The Review and Orientation Workshop on NUHM was held from 29th September to 1st October 2014 in Gandhinagar (Hotel Fortune Inn Haveli, Gujarat), as second in a series of such workshops. The objectives of the workshop were as follows:

- To take stock of NUHM implementation in respective states and issues and challenges of states in the implementation and identify direction and action points for their redressal.
- Review the National Technical Resource Group Recommendations and identify follow up action at state level.
- Orient on city planning and vulnerable groups assessment and mapping
- Based on the above, incorporate activities in the state urban health plan for 2014-15 and 2015-16.

The workshop was attended by state officials from 12 states [List of participants is attached in Annexure I]. The Agenda for the Workshop is attached as Annexure.

The workshop included presentations from states on status of implementation of NUHM, technical sessions from resource persons, field visits to three sites in Delhi and Group work activity. The state presentations were spread across the first two days of the workshop. For the purpose of this report, state presentations and the Orientation Sessions have been clubbed together, although they were intermingled with the throughout the workshop.

**Inaugural Session**

The inaugural session was attended by Dr. P V Dave, Additional Director (PH), Dr. Dholakia, Dr. Sanjiv Kumar, ED, NHSRC and Dr. Shashikala.

The welcome address was given by Dr. PV Dave, who welcomed all the participants. He explained that the Gujarat Urban Development Project was started before the NUHM was rolled out, and has now been merged into NUHM, covering 70 cities in the state.

Giving the Key Note address, Dr. Sanjiv Kumar explained the significance of the expanding urban space, and hence that of urban health in today’s times. Quoting striking data and statistics on the growing urban population, and poor living conditions, he emphasized the importance of focusing on the urban vulnerable and poor.

Dr. N B Dholakia thanked the Ministry and NHSRC for holding the orientation program in Gujarat and reiterated the significance of the orientation for NUHM. They also emphasized the need for urban health interventions, and mentioned the progress made by Gujarat in this respect.
Orientation Session

Session I: MANDATE, PROCESS & KEY RECOMMENDATIONS OF THE TRG REPORT
Resource Persons: Harsh Mander

Mr. Harsh Mander began the session by saying that the NUHM platform is an opportunity to shape the nature of primary health services because they hardly exist. Vulnerability in urban areas is different from rural areas in the sense that there is extreme social isolation and uprootedness of the urban poor, brutalized social and physical environment, monetization of basic needs as well as hostility of the state. Hence, vulnerability mapping should not be restricted to a geographical one, instead it should also identify the social aspects and devise methods to capture them.

Inclusion and accessibility should be two properties built into the UPHC. Atleast 50 percent of these should be located within or near slums. While services should be universal which even the middle class can access, they should be designed to focus on the urban poor. Producing proof of identity should not be a prerequisite for treatment, and mother’s name should be used in place of father’s name. The timings should preferably be evening hours, and each UPHC should have well defined catchment areas, each person knowing his/her UPHC. Mr. Harsh Mander added that the linear referral system is imagined as a referral from the primary to the secondary to the tertiary levels. Establishing a polyclinic type of set up is envisaged where medical colleges and District Hospital OPDs, which are vacant in the evenings, are utilized to run these polyclinics.

Innovative structures like a nursing station with a sub health centre can be developed. It should be the point of supply of drugs initiated by the specialists elsewhere. Urban ASHAs should be having the responsibility of other programmes along with RCH. In addition, Community Health Volunteers (unpaid volunteers) could be identified who could serve old people requiring help. As regards ULBs, the post of Municipal Health Officer should be retained as an important mechanism of convergence.

Ideally designed for the urban poor, the UPHCs are open to all classes i.e. include the middle classes, and the location of the health facility should be such that there is no gatekeeping. As long as the system is poor friendly, it will also be open to the middle class. We should use it as a test of whether we provide quality services i.e. if both the middle class and the urban poor avail services at the same facility is a test of the quality of services rendered. States came up with their problems as regards mapping, establishing UPHCs in slums, universal coverage and service provisioning for floating population. These were answered by the speakers.

Session II: Convergence & Integration of programs in health facilities: Experience of Ahmedabad Municipal Corporation
Resource Person: Dr. Amit Begda (Nodal Officer NUHM, AMC)

Dr. Amit Begda (Nodal Officer NUHM, AMC) described the health related activities of Ahmedabad Municipal Corporation (AMC). The AMC runs three medical colleges, two medical college hospitals and
five corporation run hospitals. At the primary level it manages 61 UHCs, 2 CHCs, 9 Maternity Homes, 2 Allopathic, 1 Ayurvedic, 1 Dental Dispensary, 143 DOTS centers, 26 ICTC centers including 9 PPTCT & 46 F-ICTC centers and 10 mobile dispensaries. Among the services offered by the UHCs are vital registration, RCH services, general OPD, lab services, surveillance, national programs including ICDS and health education. Twenty nine out of the 61 UHCs at AMC are being run by NGOs like IMA and Red Cross.

Resource Person: Dr. Vikas K. Desai, Technical Director, Urban Health and Climate Resilience Centre Dr. K.A. Shroff, Surat Municipal Corporation

Dr. Vikas K. Desai described Surat’s Urban Health Services. The Corporation runs several Centres for provisioning of primary healthcare. The UHCRC is involved in integrated health, environment and climate surveillance. Dr. K. A. Shroff (Dy MOH) from Surat Municipal Corporation described the health services under SMC which include primary, secondary and tertiary health services. Private hospitals have been involved in different national schemes like Chiranjeevi Yojana and RSBY. The city has developed surveillance mechanisms for Malaria, Filaria, Leptospirosis, Water borne diseases etc. The city has developed web and mobile based systems for urban service monitoring and disease surveillance. Following 1994 post-flood plague epidemic, Surat city has metamorphosed into a well governed and clean city with several award winning urban development and health initiatives to its credit.

Session IV: Finance Management under NHM  
Resource Person: Ms. Kavita Singh, Director (Finance) NHM

In this session, Director Finance, Ms Kavita Singh explained the different flexipools and banking arrangements under NHM. She described the fund flow mechanism and the financial norms for NUHM. The reporting requirements, financial compliances and the Public Financial Management System (PFMS) were discussed with participants. She also urged states to Commonly faced financial issues also came up for discussion.

Session V: Mapping Vulnerability in Urban Areas  
Resource Person: Dr. Shashikala, Senior Consultant, NHSRC

Dr. Shashikala explained to the participants that vulnerability is not restricted to economically weaker sections. Vulnerability is multi-dimensional and involves several other factors as well. She explained Hashim Committee’s classification of vulnerability as habitat based, social and health induced. She described the steps of mapping vulnerability. She stated that NHSRC and PFI were in process of development of a toolkit for vulnerability assessment. This would take into account vulnerability at ward, household and individual level.
The resource person mentioned that the ‘Guidelines on ASHAs and MAS in the Urban Context’ had been prepared by NHSRC and the Ministry. In order to disseminate them among the participants, copies of the guidelines were shared in hard and soft copy. She also gave an overview and orientation to these guidelines to the participants.

Session V: City Health Planning for Urban Health
Resource Person: Dr. Gautam Chakraborty (PFI)

Dr. Gautam Chakraborty from the PFI described the contents of a City Health Plan. He laid out the steps of listing and mapping, and how to perform a baseline survey. Different types of maps e.g. map depicting cases of malaria, map depicting open defecation prone areas were shown to the participants. He also described the need and expected outcome of health facility assessment. Health vulnerability assessment was taken up at different levels i.e. Ward, Slum and Household classifying the degree of vulnerability as most vulnerable, moderately vulnerable and least vulnerable. The convergence framework for a city coordination committee, components of a city health plan and city level stakeholders for urban health were defined in the presentation.

State Presentations

Arunachal Pradesh
The state has completed drafting the city plans but has not conducted any vulnerability assessment and mapping. The state has 26 notified urban towns with a total urban slum population of 64,438. This includes a geographical area of 83,743 sq.kms and a population density of 17 sq/km. The recruitment of NUHM human resources is under process. All Urban RCH manpower merged for NUHM. Orientation of 2 ULBs and 40 ASHAs, as per targets has been completed.

Challenges:

- Lack of reliable data on urban areas and urban health. Mismatch of Slum data from different sources. Urban- specific morbidity & mortality data is also not available.
- GIS training is required for conducting mapping activities.
- Many of the previous RCH manpower regularized into state Govt. service and get transferred to other places
- No well-defined specific training module for NUHM staff.

Kerala
The state has completed City plans of all the 15 Urban areas selected in the 2013-14. City plans for the newly selected 22 Urban areas have been collected through Urban Development. Updation of slum details & active line listing of new slums by ASHA workers & ANMs is under process. Orientation to LSGD members and line dept officials completed in all urban areas selected in 2013-14 & similar workshops planned for the newly included 22 urban areas as well. Immunization training, RMNCH & A training to
medical officers of the UPHCs done in the 2013-14FY. Will be done for the new officers. ANMs were given orientation training on NUHM & hands on training on MCTS-HMIS. Similar workshop shall be done for new areas as well. Training for CDPOs, ICDS officers organized at districts for effective convergence. Training for ASHA workers (existing ASHA workers in the selected URBAN areas) regarding the NUHM scopes & convergence with other schemes already completed in the earlier approved areas.

Process of recruitment of ANMs is underway. Recruitment of medical officers, staff nurses, support staff, pharmacists and lab technicians going on. All the operationalized UPHCs are in the buildings owned by the urban bodies. Renovation and furnishing is being done using funds under NUHM. Efforts at convergence with local self governance dept have been successful. Excellent support has been received from urban local bodies in all areas. They have been participating effectively in the GB & EC of the District & State health societies.

UPHCs have been designated as nodal points for all national programmes. Effective convergence with Palliative care, Geriatric care, all related programmes. Special outreach camps organized for early cancer detection in selected urban areas in coordination with Medical colleges & Municipal health authorities. Efforts at effective networking with private health facilities for data gathering are on. Out of the 54 UPHCs approved in RoP, 39 are in place. The state committed that by mid October, all 54 UPHCs will be established.

**Challenges:**

- It is very difficult to get adequate Doctors @27000/- salary
- The concept of part time Doctor practically is not workable in Kerala scenario.
- The budget allocation for Drugs should be at least 10,00,000/- per UPHCs in view of High patient load (approved is 6.25 Lakhs)
- UCHCs has to be set up at least in the municipal corporation areas
- Second Doctor instead of Part time shall be one of the important requests from the state for continuous service delivery with effective outreach
- There should be at least one LHV in all Urban Areas selected under NUHM for effective supportive supervision
- Innovations for tackling Migrant Health issues has to be approved
- The Fund routing through Treasury routes is a big hurdle

**Goa**

Four large cities with slums and 9 municipalities have been included under NUHM. Fourteen ANMs recruited for UPHCs, 18 already existing. Recruitment of Medical Officers, District Accounts Managers, Pharmacists, Staff nurses and an M&E officer under process. Infrastructure upgradation process underway for UPHCs.
Under NRHM ROP 2013-14, 16 ANM were sanctioned under Urban RCH of which 14 posts were filled and working in 4 Urban areas. Since Goa is a small State with only 2 Districts, all the 4 city plans are compiled together and presented in a State plan in consultation with all the Urban Health Officers. All 4 Urban Health Centres are reporting under the HMIS. Details of the vulnerable population viz under five children, adolescents and women in the reproductive age group is already available with the individual Urban Health Centres who have done mapping of these areas and with the state. Meetings with the local bodies Municipalities and Panchayats will be held through the existing committees. 3 MAS in each Urban area from existing Mahila Mandals and 4 outreach sessions planned.

**Gujarat**

Gujarat Urban Health Mission was launched in two Phases: 1\textsuperscript{st} in 2011 & 2\textsuperscript{nd} in 2012. It covers 159 Municipalities. Establishment of District Urban Health Unit (DUHU) has been done in 25 Districts, Collector is the Chairman of DUHU and ADHO Member Secretary of DUHU; Mapping of health facilities and infrastructure of cities (District) has been completed. Establishment of PMUs at State and district level has been done; 7124 MAS out of 9746 have been formed and accounts opened for 4891; First installment of Rs. 2500/- has been transferred for each MAS; Finalization of U PHC design is under process. The design includes the U PHC building with labor room, indoor facility and staff quarters along with Anganwadi. Creation of user ID and passwords under GMSCL for each functional UPHC is underway.

Online indenting of medicines and consumables completed in DLIMS. Monthly drug stock entry in DLIMS of each U PHC started in districts; Mapping of U PHCs in HMIS portal is completed; Finalization of Citizen Charter for the facilities and finalization of reporting formats on the line of rural areas has been done; Creation of public and private cell in E Mamta is in process. TORs for various contractual staff have been finalized. Reconstitution of District/City level Vigilance and Monitoring Committee (D/CLVMC) in districts is underway. Constitution of CLVMC in corporation is under process. Seventy City Plans have been completed. HR recruitment & integration of existing manpower (Urban RCH + GUHP) underway.

**Challenges:**

- Training modules for MAS and ASHA
- Guidelines for RKS, Financial Guidelines and Outreach Activity
- The reporting formats should be based on total population or focus and non focus population separately.
- Collection of data from private practitioners

**Manipur**

NUHM is being implemented in three districts in Manipur – Imphal East, Imphal West and Thoubal. Orientation of local bodies in process in Imphal West, Imphal East and Thoubal districts is in process. Selection of ASHAs is also underway - 25 selected out of 38 ASHA for Imphal West, 30 ASHA selected for Imphal East and 22 out of 26 for Thoubal District. Formation of MAS in process 140 MAS formation
completed out of 210 for Imphal West, 120 MAS formation completed for Imphal East and 72 MAS out of 136 for Thoubal District has been completed.

The process of establishment of UPHC and recruitment of staff has also been started. Under planning and mapping, Completed household survey on demography, socio economic, disease profile etc. Land for UPHCs have been identified. While new UPHC staff is to be recruited, re-arrangement of Staffs are done for the functionality of these identified 3 (three) UPHC.

**Challenges:**

- MAS and ASHA Training Module need to be confirmed from MoHFW.
- Streamlining of Institutional mechanism at State & District is a challenge.
- Ensure dedicated HR for Urban UPHC and other centres as per gap analysis done.
- Scale up service deliverables and quality assurances at facility level
- Integration of DCP, NCD, others
- Mainstreaming IT based Logistic Chain management in Place
- Mobilizing Marginalized and Vulnerable locations through MAS lead by ASHA

**Chandigarh:**

The state does not propose any new construction under NUHM. Only manpower has been sought under the Mission. An innovative scheme, Project Udhaar, was initiated in 2010-11, focused on effective monitoring and implementation of maternal health and child health services in the slums. In order to strengthen the delivery of services to the mother and child in the form of ante natal care, post natal care, family planning services and immunization, a team comprising of 2 ANMs, 2 MPHW(M) along with 1 LHV was constituted. This team is accountable for the achievements of all the indicators of RCH amongst the beneficiaries residing in that slum. A polyclinic was upgraded to an Urban CHC under the Mission.

**Challenges/Limitations**

- Floating population
- Referral city for neighbouring six states- Punjab, Haryana, Rajasthan Uttarakhand, Jammu & Kashmir and Himachal Pradesh. Manpower crunch as sanctions for new posts for UT is done at the level of Central Govt which takes years for the approvals

**Haryana**

The state has been re-designated Mission Director, NRHM as Mission Director, National Health Mission (NHM). The Mission has been enlarged to meet NUHM requirements by including representatives from the Department of Women & Child Development, Town & Country Planning, HUDA and Urban Local Bodies. The SPMU consists of Mission Director; Director; Deputy Director; Four Urban Health Consultants; 1 Programme Assistant and the DPMU consists of Civil Surgeon; Dy. Civil Surgeon/urban Nodal Officer; Urban Health Consultant; Computer Assistant;
Twenty nine towns with more than 50,000 population, including all the district headquarters, have been covered under NUHM Haryana. State Urban Health Cell has been established. Maps of all the towns under consideration have been prepared. Special emphasis has been given to identification/relocation of Urban PHCs near the slum/slum like population. Fifty four new Urban PHCs have been approved by GoI. A hundred and ten U-PHCs have already become operational. New Recruitments have been done in all the districts. Inter-sectoral convergence with the line departments is in process. All the U-PHCs & Urban Health Centers are updated in DHIS2 (State portal) & HMIS (National Portal), with organization mapping. City health plans have been prepared using city profile, demographic profile, health/morbidity profile, listing of slums and overview of existing public health facilities. The 78 U-RCH centres were upgraded as U-PHCs in 2013-14, & remaining 10 have been proposed in the PIP 2014-15. All the staff working under RCH programme has been merged into NUHM. New recruitment is under process. An orientation of district urban health consultants was conducted at State Headquarters.

**Challenges**

- Availability of Medical Officers at current salary
- SKS formation in U-PHCs being hampered due to this
- Finding of govt. lands for construction of U-PHCs buildings
- Finding of appropriate buildings for U-PHCs

**Maharashtra:**
The process of formation of State and District health societies has been initiated. The process has started in Mega City Mumbai too. District Level Vigilance and Monitoring Committee(DLVMC) are also being established. Creation of State Programme Management Unit & City Programme Management Units is underway. Guidelines have been prepared for Recruitment, RKS, Procurement, Financial Guidelines, Outreach Camps etc. MOU has been signed with cities and funds released. Establishment of 10 Mobile UPHC (MMUs) for Mumbai city is underway where new construction is a major concern. Rationalization of salary for contract employees based on minimum wage act is at an advanced stage. Preparation of Training calendar is at advanced stage. Think groups have been created to get the guidelines vetted as well as seeking creative suggestions in location specific execution besides eliminating communication gap if any. From 2014-15 Urban RCH component gets subsumed in NUHM and RCH.

**Challenges:**

- Require a simplified fund flow to initiate activities & avoid delay in implementation of program.
- Require training Modules for community mobilizers like MAS, ASHA & technical staff.
- Require a detailed guidance on type plans of UPHC and in particular for UCHC for infrastructural strengthening.
- Require detailed financial guidelines & program monitoring format in NUHM.
- Require flexibility in opening of account with other banks like Axis, HDFC, Bank of India, etc.
• Provide linkages in budget provisioning for screening of CDs, and NCDs.
• Coverage of Universal immunization, family welfare, Ante Natal Care
• Extension of Social protection to reach Universal Health coverage

**Mizoram**
City plans have been completed for two district headquarters. Vulnerability assessment & mapping too has been done. The process of HR recruitment and integration of existing Urban RCH manpower into NUHM is underway. Training/Orientation of ANMs MOs has been done, others is in process. Construction of three new UHPC has been approved in 2014-2015(Hlimen, Sazaikawn, Ramhlun).

**Challenges**
- Construction of New building (to replace rented building)
- Pharmacist to be approved
- Mobility and transport is an issue due to hilly terrain.

**Punjab**
National Health Mission was launched in June, 2013, and MD-NRHM renamed as MD-NHM. Forty cities have been covered under NUHM. State Health Mission includes concerned Ministers along with Chief Parliamentary Secretaries and Administrative Secretaries of Local Government, Housing and Urban Development. State health society formed with a governing body chaired by Chief Secretary, and an Executive Committee chaired by Principal Secretary Health &Family Welfare. Executive Officer is the Mission Director, NRHM. District Health Mission is chaired by Chairperson Zila Parishad; District Health Societies are chaired by Deputy Commissioners; Representation of Department of Local Government and Housing & Urban Development has been ensured. Selection and training of 2394 ASHAs initiated. City health plan for 40 cities were prepared in the year 2013-14. All Government Urban Health Institutions were listed and the status of available human resource and infrastructure was assessed. Based on the NUHM norms, gap analysis was undertaken. Three cities having Million+ population have been given special status. Land for six urban CHCs at Ludhiana, two at Jalandhar and two in Amritsar is in process of transfer. City Programme Management Units have been set up in Ludhiana, Amritsar and Jalandhar. In six districts having an urban population more than 5 lakh, an Urban Project Coordinator has been appointed under already existing District Programme Management Unit.

Recruitment of staff and ASHA are in process. Ninety three UPHCs are being operationalized this year. Survey of already existing health institutions has been done. Twenty three urban health kiosks have been established for providing medical services at the doorstep to slum dwellers. Micro planning for UHND and outreach camps has been completed. Training of Medical Officers, staff nurses and ANMs is being planned.

**Challenges**
- GoI is requested for modules of the training for MAS
• GoI is requested to provide guidance for involvement of ULBs, their orientation and convergence.

Tamil Nadu:
Eighty seven cities included under NUHM. Of the existing 137 UPHCs, 77 are to be inducted in NUHM. The fund flow mechanism has been decided. Funds shall flow from state health society to Chennai Corporation/City Health Society, 9 City Corporations and District Health Society for remaining Municipalities. Tamil Nadu Urban Livelihood Mission (TNULM) will be the partner agency in implementing Community process in urban slums. Strengthening of 29 DPMUs and 10 DPMUs has been approved. Eighty one City Plans have been completed. HMIS mapping of all the existing 343 facilities have been done. Out of these, 177 facilities reporting are being uploaded. Rest of the 166 facilities under the Urban Local Bodies are yet to upload in HMIS. GIS mapping has been done already for 8 cities including Chennai through National Informatics Centre (NIC). HR recruitment & integration/merger of existing (e.g. Urban RCH) manpower underway. HR gap analysis done and rationalized & additional HR proposed as per gap. All HR will be recruited through Tamil Nadu Medical Service Recruitment Board.

Field Visit

Field visits were planned as exposure trips for the participants to observe existing good practices in Gujarat. Each team visited 2 health facilities. The teams were asked to examine various aspects of each health facility such as target population, adequacy of services provided for the target population, quality and responsiveness of services provided, progress towards NUHM objectives etc. Based on the observations, the team will identify:

- Two or three strengths or positive features of the visited facility
- Three suggestions for the visited facility to strengthen their service delivery
- Three take home messages that can be used to improve NUHM implementation in your state.

The sites chosen for the field visits and their description is as follows:

1. UPHC located in Ranip Area
   - Ranip is newly merged area with AMC (since 2008).
   - This UHC is newly built by AMC (earlier UHC was running in a very small state owned PHC)
   - The main feature of this UHC is that its situated in between the middle and higher middle class societies (As NUHM mandate itself stresses upon to have a 5-10% of health facilities in middle class area).
   - Caters around more than 100 OPDs per day.
   - All the national health programmes (RCH, Immunization, RNTCP, NVBDCP, NACP) are integrated at UHC itself.

2. Chandkheda CHC:
   - Chandkheda is also newly merged area, situated in the outskirt of AMC. Population catchment is 90,000 and more.
- Daily OPD is around more than 170 and having IPD facility also.
- Honorary doctors of all the major specialties are attached with it.
- One UHC is also integrated with CHC building itself, which is very unique and very useful as almost all CHCs of state or at other places are functioning in isolated manner, only catering curative practices but not preventive and outreach part which UHC caters. Also this combo model is very much cost effective because of 2 reasons. One is because of the scarcity of the land in city area the cost of land is very much higher and the other reason is it cuts the duplicity in manpower as the Doctor, LT, Pharmacists, Nurse, Sweeper, Security etc. remain common for UHC and CHC.

3. **Potalia UHC:**
   - Potalia is situated in the eastern part of the city where the majority of the population is slum/slum-like mainly daily wagers, laborers, migrants etc.
   - Daily OPD is around 100
   - This UHC is run by IMA (Indian Medical Association)
   - Health care facilities are provided in the integrative approach at UHC.

4. **Rukshmani Government Hospital:**
   - It is State Government run Sub District Hospital in the premises of AMC
   - It is the excellent example of partnership of ULB and State, where the manpower is from State Government and Infrastructure is provided by AMC.
   - It is one of the model SDHs among the State
   - Khokhra UHC is also running in the same building.

5. **Danilimda UHC:**
   - It is situated among one of the City’s most vulnerable population viz migrants
   - Ward having population around 1.5 lakh and almost whole population is being covered by outreach activity by Urban ASHAs.
   - Daily OPD is around more than 200.
   - UHC is integrated with Maternity home also, where the normal delivery is being taken place.

6. **Infectious Disease Hospital**
   - It is one of the oldest hospitals of the city.
   - Established more than 60 years back.
   - It serves mainly Infectious cases (AGE, Hepatitis, Typhoid, Cholera, VPDs like measles, Diphtheria etc)
   - Daily OPD is around 200 -250
   - Having functional bed capacity is around more than 70.
   - It is one of the excellent IDSP surveillance Units of the City.

**Group Work**
The participant teams from different states were provided with the TRG Matrix prepared by NHSRC. The TRG Matrix compares the TRG Recommendations and NUHM Framework Guidelines, and provides points of action at appropriate level such as national, state and local. For the group work exercise, the states were provided with the TRG Matrix with a blank column for points of action, which they were asked to complete. States provided their responses in hard copies. Some of the state participants had to leave, so not all states were able to complete the exercise.

Concluding Session

In the end, the Gujarat SPMU thanked the NHSRC Team and the Ministry for organizing the workshop in Gujarat, and presented a token of appreciation for NHSRC. NHSRC also gave a vote of thanks to the Gujarat Team for their collaboration and diligent team work in making the workshop a success, and providing all necessary support for the workshop.