IN THE SUPREME COURT OF INDIA

EXTRA ORDINARY ORIGINAL JURISDICTION

(UNDER ARTICLE 32 OF THE CONSTITUTION OF INDIA)

WRIT PETITION NO. 138 OF 2024

IN THE MATTER OF:

DR. RAJSHREE NAGARAJU …PETITIONER

VERSUS

UNION OF INDIA AND ORS. …RESPONDENTS

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RADIAM LAW

13.10.2025 **COUNSEL FOR THE PETITIONER**

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CHART GIVING OVERVIEW OF STRATEGIES ADOPTED UNDER THE NATIONAL PROGRAM FOR PALLIATIVE CARE 2017 AND THEIR CORRESPONDING COMPLIANCES AS GIVEN IN COUNTER AFFIDAVIT DATED 13.8.2024 FILED BY THE UNION OF INDIA

Strategy Adopted as per Clause 2.3 of the National Program for Palliative Care 2017	**Response as per Union Affidavit dated 13.8.2024**
District level palliative care	
2.3.1 – Recruitment of Palliative Care team at district level: (i) one Physician, four Nurses, one Multi-task Worker will be appointed in the team on contractual basis.	**No information provided**
2.4.3 – Provision of basic palliative care at district hospitals including a) Outpatient services b) In-patient treatment	Under the NPPC, services like out-patient department (OPD), in-patient department (IPD), referral, home-based palliative care, training are being provided as district level. As per the information obtained from the States/UTs, a total of 609 Districts are approved in which 493 districts are functional as of December 2023. (@ para 12, p. 10 of the counter affidavit)
2.3.2 – Provision of **outreach services** at CHC/PHC by palliative care team at fixed intervals	**No information provided**
2.3.3 - a) **Training of Palliative Care team** (Physician, Nurses and Multi-task Worker) in acquiring at least basic palliative care skills at the nearest Medical College/Palliative Care centre b) Training of non-specialist doctors, nurses and other healthcare personnel of district/CHC/ Taluk Hospital/PHC in	No information provided on training to the Palliative Care team. Only states that Modular trainings have been made available for existing

acquiring basic palliative care skills at the nearest Medical College/Palliative Care centre.	Medical Officer, Staff Nurse, Community Health Officers and ASHA. State level trainings is conducted to prepare master trainers followed by district level and below trainings have also been conducted by few states. (@para 4 p.5 of the counter affidavit)
2.3.4 a) **Sensitization** and training of Community Health Workers and care-givers for acquiring basic nursing skills. b) The CMHO or District Program Officer will coordinate with State Program Officer for IEC activities in the district. c) Awareness regarding pain and palliative care and the availability of palliative care resources/centres in the community. d) Interpersonal communication would be carried out through health care providers and grass root functionaries i.e. Community Health Workers, ASHA, AWW, SHG/ Youth Club, panchayat members etc. for which education material would be developed to facilitate IEC/BCC activities.	**No information provided**
State-level palliative care	
Establishment of State Palliative Care Cell – comprised of a Program Coordinator and a Data-Entry Operator to coordinate various activities under the program in different districts of the state.	**No information provided**
4 - Program proposal from states - States will be required to submit a consolidated detailed proposal under the program in their NHM state **Project Implementation Plan (PIP)**, which includes the proposed budget for envisaged activities.	**No information provided**
Financial obligations	
3. Funds will be released to States/UTs through the State Health Society to carry out the activities at different levels as envisaged in the operational guidelines. The States shall have the flexibility for inter-usability of funds from one component to another limited to a ceiling of 10%, in order to impart operational flexibility in implementation of this program. A separate bank account in a nationalized bank should be opened for NPPC. The Statement of Expenditure (SoE) and Utilization Certificate (UC), as per GFR 19, shall be submitted in prescribed formats.	**No information provided on funds disbursed to states.** Under the National Program for Palliative Care, Operational Guidelines have been released in 2017 for the implementation of the program effectively. On the basis of these guidelines, the states/UTs prepare their proposals under the NPPC and incorporate them in their respective program PIPS to seek financial support under the NHM. The government of India is providing financial support to the States/UTs.

	(@ para 5.2. p.4 of the counter affidavit)
Availability and provision of drugs and psychological interventions	
2.4.4 - Drugs for pain and palliative care (list of drugs as mentioned in the NPPC) to be made available at every PHC/CHC, Taluk hospital and district hospital 2.4.10 Monitoring and supervision to be done using format as prescribed in Annexure 3 of the guidelines regarding physical and financial progress made	**No information provided**
2.4.4. – a) All district hospitals to be equipped with facilities to provide psychosocial interventions b) Family members/caregivers must also be involved c) Trained manpower and facilities to be available for psychosocial services	**No information provided**
Community awareness and participation	
2.4.9 – a) Promote awareness amongst public and policy decision makers regarding palliative care services b) Collaborate with NGOs for community awareness c) Palliative trained staff to educate caregivers/family members in providing home-based care d) Empower community and family participation in patient care e) Involvement of all local self-governance institutions	**No information provided**

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13.10.2025

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