EXPERIENCE SHARING CUM SENSITIZATION WORKSHOP
ON INNOVATIONS IN THE
USE OF INFORMATION TECHNOLOGY FOR THE
MANAGEMENT OF HUMAN RESOURCES FOR HEALTH

Date: 16th March, 2013

Venue: NEDFi - Guwahati, Assam

Organized by:
National Health Systems Resource Center (NHSRC), New Delhi
and
Regional Resource Center-North East (RRC-NE), Guwahati

WORKSHOP PROCEEDINGS
AND
WORKSHOP REPORT
Compiled by Dr. Suchitra Lisam
Sr. Consultant (HRH), NHSRC, New Delhi
ABOUT THE WORKSHOP

Realizing the importance and emerging need of effectively managing human resources and use of accurate, real time quality data on various categories of health workers for effective health planning and sound decision making by policy makers and administrators, few states in the country have taken initiatives to develop and implement the Human Resource Information Systems (HRIS). The states of Assam, Bihar, Jharkhand, Karnataka, Orissa, Tamil Nadu, and Himachal Pradesh have been implementing the HRIS with varying success and outcomes. In the North-Eastern states, no HRIS is in place except in the state of Assam. Keeping this in mind, a one-day Regional Workshop was organized by the National Health Systems Resource Center (NHSRC) in collaboration with Regional Resource Center-North East (RRC-NE) with the aim of sensitizing the 6 north east states on the need of HRMIS for effective management of HRH and use of information for administrative and planning purposes.

Objectives of the Workshop:

1. To document best practices and innovations in the area of Human Resource Management Information System (HRMIS) among states implementing it
2. To understand the challenges and opportunities in the area of HRMIS from the development and user point of view
3. To identify and document standard requirements for human resource management information system (HRMIS)

Content of the Workshop:

HR-MIS Design, implementation status & challenges, HR-MIS framework, software designs, technical alternatives, defining needs for NE states, role of NHSRC and RRC-NE

Methodology:

Presentation, Live demonstration of software, Panel discussions, Questions & Answers sessions

Resource Persons:

Officials from NHSRC, RRC-NE, State Government representatives from Assam, Bihar, Orissa, Karnataka, Tamil Nadu, Technical Experts from IT field, NIC

Workshop Convenors: Dr. A.C. Baishya, Director (RRC-NE) and Dr. Dilip Singh Mairembam, Advisor, HRH (NHSRC)

Workshop Rapporteur: Dr. Suchitra Lisam, Sr. Consultant, HRH (NHSRC)

Coordinators: Dr. Amit Mishra, Consultant, HMIS and Mr. Prankul Goel, Consultant, HRH of NHSRC

Target Participants:

Leaderships of State Governments from North-East states (i.e. Mission Directors), NE State representatives from HMIS, HR division of NRHM office/ Directorate of Health Services

Number of Participants:

The number of participants is limited to 12 from the 6 other North East states of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Sikkim.
A one day Experience Sharing cum Sensitization Workshop on “Innovations in the use of Information Technology for Management of Human Resources for Health” was organized for the North Eastern States on the 16th March, 2013 (Friday) in Guwahati, Assam by the National Health Systems Resource Center (NHSRC) in collaboration with Regional Resource Center, North East (RRC-NE), Ministry of Health & Family Welfare, Government of India.

The workshop started at 10:00 AM with a warm welcome address from Dr. A.C. Baishya, Director of RRC-NE. He addressed the audience highlighted the fact that it was the first ever workshop of its kind being held for the north east states and hoped that it would achieve the intended outcome. He stressed that majority of North East states are currently still using the HRH data which are available on paper based files and formats. Since the data is fragmented, inaccurate and incomplete, it is therefore a tremendous challenge to know relevant information about the personal, professional details and area of postings of health workers and service providers across facilities in districts. The State and district headquarters have no clue about the HR information on in-positions, vacancy status, qualifications, training status and unable to link it with the type and location of any health facilities, which is a prerequisite for an effective human resource planning and deployment. He stated that it was an opportune time to organize a platform for transfer of knowledge, best practices and innovations towards development of HRMIS. Good HR planning and management is not possible considering the limited availability of accurate, up-dated data on health workers. The welcome address was soon followed by a round of introductions of the audience comprising of resource persons, participants and support staffs.

Dr. Dilip Singh Mairembam, Advisor (HRH), NHSRC had highlighted the broad and key objectives of the workshop. He explained about the three key sessions planned out for the day, starting with the 1st technical session in the first half of morning followed by the 2nd technical session in later half of the day and lastly the panel discussion, with voices from the representatives of North East states, shall largely focused on the kind of decision states could make and plan to adapt the various models of HR-MIS systems used in different states as per their respective state and local needs. He stated that states such as Bihar and Jharkhand had pioneered such innovations and had captured relevant data in HR-MIS, which is in public domain, and used this information not only for purpose of payrolls as perceived by many people but also for ensuring transfer, posting of service providers in a more transparent manner and rationally deploying the key service providers where they are required the most. He mentioned how his recent visit to Jharkhand for documenting the issues and challenges around human resources for health had enabled him to prioritize the requirements for setting up such a system for the rest of the country. He cited that in Jharkhand, out of 54 designated FRUs in the state, only 11 was found to be conducting C-sections whereas it was observed that some specialists such as gynecologists and anesthetists were posted in CHCs and PHCs. Through the report generated out of his visit, the state was able to rationalize the posting and transfer of specialists from these CHC and PHCs and deployed them at non-functional FRUs. Thus, the state has been able to functionalize 8 more FRUs. He emphasized that having such a HR-MIS could be particularly useful for NE states since majority of facilities are located in very remote, difficult and inaccessible areas and knowing the accurate HRH data has always been a challenge which affects the quality of health planning. However, these states has lots of potentials for development and roll out of HRMIS system owing to its smaller size population and lack of complexities for requirements of IT infrastructure. With these words, he once again welcomed the NE-participants to this important workshop and looked forward for a proactive discussion.
The technical sessions was divided into two parts. The first technical part started at 10:45 till 13:30. In the first half of workshop, the technical session –I was covered which were the state specific presentations on HRMIS, capturing various features of system, status of implementation, challenges, way forward and best practices or lessons learnt. The technical session-II focused on the documentation of required framework, software designs and issues and strategy to choose technical alternatives.

TECHNICAL SESSIONS

The technical / programmatic representative from respective states gave the presentations, enumerated as follows:

a) ASSAM:

Mr. Rahul Dev Chakaraborty, MIS Manager and Nodal M&E Officer of NRHM, Assam had shared the experiences of Assam on HR-MIS. He stated that NRHM, Government of Assam has developed the first HRMIS in-house by the NRHM –MIS department in 2011.

Key Highlights: He highlighted that the first version of e-HRMIS was developed and inaugurated on 17th August, 2011 and published in public domain of NRHM, Assam website with an objective to disseminate the information on availability of doctor, nurse, paramedics in different Health Institutions, maintain the HR database of Health & Family Welfare Department, utilization of manpower database for planning, publication of availability of doctors, nurses, paramedical staffs along with other health department employees in different health institutions. He talked about the 104 Complaint Redressal Systems, inaugurated in 2001 and dedicated to the public. All contractual employees under NRHM as well as regular appointments under Department of Health & Family Welfare have been captured under the system. The database is updated in the online portal every month relating to transfer, posting, etc (if any) and updation is usually completed by 27th of every month. On 29th day of every month, updated database is published in the public domain of NRHM, Assam website. Customized reports on availability of key staffs are generated from portal.

He stated that the 2nd version of HRMIS was developed in 2012-13 under “Integrated MIS-GIS System” for integration of manpower database with HMIS data of service delivery (OPD , IPD , Normal Delivery, C-Section delivery, Laboratory Test, ANC, Immunization, maternal and Infant Death, etc.) , Equipment, Drugs, Infrastructure Development, GIS system etc. The system has been developing in house at the MIS Cell of State Head Quarter. A comprehensive format of data collection for each and every employee of Health & Family Welfare Department has been developed and circulated for data collection and is being updated in the new system in phase manner. He also highlighted the key HR-MIS modules and types of reports generated from portal on regular basis.

Way Forward: He mentioned that Assam NRHM has planned to develop a Dashboard Option so as to generate an alert message if any critical post is vacant, performance data of individual employees is proposed to be captured in the online e-HRMIS portal for assisting in the process of annual performance appraisal, auto generation of Pay-Slip of the employees and transfer of salary to individual Bank Account along with integration with incentives.

Best Practice:--bringing in transparency in the system: The NRHM, Assam has developed software for engagement of doctors, RHP etc to ensure transparency in recruitment process. Though
publication of lists of candidates based on merit and lists of vacancies in facilities, on spot appointment of qualified candidates take place in a transparent manner on the day of counseling.

**Challenges:** As far as challenges were concerned, it was highlighted that integration of training of employees with the HR-MIS database and updating of information on transfer on regular basis was a major one.

b) **ODISHA:**

*Mr. Guru Prasad Rath, IT Consultant, NRHM, Mission Directorate of Odisha* presented the state’s experience on HR-MIS, its challenges and way forward.

**Background:** He mentioned that a web based MIS was developed by a team comprising of Manager, HRD, Consultant-IT and M&E and finalized the HRMIS requirements. The scope of HRMIS was limited to contractual employees under NRHM since there is already a system in place for management of regular employees under the Government of Odisha. The firm was selected through open bidding process for web site and web based systems development for NRHM, has been entrusted to develop HRMIS. The various functionaries of HRMIS were highlighted briefly in the presentation.

**Implementation Process:** He presented that the user IDs was created for all district HQs, CHCs and SDHs, training imparted to data managers and authorized persons of NDCPs, CHC and SDH personnel at district level, data consolidation workshops held comprising of data managers at state level to validate the data entries in 5 phases in 6 districts per phase. All the required changes were implemented in due process of hand holding. The new Modules such as Generation of salary sheet and user wise monthly salary statement have been added to ensure uniform salary disbursement in time.

**Current Status:** He stated that approximately 95% of users had received training on HRMIS and its functionalities. The simplified HRMIS user manual has been uploaded in web site so as to enable the new users to get acquainted with the system. *Approximately 90% of the employee data has been updated. Steps are being taken to update the rest 10% data at the earliest and a total of 6306 contractual employees have so far been registered* in the system.

**Utilization of System:** The system is utilized primarily for PIP –HR development for 2011-12, 2012-13, replies to assembly questions, RTI, parliament questions, use by district officials for planning activities. The scheme mission connect (CUG mobile connection to Health service providers) has been linked with HRMIS to check authenticity of the employee and mandatory disclosure of HR of NRHM web site, directly linked to HRMIS. All information of HRMIS is being tracked through Geographic Information System with their profile details.

**Way Forward:** Mr. Guru Prasad stated that it is being planned to integrate the following modules already developed in HRMIS i.e.e-dispatch, mission connect, composite indexing for PI, e-attendance, database integration with Odisha state HRMS, online recruitment, vacancy alert, push SMS etc.

**Challenges:** One of the major challenges highlighted was the incorporation of Health Sub-centers into the map and respective employees into it.
Best Practice:
- Blended Payment of Remuneration and special allowances for employees working in backward districts, career advancement for In-House Employees and composite Indexing for Performance Incentives
- Adoption of Odisha Reservation of Vacancies Act
- Revision of remuneration as per the demand supply theory w. e. f. 01/04/2011

c) KARNATAKA:

The experience of Karnataka on HRMIS was shared by Shri R. Venkatesh, Executive Director, National Informatics Center (NIC), Department of Information & Technology on behalf of the Department of Health & Family Welfare, Government of Karnataka.

Background: Shri R. Venkatesh of NIC stated that the existing HRMS which is implemented in Karnataka was reviewed by NIC and some of the elements were considered, an AG office maintaining Group A officers data were analyzed, HRMS which were functional in other departments and states were considered. The PACE developed by NIC Kerala was considered for customization. He mentioned that the Committee was formed to identify the data elements into forms A and B (institution and employee details). Formats were circulated to few selected institutions and employees, prototype was developed and tested with the sample data collected from the field offices and application was refined for field implementation. The master data was prepared by a team of officials by verifying the relevant GOs and circulars issued by Government and department.

Utilization of System: He mentioned that all posting as notified in the Transfer Act and Rule, 2011 was done through computerized counseling and any mis-match of specialization was rectified when the Act got implemented. For example, GDMOs who had not completed 6 years of rural service were transferred to institutions located in rural area. The request for transfer, posting of promoted officials, posting of officials returned from deputation, posting of officials returned after completion of higher studies and updation facility was enabled for few days to only those employees who were transferred or obtained higher qualification. The print out of Form B print generated from the system were verified by the concerned employee and any discrepancy same was rectified.

Challenges and Way Forward: In terms of challenges, he stated that the system was designed as per Guidelines issued on Form A and Form B formats, Field level issues while feeding the data were addressed by modifying the software, masters’ trainers - training to each district level officer. In turn they had trained Taluk level officers. Apart from transfers, package could be made use for deputing officials for training, higher education etc. He emphasized that the counseling software and HRMS software should be integrated.

d) TAMIL NADU:

Dr. P. Thirunavukarasu, Deputy Director, HMIS, TNHSP highlighted the components of HMIS. He highlighted that Tamil Nadu has two components of HMIS- Hospital Management System (HMS) and Management Information Systems (IMS). It is centrally web based application with flexibility to upgrade, update and change. The current reporting systems are the Department of
Public Health (DPH), Department of Medical & Rural Health Services (DM & RHS), NRHM and Department of Medical Education (DME).

**Key Features:** Dr. P. Thirunavukarasu highlighted about the unified reporting platform across health directorates under DMS, DPH and DME with automatic collation of data at every level, standardization of input formats, codes etc. Around 600 input forms and 1200 reports were provided and various modules on clinical, institutional performance parameters, ancillary services, information on national programmes and administrative details etc are available. It is aligned with NRHM reporting requirements. The personnel module is under Administrative Information System containing employee details such as employees' qualification, personal details, post details, transfer, PG details, promotion details, disciplinary details, service related details, retirement details, family member details and nomination details etc. There are various screens for feeding in different information on number of posts, sanctioned strength, in position, vacant detail, increment details regularization details, probation details, surrender of leave salary details, deputation details, Compulsory retirement details, employee audit and hospital audit details are also covered under personnel module. Various types of leave details such as EL credit\Debit, EOL with Medical Leave (MC) and without MC etc are covered in detail in Leave Details Forms.

**Implementation Status:** He mentioned that the total number of service registers uploaded till 2012 are 8000 service registers uploaded online under DMS, 5000 service registers under DPH and 17000 service registers under DME.

e) **BIHAR:**

Mr. Arvind Kumar, State Data Officer of Bihar State Health Society provided brief background on development of HR-MIS, process implementation, its utilization, lessons learnt, challenges and way forward in this field of innovation.

**Backdrop:** Mr. Arvind Kumar stated that Bihar has initiated the innovative use of information technology to strengthen its human resource management efforts in collaboration with NHSRC, B-TAST, IntraHealth and HISP India in the late 2010. A stakeholder consultation was held to identify priority HR issues i.e. deployment, retirement and contract planning to guide creation of an HRIS, conducted an analysis of existing HR systems, IT capacity, data collection formats and data flow processes followed by orientation of district staff on data quality and state IT team on software aspects in the piloted district of Siwan. The guiding principles i.e. user based, decentralized, interoperability, flexibility, scalability, sustainability, open source etc were adhered to while selecting a software tool to build the HRMIS. The Staff Directory created for each facility and at all levels which includes over 47,500 staff, with job title, facility location, joining date, specialty, and other characteristics. The list of staff by cadre and employment type (contractual & regular staff) and doctors’ directory (under different cadres) includes record of medical colleges & hospitals.

**Utilization of System:** The system was primarily used for generating PIP on HR and linking with facilities, deployment decisions (transfers, promotion, deputation, contract renewal/termination, department proceedings and judicial queries.

**Lessons Learnt:** He emphasized that there is a need felt to standardize key HR data like position title, capacity building programmes required in operating the HRIS and using data for decision making, start simple; tackle sensitive issues once system is more
established, data can highlight problems and help inform solutions. Establishing a useful HRIS is an iterative process that requires both time and active engagement of the key stakeholders. 

**Challenges:** Some of the challenges cited were *training and motivating staff to prioritize the HRIS and collect the needed data, allocation of dedicated HR to manage work, establishing a regular mechanism for data updating*, review and use and strong and continuous technological support services

**Way Forward:** It was mentioned that the HRIS Review and Monitoring Committee to focus on HRIS capacity building, scale up, use and strengthening the HRIS Cell in order to effectively manage and operate the new HRIS, conducting training at different levels to promote the use of data for improved HR planning, development and management, adding new HRIS modules like training and lastly but not the least integration with HMIS to monitor facility performance.

**TECHNICAL SESSION-II**

(DEFINITION OF FRAMEWORK, SOFTWARE DESIGN, TECHNICAL ALTERNATIVES)

The second part of technical session at 14:00 and lasted till 13:30. These sessions were taken up by two speakers on subjects cited below:

a) **Documenting the Requirements & Designing IT Interventions:**

*Dr. Amit Mishra, Consultant (HMIS), NHSRC* highlighted that availability of accurate data on HRH is of paramount importance to achieve the goal of NRHM and development of IPHS norms on HRH. The current source of information on HRH rely on the Professional councils (with its sets of limitations), annual publications on Rural Health Statistics, national health profile having issues of poor quality data and lacks comprehensiveness, population census on self reported occupations, HMIS reports. He reiterated the objectives of HRMIS which is critical to strategically plan health services. The HRH-MIS development is essential for decentralized district health planning, programme and policy directives on compulsory rural posting, career progressions, multi-skilling, rural allowances and performance incentives and for monitoring and evaluation. He explained about the frameworks for institutionalizing the HRH- Management information systems- consisting of sub-components such as defining stakeholders, policy makers, assessment of current HR reporting system, assess IT infrastructure, interviews of key program officials /relevant stakeholders, listing requirements, selecting key requirements and finally the HR-MIS system.

**Documentation of HRH-MIS requirement:** The traditional methods of IT systems development in Public Health is largely done by *Vendor/Service Providers* as the capacity among program manager to *effectively articulate requirements* in the language understandable to system designers is limited. The current IT Systems in Public Health are highly biased towards developing *complex interventions*, have *higher failure rates* and limited usability for local users. There has been evolving discipline and limited documented information in literature on design, development & implementation of HR MIS for Health. The various inputs (HRH workforce database, facility details and population details), the input fields (identification detail, demographic details, posting, training details, salary etc) and output reports (which are outcome indicators i.e. population based norms report, inter-professional ratio based reports, IPHS based reports etc) of HRH-MIS was explicitly explained citing examples from Bihar and Jharkhand states on these reports generated through HRH-MIS being implemented.
A critical issue was raised by Dr. A.C Baisya about the danger of over-reliance on reports generated from HR-MIS since it might not necessarily provide the true figures, particularly while reporting on inter-professional ratio (e.g. nurses per doctor ratio) as the urban-rural or rather skewed distribution of health workers, skilled professionals as well as large presence of private sectors should be factored in while calculating this kind of ratio. Sometimes, the number of contractual appointments under NRHM was appointed as additional manpower requirements under NRHM and not as against the sanctioned posts.

**Designing IT Intervention:** He mentioned that issues around software designs to be keep in mind are *decentralized decision making, flexible inputs and outputs, open for integration, users at all levels to get information, local data analysis function, dynamic data needs.*

The key features of standard software should be of simple design, user friendly, easily navigation, light forms. The data input function should be manually flexible, ensure data quality and validation, HR-MIS output by design and by use. He also stressed on need for system flexibility, setting data standards, significance of maintaining data privacy, means of achieving data security and system functions which should be keep into account in the process of developing HRH-MIS in state before rolling out across the entire state.

**b) Choosing Technical Alternatives**

*Mr. Manish Kumar, Independent Consultant working for NHSRC* highlighted that the HR workforce and information are two critical building blocks in health systems strengthening for improved health, responsiveness and improved efficiency. He stated that the HR information system for health can be built using appropriate tools around HRIS, training MIS and service data (HMIS). He reiterated the strategies for building an HRMIS starting with conducting a need assessment in consultation with health leadership, designate a nodal officer to coordinate and guide the HRMIS work on a day-to-day basis, create a HRMIS team under the leadership of the HRMIS Nodal officer: system analyst/system administrator/programmer/data analyst/data entry operator, conduct stakeholder consultation for identifying and prioritizing key HR issues, identify appropriate solution (IT enabled) and design, test and deploy. However, he cited that it is crucial to develop the implementation & monitoring plan, define role & responsibility at each level, build capacity-data collection, data entry, data quality & validation, define & implement data validation, routine update protocols, develop job aids, user manuals, training resources, promote data use and create enabling policies for ensuring continuous technology support.

He presented the various free and open source HR management software tools available in the market i.e. Sage, SAP, LAWSON, people soft, Microsoft dynamics and Intrahealth International – iHRIS. The phases and criteria for selection of software and tools were explained in detail. He talked about the six dimensions (completeness, timely, consistent, accurate, precise and relevant) on data quality along with challenges and other issues on data quality.

Lastly, he reiterated that the benefits of HRIS are to identify HR requirements for programmes, improve the accuracy and availability of HRH data, identify health facilities with HR vacancy, map health facilities as per IPHS norms, track people as they move through the health workforce system, quickly aggregate and use data at different levels, report and analyze data regularly, contingency plan for retirement and project workforce needs in the future.
PANEL DISCUSSION ON DEFINING NEEDS FOR THE NORTH-EAST STATES

The panel discussions was chaired by Dr. A.C Baisya and facilitated by Dr. Dilip Singh Mairenbam. The panelists were the state representatives i.e. Mission Directors of NRHM, State Governments of Sikkim, Nagaland and Mizoram, senior government officials and consultants from Meghalaya, Arunachal Pradesh and Manipur respectively.

Sikkim: Shri Lepcha L.D, Mission Director of NRHM, Government of Sikkim shared his insights about the current rudimentary paper based system and various limitations faced on account of lack of any reliable, comprehensive data on HRH. He expressed his commitment to take up the HRMIS as soon as possible and had invited a national team to conduct need/feasibility assessment in one of the districts in the state.

Mizoram: Dr. Gordon Zohmingthanga, Mission Director of NRHM, Government of Mizoram highlighted that his government is keen to develop a HRMIS for better health planning, forecasting and management of health workers and it would be good to link the HRMIS with health services and drugs, logistics and referral system as well. The only key areas of concern would be the availability of adequate resources and sustainability of system in the long run.

Meghalaya: Dr. (Mrs.) M. K. Marak, DHS (MCH & FW) cum Jt. Mission Director of NRHM, Government of Meghalaya stated that it would be easier to develop such a system for management of human resources for health in the state since the HMIS teams are in place at the state and district levels. The internet connectivity is relatively weak particularly in very difficult and hard to reach areas. There is possibility of developing the system in district with better connectivity and built up subsequently.

Nagaland: Dr. Khanlo Magh, Mission Director of NRHM, Government of Nagaland stated that despite political interference for ensuring that key skilled professionals are deployed in inaccessible areas, it has become increasing difficult to find specialists and doctors to work in these very remote and inaccessible areas. However, it would be very useful for the state to rationally deploy scarce health providers through the HR-MIS.

Arunachal Pradesh: Dr. D. Padung, Deputy Director (MCH) cum Nodal Officer (NRHM) stated that proposed budgets for hiring 1-2 IT experts or consultants should be approved by the Center for initiating such a system in the state. The state will definitely try to take it up with external support in this field.

Manipur: Dr. Dilip Singh, Advisor (HRH), NHSRC gave a remark that a two member’s national team shall visit the state in the coming month to assess and customized the requirements for IT software and build up the HR-MIS.

ROLE OF NHSRC AND RRC-NE

Dr. Dilip Singh Mairenbam had assured that NHSRC would provide any kind of technical support required for conducting the need assessment and in choosing the appropriate software and tools considering the local contexts and requirements. He opined that it should not be a major hurdle since he has vast experiences of working for the NE region and knows the terrain, challenges and probable solutions in consultations with concerned officials.

Dr. A.C. Baishya mentioned that RRC-NE would extend any kind of support in facilitating the state visits and would provide any operational or administrative support towards development of HRH-MIS in the NE state.
CONCLUDING REMARKS

The workshop ended with the organizers thanking all the resource persons from various organizations for taking time out on a weekend for throwing lights on HRMIS innovations, challenges and future plans for improvements and also national experts for enlightening the audience about the key points to be kept in mind while choosing software, IT interventions and need for having good clarity about state specific requirements, starting simple and incrementally scaling up the intervention. They also thanked the participants for their proactive participation and their willingness to absorb the new knowledge in this field and look forward to follow up in their respective states on their return from Guwahati.

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ANNEXURE-I (LISTS OF RESOURCE PERSONS/ PARTICIPANTS)

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<td>RRC-NE, Guwahati</td>
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