hub would consist of 5 Psychiatrists and 5 Psychologists ensuring coverage of Block PHC referrals throughout the state, through fixed-day video clinics.

Table 4: Proposed Tele-Psychiatry Unit Programme – Chennai – Human Resources

Location	**Component**	**Cost/ Month/HR**	**Total no. of Posts**	**Mode of recruitment**	**Amount/ month**	**Amount/ 3 months**
Chennai	Psychiatrist	₹ 70,000	5	Hiring through EMRI	₹ 3,50,000	₹ 10,50,000
	Psychologist	₹ 27,000	5	Hiring through EMRI	₹ 1,35,000	₹ 4,05,000
Total	**Psychiatrist + Psychologist**	**97,000**	**10**		**₹ 4,85,000**	**₹ 14,55,000**

In addition to the above Human Resources, the funds approved under Table 3: namely Hiring of Vehicle, IEC, Drugs and Contingency are proposed to be re-purposed

towards one-time setup costs and costs (other than HR) for the Tele-Psychiatry Unit infrastructure, as detailed below:

Table 5: Repurposing of Funds for Tele-Psychiatry Unit Setup – Chennai

Non-recurring costs

S.No	Item	Specification	Unit Cost (Approx)	No. of units required	Total Amount required for Chennai
1	Tele-psychiatry video console	Web camera + Headset+ integrated mic array + 24'' full HD monitor	₹ 1,50,000	4.00	₹ 6,00,000
2	Clinician workstation (Desktop/ Laptop)	Intel i7 / 16 GB RAM / 512 GB SSD, Windows 11	₹ 60,000	4.00	₹ 2,40,000
4	UPS (1 KVA) with battery backup	Minimum 30–45 min backup for console + PC	₹ 20,000	1.00	₹ 20,000
5	Networking equipment	Router, Wi-Fi extender/access point, LAN cabling	₹ 20,000	1.00	₹ 20,000
6	Consultation Table & Chair	(to be procured through TANSI)	₹ 20,000	4.00	₹ 80,000
7	Storage cabinet	(to be procured through TANSI)	₹ 10,000	1.00	₹ 10,000
8	Civil works (Console /Partition)	Signage, electrical works	₹ 2,50,000	1.00	₹ 2,50,000
		Total	**₹ 5,30,000**		**₹ 12,20,000**

Table 6: Funds for Tele-Psychiatry Unit Setup – Chennai – Recurring costs

S.No	Component	Amount required (for 3 months)
1	HR- Psychiatrist & Psychologist	₹ 14,55,000
2	Internet Connectivity & Contingency	₹ 24,000
Total		**₹ 14,79,000**

The total cost for establishment of the Tele-Psychiatry Unit at Chennai, inclusive of Human Resources and Infrastructure Setup , is Rs. 26.99 Lakhs for 3 months, as summarised below:

Table 7: Grand Total Cost – Tele-Psychiatry Hubs at Chennai

S.No	Location	No. of Hubs	Recurring (HR & Internet Connectivity) Cost/ 3 months	Non-Recurring Cost (One time)	Total Cost
1	Chennai	1	₹ 14,79,000	₹ 12,20,000	₹ 26,99,000
Grand Total		1	**₹ 14,79,000**	**₹ 12,20,000**	**₹ 26,99,000**

Outcome Indicators:

1. Percentage Increase in Psychiatry consultations compared to baseline
2. Percentage of Block PHCs covered
3. Percentage of beneficiaries showed improvement in symptoms assessed using validated scales
4. Treatment adherence & follow up
5. Reduction in relapse

Expected outcomes

1. Improved access to psychiatric care for patients in remote or under-served areas.
2. Reduced patient dropout and improved continuity of follow-up care.
3. Reduced travel time and OOPE on patients and caregivers.
4. Better utilisation of scarce specialist psychiatrist time across multiple sites (hub-and-spoke scalability)

5. **Decision Points:**

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for execution of the proposed Tele-Psychiatry Hubs programme at a total cost of **Rs. 26.99** and for taking further action required for implementation of the project:

1. The Mission Director, NHM – TN may be permitted to send necessary proposals to the Government for obtaining Government Orders:
    a. for **the expansion of TeleManas program** as Tele-psychiatry Units through a hub which will be located in IMH, Kilpauk, Chennai, with engagement of 5

Psychiatrists and 5 Psychologists, at a total cost of **Rs. 26.99 Lakhs for 3 months**

b. Permitting EMRI for **Hiring of Five Psychiatrists** and **Five Psychologists as being done prior for the TeleManas program**

2. The Mission Director, NHM – TN, may be permitted to **re-purpose the funds approved** under Hiring of Vehicle, IEC, Drugs and Contingency (other than Human Resources) towards one-time infrastructure setup of the Hubs: Telemedicine console, furniture, etc. at a **total cost of Rs. 12.20 Lakhs**

3. The Mission Director, NHM – TN may be permitted to **utilise the eSanjeevani telemedicine platform** for the conduct of tele-consultations under the Tele-Psychiatry Hubs programme.

4. The Mission Director, NHM – TN, may be permitted to release funds to TNHSP for implementation of the program

Agenda 48/51/2026

Sub:	NHM – TN - Mental Health – **Support staff for De-addiction services** in, Government Peripheral Hospital, Sholinganallur and Institute of Mental Health, Kilpauk, Chennai at a total cost of **Rs. 9.24 Lakhs** – Approval Requested – Reg.
Ref:	1. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27) 2. G.O. (Ms). No. 51, Health and Family Welfare Department, dated: 18.02.2026 3. Minutes of the Meeting: Ref.No. 6753/ P18/ NHM/ 2022, dated: 14.03.2026

1. Background

As per the 2nd cited, in the G.O. (Ms). No. 51, dated: 18.02.2026, in the recently established in Government Peripheral Hospital, Sholinganallur ,Chennai, One Psychiatrist and One social worker has been sanctioned.

Further, as per the reference 3rd cited, in the meeting held on 21.04.2026, it was instructed by the Additional Chief Secretary, Health and Family Welfare Department to expedite the establishment of De-addiction services in the Government Peripheral Hospital, Shollinganallur, Chennai.

In addition to this, the 20 bedded Comprehensive De-addiction and Rehabilitation Centre at Institute of Mental Health, Kilapuk, Chennai was increased to a 50 bedded facility due to a high load of patients. Hence, it is very crucial to provide support staff for the effective functioning of the De-addiction Centre.

2. Approval status of RoP 2026 – 2027:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 1st cited), **FMR.HSS.9.185** approved the Human resources of the National Mental Health Programme under the National Health Mission as below:

Table 1: Total approved posts of Hospital Worker and Security RoP 2026 – 2027

S.No	HR	No. of Posts	Amount per month/ per HR	Total Amount per month	Total amount for 3 months
1	Hospital worker	4	₹ 11,000	₹ 44,000	₹ 1,32,000
2	Security	3	₹ 11,000	₹ 33,000	₹ 99,000
	Total	**7**	**₹ 22,000**	**₹ 77,000**	**₹ 2,31,000**

3. Proposal

a. It is proposed to Recruit 3 Hospital Workers and 3 Security staff to strengthen the De-addiction services at the Government Peripheral Hospital, Shollinganallur, Chennai

Table 2: Total proposed posts of Hospital Worker and Security for Government Peripheral Hospital, Sholinganallur, Chennai

S. No	HR	Qualification	Amount per month/ per HR	No. of Posts	Amount per month	Total amount for 3 months
1	Hospital worker	8th standard	City Health Society on Contractual basis/ GCC	3	₹11,000	₹99,000
2	Security	8th standard	City Health Society on Contractual basis/ GCC	3	₹11,000	₹99,000
			Total	**6**	**₹22,000**	**₹1,98,000**

b. It is proposed to Recruit 1 Hospital worker staff to strengthen the Comprehensive De-addiction and Rehabilitation Centre at the Institute of Mental Health, Kilpauk, Chennai.

Table 3: Total proposed posts of Hospital Worker and Security for Institute of Mental Health, Kilpauk, Chennai

S. No	HR	Qualification	Amount per month/ per HR	No. of Posts	Amount per month	Total amount for 3 months
1	Hospital worker	8th standard	City Health Society on Contractual basis/ GCC	1	₹11,000	₹33,000
				Total	**₹11,000**	**₹33,000**

4. Decision Points:

1. The Mission Director, NHM – TN may be permitted to send necessary proposals to the Government for obtaining the Government Orders permitting GCC for the Recruitment of:

a. **3 Hospital Workers and 3 Security** through City Health Society, GCC on contractual basis for **Government Peripheral Hospital, Shollinganallur at a total cost of Rs. 1.98 Lakhs**

b. **1 Hospital worker** through City Health Society, GCC on contractual basis for the Comprehensive De-addiction and Rehabilitation Centre at **Institute of Mental Health, Kilpauk, Chennai at a total cost of Rs. 0.33 Lakhs**

2. The Mission Director may be permitted to release funds to City Health Society, Greater Chennai Corporation for the HR Salary cost for the 4 Hospital workers and 3 Security staff at a total cost of **Rs. 2.31 Lakhs**

Agenda 49/51/2026

Sub:	NHM – TN - Mental Health – National Tele Mental Health Program – Tele Manas **- Proposed pay of the Posts** sanctioned at a total cost of **Rs. 242.13 Lakhs** – Reg.
Ref:	1. PIP 2026-27 2. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27) 3. Stakeholders Meeting for Tele MANAS with NHM, TNHSRP and Subject Experts Dt.29.08.2022. 4. Supplementary RoP 2025-26

1. Background:

The National Tele Mental Health Program (TeleManas) was launched in 2022 in Tamil Nadu, providing free, 24/7 Mental Health services across Tamil Nadu through the Two state cells located at the DMS Campus, and the IMH Campus.

The TeleManas cells consists of 2 Senior Consultants, 4 Consultants, 6 Clinical Psychologists, 40 Counsellors, and 4 Data entry operators.

A total of 4,97,764 calls have been handled from inception through March 2026. The total calls made during June 2025 to May 2026 were 2,06,862 (TeleMANAS - IIITB Report). Tele Manas cells also provide stress management & Counselling services to 10th, 12th and NEET aspirant students along followed by referral and follow-up for high-risk cases.

2. Approval Status of RoP 2026 – 2027:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 1st cited), FMR NCD 2.98 approved the Human resources of the National Tele Mental Health Programme (TeleManas) under the National Health Mission a t a total cost of Rs. 243.58 Lakhs as below:

Table 1: Sanction of Posts and Salary in Record of Proceedings (RoP) 2026-27

Post	Qualification	Sanctioned Posts	Amount (in Rs)/ Month/ for one HR
Senior Consultant	(MD/ DNB/ Diploma in Psychiatry + 3 yrs exp)	2	90,000.00
Consultant	(MD/ DNB/ Diploma in Psychiatry)	4	75,000.00

Clinical Psychologist	First or Second Class M.Phil in clinical Psychology/M. Phil Psychiatric Social work/ M.A./M. Sc. degree in Psychology/ First- or Second-class M.A./M.S.W degree in Medical Psychiatric Social Work / MSc in Psychiatric Nursing, from recognized institute as per Indian Nursing Council	6	45,000.00
Counsellors	Masters in Clinical Psychology / Social Work or other related disciplines such as MA Sociology/ Psychology	40	30,000.00
Data Entry operators	Diploma in Computer Application	4	18,000.00
		Total	**243.58 Lakhs**

3. Proposal:

As the existing remuneration was found to be inadequate for engaging qualified professionals, it is proposed to revise the monthly remuneration to ₹90,000 (which is the maximum ceiling fixed as per NHM norms) for the Consultant by reappropriating the approved budget of ₹243.58 lakh, within the revised financial implication of ₹228.00 Lakhs, without any additional financial commitment.

Table 2: Proposed Sanction of posts and remuneration for the Tele Manas Cells 1 and 2 at a total cost of Rs. 228.0 Lakhs.

Post	No. of Posts approved by GoI	No. of Posts Proposed	Salary/ Month by GoI	Proposed Salary/ Month	Amount/ year in Rs.	Remarks
Consultant	4	4	₹ 75,000	₹ 90,000	₹43,20,000	Revision of pay due to long vacancies, request letter from T NHSRP (Ref. NoTNHSP/829/2025-EMS)
Clinical Psychologist	6	6	₹ 45,000	₹ 45,000	₹32,40,000	

Counsellors	40	40	₹ 30,000	₹ 30,000	₹1,44,00,000	
Data Entry Operators	4	4	₹ 18,000	₹ 17,500	₹ 8,40,000	Revised as per NHM Norms
Total	**56**	**55**	**₹1,68,000**	**₹ 1,82,500**	**₹ 2,28,00,000**	

The proposed pay for the Sanctioned posts is **Rs.228 lakhs** (within the total approved budget of **Rs. 243.58 Lakhs.)**

4. Decision Points:

i. The Mission Director, NHM – TN may be permitted to send necessary proposals to the Government for obtaining the Government Orders for the **Proposed pay of the Posts sanctioned** as above in Table 2 at a total cost of **Rs. 228.00 Lakhs.**

ii. The Mission Director - NHM - TN, may be permitted **to release funds to TNHSP for the implementation of the TeleManas program.**

Agenda 50/51/2026

Sub:	NHM – TN - Mental Health – **Operational Costs for Emergency Care and Recovery Centres** - for Government run and NGO Supported ECRCs at a total cost of **Rs. 277.32 Lakhs** – Approval Requested – Reg.
Ref:	1. PIP 2026-27 2. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27) 3. G.O. (Ms) No. 181, Health and Family Welfare Department, Dated: 15.05.2018 4. G.O. (Ms) No. 22, Health and Family Welfare Department, Dated: 29.01.2019 5. G.O. (Ms) No. 555, Health and Family Welfare Department, Dated: 19.12.2020 6. G.O. (Ms) No. 8, Health and Family Welfare Department, Dated: 08.01.2021 7. G.O. (Ms) No. 14, Health and Family Welfare Department, Dated: 09.01.2025 8. Letter from Health and Family Welfare (J2) Department, Letter No. 13831566/ J2/2026 - 2, Dated: 26.05.2026

1. Background

Emergency Care and Recovery Centres (ECRC) are in-patient facilities that cater to the needs of Homeless people with Mental Illness (HPWMI). These centres aim to rescue, treat, rehabilitate, and reintegrate them into society. ECRCs are currently operational in 34 Districts (Government-run: 8 and NGO supported: 26; To be operationalised: 4) which providing the following services:

- Rescue, Welcome Services and Accommodation
- Diet, Clothing and Grooming
- Medical and Psychiatric Services
- Rehabilitation including Recreational services, occupational therapy and Vocational training
- Reintegration with Family and Society
- Social Security benefits such as disability certificate, CMCHIS, Aadhar, UDID etc.

Since inception, 4,886 Homeless Persons with Mental Illness have been rescued and treated, 3195 HPWMI were successfully re-united with families, and 890 HPWMI rehabilitated in Rehabilitation Homes /Halfway Homes. The total admissions are 1169

with an average bed occupancy rate of 65% across 34 ECRCs over the period of 2025 to 2026.

2. Approval Status of RoP 2026 – 2027:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 1st cited), **FMR HSS.21.S.No 206** approved for Operational Costs of ECRCs under State Specific Initiatives under the National Health Mission as below:

Table 1: Operational Costs of ECRCs for 8 Government run ECRCs and 30 NGO supported ECRCs as approved in the Record of Proceedings (RoP) 2026-27

Sl.No	Particular	Unit cost	No. of units	Total Cost (in Rs.)
A				
I.	Welcome kit, Hair cut services, Photo and other documentation paper (including case sheet printing as per Mental Health Care Act 2017)	**2200**	**38**	**Rs. 1,00,32,000** (2,200*10 patients*12 months *38)
			SUB TOTAL (A)	**Rs. 1,00,32,000**
B				
I.	**Diet Charges per person per day**	**110**	**38**	**Rs. 1,55,49,600** (110*10 patients*31 days*12 months*38)
	Self-care kit per person per month	**200**	**38**	**Rs. 9,12,000** (200*38*10 patients *12 months)
	Ward sanitation (cleaning supplies like phenyl, broomstick, mopping stick), stationery like pen, charts, sketch, and miscellaneous (items for craft works for rehab services) per month per ECRC	**3500**	**38**	**Rs. 15,96,000** (3500*38*12 months)
			SUB TOTAL (B)	**Rs. 1,80,57,600**
			(A+ B)	**Rs. 2,80,89,600**

3. Proposal

Until 2025-2026, Operational costs of the ECRCs were being supported by NHM, TN for the 8 Government Run ECRCs. **Now approvals have been obtained for the provision of the Operational Costs for the 30 NGO supported ECRCs as well.**

Additionally, as per the instructions of the then Additional Chief Secretary, Health and Family Department, it was instructed to modify the Guidelines for fund utilization to include the cost of travel fare for the patient with an attendant during re-union with the family, on reimbursement model, as per the reference 8th cited.

It is hereby proposed to provide funds to cover travel expenses for the Re-integration of the beneficiary with the families at a cost of **Rs. 14.59 Lakhs per year** for the **38 ECRCs** (Government and NGO supported ECRCs) at a total cost of **Rs. 277.32 Lakhs.**

Table 2: Proposed Operational Costs of ECRCs for 8 Government run ECRCs and 30 NGO supported ECRCs

Sl. No	Operational Costs - component	Unit cost per ECRC	No. of Beneficiaries	Time period	Total Cost for One Year (in Rs.)	No. of ECRCs	Total Cost (in Rs.)
A.	**Non- Recurring cost per beneficiary**						
I.	Welcome Kit (Haircut services, Photo capture and other documentation papers)	2200	10	12 months	2,64,000	38	1,00,32,000
B.	**Recurring costs per beneficiary**						
II.	Diet charges	100*	10	12 months	3,65,000	38	1,38,70,000
III.	Self- care kit	200	10	12 months	24,000	38	9,12,000
C.	**ECRC Maintenance cost**						
IV.	Consumables for Ward Sanitation	3200*		12 months	38,400	38	14,59,200
V.	Re-Integration	1600	2	12 months	38,400	38	14,59,200
Total		**7300**			**7,29,800**		**2,77,32,400**

*** The funds for Diet and Consumables for Ward Sanitation have been reduced from Rs. 110 and Rs. 3500 to Rs. 100 and Rs. 3200 respectively for the purpose of inclusion of Re-integration expenses.**

4. Decision Points:

1. The Mission Director, NHM – TN may be permitted to send necessary proposals to the Government for obtaining the Government Orders for the Provision of Operational Costs for the 38 ECRCs including provision of travel expenses for the Re-integration of the beneficiary with the families at a cost of **Rs. 14.59 Lakhs per year for the 38 ECRCs.**

2. The Mission Director may be permitted to release funds for the operational costs of Emergency Care and Recovery Centres to Deans and JDHS of respective institutions at a total cost of **Rs. 277.32 Lakhs**

AGENDA: 51/51/2026

Sub:	NHM– TN - National Program for Health Care of Elderly (NPHCE) – **Establishment of Elderly Care Units in 6 Districts** Kancheepuram, Mayiladuthurai, Ranipet, Tenkasi and Tirupattur, and Kallakurichi at the **cost of Rs 193.98 Lakh** - Approval requested - Reg.
Ref:	1. G.O (Ms) No. 373 H&FW (EAP II-2) Department dated 23.10.2017 2. G.O (Ms) No. 496 H&FW (EAP II-2) Department dated 24.10.2018 3. G.O (Ms) No. 566 H&FW (EAP II-2) Department dated 07.12.2018 4. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 5. Minutes of the 50th EC Meeting held on 06.02.2026 6. PIP 2026-27 7. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27) 8. Operational Guidelines National Programme for Health Care of the Elderly (NPHCE), 2011

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1. Background

Tamil Nadu is one among the leading ageing States in India, with a significantly higher proportion of elderly persons compared to the national average. As per National Family Health Survey – 6 (NFHS-6), persons aged 60 years and above constitute 16.3% in Tamil Nadu against the National average of 12.9% . Based on the Mid-Year Population Estimates (MYEP-2025), Tamil Nadu has an estimated population of 7,73,94,000, of which approximately 1,26,15,222 are elderly individuals. A study by United Nations Population Fund, 2017 reports that Tamil Nadu is 'greying' at a rate of 2.2 per cent and indicates that current proportion of elderly in the state may double by 2050.

The Elderly suffer from various degenerative disorders that render them dependent and vulnerable. This age group requires preventive, curative, rehabilitative and palliative care services oriented to their special needs arising out of their age. The increasing elderly population necessitates strengthening of comprehensive, accessible and affordable Geriatric health care services across all levels of health care delivery.

To cater to the health care needs of this significantly increasing group, Government of Tamil Nadu vide Ref 1, 2 & 3 had already taken initiatives by approving

the establishment of District level Geriatric Units with adequate Human Resource posts **(1 Physician, 6 Staff Nurses, 1 Physiotherapist, 4 MPHW for each unit) in 31 District** (28 Medical Colleges, 3 DHQH, and 1 National Centre for Ageing at Guindy, Chennai) **under National Program for Health Care of Elderly (NPHCE)** , as in Table 1 . These institutions provide tertiary levels of geriatric care and also act as a referral point for elderly patients referred from PHCs and CHCs of the respective districts.

Table 1. G.O.-Wise Expansion of NPHCE Services

NPHCE G.Os	**Physician in the cadre of Assistant Professor (1 per unit)**	**Staff Nurse (6 per unit)**	**Physiotherapist (1 per unit)**	**Hospital Attendant (2 per unit)**	**Sanitary Attendant (2 per unit)**
G.O (Ms) No.373, Dated 23.10.2017	5	30	5	10	10
G.O (Ms) No.496, Dated 24.10.2018	3	0	3	6	6
NPHCE G.Os	**Physician in the cadre of Assistant Professor (1 per unit)**	**Staff Nurse (6 per unit)**	**Physiotherapist (1 per unit)**	**Multipurpose Health Workers (4 per unit)**	
G.O (Ms) No. 566, Dated 7.12.2018	23	156	23	92	
Grand Total	**31**	**186**	**31**	**124**	

The proposals for Establishment of Geriatric Units in 6 Districts– 5 District Headquarters Hospitals in Kancheepuram, Mayiladuthurai, Ranipet, Tenkasi and Tirupattur and 1 Government Medical College Hospital, Kallakurichi were previously no such units were available was examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 7/50/2026.

2. Status of Approval in 50th EC Meeting:

The following proposals for Establishment of Geriatric Units in 5 District Headquarters Hospitals- Kancheepuram, Mayiladuthurai, Ranipet, Tenkasi and Tirupattur and 1 Government Medical college hospital, Kallakurichi, along with provision of Human Resources were placed before the 50th Executive Committee Meeting and the same was approved vide references 4th and 5th cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Currently, Tamil Nadu is witnessing a steady increase in its elderly population with a rising burden of chronic non-communicable diseases, frailty, functional limitations, and age-related disabilities requiring long-term care. As per the reference 8th cited, The NPHCE operational guidelines, District Headquarters Hospitals and Medical college Hospitals are required to provide dedicated geriatric OPD services, separate inpatient beds, basic laboratory support, rehabilitation services, and referral linkages to higher centres.

At present, District Headquarters Hospitals in Kancheepuram, Mayiladuthurai, Ranipet, Tenkasi and Tirupattur, and Government Medical College Hospital in Kallakurichi do not have exclusive Geriatric Units under NPHCE, limiting access to structured district-level geriatric care. Elderly patients are currently managed in general wards, where their complex clinical and psychosocial needs may not be optimally addressed. The proposed activity involves establishing dedicated Geriatric Units in the above District Headquarters Hospitals and Medical College in accordance with NPHCE norms, utilizing available infrastructure and strengthening service delivery was incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

This intervention will enhance access to age-friendly comprehensive care at the district level, improve early detection and management of chronic conditions, strengthen rehabilitation services, and reduce preventable disability and referral burden to higher centre.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 6th cited), approved the following infrastructure projects and Equipment under the FMR CODE- NCD.3.99

FMR CODE	SL. NO	SCHEME/ACTIVITY	AMOUNT PROPOSED (IN LAKH)	AMOUNT APPROVED (IN LAKH)
NCD.3	99	Establishment (infrastructure) of New Geriatric unit in 6 districts	120	120
		Establishment (equipment) of New Geriatric units in 6 districts	60	60

Based on the approval accorded by the Government of India under the Record of Proceedings (RoP) 2026–27, the proposed establishment of six Geriatric Units comprises infrastructure renovation, procurement of essential equipment, and

provision of human resources. The component-wise financial requirement is furnished below in table 2.

Table 2. The Components for establishment of six Geriatric Units is detailed below

Component	No. of units	Unit Cost @ 1	Total Amount (in Rs.)	Total Amount (in Lakhs)
Infrastructure	6	Rs. 20,00,000/-	1,20,00,000	120
Human Resource	6	Rs. 2,33,000/-	13,98,000	13.98
Equipment	6	Rs. 10,00,000/-	60,00,000	60
Grand Total		**Rs. 32,33,000/-**	**1,93,98,000**	**193.98**

he following human resources are proposed for each Geriatric Unit to ensure comprehensive geriatric outpatient, inpatient, rehabilitation, and referral services. The cadre-wise requirement for all six units is detailed below in table 3.

Table 3.Human Resource Approved under NHM RoP 2026-2027

CADRE	FMR CODE	Per Unit	Total for 6 Units
Physician in the cadre of Assistant Professor/ Assistant Surgeon Qualification: MD in Geriatric Medicine Or MD in General Medicine	HSS.8.1.3.1	1	6
Staff Nurse	HSS.8.1.1.2	6	36
Physiotherapist	HSS.8.1.1.10	1	6
Multipurpose Health Worker	HSS.8.1.16.1	4	24
Total		**12**	**72**

The financial implication for the establishment of six Geriatric Units includes expenditure towards human resources, infrastructure renovation, and procurement of equipment. The mode of recruitment and implementation for each component is detailed in the table 4

Table 4.The financial implication towards Renovation work, Equipment and Human Resources:

Sl. No.	Designation	Total Number of posts proposed	Amount	Mode of Recruitment
1.	Physician in the cadre of Assistant Professor/Assistant Surgeon (Level 23 – Rs.56,900-1,80,500) Qualification: MD in Geriatric Medicine Or MD in General Medicine	6 @ Rs. 40000/- per post	2,40,000	Through Medical Recruitment Board
2.	Staff Nurse @ Rs 21,000 per month	36	7,56,000	Regular – 2 per unit Placed under the control of Director of Medical and Rural Health Services among the MRB selected Staff Nurses under seniority Contract- 4 per unit Placed on Contract basis filled up through MRB as existing National Health Mission per norms with annual 5% increment (As envisaged in G.O (Ms)No.400 Health dt:16.12.14)
3.	Physiotherapist @ Rs.23,000/- Per month	6	1,38,000	Contract By the concerned DHS
4.	MPHW @ Rs 11,000 per month	24	2,64,000	Contract by the Concerned DHS
5	Infrastructure: Repair work/renovation- Rs. 20,00,000/-	6	1,20,00,000	Through PWD - For Renovation of the existing buildings as given in ANNEXURE – I (Based on the District Geriatric Units Guidelines - Expert Committee Meeting held on 09.08.2017.)
6	Equipment @ Rs.10,00,000 per unit	6	60,00,000	-Equipment list as given in Annexure – I (Based on the District Geriatric Units Guidelines - Expert Committee Meeting held on 09.08.2017) The Specifications will be arrived by the Technical Committee constituted by MD NHM along with the Directorates. Procurement through Tamil Nadu Medical Service Corporation
	TOTAL		**1,93,98,000**	

4.Proposal: Execution of Renovation work through Public Works Department

The Civil Works allotted per Facility is Rs 20 Lakhs only and Considered as **Minor Civil Work** vide G.O Ms No 245 H&FW (EAP-II-2) dt 10.08.2009, hence the funds may be sanctioned to concerned JDHS/ Dean to carry out the civil re-modifications in the existing Wards and OPD of the concerned Building through PWD at the district level. Infrastructure plan - For Renovation of the existing buildings as given in ANNEXURE I.

The infrastructure plan approved for the establishment of Elderly care Units, vide 189/NPCDCS/NPHCE/2016, attached to this agenda, based on District Geriatric Units Guidelines - Expert Committee Meeting held on 09.08.2017 shall be adopted for the renovation works at Kancheepuram, Mayiladuthurai, Ranipet, Tenkasi and Tirupattur District Headquarters Hospitals and 1 Government Medical college hospital in Kallakurichi. Minor modifications, if required based on site conditions, may be carried out without exceeding the approved financial allocation.

Equipment list, as given in Annexure – II

Procurement through Tamil Nadu Medical Service Corporation. The Specifications will be arrived by the Technical Committee constituted by MD NHM along with the Directorates.

5. Decision Points:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted **for Establishment of Elderly Care Units in 6 Districts – Five District Headquarters Hospitals of Kancheepuram, Mayiladuthurai, Ranipet, Tenkasi and Tirupattur and One Medical College Hospital in Kallakurichi and may be permitted to send necessary proposals to the Government seeking orders for Establishment of Elderly Care Units and to accord administrative sanction on the Human Resources approved in the RoP 2026-2027.**

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release **Rs. 120 Lakh at the rate of Rs 20 Lakh per facility to concerned JDHS/Dean to undertake necessary Civil Modifications through PWD at the district and obtain UC/SOE from the Concerned JDHS/Dean.**

3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release **Rs. 60 Lakh at the rate of Rs. 10 Lakh per facility to the Tamil Nadu Medical Service Corporation (TNMSC) towards procurement of Equipment as listed in the Annexure- II.**

ANNEXURE- I

1. RENOVATION WORKS

<table>
<tr><th>S.NO</th><th>WORK</th><th>AMOUNT</th></tr>
<tr><td>1.</td><td>Renovation/repair works – Elderly friendly infrastructure -Ramps, Railings, New/Renovation of toilets, minor civil works in ward, OP signage boards and electrical works.

Ward with separate rest rooms for males and females with Antiskid flooring, garb bars adjacent to the closet with raised seats, adequate lighting, etc.

WARD STRUCTURE

There will be a total of 20 beds earmarked for IP care @ 10 beds for Male and Female.

<table>
<tr><th>WARD</th><th>NO OF BEDS ALLOTTED</th></tr>
<tr><td>Acute care</td><td>4</td></tr>
<tr><td>Sub-acute care</td><td>12</td></tr>
<tr><td>Long term care</td><td>4</td></tr>
<tr><td>Total</td><td>20</td></tr>
</table>
</td><td>Rs.20,00,000</td></tr>
<tr><td colspan="2">TOTAL</td><td>Rs.20,00,000</td></tr>
</table>

ANNEXURE 2. EQUIPMENT LIST

SL. NO	NAME OF THE EQUIPMENT	QTY
1	Nebulizer	3
2	Glucometer + 50 Strips	2
3	ECG Machine	1
4	Defibrillator (Biphasic)	1
5	Multi-channel Monitor	2
6	Non-invasive Ventilator (BiPAP)	1
7	Shortwave Diathermy	1
8	Ultrasound Therapy	1
9	Electronic Cervical and Lumbar Traction (Unit and Table)	1
10	Tran electric Nerve stimulator	1
11	Adjustable Walker	3
12	Fowler's Cot	4
13	Semifowlers Cot	6
14	Bedside lockers	10
15	Saline stand	10
16	Wheel Chair	2
17	Stretcher (Transfer Trolly)	1
18	Bedside screen	3
19	BP apparatus (Digital)	3
20	Instrument Trolley	1

AGENDA: 52/51/2026

Sub:	National Health Mission – Tamil Nadu – National Programme for Health Care of the Elderly (NPHCE) – **Establishment of Integrated Block Level Elderly Care Services** in 10 Blocks through PPP/ NGO based services **for Rs 223 Lakhs** – Approval requested – Reg.
Ref:	1. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 2. Minutes of the 50th EC Meeting held on 06.02.2026 3. PIP 2026-27 4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27) 5. Expert Committee Meeting- Integrated Elderly Care at Block Level- Minutes of Meeting, dated 19.04.2026

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1. Background

It is submitted that Tamil Nadu is witnessing a steady increase in the elderly population, with nearly 16.3% of the population aged 60 years and above. The ageing population is associated with a growing burden of chronic diseases, functional limitations, cognitive decline, mental health issues and palliative care needs.

The National Programme for Health Care of the Elderly (NPHCE) is presently being implemented with emphasis on District-level services. Simultaneously, home-based Physiotherapy and Palliative Care services are being provided through Makkalai Thedi Maruthuvam (MTM) across rural and urban blocks. However, there is a need for an integrated service delivery platform at the block level to provide comprehensive elderly care closer to the community.

In view of the above, it is proposed to **establish Block Level Model Units for Elderly Citizens** by integrating Geriatric Care, Mental Health Services, Physiotherapy, Palliative Care and Speciality Polyclinic Services through a "One House Approach" **utilising existing infrastructure available** in Urban Government Primary Health Centres UGPHCs). In connection to this, vide reference 5th cited, an Expert Committee was constituted, and a meeting was held on 01/04/2026 to deliberate on the scope, service delivery model, and implementation strategy for integrated elderly care services at the block level.

The Expert Committee proposed Block Level Model Units with the aim to provide comprehensive and accessible elderly care services closer to the beneficiaries' residences through an integrated approach encompassing physical, mental and social health care. The initiative seeks to improve the quality of life of elderly persons by strengthening community-based geriatric and palliative care services, promoting mental health and wellbeing, reducing unnecessary referrals and out-of-pocket expenditure, and ensuring

continuity of care through effective community outreach, referral linkages and follow-up services and was decided to Pilot the proposed Block level Integrated Elderly Care model in at least 10 blocks Further the Expert Committee recommended to Utilize the existing 30 Bedded UGPHC infrastructure and engage the services of reputed NGO's for provision of additional services through PPP mode.

2. Status of Approval in 50th EC Meeting:

The Proposal was placed before the 50th Executive Committee Meeting vide Agenda No. 7/50/2026 and was approved to be included in the PIP 2026-27 proposal.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 4th cited).
approved the following projects under the FMR CODE-HSS.21.206.

FMR Code	Sl. No	Scheme/Activity	Amount Proposed (In Lakhs)	Amount Approved (In Lakhs)
HSS.21	206: State-specific Initiatives and Innovations	Establishment of Integrated Block Level Elderly and Palliative Care Services	223.00	223.00

Based on the approval accorded by the Government of India under the Record of Proceedings (RoP) 2026-27, the financial implication for establishing 10 Block Level Model Units has been worked out under recurring and non-recurring expenditure, as detailed in Table 3.

Table 3. Financial Implication.

A. Recurring Expenditure

Sl. No.	Activity / Component Description	Monthly Cost per Centre (Rs.)
1	a. Specialist Polyclinic Services: Polyclinic (Once Monthly- Fixed Day Fixed Services) - 10 Specialities per Month @ Rs 3000/- per session. b. Specialities: General Medicine, Ophthalmology, ENT, Orthopaedics, Psychiatry, Dermatology, Dental and Super-speciality services such as Cardiology, Neurology, Nephrology and Urology c. 10 Specialities X Rs 3000 = Rs 30,000 d. NGO partner to provide Polyclinic Service and paid as per reimbursement mode	30,000

Sl. No.	Activity / Component Description	Monthly Cost per Centre (Rs.)
2	**Counselling & Psychological Services:** NGO partner to engage a Psychologist to provide counselling services on all working days.	30,000
3	**Yoga & Wellness Services:** NGO partner to manage wellness activities and provide services on all working days.	20,000
4	**Community Resource Support:** Village-level SBCC activities and support to the MTM Home-based service Unit. NGO Partner will coordinate per the Action Plan and MTM Vehicle ATP.	25,000
	Total Monthly OPEX per Centre	**1,05,000**

Sl. No.	Particulars	Calculation	Total Amount (Rs.)
1	Monthly OPEX for 10 Blocks	Rs. 1,05,000 × 10 Blocks	10,50,000 / month
2	Annual OPEX for 10 Blocks	Rs. 10,50,000 × 12 months	1,26,00,000 (126.00 Lakhs)
3	OPEX for 10 Blocks (6 Months)	Rs. 10,50,000 × 6 months	63,00,000
4	Drug & Consumables for 1 Block (Per Year)	Fixed Cost	1,00,000
5	Drug & Consumables for 10 Blocks (Per Year)	Rs. 1,00,000 × 10 Blocks	10,00,000
6	**Total Recurring Cost for 10 Blocks (6 Months)**	**OPEX (Rs. 63,00,000) + Drugs (Rs. 10,00,000)**	**73,00,000 (73.00 Lakhs)**

B. Non-Recurring Expenditure

Sl. No.	Particulars	Amount (Rs. in Lakhs)
1	Modification of 30-bedded Ward (10 Blocks)	100.00
2	Equipment Procurement (10 Blocks)	50.00
	Total Non-Recurring Expenditure	**150.00**

The list of 10 Block PHCs, the infrastructure plan, equipment list and drugs list will be arrived by a Sub-Committee which is to be constituted at the Directorate level for this purpose. The equipment will be procured through Tamil Nadu Medical Service Corporation.

The overall budget requirement for implementation of the proposed initiative, including recurring and non-recurring expenditure, is summarised below in Table 4.

Table 4. Summary of Budget

Sl. No	Component	Amount (Rs. in Lakhs)
1	Recurring Expenditure (6 Months)	73.00
2	Non-Recurring Expenditure	150.00
	Total Budget Requirement	**223.00**

The proposed Block Level Model Units are expected to improve accessibility to integrated elderly care services at the block level by bringing comprehensive geriatric, mental health, and physiotherapy services. palliative care and speciality consultation services closer to the community.

The initiative will strengthen the continuum of care for elderly persons living with chronic and life-limiting illnesses through coordinated facility-based and community-based interventions. It will also enhance mental health and overall well-being among senior citizens, improve access to rehabilitative and supportive care services, reduce avoidable referrals and out-of-pocket expenditure, and ultimately contribute to better quality of life, improved functional status and healthier ageing among elderly beneficiaries.

4. Proposal: Execution of Renovation work through the Public Works Department:

The Civil Works allotted per Facility is Rs 20 Lakhs only and considered as Minor Civil Work vide G.O Ms No 245 H&FW (EAP-II-2) dt 10.08.2009, hence the funds may be sanctioned to the concerned DHO to carry out the civil re-modifications in the existing Wards and OPD of the concerned Building through PWD at the district level. An infrastructure plan for the renovation of the existing buildings, a list of 10 Block PHCs, an infrastructure plan, an equipment list and a Drugs list will be arrived at by a Sub-Committee which is to be constituted at the Directorate level for this purpose. The equipment will be procured through Tamil Nadu Medical Service Corporation.

Engaging NGO will be through NGO Committee/ TNMSC as per the recommendation of the Expert committee constituted under the Chairmanship of the Mission Director, NHM.

5. Decision Points:

1. The Mission Director, National Health Mission, Tamil Nadu, may be **permitted to establish 10 Integrated Elderly Care Centres in 10 UGPHCS through a PPP/NGO based service delivery mode.**

2. The Mission Director may be permitted to **constitute an Expert Committee for developing the scope of services and ToR for engaging NGOs for the integrated centres.**

3. The Mission Director, National Health Mission, Tamil Nadu, may be permitted to **obtain appropriate Government Orders to establish the 10 Block Level Integrated Elderly Care Centres based on the committee recommendations.**

4. The Mission Director, National Health Mission, Tamil Nadu, may be permitted to **release an amount of 100 Lakhs @ Rs 10 Lakhs for Modification work of the existing 30-bedded UGPHC through the concerned DHO through PWD at the district level, as per the infrastructure plan to be developed by the Sub-Committee constituted at the Directorate level.**

5. The Mission Director, National Health Mission Tamil Nadu may be permitted to **release the required funds towards procurement and supply of Equipment through Tamil Nadu Medical Service Corporation to the 10 Centres as per the List of Equipment to be developed by the Sub-Committee constituted at the Directorate level.**

Agenda No: 53/51/2026

Sub:	NHM – TAEI – Burns - Creation of a Burns Unit by Refurbishing the Existing Surgical Area in the 26 facilities @ Rs. 208.00 lakh - reg.
Ref:	1. This office ref. No.1021/TAEI/TNHSP/2025 dt 16.12.2025 2. Agenda No. 9/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 3. Minutes of the 50th EC Meeting held on 06.02.2026 4. PIP Proposals for 2026-27 5. RoP 2026 – 27 approved in F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026, Katavya Bhavan

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1. Background

National Health Mission (NHM), Tamil Nadu is continuously supporting the strengthening of TamilNadu Accident and Emergency care Initiatove (TAEI) in terms of infrastructure development, procurement of equipment and Training. Burns management being a crucial pillar of TAEI, it is necessary to improve the quality of burn management services across the State to enhance burn care service delivery, improve patient outcomes, address the increasing burden of burn injuries, strengthen infection prevention and control practices, and facilitate timely access to comprehensive burn management services.

In this regard, a proposal for the creation of Burns Units by refurbishing the existing surgical areas in 26 Government health facilities (15 DME institutions and 11 DMS institutions) was received from the Directorates under the Health and Family Welfare Department based on identified gaps in burn care infrastructure, burn case load, referral patterns, availability of existing surgical areas suitable for refurbishment, and programme requirements.

The proposal was examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 9/50/2026 vide reference 2nd cited.

2. Status of Approval in 50th EC Meeting:

As per the reference 3rd cited, the 50th Executive Committee, vide Agenda No. 9/50/2026, permitted the Mission Director, National Health Mission, Tamil Nadu, to submit a proposal to the Government of India under the Programme Implementation Plan (PIP) 2026–27 for minor civil works and procurement of equipment for the establishment of Burns Units by refurbishing the existing surgical areas in 26 Government health facilities (15 DME institutions and 11 DMS institutions) at a total cost of Rs.208.00 lakh under FMR Code 12.124.

S. No	Component	Cost Per Unit (Rs. Lakhs)	Total for 26 Units(Rs. Lakhs)

1	Minor Civil Works	3.00	78.00
2	Equipment	5.00	130.00
Total			**208.00**

The total financial implication for the proposal is Rs.208.00 lakh, comprising Rs.78.00 lakh towards minor civil works (Rs.3.00 lakh per institution) and Rs.130.00 lakh towards procurement of equipment (Rs.5.00 lakh per institution) for the 26 identified Government health facilities.

3. Approval Status of RoP 2026 – 27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026–27 (reference 5th cited), approved minor civil works and procurement of equipment for the establishment of 4 bedded Burns Injury Units by refurbishing the existing surgical areas in 26 Government health facilities (15 DME institutions and 11 DMS institutions) at a total cost of **Rs.208.00 lakh** under FMR Code 12.124. The detailed list of health facilities is enclosed as Annexure-I, the list of equipment as Annexure-II, and the standard Burns Unit layout as Annexure-III.

4. Proposal for Execution of Creation of Burns Units:

Therefore, it is necessary to execute the proposal for creation of burns units in 26 Government health facilities (15 DME institutions and 11 DMS institutions) at a total cost of **Rs.208.00 lakh** under FMR Code 12.124 by:

i. Creation of a dedicated 4-bedded Burns Unit, comprising 2 male beds and 2 female/child beds, with floor-to-ceiling aluminium partitions between beds to minimize infection transmission and ensure patient privacy by refurbishment of existing surgical area.
ii. Refurbishment of the existing burns bathroom to facilitate appropriate burn patient care.
iii. Procurement of essential equipment required for comprehensive burn care services, as detailed in Annexure-II.
iv. The standard layout and design of the proposed Burns Unit are enclosed as Annexure-III.

5. Decision Points:

In this regard, necessary permission from the Executive Committee of the National Health Mission, Tamil Nadu, is requested as follows for implementation of the proposal for the creation of Burns Units in 26 Government health facilities (15 DME + 11 DMS) and for taking further action required for execution of the project.

1. The Mission Director, National Health Mission, Tamil Nadu, may be permitted to establish Burns Units by refurbishing the existing surgical areas in 26 Government health facilities (15 DME institutions and 11 DMS institutions), as detailed in Annexure-I, at the total approved cost of Rs.208.00 lakh, as approved in RoP 2026-27.

2. The Mission Director, National Health Mission may be permitted to transfer the approved amount of Rs. 130 Lakh towards the procurement of equipment to the Managing Director, TNMSC.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to transfer the approved amount of Rs.78.00 lakh to the Deans of the 15 Medical College Hospitals and the Hospital Superintendents/Chief Medical Officers of the 11 DMS institutions towards execution of the minor civil works through the Public Works Department (PWD).

ANNEXURE – I

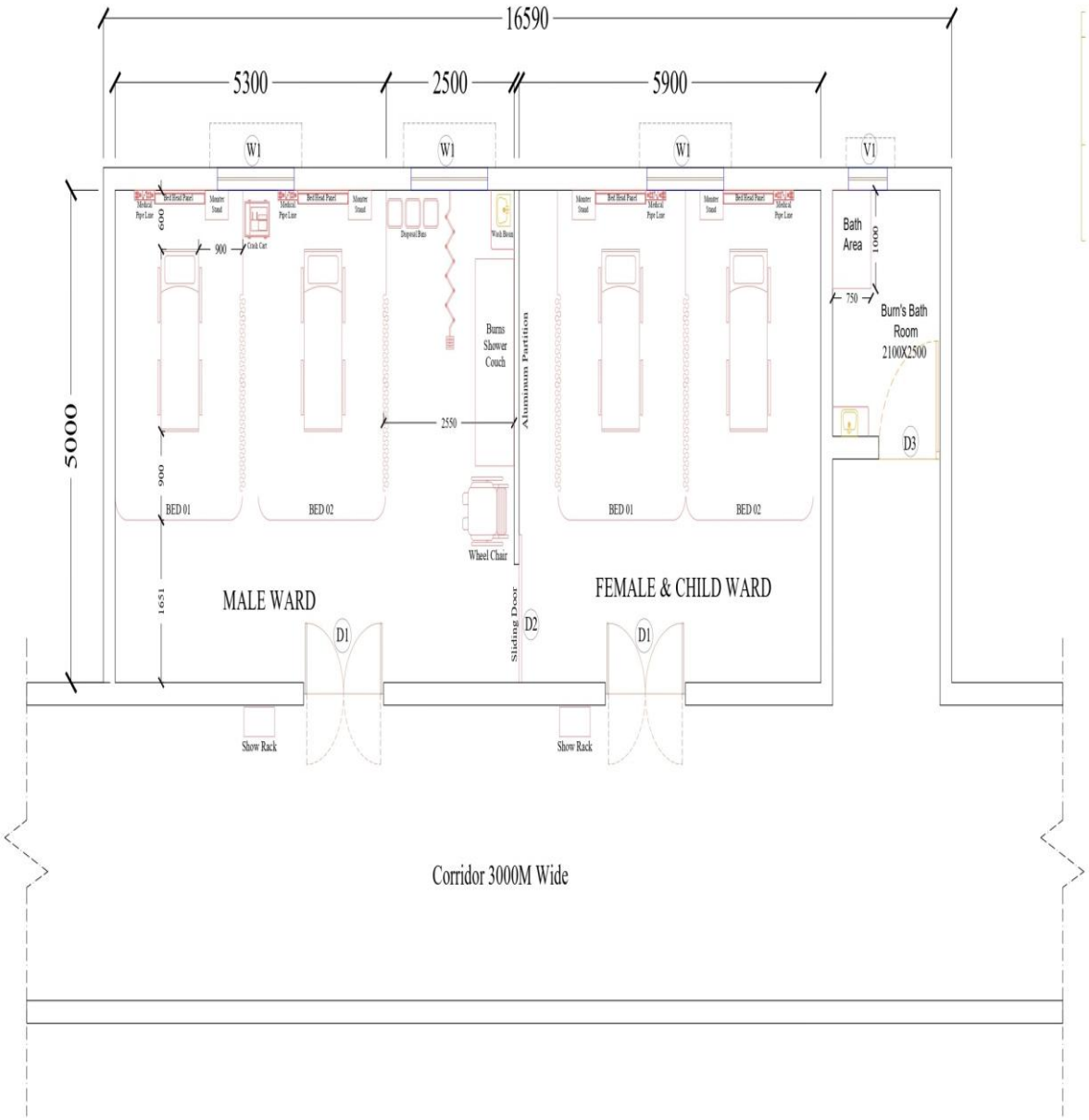
S.No	Name of the Equipment	Quantity	Unit Cost (Approx. in INR)	Total Cost (Approx. in INR)
1	Suction Machine – Electrical - SS Type	1	14,174	14,174
2	Syringe Infusion Pump - Basic	1	15,487	15,487
3	Oxygen Cylinder D type with flowmeter and stand with SS type	2	19,470	38,940
4	Multipara Monitor type I (with Massimo SPO2)	1	96,232	96,232
5	Crash Cart	1	15,330	15,330
6	Fowlers Cot with mattress	4	24,780	99,120
7	Dressing trolley	2	5,782	11,564
8	Air Bed with Bubble Mattress	4	5,000	20,000
9	Weighing Machine	1	3,000	3,000
10	IV Stand	4	3,000	12,000
11	Intubation Tray with Ambu Bag			
11.a	Polymed Endo Tracheal Tube Size 5,5.5,6,6.5,7,7.5,8,8.5 - Each 1 No	8	58	464
11.b	Guedal Airways Kit (1 set)	1	340	340
11.c	Silicon Ambu Bag Adult - Each 1 No	1	1,300	1,300
11.d	Bougie Adult	1	620	620
11.e	Stylet Adult	1	350	350
11.f	Magills Forceps Adult	1	510	510
11.g	Conventional Laryngoscope Set Adult with Mac 1,2,3,4 Blades (1set)	1	2,300	2,300
11.h	Nasopharyngeal Airways Size 7,7.5 - Each 1 No	2	150	300
11.i	Storage Box For Above Items - Plastic	1	500	500
12	Bedside screens	4	2,000	8,000
13	SS trays Medium size	2	800	1,600
14	SS trays Large size	2	1,700	3,400
15	Cut-down sets Include 2 sets following			
15.a	Cut down ss tray medium size	2	800	1,600
15.b	Mosquito curved artery forceps - 5 inch	12	300	3,600
15.c	B.P Handle size No.3	4	150	600
15.d	B.P Handle size No.4	2	150	300
15.e	Mosquito Straight artery forceps 5 inch	6	300	1,800
15.f	Tissue Holding Straight Adson's 5 Inch	4	350	1,400

15.g	Needle Holder Medium size 6 inch	3	450	1,350
15.h	Vessel Dilator (venous)5 inch	2	520	1,040
15.i	Self retaining Retractor (Small)	1	5,200	5,200
16	Toothed tissue forceps (Medium)6 inch	2	360	720
17	Curved artery forceps 6 inches	4	400	1,600
18	Allis Forceps - 6 Inch	4	1,000	4,000
19	Curved Scissors (Medium Size)6 inch	3	440	1,320
20	Straight Scissors (Medium Size) 6 inches	3	440	1,320
21	Skin Graft Handle (Watson Modification)	2	15,000	30,000
22	Examination Couch	1	23,000	23,000
23	Vein Detector	1	2,000	2,000
24	Standing- BP apparatus	1	5,400	5,400
25	SS Bin (Medium Size)	1	2,000	2,000
26	SS Bin (Large Size)	1	4,000	4,000
27	Wheel Chair (With front and back Wheels and safety belts)	1	15,000	15,000
28	Stretcher	1	17,219	17,219
29	Table top with pulse oxi meter	2	15,000	30,000
TOTAL				**5,00,000**

ANNEXURE – II

S.No	Institutions
1	Government Ariyalur MCH
2	Government Villupuram MCH
3	Government Krishnagiri MCH
4	Government Karur MCH
5	Government Dharmapuri MCH
6	Government Kallakuruchi MCH
7	Government Pudukottai MCH
8	Government Tiruvallur MCH
9	Government Erode MCH
10	Government Tiruvarur MCH
11	Government Cuddalore MCH
12	Government Tiruppur MCH
13	Govt. Royapettah Hospital
14	Kumbakonam DHQH
15	Kancheepuram DHQH
16	Cuddalore DHQH
17	Pollachi DHQH
18	Government Tirunelveli MCH
19	Government Thoothukudi MCH
20	Erode DHQH
21	Attur GH
22	Perambalur DHQH
23	Jeyamkondan DHQH
24	Sivakasi GH
25	Mettur Dam DHQH
26	Vetharanyam DHQH

Annexure – III



AGENDA: 54/51/2026

Sub: NHM – Tamil Nadu – National Programme on Climate Change and Human Health (NPCCHH) – **Establishment of 20 Heat Stroke Management Units at 20 Hospitals in Tamil Nadu – Sanction of Rs.79.94 lakh under PIP 2026–27** – Approval requested – Reg.

Ref:
1. Nation Action Plan on Heat-Related Illnesses (2021).
2. NPCCHH Guidance on Emergency Cooling for Severe Heat-Related Illnesses.
3. Agenda No. 12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
4. Minutes of the 50th EC Meeting held on 06.02.2026
5. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background:

The National Programme on Climate Change and Human Health (NPCCHH) under the National Health Mission emphasizes strengthening health-system preparedness for climate-sensitive health conditions. The National Action Plan on Heat-Related Illnesses (2021), Strengthening Health Systems Preparedness for Heat-Related Illnesses (HRI) in India, and other technical guidance documents issued under NPCCHH highlight the need for dedicated preparedness measures to reduce heat-related morbidity and mortality(vide reference 1st cited above).

As per the reference 2nd cited above, the NPCCHH–NCDC guidance on "Emergency Cooling for Severe Heat-Related Illnesses", defines Heat Stroke as a life-threatening medical emergency characterized by a core body temperature of ≥40°C accompanied by central nervous system dysfunction, including altered mental status, delirium, seizures or coma. The guidance emphasizes that survival and clinical outcomes depend on early recognition, accurate core temperature monitoring, rapid cooling and continuous physiological monitoring.

During 2024, Tamil Nadu reported one heat-related death as per the Integrated Health Information Platform (IHIP) surveillance data. The Heat-Related Illness (HRI) surveillance system is operational across 5,796 reporting units in all 38 districts of the State.

The Proposal for the Establishment of Heat Stroke Management Units at Selected Medical College Hospital and District Headquarters Hospital of Tamil Nadu was examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No.12/50/2026.

2. Status of Approval in 50th EC Meeting:

The proposal for the Establishment of Heat Stroke Management Units at Selected Medical College Hospital and District Hospital of Tamil Nadu was placed before the 50th Executive Committee Meeting and the same was approved vide references 3rd and 4th cited for inclusion in the Programme Implementation Plan (PIP) 2026-27. Hence, the proposal

was incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27:

Government of India has approved the Establishment of Heat Stroke Management Units at Selected Medical College Hospital and District Headquarters Hospital of Tamil Nadu under FMR NCD.7.114 of RoP 2026–27 of the National Programme on Climate Change and Human Health (vide reference 5th cited above).

Table 1. Equipment's Approved under NHM RoP 2026-27

Sl. No	Item	Unit Cost (Rs.)	Quantity	Total Cost (Rs.)
1	Cold tub	50,000	1	50,000
2	Rectal thermometer (Adult)	300	2	600
3	Rectal thermometer (PAED)	300	2	600
4	Rectal temperature probe (for multiparameter monitor)	1,500	1	1,500
5	Tarpaulin Sheet	5,000	1	5,000
6	Deep Freezer	1,00,000	1	1,00,000
7	Multi-Parameter Monitor	60,500	4	2,42,000
For 1 Facility				3,99,700
For 20 facility (1 medical college hospital + 19 District Headquarters Hospital)				79,94,000

The Deep Freezer* (Sl. No. 6) is available under the Tamil Nadu Medical Services Corporation (TNMSC) Rate Contract at Sl. No. 305, and the Multi-Parameter Monitor* (Sl. No. 7) is available under the TNMSC Rate Contract at Sl. No. 267. Accordingly, these two items shall be procured through the TNMSC Rate Contract.

The remaining equipment/items, namely Cold Tub (Sl. No. 1), Rectal Thermometer (Adult) (Sl. No. 2), Rectal Thermometer (Paediatric) (Sl. No. 3), Rectal Temperature Probe (for Multi-Parameter Monitor) (Sl. No. 4), and Tarpaulin Sheet (Sl. No. 5), shall be procured through local purchase.

*Equipment rates available under TNMSC Rate Contract as on 10.07.2026 (5.00 P.M.)

4. Proposal: Establishment of Heat Stroke Management Units at Selected Medical College Hospital and District Hospital of Tamil Nadu.

Heat Stroke Management Unit

Heat Stroke Management Units will be established in 20 districts, with one unit in each district, to function as dedicated stabilization and treatment areas for the early recognition, rapid cooling, continuous monitoring and supportive management of patients presenting with severe heat-related illnesses, particularly heat stroke.

The key components of heat stroke management unit include:

Step	Key Activities
Early Recognition	● Maintain high clinical suspicion ● Weather awareness ● Measure core body temperature
Rapid Cooling	● Initiate immediate external cooling

	● Early decision regarding invasive cooling
Supportive Care	● Maintain on airway, breathing and circulation (ABC) ● Monitor for and correct metabolic derangements

In order to enhance preparedness and ensure timely management of severe heat-related illnesses, it is proposed to establish and operationalise 20 Heat Stroke Management Units in Tamil Nadu through procurement of essential equipment required for diagnosis, rapid cooling, continuous monitoring and emergency management of heat stroke cases.

The establishment of these units will facilitate:

- Continuous monitoring of vital parameters and physiological status.
- Early diagnosis, triage and risk stratification of heat stroke cases.
- Early identification and management of complications such as shock, seizures, rhabdomyolysis, acute kidney injury and multi-organ dysfunction.
- Immediate initiation of evidence-based cooling interventions for patients with core temperatures of ≥40°C.
- Achievement of the critical therapeutic target of reducing core body temperature to below 39°C.
- Reduction in complications, disability and mortality associated with heat stroke.
- Improved stabilization and referral of critically ill patients to higher centres when required.

Sl.No.	Equipment	Function
1	Cold Tub	● For immersive cooling for exertional heat stroke through Cold Water Immersion (CWI). Portable bath tub filled with cold water and/or ice. ● Water temperature maintained at approximately 15.5°C (60°F). ● Very low to zero mortality when exertional heat stroke is treated promptly with CWI.
2	Rectal Thermometer (Adult)	● Enables accurate core temperature measurement and monitoring during cooling therapy until the target temperature of 38–39°C is achieved.
3	Rectal Thermometer (Paediatric)	● For accurate measurement and monitoring of core body temperature in children with suspected heat stroke (core temperature ≥40°C) during diagnosis and cooling therapy.
4	Rectal Temperature Probe (for Multi-Parameter Monitor)	● Facilitates continuous core temperature monitoring and real-time assessment of cooling effectiveness and helps determine the endpoint of cooling (38–39°C).
5	Deep Freezer	● Used for storage of ice and preparation of ice-water slurry required for Cold Water Immersion (CWI) and Tarpaulin-Assisted Cooling with Oscillation (TACO). ● Ensures availability of cold water and ice for rapid cooling during emergencies.

6	Tarpaulin Sheet	● Used for Tarpaulin-Assisted Cooling with Oscillation (TACO), an alternative rapid cooling method in low-resource settings. ● Provides acceptable cooling rates and serves as a cost-effective alternative to Cold Water Immersion (CWI). ● The method utilizes a significant volume of ice-cold water surrounding the individual to absorb body heat. ● Continuous Motion (Oscillation): By gently moving the tarp, the water is kept in constant motion. This oscillation prevents a warm layer of water from forming around the skin, which helps maintain the highest possible rate of heat transfer.
7	Multi-Parameter Monitor	● Enables continuous monitoring of heart rate, blood pressure, respiratory rate, oxygen saturation and core temperature. ● Facilitates early identification of complications and guides supportive care.

It is proposed that the technical specifications for the equipment be finalized by a Technical Committee comprising representatives from all Directorates, constituted by the Mission Director, National Health Mission (NHM).

Comparative Statement of Approved RoP Cost and TNMSC Rate Contract Cost for Procurement of Equipment for Heat Stroke Management Units is as below:

Item	Approved Unit Cost in RoP (Rs)	TNMSC RC Sl. No.	TNMSC RC Unit Rate (Incl. GST) (Rs)	Total Amount as per RoP for 20 HSMUs (Rs)	Total Amount as per TNMSC RC for 20 HSMUs (Rs)	Difference (RS)
Deep Freezer (1 No./Unit)	1,00,000.00	305	1,60,627.50	20,00,000.00	32,12,550.00	12,12,550.00
Multi-Parameter Monitor (4Nos./Unit)	2,42,000.00	267	2,82,450.00	48,40,000.00	56,49,000.00	8,09,000.00
Grand Total	3,42,000.00	—	4,43,077.50	**68,40,000.00**	88,61,550.00	**20,21,550.00**

HSMUs-Heat Stroke management Unit

Hence, a total amount of Rs. 88,61,550 is required for the procurement of above two items through TNMSC.

5. Decision Points:

In this regard, the approval of the Executive Committee of the National Health Mission, Tamil Nadu, is requested for the establishment of **20 Heat Stroke Management Units** and release of funds for procurement of equipment through TNMSC and the concerned District Health Society (DHS), as detailed below.

1. The Mission Director, National Health Mission, Tamil Nadu, **may be permitted to incur an amount of Rs. 88,61,550/- (Rupees Eighty Eight Lakhs Sixty one Thousand Five Hundred and Fifty only) for the cost towards equipment to establish the Heat Stroke Management Unit at 20 Hospitals.** Out of the total amount,

    a. The Mission Director, National Health Mission, Tamil Nadu, **may be permitted to release an amount of Rs.68,40,000/- (Rupees Sixty-Eight Lakh and**

Forty Thousand only) from the RoP approval under FMR NCD.7.114, to the TNMSC for the procurement and supply of 20 Deep Freezers and 80 Multi-Parameter Monitors for the establishment of Heat Stroke Management Units in 20 health facilities, as detailed in Annexures I and II.

b. The Managing Director, Tamil Nadu Medical Services Corporation (TNMSC), may be permitted to meet the excess expenditure of **Rs.20,21,550/- (Rupees Twenty Lakh Twenty-One Thousand Five Hundred and Fifty only)** over and above the approved RoP cost from the savings available with the Tamil Nadu Medical Services Corporation (TNMSC).

2. The Mission Director, National Health Mission, Tamil Nadu, may be permitted to **release an amount of Rs.11,54,000/- (Rupees Eleven Lakh and Fifty-Four Thousand only) towards the local purchase of four items**, as detailed in Annexure II, through the concerned Institutions by following Codal procedures for the establishment of Heat Stroke Management Units in 20 health facilities.

Annexure- I

S.NO	List of the Medical College Hospitals
1	Rajiv Gandhi Government General Hospital - Chennai

S.No.	District Name	Hospital Name	Type
1	Ariyalur	DHQH Jayamkondan	HQRS
2	Cuddalore	DHQH Cuddalore	HQRS
3	Dharmapuri	DHQH Pennagaram	HQRS
4	Dindugal	DHQH Palani	HQRS
5	Erode	DHQH Erode	HQRS
6	Karur	DHQH Kulithalai	HQRS
7	Madurai	DHQH Usilampatti	HQRS
8	Namakkal	DHQH Rasipuram	HQRS
9	Perambalur	DHQH Perambalur	HQRS
10	Ranipet	DHQH Arakkonam	HQRS
11	Salem	DHQH Mettur Dam	HQRS
12	Sivaganga	DHQH Karaikudi	HQRS
13	Thanjavur	DHQH Kumbakonam	HQRS
14	Thiruvallur	DHQH Tirutanni	HQRS
15	Thoothukudi	DHQH Kovilpatti	HQRS
16	Tiruchirapalli	DHQH Manapparai	HQRS
17	Tiruvannamalai	DHQH Cheyyar	HQRS
18	Vellore	DHQH Gudiyatham	HQRS
19	Virudhunagar	DHQH Aruppukottai	HQRS

Annexure- II

Sl. No.	Equipment	Unit Cost (Rs.)	Qty./ Facility	Cost for 20 facilities	Procurement Agency	Total
1	Cold Tub	50,000	1	10,00,000	Local Purchase	11,54,000
2	Rectal Thermometer (Adult)	300	2	12,000	Local Purchase	
3	Rectal Thermometer(Paediatric)	300	2	12,000	Local Purchase	
4	Rectal Temperature Probe (for Multi-Parameter Monitor)	1,500	1	30,000	Local Purchase	
5	Tarpaulin Sheet	5,000	1	1,00,000	Local Purchase	
6	Deep Freezer	1,00,000	1	20,00,000	TNMSC	68,40,000
7	Multi-Parameter Monitor	60,500	4	48,40,000	TNMSC	
Grand Total						79,94,000

AGENDA: 55/51/2026

Sub:	NHM-TN –National Programme for Non-Communicable Disease (NPNCD)- Chronic Obstructive Pulmonary Disease - Strengthening of Primary and Secondary Care Facilities and Establishment of COUGH/SWASAM Clinics for Management of COPD in 11 Districts on Pilot basis in Tamil Nadu at the cost of **Rs. 142.36 Lakhs** –Approval requested– Reg.
Ref:	1. G.O.(Ms.) No. 163, Health and Family Welfare (P1) Department, Dated: 06.06.2025 2. Agenda No. 12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 3. R.C. No. 12944334/P5/NHM/2025, Dated: 09.02.2026- Minutes of 50th Executive Committee Meeting 4. R. No. 9945/NHM/P14/2023, Dated: 19.04.2026- Expert Committee Meeting Minutes 5. SWASAM COPD Guidelines – Government of Tamil Nadu 6. GoI RoP 2026-27 Approval

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1. Back Ground

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death globally, responsible for 3.23 million deaths in 2019, with nearly 90% of deaths occurring among individuals below 70 years of age. Globally, COPD prevalence is estimated at 10.3% as per BOLD and other large-scale epidemiological studies. The Global Burden of Disease Study 2017 estimated a COPD-attributable death rate of 42 per 1,00,000 population (4.72% of all-cause deaths) and a DALYs lost rate of 1068.02 per 1,00,000 population.

In Tamil Nadu, COPD poses a significant public health burden. Approximately 1.3 lakh patients were admitted as in-patients during April 2022 – March 2023, with around 6,300 COPD-related deaths recorded during the same period (SWASAM COPD Guidelines). The disease is particularly prevalent among older adults and individuals with a history of smoking or indoor air pollution exposure. In alignment with the SDG 3.4.1 target for 2030, Tamil Nadu aims to reduce premature mortality due to Non-Communicable Diseases by one-third.

At present, COPD screening at primary care facilities is limited by the absence of structured diagnostic tools. As per the reference 4th cited, the Expert Committee on COPD Management has recommended a step-wise, tier-based approach to COPD screening and management as mentioned in Table 1:

Table 1: Step-Wise screening and management of COPD

Level	Tool	Equipment	Advantages of Equipment
Household/Field	COPD Questionnaire (Score ≥ 2 → Refer to PHC)	—	—
PHC/UPHC, CHC, SDH	Pulse Oximetry, Peak Expiratory Flow Rate (PEFR)	Pulse Oximeter, Peak Expiratory Flow Rate (PEFR) Meter	Early screening, Assessment of hypoxia, and identification of high-risk symptomatic individuals
CHC & SDH (11 Districts on pilot basis)	Basic Spirometry (FEV1, FVC, FEV25-75)	Handheld Spirometer	FEV1, FVC and FEV 25 – 75 Values are displayed which is required in Block PHC/CHC and SDH to confirm the diagnosis
DHQ (11Districts on pilot basis)	Pulmonary Function Test	Laptop-based Spirometer	**Gold standard for COPD diagnosis**

The COPD Household Screening Questionnaire (to be used by WHVs alongside the MTM Screening Tool) assigns one point each for: age ≥35 years, history of smoking, breathlessness >2 weeks, and cough with sputum >2 weeks. A score of ≥2 labels the individual as a suspect and triggers referral to PHC/UPHC for further screening using Pulse Oximetry and PEFR. Those with scores ≥2 at PHC level are referred to Secondary Care Centres for spirometry-based confirmation.

To address the current gaps, it was proposed to strengthen Primary and Secondary Care Facilities and Establishment of COUGH/SWASAM Clinics for Management of COPD in 11 Districts on pilot basis through procurement of Pulse Oximeters, PEFR Meters, Handheld Spirometers, and Laptop-based Spirometers.

The proposal was examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 12/50/2026.

2. Status of Approval in 50th EC Meeting:

The proposals for the procurement and supply of Pulse Oximeters and Peak Expiratory Flow Rate (PEFR) meters to all PHC/UPHC, CHC, and SDH facilities across all 38 districts and establish COUGH/SWASAM Clinics in 11 districts on pilot basis through procurement of Handheld Spirometers for CHCs & SDHs and Laptop-based Spirometers for District Headquarters Hospitals (DHQHs) were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 6th cited), approved the following components mentioned in Table 2 under the National Health Mission:

Table 2: Approved components in RoP 2026-27

FMR Code	Component	Amount (Rs.)	Amount (in Lakhs)
NCD.5.110	Pulse Oximeters & PEFR Meters – 2,598 units @ Rs.1,800/- each (all 38 Districts)	46,76,400	46.76
	Handheld Spirometers – 183 CHC & SDH in 11Districts on pilot basis @ Rs.30,000/- each	54,90,000	54.90
	Laptop-based Spirometers – 11 DHQHs @ Rs.3,70,000/- each	40,70,000	40.70
	Grand Total	**1,42,36,400**	**142.36 Lakhs**

The detailed district-wise financial details is enclosed as Annexure.

The proposed cost of the equipment has been estimated based on prevailing market rates. A comparison of the equipment rates available under the TNMSC Rate Contract and the Government e-Marketplace (GeM) portal as on 09.07.2026 at 05:00 P.M. is provided in Table 3. Therefore, the specifications of the approved equipment will be finalized by a technical committee constituted by Mission Director, NHM-TN, in consultation with the concerned Directorates and subject experts. Any balance amount arising from the procurement process shall be utilized for the expansion of the project, subject to approval.

Table 3: Equipment Rates Available under TNMSC Rate Contract and GeM Portal as on 09.07.2026 (05:00 P.M.)

Sl. No.	Equipment	Approved amount per unit	TNMSC RC	GeM Portal
1	Pulse Oximeter	Rs. 1,800	Rs. 63,504 & Rs. 1,19,962.50 (High-end Specification)	Rs. 400 - ~Rs. 11,000
2	Peak Expiratory Flow Rate Meter		NA	Rs. 422 – Rs. 1395
3	Handheld Spirometers	Rs. 30,000	NA	Rs. 20,000 - ~Rs. 2,00,000
4	Laptop-based Spirometers	Rs. 3,70,000	Rs. 1,61,122.50 & Rs. 1,66,950	Rs. 2,00,000 - ~Rs. 5,00,000

4. Proposal

1. To strengthen the COPD screening at Primary and Secondary care facilities, it is proposed to procure and supply **Pulse oximeters and Peak Expiratory Flow Rate (PEFR) meters** to PHC/UPHC, CHC and SDH of all Districts.
2. To address the gaps in COPD management, it is proposed to pilot **COUGH/SWASAM Clinics** in 11 districts through the establishment of COUGH/SWASAM clinics and the procurement of **Hand-held Spirometer** and **Laptop-based Spirometers** in: Nilgiris, Ramanathapuram, Kallakurichi, Krishnagiri, Ariyalur, Tiruppur, Tiruvallur, Namakkal, Ranipet, Dindigul, and Theni districts.

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested for execution of the approved activity and for taking further action required for implementation of the projects.

5. Decision Point:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to implement COPD services** in all districts as per the Annexure.
2. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to release an amount of Rs. 1,42,36,400** (One crore Forty Two Lakh Thirty Six thousand and Four Hundred) to **Tamil Nadu Medical Service Corporation (TNMSC)** for the procurement and supply of Pulse oximeters and Peak Expiratory Flow Rate (PEFR) meters to 2598 PHC/UPHC, CHC, SDH; Hand held spirometer to 183 CHC & SDH in 11districts on pilot basis; and Laptop-based spirometer to 11 DHQHs.

Annexure

The district-wise financial details are as follows:

S.No	District	Total SDH	Total CHC	Total PHC	Pulse oximeters and Peak Expiratory Flow Rate (PEFR) meters to all primary care level @ 1,800 per Unit	Handheld spirometer— @ Rs. 30,000/- per Units in 11 pilot districts	Spirometer for 11 districts on pilot basis at DHQH -	Total Amount (Rs.)
A	B	C	D	E	F= (C+D+E)*1800	G = (C+D)*30000	H = 1*370000	I = F+G+H
1	Ariyalur	2	6	34	75,600	2,40,000	3,70,000	**6,85,600**
2	Dindigul	11	15	60	1,54,800	7,80,000	3,70,000	**13,04,800**
3	Kallakurichi	3	9	37	88,200	3,60,000	3,70,000	**8,18,200**
4	Krishnagiri	5	10	53	1,22,400	4,50,000	3,70,000	**9,42,400**
5	Namakkal	7	15	49	1,27,800	6,60,000	3,70,000	**11,57,800**
6	Ramanathapuram	8	11	49	1,22,400	5,70,000	3,70,000	**10,62,400**
7	Tiruvallur	10	16	53	1,42,200	7,80,000	3,70,000	**12,92,200**
8	Ranipet	4	7	30	73,800	3,30,000	3,70,000	**7,73,800**
9	The Nilgiris	5	4	35	79,200	2,70,000	3,70,000	**7,19,200**
10	Theni	5	8	34	84,600	3,90,000	3,70,000	**8,44,600**
11	Tirupur	8	14	55	1,38,600	6,60,000	3,70,000	**11,68,600**
12	Pudukkottai	12	13	64	1,60,200			**1,60,200**
13	Salem	11	23	85	2,14,200			**2,14,200**
14	Chengalpattu	7	8	42	1,02,600			**1,02,600**
15	Chennai	0	16	143	2,86,200			**2,86,200**
16	Tiruvannamalai	9	18	82	1,96,200			**1,96,200**
17	Coimbatore	12	18	72	1,83,600			**1,83,600**
18	Cuddalore	9	14	59	1,47,600			**1,47,600**
19	Dharmapuri	3	10	42	99,000			**99,000**
20	Erode	7	15	63	1,53,000			**1,53,000**
21	Kancheepuram	3	5	24	57,600			**57,600**
22	Kanniyakumari	8	9	39	1,00,800			**1,00,800**
23	Karur	6	8	30	79,200			**79,200**
24	Thoothukudi	8	12	49	1,24,200			**1,24,200**
25	Madurai	6	16	74	1,72,800			**1,72,800**
26	Mayiladuthurai	5	5	27	66,600			**66,600**
27	Nagapattinam	4	6	22	57,600			**57,600**
28	Perambalur	3	4	26	59,400			**59,400**
29	Sivaganga	16	12	42	1,26,000			**1,26,000**
30	Virudhunagar	9	11	49	1,24,200			**1,24,200**
31	Tenkasi	8	10	43	1,09,800			**1,09,800**
32	Thanjavur	13	14	64	1,63,800			**1,63,800**
33	Thirupattur	3	6	32	73,800			**73,800**
34	Tiruchirapalli	9	17	69	1,71,000			**1,71,000**
35	Tirunelveli	7	10	44	1,09,800			**1,09,800**
36	Tiruvarur	7	10	41	1,04,400			**1,04,400**
37	Vellore	3	9	39	91,800			**91,800**
38	Villupuram	6	13	54	1,31,400			**1,31,400**
		262	**427**	**1909**	**46,76,400**	**54,90,000**	**40,70,000**	**1,42,36,400**

AGENDA: 56/51/2026

Sub:	NHM – TN – NP-NCD – National Programme for Palliative Care (NPPC) – **Establishment of Pain and Palliative Care Units at Government Tirupathur and Mayiladuthurai District Headquarters Hospitals** along with provision of Human Resources at a total cost of **Rs.32.92 lakh** – Approval requested – Reg.
Ref:	1. G. O. (Ms). No. 19, Health and Family Welfare (EAP-II-1) Department, Dated: 12.01.2018. 2. G. O. (Ms). No. 146, Health and Family Welfare Department, Dated: 24.04.2018. 3. G.O.(Ms). No.579, Health and Family Welfare Department, Dated: 14.12.2018 and G.O Ms.No. 101, Health and Family Welfare Department, Dated: 8.3.2019. 4. G.O. (Ms). No. 541, Health and Family Welfare (EAP-II-1) Department, Dated: 29.11.2019 5. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 6. Minutes of the 50th EC Meeting held on 06.02.2026 7. PIP 2026-27 8. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background:

It is submitted that the National Programme for Palliative Care (NPPC) was introduced with the objective of improving the quality of life of patients suffering from chronic, progressive and life-limiting illnesses through comprehensive pain relief, symptom management, psychosocial support and end-of-life care services.

Tamil Nadu has been one of the leading States in implementing palliative care services through dedicated Pain and Palliative Care Units established in Government Medical College Hospitals and District Hospitals. The Government has strengthened palliative care services through various Government Orders and departmental proceedings issued during 2018 and 2019, including G.O.(Ms) No.19, Health and Family Welfare Department, and subsequent proceedings, wherein dedicated infrastructure and human resources were sanctioned for the establishment of 49 Pain and Palliative Care Units across several districts in the State till date.

As permitted vide the above mentioned Government Orders, dedicated wards, equipment and trained human resources were provided to ensure the delivery of quality palliative care services. The sanctioned units have demonstrated significant improvements in service accessibility, continuity of care, pain management, home-based care services and quality of life among beneficiaries.

It is submitted that the Government of Tamil Nadu has progressively expanded institutional palliative care services through Phased manner, cited in Reference 1st, 2nd ,3rd and 4th, resulting in establishment of 49 institutional Pain and Palliative Care

Units across Government District Headquarters Hospitals and Government Medical College Hospitals as described in Table 1.

Table 1. G.O.-wise Expansion of NPPC Services

Phase	Government Order	Physician (1 per unit)	Staff Nurse (4 per unit)	Multipurpose Workers (2 per unit)	No. of units
Phase-I	G.O.(Ms) No.19 dt.12.01.2018	10	40	20	10
Phase-II	G.O.(Ms) No.146 dt.24.04.2018		40	20	10
Phase-III	G.O.(Ms) No.579 dt.14.12.2018	22	48	24	12
Phase-IV	G.O.(Ms) No.541 dt.29.11.2019		68	34	17
TOTAL		**32**	**196**	**98**	**49 UNITS**

However, Tirupathur and Mayiladuthurai districts have not been covered under the above Government sanctions and therefore require establishment of dedicated NPPC units with infrastructure and manpower support to ensure equitable access to palliative care services throughout the State.

The proposals for establishment of Pain and Palliative Care Units at Government Tirupathur and Mayiladuthurai District Headquarters Hospitals along with provision of Human Resources examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 7/50/2026.

2. **Status of Approval in 50th EC Meeting:**

The following proposals for establishment of Pain and Palliative Care Units at Government Tirupathur and Mayiladuthurai District Headquarters Hospitals along with provision of Human Resources were placed before the 50th Executive Committee Meeting and the same was approved vide references 5th and 6th cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. **Approval status of RoP 2026-27:**

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 8th cited), approved the following infrastructure projects and Human Resource requirements which is detailed in table 2 and Table 3.

Table 2 : Infrastructure Cost- Renovation work, Furniture and Equipment

FMR CODE	SL.NO	SCHEME/ACTIVITY	AMOUNT PROPOSED (IN LAKH)	AMOUNT APPROVED (IN LAKH)
NCD.9	119	Establishment of Palliative Care Centres in Government Mayiladuthurai and Tirupathur District Headquarters Hospitals-Infrastructure Cost-Renovation work, Furniture and Equipment.	30	30

Table 3.Human Resource Requirement Proposed under NHM RoP 2026-2027

CADRE	FMR CODE	PER UNIT	TOTAL FOR 2 UNITS
Medical Officer	HSS.8.1.3.1	1	2
Palliative Care Staff Nurse	HSS.8.1.1.2	4	8
MultiPurpose Health Worker	HSS.8.1.16.1	2	4
Total		**7**	**14**

An amount of Rs. 30.00 lakh has been proposed for the establishment/strengthening of 2 NPPC infrastructure units at a unit cost of Rs. 15.00 lakh each. Each unit will include a dedicated 10-bedded ward, furniture, equipment, counselling facilities and patient-care infrastructure as per NPPC Norms. The human resources proposed are in line with the staffing pattern adopted for existing NPPC units functioning in the State under previous Government sanctions.

The proposal provides for the establishment of 2 National Programme for Palliative Care (NPPC) units under NHM RoP 2026–2027, including the deployment of required human resources and strengthening of infrastructure through renovation of existing buildings and procurement of essential furniture and equipment, at a total cost of Rs. 32,92,000/-.as described in Table 4.

TABLE 4. THE FINANCIAL IMPLICATION TOWARDS RENOVATION WORK AND HUMAN RESOURCES:

SL.NO	DESIGNATION AND PAY	TOTAL NO.OF POST PROPOSED	AMOUNT IN Rs	MODE OF RECRUITMENT
1	Consultant Physician in the cadre of Assistant Surgeon/ Medical Officer (Level 22- Time scale of pay of Rs. 56100-177500)	2 @Rs.40,000 per post	80,000	Regular- Recruited Through Medical Recruitment Board
2	Staff Nurse @ Rs 21,000 per month	8	1,68,000	As per Director of Medical and Rural Health Services seniority staff nurse in time scale of pay (2 SN time scale pay and 6 Staff Nurses contract Staff Nurses as per NHM norms through MRB) on 1:2 basis as per G.O.(Ms). No. 400, Health and Family Welfare (AA-1) Department, dated: 16.12.2014
3	MPHW @Rs.11,000 per month	4	44,000	Contract by the Concerned DHS
4	Infrastructure cost Rs.15,00,000 per unit (Repairwork/renovation /Furniture-Rs.14,50,000 /- per unit. Equipment Rs. 50,000/- per Unit)	2	30,00,000	Through PWD -For renovation of the existing buildings as given in Annexure –I. The list of equipment is given in Annexure II (Based on Proposal of Strategies for Palliative Care in India – Expert Group report, DGHS, MoHFW Nov 2022, attached to this agenda).Procurement through TNMSC/TANSII / local purchase. The Specifications for equipments will be arrived by the Technical Committee constituted by MD NHM along with Directorates.
	TOTAL		**32,92,000**	

4. **Proposal: Execution of Renovation work through Public Works Department:**

The Civil Works allotted per Facility is Rs 20 Lakhs only and Considered as Minor Civil Work vide G.O Ms No 245 H&FW (EAP-II-2) dt 10.08.2009, hence the funds may be sanctioned to concerned JDHS/ Dean to carry out the civil re-modifications in the existing Wards and OPD of the concerned Building through PWD at the district level. Infrastructure plan - For Renovation of the existing buildings as given in ANNEXURE – I

The infrastructure plan which was approved for the establishment of NPPC Units during the year 2017 vide, 1918/P9/SHS/2016,dated: 29-05-2017, attached to this agenda, shall be adopted for the renovation works at Government Tirupathur and Mayiladuthurai District Headquarters Hospitals. Minor modification, if required may be carried out without exceeding the approved financial allocation**.**

Equipment list, as given in Annexure – II

Procurement through Tamil Nadu Medical Service Corporation / TANSII / Local Purchase. The Specifications will be arrived by the Technical Committee constituted by MD NHM along with the Directorates.

5. Decision Points:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to accord approval for the establishment of National Programme for Palliative Care (NPPC) Units and sanction of approved Human Resources at Government Tirupathur and Mayiladuthurai District Headquarters Hospitals and to obtain appropriate Government Orders for implementation of the Units in the above two District Headquarters Hospitals.**
2. The Mission Director, National Health Mission – Tamil Nadu may also be permitted to **transfer the funds of Rs.30,00,000/- approved for the FY 2026–2027 to the concerned Joint Directors of Health Services (JDHS) at the rate of Rs.15,00,000/- per Unit. Out of the said amount, Rs.14,50,000/- per Unit shall be utilized towards renovation works and procurement of furniture by remitting the amount to the Public Works Department (PWD) for execution of civil works and purchase of furniture as listed in Annexure I and obtain UC/SOE from the Concerned JDHS.**
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release **Rs.50,000/- per Unit towards procurement of medical equipment to TNMSC and non-medical equipment to TANSII / Local purchase as detailed in Annexure-II.**

ANNEXURE - I

1. INFRASTRUCTURE AND FURNITURE:

INFRASTRUCTURE COMPONENT	DIMENSION	PURPOSE	FACILITIES / FURNITURE
Consultation Room (Room No. 1)	20 × 20 Feet	Doctor + Nurse Station	● Table for Dr/Nurse. ● Chair for Dr/Nurse. ● 1 stool/chair for patient & 2 chairs for bystanders. ● Wash basin with running water ● Space to accommodate 1 Dr and 1-2 nurses
		Drug storage (Room No. 2)	● Steel cupboard with double lock and key. ● Cupboard/shelf for storing medicines, injections, syringes, gloves, etc.
		Files and Register storage (Room No.2)	● File rack/cupboard.
Procedure Room	15 × 12 Feet	Clinical procedures and observation.	● To be accessible from OP room. ● 2 beds ● IV stands ● Oxygen cylinder or wall mounted oxygen ● Pulse oximeter (portable) – 1 ● Surgical trolley (stainless steel) – 1 ● Surgical bins – 2 ● Surgical trays – 3.
Waiting room		For patients and bystanders.	● Chairs/bench for 30 persons ● Low 2 feet wide couch for weak patients.
*There shall be a bifurcation between "Doctor + Nurse" room and "Drug storage & Files and Register storage" rooms.			

2. WARD STRUCTURE

There will be a total of 10 beds ear markedfor IP care @ 2 beds in each of the following 5 wards.

WARD	NO OF BEDS ALLOTTED
Male Medical ward	2
Female Medical ward	2
Male Surgical ward	2
Female Surgical ward	2
Paediatric ward	2
Total	**10**

ANNEXURE II - LIST OF EQUIPMENT

S.NO	LIST OF EQUIPMENT	QUANTITY
1	Stethoscope	2
2	BP Apparatus	2
3	Torch	1
4	Thermometer	2
5	Tongue depressor	2
6	Forceps	4
7	Scissors	3
8	Dressing Trays	1
9	Suction pump portable (Electrical)	1
10	Nebuliser	1
11	Wheelchair (foldable)	2
12	Walker	1

The Specifications for equipment will be arrived by the Technical Committee constituted by MD NHM along with the Directorates.

AGENDA: 57/51/2026

Sub:	NHM-TN -Non-Communicable Disease- National Programme for Prevention and Control of Deafness (NPPCD) – Establishment of Block-level Otoacoustic Emission (OAE) Screening Facilities with Sound-Proof Rooms in One Block per District across all 38 Districts in Tamil Nadu at the cost of **Rs. 380 Lakhs**- Approval requested – Reg.
Ref:	1. Ref.No. 5750/NHM/P14/2021, Dated: 26.12.2025, Expert Committee Meeting Minutes 2. Agenda No. 12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 3. R.C. No. 12944334/P5/NHM/2025, Dated: 09.02.2026- Minutes of 50th Executive Committee Meeting 4. GoI RoP 2026-27

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1. Back Ground

Universal Newborn Hearing Screening (UNHS) is a core mandate of the National Programme for Prevention and Control of Deafness (NPPCD). As per NPPCD guidelines, 100% of all newborns are required to be screened for hearing using Otoacoustic Emission (OAE) at birth or within 2 months of birth to enable timely and effective management of Congenital Deafness.

Annually, approximately 8 lakh deliveries occur in Tamil Nadu. Of these, 44.8% (3.58 Lakhs) take place at CEmONC centres where newborns are screened for congenital anomalies including OAE. The remaining 9.18% (73,440) occur at Non-CEmONC facilities and 46% (3.68 Lakhs) at private facilities. A significant 55.18% (4.41 Lakh) newborns are currently missing the Universal Newborn Hearing Screening, primarily due to non-availability of proper soundproof facilities at block-level delivery points and community facilities.

Referral rates at delivery points without soundproof settings have been observed to be as high as 60%, compared to the ideal of 8% at first screening and 5% at second screening. Evidence from Vellore DEIC, which screened approximately 10,000 children with only a 0.5% referral rate in a properly equipped setup, demonstrates clearly that optimal infrastructure and trained manpower are essential to ensure valid and reliable screening outcomes.

As per reference 1st cited, the Expert Committee on UNHS has recommended that block-level screening be conducted using handheld OAE instruments exclusively in soundproof rooms, operated by trained PHC Staff Nurses. The screening protocol at block level is mentioned in Table 1.

Table 1: Block Level Screening Protocol

Visit	Timing	Protocol
1st Hearing Test	20–30 days (PN visit)	OAE Screening
2nd Hearing Test	50–60 days (6-week immunisation visit)	OAE Re-screening if 1st FAIL
3rd Hearing Test	9 months (routine immunisation)	For sick baby / persistent concern
Referral	Any stage	FAIL result or Milestone Delay / Caregiver Concern → Refer to DEIC

At present, 47 of the 130 CEmONC centres (DMS institutions) already have soundproof rooms. The remaining centres are proposed to be equipped in subsequent PIPs. To achieve Universal Newborn Hearing Screening at the community level, it was proposed to pilot and establish OAE Screening Facilities with single layer Sound-Proof Rooms at one Block PHC per district across all 38 districts of Tamil Nadu.

The same was examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting.

2. Status of Approval in 50th EC Meeting:

The proposals for establishment of OAE Screening Facilities with Sound-Proof Rooms at one Block PHC per district across all 38 districts were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Hence, the proposal was incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 4th cited), approved the following components in Table 2 under the National Health Mission.

Table 2: Components Approved in RoP 2026-27

FMR Code	Component	Per Centre (Rs.)	Total – 38 Centres (Rs.)
NCD.11.121	OAE Equipment (Handheld, with accessories & software)	5,00,000	1,90,00,000
	Soundproof Conversion of Existing Room	5,00,000	1,90,00,000
	Grand Total	**10,00,000**	**3,80,00,000 (Rs. 380 Lakhs)**

The Rough Cost Estimation for a single layer Soundproof facility is given in the Annexure 1

The room proposed for conversion into a single layer Soundproof facility will be selected based on the availability of suitable space as identified by the Directorate of Public Health and Preventive Medicine (DPH&PM). The Mission Director, NHM-TN may be permitted to identify an alternative suitable location if required.

The specifications for the approved components of the OAE equipment will be finalised by a technical committee constituted by Mission Director, NHM-TN, in consultation with the concerned

Directorates and subject experts.

4. Proposal

Establishment of Block-level Otoacoustic Emission (OAE) Screening Facilities with single layer Sound-Proof Rooms at one Block PHC per District, across all 38 Districts of Tamil Nadu, under the National Programme for Prevention and Control of Deafness (NPPCD). The Directorate of Public Health and Preventive Medicine (DPH&PM) will be requested to identify facility with suitable space.

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested for execution of the approved activity and for taking further action required for implementation of the projects.

Decision Points:

1. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to Establish Block-level Otoacoustic Emission (OAE) Screening Facilities at one Block PHC per District**, across all 38 Districts of Tamil Nadu.
2. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to release an amount of Rs. 1,90,00,000 (One crore Ninety Lakhs) to Tamil Nadu Medical Service Corporation (TNMSC)** for the procurement and supply of OAE equipment at the rate of Rs 5 Lakhs per Block for 38 blocks.
3. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to release an amount of Rs. 1,90,00,000 (One crore Ninety Lakhs) to the Concerned DHOs for the installation of single layer Sound-proof Rooms through the Public Works Department** (PWD) at the rate of Rs 5 lakh per block PHC in 38 Blocks identified by the Directorate of Public Health and Preventive Medicine (DPH&PM) and NHM to obtain UC/SOE from the concerned DHO.

Annexure 1

Acoustic Room Rough Cost Estimation for (8*7 feet) 100 Sq Feet Room

Sl. No.	Work	Description	Quantity	Rate (₹)	Per	Amount (₹)
1	**WALL**	Acoustic Panel with Metal frame made of 24 Gage GI perforated Metal Sheet of 4 inches thickness box panel of 305 mm (W) × 2440 mm (L) packed with 16/32 Kg Density Glass Wool. The panel is covered by 6 mm Foam Sheet and clad with NRC Rated Fabric as per ANSI Standards. The panels are fixed by L Channel Frame Work at the bottom and top. The panels are fixed and riveted on all four sides of the walls for Patients Room of dimensions (8 × 7 × 9.5 ft).	26	11,600.00	m^2	3,01,600.00
2	**FLOORING**	Flooring in Tester Rooms is laid by means of 11 mm low frequency wave poly sheet and above 8 mm acoustic carpet.	8	4,200.00	m^2	33,600.00
3	**CEILING**	Acoustic false ceiling panels of 4 inches thickness, box panel 305 mm × 2750 mm are fabricated in Patients Room, supported by L channel of 50 × 50 mm and 305 mm × 1800 mm supported by L channel of 50 × 50 mm in Tester Room.	8	12,000.00	m^2	96,000.00
4	**DOOR**	Door frame fabricated using 100 × 75 mm MS metal frame supported by 19 mm plywood box filled with acoustic materials and layered by foam and 6 mm rexine of size (7 × 3 ft).	2	3,400.00	m^2	6,800.00
5	**AC**	1.5 Ton Split Air Conditioner provided with necessary stabilizer support for acoustic room.	1	50,000.00	Unit	50,000.00
6	**Electrical**	Power source for Tester and Patients Room mounted by 12 modular PVC surface box with switches and sockets. Double core FRC rated wires are used for lighting and power source. The wiring includes 4 sq. mm FRC rated wire. Air conditioner circuit work includes illumination LED panels. All electrical circuits are connected by MCB for safety.	1	30,000.00	Unit	30,000.00
7	**Lights**	LED panel lighting (False Ceiling) with natural color.	6	300	Unit	1,800.00
		Grand Total				**₹ 5,19,800**

The amount will be restricted to Rs. 5 lakhs as approved.

AGENDA NO: 58/51/2026

Sub: NHM – TN – National Oral Health Programme – Establishment of Dental Specialty Referral Centres at Primary Health Centres through the Public–Private Partnership Model – Operationalization of the scheme approved under State Specific Initiatives and Innovations in the NHM Record of Proceedings (RoP) 2026–27 – **Rs.3,60,00,000/- (Rupees Three Crore and Sixty Lakh only)** - Approval of the Executive Committee – Requested.

Ref:
1. Proc. No. 2249/P14/NHM/2016, Dated: 25.06.2026 – Constitution of the Expert Committee.
2. Minutes of the Expert Committee Meeting held on 01.07.2024.
3. Minutes of the Expert Committee Meeting held on 18.09.2024 for finalization of specialty dental procedures and case-based package rates.
4. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
5. Minutes of the 50th EC Meeting held on 06.02.2026Programme Implementation Plan (PIP) 2026-27.
6. Programme Implementation Plan (PIP) 2026–27.
7. F.No. M-11011/12016-NHM-III, Ministry of Health & Family Welfare, Government of India – National Health Mission – Record of Proceedings (RoP) 2026–27.
8. NHM Record of Proceedings (RoP) 2026–27 – FMR HSS.206 – State Specific Initiatives and Innovations – Sl. No. 8 – Dental Specialty Referral Centres – Provision of Dental Specialty Services at PPP Model.

1. Background

Oral diseases constitute a significant public health burden in Tamil Nadu. Recent studies indicate that 64.8% of the population is affected by dental caries, 46.6% by gingivitis, 51.0% have advanced periodontitis and 61.9% of adults above 45 years have experienced tooth loss, highlighting the increasing need for specialty dental services.

Although Basic Dental Services are available at Primary Health Centres (PHCs), specialty services such as Endodontics, Periodontics, Prosthodontics and Minor Oral Surgery remain largely inaccessible at the primary care level, resulting in delayed treatment and high Out-of-Pocket Expenditure (OOPE).

To improve access to specialty dental care, the National Health Mission, Tamil Nadu proposed the establishment of Dental Specialty Referral Centres (DSRCs) through a Public–Private Partnership (PPP) model by utilizing the specialist manpower and infrastructure available in Private Dental Colleges and Hospitals.

2. 50th Executive Committee Approval Status

The proposal for establishment of Dental Specialty Referral Centres (DSRCs) through the Public–Private Partnership (PPP) Model was placed before the 50th Executive Committee Meeting vide reference 4th and 5th cited, as a State Specific Initiative proposed under the Programme Implementation Plan (PIP) 2026–27. The Executive

Committee accorded approval for inclusion of the proposal in the PIP 2026–27 for submission to the Government of India under the National Health Mission.

3. Approval Status of RoP 2026–27

The Government of India, Ministry of Health & Family Welfare, vide the NHM Record of Proceedings (RoP) 2026–27, approved the proposal under FMR HSS.206 – State-specific Initiatives and Innovations (Sl. No. 8).

Table 1. Approval under NHM RoP 2026–27

Particulars	Approval
FMR Code	HSS.206
Activity	Dental Specialty Referral Centres through PPP Model
No. of PHCs	28
Approved Budget	**Rs.360.00 Lakhs**

3. Proposal

In order to operationalize the Dental Specialty Referral Centres (DSRCs) approved under the National Health Mission Record of Proceedings (RoP) 2026–27, it is proposed to establish Dental Specialty Referral Centres in up to 28 Primary Health Centres through a Public–Private Partnership (PPP) Model, wherein eligible Private Dental Colleges and Hospitals shall provide specialty dental services at identified Primary Health Centres on designated specialty clinic days.

The proposed Public–Private Partnership model aims to leverage the specialist expertise, infrastructure and academic resources available in Private Dental Colleges and Hospitals for providing comprehensive specialty dental services to the public, completely free of cost, while utilizing the existing infrastructure available in Government Primary Health Centres.

The broad implementation framework proposed under the scheme is summarized in Table 2.

Table 2. Implementation Strategy of the PPP Model

Component	Implementation Strategy
Service Delivery	Fixed-day specialty clinics at PHCs
Beneficiaries	Free of Cost
Payment	Case-based payment
Infrastructure	Space to be provided by PHC
Dental Equipment	To be provided by adopting Dental College/Hospital
Specialists	Faculty/Specialists from adopting institution
Consumables & Instruments	To be provided by adopting institution
Referral	Services shall be provided at PHC. Referral to private institutions shall not be permitted.

The specialty services proposed under the scheme include Endodontics, Periodontics, Prosthodontics, Minor Oral Surgery and Orthodontics, which have been

identified based on the disease burden and feasibility of providing specialty dental care at the Primary Health Centre level.

An Expert Committee constituted by the National Health Mission, Tamil Nadu, reviewed the proposed specialty procedures during its meetings held on 01.07.2024 and 18.09.2024. The Committee recommended that only those specialty dental procedures that can be safely and effectively delivered at the Primary Health Centre level should be included under the scheme.

The Expert Committee further finalized the procedure-wise case-based package rates after detailed deliberations, taking into consideration the prevailing market rates across representative regions of Tamil Nadu, specialist professional charges, laboratory charges, consumable costs, procedure complexity and overall financial sustainability of the programme. The finalized package rates are furnished in Annexure.

A total of 15 Private Dental Colleges and Hospitals have expressed their willingness to participate in the proposed Public–Private Partnership Model. However, in view of the operational requirements of the programme, the final list of participating Private Dental Colleges/Hospitals and the corresponding Primary Health Centres shall be finalized by the Directorate of Public Health & Preventive Medicine (DPH&PM) in consultation with the National Health Mission, Tamil Nadu.

Prior to finalization, the identified Primary Health Centres shall be assessed by the respective District Health Officers and District Programme Officers (NCD) using a standardized inspection and readiness assessment format covering infrastructure availability, patient load, availability of clinical space, accessibility, logistics and overall operational feasibility. Based on the inspection findings and recommendations of the DPH&PM, the participating institutions and Primary Health Centres shall be finalized for implementation of the scheme.

The specialty dental services to be provided at each Primary Health Centre shall thereafter be finalized jointly by the National Health Mission and the Directorate of Public Health & Preventive Medicine, taking into consideration the local disease burden, patient footfall, availability of specialists and service requirements, without exceeding the financial allocation approved under the National Health Mission Record of Proceedings (RoP) 2026–27.

The implementation of the scheme shall be governed through a Tripartite Memorandum of Understanding (MoU) to be executed between the National Health Mission, the Directorate of Public Health & Preventive Medicine and the respective participating Private Dental College/Hospital. The Memorandum of Understanding shall clearly define the scope of services, responsibilities of each stakeholder, service obligations, reporting requirements, payment mechanism, quality assurance measures, monitoring framework and dispute resolution mechanism.

For ensuring transparency, accountability and real-time programme monitoring, a dedicated **HMIS Dental Module** shall be developed under the National Health Mission.

The module shall facilitate beneficiary registration, referral tracking, procedure-wise clinical documentation, treatment completion, claim generation and payment processing.

Further, secure login credentials to the HMIS Dental Module shall be provided only to the identified **Primary Health Centres**. The treating specialists from the participating Private Dental Colleges and Hospitals shall maintain the prescribed treatment records and submit the same to the concerned Primary Health Centre. The designated officials of the Primary Health Centre shall verify the treatment records, update the details in the HMIS Dental Module and generate the payment claims. Only procedures duly recorded and verified through the HMIS Dental Module shall be eligible for reimbursement under the scheme.

Case-based payments shall be released to the participating Private Dental Colleges and Hospitals only after verification of the treatment records and claims generated through the HMIS Dental Module, in accordance with the approved package rates, Standard Operating Procedures and the terms and conditions of the Tripartite Memorandum of Understanding.

The proposed Public–Private Partnership Model is expected to substantially strengthen specialty dental services at the primary healthcare level by improving equitable access to quality specialty dental care, reducing Out-of-Pocket Expenditure, minimizing unnecessary referrals to higher institutions and effectively utilizing the specialist expertise available in Private Dental Colleges and Hospitals across the State.

4. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **establish Dental Specialty Referral Centres (DSRCs) in Primary Health Centres under the Public–Private Partnership (PPP) Model** utilizing the financial allocation approved under FMR HSS.206 – State Specific Initiatives and Innovations of the National Health Mission Record of Proceedings (RoP) 2026–27.
2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **finalize the participating Primary Health Centres and the Private Dental Colleges/Hospitals, in consultation with the Directorate of Public Health & Preventive Medicine (DPH&PM),** based on the willingness of the institutions, joint inspection findings, service requirements and operational feasibility.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **prescribe a standardized inspection and readiness assessment format** for evaluation of the identified Primary Health Centres and authorize the respective District Health Officers and District Programme Officers (NCD) to undertake the inspections prior to operationalization of the scheme.

4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to execute **Tripartite Memoranda of Understanding (MoUs)** between the National Health Mission, Directorate of Public Health & Preventive Medicine and the respective Private Dental Colleges/Hospitals for implementation of the scheme.
5. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **release the approved funds of Rs.360.00 Lakhs under FMR HSS.206** – State-specific Initiatives and Innovations (Sl. No. 8) to the implementing institutions after executing MOU in accordance with the approved case-based payment mechanism.
6. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **release case-based payments** to the participating Private Dental Colleges and Hospitals only on the basis of verified treatment records entered and billing raised in the HMIS Dental Module, in accordance with the approved package.
7. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **issue detailed Operational Guidelines,** Standard Operating Procedures, package rates, inspection formats, quality assurance protocols and monitoring mechanisms for implementation of the scheme based on Expert Committee recommendations.

ANNEXURE

Case-Based Costing for Dental Specialty Procedures

S. No.	Procedure	Case Fee approved by Expert Committee (In Rs.)
Endodontic Procedures		
1	Anterior Root Canal Treatment	1200
2	Posterior Root Canal Treatment	1500
3	Primary Tooth RCT – Anterior	800
4	Primary Tooth RCT – Posterior	1,000
5	Apexification	800
6	Periapical Surgery	1,000
Periodontal Procedures		
7	Flap Surgery – per arch	1,500
8	Gingivoplasty – per unit	500
9	Frenectomy – per unit	1,000
Minor Oral Surgical Procedures		
10	Minor Oral Surgery under LA (impaction, biopsy, surgical / trans-alveolar extraction, arch bar wiring)	800
Prosthodontic Procedures		
11	Complete Denture	5,000
12	Acrylic Partial Removable Denture – per tooth	350
13	Acrylic Jacket Crown (with lab charges)	900
14	PFM Crown (with lab charges)	1,500
Orthodontic Procedures		
15	Fixed Orthodontic Appliance (including Investigations)	12,000
16	Removable Orthodontic Appliance	4,000

AGENDA NO: 59/51/2026

Sub: National Health Mission – Tamil Nadu – National Oral Health Programme – School Orthodontic Scheme – **School-Based Orthodontic Programme** – Operationalization of the Scheme approved under State Specific Innovations in NHM Record of Proceedings (RoP) 2026-27 – **Rs.1,80,00,000/- (Rupees One Crore and Eighty Lakhs only)** - Approval of the Executive Committee – Requested.

Ref:
1. Proc. No. 10954356/NHM/P14/2025, Dated: 17.07.2025, of this office – Constitution of Committee
2. R.C.No. 10954356/NHM/P14/2025, Dated: 17.07.2025, Minutes
3. of the Expert committee
4. Agenda No. 12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
5. Minutes of the 50th EC Meeting held on 06.02.2026Programme Implementation Plan (PIP) 2026-27.
6. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27).
7. Annexure 7.5 – State Specific Initiatives and Innovations – Sl. No.10 – National Oral Health Programme – School-Based Orthodontic Treatment Scheme.

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1. Background

Malocclusion is one of the most common oral health condition affecting school-going children and adolescents. Untreated malocclusion adversely affects mastication, speech, facial aesthetics and psychosocial well-being. Although orthodontic treatment significantly improves oral function and quality of life, it is often delayed or neglected due to the high cost of treatment, limited availability of orthodontic specialists and lack of access to organized orthodontic care under the public health system.

It is estimated that nearly 40% of children aged 8–15 years in Tamil Nadu have clinically significant malocclusion requiring orthodontic evaluation. **The average cost of fixed orthodontic treatment in the private sector ranges from Rs.45,000 to Rs.80,000 per child, which imposes a substantial financial burden** on economically disadvantaged families.

In order to address this unmet need, the National Health Mission, Tamil Nadu has proposed the "**School Orthodontic Scheme**", as a pilot initiative aimed at providing systematic screening, referral and subsidized orthodontic treatment for Government and Government-Aided School children.

The scheme aims to establish a structured school-based orthodontic care pathway for early identification and treatment of severe malocclusion, thereby reducing the functional, psychological and financial burden associated with untreated orthodontic conditions.

2. 50th Executive Committee Meeting Approval Status:

The proposal for implementation of the School-Based Orthodontic Treatment Scheme was placed before the 50th Executive Committee Meeting under Agenda No. 12/50/2026 as a State Specific Initiative proposed for inclusion in the Programme Implementation Plan (PIP) 2026–27 (reference 3rd cited). The Executive Committee approved the proposal under Activity Sl. No. 56 for implementation as a pilot project in five districts, namely Cuddalore, Nagapattinam, Kancheepuram, Kallakurichi and Virudhunagar (reference 4th cited).

3. Approval Status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (**RoP Sl.No.206**) 2026-27, approved the School-Based Orthodontic Treatment Scheme under State Specific Initiatives and Innovations (Annexure 7.5, Sl. No.10) at a total cost of **Rs.180.00 Lakh**.

Table 1. Approved Financial Package under NHM RoP 2026–27

Particulars	Amount (Rs.)
Case-based payment to Orthodontist (Milestone-based)	11,000
Payment towards Radiographic Investigations	1,000
Total Approved Package per Beneficiary	12,000
Total Number of Beneficiaries @ 300 per District	1,500
Total Financial Outlay approved under NHM RoP 2026–27	**Rs.180.00 Lakh**

The scheme is proposed to be implemented initially in the districts of Cuddalore, Nagapattinam, Kancheepuram, Kallakurichi and Virudhunagar, covering Government and Government-Aided School children studying in 6th to 10th Standards.

The pilot districts have been selected based on the higher burden of malocclusion requiring orthodontic intervention, with an estimated 40% of school-going children requiring orthodontic evaluation, and the need to improve access to specialized orthodontic services in backward and underserved districts. The selected districts Cuddalore, Nagapattinam, Kancheepuram, Kallakurichi and Virudhunagar represent geographically diverse regions with significant underserved populations and limited access to specialist orthodontic care. Virudhunagar, being an Aspirational District has been included to ensure continuity of the pilot activities initiated under the National Oral Health Programme.

The target of 1,500 beneficiaries has been derived based on implementation of the pilot programme in five districts, with a controlled target of 300 beneficiaries per district. The controlled beneficiary target has been adopted to facilitate effective implementation, close clinical monitoring, quality assurance and outcome evaluation during the pilot phase.

The estimate has been arrived at considering the anticipated number of children with severe malocclusion requiring orthodontic intervention following school-based screening, the treatment capacity of the available orthodontic workforce and the financial allocation approved under the NHM Record of Proceedings (RoP) 2026–27. The findings from the pilot implementation will be utilized to inform phased scale-up of the scheme across the State.

Screening will be carried out through a three-tier referral mechanism consisting of:

- Level I – School Teachers
- Level II – Block Dental Surgeons
- Level III – Orthodontists

Children diagnosed with severe malocclusion requiring orthodontic correction will receive orthodontic treatment based on standardized treatment protocols.

4. Proposal

In order to operationalize the **School-Based Orthodontic Treatment Scheme** approved under the NHM Record of Proceedings (RoP) 2026–27, it is proposed to implement a structured service delivery pathway covering screening, diagnosis, referral, treatment, monitoring and digital tracking for Government and Government-Aided School children in the pilot districts of Cuddalore, Nagapattinam, Kancheepuram, Kallakurichi and Virudhunagar.

Further, the State Nodal Officer, National Oral Health Programme shall prepare and issue Standard Operating Procedures (SOPs) covering beneficiary selection, referral pathways, clinical protocols, empanelment procedures, milestone-based payment mechanisms, monitoring indicators and reporting formats to ensure uniform implementation across all participating districts.

The proposed implementation framework will establish a structured school-based orthodontic care model, ensuring transparent beneficiary selection, standardized treatment protocols, digital monitoring of service delivery and efficient utilization of the funds approved under the NHM RoP 2026–27.

The scheme shall cover students studying in **Standards VI to X**. During the first year, all eligible students shall undergo one-time screening, followed by annual screening of students entering Standard VI in subsequent years.

Table 1. Screening and Referral Mechanism

Level	Activity	Responsibility
Level I	Initial screening using standardized oral health and malocclusion checklist	School Teachers
Level II	Clinical examination, confirmation of malocclusion and provision of basic dental treatment	Block Dental Surgeons
Level III	Comprehensive orthodontic assessment, treatment planning and selection of eligible cases	Orthodontists

All screened children shall be registered through a **dedicated digital application** developed under the National Health Mission and integrated with the HMIS to ensure sustainability. Following which the Block Dental Surgeons shall complete the secondary screening and refer eligible children to the Orthodontists for specialist evaluation and treatment planning.

Children selected for treatment shall undergo Orthopantomogram (OPG) and Cephalometric Radiographic Investigations, which are mandatory for orthodontic diagnosis and treatment planning.

To ensure timely availability of these investigations, it is proposed to empanel eligible private Radiography Centres through the respective District Health Societies.

The Private Dental Radiography Centres shall be empanelled by the respective District Health Societies through an Expression of Interest (EoI) process, following the Tamil Nadu Transparency in Tenders Act and Rules, wherever applicable, and other codal procedures in force for empanelment of service providers under NHM. Detailed eligibility criteria, technical specifications, quality standards and selection methodology shall be notified separately through Standard Operating Procedures and guidelines approved by an Expert Committee constituted by the Mission Director. The empanelled centres shall be reimbursed on a case-based payment of Rs.1,000 per child. The package rate of Rs.1,000 per beneficiary towards Orthopantomogram (OPG) and Cephalometric Radiographic Investigations has been arrived at based on the recommendations of the Expert Committee constituted under the National Oral Health Programme (reference 1st and 2nd cited), taking into consideration the prevailing market rates and the average cost of providing the prescribed radiographic investigations across the State for completion of the prescribed radiographic investigations.

Orthodontic treatment shall be provided through a hybrid service delivery model comprising empanelled Private Orthodontists and Government/NHM Orthodontists willing to participate in the programme. The Orthodontists shall be selected through a transparent empanelment process and shall be reimbursed on a milestone-based case payment, subject to completion of the prescribed stages of treatment and verification through the digital platform. The case-based treatment package of Rs.11,000 per beneficiary has been determined based on the recommendations of the Expert Committee constituted (reference 1st and 2nd cited), after assessing the prevailing market rates,

standard orthodontic treatment protocols, duration of treatment, consumables, professional services and milestone-based payment structure.

Treatment shall be delivered at identified Government health facilities for delivery of orthodontic treatment, identified by the Mission Director, NHM in consultation with the Directorate of Medical Education and Research, Directorate of Medical and Rural Health Services and the respective District Health Officers, based on the availability of infrastructure, dental facilities and accessibility to beneficiaries.

The list of identified facilities shall be notified separately prior to commencement of implementation., preferably during weekends and after school hours, to ensure continuity of education. Approximately 300 children per district shall be selected for treatment based on the severity of malocclusion, functional impairment and clinical prioritization.

The Tamil Nadu Government Dental College and Hospital, Chennai, along with the identified Government Dental Colleges, shall function as Regional Clinical Monitoring and Quality Assurance Centres. These institutions shall provide technical supervision, conduct periodic clinical audits, review treatment outcomes, mentor treating Orthodontists and ensure adherence to standardized treatment protocols.

To facilitate end-to-end implementation, monitoring and financial management, it is proposed to develop a dedicated digital application integrated with the Nalam Application / EMIS Portal / HMIS. The application shall enable beneficiary registration, screening, referral tracking, appointment scheduling, treatment monitoring, uploading of radiographs and clinical records, biometric attendance of service providers, online submission of claims by Orthodontists and Radiography Centres, and electronic processing of payments.

The expenditure towards development, integration, hosting and maintenance of the application shall be met from the Information Technology Funds (IT / HMIS) of the National Health Mission, Tamil Nadu.

5. Decision Points

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **implement the School Orthodontic Scheme as a pilot initiative for 1,500 Government and Government-Aided School children** in Cuddalore, Nagapattinam, Kancheepuram, Kallakurichi and Virudhunagar Districts, utilizing the funds approved under the NHM Record of Proceedings (RoP) 2026–27.
2. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to authorize the District Health Societies** to empanel Private Orthodontists and Private Dental Radiography Centres in accordance with the codal procedures in force.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **provide a case-based package payment of Rs.11,000 per beneficiary** towards orthodontic treatment based on the approved treatment milestones, and **Rs.1,000**

per beneficiary towards Radiographic Investigations carried out by the empanelled Dental Radiography Centres.

4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to develop and operationalize **an exclusive digital application, integrated with the Nalam Application / EMIS Portal,** for implementation, monitoring and payment processing under the scheme, and the expenditure towards its development, integration and maintenance being met from the IT / HMIS Funds of National Health Mission – Tamil Nadu.

AGENDA NO: 60/51/2026

Sub: NHM – TN – National Oral Health Programme – Multi-Specialty Dental Unit at Government Hospital, Tambaram – Operationalization of the facility – Utilization of Human Resource approvals accorded under NHM Record of Proceedings (RoP) 2026-27 for outsourced paramedical and support staff – Approval of the Executive Committee – Requested.

Ref:
1. Agenda No. 6/48/2025 of the 48th Executive Committee Meeting held on 17.02.2025.
2. Minutes of the 48th Executive Committee Meeting.
3. Programme Implementation Plan (PIP) 2026-27.
4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)
5. Approval under FMR HSS.9.185 – Human Resources.

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1. Background

Under the **National Oral Health Programme (NOHP)**, a **Multi-Specialty Dental Unit** has been established at **Government Hospital, Tambaram** with modern dental infrastructure to provide comprehensive speciality dental services to the public. The facility has been established to strengthen secondary-level oral healthcare by providing specialized management of dental caries, periodontal diseases, malocclusion, maxillofacial conditions and early diagnosis and management of oral cancer.

The Multi-Specialty Dental Unit functions as a **Satellite Unit** under the administrative control of the **Tamil Nadu Government Dental College and Hospital (TNGDC), Chennai**. The Principal, Tamil Nadu Government Dental College and Hospital shall provide technical guidance and administrative oversight to ensure uniformity in speciality services, quality assurance and adherence to established treatment protocols.

The Satellite Unit model facilitates centralized monitoring by the Tamil Nadu Government Dental College and Hospital through deployment of trained specialists, continuous monitoring of speciality services, standardization of treatment protocols, guidance on operational expenditure and maintenance of quality standards.

The Multi-Specialty Dental Unit provides comprehensive dental care through the following speciality services in addition to routine dental care:

- Oral Medicine and Radiology
- Periodontics
- Conservative Dentistry and Endodontics
- Prosthodontics
- Oral and Maxillofacial Surgery
- Pedodontics
- Orthodontics
- Public Health Dentistry

The proposal for establishment and operationalization of the Multi-Specialty Dental Unit was examined by the National Health Mission, Tamil Nadu and was **placed before the 48th Executive Committee Meeting vide Agenda No. 6/48/2025**.

2. Status of Approval in the 48th Executive Committee Meeting

The proposal for establishment of the **Multi-Specialty Dental Unit at Government Hospital, Tambaram** was placed before the **48th Executive Committee Meeting** and the same was approved.

Further, the Executive Committee permitted the **Principal, Tamil Nadu Government Dental College and Hospital, Chennai**, to engage the required paramedical and support staff through **outsourcing**, with the expenditure to be met from the **Operational Expenses** approved for Multi-Speciality Dental Centre under the National Oral Health Programme.

Table 1. Outsourced Human Resources approved in the 48th Executive Committee

Post	No.	Monthly Cost (Rs.)
Dental Hygienist	2	30,000
Dental Lab Technician / Mechanic	2	30,000
Senior Pharmacist-cum-Store Keeper	1	18,000
Dental Radiographer	1	15,000
Receptionist / Record Keeper	1	15,000
Data Entry Operator	1	15,000
Housekeeping	4	34,000
Security	2	17,000
Total	**14**	**1,74,000**
Annual Cost (Rs)		**20,88,000**

3. Approval Status of RoP 2026-27

During appraisal of the Programme Implementation Plan (PIP) 2026-27, Government of India reviewed the proposal for operationalization of the Multi-Specialty Dental Unit.

During the National Programme Coordination Committee (NPCC) Meeting, it was directed that the expenditure for the outsourced human resources may be incurred from the Human Resource component of NHM-TN instead of from the operational cost.

Accordingly, the Government of India, vide the NHM Record of Proceedings (RoP) 2026–27, approved Rs.7.20 Lakhs towards the Operational Expenditure of the Multi-Specialty Dental Centre under FMR NCD.8.115, while the required paramedical and support Human Resources were approved separately under FMR HSS.9.185, as detailed in Table 2 below.

Table 2. Human Resources approved under NHM RoP 2026-27

Old FMR	Post	No.	Monthly Salary (Rs.)	Total Monthly Cost (Rs.)
8.1.4.3.3	Dental Hygienist	2	16,000	32,000
8.1.4.3.3	Dental Lab Technician	2	16,000	32,000
8.1.16.1	Hospital Worker / Housekeeping	4	11,000	44,000
8.1.16.1	Security / Sanitary Worker	2	11,000	22,000
16.4.2.1.9	Receptionist / Record Keeper	1	17,500	17,500
16.4.2.1.9	Data Entry Operator	1	17,500	17,500
	Total	**12**		**1,65,000**

Annual Cost Sanctioned: Rs.19.80 Lakhs

However, the posts of **Senior Pharmacist-cum-Store Keeper** and **Dental Radiographer**, which are essential for day-to-day functioning of the facility, have not been approved under the RoP.

Further, as approved by the 48th Executive Committee, the Multi-Specialty Dental Unit is also implementing a six-month Advanced Skill Training Programme for BDS graduates, with an intake of 12 trainees per batch, to enhance their clinical competencies in specialty dentistry. Besides imparting advanced clinical training, the trainees also support the Dental Specialists in patient management and service delivery. The programme is conducted by the Tamil Nadu Government Dental College and Hospital, Chennai, which also issues certification upon successful completion of the training.

The programme generates an annual revenue of Rs.7.20 Lakhs (12 candidates × Rs.30,000 per candidate × 2 batches per year), which may be used to meet the salary expenditure of the **Senior Pharmacist-cum-Store Keeper** and **Dental Radiographer**.

Table 3. HR proposed to be supported from Training Programme Revenue

Post	No.	Monthly Cost (Rs.)
Senior Pharmacist-cum-Store Keeper	1	18,000
Dental Radiographer	1	15,000
Total	**2**	**33,000**

Annual Requirement: Rs.3.96 Lakhs

4. Proposal

In view of the approval accorded under FMR HSS.9.185, it is proposed to disburse the salary of the outsourced paramedical and support staff engaged in the Multi-Specialty Dental Unit, GH Tambaram with effect from April 2026.

Further, with a view to operationalizing the unit without hinderance, the Principal, Tamil Nadu Government Dental College Hospital, Chennai may be requested to outsource the services of Senior Pharmacist-cum-Store Keeper and Dental Radiographer, which have not been approved under the RoP and to meet their salary from the revenue generated through the Skill Training Programme conducted.

5. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to meet the salary expenditure** of the outsourced **paramedical and support staff** already engaged in the **Multi-Specialty Dental Unit at Government Hospital, Tambaram**, from the Human Resource approvals accorded under **FMR HSS.9.185** in the **NHM Record of Proceedings (RoP) 2026-27**, as detailed in **Table 3** above.
2. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to release the salary** the Tamil Nadu Dental College Hospital, Chennai towards the provision of funds for the outsourced paramedical and support staff engaged in the Multi-Specialty Dental Unit **with effect from April 2026** from the funds approved under **FMR HSS.9.185**.
3. The Principal, Tamil Nadu Government Dental College and Hospital, Chennai **may be permitted to continue engaging the approved outsourced paramedical and support staff** for the operationalization of the Multi-Specialty Dental Unit at Government Hospital, Tambaram as per the codal procedures in force.
4. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to issue necessary directions** to the Principal, Tamil Nadu Government Dental College Hospital, Chennai outsource the services of the Senior Pharmacist-cum-Store Keeper and Dental Radiographer and to meet the salary from the **revenue generated** through the Skill Training Programme conducted.

AGENDA: 61/51/2026

Sub:	NHM-TN –Non-Communicable Diseases- **National Tobacco Control Programme (NTCP) – Establishment of Tobacco Cessation Centres** (TCCs) in 18 New Districts, HR for Two Districts in Karur & Kallakurichi and Procurement & Supply of Equipment to 18 Districts TCCs at the cost of **Rs. 91.92 Lakhs** –Approval Requested – Reg.
Ref:	1. G.O.(Ms) No. 260 Health and Family Welfare (EAP II-2) Department Dated: 24.07.2017 2. G.O.(Ms) No. 68 Health and Family Welfare (EAP II-2) Department Dated: 27.02.2018 3. G.O.(Ms) No. 440 Health and Family Welfare (EAP II-2) Department Dated: 08.10.2021 4. G.O.(Ms) No. 515 Health and Family Welfare (EAP II-2) Department Dated: 10.11.2025 5. Proc. No. 01160/P12/NHM/2022, Dated:27.07.2025 6. D.O. Letter No. 3454871/EAP.II-2/2025-02, Dated: 15.12.2025 7. Agenda No. 12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 8. R.C. No. 12944334/P5/NHM/2025, Dated: 09.02.2026- Minutes of 50th Executive Committee Meeting 9. GoI RoP 2026-27 Approval – NTCP 10. R. No. 2360804/STCC/2022(2025-08), Directorate of Public Health and Preventive Medicine, Dated: 15.08.2025

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1. Background

Tobacco use remains a leading preventable cause of morbidity and premature mortality in India. The National Tobacco Control Programme (NTCP) provides a structured framework for tobacco cessation services through District Tobacco Control Cells (DTCCs) and Tobacco Cessation Centres (TCCs) at District hospitals. In the ref 1st to 5th cited, 38 District Tobacco Control Cells (DTCCs) were established in 38 Districts under the National Tobacco Control Programme, but only 20 districts have Tobacco Cessation centres.

Vide ref 6th cited, the Secretary, Health and Family Welfare Department instructed to integrate National Tobacco Control Programme, National Oral Health Programme and National Mental Health Programme effectively at all levels of Health Care so as to pool the resources available and provide the Tobacco cessation and pharmacological therapy services using the existing manpower.

Upon analysis, it was found that, Karur and Kallakurichi do not have sanctioned posts under District Tobacco Control Cell (DTCC) and De- Addiction centres, hence an Integrated Tobacco Cessation and Deaddiction Centre was proposed for the Two Districts and the same was approved in the RoP 2026-27. The Pattern of HR sanctioned under TCC and CDRC were similar as shown in Table 1 below

Table 1: HR Sanctioned Pattern

S.No	Tobacco Cessation Centre -TCC	Deaddiction Centre-CDRC
1	District Consultant	**Psychiatrist**
2	Psychologist	Counsellor / Psychologist
3	Social Worker	Psychiatric Social Worker
4	DEO	Assistant cum Computer Operator
5		Staff Nurse
6		Hospital Worker
7		Sanitary Worker
8		Security

Based on the above directions, a gap analysis and Rationalization of available Human Resources in DTCC/ TCC in Tobacco Control Program and CDRC under Mental Health Program was done and the following observations were made:

i. Tobacco Control activities in Districts include
   a. Tobacco Control Cell: Enforcement and Implementation of COPTA Act with DHO is responsible in the district
   b. Management of District Tobacco Cessation Centres (DTCC) at Medical Colleges/ DHQH headed by a Psychiatrist or District Tobacco Consultant.

ii. Two Districts Karur and Kallakurichi do not have sanctioned of both District Tobacco Control Cell (DTCC) and De- Addiction centres.

iii. **Both Tobacco Control Cells and De-addiction Centres are functional in 18 districts**, namely Ariyalur, Chengalpattu, Coimbatore, Cuddalore, Dharmapuri, Erode, Kanchipuram, Madurai, Salem, Thanjavur, The Nilgiris, Tirunelveli, Tiruppur, Tiruvallur, Tiruchirappalli, Thoothukudi, Vellore, and Villupuram.

iv. Of the 38 districts with sanctioned DTCCs, 12 districts do not have a De-Addiction Centre. 4 cadres of Staff Nurse, Hospital Worker, Sanitary Worker and Security to be sanctioned in each of these 12 centres to establish an Integrated De-Addiction and Cessation centres (Table 2).

Table 2: List of 12 districts without De-addiction centres.

Post to be sanctioned	Districts without De-Addiction centre
1. Staff Nurse 2. Hospital Worker 3. Sanitary Worker 4. Security	1. Kanniyakumari 2. Mayiladuthurai 3. Nagapattinam 4. Namakkal 5. Perambalur 6. Pudukkottai 7. Ramanathapuram 8. Ranipet

	9. Sivagangai 10. Tenkasi 11. Theni 12. Tirupattur

v. 3 DTCCs in Kanyakumari, Namakkal and Perambalur do not have sanctioned post of Psychologist and no sanctioned De-Addiction centres in these districts hence **Three post of Psychologist** to be sanctioned to these districts (Table 3)

Table 3: List of districts without Psychologist and no De-addiction centre

Post to be sanctioned	Districts without the post
1. Psychologist	1. Kanniyakumari 2. Namakkal 3. Perambalur

vi. 14 Districts/MCH (except 5 MCH in Chennai) neither have a Psychiatrist (De-addiction centre) or District Consultant (TCC) sanctioned. Hence **14 Post of Psychiatrist to be sanctioned** to the Integrated De-Addiction and Cessation centres to 14 Medical Colleges (Table 4).

Table 4: List of districts without Psychiatrist or District consultant post

Post to be sanctioned	Districts without the post
1. Psychiatrist (De-addiction centre) 2. District Consultant (TCC)	1. Chengalpet 2. Dindigul 3. Krishnagiri 4. Mayiladuthurai 5. Ramanathapuram 6. Ranipet 7. Sivagangai 8. Tenkasi 9. Nilgiris 10. Theni 11. Tiruvannamalai 12. Tirupathur 13. Tiruvarur 14. Viruthunagar

2. Status of Approval in 50th EC Meeting:

Based on the Gap findings, the revised Human Resource for Integrated De-Addiction and Cessation centres was arrived and the same was proposed for Kallakurichi and Karur Districts where previously both Type of centres were not available as given in Table below:

Human Resources Proposed for Kallakurichi and Karur Districts

Sl. No.	Human Resource	No. of staff per district	Monthly Salary	Recruitment	Qualification
1	Psychiatrist	1	70,000	Regular- MRB Asst Professor	MD Psy/DPM
2	Psychologist	1	27,000	Contract -DHS	MSc Psychology/ M.Phil clinical psychology/MA
3	Social Worker	1	27,000	Contract -DHS	Post-graduate degree in Sociology/Social Work or graduate in Sociology/Social Work with two years of field experience.
4	Staff Nurse	1	21,000	Contract -DHS	B.Sc Nursing / Diploma Nursing
5	Data Entry Operator	1	17,500	Contract -DHS	Any Degree with Type writing certificate & Diploma in Computer Application
6	Hospital Worker	1	11,000	Contract -DHS	8th std
7	Sanitary Worker	1	11,000	Contract -DHS	9th std
8	Security	1	11,000	Contract -DHS	10th std
	Total	**8**	**1,95,500**		

The proposals were placed before the 50th Executive Committee Meeting and the same was approved vide references 7th and 8th cited for inclusion in the Programme Implementation Plan (PIP) 2026-27. Additionally, 18 Districts were proposed for District Tobacco Program establishment and Drugs, of which 10 districts got approved vide RoP 2022-23 and sanctioned under G.O cited 4th but not acted upon and funds towards establishment were lapsed.

Hence, the proposal for Establishing Integrated Tobacco Cessation Centres in 2 districts of Karur and Kallakurichi was incorporated in the Programme Implementation Plan (PIP) 2026-27 along with 6 more districts Tobacco Cessation Centres and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 9th cited), approved the following components in Table 5 under the National Health Mission.

Table 5: Approved Components in RoP 2026-27

Component	Amount (Rs.)	Amount (in Lakhs)
Spirometer @ Rs. 1,30,000/- × 18 Districts	23,40,000	23.40
Carbon Monoxide Meter @ Rs. 20,000/- × 18 Districts	3,60,000	3.60
Office Setting @ Rs. 1,00,000/- × 18 Districts	18,00,000	18.00
Human Resources for 2 districts (Karur and Kallakurich)	46,92,000	46.92
Grand Total	**91,92,000**	**91.92 Lakhs**

The list of 18 districts is enclosed as Annexure D and the annual HR cost is mentioned in Annexure B.

The approved equipment are not available under the TNMSC Rate Contract. The proposed cost of the equipment has been estimated based on prevailing market rates. The technical specifications of the equipment will be finalized by a Technical Committee constituted by the Mission Director, NHM-TN, in consultation with the concerned Directorates and subject experts.

The 1 lakh for office setting is approved as one time grant for Office establishment towards the procurement of Computer with Printer/accessories etc. as per the directions by Directorate of Public Health and Preventive Medicine, vide reference 10th cited.

4. Proposal

The Cost of Establishment and Procurement of Equipment & Drugs to 18 TCCs under the National Tobacco Control Programme (NTCP) along with dedicated human resources for the Integrated Tobacco Cessation Centres in Kallakurichi and Karur districts. were proposed in the PIP 2026-27 and the same was approved.

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested for execution of the approved activity and for taking further action required for implementation of the projects.

5. Decision Point:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to rationalize the existing Human Resources** under Tobacco Cessation Centres under NTCP and Deaddiction Centres in CDRC under Mental Health Program **to Establish Integrated Tobacco Cessation and Deaddiction Centres in 18 existing Districts as per Annexure-A and 2 New Districts of Karur & Kallakurichi Medical College Hospitals Annexure B.**

2. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to obtain appropriate G.O to** establish Integrated Tobacco Cessation and Deaddiction Centres in all 38 Districts.
3. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to propose for Additional Human Resources as per gap to** establish Integrated Tobacco Cessation and Deaddiction Centres in remaining 18 Districts as per Annexure C in the next PIP 2027-28.
4. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to release an amount of Rs. 27,00,000 to Tamil Nadu Medical Service Corporation (TNMSC)** for the procurement and supply of Spirometers and Carbon monoxide meters to 18 districts (Annexure D) and the technical specifications of the equipment will be finalized by a Technical Committee constituted by the Mission Director, NHM-TN
5. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to release an amount of Rs. 18,00,000** towards the setting up of Office at the rate of Rs. 1 lakh per unit.

Annexure A

18 Districts with both Tobacco Cessation centres and De-addiction centres

S.No	Districts	DTCC/TCC				CDRC							
	HR Sanctioned	District Consultant	Social Worker	Psychologist	DEO	Psychiatrist	Counsellor / Psychologist	Psychiatric Social Worker	Staff Nurse	Hospital Worker	Sanitary Worker	Security	Assistant cum Computer Operator
1	Ariyalur	1	1	1	1	0	0	0	0	0	0	0	0
2	Chengalpattu	0	0	0	0	0	0	0	0	0	0	0	0
3	Coimbatore	1	1	1	1	2	2	2	2	2	2	2	2
4	Cuddalore	1	1	1	1	2	2	2	2	2	2	2	2
5	Dharmapuri	1	1	1	1	0	0	0	0	0	0	0	0
6	Erode	1	1	1	1	0	0	0	0	0	0	0	0
7	Kanchipuram	1	1	1	1	2	2	2	2	2	2	2	2
8	Madurai	1	1	1	1	2	2	2	2	2	2	2	2
9	Salem	1	1	1	1	2	2	2	2	2	2	2	2
10	Thanjavur	0	0	0	0	2	2	2	2	2	2	2	2
11	The Nilgiris	0	0	0	0	0	0	0	0	0	0	0	0
12	Tirunelveli	1	1	1	1	2	2	2	2	2	2	2	2
13	Tiruppur	1	1	1	1	2	2	2	2	2	2	2	2
14	Tiruvallur	1	1	1	1	0	0	0	0	0	0	0	0
15	Trichy	1	1	1	1	2	2	2	2	2	2	2	2
16	Tuticorin	1	1	1	1	0	0	0	0	0	0	0	0
17	Vellore	1	1	1	1	2	2	2	2	2	2	2	2
18	Villupuram	1	1	1	1	0	0	0	0	0	0	0	0
		15	15	15	15	20	20	20	20	20	20	20	20

Annexure B

Human Resources Proposed for Kallakurichi and Karur Districts

Sl. No.	District	Manpower	No. of staff	Monthly Salary	Annual Cost
1	Karur	Psychiatrist	1	70,000	840000
		Counsellor/Psychologist	1	27,000	324000
		Social Worker	1	27,000	324000
		Staff Nurse	1	21,000	252000
		Data Entry Operator	1	17,500	210000
		Hospital Worker	1	11,000	132000
		Sanitary Worker	1	11,000	132000
		Security	1	11,000	132000
		Total	**8**	**1,95,500**	**2346000**
2	Kallakurichi	Psychiatrist	1	70,000	840000
		Counsellor/Psychologist	1	27,000	324000
		Social Worker	1	27,000	324000
		Staff Nurse	1	21,000	252000
		Data Entry Operator	1	17,500	210000
		Hospital Worker	1	11,000	132000
		Sanitary Worker	1	11,000	132000
		Security	1	11,000	132000
		Total	**8**	**1,95,500**	**2346000**
	Grand Total		**16**	**3,91,000**	**46,92,000**

Annexure C

Remaining 18 districts to Establish Integrated Tobacco Cessation and Deadiction Centres

S.No	Districts	DTCC/TCC				CDRC							
	HR Sanctioned	District Consultant	Social Worker	Psychologist	DEO	Psychiatrist	Counsellor / Psychologist	Psychiatric Social Worker	Staff Nurse	Hospital Worker	Sanitary Worker	Security	Assistant cum Computer Operator
1	Chennai					0	1	1	1	1	1	1	
2	Dindigul					0	1	1	1	1	1	1	
3	Kanyakumari	1	1	0	1								
4	Krishnagiri					0	1	1	1	1	1	1	
5	Myladuthurai	0	1	1	1								
6	Nagapattinam	1	1	1	1								
7	Namakkal	1	1	0	1								
8	Perambalur	1	1	0	1								
9	Pudukottai	1	1	1	1								
10	Ramanathapuram	0	1	1	1								
11	Ranipet	0	1	1	1								
12	Sivagangai	0	1	1	1								
13	Tenkasi	0	1	1	1								
14	Theni	0	1	1	1								
15	Thiruvannamalai					0	1	1	1	1	1	1	
16	Tirupattur	0	1	1	1								
17	Tiruvarur					0	1	1	1	1	1	1	
18	Virudhunagar					0	1	1	1	1	1	1	
	Total	**5**	**12**	**9**	**12**	**0**	**6**	**6**	**6**	**6**	**6**	**6**	**0**

Annexure-D

List of 18 Districts Proposed for TCC Establishment:

Sl.	District	Sl.	District
1	Chengalpattu	10	Sivagangai
2	Chennai	11	Tenkasi
3	Dindigul	12	Thanjavur
4	Kallakurichi	13	The Nilgiris
5	Karur	14	Theni
6	Krishnagiri	15	Thiruvarur
7	Mayiladuthurai	16	Tirupattur
8	Ramanathapuram	17	Tiruvannamalai
9	Ranipet	18	Virudhunagar

AGENDA: 62/51/2026

Sub:	NHM-TN –Non-Communicable Disease- National Programme for Prevention and Control of Fluorosis (NPPCF) – Expansion to 4 Additional Fluoride-Affected Districts in Tamil Nadu at the cost of **Rs. 41.76 lakhs**– Approval requested – Reg.
Ref:	1. GoI RoP 2026-27 2. Agenda No. 12/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 3. R.C. No. 12944334/P5/NHM/2025, Dated: 09.02.2026- Minutes of 50th Executive Committee Meeting

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1. Back Ground

Fluoride contamination in groundwater is a significant public health concern in several districts of Tamil Nadu, particularly in areas dependent on borewell water for drinking purposes. Dharmapuri, Krishnagiri, Salem, Erode, and Vellore have been identified as highly endemic zones with fluoride levels in groundwater exceeding the permissible limits. Prolonged consumption of fluoride-contaminated water leads to dental and skeletal fluorosis, particularly among children and other vulnerable populations.

Dental fluorosis manifests as white streaks, yellow-brown discolouration, and pitting of tooth enamel, while skeletal fluorosis causes joint pain, stiffness, bone deformities, and in severe cases, crippling disability. These conditions impose a significant long-term burden of morbidity and disability, particularly in rural and peri-urban communities dependent on unprotected groundwater sources.

The National Programme for Prevention and Control of Fluorosis (NPPCF) has been implemented in Dharmapuri district since 2008 for surveillance, early diagnosis, management, and rehabilitation of fluorosis cases.

Evidence from water quality testing conducted in the region necessitates urgent programmatic expansion to four additional fluoride-affected districts: Erode, Krishnagiri, Salem, and Vellore. Integrating NPPCF activities with the District Public Health Laboratories (DPHLs) of these districts will enable systematic water and urine sample testing, early detection of fluorosis cases, and strengthened inter-sectoral coordination for safe drinking water.

The proposal was examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 12/50/2026.

2. Status of Approval in 50th EC Meeting:

Recommendations of the 50th Executive Committee (EC) Meeting: The approval was accorded to expand the Fluorosis Programme to additional districts following consultation with the TWAD Board to avoid duplication of activities, vide reference 2nd and 3rd cited. Accordingly, 4 districts namely Erode, Krishnagiri, Salem, and Vellore were selected for implementing the Program along with dedicated Human resources which includes a Consultant and a Lab technician for each approved districts and the same was proposed in PIP.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27, vide reference 1st cited, approved the following components in Table 1 under the National Health Mission.

Table 1: Components approved under RoP 2026-27

FMR Code	Component	Amount (Rs.)	Amount (in Lakhs)
NCD.10.120	Recurring – Operating Expenses & Reagents for Water and Urine Sample Testing @ Rs. 1,68,000/- per district × 4 Districts	6,72,000	6.72
HSS.9.185	Recurring- HR cost @Rs.73,000/- per district per year x 4 districts	35,04,000	35.04
	Grand Total	**41,76,000**	**41.76**

Table 1.1: Approved HR details:

Sl. No.	District	Human Resource	No. of Post approved
1	Erode	Consultant	1
		Lab Technician	1
2	Krishnagiri	Consultant	1
		Lab Technician	1
3	Salem	Consultant	1
		Lab Technician	1
4	Vellore	Consultant	1
		Lab Technician	1
Total			**8**

The details of the recurring cost approved under RoP 2026-27 is enclosed as Annexure.

The approved reagents and consumables are not available under the TNMSC Rate Contract. Hence, the proposed cost of the items has been determined based on prevailing market rates. The specifications will be finalized by a technical committee constituted by Mission Director, NHM-TN, in consultation with the concerned Directorates and subject experts.

However, the **Fluoride Ion Meter and Fluoride Electrode**, which is an essential equipment for estimating fluoride levels in water and biological samples, was not included in the proposal for the newly proposed districts. Hence, the procurement of the Fluoride Ion Meter may be proposed in the upcoming **Supplementary PIP 2026–27**. Till then, the savings under the TNMSC funds may be utilized for the procurement of Fluoride Ion Meters (approximately ₹2,40,000 per unit) and Fluoride Electrodes (approximately ₹1,10,000 per unit), with the proposed costs estimated based on prevailing market rates. The total estimated cost for the four approved districts is ₹14,00,000.

4. Proposal

Expansion of the National Programme for Prevention and Control of Fluorosis (NPPCF) to 4 additional fluoride-affected districts in Tamil Nadu – Erode, Krishnagiri, Salem, and Vellore – through integration with District Public Health Laboratories and provision of operational expenses and reagents for water and urine sample testing, and dedicated Human Resources comprising one Consultant and one Laboratory Technician in each district.

The proposed expansion is expected to result in early detection and timely management of fluorosis cases, reduction in disease progression and long-term morbidity, improved surveillance of fluoride levels in drinking water sources, enhanced community awareness, and equitable access to fluorosis prevention and control services across affected districts.

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for execution of the approved activity and for taking further action required for implementation of the projects.

5. Decision Points:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to establish Fluorosis Programme in 4 districts-** Erode, Krishnagiri, Salem, and Vellore.
2. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to obtain appropriate G.O for the sanction of Human Resources** for the approved districts.
3. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to release an amount of Rs. 6,72,000 to Tamil Nadu Medical Service Corporation (TNMSC)** for the procurement and supply of reagents for Water and Urine Sample

Testing for which the specifications will be finalized by a technical committee constituted by Mission Director, NHM-TN.

4. The Mission Director, National Health Mission – Tamil Nadu **may be permitted to engage contract mode, a Consultant and Lab Technician per each District** for this program through DHS with prescribed qualifications in contractual mode.

Annexure

The financial implication for the recurring expenditure is as follows:

Sl. No.	District	Operating Expenses & Reagents for Water and Urine Sample Testing
1	Erode	1,68,000
2	Krishnagiri	1,68,000
3	Salem	1,68,000
4	Vellore	1,68,000
Total		**6,72,000**

The proposed cost of reagents and consumables required per district based on prevailing market rates is given below:

S.no.	Items with specifications	Quantity	Approximate Amount in Rs.
1	TISAB-II (Total Ionic Strength Adjustment Buffer)	1 Gallon (3.8 L) X 1 No.	53500
2	TISAB-III (Total Ionic Strength Adjustment Buffer)	500 ml X 2 No.	54500
3	Fluoride standard solution 100 ppm	500 ml X 1 No.	14500
4	Fluoride Filling solution	5 No.	21500
5	Toluene Reagent (500 ml)	1 No.	800
Plastic wares:			
6	Micropipette 5 ml with tips	1 No.	3500
7	Wide mouth bottles with lid (for urine sample collection) - Capacity: 50 ml	500 bottle	7500
8	Narrow mouth bottles with lid (for water sample collection) - Capacity: 50 ml	500 bottle	7500
9	Plastic beaker (50 ml)	10 No.	1900
10	Wash Bottle (for taking de-ionized & Distilled water for use in the laboratory)- Capacity: 500 ml	2 Bottles	850
11	Miscellaneous items (Tissue paper roll, Aluminium roll, De-ionized water)		1950
	Total		**Rs. 1,68,000**

The details of HR cost, qualifications and mode of recruitment is as follows:

Sl. No.	District	Human Resource	No. of Post approved	Unit Cost per month	Total cost for 1 month	Total cost for 1 year	Total cost for 1 year per district
1	Erode	Consultant	1	56,000	73,000	6,72,000	8,76,000
		Lab Technician	1	17,000		2,04,000	
2	Krishnagiri	Consultant	1	56,000	73,000	6,72,000	8,76,000
		Lab Technician	1	17,000		2,04,000	
3	Salem	Consultant	1	56,000	73,000	6,72,000	8,76,000
		Lab Technician	1	17,000		2,04,000	
4	Vellore	Consultant	1	56,000	73,000	6,72,000	8,76,000
		Lab Technician	1	17,000		2,04,000	
Total			**8**	**2,92,000**		**35,04,000**	

Sl. No.	Human Resource	Total No. of Post approved	Qualification	Mode of Recruitment
1.	Consultant	4	(a) For Medical Person: Post Graduate Degree (MD) in Community Medicine/Public Health/Biochemistry/Microbiology/Pathology/ Community Resource Management/Environment Health or equivalent. **OR** (b) For Non Medical Person : Doctorate Degree (PhD) in Biochemistry/Nutrition/Microbiology/ Molecular Biology/ Life Sciences/ Public Health/ Community Resource or equivalent	Contractual Mode through District Health Society
2.	Lab Technician	4	Passed Diploma in Medical Laboratory Technician from any recognized university in India	

AGENDA NO: 63/51/2026

Sub: NHM – Tamil Nadu – DNB Programme – Establishment of DNB course - Provision of Infrastructure, Furniture and Training Materials to Newly approved DNB Training Centers at Virudachalam GH and Paramakudi DHQH pending course accreditation – Rs.80 Lakhs - Approval requested – Regarding.

Ref:

1. G.O MS-No.275/H&FW (MCA-2) Dept., Dt: 04.08.2017
2. DMR&HS Lr.No.9952/DNB admin cell/2025 dt: 02.06.2025
3. DMR&HS Lr.No.9952/DNB admin cell/2025 dt: 02.07.2025
4. This Office Proceedings, Proc. No. 1007-/NHM/DNB/P18/2025 Date: 22.01.2026
5. Record of Proceedings 2026-27

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1.Background:

The Government has permitted the Director of Medical and Rural Health Services, Chennai, to start DNB Specialty Courses in District Hospitals during the year 2016-2017, as per ref. 1st cited, G.O MS-No.275/H&FW (MCA-2) Dept., Dt: 04.08.2017.

At present the following 10 Institutions under the control of the Director of Medical and Rural Health Services, Chennai-6, are conducting DNB Courses 1. Cuddalore, 2. Chidambaram, 3. Kovilpatti, 4.Kancheepuram, 5.Erode, 6.Pollachi, 7.Perambalur, 8.Karaikudi, 9. Mayiladuthurai, 10.Padmanabhapuram.

Now as per the ref. 2nd and 3rd cited, the Director of Medical and Rural Health Services has proposed to increase 30 DNB seats for the year 2025-26 in the specialty of OBG, Pediatrics, Emergency Medicine and Anesthesiology in 7 institutions namely 1. Cuddalore DHQH, 2. Kovilpatti DHQH. 3. Karaikudi DHQH, 4. Chidambaram GH, 5. Mayiladuthurai DHQH, 6. Paramakudi DHQH and 7. Virudhachalam GH. Further it is submitted that DNB courses are already being conducted in the first 5 institutions and in case of Paramakudi DHQH and Virudachalam GH are the new centers.

With the ref. 4th cited, an amount of Rs.9,56,600/- have already been released towards accreditation fees for four specialties in these two institutions.

S. No	Institution	Specialty for which DNB accreditation awaited
1	DHQH – Paramakudi	OBG
2	GH - Virudhachalam	OBG
		Paediatrics
		Emergency Medicine

2.Status of Approval in 50th EC Meeting:

The Proposal was placed in the 50th Executive Meeting under Agenda 6/50/2026 and submitted in Programme Implementation Plan 2026-27 for approval.

3.Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 5th cited), approved the following infrastructure projects under the National Health Mission:

S.No.	Description	Amount(in Rs.) approved per center	Amount (in Rs.) approved for 2 centers (Paramakudi DHQH & Virudhachalam GH)
1	Provision of Classroom and Demo room with furniture	22,00,000	44,00,000
2	Provision of Hostel Facility with furniture	10,00,000	20,00,000
3	Creation of library with speciality specific Textbooks, e-journal access subscription and furniture.	8,00,000	16,00,000
Total			**Rs. 80,00,000**

4.Proposal :

To strengthen the Secondary care hospitals, Diplomate of National Board (DNB) courses were introduced in 2017 by providing the required human resources and infrastructure facilities. Initially, 199 DNB seats were accredited across 19 institutions under the Directorate of Medical and Rural Health Services (10 institutions) and the Directorate of Medical Education and Research (7 new medical colleges, the Institute of Child Health, Egmore, Chennai (MMC) and the Tamil Nadu Government Multi Super Speciality Hospital, Omandurar, Chennai). At present, under the control of DM&RHS, 69 DNB seats are available across 10 District Headquarters Hospitals, of which 41 seats have been filled for the 2025–26 academic batch.

Subsequently, the DNB seats in the seven new Medical Colleges (formerly District Hospitals) were phased out, as these institutions were upgraded to Medical colleges and planned to commence MD/MS courses.

In order to enhance the availability of specialist services at secondary care institutions, the Directorate of Medical and Rural Health Services has proposed to establish DNB courses at Government Hospital, Virudhachalam, and District Headquarters Hospital, Paramakudi. The proposal was included in the Programme Implementation Plan (PIP) 2026–27 and has been approved in the Record of Proceedings (RoP) 2026–27.

Accordingly, it is proposed to provide the necessary infrastructure, including classrooms, demonstration rooms, library facilities, hostels, furniture, and training materials, to the newly approved DNB training centres at Government Hospital, Virudhachalam, and District Headquarters Hospital, Paramakudi, pending course accreditation, at a total cost of Rs.80.00 lakh, through the Director of Medical and Rural Health Services.

5.DECISION POINTS:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows,

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to establish DNB courses in Government District Head Quarters Hospital Paramakudi and Government Hospital Virudachalam and permit to send proposals to Government for appropriate orders.

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release Rs 80 Lakhs towards infrastructure development (Furniture and Training Materials) for classroom, Demo room, Library and Hostel to the Director of Medical and Rural Health Services as per annexure through Public works Department as per codal procedures in force and prepare the centres for DNB accreditation process. The Director of Medical and Rural Health Services may be requested to utilize the funds and settle the UC/SOE for the above fund.

ANNEXURE

Fund allotment of Infrastructure, Furniture and Training Materials to Newly approved DNB Training Centers at Virudachalam GH and Paramakudi DHQH

S.No.	Description	Amount(in Rs.) approved per center	Amount (in Rs.) approved for 2 centers (Paramakudi DHQH & Virudhachalam GH)
1	Provision of Classroom and Demo room with furniture	22,00,000	44,00,000
2	Provision of Hostel Facility with furniture	10,00,000	20,00,000
3	Creation of library with speciality specific Textbook, e-journal access subscription and furniture.	8,00,000	16,00,000
Total			**Rs. 80,00,000**

AGENDA NO: 64/51/2026

Sub:	NHM-TN – National Leprosy Eradication Programme (NLEP) 2026-27 - Leprosy Case Detection Campaign (LCDC) – screening entire state population in the 1st round and 50% of state population in the 2nd round – Approval requested – Reg:
Ref:	1. Agenda No. 6/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026 2. Minutes of the 50th EC Meeting held on 06.02.2026 3. PIP 2026-27 4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

1. Background:

Leprosy is a chronic infectious disease with a long incubation period. Delayed detection increases the risk of disability and continued disease transmission. During 2025–26, Tamil Nadu reported a child case proportion of 5.12 compared to the national average of 4.68 (2024-25), indicating ongoing active transmission of leprosy within communities. Similarly, the Grade II deformity rate in Tamil Nadu was 1.41, higher than the national average of 1.31, reflecting the presence of hidden cases in the community. Also, during the Leprosy Case Detection Campaign (LCDC) conducted in 2025–26, a total of 1,570 new leprosy cases were detected, indicating the importance of periodic active community-based screening activities.

In this regard, the proposal to conduct LCDC covering entire state population across Tamil Nadu in first round and 50% of the state population in the second round, through house-to-house survey to ensure comprehensive statewide coverage, was examined and finalized by the National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 6/50/2026.

2. Status of Approval in 50th EC Meeting:

The proposal for conducting Leprosy Case Detection Campaign (LCDC) covering entire state population across Tamil Nadu in first round and 50% of the state population in the second round, through house-to-house survey was placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Thereafter, the proposals were incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of ROP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27**, (FMR code NDCP 3.69) (reference 3rd cited), approved

Rs. 2,671.54 lakhs for the Leprosy Case Detection Campaign (LCDC) under the National Health Mission. Of this, Rs. 1,759.27 lakhs has been approved for the 1st round covering all 385 Rural Blocks and 142 Urban Blocks, while Rs. 912.27 lakhs has been approved for the 2nd round covering 193 Rural Blocks and 71 Urban Blocks. The financial breakup is detailed in the Table below.

Table 1. Leprosy Case Detection Campaign – Detailed Financial Breakup:

Sl. No.	Various Activities under LCDC	First Round (in Lakhs)	Second Round (in Lakhs)	Total (in Lakhs)
1	Coordination Meetings	22.04	11.77	33.81
2	Orientation Training for Searchers & Supervisors	135.90	67.95	203.85
3	IEC Activities for LCDC	15.81	7.92	23.73
4	Printing of Reporting Forms & Stationery	30.76	15.38	46.15
5	Incentives and POL for Searchers & Supervisors	1471.76	777.69	2249.46
6	Mobility Support	47.84	13.98	61.82
7	Monitoring and Supervision Incentives	35.15	17.58	52.73
Grand Total		**1759.27**	**912.27**	**2671.54**

4. Proposal: Implementation of Leprosy Case Detection Campaign (LCDC):

As per the FMR code NDCP 3.69 approved under NHM RoP 2026-27, the Leprosy Case Detection Campaign (LCDC) is to be implemented across the State in two rounds – the 1st round covering the entire State population and the 2nd round covering 50% of the population – through house-to-house active search by Searchers and Supervisors.

The activities under the campaign, namely coordination meetings, orientation training for Searchers and Supervisors, IEC activities, printing of reporting forms and stationery, incentives and POL for field functionaries, mobility support, and monitoring and supervision incentives, are required to be carried out within the approved financial ceiling of Rs. 2,671.54 Lakhs, as detailed in Table 1 above.

5. Decision Points:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for implementation of the Leprosy Case Detection Campaign (LCDC) and for taking further action required for implementation of the same.

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to implement the – Leprosy Case Detection Campaign (LCDC), covering screening of the entire State population in the 1st round and 50% of the population in the 2nd round, as approved in RoP 2026-27.

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release the funds of Rs. 2,671.54 Lakh approved for the FY 2026-27, for the various activities under the Leprosy Case Detection Campaign (LCDC).

National Leprosy Eradication Programme - Tamil Nadu

Abstract - Budget Proposal for Leprosy Case Detection Campaign (LCDC) for the year 2026 - 27

Case Detection and Management

Sl. No.	Particulars	Justification for 1st round	State	District	Blocks	Urbans	Round 1	Justification for 2nd round	State	District	Blocks	Urbans	Round 2 (50% of round 1)	Total Proposal
1	Coordination Meeting													
1.1	State Level	State Level Coordination Meeting Rs.1.50 lakhs for each meeting total 2 meeting	1,50,000		0	0	1,50,000	State Level Coordination Meeting Rs.1.50 lakhs for each meeting total 2 meeting	1,50,000				1,50,000	3,00,000
1.2	Regional Level (by SLO)	Regional Level Meetings (2000 Nos*400)	8,00,000		0	0	8,00,000	Regional Level Meetings (1000 Nos*400)	4,00,000				4,00,000	12,00,000
1.3	District Level	Blocks 38 District (Rs.5000 for each Dist) + 385 + urban 142 Total 527* Rs.2000		2,00,000	7,70,000	2,84,000	12,54,000						6,27,000	18,81,000
Total			9,50,000	2,00,000	7,70,000	2,84,000	22,04,000						11,77,000	33,81,000

Sl. No.	Particulars	Justification for 1st round	State	District	Blocks	Urbans	Round 1	Justification for 2nd round	State	District	Blocks	Urbans	Round 2 (50% of round 1)	Total Proposal
2	Orientation Training for Searcher & Supervisors	Block Searchers 95520, Supervisors 9552, Block Supervisors 385 =105457* Rs.100 & Urban Searchers 27550, Supervisors 2755, Block Supervisors 142 = 30447* Rs.100	0		1,05,45,700	30,44,700	1,35,90,400	Total searchers , supervisor, block supervisor 52729 and Urban 15224 *100			52,72,900	15,22,400	67,95,300	2,03,85,700
3	IEC Activites for LCDC	385 Blocks & 142 Urbans* 3000 at District level	0		11,55,000	4,26,000	15,81,000	Total Blocks and Urban (193+71) 264*3000 days			5,79,000	2,13,000	7,92,000	23,73,000
4	Printing of Reporting Forms & Stationery	Pen & Chalk piece etc. (No.of Team Block + Urban - 47753 + 13775*50)	0		23,87,650	6,88,750	30,76,400	Pen & Chalk piece etc. (23877+ 6888 Block/urban level (No.of Team 30764)			11,93,850	3,44,400	15,38,250	46,14,650

Sl. No.	Particulars	Justification for 1st round	State	District	Blocks	Urbans	Round 1	Justification for 2nd round	State	District	Blocks	Urbans	Round 2 (50% of round 1)	Total Proposal
Total			**0**	**0**	**2,12,52,700**	**62,25,700**	**1,82,47,800**						**91,25,550**	**2,73,73,350**
5	**Incentive**						0						0	**0**
5.1	**Incentive for Searchers**	**Searchers (Male and Female Volunteers) incentives (Blocks - 95506 + Urbans 27550 = Tot 1,23,056* Rs.75*14 Days = Rs.12,92,08,800)**	**0**		**10,02,81,300**	**2,89,27,500**	12,92,08,800	Total Searchers (Male and Female Volunteers) incentives (50320+ 14722) *75*14 days			5,28,36,000	1,54,58,100	6,82,94,100	**19,75,02,900**
5.2	**POL for Field level Supervisor**	**POL for Supervisors (Blocks - 9552+ Urbans 2755*Rs.100*14 Days**	**0**		**1,33,72,800**	**38,57,000**	1,72,29,800	Total Searchers supervisor (5032+1472 = 6504)*100*14 days			70,44,800	20,60,800	91,05,600	**2,63,35,400**
5.3	**POL for Block Level Supervisor**	**POL for Supervisor (Blocks - 385 + Urbans - 142*1400 = 7,37,800)**	**0**		**5,39,000**	**1,98,800**	7,37,800	Total Blocks and Urban (193+71) 264*100 *14 days			2,70,200	99,400	3,69,600	**11,07,400**

Sl. No.	Particulars	Justification for 1st round	State	District	Blocks	Urbans	Round 1	Justification for 2nd round	State	District	Blocks	Urbans	Round 2 (50% of round 1)	Total Proposal
Total			**0**	**0**	**11,42,07,800**	**3,29,83,300**	**14,71,76,400**						**7,77,69,300**	**22,49,45,700**
6	**Mobility support**	**Blocks 385 + Urbans - 142*1000* 14 days = Rs.10,54,000 Dis 3000*14 days**	**12,00,000**	**15,96,000**		**19,88,000**	47,84,000		6,00,000	7,98,000	0		13,98,000	**61,82,000**
Total			**12,00,000**	**15,54,000**	**53,90,000**	**19,88,000**	**47,84,000**						**13,98,000**	**61,82,000**
7	**Supervision and Monitoring**						0						0	**0**
7.1	**Monitoring and Supervision incentive**	**Blocks 385 + Urbans - 142*5000 (10000 per Dist)**	**5,00,000**	**3,80,000**	**19,25,000**	**7,10,000**	35,15,000		2,50,000	1,90,000	9,62,500	3,55,000	17,57,500	**52,72,500**
Total			**5,00,000**	**3,70,000**	**19,25,000**	**7,10,000**	**35,15,000**						**17,57,500**	**52,72,500**
Grand Total			**26,50,000**	**21,24,000**	**14,35,45,500**	**4,21,91,000**	**17,59,27,200**						**9,12,27,350**	**26,71,54,550**
Note: To achieve disease transmission by 2027 we have to ensure all hidden cases are identified in all areas and treated so that child case will be 0 by 2027														

AGENDA NO: 65/51/2026

Sub: NHM – TN – NRCP 2026-27 – **Preexposure Rabies Prophylaxis** for high risk groups such as Dog catchers and Animal Handlers at a total cost of **Rs.222.75 Lakhs –** Approval Requested – Reg.

Ref:
1. PIP 2026-27
2. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
3. Minutes of the 50th EC Meeting held on 06.02.2026
4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

1. Background

Rabies is a fatal but preventable zoonotic disease and remains a major public health concern. Although effective vaccines are available, the disease is almost invariably fatal once symptoms develop. Ensuring universal access to Post-Exposure Prophylaxis (PrEP) for all animal bite victims is essential for prevention. High-risk occupational groups such as animal handlers, dog catchers, and sanitation workers are particularly vulnerable due to repeated exposure to animals. Providing Pre-Exposure Prophylaxis (PrEP) for these groups is crucial to protect their health and support the goal of eliminating dog-mediated rabies by 2030.

High-risk occupational groups such as animal handlers and dog catchers are particularly vulnerable due to exposure to potentially rabid animals require added protection. It is important to implement Pre-Exposure Prophylaxis (PrEP) of rabies for these high-risk groups as a proactive strategy to reduce infection risk and strengthen rabies prevention efforts that align with the global goal of eliminating dog-mediated human rabies by 2030.

2. Status of Approval in 50th EC Meeting:

The proposal for Pre-Exposure Prophylaxis (PrEP) of rabies for these high-risk groups were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Thereafter, the proposals were incorporate in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, as per the reference 4th cited approved under Record of Proceedings (RoP) 2026-27 (FMR HSS 21.206.6) for Pre-Exposure Prophylaxis (PrEP) of rabies for high-risk groups such as dog catchers and animal handlers, at a total cost of Rs. 222.75 Lakhs as detailed below:

Table 1. Detailed Financial Breakup:

Sl. No.	Particulars	Unit Cost (₹)	Quantity Required	Cost per Beneficiary (₹)
1	Anti-Rabies Vaccine (ARV) – Single Dose	40	1 Dose	40
2	Syringe (1 mL), Cotton, Spirit and other consumables per dose	5	1 Set	5
	Total Cost per Dose	45		45
3	Cost for ARV Administration – 3 Doses per Beneficiary	45	3 Doses	135
4	Total Number of Beneficiaries Proposed		1,65,000	-
	Grand Total Requirement (Rs.135/-x 1,65,000)	**2,22,75,000**		

Table 2. Requirement for Pre-Exposure Rabies Prophylaxis			
Sl. No.	**Description**	**Budget Calculation**	**Total Cost**
1	Total Beneficiaries	1,65,000	
2	Total No. of doses	165,000 × 3	4,95,000
3	Total No. of Vials Required	495000/10	49,500
4	Total cost for Vial (Unit cost of Rs.400)	400 x 49500	**₹ 1,98,00,000**
5	Miscellaneous (Syringes, Cotton, Spirit, etc.) @ ₹5 per beneficiary	5 x 495000	**₹ 24,75,000**
	Grand Total		**₹ 2,22,75,000**

4. **Proposal: Implementation of Pre- Exposure Prophylaxis for rabies for High risk groups**

Dog catchers and animal handlers from all the districts will be identified and Pre-exposure rabies vaccine will be administered in three doses of 0.1 ml each on Days 0,7 and 28 intradermally at a cost of Rs.222.75 Lakhs.

The Rabies Pre-Exposure Prophylaxis (PrEP) programme will be implemented in a campaign mode through a coordinated multi-sectoral approach involving the Health & Family Welfare Department, Animal Husbandry Department, Municipal Administration, Town Panchayats, Rural Development Department, and other beneficiary departments. The implementation strategy comprises the following steps:

1. State-Level Planning and Coordination

A State-level Inter-departmental Coordination Committee will be constituted to oversee programme planning and implementation. Standard Operating Procedures (SoPs), implementation guidelines, reporting formats, and timelines will be issued to all districts to ensure uniform implementation.

2. District-Level Planning

District Health Officers (DHOs) will convene District Coordination Meetings with all stakeholder departments and function as District Nodal Officers. Institution-level Nodal Officers, including Block Medical Officers (BMOs), Chief Health Officers (CHOs), Municipal Health Officers (MHOs), and Medical Officers of Urban Primary Health Centres (UPHCs), will coordinate implementation at the field level.

3. Beneficiary Identification and Microplanning

The respective departments and local bodies will prepare beneficiary line lists of all eligible high-risk occupational groups. Based on the beneficiary mapping, district microplans will be developed identifying vaccination sites, medical teams, vaccination schedules, nodal officers, and supervisory officers for each village, ward, or zone. Fixed vaccination sessions will be planned to ensure optimal coverage.

Decision Point:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for execution of the Pre- Exposure Prophylaxis for rabies for High risk groups and for taking further action required for implementation

1. The Mission Director, National Health Mission, may be permitted to implement Preexposure Rabies Prophylaxis for high risk groups such as Dog catchers and Animal Handlers at a total cost of Rs.222.75 Lakhs.

2. The Mission Director, National Health Mission, may be permitted to the release funds for Preexposure Rabies Prophylaxis for high risk groups such as Dog catchers and Animal Handlers at a total cost of Rs.222.75 Lakhs to DPH**.**

AGENDA NO: 66/51/2026

Sub: NHM–TN–National Tuberculosis Elimination Programme– Hiring of Radiographers & Mobility Support for Handheld X-ray Machines in 31 NTEP Districts at a total cost of Rs. 142.40 Lakhs – Approved – Reg.

Ref: Record of Proceedings 2026 – 2027

1. Background:

- National Tuberculosis Elimination Programme (NTEP) aims to eliminate TB through early diagnosis, quality treatment, patient-centric care, and strengthened surveillance.
- As part of this strategy, Handheld X-ray (HHX-ray) machines are being used to strengthen TB screening in vulnerable and hard-to-reach populations.
- The Central TB Division, Government of India, has supplied 136 HHX-ray machines to Tamil Nadu for outreach activities.
- To ensure their effective utilization, trained radiographers are required for safe operation, quality imaging, and adherence to radiation safety protocols.
- Field mobility support is also essential to facilitate outreach screening and ensure uninterrupted implementation of HHX-ray services under NTEP.

2. Approval Status of RoP 2026 – 2027:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 1st cited), approved 89 radiographers & mobility support for HHX-ray machines under the National Tuberculosis Elimination Programme as below:

FMR/Sl No	Component	No of Posts	Cost Approved
HSS.9/189	Radiographers	89	1,21,04,000
HSS.11/194	Mobility Support for Radiographers	89	21,36,000
	Total	89	1,42,40,000

3. Proposal

Radiographers will be recruited across the 31 NTEP districts

S. No	Component	Qualification	Mode of recruitment	Unit Cost	Cost Per month for 89 radiographers	Cost for 8 months for 89 radiographers
1	Radiographers	B.Sc Radiography	Hiring through Concerned DHSs	17,000	15,13,000	1,21,04,000
2	Mobility Support			3,000	2,67,000	21,36,000
	Total			**20,000**	**17,80,000**	**1,42,40,000**

4. Decision Points:

1. The Mission Director, NHM – TN may be permitted to send necessary proposals to the Government for obtaining the Government Orders for hiring 89 radiographers along with the mobility support for community TB screening using Handheld X-ray Machines under National Tuberculosis Elimination Programme.
2. The Mission Director, NHM – TN may be permitted to hire the radiographers through DHOs and utilised the funds approved for hiring of radiographers and mobility support.

Annexure 1: Hiring of Radiographers for Handheld X-ray

S.No	District	HHX-ray Machines	Radiographers	Cost Per Month	Cost for 8 months per district (Radiographers)	Mobility support Per month	Cost for 8 months per districts(Mobility Support)	Total Cost (Radiographers including Mobility Support)
			A	B	C=A*B*8 months	D	E=A*D*8 months	F=C+E
1	Chennai	15	7	17000	952000	3000	168000	1120000
2	Coimbatore	4	3	17000	408000	3000	72000	480000
3	Cuddalore	3	2	17000	272000	3000	48000	320000
4	Dharmapuri	4	2	17000	272000	3000	48000	320000
5	Dindigul	4	3	17000	408000	3000	72000	480000
6	Erode	4	3	17000	408000	3000	72000	480000
7	Kancheepuram	6	3	17000	408000	3000	72000	480000
8	Kanyakumari	4	3	17000	408000	3000	72000	480000
9	Karur	4	2	17000	272000	3000	48000	320000
10	Krishnagiri	4	3	17000	408000	3000	72000	480000
11	Madurai	4	3	17000	408000	3000	72000	480000
12	Nagapattinam	4	3	17000	408000	3000	72000	480000
13	Namakkal	4	3	17000	408000	3000	72000	480000
14	Perambalur	4	2	17000	272000	3000	48000	320000
15	Pudhukottai	3	2	17000	272000	3000	48000	320000
16	Ramanathapuram	3	2	17000	272000	3000	48000	320000
17	Salem	4	3	17000	408000	3000	72000	480000
18	Sivagangai	3	2	17000	272000	3000	48000	320000
19	Thanjavur	4	3	17000	408000	3000	72000	480000
20	The Nilgiris	6	2	17000	272000	3000	48000	320000
21	Theni	3	2	17000	272000	3000	48000	320000
22	Thiruvallur	4	3	17000	408000	3000	72000	480000
23	Thiruvarur	3	2	17000	272000	3000	48000	320000
24	Thoothuudi	3	2	17000	272000	3000	48000	320000
25	Tiruchirappalli	5	3	17000	408000	3000	72000	480000
26	Tirunelveli	7	4	17000	544000	3000	96000	640000
27	Tiruppur	4	3	17000	408000	3000	72000	480000
28	Tiruvannamalai	5	3	17000	408000	3000	72000	480000
29	Vellore	8	5	17000	680000	3000	120000	800000
30	Villupuram	7	4	17000	544000	3000	96000	640000
31	Virudhunagar	3	2	17000	272000	3000	48000	320000
	Total	**143**	**89**	**17000**	**12104000**	**3000**	**2136000**	**14240000**

Agenda No. 67/51/2026

Sub: NHM-TN – NVHCP - Creation of 3 New Treatment Centres for Viral Hepatitis - approval requested - Reg.

Ref:
1. NVHCP NPCC Guidelines 2026 – 2027
2. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
3. Minutes of the 50th EC Meeting held on 06.02.2026
4. PIP 2026-27
5. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background:

The National Viral Hepatitis Control Programme (NVHCP) aims to eliminate Hepatitis B and C as a public health threat through early diagnosis, free treatment and continuum of care. At present, the State has 42 functional Treatment Centres, including 2 Model Treatment Centres (MTCs) and 40 Treatment Centres (TCs). However, selected districts, particularly Chennai, Salem and Thanjavur, report high burden of Hepatitis B and C cases. Facilities such as RGGGH, Salem, and Thanjavur are experiencing overcrowding and prolonged waiting periods. Additionally, patients from peripheral and remote areas are required to travel long distances to access treatment services, resulting in increased out-of-pocket expenditure, loss of wages and higher risk of loss to follow-up. The proposals for creation of 3 new Treatment Centres for Viral Hepatitis were examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 7/50/2026.

2. Status of Approval in 50th EC Meeting:

The following proposals for the creation of new 3 NVHCP treatment Centres were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 5th cited), approved the following creation of new Treatment Centre for treatment of Viral Hepatitis under the National Health Mission

S.No	Components	Amount approved per centre (in Lakhs)	Total amount (in Lakhs)
HSS 11. 194	Planning & Program management	0.3 Lakh / treatment centre	0.90
HSS 9. 186	Incentives	1.8 Lakh / treatment centre	5.40
	Total amount		**6.30**

4. Proposal:

Rationale

As per Government of India (GoI) NPCC guidelines under NVHCP, **districts initiating more than 160 Hepatitis B and C patients on treatment** are eligible for additional Treatment Centres. The districts of Chennai, Thanjavur, and Salem meet this criterion.

Establishing additional Treatment Centres at strategically located high-volume facilities will:

- Decentralize hepatitis care services
- Reduce patient load at existing high-burden centres
- Improve accessibility and continuity of care
- Minimize patient travel time and associated costs
- Strengthen adherence to treatment and follow-up

This intervention is aligned with the National objective of eliminating Viral Hepatitis by 2030.

Proposed 3 new Treatment Centres under NVHCP:

It is proposed to establish three new Treatment Centres under NVHCP at:

1. Kalaignar Centenary Super Speciality Hospital, Chennai
2. The Government District Headquarters Hospital (DHQH), Kumbakonam
3. The Government Headquarters Hospital (DHQH), Mettur

Each Treatment Centre will be supported with:

- One Peer Supporter per Treatment Centre, engaged on incentive basis maximum upto Rs.15,000 per month, to facilitate patient counselling, treatment adherence and follow-up.

- Contingency / Operational cost of Rs.30,000 per year per Treatment Centre to meet operational requirements.

The proposed centres will function in accordance with Government of India (GoI) NPCC guidelines and will be integrated into the existing reporting and monitoring mechanisms.

It is also submitted that as per NPCC Guidelines the incentives for peer supporters was increased from Rs.10,000 to Rs.15,000 for the peer supporters engaged in the existing 42 treatment centres.

Expected Outcomes

- Improved access to hepatitis treatment services closer to patients' residences
- Reduced overcrowding and waiting time at existing high-load facilities
- Timely initiation of treatment for Hepatitis B and C patients
- Reduced Out-Of-Pocket Expenditure and travel burden for patients
- Improved treatment adherence and follow-up

5. Decision Points:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for the establishment of 3 new treatment centres for treatment of Viral Hepatitis under NVHCP:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to establish 3 new Treatment Centres (Kalaignar Centenary Super Speciality Hospital, Chennai , The Government District Headquarters Hospital (DHQH), Kumbakonam, The Government Headquarters Hospital (DHQH), Mettur) under National Viral Hepatitis Control Programme (NVHCP).

2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to provide necessary funds for Operational Cost & to engage Peer Supporter on incentive basis for a sum of Rs.30,000 and Rs.1.8 Lakhs respectively per Centre.

3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to enhance the incentives from Rs.10,000 to Rs.15,000 with effect from the date of approval of EC.

Agenda No. 68/51/2026

Sub: NHM-TN – NVHCP - Screening activities for HRGs for Hepatitis B & C and Vaccination of HighRisk Groups (HRGs) campaign through TANSACS - approval requested - Reg.

Ref:
1. NVHCP Guidelines 2018
2. Agenda No. 7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
3. Minutes of the 50th EC Meeting held on 06.02.2026
4. PIP 2026-27
5. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background:

Hepatitis B and C are major contributors to chronic liver disease, cirrhosis, and hepatocellular carcinoma, posing a significant public health burden. A large proportion of infections remain undiagnosed due to the asymptomatic nature of the disease in early stages, social stigma and limited access to routine health facilities.

High-risk and vulnerable populations such as People Who Inject Drugs (PWID), Female Sex Workers (FSW), Male Sex Workers (MSW), and transgender communities face multiple barriers to access facility-based screening services. As a result, existing facility-centric screening (Opportunistic screening) approaches under the National Viral Hepatitis Control Programme (NVHCP) does not cover all HRGs. Therefore, NGOs who are engaged for HRGs for screening HIV in TANSACS shall also be utilized to ensure early detection and timely linkage to care for these populations.

The proposals for Screening for HRGs for Hepatitis B & C was examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 7/50/2026.

2. Status of Approval in 50th EC Meeting:

The following proposals for Screening for HRGs for Hepatitis B & C were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 5th cited), approved the following Screening for HRGs for Hepatitis B & C under the National Health Mission

S.No	Component	Amount approved
NDCP 82	Screening & Testing through Outreach activities	40 lakhs* (Rs.5000/Camp)

*800 Camp / year

4. Proposal:

Rationale

In the absence of community-based screening interventions, a substantial number of Hepatitis B and C infections among high-risk populations are likely to remain undetected, leading to delayed treatment, continued disease

Screening through outreach camps will ensure last-mile reach and effective engagement of hard-to-reach populations.

This approach is aligned with: Universal Health Coverage (UHC) goals for equitable access to preventive health services and Sustainable Development Goal (SDG) 3.3, which aims to eliminate viral hepatitis as a public health threat by 2030

Community-based screening will facilitate early diagnosis, strengthen referral linkages to NVHCP treatment centres and improve continuity of care for high risk groups

Implementation Strategy

The community-based screening for Hepatitis B and C will be implemented through screening camps, in coordination with the State & DAPCU team with the State and District NVHCP teams for which a detailed plan of action shall be designed in-coordination with the Project Director TANSACS and team as HRGs are already screened for HIV , Syphilis bi-annually. HRGs who are negative for Hepatitis B shall also be vaccinated in the nearest GH & MCH.

Outreach camps will conduct targeted mobilization, counselling, and screening using rapid diagnostic tests in community-preferred settings.

Individuals screening positive will be referred to designated NVHCP Treatment Centres for Viral load testing and management with NGOs facilitating follow-up and linkage to care.

Individuals who are tested negative will be motivated for Hepatitis B Vaccination.

Screening, referral, and follow-up data will be reported through existing NVHCP-MIS portal.

Expected Outcomes

Expanded coverage of Hepatitis B and C screening among high-risk and vulnerable populations

Targeted outreach, mobilization, and counselling for PWID, FSW, MSW, and transgender communities in safe, community-preferred settings.

Referral and linkage of individuals screening positive to designated NVHCP Treatment Centres for Viral load testing and treatment

Individuals who are tested negative will be motivated for Hepatitis B Vaccination which is the prevention Strategy.

Strengthened integration between community-level screening services and facility-based care

5. Decision Points:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for the Screening & Vaccination for HRGs for Hepatitis B & C:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to carry out the Screening activities for HRGs for Hepatitis B & C and Vaccination of HRG campaign through TANSACS for which a detailed plan of action shall be designed in-coordination with the Project Director ,TANSACS.

2. The Mission Director, National Health Mission may be permitted to release the sum of Rs.40 Lakhs for conduct of Screening camp and Vaccination camp for the HRGs to the Project Director TANSACS.

3. The Mission Director NHM – TN may be permitted to form an Expert Committee for the utilization of funds for the conduction of Screening and Vaccination camp for the HRGs.

Annexure –I High Risk Population

State Name	FSW	MSM	IDU	TG	**Total HRG**
Ariyalur	601	22	0	0	**623**
Chennai	3,554	6,551	0	1677	**11,782**
Coimbatore	1,338	478	0	219	**2,035**
Cuddalore	1,588	1,239	0	288	**3,115**
Dharmapuri	3,710	589	0	236	**4,535**
Dindigul	1,984	329	0	128	**2,441**
Erode	1,703	748	0	194	**2,645**
Kanchipuram	2,714	1,681	0	782	**5,177**
Kanniyakumari	1,443	1,232	0	175	**2,850**
Karur	1,381	1,833	0	155	**3,369**
Krishnagiri	3,906	238	0	272	**4,416**
Madurai	3,485	675	0	203	**4,363**
Nagapattinam	762	1,039	0	263	**2,064**
Namakkal	1,530	448	0	381	**2,359**
Perambalur	834	697	0	37	**1,568**
Pudukkottai	1,090	380	0	21	**1,491**
Ramanathapuram	1,658	1,244	0	61	**2,963**
Salem	4,327	3,516	0	476	**8,319**
Sivaganga	751	835	0	18	**1,604**
Thanjavur	1,180	1,383	9	382	**2,954**
The Nilgiris	252	8	0	0	**260**
Theni	1,139	187	0	50	**1,376**
Thiruvallur	2,538	1,675	0	727	**4,940**
Thiruvarur	233	198	0	66	**497**
Tiruchirappalli	3,509	1,816	5	289	**5,619**
Tirunelveli	2,319	2,357	1	309	**4,986**
Tiruppur	386	458	0	155	**999**
Tiruvannamalai	2,403	1,367	0	210	**3,980**
Tuticorin	1,963	905	100	276	**3,244**
Vellore	2,957	1,132	0	467	**4,556**
Villupuram	1,995	2,087	0	318	**4,400**
Virudhunagar	1,542	937	0	376	**2,855**
Total	60,775	38,284	115	9,211	**1,08,385**

AGENDA NO: 69/51/2026

Sub: NHM – TN – IDSP 2026-27 – **Procurement of 1050 PPE kits** for 36 Medical College Hospitals and 6 Government Head Quarters Hospitals at a total cost of **Rs.49.08 Lakhs –** Approval Requested – Reg.

Ref: R.No.14131176/EPI/S1/2026-2 Dated:04.06.2026 from the DPH and PM.

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1. Background

Ebola Virus Disease (EVD) is a severe, often fatal viral hemorrhagic fever caused by the Ebola virus. The disease is transmitted through direct contact with the blood, body fluids, and contaminated materials of infected persons or animals. Ebola outbreaks have been reported in several countries, and due to increasing international travel and global connectivity, the possibility of imported cases cannot be completely ruled out.

In view of the need to strengthen preparedness for the management of suspected Ebola cases and to ensure the safety of healthcare personnel, it is essential to ensure the availability of adequate Personal Protective Equipment (PPE) and allied infection prevention and control materials in all designated Medical College Hospitals across the State.

As per the reference cited above, DPH&PM has requested 14,200 PPE kits to 42 Medical Colleges and hospitals at unit cost of Rs.4675/- through TNMSC at a cost of Rs.663.85 Lakhs to ensure preparedness and rapid response in the event of any suspected Ebola case being reported in the State.

As an initial preparedness measure for Ebola Virus Disease (EVD) management and infection prevention and control activities, it is proposed to procure and supply 1,050 PPE kits through TNMSC to 36 Medical College Hospitals and 6 Government Headquarters Hospitals, with an allocation of 25 PPE kits to each facility.

The proposed allocation will ensure the immediate availability of essential personal protective equipment for healthcare personnel involved in screening, isolation, sample handling, and the management of suspected Ebola cases. It will also support training programmes, mock drills, and other preparedness activities, thereby strengthening institutional preparedness and infection prevention and control measures across the identified tertiary care facilities in the State.

Further requirements of PPE kits and the associated expenditure may be assessed separately based on utilization, risk assessment, and the evolving public health situation, and may be taken up under the State Budget to ensure sustained preparedness and uninterrupted supply.

2. Approval status of RoP 2026-27:

Since this activity emerged as an urgent requirement in response to the outbreak situation, it could not be included in the agenda for the Executive Committee (EC) meeting and, consequently, was not incorporated or approved in the Record of Proceedings (RoP) 2026–27. The activity has been proposed subsequently to address the emergent public health need.

3. Proposal:

Procurement of 1050 PPE kits for 36 Medical College Hospitals and 6 Government Head Quarters Hospitals at a total cost of Rs.49.08 Lakhs. Procurement and supply of 1050 PPE kits through TNMSC to 36 Medical College Hospitals and 6 Government Head Quarters Hospitals (25 PPE kit to each facility) at a cost of Rs.49.08 Lakhs with unit cost of Rs.4675/- as detailed in Table 1.

Table -1

PPE Kit for Ebola Preparedness- Requirement

S. No	Medical College Hospital	District	PPE Kits Required	Cost per PPE Kit (₹)	Total Cost (₹)
1	Govt Madras Medical College - Chennai -RGGGH	Chennai	25	4,675	1,16,875
2	Govt Coimbatore Medical College, Coimbatore	Coimbatore	25	4,675	1,16,875
3	Govt Madurai Medical College, Madurai	Madurai	25	4,675	1,16,875
4	Govt K.A.P. Viswanatham Govt. Medical College - Trichy	Trichy	25	4,675	1,16,875
5	Govt Stanley Medical College - Chennai	Chennai	25	4,675	1,16,875
6	Govt Kilpauk Medical College - Chennai	Chennai	25	4,675	1,16,875
7	Govt Chengalpattu Medical College, Chengalpattu	Chengalpattu	25	4,675	1,16,875
8	Govt Thanjavur Medical College, Thanjavur	Thanjavur	25	4,675	1,16,875
9	Govt Tirunelveli Medical College, Tirunelveli	Tirunelveli	25	4,675	1,16,875
10	Govt Mohan Kumaramangalam Medical College, Salem	Salem	25	4,675	1,16,875
11	Govt Thoothukudi Medical College, Thoothukudi	Thoothukudi	25	4,675	1,16,875
12	Govt Vellore Medical College, Vellore	Vellore	25	4,675	1,16,875
13	Govt Kanniyakumari Medical College, Kanniyakumari	Kanniyakumari	25	4,675	1,16,875
14	Govt Theni Medical College	Theni	25	4,675	1,16,875
15	Govt Dharmapuri Medical College, Dharmapuri	Dharmapuri	25	4,675	1,16,875
16	Govt Villupuram Medical College, Villupuram	Villupuram	25	4,675	1,16,875

S. No	Medical College Hospital	District	PPE Kits Required	Cost per PPE Kit (₹)	Total Cost (₹)
17	Govt Thiruvarur Medical College. Thiruvarur	Thiruvarur	25	4,675	1,16,875
18	Govt Sivagangai Medical College, Sivagangai	Sivagangai	25	4,675	1,16,875
19	Govt.Thiruvannamalai Medical College, Thiruvannamalai	Thiruvannamalai	25	4,675	1,16,875
20	Govt. Medical College, Omandurar Govt. Estate, Chennai	Chennai	25	4,675	1,16,875
21	Govt. ESI Medical College, Coimbatore	Coimbatore	25	4,675	1,16,875
22	Govt Pudukottai Medical College, Pudukottai	Pudukottai	25	4,675	1,16,875
23	Govt Karur Medical College, Karur	Karur	25	4,675	1,16,875
24	Govt. Erode Medical College, Perundurai, Erode	Erode	25	4,675	1,16,875
25	Government Medical College, The Nilgiris	Nilgiris	25	4,675	1,16,875
26	Government Medical College, Tiruppur	Tiruppur	25	4,675	1,16,875
27	Government Medical College, Dindigul	Dindigul	25	4,675	1,16,875
28	Government Medical College, Namakkal	Namakkal	25	4,675	1,16,875
29	Government Medical College, Ramanathapuram	Ramanathapuram	25	4,675	1,16,875
30	Government Medical College, Virudhunagar	Virudhunagar	25	4,675	1,16,875
31	Government Medical College, Nagapattinam	Nagapattinam	25	4,675	1,16,875
32	Government Medical College, Krishnagiri	Krishnagiri	25	4,675	1,16,875
33	Government Medical College, Thiruvallur	Thiruvallur	25	4,675	1,16,875
34	Government Medical College, Ariyalur	Ariyalur	25	4,675	1,16,875
35	Government Medical College, Kallakurichi	Kallakurichi	25	4,675	1,16,875
36	Government Medical College & Hospital Cuddalore	Cuddalore	25	4,675	1,16,875
37	District Head Quarters Hospital Kanchipuram	Kanchipuram	25	4,675	1,16,875
38	District Head Quarters Hospital Tirupathur	Thirupathur	25	4,675	1,16,875
39	District Head Quarters Hospital Tenkasi	Tenkasi	25	4,675	1,16,875
40	District Head Quarters Hospital Perambalur	Perambalur	25	4,675	1,16,875
41	District Head Quarters Hospital Ranipet	Ranipet	25	4,675	1,16,875
42	District Head Quarters Hospital Mayiladuthurai	Mayiladuthurai	25	4,675	1,16,875
Total	**36 Medical College Hospitals and 6 District Head Quarters Hospitals**	**42**	**1,050**	**4,675**	49,08,750

4. Decision Point:

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows, for procurement and supply of 1050 PPE Kit to 36 Medical College Hospitals and 6 Government Head Quarters Hospitals through TNMSC at a cost of Rs. 49.08 Lakhs.

1. The Mission Director, National Health Mission, may be permitted to procure and supply 1050 PPE kits (25 PPE kits to each facility) as an initial preparedness measure for Ebola Virus Disease (EVD) management and infection prevention activities for 36 Medical College Hospitals and 6 Government Head Quarters Hospitals through SPMU funds at unit cost of Rs.4675/- to ensure immediate availability of essential personal protective equipment for healthcare personnel Involved in screening, isolation, sample handling and emergency response activities related to suspected Ebola cases through TNMSC at a total cost of Rs.49.08 Lakhs.

2. The Mission Director, National Health Mission, may be permitted to the release funds to TNMSC for procurement and supply 1050 PPE Kits to 36 Medical College Hospitals and 6 Government Head Quarters Hospitals. (25 PPE kits to each facility).

Agenda No.: 70/51/2026

Sub: National Health Mission – Strengthening Patient Safety, Patient Experience and Quality of Care in Government Health Facilities – Constitution of a State-wide Patient Safety & Patient Experience Governance Framework and establishment of a Programme Management Unit (PMU) under NHM – Approval of the Executive Committee – Requested.

Background

The Government of Tamil Nadu has consistently been at the forefront of implementing quality improvement initiatives in Government Health Facilities through programmes such as the National Quality Assurance Standards (NQAS), Kayakalp, LaQshya, MusQan, Infection Prevention and Control (IPC), Biomedical Waste Management, Patient Rights Charter and various digital health initiatives. These initiatives have significantly strengthened healthcare quality, patient safety and service delivery across Government Health Institutions.

National and international quality frameworks, including the National Quality Assurance Standards (NQAS), NABH Accreditation Standards and the World Health Organization (WHO) Global Patient Safety Action Plan (2021–2030), emphasize the need for an integrated governance mechanism to promote patient safety, patient-centred care, leadership accountability, continuous quality improvement and digital quality monitoring.

At present, Government Health Facilities have several programme-specific committees functioning independently for quality assurance, infection prevention, biomedical waste management and other statutory functions. However, there is no unified governance framework to comprehensively monitor patient safety, patient experience, accessibility, environmental support services, digital patient feedback and quality improvement under a single institutional mechanism.

In view of the above, it is proposed to establish a comprehensive Patient Safety & Patient Experience Governance Framework under the administrative control of the National Health Mission, Tamil Nadu. The proposed framework will complement the existing quality assurance systems without duplicating their statutory responsibilities and will provide a structured mechanism for planning, implementation, monitoring and continuous improvement of patient safety and patient experience across Government Health Facilities.

Objectives

The proposed Governance Framework aims to:

- Strengthen patient safety and patient-centred care across Government Health Facilities.
- Integrate quality initiatives under a common governance mechanism.
- Standardize monitoring and accountability at State, Directorate, District and Facility levels.

- Improve patient navigation, accessibility and environmental support services.
- Strengthen infection prevention, risk management and patient safety practices.
- Institutionalize structured patient feedback and digital monitoring systems.
- Promote evidence-based decision making through performance dashboards and quality indicators.
- Facilitate continuous quality improvement aligned with NQAS, NABH and WHO recommendations.

Proposal

It is proposed to establish a State-wide Patient Safety & Patient Experience Governance Framework under NHM comprising the following governance levels:

- State Apex Committee
- Six State Technical Committees
- Directorate-Level Committees
- District Patient Safety & Patient Experience Committees
- Facility-Level Hospital Patient Safety & Patient Experience Committees
- Patient Advisory Panels

The framework shall function through the following thematic pillars:

1. Navigation & Accessibility
2. Environmental Hygiene
3. Environmental Support Services
4. Patient Safety & Infection Prevention
5. Patient & Attender Experience
6. Monitoring, Data Analytics & Quality Improvement

In addition, it is decided to develop Digital Patient Safety & Patient Experience Platform to strengthen digital governance and patient engagement.

During Phase-I, NHM proposes to develop:

- QR Code-based Patient Feedback System
- AI-assisted multilingual voice feedback
- Call-based patient satisfaction surveys
- Digital Patient Experience Dashboard

Subsequent phases may include:

- Digital Patient Navigation Systems
- AI-enabled monitoring and sentiment analysis
- Geo-tagged service monitoring
- Corrective action tracking
- Facility benchmarking
- Integration with NQAS, Kayakalp, MusQan and other quality programmes.

For administrative convenience and optimum utilization of available human resources, the Committees for Environmental Hygiene and Environmental Support Services shall function as a single integrated committee at the facility level, while retaining separate objectives, monitoring indicators and reporting mechanisms.

A dedicated Programme Management Unit (PMU) is also proposed under the National Health Mission for overall programme coordination, monitoring, technical support, dashboard management, digital platform development, training and state-wide implementation.

Scope of Implementation

The Governance Framework shall initially be implemented in institutions under:

- Directorate of Medical Education & Research (DME&R)
- Directorate of Medical and Rural Health Services (DMS)-(District Head Quarter Hospitals)

Based on implementation experience, the framework may subsequently be extended to institutions under the Directorate of Public Health & Preventive Medicine (DPH&PM), including Primary Health Centres, Urban Primary Health Centres and Health & Wellness Centres.

Financial Implications

Initially, implementation shall be carried out by utilizing available administrative and programme resources under NHM and the respective Directorates, including eligible programme funds, operational funds, quality incentive funds, untied funds, CMCHIS funds, Corporate Social Responsibility (CSR) support and funds available under collectors discretion, in accordance with Government financial norms.

Separate proposals for development of the digital platform, AI-enabled patient feedback systems, state-wide rollout and capacity-building activities will be submitted to Government as and when required.

Executive Committee is requested to approve

The Executive Committee is requested to accord approval of:

1. The Mission Director, National Health Mission (NHM) may be permitted to constitute the Patient Safety & Patient Experience Governance Framework across Government Health Facilities in Tamil Nadu.
2. The Mission Director, National Health Mission (NHM) may be permitted to constitute the State Apex Committee, Directorate-Level Committees, Six State Technical Committees, District-Level Committees and Facility-Level Patient Safety & Patient Experience Committees based on the six thematic pillars, as detailed in the proposal.
3. The Mission Director, National Health Mission (NHM) may be permitted to establish a dedicated Programme Management Unit (PMU) for 1year under NHM by utilizing the approved funds available under PM-ABHIM, in accordance with the applicable financial guidelines.

4. The Mission Director, National Health Mission (NHM) may be permitted to develop and implement an AI-enabled Digital Patient Safety & Patient Experience Platform in a phased manner for monitoring, patient feedback, analytics and quality improvement.
5. The Mission Director, National Health Mission (NHM) may be permitted to issue operational guidelines, Standard Operating Procedures (SOPs), implementation manuals and administrative instructions; constitute Programme Management Units; modify the composition of committees, wherever necessary; nominate technical experts; and undertake other administrative actions required for the effective implementation of the Governance Framework, without altering its overall structure.
6. The Mission Director, National Health Mission (NHM) may be permitted to implement the Governance Framework initially in institutions under the Directorate of Medical Education & Research (DME&R) and the Directorate of Medical and Rural Health Services (DMRHS), with phased expansion to institutions under the Directorate of Public Health & Preventive Medicine (DPH&PM) based on implementation experience and Government approval.
7. The Mission Director, National Health Mission (NHM) may be permitted to utilize the eligible funds available under NHM and other approved programme heads for implementation of activities under the Governance Framework, in accordance with the applicable Government financial rules and NHM guidelines.
8. The Mission Director, National Health Mission (NHM) may be permitted to submit the necessary proposal to the Government for issuance of a Government Order (G.O.) and to take all further necessary actions for the state-wide implementation of the Patient Safety & Patient Experience Governance Framework.

AGENDA NO: 71/51/2026

Sub: NUHM-TN- Introduction of **Performance-Based Incentive for Urban Health Nurses (UHNs)** based on Reproductive, Maternal and Child Health (RCH) Performance indicators – Approval for implementation at a total cost of **Rs.147.66 lakhs** - Requested– Reg.

Ref: 1. Agenda No.10/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026.

2. Minutes of the 50th Executive Committee Meeting held on 06.02.2026

3. Programme Implementation Plan (PIP) 2026-2027.

4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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Background

Under the National Urban Health Mission (NUHM), **2,461 Urban Health Nurses (UHNs)** are presently serving across **505 Urban Health facilities** in Tamil Nadu and constitute the primary frontline workforce responsible for delivering Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) services.

Urban populations, particularly those residing in urban slums and vulnerable settlements, continue to experience challenges such as delayed antenatal registration, inadequate birth preparedness, insufficient follow-up of high-risk pregnancies and incomplete childhood immunization due to migration, socio-economic vulnerabilities, and delayed care-seeking behaviour.

Recognising the pivotal role of UHNs in improving maternal and child health outcomes, it has been proposed to introduce a **Performance-Based Incentive (PBI)** linked to measurable service delivery outcomes captured through digital platforms such as **PICME** and **U-WIN**. The proposed incentive is intended to strengthen accountability, improve service quality, motivate frontline health workers, and accelerate achievement of key RCH indicators.

2. Status of Approval in 50th EC Meeting:

The proposal for introduction of Performance-Based Incentives for Urban Health Nurses on priority RCH indicators was placed before the 50th Executive Committee Meeting under Agenda No.10/50/2026 and was approved for inclusion in the Programme Implementation Plan (PIP) 2026-27, vide references first and second cited.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 4th cited), approved the Performance-based incentives for UHNs on RCH indicators for FY 2026-27.

4. Proposal: Performance-based incentives for UHNs on RCH indicators:

Under National Urban Health Mission (NUHM), Urban Health Nurses (UHNs) constitute the primary frontline workforce responsible for delivering and sustaining reproductive, maternal, newborn, child and adolescent health (RMNCH+A) services across Urban Primary Health Centres (UPHCs) and Urban Health and Wellness Centres (UHWCs) in Tamil Nadu. There are 2,461 UHNs are presently working in 505 Urban Health facilities as approved in the PIP 2026-27.

Maternal and child health indicators in urban areas, particularly in urban slums and vulnerable settlements, continue to face challenges such as late antenatal registration, missed antenatal check-ups, inadequate follow-up of high-risk pregnancies, unmet family planning needs and partial immunization of children, owing largely to population mobility, socio-economic vulnerabilities and delayed care-seeking behaviour.

Under the proposed scheme, incentives shall be linked to the achievement of five priority service delivery indicators measured through **PICME** and **U-WIN**. Each indicator shall carry an incentive of **Rs.200 per month**, subject to a maximum incentive of **Rs.1,000 per UHN per month**.

Performance shall be verified every month through system-generated reports from PICME and U-WIN before release of incentives.

Proposed Performance Indicators

S. No.	Indicator	Data Source	Target	Incentive
1)	Early Registration of Antenatal Mothers	PICME	≥95%	Rs.200.00
2)	Accuracy of Birth Planning in the Second Trimester (Planned vs Actual Delivery)	PICME	≥70%	Rs.200.00
3)	Visits to High-Risk Pregnant Mothers	PICME	≥95% completion of scheduled visits.	Rs.200.00
4)	Visits to Post Natal Mothers (PN Visit Component in HBNC)	PICME	≥95% completion of scheduled visits.	Rs.200.00
5)	Full Immunization of Eligible Children	U-WIN	≥90%	Rs.200.00

The performance-based incentive shall be disbursed through Direct Benefit Transfer (DBT) to the bank accounts of eligible Urban Health Nurses (UHNs), based on verified monthly performance. Incentive payments shall be released only upon verification of achievement of the prescribed performance targets or documented improvement over the baseline performance, as validated through PICME and U-WIN reports, in accordance with the operational guidelines issued by the National Health Mission, Tamil Nadu.

The expenditure for the incentive has been approved under the Programme

Implementation Plan (PIP) 2026-27 and the Record of Proceedings (RoP) 2026-27, under FMR Code: HSS.U.5.143 - Performance-Based Incentive for UHNs on RCH Indicators.

Decision Points:

1. The Mission Director, NHM may be permitted to implement a performance-based incentive for Urban Health Nurses (UHNs), linking financial incentives to the achievement of five priority maternal and child health indicators as given in the table below.

S. No.	Indicator	Data Source	Target	Incentive
1)	Early Registration of Antenatal Mothers	PICME	≥95%	Rs.200.00
2)	Accuracy of Birth Planning in the Second Trimester (Planned vs Actual Delivery)	PICME	≥70%	Rs.200.00
3)	Visits to High-Risk Pregnant Mothers	PICME	≥95% completion of scheduled visits.	Rs.200.00
4)	Visits to Post Natal Mothers (PN Visit Component in HBNC)	PICME	≥95% completion of scheduled visits.	Rs.200.00
5)	Full Immunization of Eligible Children	U-WIN	≥90%	Rs.200.00

2. The Mission Director, NHM may be permitted to sanction and disburse an incentive of Rs.200/- per month per indicator, at a maximum of Rs.1,000/- per UHN per month, based on verified performance reported through PICME/U-WIN.

3. The Mission Director, NHM may be permitted to utilise the required cost of **Rs.1,47,66,000/-** in the PIP 2026-27 approved under the **RoP 2026-27,** FMR Code: **HSS.U.5.143 Performance-Based Incentive for UHNs on RCH indicators**.

Annexure

District-wise UHN Incentives

S. No.	District	Corporation/ Municipality	No. of UHNs	Incentive @ Rs.1,000/- per UHN
1	Chengalpattu	Chengalpattu Mpty.	6	36,000
2	Chengalpattu	Tambaram Corpn.	52	3,12,000
3	Chennai	Greater Chennai Corpn.	869	52,14,000
4	Coimbatore	Coimbatore Corpn.	178	10,68,000
5	Coimbatore	Coimbatore Corpn.	16	96,000
6	Cuddalore	Cuddalore Mpty.	35	2,10,000
7	Dharmapuri	Dharmapuri Mpty.	10	60,000
8	Dindigul	Dindigul Mpty.	9	54,000
9	Dindigul	Dindigul Corpn.	43	2,58,000
10	Erode	Erode Corpn.	50	3,00,000
11	Erode	Erode Mpty.	7	42,000
12	Kallakurichi	Kallakurichi Mpty.	4	24,000
13	Kancheepuram	Kancheepuram Corpn.	26	1,56,000
14	Kanniyakumari	Nagercoil Corpn.	28	1,68,000
15	Karur	Karur Corpn.	21	1,26,000
16	Krishnagiri	Krishnagiri Mpty.	7	42,000
17	Krishnagiri	Hosur Corpn.	24	1,44,000
18	Madurai	Madurai Corpn.	177	10,62,000
19	Madurai	Madurai Mpty.	9	54,000
20	Mayiladuthurai	Mayiladuthurai Mpty.	8	48,000
21	Nagapattinam	Nagapattinam Mpty.	9	54,000
22	Namakkal	Namakkal Mpty.	33	1,98,000
23	Perambalur	Perambalur Mpty.	5	30,000
24	Pudukkottai	Pudukkottai Mpty.	11	66,000
25	Ramanathapuram	Ramanathapuram Mpty.	19	1,14,000
26	Ranipet	Ranipet Mpty.	18	1,08,000
27	Salem	Salem Corpn.	84	5,04,000
28	Salem	Salem Mpty.	13	78,000
29	Sivagangai	Sivagangai Mpty.	24	1,44,000
30	Tenkasi	Tenkasi Mpty.	31	1,86,000
31	Thanjavur	Thanjavur Mpty.	6	36,000
32	Thanjavur	Thanjavur Corpn.	22	1,32,000
33	Thanjavur	Kumbakonam Corpn.	14	84,000

S. No.	District	Corporation/ Municipality	No. of UHNs	Incentive @ Rs.1,000/- per UHN
34	The Nilgiris	The Nilgiris Mpty.	15	90,000
35	Theni	Theni Mpty.	25	1,50,000
36	Thoothukudi	Thoothukudi Mpty.	13	78,000
37	Thoothukudi	Thoothukudi Corpn.	37	2,22,000
38	Tiruchirapalli	Tiruchirapalli Corpn.	91	5,46,000
39	Tirunelveli	Tirunelveli Corpn.	51	3,06,000
40	Tirupathur	Tirupathur Mpty.	34	2,04,000
41	Tirupur	Tirupur Corpn.	87	5,22,000
42	Tirupur	Tirupur Mpty.	15	90,000
43	Tiruvallur	Tiruvallur Mpty.	17	1,02,000
44	Tiruvallur	Avadi Corpn.	35	2,10,000
45	Tiruvannamalai	Tiruvannamalai Mpty	20	1,20,000
46	Tiruvarur	Tiruvarur Mpty.	16	96,000
47	Vellore	Vellore Corpn.	50	3,00,000
48	Vellore	Vellore Mpty.	12	72,000
49	Villupuram	Villupuram Mpty.	19	1,14,000
50	Virudhunagar	Virudhunagar Mpty.	56	3,36,000
Grand Total			**2461**	**1,47,66,000**

AGENDA NO: 72/51/2026

Sub: *NUHM-TN – Sanction of **Second-Level Officer posts** for City Programme Management Units (CPMUs) of **Coimbatore and Madurai City Corporations** – Approval requested – Reg.*

Ref: 1. Agenda No.10/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
2. Minutes of the 50th EC Meeting held on 06.02.2026
3. PIP 2026-27
4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (**NHM RoP 2026-27**)

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1. Background

In Tamil Nadu, a total of 25 City Corporations have been constituted in urban areas. Among these, City Health Societies (CHSs) have been established in 11 Corporations. At present, in these Corporations, the City Health Officer (CHO) is solely responsible for managing all programme implementation activities at the city level, without the support of dedicated second-level programme management officers. So far, no second-level officer posts have been created for the City Programme Management Units (CPMUs). The present proposal therefore represents the first initiative to introduce second-level officers in CPMUs, considering the substantial administrative, technical, and operational workload handled by the City Health Officers.

In subsequent Programme Implementation Plans (PIPs), similar proposals will be submitted for the remaining corporations where City Health Societies have been established.

Coimbatore and Madurai, the second- and third-largest urban Corporations in Tamil Nadu after the Greater Chennai Corporation, each serve a population exceeding 20 lakh through an extensive network of Urban Community Health Centers, Urban Primary Health Centers, Urban Health and Wellness Centers and Polyclinics. Both Corporations manage large contractual workforces and implement multiple public health programs while addressing a substantial burden of non-communicable and communicable diseases. The increasing complexity of program implementation, disease surveillance and health system management necessitates strengthening the existing administrative, technical leadership and monitoring to ensure effective governance, coordination and service delivery under the National Urban Health Mission. Currently, all technical, administrative and operational responsibilities are vested with the City Health Officer.

In this regard, three second-level Officers as City Assistant Programme Managers, City Programme Officers (NCD) and City Epidemiologists, each in Coimbatore & Madurai Corporations were proposed for strengthening of monitoring and supervisory functions in the Corporations.

The proposals for three second-level Officers for Coimbatore & Madurai Corporations were examined and finalized by the National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No.10/50/2026.

2. Status of Approval in 50th EC Meeting:

The following proposal for creation of City APM, CPO (NCD) & City Epidemiologists in Coimbatore & Madurai Corporation were placed before the 50th Executive Committee Meeting and the same was approved vide references 1st and 2nd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 4th cited), approved the following posts in Coimbatore & Madurai Corporations under the National Health Mission:

Corporation	HR Designation	Monthly Salary remittance for each post (Rs.)	Annual Salary remittance for each post (Rs.)
Coimbatore	City APM	40,000	4,80,000
	CPO (NCD)	40,000	4,80,000
	City Epidemiologist	40,000	4,80,000
Madurai	City APM	40,000	4,80,000
	CPO (NCD)	40,000	4,80,000
	City Epidemiologist	40,000	4,80,000

4. Proposal:

Three Second-level Officers in Coimbatore & Madurai Corporation

Madurai and Coimbatore have the highest urban population next to the Greater Chennai Corporation and were established in 1971 and 1981 respectively. The population and Urban Health Infrastructure in Coimbatore and Madurai Corporations are as follows**:**

S. No.	Name of the Corporation	Population	Urban Community Health Centres	Urban Primary Health Centres	Urban Health and Wellness Centres	Polyclinics
1.	Coimbatore	22,88,052	6	27	64	10
2.	Madurai	20,50,612	3	30	61	11

Programme implementation & Workload:

Each City Corporation caters to a population exceeding 20 lakh, accounting for more than 50% of the population of its respective district. It manages a large contractual workforce (546 posts in Madurai and 534 posts in Coimbatore) and implements multiple health programmes across various programme verticals including Reproductive and Child Health (RCH), Non-Communicable Diseases (NCDs), Communicable Diseases, RBSK, MMU and Urban Primary Healthcare services. This workload is greater than that of many districts.

However, unlike the districts, which are supported by a battalion of second-level officers—including four Medical Officers (Assistant Programme Manager, District Training Medical Officer, District Programme Officer-NCD and District Epidemiologist), the District Maternal and Child Health Officer (DMCHO), Assistant Director (Statistics), District Entomologist, Personal Assistant to the District Health Officer (DHO), IT Coordinator and two Vaccine Cold Chain Managers (VCCMs), City Health Officer alone manages all the Programmes at the Corporation level.

Disease burden:

Coimbatore and Madurai City Corporations account for more than 54% and 56%, respectively, of the Non-Communicable Disease (NCD) burden in their respective districts. Both Corporations also report a high burden of communicable diseases. During the same period, Coimbatore recorded 705 dengue cases along with other vector-borne and zoonotic diseases, while Madurai reported 349 dengue cases, 101 scrub typhus cases and 59 Acute Encephalitis Syndrome/Japanese Encephalitis (AES/JE) cases. In addition to managing this substantial disease burden, both City Corporations play a pivotal role in implementing intensified public health interventions towards the elimination of Tuberculosis, Leprosy and Malaria.

Need for strengthening City Programme Management Unit:

Coimbatore and Madurai City Corporations have witnessed a substantial increase in programme complexity, workforce strength, financial management responsibilities and urban health infrastructure. At present, all technical, administrative, financial and operational functions are handled solely by the City Health Officer, limiting effective programme monitoring, field supervision, inter-programme coordination, disease surveillance and timely reporting. The growing migrant population, expansion of urban health facilities and the high burden of communicable and non-communicable diseases further underscore the need for a dedicated second-level technical and supervisory cadre to strengthen programme management and public health service delivery at the city level.

Roles and responsibilities of the Second Level Officers:

To strengthen programme governance, improve supervision/monitoring of service delivery and enhance disease surveillance under NUHM, it is proposed to create three Second-Level Officer posts in each City Corporation (total 6 posts) as detailed below:

• **City Assistant Programme Manager (APM)** – to coordinate NHM activities, financial management, HR administration and programme integration

• **Corporation Programme Officer (NCD)** – to oversee NCD clinics, screening, reporting, follow-up and OCS implementation, MMU and RBSK schemes, etc.,

• **City Epidemiologist** – to strengthen disease surveillance, data analysis, outbreak preparedness and response, implementation of the Public Health Act, and tobacco control etc.,

S. No.	Name of the Post	No. of Posts	Educational Qualification	Mode of Appointment Authority	Details of Pay
1	City – Assistant Programme Manager (APM)	2 *	As per existing rules & regulations in force	Through MRB	**Sanctioned in regular time scale pay**
2	City Epidemiologist	2	As per existing rules & regulations in force	Through MRB	
3	City Programme Officer-NCD	2	As per existing rules & regulations in force	Through MRB	

(* Coimbatore & Madurai Corporations)

The creation of these posts will enable effective monitoring, reporting and coordination across multiple programme verticals and allow the City Health Officer to focus on strategic leadership and policy-level oversight.

The proposed Second-Level Officer posts shall be filled by regular-time-scale Medical Officers. The officers shall possess a minimum of three years' experience in public health with a degree qualification of DPH/MPH/MD Community Medicine.

Financial approval from PIP 2026-27:

Corporation	HR Designation	Monthly Salary remittance for each post (Rs.)	Annual Salary remittance for each post (Rs.)
Coimbatore	City APM	40,000	4,80,000
	CPO (NCD)	40,000	4,80,000
	City Epidemiologist	40,000	4,80,000
Madurai	City APM	40,000	4,80,000
	CPO (NCD)	40,000	4,80,000
	City Epidemiologist	40,000	4,80,000

Decision Points:

1. The Mission Director, National Health Mission–Tamil Nadu may be permitted to submit a proposal to the Government for the sanction of **six regular Medical Officers** as Second-Level Officers for CPMUs of Coimbatore and Madurai City Corporations as approved in the RoP 2026- 27.
2. The Mission Director, National Health Mission–Tamil Nadu may be permitted to create three new Second-Level Officer posts for each of the City Programme Management Units (CPMUs) of Coimbatore and Madurai City Corporations in the cadre of Medical Officers, as approved in the Record of Proceedings (RoP) 2026–27.
3. The Mission Director, National Health Mission may be permitted to remit the funds to Government for the sanction of Six Regular Medical Officers as City Assistant Programme Managers, City Programme Officers, City Epidemiologists for CPMUs of Coimbatore & Madurai City Corporations under the FMR **"NHM RoP 2026-27 – HSS (U).5.142 – Remuneration.**

AGENDA NO: 73/51/2026

Sub:	NUHM/SHS/TN – Sanction of **City Assistant Programme Managers** for City Programme Management Units (CPMUs) of **Salem, Tirupur and Trichirappalli** City Corporations – Approval requested – Reg.
Ref:	1. Agenda No.10/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
	2. Minutes of the 50th EC Meeting held on 06.02.2026
	3. PIP 2026-27.
	4. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 **(NHM RoP 2026-27)**

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1. Background:

In Tamil Nadu, a total of 25 City Corporations have been constituted in urban areas. Among these, City Health Societies (CHSs) have been established in 11 Corporations. At present, in these Corporations, the City Health Officer (CHO) is solely responsible for managing all programme implementation activities at the city level, without the support of dedicated second-level programme management officers.So far, no second-level officer posts have been created for the City Programme Management Units (CPMUs). The present proposal therefore represents the first initiative to introduce second-level officers in CPMUs, considering the substantial administrative, technical, and operational workload handled by the City Health Officers.

In subsequent Programme Implementation Plans (PIPs), similar proposals will be submitted for the remaining Corporations where City Health Societies have been established.

Salem, Tirupur, and Trichirapalli are among the oldest and most established City Corporations in Tamil Nadu, each serving an urban population exceeding 10 lakh. With rapid urbanisation, increasing migrant populations and expanding urban health infrastructure, the workload of the City Health Officer (CHO), who is solely responsible for all NUHM technical, administrative, financial, monitoring and reporting functions, has increased considerably.

To strengthen programme management, monitoring, supervision and effective implementation of NUHM activities, it is proposed to create one City Assistant Programme Manager (APM) post each in Salem, Trichirapalli and Tirupur City Corporations, thereby improving programme performance, accountability and service delivery.

The proposals for City Assistant Programme Manager post (APM) each for Salem, Trichy and Tirupur Corporations were examined and finalized by the National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 10/50/2026.

2. Status of Approval in 50th EC Meeting:

The proposal for creation of City Assistant Programme Manager post (APM) each in Salem, Trichirapalli and Tirupur Corporations was placed before the 50th Executive Committee Meeting and the same was approved vide references 1st and 2nd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 4th cited), approved the following posts in Salem, Trichirappalli and Tiruppur Corporation under the National Health Mission:

Corporation	HR Designation	Monthly Salary remittance for each post (Rs.)	Annual Salary remittance for each post (Rs.)
Salem, Trichirappalli and Tiruppur	City Assistant Programme Manager	40,000	4,80,000

Proposal: City APMs for Salem, Tirupur and Trichirapalli Corporations:

It is stated that Salem, Tirupur and Trichirapalli Corporations are among the oldest and well-established City Corporations in Tamil Nadu, each catering to an urban population exceeding 10 lakhs.

S. No.	Corporation	Date of Formation	Number of zones	Total Population
1	Trichirappalli	01-Jun-94	4	15,28,178
2	Salem	01-Jun-94	4	10,08,693
3	Tirupur	01-Jan-08	4	12,21,529

The urban health infrastructure in Salem, Trichirappalli and Tirupur Corporations:

S. No.	Corporations	Urban Community Health Centres	Urban Primary Health Centres	Urban Health and Wellness Centres	Polyclinics
1.	Trichirapalli	3	17	36	6
2.	Salem	3	14	32	7
3.	Tirupur	1	17	35	6

Programme implementation & Workload:

Each of these City Corporations caters to a population of more than 10 lakhs, manages a large contractual workforce (296 posts in Salem, 374 posts in Trichirapalli, and 436 posts in Tirupur) and implements multiple programme verticals, including Reproductive and Child Health (RCH), Non-Communicable Diseases (NCDs), Communicable Diseases, RBSK, MMU and Urban Primary Healthcare services.

This workload is greater than that of some districts. However, unlike the districts, which are supported by a battalion of second-level officers—including four Medical Officers (Assistant Programme Manager, District Training Medical Officer, District Programme Officer-NCD and District Epidemiologist), the District Maternal and Child Health Officer (DMCHO), Assistant Director (Statistics), District Entomologist, Personal Assistant to the District Health Officer (DHO), IT Coordinator and two Vaccine Cold Chain Managers (VCCMs), City Health Officer alone manages all these programmes.

Need for strengthening City Programme Management Unit:

At present, all technical, administrative and operational responsibilities under NUHM, including monitoring of communicable and non-communicable diseases, programme implementation, reporting and management of funds under NUHM / NHM, are vested solely with the City Health Officer (CHO). This has resulted in a significant workload burden, limiting effective monitoring, field supervision, inter-sectoral coordination, and timely reporting.

Further, all three Corporations are experiencing an increasing migrant population and expansion of urban health facilities, underscoring the need for dedicated programme management support at the city level.

To strengthen programme management and support the City Health Officer in effective implementation of NUHM activities, it is proposed to create one (1) City Assistant Programme Manager (APM) post in each of the following City Corporations:

- Salem City Corporation
- Tirupur City Corporation
- Trichirapalli City Corporation

Roles and Responsibilities of the City Assistant Programme Manager

The City APM will support planning, implementation, monitoring, reporting, and coordination across Urban Health and Wellness Centres, Urban Primary Health Centres, Urban Polyclinics, and Urban Local Bodies, thereby improving accountability, programme performance, and service delivery. Creation of these posts will enable the City Health Officer to focus on core leadership, strategic planning, and governance functions.

The proposed City APM posts shall be filled by regular time-scale Medical Officers, possessing a minimum of three years' experience in the field of public health and holding a Degree-DPH/MPH/MD in Community Medicine.

S. No.	Name of the post	No. of posts	Educational Qualification	Mode of Appointment Authority	Details of Pay
1)	City – Assistant Programme Manager (APM)	3 *	As per existing rules & regulations in force	Through MRB	Sanctioned in regular time scale pay

(* Salem, Trichirapalli and Tirupur Corporations)

Decision Points:

1. The Mission Director, National Health Mission–Tamil Nadu may be permitted to submit a proposal for the sanction of three Regular Medical Officers as City Assistant Programme Managers for CPMUs of Salem, Tirupur and Trichirapalli City Corporations as approved in the RoP 26-27.
2. The Mission Director, National Health Mission–Tamil Nadu may be permitted to create 3 New posts of City Assistant Programme Manager (City APM) in the cadre of Medical Officers for the City Programme Management Units (CPMUs) of Salem, Tirupur and Trichirapalli City Corporations as approved in the RoP 2026-27.

3. The Mission Director, National Health Mission-Tamil Nadu may be permitted to remit the funds to the Government for the sanction of three regular Medical Officers as City Assistant Programme Managers for CPMUs of Salem, Tirupur and Trichirapalli City Corporations under the FMR **"NHM RoP 2026-27 – HSS (U).5.142 – Remuneration of all NHM HR"** based on the approval accorded by GoI in PIP 2026–27.

Annexure

S. No	City	No. of zones	Zone Name	Zone Population	No. of UPHCs	No. of UCHCs	No. UHWCs	No. of Sectors
1	Trichirapalli	4	Zone 1	226004	3	0	6	13
			Zone 2	196025	6	2	10	28
			Zone 3	202044	3	0	6	14
			Zone 4	222902	5	0	8	23
			Zone 5	241910	3	1	6	13
2	Salem	4	Suramangalam	269759	4	0	8	22
			Hasthampatty	229819	3	1	8	21
			Ammapet	259292	4	1	8	20
			Kondalampatty	273576	3	1	8	21
3	Tirupur	4	Zone-I (West)	274704	4	0	9	22
			Zone-II (East)	435078	3	1	8	21
			Zone-III (North)	309929	4	0	8	19
			Zone-IV (South)	379289	6	0	10	25

AGENDA NO: 74/51/2026

Sub:	NUHM-TN- Sanction of **9 Urban Health Nurse (UHN) posts** for newly created 9 Urban Sectors of 22 newly established Urban Primary Health Centres (UPHCs) – Proposal for **Rs. 18.90 lakhs** for FY 2026-27 – Approval requested - Reg.	
Ref:	1.	G.O.(Ms) No.300, Health and Family Welfare (EAP.II/2) Department, Dated 01.07.2025.
	2.	Agenda No.7/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026.
	3.	Minutes of the 50th EC Meeting held on 06.02.2026.
	4.	PIP 2026-2027
	5.	F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27).

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1. Background

Urban Health Nurses (UHNs) are the cornerstone of community-based primary healthcare under the National Urban Health Mission (NUHM), delivering essential maternal and child health, immunisation, family planning and outreach services. During FY 2025–26, 22 new Urban Primary Health Centres (UPHCs) were established as per the reference 1st cited.

A total of 83 sectors have been mapped under these newly established UPHCs. Of these, 9 sectors have been newly added, while the remaining sectors are mapped from existing UPHCs.

To ensure effective outreach services and continuity of care, 9 UHNs have been proposed for each of the new 9 urban sectors in the newly established 22 new UPHCs that currently lack dedicated UHN posts.

The proposals for 9 Urban Health Nurses were examined and finalized by the National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No.10/50/2026.

2. Status of Approval in 50th EC Meeting:

The following proposal for creation of 9 UHNs for the newly established 22 new UPHCs were placed before the 50th Executive Committee Meeting, and the same was approved vide references 2nd & 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026-27 (reference 5th cited), approved 9 UHNs for nine sectors in three of the 22 new UPHCs established in the year 2025-2026.

4. Proposal: 9 UHNs for 9 sectors for 3 UPHCs

Urban Health Nurses (UHNs) play a pivotal role in the delivery of comprehensive primary healthcare services at the community level under the National Urban Health Mission (NUHM). They act as frontline field functionaries responsible for Maternal and Child Health services, immunisation support, family planning counselling and outreach activities.

During FY 2025–26, 22 new Urban Primary Health Centres (UPHCs) have been established across the State to strengthen urban primary healthcare delivery as per ref. 1st cited. A total of 83 sectors has been mapped under these 22 new UPHCs. While the remaining sectors are mapped from existing UPHCs, 9 sectors have been newly added in 3 of the 22 new UPHCs.

Although these 9 newly added sectors are operational, no UHN posts have been sanctioned so far for these sectors, resulting in a critical operational gap. As per NUHM norms, each sector is required to function with a dedicated UHN to ensure effective outreach, continuity of care, and optimal utilisation of health infrastructure.

The details of the UPHCs with the sectors are mentioned as below:

S. No.	HUD	Corporation / Municipality	UPHC Name	Urban Sectors
1	Kanniyakumari	Nagercoil Corporation	Peruvilai	Veerani
2				Chunkankadai
3	Namakkal	Namakkal Municipality	Namakkal – Narikuravar Colony	Vallipuram
4				Lathuvadi
5				Chinnaveppanatham
6	Sivagangai	Sivagangai Municipality	Krishnarajapuram Colony (Manamadurai)	Manamadurai I
7				Manamadurai II
8				Manamadurai III
9				Manamadurai IV

In the absence of dedicated UHNs, service delivery cannot be ensured effectively, leading to gaps in MCH follow-up, weak community outreach, increased burden on neighbouring sector staff and inadequate delivery of UPHC Community services. These gaps adversely impact service coverage, equity and health outcomes among the urban poor and vulnerable populations.

In view of the creation and operationalisation of 9 newly added Urban sectors and considering the critical role of UHN in urban primary healthcare delivery, 9 UHN posts are proposed, one for each newly added sector, as approved in PIP 2026–27.

S. No.	Name of the Post	No. of Posts	Educational Qualification	Mode of Appointment Authority	Details of Pay
1)	Urban Health Nurse	9	Should have passed Higher Secondary School Examination and 2 years ANM course conducted from DPH-approved institutions	Contractual/ Through District Health Society	As sanctioned in RoP 2026-2027 – Rs.17,500/- (with 5% annual increment)

The Sanction of these posts will ensure:

- Effective functioning of newly created sectors.
- Strengthened Maternal and Child Health service delivery.
- Improved outreach and service coverage among urban slum populations.
- Optimal utilisation of UPHC infrastructure under NUHM.
- Strengthening of urban primary healthcare services with continuity and equity.

Financial approval:

Particulars	Salary per month	Total No. of UHNs	Total Salary cost for 3 Months- Approved in RoP 2026-27 (Rs. in lakhs)	Total Salary cost for 12 Months (Rs. in lakhs)
Urban Health Nurse	Rs.17,500	9	4.72	Rs.18.90

**Though the above salary remuneration pertains for a year, due to administrative reasons, the amount has been proposed and approved only for 3 months, considering the time taken for receipt of necessary Government Orders.*

Decision Points

1. The Mission Director, National Health Mission–Tamil Nadu may be permitted to submit a proposal for the creation of 9 UHN posts.
2. The Mission Director, National Health Mission–Tamil Nadu may be permitted to engage 9 UHNs for the newly added sectors as per NHM norms through DHS as approved in RoP 2026–27, at a total cost of Rs.4.72 lakhs for 3 Months
3. The Mission Director, National Health Mission–Tamil Nadu may be permitted to release funds towards salary of 9 UHNs under the FMR "NHM RoP 2026-27 – HSS (U).5.142 – Remuneration of all NHM HR" based on the approval accorded by GoI in PIP 2026–27.

AGENDA NO: 75/51/2026

Sub:	NUHM–SHS-TN– Creation of **78 Physiotherapist posts** under National Programme for Health Care of Elderly (NPHCE) in Urban areas – Proposal for **Rs.215.28 lakhs per year** – Approval requested – Reg.	
Ref:	1)	Agenda No.10/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
	2)	Minutes of the 50th EC Meeting held on 06.02.2026.
	3)	PIP 2026-2027
	4)	F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, dt.19.06.2026 9NHM (RoP 2026-2027)
	5)	G.O. (Ms). No: 340, Health and Family Welfare (EAP-II) dated 03.08.2021.

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1. Background

Under National Urban Health Mission (NUHM), Population-Based Screening (PBS) is a priority initiative aimed at the early identification of individuals with chronic conditions, particularly the elderly, persons with disabilities and those with chronic non-communicable diseases.

At present, 2.10 lakh beneficiaries are receiving Physiotherapy services, and 1.47 lakh beneficiaries are enrolled under Palliative Care.

Despite the increasing caseload, with 2.10 lakh physiotherapy beneficiaries already identified, only incentives are currently provided to Physiotherapists under NUHM. No dedicated posts have been created in Urban Areas who are providing home-based services to the population vide ref 5th cited. This results in inadequate outreach, high attrition rates and limited accountability for rehabilitation outcomes. Strengthening physiotherapy outreach through creation of sanctioned posts is therefore programmatically essential to ensure equitable access and improve quality of PBS-linked rehabilitation services, particularly under the National Programme for Health Care of Elderly (NPHCE).

In this regard, creation of 78 posts of physiotherapists who are working under National Urban Health Mission is proposed for improving the quality of home-based physiotherapy services especially for elderly, persons with disabilities and those with chronic non-communicable diseases.

The proposals for 78 physiotherapists were examined and finalized by the National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 10/50/2026.

2. Status of Approval in 50th EC Meeting:

The following proposal for creation of 78 physiotherapists in Municipalities & Corporations were placed before the 50th Executive Committee Meeting and the same was approved vide references 1st and 2nd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference 4th cited), approved for 78 physiotherapists in the Municipalities and Corporations. The detailed list of physiotherapists in respect of HUDs approved under RoP 2026-27 is enclosed as Annexure.

4. Proposal for 78 Physiotherapist posts:

As per NFHS- 6, Tamil Nadu is moving towards an ageing population with 16.3% of the elderly population. Further, the epidemiological transition from Communicable to non-communicable diseases warrants geriatric care and palliative care. Screening alone does not translate into improved health outcomes unless followed by timely rehabilitation and functional restoration. Evidence indicates that home-based physiotherapy interventions significantly improve functional outcomes among elderly persons, post-stroke patients, individuals with musculoskeletal disorders and persons with chronic disabilities. Out-of-pocket expenditure (OOPE) for households is reduced when physiotherapy services are delivered at home, a critical benefit in urban slums where beneficiaries rely on daily-wage or informal employment.

In Rural areas, Physiotherapists providing outreach Physiotherapy and Palliative Care services are sanctioned posts under NHM, whereas in Urban areas, they are engaged in hiring basis, lacking accountability.

S. No.	Name of the Post	No. of Posts	Educational Qualification	Mode of Appointment/ Authority	Details of Pay
1)	Physiotherapist	78	B.P.T.,	Contractual/ Through District Health Society	As sanctioned in RoP 2026-27 Rs.23,000/- (with 5% Annual Increment)
S. No.	**Name of the Post**	**No. of Posts**	**Salary Per month**	**Approved in RoP 2026-27**	**Total Salary cost for 12 Months**
1)	Physiotherapist	78	Rs.23,000	Rs.53.82 Lakhs for 3 Months	Rs. 215.28 lakhs

**Though the above salary remuneration pertains for a year, due to administrative reasons, the amount has been proposed and approved only for 3 months, considering the time taken for receipt of necessary Government Orders.*

Hence, 78 Physiotherapist posts are proposed under the National Programme for Health Care of Elderly (NPHCE) for home-based rehabilitation services across Tamil Nadu, at a unit cost of Rs.23,000/- per month per Physiotherapist. The total recurring cost would be Rs.17.94 lakhs per month, and Rs.215.28 lakhs for 12 months. The corresponding budgetary provision has been approved under the RoP 2026-27, FMR Code HSS (U).5.142 -Remuneration of all HR.

Decision Points:

- The Mission Director, National Health Mission–Tamil Nadu may be permitted to submit a GO proposal for the sanction of **78 Physiotherapist contract posts under** the National Programme for Health Care of Elderly (NPHCE) as approved in the RoP 2026-27.
- The Mission Director, National Health Mission – Tamil Nadu may be permitted to **create 78 Physiotherapist posts under** the National Programme for Health Care of Elderly (NPHCE) on Contract basis for home-based rehabilitation services across Tamil Nadu as approved in RoP 2026-27.
- The Mission Director, National Health Mission – Tamil Nadu may be permitted to recruit 78 Physiotherapists with a salary of **Rs.23,000/- per month per Physiotherapist**, as per NHM norms through DHS.
- The Mission Director, National Health Mission – Tamil Nadu may be permitted to release funds towards the remuneration of the filled-up 78 Physiotherapist posts, under FMR Code HSS(U).5.142 – Remuneration of all NHM Human Resources, as approved in the Government of India RoP 2022–24.

Annexure

List of HUD-wise Physiotherapist Posts and Salary for FY 2026-27:

Sl. No.	Name of the HUD	No. of Physiotherapists	Total Salary Cost @ Rs.23,000/- per month (Rs.)
1	Chengalpattu	2	46,000
2	Chennai	15	3,45,000
3	Coimbatore	7	1,61,000
4	Cuddalore	1	23,000
5	Dindigul	1	23,000
6	Erode	2	46,000
7	Kancheepuram	1	23,000
8	Kanniyakumari	1	23,000
9	Karur	1	23,000
10	Kovilpatti	1	23,000
11	Krishnagiri	1	23,000
12	Madurai	4	92,000
13	Mayiladuthurai	1	23,000
14	Nagapattinam	1	23,000
15	Namakkal	3	69,000
16	Paramakudi	1	23,000
17	Poonamallee	2	46,000
18	Pudukkottai	1	23,000
19	Salem	4	92,000
20	Sivaganga	1	23,000
21	Sivakasi	1	23,000
22	Tenkasi	1	23,000
23	Thanjavur	2	46,000
24	The Nilgiris	1	23,000
25	Theni	1	23,000

Sl. No.	Name of the HUD	No. of Physiotherapists	Total Salary Cost @ Rs.23,000/- per month (Rs.)
26	Thoothukkudi	2	46,000
27	Tiruchirappalli	4	92,000
28	Tirunelveli	2	46,000
29	Tirupathur	3	69,000
30	Tiruppur	4	92,000
31	Tiruvannamalai	1	23,000
32	Vellore	3	69,000
33	Villupuram	1	23,000
34	Virudhunagar	1	23,000
Grand Total of Salary for one month for 78 Physiotherapists		**78**	**17,94,000**
Grand Total of Salary for 12 months for 78 Physiotherapists			**2,15,28,000**

AGENDA NO: 76/51/2026

Sub:	NUHM-SHS-TN– Sanction of remaining **24 Pharmacist posts** on Contract basis at Urban Primary Health Centres (ULB-UPHCs) in Rest of Tamil Nadu (RoTN) under NUHM – Proposal to the tune of **Rs.51.84 lakhs** for FY 2026–27 – Approval requested – Reg.	
Ref:	1)	G.O. Ms. No.299, Health and Family Welfare Department, dt.16.12.2016.
	2)	G.O. Ms. No.554, Health and Family Welfare Department, dt.03.12.2018.
	3)	GoI Lr. F.No.M-11016/12/2022-NHM-II, MoHFW (NHM), Nirman Bhavan, New Delhi, dt.18.04.2022 (RoP 2022-24).
	4)	Agenda No.48/42/2022 of the 42nd Executive Committee Meeting held on 02.06.2022.
	5)	This office proposal R.C. No.2087/NUHM/SHS/2022, dt.27.01.2026.
	6)	Government Letter No.4187/EAP.II (1) 2026-1, Health and Family Welfare (EAP.II) Department, dt.15.05.2026.

1. Background:

Pharmacists are essential functionaries at Urban Primary Health Centres, responsible for dispensing medicines, managing drug inventory, maintaining prescription records and ensuring rational drug use at the facility level. Their absence directly impacts the quality and continuity of outpatient services at UPHCs, leading to disruption in medicine supply, increased out-of-pocket expenditure for patients and weakened primary care delivery in urban settings.

Under the National Urban Health Mission (NUHM), a total of 505 Urban Health Facilities, comprising Urban Primary Health Centres (UPHCs) and Urban Community Health Centres (UCHCs), have been established across the State. Of these, 459 Pharmacist posts have been sanctioned, while 46 facilities remain without sanctioned Pharmacist posts.

To ensure uninterrupted pharmacy services, 22 Pharmacist posts were sanctioned for select facilities during the 42nd Executive Committee (EC) Meeting. It is now proposed to sanction the remaining 24 Pharmacist posts to provide dedicated pharmacy services in all Urban Health Facilities under NUHM.

2. Status of Approval in 42nd EC Meeting:

Out of these 46 Pharmacist posts, 22 posts had fallen vacant by 2022. Approval for those 22 posts was accordingly obtained at the 42nd Executive Committee Meeting held on 02.06.2022 under Agenda No.48/42/2022 (ref. 4th cited)

3. Approval status of RoP 2022-24:

The financial provision for the remuneration of 46 Pharmacist posts has been approved under the Government of India Record of Proceedings (RoP) 2022–24 under FMR Code HSS(U).5.142, at a remuneration of Rs.15,000 per month per Pharmacist. The total approved annual financial allocation for these posts is Rs.82.80 lakh.

4. Proposal:

It is submitted that under G.O. Ms. No.299, Health and Family Welfare Department, dated 16.12.2016, Urban Health facilities comprising 78 DPH&PM Urban Facilities, 14 Rural to Urban Conversion Facilities, 151 Urban Local Body UPHCs and 37 newly established UPHCs — totalling 280 facilities — were brought under NUHM.

Of the 151 ULB-UPHCs, 96 Pharmacist posts that were vacant at the time of formulation of the said G.O. were sanctioned under G.O. Ms. No.299. Subsequently, an additional 9 Pharmacist posts about 9 UPHCs in Madurai Corporation, were sanctioned under G.O. Ms. No.554, Health and Family Welfare Department, dt.03.12.2018. The remaining 46 ULB-UPHCs had regular Pharmacists in position at the time of issuance of these Government Orders and consequently were not covered under them.

Out of these 46 Pharmacist posts, 22 posts had fallen vacant by 2022. Approval for those 22 posts was accordingly obtained at the 42nd Executive Committee Meeting held on 02.06.2022 under Agenda No.48/42/2022 (ref. 4th cited).

Of the remaining 24 Pharmacist posts (46 minus 22), 19 posts have since fallen vacant. Only 5 posts continue to be occupied by regular Pharmacists, the last of whom is due to retire in 2034. The details of these 24 UPHCs — including in-position status and dates of retirement — are provided in the Annexure to this Agenda.

Pharmacists are essential functionaries at Urban Primary Health Centres, responsible for dispensing medicines, managing drug inventory, maintaining prescription records and ensuring rational drug use at the facility level and maintaining UPHC accounts. Their absence directly impacts the quality and continuity of outpatient services at UPHCs, leading to disruption in medicine supply, increased out-of-pocket expenditure for patients and weakened primary care delivery in urban settings.

As 19 of the 24 posts are currently vacant and the remaining 5 will progressively fall vacant by 2034, it is proposed to accord sanction for all 24 Pharmacist posts on a contract basis under NUHM, to ensure uninterrupted service delivery at the concerned ULB-UPHCs.

S. No.	Name of the Post	No. of Posts	Educational Qualification	Mode of Appointment Authority	Details of Pay
1)	Pharmacist	24	D.Pharm	Contractual/ Through District Health Society	As sanctioned in RoP 2026-2027 – Rs.18,000/- (with 5% annual increment)

The financial provision for the remuneration of these posts has been approved under the Government of India Record of Proceedings 2022-24 under FMR Code HSS(U).5.142 @ Rs.18,000/- per month per Pharmacist.

Financial Outlay:

Particulars	Unit Cost (Rs.)	No. of Units	Total (Rs. in lakhs)
Salary of Pharmacist (Rs.18,000 per month × 12 months)	2,16,000	24	51.84

Decision Points:

- The Mission Director, National Health Mission–Tamil Nadu may be permitted to engage 19 Pharmacists on contract basis through respective District Health Society for ULB-UPHCs in Rest of Tamil Nadu under NUHM norms, at a total cost of Rs.51.84 lakhs for FY 2022–26 and the remaining 5 posts as and when they become vacant.

- The Mission Director, National Health Mission–Tamil Nadu may be permitted to submit a proposal for the sanction of 24 Pharmacist posts on a contract basis in ULB-UPHCs in RoTN.

- The Mission Director, National Health Mission–Tamil Nadu may be permitted to release funds towards the remuneration of the filled-up Pharmacist posts, not exceeding 24 in number, under FMR Code HSS(U).5.142 – Remuneration of all NHM Human Resources, as approved in the Government of India RoP 2022–24.

ANNEXURE

Remaining 24 ULB-UPHCs — Pharmacist In-Position and Vacancy Details

S. No.	District	UPHC Name	ULB In-Position	Vacant	Date of Retirement
1	Cuddalore	Cuddalore OT	1		31.03.2027
2	Cuddalore	Thiruppapulliyur		1	
3	Kancheepuram	Chinna Kanchipuram	1		31.07.2034
4	Kancheepuram	Panjupettai		1	
5	Madurai	Annathoppu		1	
6	Madurai	Balarangapuram		1	
7	Madurai	Subramaniapuram		1	
8	Salem	Anna Hospital Dispensary		1	
9	Salem	Gugai Kottai		1	
10	Salem	Hasthampatty		1	
11	Salem	Old Suramangalam		1	
12	Salem	Ponnammapet		1	
13	Salem	Reddiyoor		1	
14	Salem	Shevapet		1	
15	Tiruchirapalli	Beerangikulam		1	
16	Tiruchirapalli	Irudhayapuram	1		30.07.2034
17	Tiruchirapalli	M.K.Kottai Dispensary		1	
18	Tiruchirapalli	Thennur	1	1	31.05.2027
19	Tirunelveli	Kokkirakulam		1	
20	Tirunelveli	Melapalayam UPHC		1	
21	Tirunelveli	Old Pettai	1		30.07.2030
22	Tirunelveli	Pattapathu		1	
23	Tirunelveli	Perumalpuram UPHC		1	
24	Tirunelveli	Samathanapuram UPHC		1	
		Total	**5**	**19**	

AGENDA NO: 77/51/2026

Sub:	NUHM-SHS-TN- Redesignate the Post of **Data Manager** to **Statistical Assistant in Greater Chennai Corporation**-Agenda submitted for approval- Reg
Ref	G.O.(Ms).3, Health and Family Welfare (EAP-II/1), Dated:05.01.2015

As per the Government Order cited in reference, City Programme Management Units (CPMUs) have been constituted in eleven City Corporations of Tamil Nadu, including the Greater Chennai Corporation (GCC), under the National Urban Health Mission (NUHM). The sanctioned structure of each CPMU comprises one Accounts Assistant, one Statistical Assistant, and two Data Entry Operators.

In ten of the eleven City Corporations, this sanctioned post is designated and functioning as "Statistical Assistant." In the Greater Chennai Corporation alone, the corresponding post has, since inception, been designated as "Data Manager," even though the incumbent has consistently performed the identical statistical and data-management functions assigned to the Statistical Assistant post in every other CPMU.

A review of the incumbent's pay history confirms that, notwithstanding the designation "Data Manager," his salary has, at every stage until the most recent revision, tracked the pay scale applicable to the Statistical Assistant post rather than the Data Manager post:

Stage	**Data Manager (NHM standard scale)**	**Statistical Assistant (NHM standard scale)**	**Actual salary drawn by the GCC post-holder**
Initial appointment	Rs. 15,000	Rs. 20,000	**Rs. 20,000**
2023 Pay Revision	Rs. 20,000	Rs. 26,000	**Rs. 26,000**
2026 Pay Revision	Rs. 25,000	Rs. 29,000	**Rs. 25,000**

At the time of his first appointment, the incumbent was fixed at Rs. 20,000 - the Statistical Assistant salary, not the Data Manager salary of Rs. 15,000. Following the 2023 pay revision, his salary was again fixed on par with the Statistical Assistant post at Rs. 26,000, rather than the revised Data Manager rate of Rs. 20,000. This consistent alignment reflects the fact that he was, in substance, functioning as a Statistical Assistant throughout.

During the 2026 pay revision, however, the incumbent's salary was fixed at Rs. 25,000 solely by reference to the nomenclature recorded on file - "Data Manager" - bringing him on par with Data Managers elsewhere in NHM, rather than with Statistical Assistants at Rs. 29,000. This is the first instance in which the post's official title, rather

than its actual function, has determined his pay fixation, resulting in a Rs. 4,000 shortfall relative to his functional counterparts in the other ten CPMUs who hold the correctly designated Statistical Assistant post.

This outcome illustrates precisely why the mismatch in nomenclature needs to be corrected: as long as the GCC post remains titled "Data Manager," every future pay revision, promotion, and service matter is liable to be processed against the wrong reference cadre, despite the post-holder performing Statistical Assistant duties identical to his counterparts elsewhere.

Justification for Redesignation

(i) Functional parity: The duties discharged under the "Data Manager" post in GCC are identical to those discharged under the "Statistical Assistant" post in the remaining ten City Corporation CPMUs.

(ii) Uniformity across CPMUs: All eleven City Corporations are intended to follow the identical three-member CPMU structure prescribed in G.O. (Ms). No. 3 dated 05.01.2015. The continued use of a divergent title in GCC alone is an administrative inconsistency that this proposal seeks to remove.

(iii) Correct reference cadre for future pay fixation: As demonstrated above, pay fixation in 2026 was, for the first time, anchored to the post's title rather than its function. Redesignating the post as Statistical Assistant will ensure that future pay revisions, seniority, and service matters for this post are correctly aligned with the Statistical Assistant cadre applicable in every other CPMU.

The proposal involves only a change in the title of the post from "Data Manager" to "Statistical Assistant." The existing pay structure, sanctioned strength, and mode of engagement remain unchanged, and no additional financial commitment arises from this redesignation.

Decision Points:

The Mission Director, National Health Mission–Tamil Nadu may be permitted to redesignate the Data Manager post to Statistical Assistant in Greater Chennai Corporation as per the existing pay structure, sanctioned strength, and mode of engagement remaining unchanged.

AGENDA NO: 78/51/2026

Sub:	NUHM-SHS-TN– PM-ABHIM- Operationalisation of **35 City Public Health Laboratories (CPHLs)** through outsourcing of Human Resources as interim arrangements -pending issuance of Government Orders for CPHL Human Resources –Proposal for **Rs.302.4 Lakhs** per year- Permission for the Approval - Requested – Reg.	
Ref:	1)	F. No.P.11020/01/2024-NHM-IV, GoI, MoHFW, dt.06.03.2024 – Administrative approval of Supplementary proposals for **PM-ABHIM.**
	2)	F. No.M-11011/12016-NHM-III, MoHFW,GoI, NHM, New Delhi, dt.19.06.2026. (RoP 2026-27).
	3)	This office R.C. No.11776/NUHM/SHS/2021, dt.08.01.2024 (CPHL HR proposal).

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1. Background

Under the Prime Minister Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), 38 District Integrated Public Health Laboratories (DIPHLs) have been sanctioned for Tamil Nadu during 2021–2026. The DIPHLs function as Hub Laboratories under the Integrated Essential Laboratory Services (IELS) model and provide comprehensive clinical and public health laboratory services in accordance with the Indian Public Health Standards (IPHS).

The DIPHLs receive clinical samples from Primary Health Centres (PHCs), Block Primary Health Centres (BPHCs), Government Hospitals, Health and Wellness Centres, Urban Primary Health Centres (UPHCs). Urban Community Health Centres (UCHCs) and other Government Health Institutions under the IELS referral network.

In addition to routine clinical investigations, the laboratories also receive public health surveillance samples, including water samples, food samples, stool specimens during diarrhoeal outbreaks, influenza and respiratory samples, vector-borne disease surveillance samples, antimicrobial resistance surveillance samples and other outbreak investigation specimens.

Considering the increasing sample load from urban areas and to decentralize laboratory diagnostic services, 35 City Public Health Laboratories (CPHLs) have been established under 15th FC across the State as **Satellite Laboratories** under the respective District Integrated Public Health Laboratories.

The CPHLs function as Urban Referral Laboratories for Urban Health and Wellness Centres (UHWCs), Urban Primary Health Centres (UPHCs) and Urban Community Health Centres (UCHCs) within the Corporation limits, thereby reducing the workload of the

District Integrated Public Health Laboratories, improving turnaround time for laboratory reporting and reducing Out-of-Pocket Expenditure (OOPE) incurred by the urban population.

The City Public Health Laboratories have already been established within existing Government health facilities and have been equipped with high-end laboratory infrastructure including Fully Automated Analysers, Bio-Safety Cabinets, ELISA Systems and other diagnostic equipment. However, despite completion of civil works and installation of equipment, the laboratories are yet to be operationalized due to the non-availability of Human Resources.

Table 1. Present Status of City Public Health Laboratories

Particulars	Status
Civil Works	Completed
Laboratory Equipment	Installed
Laboratory Furniture	Installed
IT Infrastructure	Completed
Human Resources	**Not Available**
Operational Status	**Yet to be Operationalized**

2. Approval Status under PM-ABHIM

The Government of India has approved recurring expenditure under **PM-ABHIM FMR 4.4** towards Human Resources and recurring operational expenditure for the District Integrated Public Health Laboratories.

Table 2. Recurring Expenditure Approved under PM-ABHIM

Financial Year	Amount (Rs. in Lakhs)
2022-23	196.20
2023-24	588.60
2024-25	981.00
2025-26	1,367.04
Total	**3,132.84**

The annual requirement for operationalisation of the **35 city Public Health Laboratories** can be accommodated from the recurring expenditure approved under the PM-ABHIM DIPHL component.

Table 3. Human Resource Requirement and Financial implication

S. No.	Category	No. of CPHL	Total HR (35 CPHLs)	Monthly Remuneration per person (Rs.)	Monthly cost (Rs.)	Annual Cost (Rs.)
1)	Microbiologist	1	35	44,000	15,40,000	1,84,80,000
2)	Lab. Technician Grade III	1	35	17,000	5,95,000	71,40,000
3)	Lab. Assistant	1	35	11,000	3,85,000	46,20,000
		3	**105**		**25,20,000**	**3,02,40,000**

Table 4. Availability of Funds

Particulars	Amount (Rs. in lakhs)
Recurring expenditure approved under PM-ABHIM (DIPHL Component)	3,132.84
Annual requirement for operationalisation of 35 CPHLs	302.40
Balance Available	2,830.44

3. Proposal

In order to operationalize the **35 City Public Health Laboratories**, it is proposed to engage the required Human Resources through **outsourcing of services** through DPH&PM for RoTN and City Health Society for GCC on an interim basis, pending issuance of Government Orders for sanction of Human Resources for the CPHLs.

The proposal seeking the sanction of Human Resources for the operationalisation of the CPHLs has already been submitted to the Government of Tamil Nadu, and Government Orders are awaited.

In the meantime, the Government of India has approved the required Human Resources under the **NHM Record of Proceedings (RoP) 2026-27**. Since sufficient recurring funds are available under the **PM-ABHIM DIPHL Component**, it is proposed to meet the expenditure for outsourcing of Human Resources, amounting to Rs. 3,02,40,000/- per annum, from the recurring expenditure approved under PM-ABHIM, on an interim basis.

Upon issuance of Government Orders for CPHL Human Resources, the engagement of personnel shall thereafter be governed by the Government Orders. The expenditure towards Human Resources in the subsequent years shall be proposed under the **National Health Mission Record of Proceedings**, based on the approvals accorded by the Government of India.

S. No.	Name of the Post	No. of Posts	Educational Qualification	Mode of Appointment/ Authority	Details of Pay
1.	Microbiologist	35	M.Sc (Microbiology)	Outsourcing of Services	Rs.44,000/ Month
2.	Lab Technician Grade III	35	DMLT	Outsourcing of Services	Rs.17,500/ Month
3.	Lab Assistant	35	8th Standard	Outsourcing of Services	Rs.11,000/ Month

Operationalization of the 35 City Public Health Laboratories will substantially strengthen urban diagnostic services by decentralizing laboratory investigations, reducing the workload of District Integrated Public Health Laboratories, improving turnaround time for reporting, enhancing disease surveillance and reducing Out-of-Pocket Expenditure incurred by the urban population.

4. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to operationalize the 35 City Public Health Laboratories (CPHLs)** constructed under 15th FC utilising the grants from **Prime Minister Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** by engaging the required Human Resources through **outsourcing of services as detailed in Table 3**, pending issuance of Government Orders for sanction of Human Resources for the CPHLs.
2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to utilize the recurring expenditure approved under the **PM-ABHIM DIPHL Component** for meeting the expenditure towards outsourcing of Human Resources amounting to **Rs.3,02,40,000/- per annum, on an interim basis** pending issuance of Government Orders for sanction of Human Resources for the City Public Health Laboratories.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release the funds towards outsourcing of human resources as service for operationalization of the **35 City Public Health Laboratories** to the Director of Public Health & Preventive Medicine for the rest of Tamil Nadu and City Health Society for Greater Chennai Corporation.
4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to authorise the concerned City Health Society wherever it is constituted and through the concerned District Health Society in the Corporation where CHS was not constituted, to engage a suitable agency/organisation for outsourcing of Human Resources as service for the **35 City Public Health Laboratories,** following the Codal procedures in force.

AGENDA NO: 79/51/2026

Sub:	NUHM-TN – Engagement of **33 Radiographers** in Greater Chennai Corporation (GCC) on an "**Outsourcing of services basis**" under NUHM – Proposal for **Rs.17,000/- per unit per month – Rs.44,88,000/- for a period of eight months** – Agenda submitted for approval – Reg.	
Ref:	1)	Agenda No. 10/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026
	2)	Minutes of the 50th EC Meeting held on 06.02.2026.
	3)	PIP 2026-2027
	4)	F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. Background

Under the National Urban Health Mission (NUHM), the Greater Chennai Corporation (GCC) operates 140 Urban Primary Health Centres (UPHCs), 16 Urban Community Health Centres (UCHCs), and 3 Emergency Obstetric Centres (EoCs). Over the years, the State has significantly strengthened its diagnostic infrastructure by establishing X-ray units, mobile diagnostic services, mammography units, and tuberculosis (TB) diagnostic facilities across GCC. However, the expansion of diagnostic services has not been matched by a corresponding increase in skilled human resources, particularly Radiographers, resulting in a critical gap in service delivery.

To ensure effective diagnostic services, a proposal for Radiographer services for 33 Units in Greater Chennai Corporation on an outsourcing of services was proposed. The proposals for the same were examined and finalized by the National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No.10/50/2026.

2. Status of Approval in the 50th EC Meeting:

The proposal for Radiographer services in 33 units of Greater Chennai Corporation on an outsourcing of services basis was placed before the 50th Executive Committee Meeting, and the same was approved vide references 2nd & 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

3. Approval status of RoP 2026-27:

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) Sl.No.142 -2026-27 (reference 4th cited), approved the proposal for Radiographer services for Greater Chennai Corporation on an outsourcing of services basis for the FY 2026-27.

4. Proposal for Radiographer services in 33 units of Greater Chennai Corporation on an outsourcing of services basis:

In view of the expansion of diagnostic infrastructure and the critical role of imaging services in disease detection and management, a proposal for Radiographer services for Greater Chennai Corporation on an outsourcing of services basis across the following units in the Greater Chennai Corporation:

S. No.	Name of the Place	No. of Radiographers Required
1	Urban Community Health Centres & Emergency Obstetric Centres	15
2	Mobile Diagnostic Units	7
3	Mammogram Units	5
4	CDH & Diagnostic Centres	2
5	TB Units	4
Total		33

In the absence of dedicated Radiographers, diagnostic equipment remains under-utilised or non-functional, leading to delays in diagnosis, increased referrals to higher centres and increased burden on patients. The demand for radiology services has increased significantly, owing to greater reliance on imaging for the diagnosis and follow-up of COPD, TB, trauma and cancers as well as the expansion of Mobile Diagnostic Units and Mammogram Units to improve outreach and early detection.

S. No.	Name of the Post	No. of Post	Educational Qualification	Mode of Appointment Authority	Details of Pay
1	Radiographer	33	B.Sc (Radiography)	Through outsourcing of services	As sanctioned in RoP 2026-2027 Rs.17,000/-

Approval of this proposal will enable optimal utilisation of diagnostic equipment, improve early diagnosis and treatment initiation, strengthen TB, cancer screening and emergency care services and reduce patient referrals and waiting time.

Financial Approval:

For the continuation of the above-mentioned services, Radiographer services will be engaged through outsourcing of services every month at a cost of Rs.17,000/- for a period of 8 months, as detailed below:

Cost per Unit per Month	Rs. 17,000/-
Cost per Unit for 8 Months	Rs.1,36,000/-
Total Budget for 8 Months (33 Units)	**Rs. 44,88,000/-**

Accordingly, a total amount of Rs.44,88,000/- is required for outsourcing of radiographer services in 33 Units for a period of eight months, to ensure uninterrupted diagnostic services under NUHM in the Greater Chennai Corporation.

Decision Points:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to engage **33 Radiographers on a hiring basis** for diagnostic services across UCHCs & EoCs, Mobile Diagnostic Units, Mammogram Units, CDH & Diagnostic Centres and TB Units in the Greater Chennai Corporation (GCC).
2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release a financial outlay of **Rs.44,88,000/-** towards hiring charges for 33 Radiographers for a period of 8 months
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to take further necessary action for the engagement of the Hiring Radiographers as per NHM norms through the concerned City Health Society, Chennai.
4. The Mission Director, National Health Mission–Tamil Nadu may be permitted to **release funds towards hiring charges of 33 Radiographers** under the FMR **"NHM RoP 2026-27 – HSS (U).5.142 – Remuneration of all NHM HR"** based on the approval accorded by GoI in PIP 2026–27

Annexure

Unit-wise Radiographer services and Salary Cost for FY 2026-27:

Sl. No.	Name of the Unit	No. of Radiographers	Total Cost @ Rs.17,000/- per month (Rs.)	Total Cost for 8 Months (Rs.)
1	UCHC & EoC	15	2,55,000	20,40,000
2	Mobile Diagnostic Unit	7	1,19,000	9,52,000
3	Mammogram Unit	5	85,000	6,80,000
4	CDH & Diagnostic Centres	2	34,000	2,72,000
5	TB Unit	4	68,000	5,44,000
Grand Total		**33**	**5,61,000**	**44,88,000**

AGENDA NO. 80/51/2026

Sub: NHM – Establishment of a Centralized Picture Archiving and Communication System (PACS) integrated with e-Nalam (HMIS 3.0) – Entrusting the procurement and implementation to Tamil Nadu Medical Services Corporation (TNMSC) – Approval Requested – Reg.

Ref:
1. G.O. (Ms.) No.367, Health and Family Welfare (EAP II/2) Department, dated 15.11.2023.
2. G.O. (Ms.) No.337, Health and Family Welfare (EAP II/2) Department, dated 23.07.2025.

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(1) Health Management Information System (HMIS) 3.0 is currently being implemented across all Primary, Secondary and Tertiary Care Institutions in Tamil Nadu. All onboarded institutions are actively utilizing the various functionalities available in the application. HMIS 3.0 has enabled end-to-end digitization of patient workflows, including registration, consultation, laboratory investigations, diagnostics and reporting, thereby strengthening service delivery, efficiency and transparency across the public healthcare system.

(2) At present, X-ray, CT Scan and MRI services are widely available in Government healthcare institutions across Tamil Nadu, particularly at Secondary and Tertiary Care levels. These radiological services generate a large volume of digital diagnostic images every day, necessitating systematic storage, standardized reporting and seamless accessibility across healthcare facilities.

(3) Diagnostic investigations such as X-ray, CT and MRI are being captured within HMIS 3.0, and the corresponding diagnostic images and reports are made available through integration with the Picture Archiving and Communication System (PACS). However, PACS facilities are presently available only in a limited number of tertiary care institutions and very few secondary care institutions. These implementations are decentralized and have been established through different vendors with institution-specific procurement and maintenance arrangements.

(4) The existing decentralized approach has resulted in duplication of infrastructure, non-uniform technical standards, interoperability challenges and repeated capital and maintenance expenditure. With the statewide rollout of HMIS 3.0, establishing independent PACS installations at every institution would result in substantial recurring expenditure towards infrastructure, software licensing, maintenance and technical support, making the model neither economical nor scalable.

(5) Further, it is proposed to engage four Radiologists as part of the Centralized PACS to ensure timely interpretation and reporting of radiological investigations. This centralized reporting mechanism would address the shortage and uneven distribution of Radiologists, particularly in District Headquarters Hospitals and Sub-District Hospitals. Diagnostic images generated at various institutions can be securely transmitted to the Centralized PACS, where standardized reports will be generated within defined turnaround times.

(7) In this context, it is proposed to establish a Centralized Picture Archiving and Communication System (PACS), fully integrated with the e-Nalam (HMIS 3.0) application. The Centralized PACS will function as a single State-level repository for storage, retrieval, viewing and reporting of diagnostic images across Government health institutions, ensuring uniform standards, interoperability, improved data security and effective governance of radiological data. The centralized architecture will significantly reduce duplication of infrastructure and optimize overall expenditure.

(8) The radiology reports generated through the Centralized PACS will be seamlessly integrated with HMIS 3.0 and made available to clinicians and beneficiaries as part of the patient's Electronic Medical Record (EMR). This will ensure timely report availability, reduce repeat hospital visits, facilitate early clinical decision-making, reduce out-of-pocket expenditure for beneficiaries and improve patient satisfaction.

(9) The proposed Centralized PACS with integrated radiology services will further facilitate tele-radiology, continuity of care across institutions and data-driven clinical decision-making, thereby strengthening the State's digital health ecosystem.

PIP 2026-27 has sanctioned Rs. 429.52 Lakhs for the establishment of centralized PACS.

(11) In order to finalize the technical architecture, workflow, implementation strategy and operational requirements of the proposed Centralized PACS, an Expert Committee comprising senior Radiologists from Government Medical College Hospitals, representatives of C-DAC, TNMSC and NHM officials was convened on 10.06.2026 under the Chairmanship of the Mission Director, National Health Mission. The Expert Committee examined the proposed workflow, infrastructure requirements, storage architecture, connectivity, reporting mechanism and integration with HMIS 3.0 and finalized the technical workflow for implementation.

(12) The Expert Committee recommended that the Centralized PACS shall initially be implemented on a pilot basis in 22 districts where the e-Nalam application has already been implemented. The Committee also recommended establishment of centralized storage with 4 Petabyte capacity, engagement of four Radiologists for centralized reporting, provision of dedicated ILL connectivity, training of Biomedical Engineers and

seamless integration with HMIS 3.0 for electronic delivery of radiology reports to clinicians and beneficiaries.

(13) The Expert Committee further recommended that the procurement of the Centralized PACS, including software, servers, storage infrastructure, associated hardware, implementation and maintenance services, shall be undertaken through the Tamil Nadu Medical Services Corporation (TNMSC) by inviting an open tender. The selected System Integrator shall also provide implementation, integration support, maintenance and the necessary technical manpower for successful operation of the Centralized PACS.

(14) In view of the recommendations of the Expert Committee and considering the expertise of TNMSC in undertaking large-scale procurement through transparent tender procedures, it is proposed to entrust the procurement and implementation of the Centralized PACS project to TNMSC. NHM shall provide the functional requirements, technical specifications, integration support with the e-Nalam application and overall project monitoring, while TNMSC shall undertake the tendering process, procurement, implementation and contract management.

(15) The selected agency shall establish the Centralized PACS through TNMSC, and NHM through C-DAC, shall ensure seamless integration of the PACS with the e-Nalam (HMIS 3.0) application so that radiological images and reports become an integral part of the patient's Electronic Medical Record (EMR).

Decision Point

1. The Mission Director, National Health Mission may be permitted to entrust the procurement and implementation of the Centralized Picture Archiving and Communication System (PACS), integrated with e-Nalam (HMIS 3.0), to the Tamil Nadu Medical Services Corporation (TNMSC) through an open tender process at an estimated project cost of **Rs.429.52 lakhs**, based on the recommendations of the Expert Committee.
2. The Mission Director, National Health Mission may also be permitted to engage **four Radiologists** for centralized reporting of radiological investigations as part of the proposed Centralized PACS.
3. The Mission Director, National Health Mission, Tamil Nadu, may also be permitted to meet the expenditure towards hosting charges from **FMR HSS – 18 – 203 – IT Interventions** under the **ROP 2026-27**.

Agenda 81/51/2026

Sub: NHM TN – HMIS 3.0 – Onboarding of 50 New Primary Health Centres – Approval requested.– Reg.

Ref:
1. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 15.11.2023
2. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 23.07.2026

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(1) As per the reference first cited, Government issued orders engaging the services of the Centre for Development of Advanced Computing (C-DAC) for the implementation of the Health Management Information System (HMIS) 3.0 at Government Kilpauk Medical College Hospital, Chennai, and Government Medical Institutions under the Poonamallee Health Unit District on a pilot basis by exempting the tender process under Section 16(bb) of the Tamil Nadu Transparency in Tenders Act, 1998.

(2) Subsequently, the pilot implementation was extended to Government Headquarters Hospital, Kovilpatti, Government Periyar Hospital, Periyar Nagar, 154 Polyclinics, Beemanpet Urban Primary Health Centre under the Greater Chennai Corporation, and five Health and Wellness Centres.

(3) As per the reference second cited, Government issued orders engaging the services of C-DAC for the implementation of the e-Nalam application (HMIS 3.0) across all **2,273 Primary Health Centres, 260 Sub-District Hospitals, 37 District Headquarters Hospitals and 33 Medical College Hospitals and their attached institutions** in the State.

(4) It has now been informed that **50 new Primary Health Centres** have been established in the State in July 2025. In order to extend the benefits of the e-Nalam (HMIS 3.0) application uniformly across all Government Primary Health Centres and to ensure end-to-end digitalization of patient services from the date of commencement of services, it is proposed to implement the e-Nalam application in these newly established Primary Health Centres. The expenditure required for implementation is as detailed below:

	Unit cost	Total
50 new PHCs	10,000	5,00,000
GST 18%		90,000
Total		5,90,000

Decision Points:

1. The Mission Director, National Health Mission, Tamil Nadu, may be permitted to implement the e-Nalam (HMIS 3.0) application in the **50 newly established Primary Health Centres** at a total cost of **Rs.5,90,000/- (Rupees Five Lakhs and Ninety Thousand only).**
2. The Mission Director, National Health Mission, Tamil Nadu, may also be permitted to meet the expenditure towards hosting charges from **FMR HSS – 18 – 203 – IT Interventions** under the **ROP 2026-27**.

Agenda: 82/51/2026

Sub: NHM TN – HMIS 3.0 – Release of payment towards incremental server charges for "Nalam Kakkum Stalin" Multi Super Specialty Medical Camps – Approval requested.

Ref:
1. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 15.11.2023
2. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 23.07.2026
3. Ref. No. 6075945/NHM/HMIS/P21/2023 dated 07.02.2026

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(1) As per the reference 1st cited, Government issued orders engaging the services of the Centre for Development of Advanced Computing (C-DAC) for the implementation of the Health Management Information System (HMIS) 3.0 at Government Kilpauk Medical College Hospital, Chennai, and Government Medical Institutions under the Poonamallee Health Unit District on a pilot basis, by exempting the tender process under Section 16(bb) of the Tamil Nadu Transparency in Tenders Act, 1998.

(2) Subsequently, the pilot implementation was extended to Government Headquarters Hospital, Kovilpatti, 154 Polyclinics, Beemanpet Urban Primary Health Centre under the Greater Chennai Corporation, and five Health and Wellness Centres.

(3) Further, as per the reference second cited, Government issued orders engaging the services of C-DAC for the implementation of the e-Nalam application (HMIS 3.0) across all Primary Health Centres, Sub-District Hospitals, District Headquarters Hospitals and Medical College Hospitals throughout the State, and for hosting the HMIS 3.0 application at the C-DAC Data Centre, Noida, for a period of two years from September 2024.

(4) From August 2025 onwards, one of the Chief Minister's flagship programmes, **"Nalam Kakkum Stalin – Multi Super Speciality Medical Camps,"** has also been digitally managed through HMIS 3.0. So far, **1,256 camps** have been conducted, benefiting more than **18 lakh beneficiaries**, whose details have been captured in the HMIS 3.0 application.

(5) During the conduct of these camps, it was observed that, on each camp day, an average of 60,000 beneficiaries availed various healthcare services, including the same-day delivery of laboratory reports through SMS and WhatsApp. Owing to this increased server load, which was not envisaged during the initial server sizing and cost estimation, C-DAC enhanced the server configuration for each camp day. Accordingly, C-DAC requested an additional charge of Rs.43,389/- (Rupees Forty-Three Thousand Three Hundred and Eighty-Nine only), inclusive of GST, per camp day, towards the enhanced server configuration. The same was approved by the Mission Director, NHM, as per the reference third cited.

(6) C-DAC has now raised an invoice for Rs.19,31,247/- (Rupees Nineteen Lakhs Thirty-One Thousand Two Hundred and Forty-Seven only) towards the incremental server charges for 45 camp days.

Decision Point:

1. The Mission Director, NHM, may be permitted to release an amount of Rs.19,31,247/- (Rupees Nineteen Lakhs Thirty-One Thousand Two Hundred and Forty-Seven only) to C-DAC, Noida, towards the incremental server charges for 45 camp days.
2. The Mission Director, NHM, may also be permitted to meet the above expenditure from FMR HSS – 18 – 203 – IT Interventions under the ROP 2026-27.

AGENDA NO: 83/51/2026

Sub : NHM TN – HMIS 3.0 – Continuation of hosting of the e-Nalam application at the C-DAC Data Centre, Noida for a further period of one year – Approval requested – Reg.

Ref :
1. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 15.11.2023
2. G.O (Ms) No. 337 Health and Family Welfare (EAP II/2) Department dated 23.07.2025

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(1) As per the reference first cited, Government issued orders engaging the services of the Centre for Development of Advanced Computing (C-DAC) for the implementation of the Health Management Information System (HMIS) 3.0 at Government Kilpauk Medical College Hospital, Chennai, and Government Medical Institutions under the Poonamallee Health Unit District on a pilot basis by exempting the tender process under Section 16(bb) of the Tamil Nadu Transparency in Tenders Act, 1998. Accordingly, a Memorandum of Agreement (MoA) was executed between the National Health Mission, Tamil Nadu (NHM-TN), and C-DAC on 18.01.2024.

(2) Subsequently, the pilot implementation was extended to Government Headquarters Hospital, Kovilpatti, 154 Polyclinics, Beemanpet Urban Primary Health Centre under the Greater Chennai Corporation, and five Health and Wellness Centres.

(3) It is submitted that, as per the pilot MoA, the HMIS 3.0 application was hosted at the C-DAC Data Centre, Noida, free of cost for a period of six months from 16.02.2024 to 31.08.2024.

(4) During the meeting held on 02.09.2024, the Additional Chief Secretary to Government, Information Technology and Digital Services Department, recommended that the HMIS 3.0 application continue to be hosted at the C-DAC Data Centre, Noida, as the tender for procurement of server infrastructure through ELCOT was yet to be finalized, to ensure uninterrupted services. Accordingly, the National Health Mission placed the proposal before the 47th Executive Committee Meeting seeking approval for hosting the application at the C-DAC Data Centre, Noida, for a period of two years, and the proposal was approved by the Executive Committee.

(5) Thereafter, as per the reference 2nd cited, Government issued orders engaging the services of C-DAC for the implementation of the e-Nalam application (HMIS 3.0) across all Primary Health Centres, Sub-District Hospitals, District Headquarters Hospitals and Medical College Hospitals in the State and for hosting the HMIS 3.0 application at the C-DAC Data Centre, Noida, from September 2024 at an annual cost of **Rs.228.85 lakh**.

(6) The approved hosting period is due to expire on **31.08.2026**. C-DAC has now informed that, in view of the substantial increase in the transaction volume and user base across the State, the existing infrastructure requires migration to a distributed architecture comprising common application servers and separate directorate-wise database servers. This architecture will facilitate effective load balancing, improve application performance, minimize response time, and ensure uninterrupted service delivery. Accordingly, C-DAC has informed that the annual hosting cost for the upgraded infrastructure is Rs. 9,54,44,000/- (Rupees Nine Crores Fifty Four Lakhs Forty Four only) excluding GST. The detailed cost estimation is given in the annexure.

Decision Point

3. The Mission Director, National Health Mission, Tamil Nadu, may be permitted to continue hosting the HMIS 3.0 application at the C-DAC Data Centre, Noida, for a further period of **one year** for an amount of Rs. 9,54,44,000/- (Rupees Nine Crores Fifty Four Lakhs Forty Four only) per annum excluding GST.
4. The Mission Director, National Health Mission, Tamil Nadu, may also be permitted to meet the expenditure towards hosting charges from **FMR HSS – 18 – 203 – IT Interventions** under the **ROP 2026-27**.

Annexure –I

Detailed Expenditure for Server Hosting at C-DAC, Noida per year:

SN	Details	vCPU (Nos.)	RAM (GB)	Space / HDD (GB)	Qty	Unit Cost Rs. In Lacs	Total Cost Rs. In Lacs
A	**Hosting Infrastructure (Cloud Resources + LB + Backup + Bandwidth + Monitoring)**						
A.1	App Server (Application Servers to Host the directorate specific (shard-wise) HMIS Application)	16	32	200	11	2.680	29.480
A.2	DB Server open Source (Used As Application Server)	16	32	200	1	3.720	3.720
A.3	DB Server DPH Primary (PostGresEDB)	96	192	8000	1	31.840	31.840
A.4	DB Server DPH Secondary (PostGresEDB)	64	128	6000	2	22.160	44.320
A.5	DB Server DMS Primary (PostGresEDB)	64	128	8000	1	24.960	24.960
A.6	DB Server rep DMS Secondary (PostGresEDB)	32	64	6000	2	15.280	30.560
A.7	DB Server DME Primary (PostGresEDB)	64	128	8000	1	24.960	24.960
A.8	DB Server rep DME Secondary (PostGresEDB)	32	64	6000	2	15.280	30.560
A.9	Scheduler/ API Server (Mobile App, Thirdparty Application, Data SYNC)	16	32	200	6	2.680	16.080
A.10	Dashboard Server (Data SYNC Scheduler between Shard Read DB and Open Source DB)	16	32	200	2	2.680	5.360
A.11	API (Mobile)/ Global	16	32	200	2	2.680	5.360
A.12	DB Server 1- open source Primary	32	64	4000	1	12.480	12.480
A.13	DB Server 2- open source Secondary	16	32	4000	1	9.040	9.040
A.14	FTP			5120	3	4.096	12.288
A.15	Windows Server (Power Bi + Air flow)	16	32	512	1	3.392	3.392
A.16	Mongo DB Server	16	32	4000	2	9.040	18.080
A.17	Kafka Server	16	32	200	2	2.680	5.360
A.18	Backup Service (Avg. Full Backup Size / Node)			2500	13	2.600	33.800
A.19	Log Backup (Log Size 1GB per day / Node)			1	38	0.100	3.800
A.20	Loadbalancer as a service				1	3.600	3.600
A.21	WAF				1	4.000	4.000
A.22	SIEM				1	2.500	2.500
A.23	Monitoring & Alert				38	0.050	1.900
A.24	Internet Bandwidth (Mbps)				200	0.085	17.000
A	**Hosting Cost (Sub-Total - 1)**						**374.440**
B	**Platform Management - Professional Support**						
B.1	Platform Management (App Server/scheduler/Dashboard/API)				24	2.12	50.880
B.2	Platform Management (DB Server)				14	14.77	206.720
B	**Management Cost (Sub-Total - 2)**						**257.600**
C	**Third Party Software Support Service Cost**						
C.1	EDB Database as a Service				496	0.65	322.400
C	**License Cost (Sub-Total - 2)**						**322.400**
	Total Cost (A + B +C)						**954.44**

Agenda No. 84/51/2026

Sub: NHM TN - Development of a new Mobile and Web-based application named as **"Family Folder App" for creation, maintenance and monitoring of** beneficiary denominator data for implementation of National Health Programmes – Approval – Requested.

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1. Background and Problem Statement

The delivery of primary health care services through Tamil Nadu's Health Sub-Centres (HSCs) depends critically on a known, accurate population denominator at the HSC level. This denominator determines staffing norms, drug allocations, immunisation targets, maternal and child health coverage rates, and NCD screening workloads.

Currently, this denominator is derived from the Family Register maintained annually by Village Health Nurses (VHNs). This system suffers from the following structural weaknesses.

Non-digital and non-verifiable: The Family Register is a written, paper-based record that is not integrated with any digital system, making state-level aggregation, quality control, and verification extremely difficult.

Urban limitation: For urban health sectors under Municipalities and Corporations, there are no defined geographic boundaries for health sub-units. The Urban Health Sectors loosely correspond to ward-level areas but lack the ground-level habitation or street-wise granularity needed for meaningful population assignment.

2. The Opportunity: Aadhaar-Verified PDS Beneficiary Data

The Civil Supplies Department of Tamil Nadu maintains the Public Distribution System (PDS) database — one of the most comprehensive, current, and Aadhaar-verified population datasets in the state. Key attributes:

Rural PHCs	1,876	**Urban PHCs**	505
Rural HSCs	9,355	**Urban Health Sectors**	2,368
Total Habitations (approx.)	80,000	**PDS Fair Price Shops**	34,910
PDS Beneficiaries	~8 crore	**Aadhaar Linkage**	99.9%

PDS data is organised at the level of the individual Fair Price Shop (FPS), each of which serves a defined geographic cluster of habitations or urban streets. The data is already

digital, updated regularly, and carries near-universal Aadhaar linkage, making it one of the most reliable proxies for actual resident population in India.

3. The Challenge: Crossing Two Different Hierarchies

The core challenge is that the two systems — Health and Civil Supplies — are organised under different hierarchical geographies:

PDS shops are organised along the Revenue Village hierarchy (Revenue District → Taluk → Revenue Village → Hamlet).

Health Sub-Centres are organised along the Local Body / Panchayat hierarchy (Health Unit District → Block → Panchayat → Habitation/Street).

These two hierarchies do not have simple boundary overlap, especially in rapidly urbanising areas. The urban problem is more acute: Municipal Corporations and Municipalities do not define HSC boundaries geographically, and streets may straddle administrative ward boundaries.

4. The Family Folder App Solution: A Three-Layer Mapping Architecture

4.1 Layer 1 — Master Habitation/Street List

A master list of all habitations (rural) and streets (urban) in Tamil Nadu is compiled by tying up with:

- Director of Rural Development — for the official list of habitations under every Panchayat, updated whenever new habitations are formed or Panchayat boundaries change.
- Commissioner of Municipal Administration — for the official list of streets under every Ward in every Municipality and Municipal Corporation, updated as ULB areas expand or as Village Panchayats are converted to ULBs.

4.2 Layer 2 — Dual Mapping at Habitation/Street Level

Each habitation/street in the master list is tagged with two identifiers:

- PDS Shop code — the Fair Price Shop to which the habitation/street is assigned in the Civil Supplies database.
- HSC code — the Health Sub-Centre whose catchment area includes the habitation/street, as determined by the PHC Medical Officer and VHN.

This dual-tagged master table is the core of Family Folder App. It is a simple two-column join on the common geographic unit (habitation or street), and constitutes a permanent, updateable bridge between the two systems.

4.3 Layer 3 — Population Attribution via PDS

Once the habitation–FPS–HSC linkage table is established, the FPS card-holder data (Total Cards, Total Beneficiaries, Aadhaar-linked beneficiaries) from Civil Supplies is attributed to each HSC proportionally (by habitation shares). Aggregation then yields:

- PDS-verified population by HSC
- PDS-verified population by PHC (sum of HSC populations)
- Block-level population
- Health Unit District (HUD) level population
- District-level population

This population figure is: (i) Aadhaar-verified; (ii) digitally updated via API; (iii) field-verifiable annually by VHN teams using the same PDS shop list; and (iv) reconcilable with Local Body records.

5. Second Stage: Annual Field Verification

The mapping exercise described above is Stage 1. Stage 2 is the annual field verification, where VHN/Urban Health Workers physically verify the households listed under each FPS-HSC habitation to confirm residency, update for outmigration and in-migration, and report discrepancies to the PHC Medical Officer. This creates a self-correcting, annually refreshed population register — effectively replacing the Family Register with a digitally anchored, field-validated population count.

Accordingly, it is proposed to develop a new Mobile and Web-based application named a "Family Folder App". The proposed application shall facilitate creation and maintenance of denominator data for various beneficiary groups, by following the above process.

6. The proposed Family Folder App shall include, among others, the following features:

1. Creation and maintenance of programme-wise denominator database.

2. Mobile and Web-based data entry.

3. Village, Health Sub Centre, PHC, Block, District and State-wise data management.

4. Entire service area mapping along geographical boundaries.

5. Periodic updating and validation of beneficiary data.

6. Integration with existing Health Department and other Government digital systems, wherever required.

7. Geo-tagging and location-based beneficiary mapping.

8. Automated calculation of programme denominators.

9. Dashboard for monitoring coverage and achievement against targets.

10. Analytics and trend analysis.

11. Report generation in PDF and Excel formats.

12. Role-based access control.

13. Complete audit trail and security features.

(7) The proposed application will enable accurate estimation of programme denominators, improve planning and monitoring of National Health Programmes, facilitate evidence-based decision making, reduce manual compilation of denominator data, improve data quality and ensure availability of real-time beneficiary denominator information of target population data, enhance data quality and ensure availability of real-time denominator information at State, District, Block and Health Facility levels.

(8) Accordingly, National Health Mission proposes to initiate the process for selection of a suitable agency for design, development, deployment, implementation, training and maintenance of the Family Folder App in accordance with the prescribed procurement procedures.

(9) The successful implementation of this activity requires seamless integration with multiple Government Departments to establish a reliable, accurate, and periodically updated population denominator for health programme planning and monitoring. Since the required datasets are maintained by different departments, an institutional framework for inter-departmental data sharing and technical collaboration is essential to ensure interoperability, data quality, and sustainability of the registry.

(10) Accordingly, the Civil Supplies and Consumer Protection Department may be requested to provide the Aadhaar-seeded Public Distribution System (PDS) beneficiary database and facilitate periodic updates through secure API integration. The Rural Development and Panchayat Raj Department may be requested to share the State Master Habitation Directory with periodic updates, while the Municipal Administration and Water Supply Department may be requested to provide the Street Master List for all Urban Local Bodies to enable mapping of urban health sectors. The Tamil Nadu e-Governance Agency (TNeGA) may be requested to provide technical support for application development, secure API integration, dashboard development, system hosting, and maintenance.

(11) The above inter-departmental collaboration will enable the establishment of a standardized, digitally governed, and annually refreshable population registry, thereby improving the accuracy of coverage indicators, programme planning, resource allocation, monitoring, and evaluation across all National Health Mission programmes.

(12) The implementation of the Family Folder App will provide a single source of truth for beneficiary denominator data across all National Health Programmes. It will improve target fixation, coverage assessment, programme monitoring, resource allocation and evidence-based decision-making, while reducing duplication of effort and manual data compilation at all levels of the health system.

(13) It is proposed that the expenditure towards the development, deployment, implementation, training, and maintenance of the Denominator App be met from the Monitoring and Evaluation component under the SPMU funds, as no additional funds are available under the IT Interventions component of ROP 2026–27.

(14) The expenditure under the SPMU funds is estimated to be upto ₹20.00 lakhs. The recurring expenditure towards operation, maintenance and future enhancements of the application shall be proposed under the respective Programme Implementation Plans (PIPs) in subsequent years.

Decision Points

The Mission Director, National Health Mission, Tamil Nadu, may be permitted to

1. Development of a Mobile and Web-based application, named as **"Family Folder App",** for the creation, maintenance, and monitoring of beneficiary denominator data for implementation of various National Health Programmes in Tamil Nadu.

2. **Initiation of the procurement process for selection of a suitable agency for the design, development, deployment, implementation, training, and maintenance** of the Denominator App, in accordance with the prescribed procedures.

3. Obtain, integrate and periodically update the required datasets from the following Departments:

- Civil Supplies and Consumer Protection Department – Aadhaar-seeded Public Distribution System (PDS) beneficiary database and periodic updates through secure API integration.
- Rural Development and Panchayat Raj Department – State Master Habitation Directory along with periodic updates.
- Municipal Administration and Water Supply Department – Street Master List of all Urban Local Bodies for mapping of Urban Health Sectors.
- Tamil Nadu e-Governance Agency (TNeGA) – Technical support for application development, secure API integration, dashboard development, system hosting, and maintenance.

4. Incurring an **expenditure not exceeding ₹20.00 lakhs** towards the development, deployment, implementation, training, and maintenance of the Denominator App from the Monitoring and Evaluation component under the SPMU funds of ROP 2026–27, as no additional funds are available under IT Interventions. The recurring expenditure for operation and maintenance of the application in subsequent years shall be proposed under the respective Programme Implementation Plans (PIPs).

AGENDA NO: 85/51/2026

Sub: NHM–TN – Integrated Essential Laboratory Services (IELS) – **Engagement of 7 LIMS IT Coordinators** through District Health Society for Effective Implementation of the Laboratory Information Management System (LIMS) in Newly Formed Districts – Programme Implementation Plan (PIP) 2026–27 – Approval requested – Reg.

Ref:
1. GO. (Ms.) No.438 Health and Family Welfare (EAP II-2) Dept., dt.01.10.2019
2. This Office Lr.Ref.No.01141/NHM/E/2019, dt.02.08.2021
3. Agenda No. 10/50/2026 and 11/50/2026 of the 50th Executive Committee Meeting held on 06.02.2026- 7 LIMS Co-ordinator and Revised pay
4. Minutes of the 50th EC Meeting held on 06.02.2026
5. PIP 2026-2027
6. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27)

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1. BACKGROUND:

The Integrated Essential Laboratory Services (IELS) under the National Health Mission – Tamil Nadu (NHM-TN) aims to strengthen public health laboratory services through a Hub-and-Spoke model supported by robust digital platforms. The Laboratory Information Management System (LIMS) is a key component of IELS, enabling real-time sample tracking, improved data accuracy, timely reporting, quality assurance, and seamless integration with HMIS 3.0.

At present, due to the non-availability of dedicated IT support at the district level, LIMS-related activities are being managed by a single IT resource across multiple districts, resulting in significant operational challenges and reduced efficiency. The districts currently sharing IT support for LIMS activities are as follows:

1. Kanchipuram & Chengalpattu
2. Nagapattinam & Mayiladuthurai
3. Tirunelveli & Tenkasi
4. Ariyalur & Perambalur
5. Villupuram & Kallakurichi
6. Vellore, Tirupattur & Ranipet

The outsourced IT services under IELS play a vital role in monitoring the Hub-and-Spoke laboratory network, supporting the implementation of LIMS and HMIS 3.0, ensuring data quality and accuracy, troubleshooting technical issues, and facilitating timely submission of laboratory reports. The existing arrangement, wherein a single IT resource is responsible for multiple districts, has adversely affected system monitoring,

data quality, technical support, and programme supervision, thereby impacting the effective implementation of IELS.

In order to ensure the effective implementation of LIMS and the optimal utilization of IELS infrastructure, it is proposed to engage dedicated LIMS IT Coordinators through the outsourcing mode for the newly formed districts, with one IT resource to be deployed for each district.

The following districts are in shortage of LIMS IT Co Ordinator:

1. Tenkasi
2. Kallakurichi
3. Ariyalur
4. Mayiladuthurai
5. Tirupattur
6. Ranipet
7. Chengalpattu

The engagement of dedicated outsourced LIMS IT Co Ordinator will facilitate:

1. Effective implementation, maintenance, and technical support of the Laboratory Information Management System (LIMS).
2. Continuous monitoring and strengthening of the Hub-and-Spoke laboratory network under IELS.
3. Seamless integration and efficient utilization of HMIS 3.0 for laboratory reporting.
4. Timely, accurate, and complete entry and reporting of laboratory data.
5. Improved data quality, quality assurance, and compliance with standard reporting protocols.
6. Prompt troubleshooting of technical issues and uninterrupted laboratory operations.
7. Enhanced monitoring, supervision, and performance review of district laboratories.
8. Better programme implementation, decision-making, and evidence-based planning through reliable laboratory information.
9. Strengthened overall efficiency, accountability, and sustainability of the Integrated Essential Laboratory Services (IELS) programme.

The proposals for LIMS IT Co -ordinator were examined and finalized by the National Health Mission, Tamil Nadu, and subsequently placed before the 50th Executive Committee Meeting vide 3 rd reference cited Agenda No. 10/50/2026.

2. Status of Approval in 50th EC Meeting:

The following proposals for 7 LIMS IT Co-ordinator were placed before the 50th Executive Committee Meeting and the same was approved vide references 3rd cited – for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Sl. No.	Designation	No. of Post	Unit Cost per month	Unit Cost (6 months)
1	IT Coordinator – LIMS newly Created Districts	7	26,000	10,92,000

Revised pay for staff was placed before the 50th Executive Committee Meeting and the same was approved vide references 3rd cited, for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Sl. No.	Category	Current Base pay	% of Hike 2026-27	Additional Amount	New Revision	Round off
1	IT Coordinator – LIMS newly Created Districts	21,000	30%	6,300	27,300	27,500

Thereafter, the proposals were incorporated in the Programme Implementation Plan (PIP) 2026-27 and submitted to the Government of India for consideration and approval.

3. Approval Status of ROP 2026-27

Particulars	Details
FMR Code	HSS.9
Activity Proposed	IELS
Name of the Activity	Engaging LIMS IT Co Ordinator under IELS for 7 Districts
Existing Situation	LIMS IT services are currently shared across multiple districts due to non-availability of dedicated IT support
Additional Requirement	LIMS IT services for 7 districts (through District health society)
No. of Units	7
Cost per Unit	Rs. 27,500 per month
Funding Proposed – Annual Financial Requirement	Rs. 23.10 Lakhs per annum
Total Cost	Rs. 23.10 Lakhs per annum

Thus, the total financial implication for engaging IT services under IELS for seven districts is **Rs. 23.10 Lakhs per annum**.

4.Proposal: LIMS IT Co Ordinator for 7 Districts:

The effective implementation and continuous monitoring of the Laboratory Information Management System (LIMS) under the Integrated Essential Laboratory Services (IELS), it is proposed to engage 7 LIMS IT Coordinators through the District Health Societies for the newly formed districts.

SL.NO	Name of the Post	Qualification	Mode of Requirement	Unit Cost /month	Unit Cost/annum	Cost for 7 units /annum
1	LIMS IT Co ordinator	BE(computer science,ECE, IT,Bio medical)	District Health Society	Rs.27,500/-	Rs.3,30,000/-	Rs.23,10,000/-

The proposal was approved by the 50th Executive Committee for inclusion in the Programme Implementation Plan (PIP) 2026–27. In view of the critical role of dedicated IT support in strengthening the Laboratory Information Management System (LIMS), facilitating HMIS 3.0 integration, improving data quality, and ensuring effective programme monitoring, approval is hereby requested to accord Administrative and Financial Sanction for the implementation of the proposal at an estimated annual cost of Rs. 23.10 lakh. The approved funds shall be released to the respective District Health Societies for engagement of the LIMS IT Coordinators.

5. Decision Point:

In this regard, the approval of the Executive Committee of the National Health Mission, Tamil Nadu is solicited for the following:

1. To permit the Mission Director, National Health Mission, Tamil Nadu, to submit the necessary proposal to the Government for obtaining Administrative and Financial Sanction for the engagement of 7 LIMS IT Coordinators through the respective District Health Societies.

2. To permit the Mission Director, National Health Mission, Tamil Nadu, to remit funds amounting to Rs. 23.10 lakh per annum, upon receipt of Government approval, for the financial year 2026–27.

3. To permit the Mission Director, National Health Mission, Tamil Nadu, to release the approved funds to the respective District Health Societies for the engagement of 7 LIMS IT Coordinators through the District Health Societies, based on the prescribed qualifications and by following the codal procedures adopted previously.

AGENDA NO: 86/51/2026

Sub: PMABHIM – Tamil Nadu – Integrated Essential Laboratory Services – DIPHLs – Engagement of Laboratory Technicians and Data Entry Operators through outsourcing for operationalization **– Rs. 5,38,98,912/-**Approval of the Executive Committee – Requested.

Ref:
1. Operational Guidelines for Integrated Public Health Laboratories (IPHLs) under PM-ABHIM.
2. Government of India, Ministry of Health & Family Welfare, Letter F.No.P.11020/01/2024-NHM-IV, dated 06.03.2024 – Administrative Approval of Supplementary Proposals under PM-ABHIM.
3. Lr of the Director of Medical and Rural Health Services, Ref.No.20342/S&P/3/2025, dated 01.07.2026

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1. BACKGROUND:

The Integrated Essential Laboratory Services (IELS) initiative of the National Health Mission aims to establish an integrated, accessible and quality-assured laboratory network across the State by strengthening laboratory services at all levels of healthcare through a Hub-and-Spoke Model.

Under the Prime Minister Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), 38 District Integrated Public Health Laboratories (DIPHLs) have been sanctioned for Tamil Nadu during the period 2021–2026. These laboratories function as District Hub Laboratories, providing comprehensive clinical and public health laboratory services in accordance with the Indian Public Health Standards (IPHS) and the Operational Guidelines issued by the Government of India.

The DIPHLs receive clinical samples from Government Institutions across the district through the IELS referral network besides public health samples relating to disease surveillance, outbreak investigations, antimicrobial resistance surveillance, food and water quality surveillance and other public health emergencies. Accordingly, the laboratories are required to function on a 24 × 7 basis to ensure uninterrupted laboratory services and timely reporting through the Laboratory Information Management System (LIMS).

As per the Operational Guidelines of PM-ABHIM, DIPHLs are designed as Integrated Laboratories, wherein the available Human Resources under various National Health Programmes including Tuberculosis Elimination Programme (NTEP), Integrated Counselling and Testing Centres (ICTC), District Public Health Laboratories (DPHLs), Blood Banks and other laboratory services are required to be pooled and optimally utilized for integrated functioning of the laboratories.

Further, the Operational Guidelines stipulate that the Human Resources required for each DIPHL shall be based on the IPHS and the daily laboratory workload. For a 300-bedded District Headquarters Hospital with approximately 1,000 Outpatient attendance per day, nearly 1,200 laboratory investigations are performed daily. In addition, the laboratory receives approximately 1,000 referral samples per day from peripheral Government Health Institutions under the IELS Hub-and-Spoke Model.

Accordingly, the Operational Guidelines prescribe the following minimum essential Human Resources for uninterrupted functioning of a District Integrated Public Health Laboratory on a 24 × 7 basis.

Table 2. Minimum Human Resource Requirement for a 24×7 District Integrated Public Health Laboratory

Category	Morning	Evening	Night	Total	Mode of Deployment
Pathologist	1	-	-	1	Deputation / Rationalization
Microbiologist	1	-	-	1	Deputation / Rationalization
Biochemist	1	-	-	1	Deputation / Rationalization
Lab Technician	8	2	1	**11**	Outsourcing
Data Entry Operator	2	1	1	**4**	Outsourcing
Housekeeping	1	1	1	3	Existing Staff
Cleaning Staff	1	1	-	2	Existing Staff
Security	1	1	1	3	Existing Staff

While the Operational Guidelines prescribe one Data Entry Operator during normal working hours, the DIPHLs in Tamil Nadu function entirely through the Laboratory Information Management System (LIMS).

During peak Outpatient hours, separate personnel are required for beneficiary registration, sample accessioning, barcode generation, entry of referral samples, validation of laboratory requests and data entry of investigations from non-interfaced laboratory equipment. Further, laboratory services continue beyond routine office hours to support emergency investigations and referral services.

Accordingly, it is proposed to engage four Data Entry Operators for each District Integrated Public Health Laboratory, comprising two during the morning shift, one during the evening shift and one during the night shift, to ensure uninterrupted LIMS operations and timely reporting of laboratory investigations.

Further, the services of Pathologists, Microbiologists and Biochemists available under various programmes shall be rationalized and redeployed within the respective districts to ensure optimum utilization of the available specialist manpower.

Accordingly, only the requirement of Laboratory Technicians and Data Entry Operators is proposed to be met through outsourcing.

2. Status of RoP Approval under PM-ABHIM

Government of India has approved recurring expenditure under **PM-ABHIM – FMR 4.4** towards Human Resources and operational expenditure for the DIPHLs.

Table 1. Recurring Expenditure Approved under PM-ABHIM

Financial Year	Amount (Rs. in Lakhs)
2022–23	196.20
2023–24	588.60
2024–25	981.00
2025–26	1,367.04
Total	**3,132.84**

3. Proposal

At present, 38 DIPHLs have been sanctioned under PM-ABHIM, of which 32 laboratories are completed and the remaining laboratories are expected to become functional by August 2026. Out of the sanctioned laboratories, 37 are under the administrative control of the Directorate of Medical and Rural Health Services (DM&RHS) and one laboratory is under the Directorate of Medical Education and Research (DME&R).

The DM&RHS, vide reference 3rd cited, has assessed the existing Human Resources available under various programmes and identified the requirement of outsourced Laboratory Technicians and Data Entry Operators for operationalization of the DIPHLs. The proposal includes the facility-wise Human Resource requirement and the corresponding annual financial implication for the laboratories under the Directorate of Medical and Rural Health Services. The facility-wise requirement is enclosed as Annexure.

Further, the Human Resources presently engaged through outsourcing for the DIPHLs at Tambaram, Salem and Tenkasi are valid only up to September 2026. Continuation of these services and engagement of the required Human Resources for the remaining laboratories is therefore essential to ensure uninterrupted functioning of the Integrated Public Health Laboratories across the State.

In view of the proposal submitted by the DM&RHS, it is proposed to engage **132 Laboratory Technicians** and **144 Data Entry Operators** through **outsourcing of services** for operationalization of the **DIPHLs across the state.**

The Human Resources required have been provided based on the **facility-wise requirement assessed by the DM&RHS**, after pooling and rationalization of the existing Human Resources available under various National Health Programmes. The **facility-wise distribution of Laboratory Technicians and Data Entry Operators is furnished in Annexure**.

The outsourced Human Resources shall function under the overall administrative control of the respective Heads of Institutions and the technical supervision of the **Pathologists, Microbiologists and Biochemists** deployed in the District Integrated

Public Health Laboratories. The engagement of Human Resources through outsourcing will ensure uninterrupted **24×7 laboratory services**, timely reporting through **LIMS**, efficient handling of referral samples under the **IELS Hub-and-Spoke Model**, and effective public health surveillance across the State.

The total annual financial implication towards engagement of **132 Laboratory Technicians** and **144 Data Entry Operators** is **Rs.5,38,98,912/-**, which shall be met from the funds approved under the **PMABHIM Record of Proceedings (RoP)** for the DIPHL as indicated in Table 1 above.

Particulars	No of Personnel	Unit Cost (Consolidated pay er Month) (Rs.)	Annual Financial Requirement (Rs.)
Laboratory Technicians	**132**	**15,954**	**2,52,71,136**
Data Entry Operators	**144**	**16,567**	
Total Annual Financial Requirement	**276**	**-**	**5,38,98,912**

4. Decision Points

In this regard, necessary permission from the Executive Committee of the National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted **to authorize the Director of Medical and Rural Health Services (DM&RHS)** to engage **132 Laboratory Technicians** and **144 Data Entry Operators** through **outsourcing of services**, as per the facility-wise requirement furnished in the Annexure, for operationalization of the District Integrated Public Health Laboratories (DIPHLs) and to ensure uninterrupted 24×7 laboratory services, following the codal procedures in force.
2. The Mission Director, National Health Mission – Tamil Nadu may be permitted **to release the funds approved under the PM-ABHIM Record of Proceedings (RoP) 2026–27** to the Director of Medical and Rural Health Services towards engagement of the approved **132 Laboratory Technicians** and **144 Data Entry Operators**, for the DIPHLs involving an annual financial implication of **Rs.5,38,98,912/-**.
3. The Mission Director, National Health Mission – Tamil Nadu may be permitted to **continue the engagement of the existing outsourced Laboratory Technicians and Data Entry Operators** presently working in the District Integrated Public Health Laboratories at Tambaram, Salem and Tenkasi, without interruption of services, under the present approval.
4. The Mission Director, National Health Mission – Tamil Nadu may be permitted to include the recurring requirement towards engagement of Laboratory Technicians and Data Entry Operators for the District Integrated Public Health Laboratories in the **subsequent Programme Implementation Plans (PIPs) of the National Health Mission,** after the completion of the PM-ABHIM period, to ensure continuity of Human Resources and uninterrupted laboratory services.

AGENDA NO: 87/51/2026

Sub: National Health Mission – Immunization – King Institute of Preventive Medicine & Research, Guindy, Chennai – Request for release of an additional sum of **Rs.11,27,275/-** towards rocurement of Yellow Fever Vaccine from SPMU Administrative Charges – Approval Regarding.

Ref:
1. G.O.(MS) No.312, Health & Family Welfare (EAP II-2) Department, Dated: 01.09.2017.
2. Lr.Ref.No. 2440480/P&D/2026, dated: 24.03.2026 of the Director, King Institute of Preventive Medicine & Research, Guindy, Chennai – 32.
3. RoP 2026-2027 HSS.185.11.194.1.3.

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1. Background

The International Vaccination Centre functioning at the King Institute of Preventive Medicine & Research, Guindy, Chennai is an authorized International Vaccination Centre recognized by the Government of India and the World Health Organization (WHO) for administration of Yellow Fever Vaccine to travellers proceeding to endemic countries in Africa and South America. The Centre has been functioning since the pre-independence period and provides Yellow Fever Vaccination, Polio Vaccination (as per International Health Regulations) and issues the International Certificate of Vaccination or Prophylaxis (Yellow Card) on every Tuesday and Friday, including Government holidays. Online registration, appointment booking and payment facilities are also available through the Institute portal.

The number of beneficiaries vaccinated during the last three years is as follows:

Sl.No.	Year	Yellow Fever	Polio
1	April 2023- March 2024	10,340	8,708
2	April 2024- March 2025	9,468	7,982
3	April 2025 – 13th March 2026	10,563	9,169

Further, the Port Health / International Health Service, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India has identified the International Vaccination Centre, King Institute as a high-utilization centre and has supplied Yellow Fever Vaccine doses based on its average monthly consumption.

The procurement details are as follows:

Date of Supply	YFV Doses	CRI bill in (Rs.)	Courier Bill in (Rs.)
13.05.2025	6,000	12,00,275	21,240
14.10.2025	2,200	4,40,150	8,850
23.02.2026	4,900	11,27,275	14,160
Total	**13,100**	**27,67,700**	**44,250**

Total Expenditure: Rs.28,11,950/-

2. Status of Approval

Government, in the G.O.first cited, had accorded sanction for an annual allocation of **Rs.20.00 lakhs** towards procurement of Yellow Fever Vaccine from the year 2017-18 onwards.

However, owing to the substantial increase in the number of international travellers and the increase in the procurement cost of the vaccine from **Rs.200/- to Rs.230/- per dose**, the sanctioned amount has been fully utilized.

The Director, King Institute has informed that, after settlement of earlier procurement bills, only **Rs.3,15,325/-** remains available under the existing budget head, which will be surrendered to Government at the close of the financial year. As sufficient funds are not available under the existing head of account, an additional amount of **Rs.11,27,275/-** has been requested towards payment of the latest Yellow Fever Vaccine procurement bill to ensure uninterrupted vaccination services.

3. Proposal

As per the amendment issued in **G.O.(Ms.)No.312, Health & Family Welfare Department, dated: 01.09.2017,** the Mission Director, National Health Mission is empowered to incur expenditure up to **Rs.10.00 lakhs** per case towards activities connected with the National Health Mission but not covered under the Programme Implementation Plan (PIP), by utilizing the SPMU Administrative Charges.

Since the present proposal involves an expenditure of **Rs.11,27,275/-** which exceeds the delegated financial powers of the Mission Director, approval of the Executive Committee is required.

Considering the importance of uninterrupted Yellow Fever Vaccination services provided through the International Vaccination Centre, King Institute of Preventive Medicine & Research, Guindy, Chennai, it is proposed to release an additional sum of **Rs.11,27,275/-** from the **SPMU Administrative Charges** towards procurement of Yellow Fever Vaccine **considering the non-provision and non-approval of funds for the same in RoP 2026-2027.**

4. Decision Points

In this regard, necessary permission from the Executive Committee of National Health Mission – Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission – Tamil Nadu may be permitted to release an additional sum of **Rs.11,27,275/- (Rupees Eleven Lakh Twenty Seven Thousand Two Hundred and Seventy Five only)** from the **SPMU Administrative charges considering the non-provision and non-approval of funds for the same in RoP 2026-2027** towards procurement of Yellow Fever Vaccine for the International Vaccination Centre, King Institute of Preventive Medicine & Research, Guindy, Chennai.
2. The Mission Director, National Health Mission – Tamil Nadu may be permitted to incur the above expenditure exceeding the delegated financial limit of **Rs.10.00 lakhs** prescribed in G.O.(Ms.) No. 312, Health & Family Welfare Department, dated 01.09.2017, with the approval of the Executive Committee.

Agenda: 88/51/2026

Sub: NHM – SHS – TN –Creation of 3 State Accountant in SPMU as per approved RoP for the FY 2022-23 and diversion of approved post in NTEP to NHM office - reg.

Ref:
1. PIP 2022-23 & NPPC meeting held on 21.1.2022.
2. Approval of Record of Proceedings 2022-24 FMR. 16.4.1.3.8.

Present Proposal:

It is submitted that, as per the 4th reference cited, three (3) posts of **State Accountant** in the State Programme Management Unit (SPMU) were approved under the **Record of Proceedings (RoP) 2022–24**.

The Government of India has introduced the **SNA SPARSH** platform, which has been implemented under the **National Health Mission (NHM)** and **PM-ABHIM** schemes. Consequently, the allocation and release of NHM funds to all implementing institutions are being carried out exclusively from the State Office.

With the implementation of the SNA SPARSH platform, the responsibilities relating to monitoring of funds, preparation and presentation of bills, reconciliation of bills, and reconciliation of fund releases have increased substantially. These activities are being managed solely at the State Office, resulting in a significant increase in the workload of the Finance and Accounts Section.

At present, NHM is maintaining **23 bank accounts** under various schemes and programmes, including the 15th Finance Commission, PMU–PM ABHIM, NTMHP Programme, Labour Funds, Tribal Funds, Differently Abled Funds, TASMAC Funds, TANII Funds, JICA Funds, CAPD Insurance Funds, UNICEF Funds, and other scheme-specific accounts.

However, only **one Consultant** is presently posted in the Cash Section to handle all cash-related financial activities, which has placed considerable strain on the functioning of the section.

Further, it is submitted that the Government of India, under **RoP 2022–24**, has sanctioned **three (3) posts of State Accountant** under NHM. The details are as follows:

Name of the Posts	Salary	Yr 2022-24 FMR Code	Mode of Appointment	Working Place
3 State Accountant at NHM	Rs.35,500/- per Month	16.4.1.3.8.	Contract	O/o, NHM

Further, under the **National Tuberculosis Elimination Programme (NTEP)**, two (2) posts of State Accountant at a remuneration of **Rs.35,500/- per month** have been sanctioned, of which one (1) post is presently filled and one (1) post remains vacant and in NVBDCP one consultant post was vacant.

In view of the increased financial workload at the State Office and the availability of approved posts under the RoP, it is need to fill the sanctioned posts of State Accountant to strengthen the Finance and Accounts Section and ensure efficient financial management under NHM.

Decision Points:

1. The Mission Director may be permitted to appoint the above approved 3 State Accountant post in NHM Office Tamil Nadu.
2. The Mission Director may kindly accord permission to divert the one (1) vacant post of State Accountant sanctioned under the National Tuberculosis Elimination Programme (NTEP) to the National Health Mission (NHM), and to fill the said post on a contractual basis through the Mission Director NHM, and the salary may be paid in the Office of the MD NHM.
3. The Mission Director may kindly accord permission to divert the one vacant consultant post to NHM and appoint in NHM for vertical societies SPARSH works.

AGENDA: 89/51/2026

Sub:	NHM – Tamil Nadu Cancer Care Mission – **Procurement and installation of one Dual-Energy Linear Accelerator (LINAC) with Radiation Bunker – Change in the location** of implementation **from Kalaignar Centenary Super Speciality Hospital to Government Stanley Medical College Hospital** – Proposal for ratification by the Executive Committee – Approval requested – Reg.
Ref:	1. Minutes of the 50th EC Meeting held on 06.02.2026 2. Approved Activity under Programme Implementation Plan (PIP) 2026-2027

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1. Background

The Government of Tamil Nadu has launched the Tamil Nadu Cancer Care Mission to strengthen comprehensive cancer care services across the State through improved access to advanced diagnostic and treatment facilities. As part of the strengthening cancer management, it was decided to strengthen Kalaignar Centenary Super Specialty Hospital with one Dual-Energy Linear Accelerator (LINAC) at a total cost **of Rs.3,200.00 lakh**, as the institution was already offering Medical Oncology and Surgical Oncology services.

2. Status of Approval in 50th Executive Committee Meeting

The above proposal for procurement and installation of one Dual Energy Linear Accelerator (LINAC) with Radiation Bunker implementation at Kalaignar Centenary Super Speciality Hospital at a cost of **Rs.3,200.00 lakh** was placed before the 50th Executive Committee Meeting and the same was approved vide reference 1st cited for inclusion in the Programme Implementation Plan (PIP) 2026–27.

3. Approval Status of RoP 2026–27

The Government of India, Ministry of Health and Family Welfare, vide the Record of Proceedings (RoP) 2026–27 (reference 2nd cited), approved the activity under the National Health Mission.

FMR CODE	SL.NO	SCHEME/ACTIVITY	AMOUNT PROPOSED (IN LAKHS)	AMOUNT APPROVED (IN LAKHS)
NCD.5	110	Other NP-NCD Components	3200	3200

4. Proposal for Ratification

Later, the Director of Medical Education forwarded the request placed by the Dean, Stanley Medical College to consider upgrading the Institution's Department of Radiation Oncology with a high-end LINAC.

It was submitted that **Government Stanley Medical College Hospital is** a major tertiary care referral centre catering predominantly to North Chennai and neighbouring districts thereby mainly catering to socio economically weaker sections. The institution has an established Department of Radiation Oncology with the necessary infrastructure, trained Radiation Oncologists, Medical Physicists, Radiotherapy Technologists and supporting personnel for immediate operationalisation of the facility.

The institution also has well-established Medical Oncology and Surgical Oncology services with a high oncology case load. During the financial year **2025–26, 6,018 Medical Oncology claims amounting to Rs.2,24,88,675, 421 Radiation Oncology claims amounting to Rs.76,77,682 and 134 Surgical Oncology claims amounting to Rs.41,22,980** have been approved under the Chief Minister's Comprehensive Health Insurance Scheme, demonstrating the substantial oncology workload managed by the institution.

However, radiotherapy services in the institution are presently limited to Cobalt Teletherapy, necessitating referral of patients requiring advanced conformal radiotherapy to other institutions, resulting in treatment delays and inconvenience to patients.

Considering the existing infrastructure, specialist manpower, patient load and readiness for immediate operationalisation without creation of additional human resources, it is proposed to establish the approved LINAC project at Government Stanley Medical College Hospital instead of Kalaignar Centenary Super Speciality Hospital.

The proposal involves only a change in the location of implementation of the approved project. There is **no change in the approved scope of work, technical specifications or financial implication,** and the total approved project cost remains **Rs.3,200.00 lakh.**

Financial Implication

There is no additional financial implication for the change of site.

However, the current market price for establishment of a Dual Energy Linear Accelerator (LINAC) facility with a CT Simulator and Radiation Bunker is estimated at Rs.3,750.00 lakh, as detailed below:

Sl.No	Component	Unit Cost (Rs. In Lakhs)	Qty	Total Cost (Rs. In Lakhs)
1	High Energy Linear Accelerator (LINAC)	2,700	1	2,700
2	CT Simulator	450	1	450
3	Construction of Radiation Bunker	600	1	600
Total				**3,750**

The PIP approved fund of Rs.3,200.00 lakh will be utilised towards procurement of the LINAC system and construction of the Radiation Bunker. The CT Simulator for the LINAC unit at Government Stanley Medical College Hospital is proposed to be procured by utilising the **savings available with the Tamil Nadu Medical Services Corporation (TNMSC), without any additional financial commitment under the approved project.**

5. Decision Points

1. The Executive committee may ratify action of Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission to change the location for establishment of the approved project for procurement and installation of one Dual - Energy Linear Accelerator (LINAC) with Radiation Bunker from Kalaignar Centenary Super Speciality Hospital to **Government Stanley Medical College Hospital** at the approved cost of **Rs.3,200.00 lakh.**
2. The Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission may be permitted, to deposit the approved fund of **Rs.3,200.00 lakhs to Tamil Nadu Medical Services Corporation Limited (TNMSC)** towards procurement of LINAC and construction of Bunker.
3. To permit the Mission Director, National Health Mission-TN & Tamil Nadu Cancer Care Mission, to **utilise the savings available** with the TNMSC for **procurement and installation of the CT Simulator** required for the LINAC unit at Government Stanley Medical College Hospital

AGENDA NO: 90/51/2026

Sub: NHM-TN – Civil Works – Provision of additional facilities PHCs - Staff Nurse Quarters to 378 PHCs approved under NHM – Construction completed in 348 PHCs - Not taken up in 30 PHCs - Request for cancellation of the works in 30 PHCs - Proposal sent - Ratification requested - Reg.

Ref:
1. G.O.(Ms.) No 249, H&FW (EAP II-2) Dept., dt:31.10.2013
2. G.O.(Ms.) No. 214, H&FW (EAP II-2) Dept., dt: 24.07.2015
3. Ref. No. 11711681/NHM/S/2025, Dated: 22.09.2025 of this office
4. Ref. No. 12225635/NHM/S/2025, Dated: 21.11.2025 of this office.
5. Ref. No. 5849/SHS/S/2013, Dated: 09.01.2026 of this office.
6. Govt. Lr. No. 12140/EAP.II-2/2025-1, dt. 19.02.2026 of the H&FW Dept., Secretariat, Chennai-9.

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1. Background:

It had been proposed to provide Staff Nurse Quarters in order to facilitate Staff Nurses to reside in the premises of PHCs to ensure their availability for operationalization of 24 hours services.

In this regard, the proposals for the construction of Staff Nurse Quarters in 378 PHCs was included in PIP 2013-14.

The proposals were approved with provision of funds, as detailed below.

Sl. No	RoP	Details	Amount (Rs.in Lakh)
1	2013-14	Unit cost Rs.15.50 Lakh X 50% X 378 SNQ	2929.50
2	S. RoP 2014-15	Unit cost Rs.15.50 Lakh X 50% X 378 SNQ	2929.50
3		Addl. funds Rs.1.20 Lakhs (Rs 16.70 Lakh - Rs.15.50 Lakh) per unit X 378 SNQ	453.60
		Total	**6312.60**

Subsequently, as per the directions issued in the G.O.Ms. No.116 H&FW (EAP-II-2) Dept., dt:25.03.2011, the funds approved for the FY 2013-14 and for 2014-15 were remitted into Government Account & necessary Administrative & Financial Sanction Orders were obtained, as detailed below, for construction of Staff Nurse Quarters in 378 PHCs, at the unit cost of Rs.16.70 Lakh.

S. No.	FY	Funds Remitted (Rs. in Lakh)	Challan No. & Dated	G.O. & Dated
1	2013-14	2929.50	8759 / 16.09.2013	249 / 31.10.2013
2	2014-15	3383.10	01135 / 09.02.2015	214 /24.07.2015
	TOTAL	**6312.60**		

However, the construction of Staff Nurse Quarters were completed only in 348 PHCs and the balance of 30 works were not taken up, due to non-availability of site & other reasons.

Consequently, apart from the residual balances of the completed works, a sum of Rs.501 Lakh (Rs.16.70 Lakh x 30 PHCs) remains unutilized as detailed below, out of the funds remitted to the Government for executing the works through PWD.

		(Rs. in Lakh)
Total funds remitted	Rs.16.70 Lakh x 378	6312.60
Cost of completed works	Rs.16.70 Lakh x 348	5811.60
Unspent Balance available	**Rs.16.70 Lakh x 30**	**501.00**

2. Status of previous EC approvals:

It had been requested to provide additional amenities and other items to the following new buildings, so as to complete them in time and to bring them into utilization.

However, due the prevailing paucity of funds and essentiality of the requirements, it had been proposed to utilize the above mentioned unspent funds of the 30 Staff Nurse Quarters not taken up, in order to provide the additional amenities and other items to the following institutions, with permissions obtained from the Executive Sub-Committee of NHM-TN, as noted against each of them.

Sl. No.	**Name of the Institution**	**Details of Work**	**Permissions Obtained**	**Amount (Rs. in Lakh)**
1.	GH Melur, Madurai District	Provision of HEPA Filter and Laminar Flow arrangements to 4 Operation Theatres in 50 bedded CCB building	CN. No. 12/2025, dt.03.10.2025	85.40
2.	GH Dharapuram, Tiruppur District	Provision of 26 persons capacity Bed cum Passenger Lift in the new building	CN. No. 16/2025, dt.27.11.2025	49.50
3.	GMCH Tiruvannamalai	Construction of connecting corridor	CN. No. 20/2025, dt.18.12.2025	165.00
4.	GIRM&H Campus, K.K. Nagar, Chennai	Modifications with provision of additional amenities & furniture to the various parts of the CoE Autism building		157.36
	Total			**457.26**

In this regard, necessary proposals for GH Melur, Madurai District and GH Dharapuram, Tiruppur District had been sent in the refs. 3rd & 4th cited to Government, requesting Administrative & Financial Sanction Orders, for executing the works through PWD, utilizing the unspent balance funds detailed above.

The Government Orders are still awaited.

In respect of the GMCH Tiruvannamalai and GIRM&H Campus, K.K. Nagar, Chennai, the proposals are to be submitted to Government on receipt of detailed estimates from the PWD.

3. Present Proposal:

Necessary permissions had been obtained from the Executive Sub-Committee of the NHM-TN, for utilization of the funds remitted for the construction of Staff Nurse Quarters in 30 PHCs, for provision of additional amenities & other items to the above mentioned 4 institutions.

However, on the proposals sent to Government, it had been directed that Govt Orders are to be obtained for cancellation of the construction of Staff Nurse Quarters in 30 PHCs.

In this regard, in the ref. 5th cited, a detailed proposal had been submitted to Government for cancellation of the construction of Staff Nurse Quarters in 30 PHCs.

On this proposal, in the ref. 6th cited, it has been directed to obtain necessary permissions from the Executive Committee of NHM-TN.

4. Decision Points:

In this regard, necessary permissions & ratification from the Executive Committee of National Health Mission – Tamil Nadu are requested as follows.

1. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to cancel the construction of Staff Nurse Quarters in 30 PHCs** detailed in the Annexure and balance funds for provision additional amenities & other items as detailed above.
2. The action of the Mission Director, National Health Mission – Tamil Nadu, **for having sent proposals to Government for cancellation of the Staff Nurse Quarters in 30 PHCs** may be ratified.

ANNEXURE

STATEMENT SHOWING THE LIST OF 30 PHCS WHERE CONSTRUCTION OF STAFF NURSE QUARTERS NOT TAKEN UP UNDER NHM-TN

S. No	District	HUD	Block	Name of PHC
1	Coimbatore	Coimbatore	Anaimalai	Valparai
2	Dharmapuri	Dharmapuri	Pennagaram	Papparapatti
3	Dindigul	Dindigul	Natham	Kosukurichi
4	Dindigul	Palani	Kodaikanal	Perumalmalai
5	Kancheepuram	Kancheepuram	Kundrathur	Mangadu
6	Kancheepuram	Saidapet	Kattankolathur	Maraimalainagar
7	Kancheepuram	Kancheepuram	Kundrathur	Padappai
8	Kanyakumari	Nagarcoil	Thiruvattaru	Kannanoor
9	Kanyakumari	Nagarcoil	Kurunthancode	Naduvoorkarai
10	Kanyakumari	Nagarcoil	Munchira	Kollankodu
11	Madurai	Madurai	Madurai East	Othakadai
12	Madurai	Madurai	Madurai West	Kancharampettai
13	Madurai	Madurai	Madurai East	Ayilangudi
14	Thanjavur	Thanjavur	Papanasam	Veeramangudi
15	The Nilgiris	The Nilgiris	Gudalur	Uppatti
16	Thiruvannamalai	Cheyyar	Arani-West	Kannamangalam
17	Thiruvannamalai	Tiruvannamalai	Thandarampattu	Sathanurdam
18	Tiruneveli	Sankarankoil	Tenkasi	Vallam
19	Tiruneveli	Sankarankoil	Shenkottai	Puliyarai
20	Tiruneveli	Sankarankoil	Kadayanallur	Urmelalagian
21	Tiruneveli	Tirunelveli	Palayamkottai	Thachanallur
22	Tiruneveli	Tirunelveli	Palayamkottai	Munnirpallam
23	Tiruvallur	Tiruvallur	Madhavaram	Manali
24	Tiruvallur	Tiruvallur	Ellapuram	Vengal
25	Tiruvallur	Tiruvallur	Minjur	Manali New Town
26	Tiruvallur	Tiruvallur	Puzhal	Vilankadupakkam
27	Tiruvallur	Poonamallee	Poonamallee	Thirunindravur
28	Vellore	Vellore	Vellore	Konavatam
29	Villupuram	Kallakurichi	Mugaiyur	Kandachipuram
30	Virudhunagar	Virudhunagar	Kariapattai	Mustakurichi

AGENDA NO: 91/51/2026

Sub: NHM-TN – Construction of Additional Drug Warehouses at Chennai (KK Nagar), Tiruchirappalli and Salem – Administrative Approval under RoP 2026-27 – Release of funds to Tamil Nadu Medical Services Corporation (TNMSC) for commencement of works – Ratification requested - Reg.

Ref:
1. DO Lr. No.01/TNMSC/Engg/CIVIL/2026, dated 22.01.2026 of the Managing Director, Tamil Nadu Medical Services Corporation, Chennai.
2. Agenda No. 7/50/2026 of the 50th EC Meeting held on 06.02.2026.
3. Minutes of the 50th EC Meeting held on 06.02.2026.
4. Programme Implementation Plan (PIP) 2026-27.
5. F.No.M-11011/12016-NHM-III, MoHFW, GoI, NHM, New Delhi, Dated: 19.06.2026 (NHM RoP 2026-27).
6. Proc. No.14526746/NHM/S/2026, dated 25.06.2026 of this office.

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1. Background:

The Tamil Nadu Medical Services Corporation (TNMSC) is the State's nodal procurement agency responsible for the centralized procurement, storage and distribution of drugs, medicines, reagents and other medical consumables to Government Health Institutions across Tamil Nadu. In addition to essential drugs, TNMSC also procures and distributes various non-drug items under the National Health Mission and other State Health Programmes, including Baby Care Kits, Nutritional Kits, Sanitary Napkins and other public health commodities.

Over the years, the volume and diversity of commodities handled by TNMSC have increased substantially owing to the expansion of healthcare services and implementation of various flagship health initiatives. Further, the centralized procurement of laboratory reagents and other temperature-sensitive commodities necessitates dedicated storage infrastructure with appropriate environmental controls and specialized storage zones.

The existing drug warehouses are operating under significant space constraints, affecting efficient storage, inventory management and timely distribution of drugs and other essential commodities. In addition, the increasing demand generated under various State initiatives, including Makkalai Thedi Maruthuvam, Varumun Kappom Thittam, and emergency health responses during natural disasters has further emphasized the need for augmenting warehouse capacity to ensure uninterrupted supply of medicines and medical consumables across the State.

In view of the above, the Managing Director, Tamil Nadu Medical Services Corporation, vide ref. 1st cited, requested the National Health Mission, Tamil Nadu to include the proposal for construction of three Additional Drug Warehouses in the Programme Implementation Plan (PIP) 2026-27. The proposal was examined by the

National Health Mission, Tamil Nadu and subsequently placed before the 50th Executive Committee Meeting vide Agenda No. 7/50/2026.

2. Status of Approval in the 50th Executive Committee Meeting

The proposal for construction of three Additional Drug Warehouses at Chennai (KK Nagar), Tiruchirappalli and Salem were placed before the 50th Executive Committee Meeting and the same was approved vide references 2nd and 3rd cited for inclusion in the Programme Implementation Plan (PIP) 2026-27.

Table 1. Additional Drug Warehouses approved by the 50th Executive Committee for inclusion in PIP 2026-27

Sl. No.	Location	Approved Cost (Rs. in Lakh)
1	Chennai (KK Nagar)	600
2	Tiruchirappalli	600
3	Salem	600
	Total	**1800**

Thereafter, the proposal was incorporated in the **Programme Implementation Plan (PIP) 2026-27** and submitted to the Government of India for consideration and approval.

3. Approval Status of RoP 2026-27

The Government of India, Ministry of Health and Family Welfare, vide the **Record of Proceedings (RoP) 2026-27** (reference **5th cited**), approved the construction of **three Additional Drug Warehouses** under **FMR HSS.4.169** at a total approved cost of **Rs.18.00 Crore**.

Table 2. Additional Drug Warehouses approved under NHM RoP 2026-27

Sl. No.	Location	Total Approved Cost	Approved for FY 2026-27	Balance to be Proposed during FY 2027-28
		(Rs. in Lakh)		
1	Chennai (KK Nagar)	600	300	300
2	Tiruchirappalli	600	300	300
3	Salem	600	300	300
	Total	**1800**	**900**	**900**

The balance requirement of Rs.900 Lakh will be proposed during FY 2027-28 for completion of the works.

4. Proposal

Considering the critical need to augment drug storage infrastructure, the increasing volume of drugs, reagents and other medical commodities handled by the Tamil Nadu Medical Services Corporation (TNMSC), and the time required for execution of civil works, it was considered essential to commence the construction of the Additional Drug Warehouses without delay.

Hence, based on the approvals issued by the Government of India and in anticipation of permissions from the Executive Committee of NHM-TN and to avoid delay in implementation of the approved project, the funds approved Rs.900 Lakh for the FY 2026-27, were released to the Managing Director, Tamil Nadu Medical Services Corporation, Chennai, for construction of Additional Drug Warehouse, in the above mentioned 3 Districts at the total cost of Rs.1800 Lakh.

Therefore, the Executive Committee of NHM-TN is requested for ratification for having released the funds the TNMSC, for construction of the additional Drug Warehouses

5. Decision Points:

1. The action of the Mission Director, National Health Mission - Tamil Nadu, **may be ratified for having released a sum of Rs.900 Lakh to the Tamil Nadu Medical Services Corporation**, towards construction of the **additional Drug Warehouses** at Chennai (KK Nagar), Tiruchirappalli and Salem, from the funds approved under FMR HSS.4.169 in the NHM RoP 2026–27.
2. The Mission Director, National Health Mission – Tamil Nadu may be **permitted to include the balance funding requirements** for the approved multi-year infrastructure projects in subsequent Programme Implementation Plans (PIPs), wherever necessary, for completion of the works.

AGENDA NO: 92/51/2026

Sub:	NUHM-SHS-TN – Madurai Corporation – **Maintenance and Renovation of 31 UPHC Buildings** – Expenditure incurred above and below the per-UPHC allocation of Rs.10.00 lakh within the overall sanctioned amount of **Rs.3.10 crore** – Ratification Agenda submitted for approval – Reg.	
Ref:	1)	G.O.(Ms). No.299 H & FW (EAP-II-1) dept. dated 16.12.2016.
	2)	Proc.No.1869/NUHM/SHS/2015, DT.27.02.2015 of MD, NHM.
	3)	Madurai Corporation CHS – EC Resolution No.8/2023-24, dt.02.06.2023.
	4)	R.No.2845/B3/2019, District Health Officer, Madurai, dt.17.04.2026.

1. Background

Under the National Urban Health Mission (NUHM), 280 Urban Primary Health Centres (UPHCs) were established across Tamil Nadu as per G.O.(Ms).No.299 Health and Family Welfare (EAP-II-1) Department, dated:16.12.2016 vide ref. 1st cited. Of these, 31 UPHCs were established under Madurai City Corporation during 2015-16. A sum of Rs.3.10 crore was allocated to the Madurai Corporation City Health Society (CHS) for undertaking Maintenance and Renovation (M&R) works at the rate of Rs.10.00 lakh per UPHC vide ref. 2nd cited.

Out of these, 9 UPHCs were established in existing Madurai Corporation buildings that had originally served as Maternity Homes, Urban Health Posts (UHPs), Dispensaries, old Municipal office buildings and a NULM shelter. These buildings were constructed during different periods, ranging from 1906 and 1995 and were subsequently converted into UPHCs during 2015-16.

S. No.	UPHC Building	Previous Purpose	Remarks
1)	Annathoppu	Maternity Home/UHP	Constructed on 1906
2)	Puttuthoppu	Maternity Home/UHP	Constructed on 1931
3)	Therkkuvasal	Maternity Home	Constructed on 1936
4)	Munichalai	Maternity Home/UHP	Constructed on 1958
5)	Balarengapuram	Maternity Home/UHP	Constructed on 1971
6)	BB Kulam	UHP	Constructed on 1995
7)	Anaiyur	Old Municipal Office Building	Converted to UPHC
8)	Avaniyapuram	Old Municipal Office Building	Converted to UPHC
9)	Thiruparankundram	NULM - Shelter	Converted to UPHC

Owing to the varying age, structural condition, and original purpose of these buildings, the **maintenance and renovation requirements differed considerably from one facility to another.**

Consequently, expenditure incurred was different for different UPHCs, 11 UPHCs incurring more and 15 UPHCs incurring less than the Rs.10.00 lakhs / UPHC norms, while the overall total expenditure of Rs.3,09,98,204/- (plus IT late fee of Rs.1,796/-), totalling Rs.3,10,00,000/- did not exceed the sanctioned ceiling of Rs.3.10 crore.

2. Status of Approval and Audit Objection

The above expenditure was placed before and approved by the Madurai Corporation CHS Executive and Governing Body (EG/GB) meeting vide EC Resolution No.8/2023-24, vide ref. 3rd cited. However, the Accountant General (AG) has raised an audit objection for not obtaining ratification from the Mission Director, NHM for spending beyond the per-UPHC allotment norm but not exceeding the overall limit. The Commissioner of Madurai Corporation and the CHS Executive Committee's remarks have accordingly been submitted to the Mission Director, NHM requesting formal ratification, vide ref. 4th cited.

3. UPHC-wise Expenditure Details

The UPHC-wise details of the amount allocated and actual expenditure incurred at the 31 UPHCs of Madurai Corporation are furnished in the table below:

S. No.	UPHC Name	Allocated Amount (Rs.)	Actual Expenditure (Rs.)
1	Aruldosspuram	10,00,000	22,12,950
2	Sellur	10,00,000	—
3	Narimedu	10,00,000	13,36,649
4	Bibikulam	10,00,000	20,70,250
5	K.Pudur	10,00,000	26,17,268
6	Sathamangalam	10,00,000	17,36,942
7	Munichalai	10,00,000	15,41,139
8	Balarengapuram	10,00,000	6,39,621
9	Anuppanadi	10,00,000	13,18,424
10	Villapuram	10,00,000	—
11	M.K.Puram	10,00,000	3,86,000
12	Bykara	10,00,000	23,10,625
13	Fathima Nagar	10,00,000	8,52,241
14	Thideer Nagar	10,00,000	6,46,550
15	Ansari Nagar	10,00,000	9,65,000
16	Puttuthoppu	10,00,000	9,31,550
17	Annathoppu	10,00,000	1,83,350

S. No.	UPHC Name	Allocated Amount (Rs.)	Actual Expenditure (Rs.)
18	Subramaniyapuram	10,00,000	—
19	Kodikulam	10,00,000	7,83,212
20	Therkuvasal	10,00,000	14,05,376
21	Solaialagupuram	10,00,000	—
22	Thiruppalai	10,00,000	7,71,155
23	Masthanpatti	10,00,000	5,57,544
24	Vandiyur	10,00,000	5,59,520
25	Chinthamani	10,00,000	9,55,350
26	Thirunagar	10,00,000	4,04,730
27	Karisalkulam	10,00,000	8,67,768
28	Virattipathu	10,00,000	4,87,175
29	Anaiyur	10,00,000	17,24,702
30	Avaniyapuram	10,00,000	17,33,113
31	Thirupurankundram	10,00,000	10,00,000
IT late fee (03.03.2016)		-	1,796
Total		**3,10,00,000**	**3,10,00,000**

Decision Points:

1. The Mission Director, NHM may be permitted to ratify the expenditure **incurred beyond the per-UPHC allotment norms of Rs.10.00 lakh, but not exceeding the overall limit of Rs.3.10 Crore for Maintenance and Renovation works at 31 UPHCs** of Madurai Corporation.
2. The Mission Director, NHM may be permitted to issue **suitable ratification orders** for utilisation of the amount sanctioned vide Proc.No.1869/NUHM/SHS/2015, dt:27.02.2015 for M&R of Madurai Corporation UPHC buildings.

Agenda: 93/51/2026

Sub: NHM TN – Ratification of Engagement of Four HMIS Support Personnels through ELCOT – Reg

Ref:
1. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 15.11.2023
2. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 23.07.202
3. Ref. No. 6865/NHM/HMIS/P21/2021 dated 14.07.2025

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(1) As per the reference first cited, Government issued orders engaging the services of the Centre for Development of Advanced Computing (C-DAC) for the implementation of the Health Management Information System (HMIS) 3.0 at Government Kilpauk Medical College Hospital, Chennai, and Government Medical Institutions under the Poonamallee Health Unit District on a pilot basis, by exempting the tender process under Section 16(bb) of the Tamil Nadu Transparency in Tenders Act, 1998.

(2) Subsequently, the pilot implementation was extended to Government Headquarters Hospital, Kovilpatti, Government Periyar Hospital, Periyar Nagar, 154 Polyclinics, Beemanampet Urban Primary Health Centre under the Greater Chennai Corporation, and 5 Health and Wellness Centres.

(3) Further, as per the reference 2nd cited, Government issued orders engaging the services of C-DAC for the implementation of the e-Nalam application (HMIS 3.0) across all Primary Health Centres, Sub-District Hospitals, District Headquarters Hospitals and Medical College Hospitals throughout the State.

(4) With the statewide implementation of the e-Nalam (HMIS 3.0) application, it became essential to establish a dedicated technical support team at the National Health Mission, Tamil Nadu, to monitor the implementation, provide continuous technical support to end users in the onboarded health institutions, to coordinate with C-DAC for issue resolution, and facilitate the rollout of the application in the remaining health institutions across the State.

(5) The roles and responsibilities of the HMIS Support Personnel are as follows:

1. To provide technical support to end users for the effective implementation and utilization of HMIS 3.0 across the assigned health facilities.
2. To coordinate with C-DAC and the NHM State Team for timely resolution of field-level technical issues.
3. To facilitate user onboarding and provide troubleshooting support for software-related issues.

4. To monitor daily application usage, data entry compliance and functionality of various modules, and escalate unresolved issues to the concerned technical team.
5. To regularly coordinate with district and facility-level officials to ensure effective adoption, proper utilization and uninterrupted functioning of HMIS 3.0.

(6) As per the reference 3rd cited, the Mission Director, National Health Mission, Tamil Nadu, engaged **four HMIS Support Personnel** through the empaneled outsourcing agency of ELCOT at a remuneration of **Rs.25,000/- (Rupees Twenty-Five Thousand only) per person per month** to provide technical and implementation support for HMIS 3.0 across the State.

Decision Point:

1. The action taken by the Mission Director, National Health Mission, Tamil Nadu, in engaging **four HMIS Support Personnel** through the empaneled outsourcing agency of ELCOT at a remuneration of **Rs.25,000/- (Rupees Twenty-Five Thousand only) per person per month** may be ratified.

Agenda: 94/51/2026

Sub: NHM TN – Ratification of Engagement of One IT Operations Specialist through C-DAC for NHM Tamil Nadu – Reg

Ref:
4. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 15.11.2023
5. G.O (Ms) No. 367 Health and Family Welfare (EAP II/2) Department dated 23.07.2026
6. Ref. No. 6075945/NHM/HMIS/P21/2023 dated 02.03.2026

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(1) As per the reference 1st cited, Government issued orders engaging the services of the Centre for Development of Advanced Computing (C-DAC) for the implementation of the Health Management Information System (HMIS) 3.0 at Government Kilpauk Medical College Hospital, Chennai, and Government Medical Institutions under the Poonamallee Health Unit District on a pilot basis, by exempting the tender process under Section 16(bb) of the Tamil Nadu Transparency in Tenders Act, 1998.

(2) Subsequently, the pilot implementation was extended to the Government Headquarters Hospital, Kovilpatti, Government Periyar Hospital, Periyar Nagar, 154 Polyclinics, Beemanpet Urban Primary Health Centre under Greater Chennai Corporation, and five Health and Wellness Centres.

(3) Further, as per the reference 2nd cited, Government issued orders to engaging the services of C-DAC for the implementation of the e-Nalam application (HMIS 3.0) across all Primary Health Centres, Sub-District Hospitals, District Headquarters Hospitals, and Medical College Hospitals throughout the State.

(4) At present, 1,845 healthcare facilities viz., Primary Health Centres, Secondary Care Hospitals and Tertiary Care Hospitals across the districts of Namakkal, Krishnagiri, Kallakurichi, Virudhunagar, Ramanathapuram, Tirunelveli, Nagapattinam, Tiruppur, Ariyalur, Perambalur, Ranipet, Kancheepuram, Tiruvallur, Dindigul, Mayiladuthurai, Tirupattur, Tenkasi, Kanyakumari, Chengalpattu, and Salem have been onboarded onto the e-Nalam (HMIS 3.0) platform and are effectively utilising the application for routine healthcare service delivery.

(5) In addition to e-Nalam, several digital applications such as MTM, PICME, TNPMIS, IELS, MTM, HRMIS, Nalam, and other programme-specific applications are being implemented under NHM for monitoring various National Health Programmes and capturing programme-specific data. In this context, it is proposed to establish an integrated digital health ecosystem by progressively integrating these applications with the e-Nalam platform, thereby enabling seamless data exchange, eliminating duplication, improving operational efficiency, and creating a single source of truth for evidence-based planning and decision-making.

(6) To facilitate this initiative, a proposal was included in the Programme Implementation Plan (PIP) 2026-27 for engaging a technical expert through C-DAC and scope of work is given in the annexure – I.

(7) Considering the scale of implementation and the criticality of maintaining a robust, scalable, and interoperable digital health platform, the engagement of a dedicated IT Operations Specialist has become essential to ensure system stability, data integrity, application performance, and effective coordination among all stakeholders.

(8) Accordingly, as per the reference 3rd cited, NHM requested C-DAC to deploy one IT Operations Specialist at NHM on an initial engagement of six months from 01.04.2026, The service shall be extended based on performance and subject to the approval of the Project Evaluation and Review Committee (PERC).

(9) The cost for the IT Operations Specialist for the period of 6 months is given below:

	Amount in Rs.
Monthly Cost	2,97,674
GST 18%	53,581
Service Cost 10%	29,767
Total Per Month	3,81,022
Total for 6 Months	22,86,132

(10) Since the implementation of HMIS 3.0 is being carried out on a **war footing**, the services of an **IT Operations Specialist** was engaged through **C-DAC** with effect from **01.04.2026** to provide the necessary technical and operational support for the successful implementation and stabilization of the system.

Decision Point

1. The action of the Mission Director, National Health Mission, Tamil Nadu, in engaging **an IT Operations Specialist** through C-DAC from 01.04.2026 for an initial period of **six months** at a total cost of **₹22,86,132**/- (Rupees Twenty Two Lakhs Eighty Six Thousand One Hundred and Thirty Two only) may be ratified.
2. The Mission Director, NHM may be permitted to extend the services of the IT Operations Specialist based on performance and subject to the approval of the Project Evaluation and Review Committee (PERC).

Annexure – I

Scope of Work for IT Operations Specialist

1. **Provide Technical Support and Advisory Services**
2. Provide expert guidance on emerging technologies relevant to healthcare IT systems.
3. Advise on the adoption and integration of innovative digital health solutions.
4. Ensure seamless integration of new digital platforms into the HIMS ecosystem.
5. **Strengthen IT Operations and Infrastructure**
6. Support application maintenance and ensure uninterrupted system operations.
7. Implement and promote DevOps practices and automation to improve operational efficiency.
8. Support network and system administration activities to maintain a stable IT environment.
9. **Enhance System Performance and Reliability**
10. Monitor and improve system performance, availability, and reliability.
11. Drive automation initiatives to streamline workflows across NHM digital platforms.
12. Ensure optimal utilization of IT resources to support HIMS operations.
13. **Issue Resolution and System Maintenance**
14. Troubleshoot and resolve complex technical issues in a timely manner.
15. Ensure application stability and minimize system downtime.
16. Provide technical support for incident management and service continuity.
17. **Support Emerging Technology Initiatives**
18. Identify and recommend suitable emerging technologies, including Artificial Intelligence (AI), to enhance the HIMS ecosystem.
19. Support the design and implementation of technology-driven improvements aligned with NHM's digital health objectives.
20. **Stakeholder Coordination and Collaboration**
21. Work in close coordination with NHM officials, C-DAC project teams, and other stakeholders.
22. Facilitate effective communication between technical and functional teams to ensure successful project implementation.
23. Assist in addressing evolving digital health platform requirements.
24. **Knowledge Transfer and Capacity Building**
25. Share best practices, technical expertise, and operational knowledge with NHM personnel.
26. Build internal capacity through knowledge transfer and technical guidance to support future technology adoption.

Agenda: 95/51/2026

Sub: NHM TN – HMIS 3.0 – Pilot Extension during the G.O awaiting period – Ratification Requested - Reg

Ref:
1. G.O (Ms) No. 87 Health and Family Welfare (EAP II-2) Department dated 17.03.2023
2. G.O (Ms) No. 367 Health and Family Welfare (EAP II-2) Department dated 15.11.2023
3. Ref. No, 6075945/NHM/HMIS/P21/2023 dated 09.05.2024
4. Ref. No, 6075945/NHM/HMIS/P21/2023 dated 13.01.2025
5. Ref. No, 6075945/NHM/HMIS/P21/2023 dated 16.04.2025
6. Ref. No, 6075945/NHM/HMIS/P21/2023 dated 17.06.2025
7. G.O (Ms) No. 337 Health and Family Welfare (EAP II-2) Department dated 23.07.2025

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(1) Health Management Information System HMIS is not a new concept but an improved and user-friendly programme geared towards the use of health-related information for planning and adopting policy level decisions for the advancement of the health infrastructure.

(2)Therefore, in order to streamline and capture all the required data having the potential to improve service delivery in every health facility, it became imperative to implement HMIS 3.0 across all healthcare facilities in the State. It is important to implement the HMIS 3.0 on a state-wide basis in all the health care facilities across the State.

(3) As per the reference. 1st cited, Government issued orders for formation of 16 (bb) committee with the following members based on the proposal submitted by NHM for exempting the tender process to engage C-DAC to implement the HMIS 3.0 application in pilot locations.

1. The Principal Secretary to Government, Health and Family Welfare Department
2. The Additional Chief Secretary to Government or his representative, Finance Department
3. The Mission Director, National Health Mission
4. The Expert Advisor (MCTS & IT), National Health Mission
5. One representative from a reputed Academic or Research Institution or Non Commercial Institution (TNeGA) who has required expertise.

(4) Based on the recommendation of this committee, as per the reference 2nd cited, Government issued orders to engage the services of Centre for Development of Advanced Computing (C-DAC) for implementation of Health Management Information System (HMIS) 3.0 in Government Kilpauk Medical College Hospital, Chennai and Government Medical Institutions at Poonamallee Health Unit District on pilot basis, by exempting the

tender process act as per the section 16(bb) of Tamil Nadu Transparency in Tenders Act, 1998 following which a Memorandum of Agreement (MoA) between NHM-TN and C-DAC was signed on 18.01.2024.

(5) The rollout of HMIS 3.0 was initated and successfully implemented in all 17 pilot locations. The following modules were were successfully developed and made operational during the pilot phase.

1. Patient Registration
2. Emergency Registration
3. Out Patient Registration
4. Investigation Labs (OP)
5. Pharmacy (OP)
6. Injection (OP)
7. Patient Enquiry
8. Dashboard (OP)
9. Admission Discharge Transfer (ADT)
10. IPD
11. Labs (IP)
12. Pharmacy (IP)
13. Medical Record Department (MRD)
14. Mobile App for citizens
15. Mobile App for Doctors

(6) During the implementation it is observed that the modules were found to be well suited for Primary Health Centres and Sub District Hospitals as only minor modifications and customizations were required. Hence, as per the reference 3rd cited, National Health Mission sent a proposal to Government for requesting orders to engage the services of C-DAC for extending the HMIS 3.0 application in all Primary Health Centres, Sub District Hospitals and 708 Urban Health and Wellness Centres in the State.

(7) During the course of implementation, the pilot was extended to Government Head Quarters Hospital, Kovilpatti, 154 Polyclinics, Beemanampet Urban Primary Health Centre under Greater Chennai and 5 Health and Wellness Centres.

(8) The Memorandum of Agreement (MoA) between NHM-TN and C-DAC which was signed on 18.01.2024 came to an end on 17.01.2025 and the expected orders from the Government for Statewide Rollout in all Primary Health Centres, Sub District Hospitals and 708 Urban Health and Wellness Centres was not received.

(9) Therefore, as per the reference 4th cited, the Mission Director, National Health Mission, approved extension of the pilot implementation for three months from 18.01.2025 to 17.04.2025 and as per the 5th cited, the pilot was extended for three months from 18.04.2025 to 17.07.2025. The following expenditure was made during the period from 18.01.2025 to 17.07.2025.

Table 1:

S. No	Entity	Amount in Rs. 18.01.2025 to 17.04.2025	Amount in Rs. 18.04.2025 to 17.07.2025
1	Safe to Host Certification	6,60,000	0
2	Software Support and Maintenance (Rs. 89.60 Lakhs per Annum)	22,40,000	22,40,000
3	Project Management and Coordination Team at State HQ (1 Member)	6,57,437	6,79,861
4	Software Configuration and Management Team (1 Member)	4,12,500	4,07,917
5	FMS Team (4 Member)	6,52,785	8,80,000
6	Project Administration and Consultancy	8,75,000	8,75,000
7	Overhead Charges	2,40,500	2,40,500
8	Medical Equipment Interfacing	25,000	1,25,000
9	Integration with Third Party Application	5,00,000	2,50,000
10	PACS Integration – Neorad PACS	7,00,000	0
11	Customization cost	0	14,68,500
	Sub Total	69,63,222	71,66,778
	GST 18%	12,53,380	12,90,020
Total		82,16,602	84,56,798

(10) Subsequently, Government issued orders to engage the services of Centre for Development of Advanced Computing (C-DAC) for implementation of e – Nalam application (HMIS 3.0) in all Primary Health Centres, Sub District Hospitals, District Head Quarters Hospitals and Medical College Hospitals throughout the state based on the revised proposal submitted by NHM in the reference 6th cited.

Decision Point:

1. The action taken by the Mission Director, National Health Mission, Tamil Nadu, in extending the pilot implementation of the HMIS 3.0 application from 18.01.2025 to 17.04.2025 and from 18.04.2025 to 17.07.2025, in order to ensure continuity of services and avoid disruption in the functioning of the HMIS 3.0 application for which pending Government approval for statewide implementation, together with the expenditure incurred during the said period for the cost of Rs. 1,66,73,400/- (Rupees One Crore Sixty Six Lakhs Seventy Three Thousand Four Hundred only) may be ratified.

Agenda No. 96/51/2026

Sub: NHM TN – Development of a new Mobile and Web-based application named as "**Tamil Nadu Health Inspection & Monitoring System (TN-HIMS)"** for Digital Inspection, Monitoring and Performance Assessment of Government Health Institutions – Ratification of action taken in inviting Limited Tender and permission to incur expenditure under SPMU funds of ROP 2026–27 – Approval – Requested.

Ref: 1. Ref. No. 4169772/NHM/HMIS/P21/2026 dated 03.07.2026

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Background and Justification

It is submitted that the Government of Tamil Nadu has undertaken several digital health initiatives under the National Health Mission to strengthen healthcare delivery across Government Health Institutions through the directorates. Monitoring and supervision are an essential part in improving the efficiency of service delivery.

At present, inspections of Government Health Institutions are conducted independently by the Directorate of Public Health & Preventive Medicine (DPH&PM), the Directorate of Medical and Rural Health Services (DM&RHS), the Directorate of Medical Education and Research (DME&R), the National Health Mission, and the District Authorities, using paper-based inspection formats. The inspection findings are manually consolidated, resulting in delays in reporting, limited monitoring capabilities, a lack of systematic follow-up on corrective actions, and an absence of real-time performance monitoring of corrective actions.

Further, there is no centralised digital platform available for conducting inspections, monitoring compliance, analysing institutional performance and tracking rectification measures across various levels of healthcare institutions.

In view of the above, it has become necessary to develop a unified digital platform for institutional inspections to improve governance, accountability, and quality assurance in Government Health Institutions. It is proposed to develop a new Mobile and Web Application, namely Tamil Nadu Health Inspection & Monitoring System (TN-HIMS), to facilitate standardised inspection and capture digitally across Government Health Institutions in DPH, DMS, and DME.

The application shall enable inspection of the following categories of institutions:

- Health Sub Centres (HSC)
- Primary Health Centres (PHC)
- Community Health Centres (CHC)

- Sub-District Hospitals (SDH)
- District Headquarters Hospitals (DHQH)
- Government Medical College Hospitals (GMCH)

(7) The proposed inspection framework includes structured digital checklists with area-wise scoring and weighted performance assessment for each category of health institution. The checklists have been designed to comprehensively assess infrastructure, human resources, clinical services, diagnostics, pharmacy, infection control, maternal and child health services, programme implementation, governance, HMIS utilisation and quality assurance, with institution-specific domains and composite scoring methodology.

(8) The proposed TN-HIMS application shall include, among others, the following features:

1. Mobile application for online and offline inspections.

2. Web application for State, Directorate, District and Institutional monitoring.

3. Institution-specific digital inspection checklists.

4. Automated weighted scoring and grading.

5. Geo-tagged inspection with date and time stamping.

6. Photo and document upload.

7. Voice-to-Text facility in Tamil and English using Bashini.

8. AI-assisted generation of inspection summaries.

9. Corrective Action Tracking (CAT) module with timelines.

10. Multi-level dashboards for State, Directorate, District and Institution.

11. Role-based access control.

12. Analytics and trend analysis.

13. Integration with existing Health Department applications including e-Nalam (HMIS), wherever required.

14. Report generation in PDF and Excel formats.

15. Complete audit trail and security controls.

The proposed TN-HIMS application will standardize inspection procedures across Government Health Institutions, facilitate real-time monitoring of inspections, improve accountability through digital evidence-based assessments, automate institutional grading, enable monitoring of corrective actions, reduce manual documentation, support data-driven decision-making and strengthen quality assurance mechanisms through centralised dashboards and analytical reports, thereby improving governance, transparency and quality assurance across the State.

(10) The proposed TN-HIMS application will serve as a common digital inspection platform for all Government Health Institutions under the Directorate of Public Health & Preventive Medicine, Directorate of Medical and Rural Health Services, Directorate of Medical Education and Research and National Health Mission. The application will ensure uniform inspection methodology, transparent performance assessment, centralized monitoring and timely follow-up of corrective actions across all levels of healthcare institutions in the State.

(11) Accordingly, in order to select a suitable agency for development of the proposed application, National Health Mission invited quotations through a Limited Tender process vide reference 1st cited. The technical and financial bids were opened on 10.07.2026, and the evaluation of bids is presently under process.

(12) Considering the urgency of implementing a standardised digital inspection system and the requirement to operationalise the application during the current financial year, the Mission Director, NHM, initiated the procurement process through Limited Tender in accordance with the applicable procurement procedures. The action taken is placed before the Executive Committee for ratification.

(13) It is proposed that the expenditure towards the development, deployment, implementation, training, and maintenance of the TN-HIMS App be met from the Monitoring and Evaluation component under the SPMU funds, as no additional funds are available under the IT Interventions component of ROP 2026–27.

(14) The expenditure under the SPMU funds is estimated to be up to ₹25.00 lakhs. The recurring expenditure for operations, maintenance, and future enhancements of the application shall be proposed under the respective Programme Implementation Plans (PIPs) in subsequent years.

Decision Point:

1. The Mission Director, National Health Mission, may be **permitted to develop a new Mobile and Web-based application named "Tamil Nadu Health Inspection & Monitoring System (TN-HIMS)" for digital inspection, monitoring, and performance assessment** of Government Health Institutions under the National Health Mission, Tamil Nadu.

2. The action of the Mission Director, National Health Mission, Tamil Nadu, in initiating the Limited Tender process for selection of a suitable agency for design, development, deployment, implementation, training and maintenance of the TN-HIMS application, as per the prescribed procurement procedures, may be ratified.

3. The Mission Director, National Health Mission, is permitted to incur expenditure up to **₹25 lakhs towards** the development of the TN-HIMS application under SPMU Funds of ROP 2026–27.

AGENDA NO: 97/51/2026

Sub: National Health Mission — Immunization — **EC Agenda - Ratification** of the action of the Mission Director, NHM-TN in releasing funds towards the Pulse Polio Programme conducted on 28.06.2026 by utilizing savings available under other approved FMRs to meet the shortfall — Regarding.

Ref:
1. Lr.R.No. 392711 / Immn / S2 / 2026-8, dt. 09.05.2026.
2. GoI F.No.G21017 / 4 / 2015 / CC&V FTS No.136091, dt.29.05.2026 of Ministry of Health & Family Welfare (Immunization Division), Nirman Bhawan-1, New Delhi.
3. The DPH & PM letter R.No.3929711 / Immn. / S2 / 2026, dt. 04.06.2026.
4. The DPH & PM letter R.No.3929711 / Immn. / S2 / 2026, dt. 04.06.2026.
5. This office proc.No. 9017/P8/NHM/2019, dt. 19.06.2026 and 24.06.2026 (for Chennai Corporation)
6. RoP 2026-2027 approval under FMR RCH.4.33 Pulse Polio Campaign Rs.260.00 lakhs approval.

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1. Background

The Pulse Polio Programme is a National Immunization Programme implemented throughout the country to sustain India's polio-free status by administering Oral Polio Vaccine (OPV) to all children in the age group of 0—5 years during the National Immunization Day (NID). The programme is implemented simultaneously across all States and Union Territories on the date fixed by the Government of India.

For the year 2026-27, the Directorate of Public Health and Preventive Medicine proposed an amount of **Rs.520.00 lakhs** towards the operational cost of the Pulse Polio Programme under FMR RCH.4.33 in the Programme Implementation Plan (PIP).

2. Status of Approval

During the PIP discussions held with the Government of India on 11.02.2026, the proposal was reviewed and the Government of India approved a sum of **Rs.250.00 lakhs** under **FMR RCH.4.33 - Pulse Polio Campaign** in the Record of Proceedings (RoP) 2026-27.

Subsequently, the Director of Public Health and Preventive Medicine informed that the National Immunization Day (Pulse Polio Programme) was scheduled to be conducted throughout Tamil Nadu on **28.05.2025**, covering all children in the age group of **0-5 years**, and requested release of **Rs.4,95,35,102/-** as per the guidelines of the GOI towards operational expenses for successful implementation of the programme.

Considering the importance of the National Programme and the fixed schedule prescribed by the Government of India, this office released a total sum of **Rs.4,95,35,102/-,** comprising **Rs.4,80,26,463/-** to the Directorate of Public Health and Preventive Medicine/District Health Societies and **Rs.15,08,639/-** to the Greater Chennai Corporation.

The details are furnished below:

Sl. No.	Scheme / Activity	RoP 2026-2027 FMR	Approved amount in Lakhs (Rs.)	Amount released in Lakhs (Rs.)
1	Pulse Polio Campaign	RCH.4.33	260.00	260.00
2	E-Vin Operation cost	RCH.4.34	350.57	100.00
3	Vaccine lifting charges	RCH.4.32 Activity 7 & 8	427.55	135.35102

3. Proposal

As the approved allocation under **FMR RCH.4.33** was insufficient to meet the total operational requirement, the shortfall was met by utilizing the available savings under **FMR RCH.4.34 - eVIN Operational Cost** and **FMR RCH.4.32 - Vaccine Lifting Charges.**

Since the Pulse Polio Programme is a National Programme conducted simultaneously throughout the country on a fixed date, timely release of funds was essential to ensure uninterrupted implementation of the programme across the State. Accordingly, the Mission Director, NHM-TN approved release of the required funds in anticipation of ratification by the Executive Committee.

4. Decision Points

In this regard, necessary ratification from the Executive Committee of National Health Mission — Tamil Nadu is requested as follows:

1. The Mission Director, National Health Mission — Tamil Nadu may be permitted to ratify the action taken in releasing a total sum of **Rs.4,95,35,102/-** towards implementation of the Pulse Polio Programme conducted on **28.06.2026.**
2. The Mission Director, National Health Mission — Tamil Nadu may be permitted to meet the shortfall in operational cost by utilizing the available savings under **FMR RCH.4.34 - eVIN Operational Cost and FMR RCH.4.32 - Vaccine Lifting Charges**, in addition to the approved allocation under **FMR RCH.4.33 - Pulse Polio Campaign**, as per the details furnished above.

NATIONAL HEALTH MISSION

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