



NATIONAL HEALTH SYSTEMS RESOURCE CENTER

**Work Report - Incorporating the
report of Regional Resource
Centre for NE States**

2015--16



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I. ADMINISTRATION

1 ACCOUNTS

Deliverable 1: Annual audit of accounts:

Deliverable 1.1 Audit of annual accounts & statement submission to the Chairperson and members of the GB and concerned divisions of MoHFW:

- Accounts for the financial year 2014-15 were audited. The accounts of RRC NE for the financial year 2014-15 were incorporated into NHSRC's accounts based on the audited accounts statement of RRC NE. The consolidated audited accounts statement along with Utilization Certificate was submitted to the Governing Body in its meeting held in June 2015. The audited accounts statement was ratified by the GB.
- Audited account for the financial year 2015-16 of RRC-NE, branch office has been received. Consolidation and finalization of accounts in respect of NHSRC head office for the financial year 2015-16 is in progress.

Deliverable 1.2 Annual update to the office of the Registrar of Societies:

- List of GB members and minutes of the GB meeting for the year 2015-16 was made ready in time and sent to the Office of the Registrar of Societies but it was returned by their staff due to pending transfer of files/reports etc. on relocation of the office from Patparganj to Office of the SDM (South West), Kapasehra. It was submitted to the office of Registrar of Societies & SDM H.Q (South West) in February 2016.

Deliverable 1.3 Filing of Income Tax return for the Assessment year 2015-16:

- Income Tax return for the assessment year 2015-16 was filed in due time.

Deliverable 1.4 Submission of Annual Report/Audited Accounts of NHSRC to COPLOT (Parlt.):

- The Annual report and audited statement of accounts for the financial year 2014-15 were submitted to MoHFW for laying on table of both the Houses of Parliament in due time.
- The above mentioned reports have been uploaded on NHSRC's website as per instruction of MOHFW.

Deliverable 1.5: Submission of Utilization Certificate in respect of grant received for AEFI:

- Audited Utilization Certificate for the expenditure incurred on AEFI project during the year 2014-15, was submitted to the Immunization division of MoHFW for reconciliation.

Deliverable 2: Annual Budget:

- Budget estimate for the financial year 2015-16 was produced before the EC and GB in April 2015 and June 2015 respectively. The budget was approved.
- As per directions of MoHFW, funding support provided by NHSRC to Population Foundation of India, B-28, Qutab Institutional Area, New Delhi for undertaking activities for Community Action for Health to be carried out by AGCA. Apart from this, expenditure & administrative support is being provided to the consultants working under various programs i.e. NUHM, RSBY, RBSK, PNMT, Statistics Division, FMG etc., towards their monthly fee, travel and other related cost. For this additional financial requirement, request for additional funds were submitted to MoHFW by NHSRC. Accordingly grant-in-aid was released by MoHFW to NHSRC from NPMU head.
- In respect of RKSK project (funded by UNFPA), funds were received on quarterly basis for the period January to December 2015. The account were reconciled and submitted to UNFPA along with the unspent balance pertaining to year 2015. Audit team appointed by UNFPA, visited NHSRC and audited the accounts. The project has been extended for one more year (year 2016) through a fresh agreement. Funds received for first two quarters.

Deliverable 3: Internal Audit conducted by MoHFW:

- Internal audit of NHSRC was conducted by a three member team from IAHQ of MoHFW during August-September 2015 (last audit was held in June 2012). The reply to the audit observations is being compiled and will be submitted soon.

Deliverable 4: Funds for recruitment expenses from NHM Jharkhand:

- A sum of Rs 103.00 lakhs was received from Jharkhand Rural Health Mission Society (JRHMS) for the expenses on recruitment of various positions for the state. The process is ongoing.

Deliverable 5: Reimbursement of expenses on Planning Support project (funded by DFID):

- Account has been submitted for reimbursement of expenditure incurred for the MoHFW consultants under planning support project funded by DFID. Payment till September 2015 has been received. Remaining payment of Rs 70.13 lakhs is awaited.

Deliverable 6: Statutory compliances:

- Tax deducted at source were deposited for the credit of Central Government account in time.
- Quarterly TDS returns have been filed in due time till June 2016.

Deliverable 7: Guidance from MoHFW on Service Tax liability:

- Directives from MoHFW has been received on the subject that “the service tax should not be paid to the consultants by NHSRC unless the same is expressly mentioned in their agreement.” In respect of service tax liability on building rent, MoHFW has suggested “to make a case for exemption from department of Revenue on the ground that the renting services provided by NIHFW to NHSRC is not for commercial purpose.”

2 GENERAL ADMIN & IT SECTION

Deliverable 1: Maintenance of Office & Infrastructure:

Deliverable 1.1: Housekeeping services

- Office space was well maintained with the available staff and additional working hands till February 2015.
- The housekeeping services have been outsourced w.e.f. 01.03.2015. The office is well maintained. The housekeeping services have been streamlined.
- Office Equipment & Office upkeep

Deliverable 1.2

- For maintenance of DG Set comprehensive annual maintenance contract have been awarded and it is well maintained.

Deliverable 1.3:

- For maintenance of Centralized A.C. (2 nos. AHU and A.C ducting) a comprehensive annual maintenance contract have been awarded and it is well maintained.

Deliverable 1.4

- One net-working printer has been hired for printing and photocopying. This is well maintained and working properly.

Deliverable 1.5

- Additional workstation for recently selected consultants & fellows at NHSRC.
- 14 new workstations have been added in the office premises. They are functional and occupied.

Deliverable 2: Acquisition of transport / travel facilities for office staff.

- Tender was floated as per GFR rules for hiring of taxi services and vendor was selected as per rules. Separate vendors were selected for monthly hiring and daily requirement basis. Allocation of vehicle was done to the authorised personnel and for other staff on as per requirement basis for official purpose.
- The bill of taxi vendor is checked and verified for payment to the vendor.

Deliverable 3: Asset management

- Annual stock taking was done for stock check of entire office assets and recommended for disposal of obsolete assets held in NHSRC. The procedure was completed in April 2015.

Deliverable 4: Security services through outsourced and emergency response

Deliverable 4.1:

- M/s Mi2C security services were selected for outsourcing security arrangement. There is one guard post (consisting of three guard.) for round the clock and posted at the premises and post are maintained well.

Deliverable 5: Executing Tendering process

Deliverable 5. 1

- Annual contract for Taxi services was finalized and awarded to M/s Visha Taxi Services and for Design and layout of printing services.

Deliverable 5. 2

- Printers were empanelled through open tendering process for Design and Layout for publications.

Deliverable 6: Procurement of goods and work order

Deliverable 6.1:

- Procurement of furniture, stationery items:
- Consumable and Stationery items including furniture available from KendriyaBhandarare purchased below Rs.1,00,000/-. Exceeding this it is being purchased as per GFR rules from open market.

Deliverable 7:

- Expansion of Office space.
- Estate committee of NIHFW has given permission to build the temporary structure on 1st floor of existing building (Display hall).
- Preparation of Architectural drawing & foundation structural report of existing building has been made by an Architect and report in respect of structural strength has been obtained by Structural Consultant and structural report for thickness of roof slab as required by CPWD has been asked from the Architect/ structural Engineer.
- NHSRC has approached to CPWD for deposit work (Turnkey basis) and they raised some queries and it is being replied.
- CPWD team of SE and EE visited the site

Deliverable 8:

- Electrical sub-station
- Estate committee of NIHFW has given permission to take separate connection for NHSRC and it is being applied to BSES for new connection.
- Accordingly we approached to BSES office and they have said the NHSRC should apply alongwith Approved sanction drawing of NIHFW with location where HT Panel/LT panel is to be kept.
- Area for HT/LT Panel has been earmarked and agreed by NIHFW
- The letter approving the location of the RMU, Meter Panels and enclosure has been received from NIHFW

3 HUMAN RESOURCES

Deliverables 1: Recruitments for NHSRC, RRC-NE & MOHFW

A total of 62 vacancies were advertised for NHSRC, RRC-NE & MOHFW.

- NHSRC & RRC-NE (Including UNICEF Supported Positions): Total 14 positions were advertised to fill vacancies in various division of NHSRC and 11 have been filled.
- MOHFW: NHSRC was asked by MOHFW for recruitments of multiple posts for various divisions within the ministry. Total 48 posts were advertised 18 were been filled. Recruitment for remaining vacancies is in progress.
- Campus Recruitment: NHSRC & MOHFW had visited campuses to fill their vacancies for Fellow/Jr.Consultant (MOHFW).

Deliverables: 2: Additions to HR Policy & SOP for Safety of NHRSC Personnel While on Travel

Two new policies have been added to NHSRC's existing HR Policy and have been uploaded on NHSRC website.

- 1. Sabbatical Policy
- 2. Family Members joining NHSRC.
- 3. Policy on Lateral Movement

A SOP on Safety of NHRSC Personnel while on travel was prepared and subsequently approved. This SOP was prepared for all personnel at NHSRC and especially for our female staff when traveling outstation.

Deliverable 3: Annual Performance Appraisals

- The appraisals were successfully conducted of all personnel's working in NHSRC, RRC-NE & MOHFW and their respective appraisal ratings have been shared to the individuals.

Deliverable 4: Online Application Form / Procurement of HRMIS

An online application form was introduced by HR section in NHSRC for recruitment of all positions in NHSRC, RRC-NE & MOHFW. The form was used in many recruitment process but was later withdrawn as there were multiple errors were committed by the website management vendor.

The process for procurement of professional HRMIS software is underway.

Deliverables 5: RTI Queries

- Replied to all RTI queries were met within the stipulated time and all appeals were responded.

Deliverables 6: Contract Management

- Extended / terminated contracts as per the decision of the appropriate authority within the stipulated time.

Deliverables 7: DFID

- Submitted annual budget to DFID for MOHFW consultants working under DFID support. Issued extension letter to all consultants. Ensured timely payments by DFID to NHSRC.
- Deliverables 8: Gender Sensitization Workshop
- Organized a Gender Sensitization workshop for NHSRC personnel and administrative trainings for admin staff at ISTM.

II. COMMUNITY PROCESSES

Deliverable 1: Training of ASHAs in NRHM and NUHM

Deliverable 1.1 - Round 3 TOT to be completed in eight states - UP, Rajasthan, Haryana, Jammu & Kashmir, Maharashtra, Andhra Pradesh, Telangana and Himachal Pradesh.

- Completed for Rajasthan, Haryana, Jammu & Kashmir, Maharashtra, and AP. Telangana is still regrouping its state and district trainers. All states are likely to complete Round 3 TOT by December 2016.

Deliverable 1.2 -Round 3 training of all ASHAs to be completed

- Roughly 51.48% ASHA in high focus states, nearly 94.08% in NE states and about 50% in non- high focus states.

Deliverable 1.3 -ASHA training Round 4 to be completed in NE/rest of the states

- Underway: About 59.36% of ASHA in NE states (over 90% in all states other than Assam, Arunachal Pradesh and Meghalaya), 18.2% in high focus states and about 42.5% in non-high focus states, trained in Round 4;

Deliverable 1.4 Facilitate TOT of all state trainers in PLA- Ekjut Model

- Consultation workshop held and first draft of module ready. Letter from MOHFW issued to high focus states to include in FY 16-17 PIP. TOT will be planned based on ROP approvals made to states

Deliverable 1.5 Develop modules and support training of ASHAs in (i) Roll out of Primary Health Care, (ii) MoPRI, (iii) Rational drug use, (iv) PLA and (v) Non communicable diseases in all states except UP and Rajasthan; (vi) Joint training for all frontline functionaries of Health, GP and ICDS

- RDU module drafted and sent to state nodal officers; GP module- first draft sent to MoPRI;
- Conducted Pilot testing for selected sections of Diabetes module in Delhi.
- Modules to be designed in synergy with the framework for NCD and cancer screening – being developed in consultation with DGHS, MoHFW.

Deliverable 1.6 TOTs for all states in new role of ASHAs vis-à-vis comprehensive primary health care

- Task Force Report finalized; Operational guidelines being developed; Consultation workshop planned after ROP approvals.
- First draft of Operational Guidelines for Comprehensive Primary Health Care- NCD submitted to MOHFW for review

Deliverable 1.7 Supporting training by at least two monitoring visits to district and sub district training sites of all states, (where technical support will be provided as required)

- Visits to Odisha, Bihar, Jharkhand, J&K, Punjab, West Bengal, Uttar Pradesh, Rajasthan, Andhra, Telangana and Uttarakhand completed. Six states visited as part of CRM team

Deliverable 1.8 Supporting states in conducting ASHA Refresher trainings for certification

- National Resource Pool of 26 trainers ready
- Two batches of State refresher training and certification workshop conducted between Feb 29 and March 5 in Delhi and between March 14th to March 19th in CINI Kolkata for the states of Uttarakhand, Punjab, Jharkhand , Karnataka, West Bengal, Assam, , Sikkim, Tripura, and Arunachal Pradesh.

Deliverable 1.9 Module and methodology of Team training for ASHA, ANM, AWW and Panchayat secretary developed (with HRH Division)

- Not yet initiated- likely June 2016

Deliverable 1.10 Support TOT for training in Induction Module under NUHM and enable cross learning from NRHM for planning ASHA training in Induction Training

- Underway

Deliverable: 2: ASHA Certification- At least 20,000 ASHAs to be certified in ten states in Phase 1 (July 2016).

Deliverable: 2.1 Supporting states in initiating ASHA Certification by accreditation of training sites and trainers

- Delays on NIOS front in constituting teams for site visits. Letter from NSHRC/MOHFW sent to states to send documents in respect of accreditation of state sites. Process to be initiated in July, 2016.

Deliverable: 2.2 Consultative workshops for orienting National Resource Pool on Certification Guidelines for sites and trainers

- Completed in October 2015

Deliverable: 2.3 Regional Workshops for orienting Nodal Officers on process of Certification

- Completed in August 2015

Deliverable: 2.4 Accreditations of state training sites and trainers in at least 10 states/ in remaining states

- Delayed, but likely to be initiated in July 2016

Deliverable: 2.5 Supporting states in conducting Refresher trainings for trainers in preparation for certification

- On track – two batches of refresher training completed between Feb 29 and March 5 and between March 14th to March 19th to be held in Delhi and CINI Kolkata for ten states.

Deliverable: 2.6 Support NIOS in accreditation of district sites and trainers in three districts and registration of ASHAs in ten states/remaining states

- Developed Supplementary guide and accreditation process for trainers.

Deliverable: 2.7 Enabling all states to maintain and update training database and evaluation scores

- On going process

Deliverable 3: Technical assistance, monitoring and supportive supervision

Deliverable 3.1 Review meetings and capacity building of support structures at state and district levels in all states

- Workshops conducted in UP, J&K, Uttarakhand, MP; Planned for the state of Gujarat and Odisha
- Visit of four states –J &K, Assam, Meghalaya and Sikkim conducted to study the REMIND mobile based application developed by CRS in Lucknow, UP

Deliverable 3.2 State Nodal Officers Workshops at national level

- Completed, follow up actions being undertaken

Deliverable 3.3 Regional Trainer Conventions

- On track

Deliverable 3.4 Organizing capacity building workshop for UTs

- Planned after ROP approvals

Deliverable 3.5 Supporting states in preparation of CP component of PIP for 2015-16 and 2016-17

- Ongoing process

Deliverable 3.6 Review of CP component of PIP of all states and provide comments to MoHFW.

- Underway for main and Post NPCC PIPs of FY 16-17

Deliverable 3.7 Supporting states in orienting NUHM CP nodal persons, to the processes for selection of ASHAs and MAS in urban areas

- Part of routine monitoring visits; supporting the state of UP in ASHA selection

Deliverable 3.8 Organize Exposure visits for state nodal officers

- To Chhattisgarh for UP State – delayed because of state’s readiness
- Completed for four states to UP for Remind

Deliverable 3.9 Supporting states to enable payments to ASHA through DBT so as to be able to generate payment data that allows for monitoring of programme components beyond amounts and delays.

- Part of routine monitoring visits and to be included in update for state nodal officer meetings.

Deliverable 3.10 MCTS; Facilitate monitoring of quality of calls to ASHAs and beneficiaries and to provide feedback to callers and states

- Have provided inputs and undertake monthly visits with feedback to MoHFW.

Deliverable 3.11 Work with Child Health Division and CD-Stats to enable reporting of ASHA performance into HMIS, particularly with regard to HBNC coverage and quality issues

- Done
- Organized Consultative workshop to review of HBNC visits by ASHA, jointly with Child Health Division, MOHFW

Deliverable 4: Research, Assessments and Evaluation-

Deliverable 4.1 ASHA Evaluation to be undertaken in Jammu & Kashmir, Mizoram and Tripura

- Data analysis for J& K completed, report of the qualitative phase ready and report to be finalized by July 2016, Data collection underway in Tripura and Mizoram by March 2016

Deliverable 4.2 WB – Evaluation of cycles in LWE districts or ASHAs

- Data collection and analysis completed, draft report submitted to state for review.

Deliverable 4.3 Large scale evaluation of ASHA programme in FY 15-16 (including all ASHA tasks such as HBNC, FP, Pregnancy testing, NVBDCP, VHSNC, VAW) etc.

- Concept note approved by National ASHA Mentoring Group, Technical group being formed.

Deliverable 4.4 Assess status of career opportunities created for ASHA

- Part of routine monitoring visits and to be included in update for state nodal officer meetings.

Deliverable 4.5 Exploring technology based platforms to strengthen ASHA Assess Mobile Academy and recommend mechanisms to integrate into ASHA training/preparation for certification.

- TOR ready; exploring agencies to undertake the assessment.

Deliverable 4.6 Assessing scalability of ASHA Soft and other software databases developed in states (with HMIS division)

- Completed and documented; other software to be studied this year.

Deliverable 4.5 Evaluate performance of 2% urban ASHA and MAS in six states

- On track

Deliverable 5: Support to states for strengthening VHSNC / RKS- At least one round of VHSNC completed in all states and RKS training in non-high focus states and NE completed

Deliverable 5.1 National TOT for VHSNC/TOT for NE states

- Completed; also for state of MP

Deliverable 5.2 Support states to roll out TOT and VHSNC training

- On track

Deliverable 5.3 Develop RKS training manual (in collaboration with Quality Division)

- Draft trainer module ready and sent to MoHFW

Deliverable 5.4 National TOT for state trainers /for NE trainers on RKS

- On track

Deliverable 6: Advocacy- Updates and at least four journal articles published and disseminated

Deliverable 6.1 Convene National ASHA Mentoring Group Meetings

- On track – meeting held on April 7th, 2016

Deliverable 6.2 Quarterly updates on CP /Publications

- On track- received upto December 2015

Deliverable 6.3 Biannual ASHA update- including for ASHA and MAS in urban areas

- July update printed and disseminated. January update draft ready for lay out and printing.

Deliverable 7: Support to states in rolling out Comprehensive Primary Health Care pilots through Health & Wellness Centers- Pilots in ten states ready for state wide scaling up

Deliverable 7.1 Support MoHFW in developing concept and operational guidelines for PHC roll out and for free drug distribution, Document models of PHC for scaling up in states and Workshops and visits for on-site support.

- Task Force report printed and disseminated.

- Draft OGs – TOC circulated to members of Working Group

Deliverable 8: Support to NGO initiatives - Pilots in ten states ready for state wide scaling up

Service Level Agreement (SLA)/ Bid for outsourcing PHCs to not for profit sector in rural areas has been circulated to states. Draft SLA ready for urban areas. States will be oriented on SLA as part of Comprehensive Primary Health Care workshop

Deliverable 9: Support to other cross divisional activities

Deliverable 9.1 Common Review Mission, Field review and support, Identification of best practices, assessment and documentation to support scaling up and Support to State Health Systems Resource Centres (in collaboration with PHP)

- On track- CRM visits, Finalized CRM eight report, summarized TOR-5 for community processes for CRM IX, undertook documentation for Best Practices workshop, Mann Ki Baat,

III. HEALTHCARE FINANCING

Deliverable 1: National Health Accounts

Deliverable 1.1 Capacity Building at State Level for policy makers and technical support organizations

- Letters have been sent to all states to nominate nodal officers and allocate budget for NHA. Nodal Officers have been identified from 19 States.
- Academic institutions from Tamil Nadu, Haryana and Punjab, working on state health accounts participated in a guideline development meeting.
- Introductory Training held on NHA during the Regional Review Meetings of NHM. North- East Review Meeting in Tripura, Eastern Review Meeting in Kolkata, Western Review Meeting in Gujarat.
- Guideline review meeting held with experts from 3 states, NHA expert group members and international experts
- A four day NHA capacity building workshop for North Eastern States is planned for May 2016.

Deliverable 1.2 Coordinate the Steering Committee and Expert Group Meetings.

- Conducted four Expert Group Meetings under chairmanship of Economic Advisor, MoHFW.
- Conducted one Steering Committee Meeting under chairmanship of Secretary, MoHFW
- Road Map revised after the Steering Committee meeting.

Deliverable 1.3 Development of framework and methodologies for health accounts estimates

- Sub Groups formed on public health expenditures, out of pocket expenditures and health insurance expenditures. Several sub group meetings held; Discussed classifications and methodologies with experts from states, and international partners from WHO and OECD.
- Framework and methodologies have been finalized and guidelines prepared for final editing and printing. NHA Guidelines for India are to be disseminated in May 2016.

Deliverable 1.4 Collect and analyze data as per health accounts methodology

- Data collected and Draft estimates finalized in the sub group meeting held in Dec 2015. Besides national level estimates, State level estimates have been prepared and are being shared with the states through MoHFW
- Public Health Expenditures - Data collected and analysis is in process for report to be finalized for Union Government level. Data at state level is currently being classified as per agreed SHA methodology.
- Health Insurance data - Data collected and analysis completed. Draft estimates finalized in the sub group meeting held in Dec 2015.

Deliverable 1.5: Prepare and Report estimates for public expenditure (FY 2013-14) and household out of pocket expenditure analysis from Health and Morbidity Survey 2014-15 and health insurance data

- Report on Out of pocket expenditures - Draft report is under review
- Report on Public Health Expenditures - Draft report on Government Expenditures is under review
- Report on health insurance data - Draft report is under review

Deliverable 1.6 Publish health accounts framework for India and methodologies for estimation and estimates for specific data sets mentioned above

- Guidelines for NHA in India is ready for publication and to be disseminated in May 2016.
- Working towards publishing the NHA estimates report in June 2016

Deliverable 1.7 Development of software/ Update of NHA tools in Indian context

- Completed update of System of Health Accounts Tool - HAPT (Health Accounts Production Tool) to Indian context for uploading data to arrive at NHA estimates.

Deliverable 1.8 Other Private Expenditures and External Flows–

- Data collection and analysis is completed for external flows, enterprise survey, and NGO survey. Partner organizations supporting on NGO and enterprise survey.

Deliverable 2: Health insurance

Deliverable 2.1 Support MoHFW the development of policy/ operationalization of Health Insurance

- Prepared policy notes for MoHFW on Reform of RSBY and its implementation after transition.
- Prepared the concept note on a comprehensive benefit package expanding RSBY coverage to Rs.50000 Prepared a concept note on health insurance package for the elderly
- Supported the Himachal Pradesh Health Reform Commission
- Policy note on Health Financing and Fiscal Incentives; fiscal land scape and Universal Health care
- Commented on several notes on i) Unaccounted wealth, ii) Expenditure Commission iii) on Privatization of health care etc.
- Comments on policy notes by FICCI, CII, Prominent Individual related to UHC and PPP
- Comments on World Bank proposal for integrated care delivery in Madhya Pradesh
- Brief on the district healthcare utilization and expenditure survey (UHC baseline survey for financial protection)
- Policy notes on purchasing of healthcare services in urban areas
- Policy notes on devolution of taxes to states - finance commission recommendations
- Note on Out of Pocket Expenditures on Maternal and Child Health

- Note on Health and Economic Wealth
- Note on OOP and health insurance

Deliverable 2.2 Secretariat of the task force on Costing under Health Insurance

- Conducted three meetings of the costing task force.
- Review of benefit package for RSBY was conducted in comparison to costs of RSBY packages in other states like Punjab and West Bengal.
- Reviewed several costing studies available in India to arrive at a approach and allocation formula for allocating public health expenditures into inpatient and outpatient care at different levels of facilities.
- Developed a template for costing STGs
- Costs of services are currently being undertaken by partner institutions in a few states.

Deliverable 3: UHC baseline studies

Deliverable 3.1 Continue work on Assam, Tripura and other states as required

- Supported NE RRC in analyses as per tabulation plan - Study in Assam, Tripura completed and Report prepared.

Deliverable 3.2 Continue providing technical support to states for conducting UHC baseline

- Support training of states as per request - Provided Technical Support to Karnataka for conducting the study

Deliverable 4: National Health Policy

- Support MoHFW on drafting of National Health Policy Financing Section
- Analyzed the inputs/ comments/ responses on National Health Policy. Conducted consultation with healthcare financing experts on national health policy. Revised the sections of healthcare financing accordingly

Deliverable 5: Pro poor public private partnership models

Deliverable 5.1 Continue Work on Evaluation of PPP Model in CHC Raipur, Uttarakhand

- The study on Evaluation of PPP Model in CHC Raipur, Uttarakhand was completed, report was prepared and submitted to the Ministry

Deliverable 5.2 Conduct workshop on PPP models under NUHM

- The division conducted a one and half day workshop in March 2016 on PPP models under NUHM in partnership with NUHM division, MoHFW and PWC. State NUHM officials and from Municipal Corporations from about 20 states attended the workshop. Various PPP models under NUHM in the states were presented and PPP arrangements and monitoring of agreements was discussed.

Deliverable 6: Tribal Health

- The data on tribal health was collected, analyzed and presented to the tribal health committee
- The chapter on policy, planning and financing of tribal health was revised and submitted to the committee on Tribal Health.

Deliverable 7: Common Review Mission

- The division took part in CRM visits to West Bengal, Karnataka and Haryana.
- State reports of visits were submitted and the chapter on Healthcare Financing is prepared with state summary

Deliverable 8: Innovations in HCF

- Innovative financing models were identified and documented for the best practices workshop held in Shimla.

Deliverable 9: Analysis of NSSO 71st Round Health and morbidity data

- Analyzed the NSSO 71st Round Health services utilization in public and private sector and the related healthcare expenditures. State wise analysis was shared with MoHFW and all the major states. Letters were sent to state Principal Secretaries (Health) and Mission Directors (NHM).

IV. HEALTH MANAGEMENT INFORMATICS SYSTEMS

Deliverable 1: Validity Check of HMIS data

- Validation rule violation and alerts based analysis of HMIS data for all states for the year 2014-15 completed.
- Triangulation of HMIS data with DLHS IV in progress.

Deliverable 2: Evidence Generation from various sources

- Indirect Estimates of IMR and Under 5 Mortality using Census 2011 data across all districts and state of India completed.
- Note submitted on Status of Health Indicators by 2015 for India with respect to MDG.
- Inputs given to draft Knowledge Platform proposal.
- SDG indicators- state wise analysis for required rate of decline to achieve the goals for MMR, NMR, and U5MR.
- Triangulation of NFHS 4 with HMIS 2015 - 16 on selected indicators of 18 states for comparison and identifying data quality gaps.
- Triangulation of Clinical, Anthropometric and Biochemical Survey data (RGI, 2014) along with NHFS 3 & 4 for data validation and identifying data and service gaps.

Deliverable 3: Capacity Development of State/ district program managers in selected states

- Supported rationalization of HMIS data elements and indicators and in this regard submitted NHSRC feedback on proposed list of data elements.
- National Identification Number to Health Facilities of India- Developed concept note and standard processes for generation of National Identification Number for Health Facilities across India. Developed mechanism for updation of attributes information in Central Facility Master. Developed functional requirements for NIN Information System.

Deliverable 4: Documentation of innovations and best practices.

- Reviewed eight best practices submitted by the states for best practice and innovations workshop, Shimla. Scoring criteria for awards to States for National Best Practices Summit 2015
- Supported development and launch of National Health Innovation Portal. Actively supporting popularization of National Health Innovation Portal. Supporting stakeholders to upload their innovations in NHInP. Supporting steering committee with review of innovation uploaded so far.

Deliverable 5: Routine analysis of HMIS data

- KPI Analysis along with key issues generated for all states for all four quarters of 2015-16 and shared with states by AS&MD's letter for taking corrective action.

- Annual HMIS data analysis of financial year 2014-15 for all States and districts completed and disseminated. Annual HMIS data analysis FY 2015-16 for all States and districts ongoing and likely to finish by 2nd week of July
- Analysis of causes of maternal, child and infant deaths and deaths due to causes other than maternal and child deaths for all states using HMIS data 2014-15 & 2015 – 16.
- Template developed for monthly progress analysis for all selected states and districts for Model District Plan.
- Data analysis support (using HMIS, DLHS/AHS) for tribal health data situational analysis- compared performance of tribal districts with non-tribal districts.
- Comparison of NFHS 4 with NFHS 3 on selected indicators of 18 states for which NFHS 4 data is released.

Deliverable 6: National Health Policy

- Indexing of all responses received on NHP. Development of criteria for analysis of responses and identification of key issues to be included in Draft NHP.
- Editing of policy chapters as per response received.
- Compilation of suggestions made during steering committee meeting and review of the NHP based on key suggestions made.
- Note on goals for NHP, Abbreviations, references review, action taken report on the suggestions made by various ministries on revised draft, Development of abridged version of NHP.
- Development of Framework of NHP implementation.

Deliverable 7: Telemedicine

- Development of assessment tool is in process.

Deliverable 8: Other Activities

- Primary Healthcare Task Force- For development of information systems to support primary healthcare, conducted three studies- Comprehensive Rural Health Services Project (CRHSP) Ballabgarh, AIIMS; *SomarthInclen* Project and *eJanSwasthya* Application Rajasthan. Study report with recommendation for development of information system for primary healthcare submitted to the Committee on operationalization of primary healthcare task force report.
- Supporting e-governance division of MoHFW for finalization of MDDS standard. Submitted responses on various queries, pending issues and ways to address them.
- Submitted feedback on National eHealth Authority concept note put on public domain by MoHFW. Supported e-governance division for response analysis by providing standard template for indexing and analysis of responses.
- Reviewed EHR standard data elements on the request of e-governance division MoHFW. Identified ambiguities with respect to published MDDS standards and suggested ways for improvement.
- Bridge Course – Supporting roll-out of bridge course development. Developed concept note and operationalization plan for Bridge course for Ayurveda Practitioners.

V. HEALTHCARE TECHNOLOGIES

Deliverable 1: Technical Specifications:

Formulation of specifications for devices of:

- Blood Bank equipment
- Sterilizers & Autoclaves
- Hospital Furniture

Deliverable 2: Biomedical maintenance model:

- Completion of equipment inventory mapping in 28 states/UTs
- Support to states for roll out of comprehensive maintenance program- Roll out in advance stages in 16 states, launched in 3 states

Deliverable 3: Innovations uptake & Health Technology Assessment:

- Receipt of 22 health technology innovations on National Health Innovations Portal
- Assessment of above in progress in batch of 10 innovations. Four assessment completed
- 6th Capacity building program for health technology assessments conducted in Jan 2016

Deliverable 4: Free Diagnostic Scheme & Technology intensive programs:

- Launch of Free Essential Diagnostics Initiative (Pathology, Tele-Radiology, CT Scan) in 2 states, in advance stages of launch in 8 states, under planning in remaining states
- Healthcare ATM pilots at Himachal Pradesh, Oddisa, UP, Andhra Pradesh, Madhya Pradesh
- Formulation of guidelines for roll out of Free Dialysis Initiative
- Primary research study for measuring compliance to statutory AERB at CHCs and DHs for X-ray installations and support for up-gradation of radiation safety systems.

Deliverable 5: Health Systems Support in area of medical technology

- Technical reports on establishment of medical devices testing laboratory to Dept. of Commerce
- Support to CDSCO in formulation of rules for medical devices under the Drugs & Cosmetics Act
- Support to Dept. of Pharmaceuticals for medical devices industry promotion initiatives such as correction of inverted duty structures, balanced price control of medical implants, setting up of medical devices manufacturing parks at Vishakhapatnam and Nagpur.

VI. HUMAN RESOURCE FOR HEALTH

Deliverable 1: Governance & Policies related to Human Resources for Health

Deliverable 1.1: HRH Component of Comprehensive Primary Health Care supported

- Final draft of task force report prepared and submitted to ministry for approval.

Deliverable 1.2: "Assessment of Posting and Transfer Policies" to study the nature/features

- Printing of the two reports and sharing with MoHFW and states.

Deliverable 1.3: Support states in establishment of Public Health cadre

- Secretariat has been constituted at NHSRC.
- A review of Public Health Cadre in six states has been done.
- Final draft of state specific individual reports and summary report for all six states has been completed. Road map drafted for other states
- Concept note on National Consultation submitted to Ministry for approval
- Supporting Chhattisgarh in establishment of Public Health Cadre

Deliverable 2: Support states on improving availability of Health Care Providers in Rural and Remote areas

Deliverable 2.1: State recruitment processes strengthened

- National level empanelment of 10 HR agencies for conducting recruitment in states/UTs, with guiding principles for the states.
- Supporting states (Uttarakhand, Jharkhand, Bihar, UP, Karnataka, Daman & Diu, Assam) for conducting recruitments.

Deliverable 2.2: Develop performance management system framework and guidelines for all states and implement in five states

- Supporting states in developing performance based incentives (Haryana)
- Performance management guidelines for ANMs - MPW (F) guidebook dissemination

Deliverable 3: Workforce Management: Assistance to states on key problem areas of Contractual HR policies – Contract Management, Performance Management, etc.

Deliverable 3.1: Develop HRH operational manual for contractual NHM employees including Model contract for appointment among others.

- Drafted final document after incorporating suggestions/recommendations from MOHFW, technical partners & states.

Deliverable 3.2: Integration between Directorate of Health Services and National Health Mission¹ strengthened (with PHP, CP & PHA Divisions)

- A concept note has been developed and Task Force is approved by MOHFW.

¹Cross-divisional activities

- States have been asked to nominate members for the task force.
- Tools to investigate level of integration in the states developed
- State visit to Assam, Odisha, Chhattisgarh and Karnataka to review the level of integration between DHS and NHM done

Deliverable 3.3: Continue work on better planning of work amongst available workforce (MPW(F) Guidebook)

- Conducted dissemination workshops in Assam, Nagaland, Bihar, Rajasthan, Uttarakhand and Jharkhand.
- Hindi guidebooks have been developed and dispatched to Rajasthan, Bihar, MP, UP, Haryana Chhattisgarh, Uttarakhand, Himachal Pradesh

Deliverable 3.4: Document effective workforce management practices in states² & report disseminated

- Contributed in collecting good practices by visits to Maharashtra, Tamil Nadu and evaluating the best practices related to HRH for MoHFW.

Deliverable 4: Work allocation and planning for better retention and organization of work, for optimal output both at the health facility and outreach services

Deliverable 4.1: Study reports on rural retention strategies

- Expression of interest floated; technical and financial shortlisting conducted

Deliverable 5: Training and Capacity Building

Deliverable 5.1: Develop a 6-month bridge course for AYUSH Doctors to train and deploy them as Community Health Officers (CHO) in sub centers

- NHSRC being Secretariat for Task force for Bridge course constituted
- Two meetings of the core committee and one expert committee meeting convened
- Concept note for two courses developed and shared
- MoU between MoHFW and IGNOU is signed
- Provided inputs on the curriculum prepared by IGNOU

Deliverable 5.2: Developed and disseminated induction modules for key NHM employees

- Collected state specific induction material from various states

Deliverable 5.3: Study on 'ASHA to ANM in Chhattisgarh: Challenges and Opportunities'³ completed and report disseminated (with CP Div.)

- Developed research proposal and conducted a situational analysis for the study
- Contract signed with identified technical partner in the state.

²Innovations and good practices

³Cross-divisional activities/ Innovations and good practices

Deliverable 6: Cross-cutting areas

Deliverable 6.1: Participate in IX Common Review Mission

- Participated in Common Review Mission and submitted reports related to Jharkhand, Chhattisgarh, and Madhya Pradesh state.

Deliverable 7: Additional Areas of Contribution³

Deliverable 7.1 Developed Flexible Norms for Improving Specialty Services for Secondary Care

- Support States in engaging specialists

7.2 Developed Draft Comprehensive Integrated Training Plans for Counsellors and Laboratory Technicians

- Finalize training plans
- Frame training modules
- Share with states

VII. PUBLIC HEALTH ADMINISTRATION

Deliverable 1: Improve Maternal and Child Health

Deliverable 1.1 States supported in Maternal Death Review & actions taken at state level as per the identified gaps

- MDR Guidelines revised and submitted to the MH Division for approval
- All districts (113) in Bihar and UP were provided technical support for re-orientation on request from the States
- Whenever CDR workshops are conducted (7 since April 2015), review of MDR implementation is held. Additionally, 8 districts in 4 states (Andhra Pradesh, Madhya Pradesh, Rajasthan and Assam) were oriented on MDR
- MNMR - Part of the expert committee that developed the guidelines. MH division disseminated the guidelines in April 2015. MH Division has asked the ATR on newer guidelines from the states

Deliverable 1.2 States supported in Child Death Review and address identified gaps

- CDR Guidelines revised and printed after approval from CH Division
- 93 districts oriented in state level workshop on CDR in 7 states (Jharkhand, Manipur, Uttar Pradesh, Andhra Pradesh, Rajasthan, Chattisgarh, Uttarakhand)

Deliverable 2: Identify and implement the Best Practices and innovations (with support from all divisions)

Deliverable 2.1 Model Health Districts

- National workshop held in June 2015 and state workshops held in 15 States
- Action plan prepared in 12 States and continue follow up visit to assess progress (21 visits)

Deliverable 2.2 Model Labour room developed in 8 states for states to scale up.

- 16 labour rooms and operation theatres in the district hospitals in 12 States were visited, staff oriented and action line drawn for making these labour rooms & OTs as model by the states.
- Hand holding & monitoring the implementation of the action plan is under progress

Deliverable 2.3 Support to MCH wings (in all states where sanctioned)

- Technical support for 4 state level workshops given for the state of AP, Orissa, Maharashtra and Madhya Pradesh
- On the spot guidance and mentoring done for MCH wings in district hospitals in 6 states - Uttar Pradesh (Lucknow and Kannauj), Andhra Pradesh (Guntur), Maharashtra (MGIMS Wardha) , Orissa (Phulbani), Medak (Telangana) and Banswara (Rajasthan)
- Orientation for planning and creating MCH wings, renovation of existing maternity

wings conducted in 30 districts in 12 states

- Specifications for a consolidated list of equipment, instruments and furniture for MCH wings are under preparation with support from HCT Division of NHSRC

Deliverable 2.4 Software as per GoI protocol developed for providing quality ANC during pregnancy with referral linkages

- Technical support and guidance given to UP in developing ANC software

Deliverable 2.5 Course with DNB for GDMO developed

- Three rounds of meetings with DNB held. One meeting with Ministry also held. Currently awaiting response from DNB

Deliverable 2.6 Development of Grievance Redressal System for Public Health Institutions

- Draft along with Notice Inviting Bid and MOU submitted to Ministry

Deliverable 2.7 Orientation of all high focus states completed for developing district hospitals as knowledge centres

- Draft guidelines submitted to the Ministry.
- Developed draft operational plans for post graduate diploma nursing programmes
- Software for mapping of institutions is under development with support from QI Division

Deliverable 2.8 Support to MH division, MoHFW on Skills Lab

- Gave technical support to MH Division for revision of training manuals for facilitators and participants, which was published in October 2015.
- Developing manual for add on skills – MH Division had initiated the work on ‘Adds on Skills Manual’ and inputs are given, as and when asked
- On site orientation on skill lab establishment was given to Maharashtra (PHI, Nagpur) & West Bengal (Kolkata)
- Participation in selection of Skills Lab trainers (Haryana)

Deliverable 3: Family Medicine Programme

Deliverable 3.1 Operational guidelines for initiating MD (FM) Programme in a Medical Collage

- Family medicine status paper - Literature review completed. Proposal from CMC Vellore received for the evaluation of PGDFM Programme. Study scheduled

- Operational Guidelines for MD Family Medicine - Revised Curriculum from MCI is awaiting Ministry's approval

Deliverable 4: Disease control programmes (DGHS support areas)

- Field visit conducted in Bihar and report submitted
- Meeting with members of Kala-core consortium

Deliverable 5: support to High focus State

- Supported Bihar in rolling out Supportive supervision strategy
- Supported Jharkhand on preparing TOR for regional directors
- MDR & CDR – implementation support in Bihar
- Supporting State in SPIP preparation, District ROP preparation and Financial guidelines
- Supporting in rolling out QMS, HMIS and MCTS

Deliverable 6: National Urban Health Mission (Mandate received on 1st April 2016)

- Carried out five states field visits
- Drafts developed – guideline for implementing NUHM, checklist for assessing NUHM progress at State level, progress on DLIs
- Reviewed documents – Capacity Development Framework, Mapping & Vulnerability assessment guideline, Operational guidelines for Urban PHCs
- Organized two Stakeholder meetings

Deliverable 7: Legal Framework of Health Care

Deliverable 7.1 Public Health Act

- Model Draft Bill submitted to MoHFW
- Four State consultations held for development of State specific Acts

Deliverable 7.2 Legal Framework for service provision by Mid-level providers (AYUSH Doctors working at PHC'S & SC)

- Note on legal options/way ahead drafted and submitted to Ministry

Deliverable 7.3 Technical support to strengthen Legal Framework in Health

- CEA Inputs given in National Council Meeting – attended meetings of National Council and sub group on minimum standards (available on MoHFW website)
- INC Act model rules – report on the INC amendments Act submitted – response (to

- effect the amendments suggested) awaited from the Ministry
- Support provided in developing medico-legal protocol – meeting with institutional partners scheduled from August 2016

Deliverable 8: Other Activities

- Four states (AP, Manipur, Assam & Maharashtra) visited and reports prepared and submitted
- TOR on Governance prepared for the National report
- Inputs on GRS, ambulance services and DH strengthening
- Appraisal/comments on Andhra Pradesh Proposal for ASHA restrooms and help desk.
- Appraisal/comments on proposal to organize surgical camps
- Administrative support to NERRC for 6 months
- Evaluation of best practices from 6 states
- Organised regional review meeting of MoHFW for North Eastern states at Tripura
- Organised regional review meeting of MoHFW for NE States on HMIS at Guwahati
- Technical support to regional review meeting on ‘Strengthening Blood Transfusion Services’ at Gangtok

VIII. PUBLIC HEALTH PLANNING

Deliverable 1: Capacity Building of SHSRCs & better work coordination between SHSRC, State Health Society & Directorates

- Organizational review completed in six functional SHSRCs (Chhattisgarh, Haryana, Kerala, Odisha, Jharkhand)
- Scoping exercise for establishing SHSRCs in Rajasthan & UP
- Follow-up consultations held with State counterparts in Rajasthan, Gujarat, Maharashtra, Himachal Pradesh and Madhya Pradesh
- National consultation for Strengthening of SHSRCs conducted and way forward for SHSRCs identified.

Deliverable 2: National Health Policy

- Process documentation of National Health Policy formulation completed
- Reports of regional consultation workshop draft National Health Policy prepared and submitted to MoHFW
- Compilation and analysis of more than six thousand feedbacks and comments received on National Health Policy reviewed and submitted to MoHFW for inclusion
- 'Framework of Implementation' developed after detailed analysis of the National Health Policy
- Consultative workshops organized for civil societies and educational institutes on discussing insights on NHP
- Six regional consultation workshops in Guwahati Chennai, Lucknow-2 and Delhi-2 on draft NHP.
- Draft for consideration of CCHFW finalized and presented before state health ministers.
- Based on Inputs from CCHFW, finalized draft for Cabinet consideration

Deliverable 3: Assured Primary Care under NHM

- Provided inputs for final report of Primary Care Task Force

Deliverable 4: National Urban Health Mission (NUHM)

- Reports of Delhi, Kolkata, Ahmadabad, Trivandrum Varanasi & Chandigarh cities prepared based on activities undertaken under NUHM is under preparation
- MoUs finalized for signature with identified institutes after completion of consultative workshops
- Training modules for ANMs in urban area finalized and submitted to MoHFW, module for MOs and SNs is in process of development
- Framework for capacity building prepared in consultation with PwC/ ADB

Deliverable 5: National summit on best practices in healthcare

- 2nd National Summit on Good practices & innovations held in July 2015
- A coffee table book depicting selected innovations from the States was released by Honorable Minister of Health & Family Welfare at the summit

- National Health Innovation portal launched to review and further implement the scalable innovations.
- Screening of 29 program evaluations performed and based on eligibility criteria field visits carried out to evaluate on-ground implementation and potential for scalability of innovations.

Deliverable 6: Studies & Evidence

- Pending research project reports finalized.
- Study on accessibility of public health institutions in Dharchula (Uttarakhand) completed.
- Evaluation of Yashoda Programme in Odisha

Deliverable 7: State Annual PIPs reviewed and support to states for implementation

- Comments submitted to MoHFW on PIP (main and supplementary) for all States
- Visit to Bihar, Jharkhand, Rajasthan, Uttarakhand, Uttar Pradesh for orientation to States on the recently launched PIP software
- Quarterly monitoring visit to Madhya Pradesh, Odisha, Bihar, Jharkhand, Andhra Pradesh, Telangana, Delhi, Haryana, Kerala and Uttarakhand
- Annual reporting of JSSK implementation review based on monitoring visits submitted to MoHFW

Deliverable 8: Common Review Mission

- 9th CRM conducted in 18 States in November 2015
- National report prepared and submitted to MoHFW.

Deliverable 9: Other Activities:

- Support to MoHFW and MOTA constituted expert committee on tribal health affairs
- State visits to Madhya Pradesh, Jharkhand for supporting the expert committee on tribal health affairs
- Support to MoHFW in organizing summit for best practices in tribal healthcare, Gadchiroli, Nagpur
- Prepared and submitted the Guidelines on RET Monitoring Visits
- Visit to Uttar Pradesh to review reported irregularities in JSY payments
- Visit to 9 districts of UP for NHM plan review as part of MoHFW team
- Technical feedback to MoHFW on World Bank proposal on health systems strengthening in MP
- Prepared and submitted a media strategy plan and ideas for preventive and promotive health MoHFW session on Doordarshan
- Provided recommendations for Integration of National Programme for Healthcare of the Elderly with National Health Mission and delineating the activities which should be Mandatory and Desirable up to the District level under NPHCE
- Support to MoHFW for NHM Regional Review meetings
- Inputs to MoHFW on reference note by Azim Premji on 'Industry and Government Collaboration for a better Healthcare, MDGs to SDGs & Universal Health Coverage
- Secondary research for compiling a Draft on 'Ten Years of National Rural Health Mission' in process

- Attended workshop on Intellectual Property Rights, Access to Medicines and Public Health.
- Attended conference on Evaluation of Social Protection Programmes.
- Participated in a Training Workshop on Understanding Climate and Health Associations in India and developed a concept note and presentation on 'Health in All' policy
- Publication support to other divisions of NHSRC

IX. QUALITY IMPROVEMENT

Deliverable 1: Strengthening of the Quality Assurance Programme by building Capacity of the states for institutionalizing the programme:

- Central Quality Supervisory Committee has been formed.
- State Quality Assurance Committees have been reconstituted and notified in the states except in J&K, Andaman & Nicobar & Lakshadweep
- Quality Assurance Units have been operationalised in the States & UTs. Recruitment of HR has been delayed in few states such as Arunachal Pradesh, Assam, Goa, Telangana, MP, Meghalaya, Manipur & Tripura, Puducherry, Mizoram, A&N and Lakshadweep.
- QA and *Kayakalp* trainings have been conducted as per states' need.

Deliverable 2: Support for 'Kayakalp' Initiative for District hospitals in the year 2015-16 and Scaling up the program in FY 2016-17 to SDHs & CHCs and PHCs

- Trainings on the Assessment Protocol have been conducted as per States' request.
- The States were supported with final assessment.
- National level felicitation of District Hospitals & Central Government Institutions was conducted on 16th March 2016.

Deliverable3: Quality Assurance Programme at Urban Health Facilities

- Quality Standards for U-PHCs have been developed and shared with the States.
- States' Nodal Officers & Quality Assurance Officers have been oriented.
- Baseline assessment in selected 15 states has been initiated and a total 64 U-PHCs have been assessed

Deliverable 4: Institutional Arrangement for the External Certification

- Pool of External Assessor has been expanded after conduct of 5-days External Assessors Training in Delhi, Kerala & Gujarat.
- At end of the training, participants were assessed for their proficiency in Assessment protocol & methodology
- Successful candidates are empanelled, if they meeting the norms given in the QA Operational Guidelines.

Deliverable 5: Development of AEFI standards

- 'Quality Assurance standards for AEFI in Public Health Facilities' have been developed through consultative process involving Programme Divisions MoHFW, States, Academic Institutions, PHFI, Development Partners, etc.

Deliverable 6: Development of Standard Treatment Protocols

- 10 subgroups for 14 Disease condition were formed. For five disease conditions (Diabetic Foot, Hypertension, Dry Eye, Alcohol Dependence, Snake Bite) the STGs have been submitted to the MoHFW.

Deliverable 7: Quality Certification of the health facilities

- External Certification of Health Facilities has begun. Five District Hospital level facilities and one CHC have undergone certification audit. Five hospitals are in pipeline.

Deliverable 8: Quality Certification of NQAS standards by ISQUA

- NQAS standards were assessed by the International Society for Quality in Health Care (ISQua) appointed referees.
- Issues raised by the ISQua were addressed by an expert group
- Now the Standards have received ISQua Accreditation on 31st May 2016

Deliverable 9: Creation of pool of Quality professionals in the country to meet the need trained man-power in Public Health Facilities

- 4 batches of External Assessor training has been imparted in the country for creation of pool of trainers.
- The trainers will be utilized for external assessment of the facilities for Accreditation.
- For meeting need of qualified Quality professionals in the Public Health System, NHSRC collaborated with TISS has launched 'Post-graduate Diploma in Health Care Quality Management' program, which is a two semester course. First contact programme has been held in April 2016.

Deliverable 10: Support to other Divisions & MoHFW

- Supported in Model Health District Program in the States of Chhattisgarh, Madhya Pradesh & Rajasthan.
- Supported 'Labs for Life Project' a NACO & CDC initiative