

**WORK REPORT OF  
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)  
INCLUDING  
REGIONAL RESOURCE CENTER FOR NE-STATES (RRC-NE)**

**APRIL 2016- MARCH 2017**

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## 1. COMMUNITY PROCESSES

### Thematic Areas:

- Support states in implementing the ASHA program
- Support states in strengthening- Village Health Sanitation and Nutrition Committees, Rogi Kalyan Samities and Community Action for Health.
- Support to states in rolling out Comprehensive Primary Health Care pilots through Health & Wellness Centres and promoting intersectoral planning and coordination at PHC level
- Enable capacity building and competency based training at all levels in states
- Develop training modules
- Conduct evaluations to inform implementation and policy

### Key Achievements:

- Capacity Building-
  - 1) Training of ASHAs in Round 4 completed for 41.1% ASHAs across states.
  - 2) Round 1 training of urban ASHAs in Module 6 &7 has been initiated in following states - Chhattisgarh, MP, Odisha, Mizoram, and Nagaland, Gujarat, Haryana and Punjab.
  - 3) Conducted refresher training and certification workshop for ASHA certification.
  - 4) Conducted training of State ASHA trainers in NCD module from 23 states in January 2017.
  - 5) Conducted training of State ANM trainers in NCD module from 28 states and UTs in January 2017.
  - 6) Supported training of ASHAs in NCDs in Jalaun district of UP in February 2017.
  - 7) TOT for state trainers from 14 states and UTs on Handbook for MAS members held from October 24<sup>th</sup> to 27<sup>th</sup>, 2016
- Following training modules were developed-
  - 1) Training module for ASHAs on NCDs (developed in Hindi and English)
  - 2) Training module for ANMs on NCDs (developed in Hindi and English)
  - 3) Module for ASHA Facilitators and ASHAs on (draft prepared in Hindi and English)
- Strategy development-
  - 1) Operational Guidelines – Prevention, Screening and Control of Common and Non – Communicable Diseases: Hypertension, Diabetes and Common Cancer (Oral, Breast, Cervix) launched in June 2016
  - 2) Operational Framework Management of Common Cancers launched in August 2016
  - 3) Developed Swachhata action plan campaign for VHSNCs- draft submitted to MoHFW.
- Studies-
  - 1) Time Motion study on ASHAs- draft report prepared
  - 2) ASHA evaluation in J & K- draft report prepared
  - 3) ASHA evaluation in Mizoram and Tripura- data analysis completed

- Biannual ASHA update- January update printed and July draft ready for layout and printing.
- Concept note developed for Family Health Folder

#### Work Report:

### ***Deliverable 1: Develop Policy Briefs and operational guidelines for CP and PHC***

Deliverable 1.1 Revision of CP guidelines to reflect new and emerging role of ASHA, and role in PHC - including budgetary modifications

- New role for ASHA reflected in Guidelines for Screening of common Non-Communicable Diseases; Review of facilitators role and payment note submitted to MoHFW.

Deliverable 1.2 Policy on ASHA retirement; welfare benefits; certification of non-literate ASHA.

- Policy note on ASHA retirement linked with social benefits submitted to MoHFW for approval.
- Policy notes on welfare benefits and certification of non-literate ASHAs – draft developed.

Deliverable 1.3 Policy on role modification for ASHA in a variety of contexts, career opportunities

- Proposal for new roles of ASHAs in prevention and management of NCDs and new incentives submitted to MoHFW.
- Draft note on Team based incentives for Frontline health worker team submitted to MoHFW

### ***Deliverable 2: Develop a network of organizations/individuals across states- local and regional to support CP and PHC***

Deliverable 2.1 National and state organizations empanelled

- Proposal for creation of Innovation and learning sites submitted as part of work plan for FY 17 and 18.

### ***Deliverable 3: ASHA training in Module 6/7 completed***

Deliverable 3.1 Round 4 training of all ASHAs to be completed in all states, except UP/in UP

- Round 3 TOT for state trainers UP and HP conducted in February 2017 Round 4 training is underway in all states except Haryana, J &K, Telangana, Himachal Pradesh and Uttar Pradesh. Training of ASHAs in Round 4 completed for 41.1% ASHAs across states.
- Supported Round 3 TOT for state trainers of Andhra Pradesh and Telangana and district trainers of Jammu and Kashmir in September and November 2016 respectively

- Supported state of UP in conducting assessment of district trainers for expansion of state trainer's pool for Module 6 &7.

Deliverable 3.2 Support TOT for ASHA and MAS training in Induction Module/Modules 6 and 7 under NUHM in states where needed

- TOT for state trainers from 14 states and UT on Handbook for MAS members held in October, 2016
- Conducted TOT for state trainers on Induction Module for ASHAs in urban areas in Bihar. and Himachal Pradesh in September, 2016 and March, 2017 respectively.
- TOT for state trainers on Module 6 &7 to be organized based on state's request. Most states utilize the state trainers trained previously under NRHM to support training of urban ASHAs in Module 6 &7
- Round 1 training of urban ASHAs in Module 6 &7 has been initiated in few states - Chhattisgarh, MP, Odisha, Mizoram, and Nagaland, Gujarat, Haryana and Punjab.

#### ***Deliverable 4: ASHA Certification***

Deliverable 4.1 Support states in conducting Refresher trainings for trainers in preparation for certification

- Conducted refresher training and certification workshop for 18 state trainers from Delhi, Assam and West Bengal in held in June 2016
- Conducted refresher training and certification workshop for 32 trainers for Maharashtra, Odisha, Jammu & Kashmir, Uttarakhand and Gujarat in March 2017

Deliverable 4.2 Support National Institute of Open Schooling (NIOS) in Accreditation of training sites and trainers' accreditation of district sites and trainers in three districts and registration of ASHAs in ten states/remaining states

- 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.
- Supported dissemination of guidelines and facilitated collection of documents for certification of state training sites
- Supported inspection visits of state training sites conducted for thirteen state training sites in nine states. (Arunachal Pradesh, Assam, Gujarat, Jharkhand, Karnataka, Sikkim, Tripura, Uttarakhand and West Bengal) in November 2016 Letter of accreditation be issued from NIOS.
- Process of refresher training of district trainers and registration of ASHAs is to be initiated by states and NIOS after accreditation of state sites

Deliverable 4.3 Enable all states to maintain and update training database and evaluation scores

- Ongoing process

#### ***Deliverable 5: Develop training modules for ASHA/VHSNC/PHC team- to ensure continuum of care***

Deliverable 5.1 Roll out of Primary Health Care – population enumeration, screening, high risk assessment; handover and follow-up-

- 4) Operational Guidelines – Prevention, Screening and Control of Common and Non – Communicable Diseases: Hypertension, Diabetes and Common Cancer (Oral, Breast, Cervix) launched in June 2016
- 5) Operational Framework Management of Common Cancers launched in August 2016
- 6) NCD workflow developed

Deliverable 5.2 Participatory Learning and Action (PLA)

- 7) Draft module for ASHA Facilitators and ASHAs developed in Hindi and English
- 8) Trainers notes for PLA training developed
- 9) First batch of round 1 of PLA TOT conducted in collaboration with EKJUT for state trainers from Jharkhand, Uttarakhand, Odisha, Meghalaya, Assam and members of National Resource Team in December 2016.
- 10) Supported training of district trainers in Uttarakhand in round 1 of PLA in January 2017

Deliverable 5.3 Non communicable diseases

- Technical Advisory Group for NCDs constituted and first meeting held on December 5<sup>th</sup>, 2016.
- 11) Pretesting of ASHA training module on NCDs conducted in Delhi, Maharashtra and Gujarat in January 2017.
  - 12) Training modules for ASHAs and ANMs on NCDs developed in English and Hindi in January 2017

Deliverable 5.4 Joint training for all frontline functionaries of Health, ICDS and GP

- 13) Yet to be initiated

Deliverable 5.5 Module for Gram Panchayat members on Health

- 14) Provided inputs to Ministry of Panchayat Raj Institutions (MoPRI), module on Role of PRIs in Health.

### ***Deliverable 6: Technical assistance, monitoring and supportive supervision***

Deliverable 6.1 Review meetings and capacity building of support structures at state and district levels in all states

- Workshop conducted in UP
- Supportive supervision visits conducted in Haryana, Jharkhand, Punjab, Bihar, MP, UP, Karnataka, Maharashtra and Telangana

Deliverable 6.2 All states to have a State ASHA Mentoring Group in place.

- 15) On track – on going activity

Deliverable 6.3

- 16) Support structures to be trained in Handbook for Mobilizing on action for violence

against women;

- 17) Develop and support states in sensitizing providers towards ASHA for respectful treatment.
- 18) Integrated with the DCM workshops - First workshop for DCMs from MP and Odisha held from December 19<sup>th</sup> – 21<sup>st</sup>, 2016

Deliverable 6.4 State Nodal Officers Workshops at national level

- 19) Scheduled for April 2017

Deliverable 6.5 Regional Trainer Conventions

- 20) Yet to be initiated

Deliverable 6.6 Support states in preparation of CP component of PIP and 2016-17, and Review and comment on CP/PHC component

- 21) Ongoing process – Supported the PIP process for all states for FY 2016-17

Deliverable 6.7 Support states to orient NUHM CP/PHC nodal persons to the processes for training of ASHA/MAS in urban areas and strengthen urban outreach functions

- 22) National workshop for state nodal officers of NUHM organized from 14<sup>th</sup> – 15<sup>th</sup> September, 2016
- 23) TOT for state trainers from 14 states and NRTs on Handbook for MAS members held from October 24<sup>th</sup> to 27<sup>th</sup>, 2016
- 24) Brochure on “Thrust Areas Under NUHM for States- CP” printed and disseminated
- 25) Part of routine monitoring visits; supported the state of UP in ASHA selection

Deliverable 6.8 Organize Exposure visits for state nodal officers to other states/NGOs

- Exposure visit organized for state nodal officers from 4 states of Assam, Meghalaya, J &K and Sikkim to Lucknow, UP to review the ASHA Sangini application developed and implemented by CRS in Kaushambi and Lucknow
- Exposure visit organized for state nodal officers from Gujarat, MP and UP to Hyderabad to understand the formation of MAS through MEPMA in March 2017
- Facilitated exposure visits for UP ASHA Resource Centre (ARC) team to Delhi

Deliverable 6.9 Support 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.

- On-going activity
- Consultations held with states of Bihar, Odisha, Delhi and Rajasthan, NIC and World bank teams to develop a National model for facilitation payment of ASHA incentives through PFMS

Deliverable 6.10 Mother Child Tracking System (MCTS); Facilitate monitoring of quality of

calls to ASHAs and beneficiaries and to provide feedback to callers and states

- On-going activity

### ***Deliverable 7: Research, Assessments and Evaluations***

Deliverable 7.1 Large scale evaluation of ASHA programme in FY 15-16 (including all ASHA tasks such as Home Based Newborn Care, Family Planning, Pregnancy testing, National Vector Borne Disease Control Program, VHSNC, Violence Against Women) etc.

- For large scale evaluation, National ASHA Mentoring Group (NAMG) had concerns on the methodology and the agency to co-ordinate such a large evaluation. Now evaluation of select components of ASHA program planned for FY 17 and 18.
- Time Motion Study on ASHAs – data collection completed in Delhi and Jharkhand, draft report ready.
- ASHA Evaluation completed in J&K – draft report ready
- ASHA Evaluation in Mizoram and Tripura – data analysis completed
- Draft TOR for HBNC evaluation developed and shared with MoHFW

Deliverable 7.2 Evaluate performance of 2% urban ASHA and MAS in six states

- Draft TOR prepared

### ***Deliverable 8: ICT for improving CP and PHC functioning***

Deliverable 8.1 Review existing tools to improve support

- Developed concept note for Family Health Folder

Deliverable 8.2 Work with ICT firm to design/adapt tools

- Meetings held with representatives from ANMOL, CDAC and MIS team of MoHFW to explore the feasibility of integration.
- Workshop to finalize the road map and system requirements conducted in January, 2017.

Deliverable 8.3 Advocacy with four states and support to implement the application

- Expected to start after finalization of design of Family folder by MoHFW

Deliverable 8.4 Create a national web-page on CP data base with user dis and login to allow states to update database online

- Delayed; expected to start in next financial year

### ***Deliverable: 9 Advocacy***

Deliverable 9.1 Convene National ASHA Mentoring Group Meetings

- Scheduled for June 2017

Deliverable 9.2 Biannual ASHA update- including for ASHA and MAS in urban areas

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

Deliverable 9.3 Document models of PHC for scaling up in states

- Documentation of selected PHC models is being done in collaboration with TISS. Draft report is expected to be ready by April 2017.

***Deliverable 10: Support to states in rolling out Comprehensive Primary Health Care pilots through Health & Wellness Centers and promoting intersectoral planning and coordination at PHC level***

Deliverable 10.1 Operational Guidelines to be developed and disseminated through workshops

- Operational Guidelines – Prevention, Screening and Control of Common and Non – Communicable Diseases: Hypertension, Diabetes and Common Cancer (Oral, Breast, Cervix) launched in June 2016
- Operational Framework Management of Common Cancers launched in August 2016
- National workshop for state nodal officers for NCD organized in November, 2016
- Conducted training of State ASHA trainers in NCD module from 23 states in January 2017.
- Conducted training of State ANM trainers in NCD module from 28 states and UTs in January 2017.
- Supported training of ASHAs in NCDs in Jalaun district of UP in February 2017.

Deliverable 10.2 Aligning PHC and GP functional work areas and Integration of programme interventions for PHC with Gram Panchayats through advocacy, training and monitoring. Workshops and visits for on-site support

- Yet to be initiated

Deliverable 10.3 Orientation of states to NGO guidelines for PHC

- Yet to be initiated; will be included as part of CPHC

Deliverable 10.4 Support to states to appraise and select NGOs

- State interest in this initiative is very low.

***Deliverable 11: Strengthen Village Health Sanitation and Nutrition Committees/Urban Local Bodies functioning and collaboration with Local Self Government Institutions to improve processes and outcomes to address social and environmental determinants of health.***

Deliverable 11.1 Advocacy with MoPRI/Urban Affairs at national/state levels

- On track, draft training module for PRI on Health prepared and shared with MoPRI.
- Developed Swachta action plan campaign for VHSNCs. Draft submitted to MoHFW



Deliverable 11.2 Support states to complete reconstitution of VHSNCs/MAS

- Ongoing activity

Deliverable 11.3 Support states for VHSNC/MAS training

- TOT for state trainers from 14 states and UTs on Handbook for MAS members held from October 24<sup>th</sup> to 27<sup>th</sup>, 2016

***Deliverable 12: Support to other cross divisional activities***

Deliverable 12.1 Common Review Mission, Field review and support, Identification of best practices, assessment and documentation to support scaling up

- On track - Ongoing activity, supported documentation on Best practices for CP for Best practices workshop held in Tirupati and Finalized TOR 5 of CRM 9 report and TOR 6 of CRM 10 report
- Supported Model health district interventions in Sagar and Satna districts in MP
- Supported state level workshops on hospital building design in Bhopal, Patna and Bhubneshwar.

Deliverable 12.2 Support to State Health Systems Resource Centres (in collaboration with PHP)

- Ongoing activity

Deliverable 12.3 National TOT for state trainers in collaboration with QI division.

- Draft Module for RKS members developed in consultation with QI division and submitted to MoHFW for sharing with the states.

## 2. HEALTHCARE FINANCING

### Thematic Areas:

- National Health Accounts (NHA) estimates and supporting states for State Health Accounts.
- Expenditure studies: Analysis of health care expenditure data at national and state level.
- Supporting states regarding Public Private Partnerships and health insurance.

### Key Achievements:

- NHA estimates 2013-14 published and disseminated in August 2016.
- Capacity building for 27 states on State Health Accounts completed.
- Reports-
  - 1) Report on Public Health Expenditures (report finalized in print)
  - 2) Report on Out of Pocket Expenditure (published)
  - 3) Report on Health Insurance data (published)
- Paper-
  - 1) *Impact of Government policies for child birth on utilisation and financial risk protection*(submitted for publication)
  - 2) *Key factors for institutionalization of national health accounts in India* (submitted for publication in International Journal of Community Medicine)
  - 3) *Trends in utilization- out of pocket expenditures on health* (submitted for publication in International Journal of Community Medicine)

### Work Report:

#### ***Deliverable 1: National Health Accounts***

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

- 22 states have appointed Nodal officers for NHA at state level. A State Health Accounts Team has also been established.
- Capacity building for 27 states (nodal officer and other state functionaries) on State Health Accounts completed through 3 four-day workshops. Workshop for North Eastern States conducted in May 2016 and other eight states/UTs (Karnataka, Haryana, Punjab, Maharashtra, Chandigarh, Gujarat, Daman and Diu and Odisha) was conducted in July 2016 and other workshop was conducted in January 2017 to cover all other major states (Madhya Pradesh, Bihar, Jharkhand, Uttarakhand, Uttar Pradesh, Chhattisgarh, Andhra Pradesh, Rajasthan, Tamil Nadu, Kerala and Puducherry).

Deliverable 1.2 Coordinate the Steering Committee and Expert Group Meetings.

- Conducted 2 Expert Group Meetings for finalization of NHA estimates 2013-15.
- The NHA estimates 2013-14 dissemination meeting was conducted.

- Conducted one Expert Group Meeting for finalization of NHA estimates 2014-15.

Deliverable 1.3 Development of framework and methodologies for health accounts estimates

- Framework and methodologies for NHA have been finalized.
- NHA Guidelines for India were published and have been disseminated in May 2016 at capacity building workshop for North East States at Sikkim.
- Currently methodology for disease, age and gender accounts is being developed.

Deliverable 1.4 Collect and analyse data as per health accounts methodology

- Data for 2014-15 collected and analysis completed. Draft estimates finalized.
- Currently working on finalization for FY 2014-15.

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 published and disseminated in May 2016.
- NHA estimates 2013-14 published and disseminated in August 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 2: Health Insurance***

Deliverable 2.1 Support MoHFW in the development of policy/ operationalization

- Comments on policy notes by Federation of Indian Chambers of Commerce and Industry (FICCI), Confederation of Indian Industry (CII), experts on Universal Health Coverage (UHC) and PPP
- Provided inputs to Himachal Pradesh Health Committee on design of the UHC program in the state
- Shared inputs prepared last year with the new committee on National Health Protection scheme

Deliverable 2.2 Secretariat of the task force on Costing for Insurance

- The work of the Task force has been completed.
- Developed a template for costing Standard Treatment Guidelines and costing of diabetic foot completed.
- Costing of other STGs developed by the STG task force is currently being undertaken.
- Costs of services in public facilities are also currently being undertaken by partner institutions in a few states
- Costing of facilities according to Indian Public Health Standards is being undertaken.

***Deliverable 3: Pro poor public private partnership models***

### Deliverable 3.1 Support on PPP models to NUHM

- Supported development of PPP model for paying through capitation in urban areas, conducting out reach for specialist services in urban areas and related RFPs
- Developed a brochure on PPPs in NUHM for dissemination to states.

### ***Deliverable 4: Tribal Health***

- The data on tribal health was collected, analysed 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 5: Common Review Mission***

- Revised and prepared TORs for the Financing part of the CRM
- Two members participated in CRM visits to Gujarat and Kerala in beginning November
- State reports of visits and the chapter on Healthcare Financing with state summaries submitted

### ***Deliverable 6: Analysis of NSSO Health and morbidity data***

- Prepare and report estimates for public health 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 - Report is published.
  - Report on Public Health Expenditures - Report finalized in print
  - Report on health insurance data –Report is published.
- Analysed the NSSO 71<sup>st</sup> 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).
- A dissemination workshop of NSSO analysis and key policy issues was conducted in collaboration with MoHFW and WHO Country office for India and Bill and Melinda Gates Foundation in August 2016.
- As a follow up with Ministry of Statistics and Program Implementation (MoSPI), NSSO has decided to have a Health and morbidity survey along with Consumer expenditure survey in 2017-18, that is at a period of less than 5 years instead of usual 10 years. The division is represented on the group that is looking into the revision of survey instrument.
- The division has submitted a paper for publication on “impact of Government policies for child birth on utilisation and financial risk protection.
- The division has submitted papers on “Key factors for institutionalization of national health accounts in India” and “trends in utilization out of pocket expenditures on health” for International Journal of Community and Medicine.

### 3. HEALTHCARE TECHNOLOGY

#### Thematic Areas:

- Innovations uptake
- Health Technology Assessments (HTA)
- Supporting technical specifications of medical devices procured under National Health Mission
- Supporting states in implementation of Free Diagnostics Program, National Dialysis Services Initiative and Biomedical Equipment Maintenance Program and Atomic Energy Regulatory Board Program.

#### Key Achievements:

- Launch of National Health Innovation Portal
- Conducted Health Technology Assessment (HTA) for 16 products; out of which 6 products were approved by the committee.
- Scaling up of Free Diagnostics Program, Biomedical Equipment Maintenance Program and National Dialysis Services Initiative in the states.

#### Work Report:

##### ***Deliverable 1: Free Pathology services***

- Free Pathology services have been rolled out in Andhra Pradesh, Uttar Pradesh, Assam & Maharashtra and is in process of implementation in Meghalaya.

##### ***Deliverable 2: Free CT Scan Services***

- Free CT Scan Services has been rolled out in Andhra Pradesh, Uttar Pradesh, Rajasthan, Tripura, Himachal, Jharkhand, Punjab, Rajasthan, WB, Chandigarh, Delhi and West Bengal
- It is in the process of implementation in Madhya Pradesh, Assam and Odisha

##### ***Deliverable 3: Free Tele-Radiology Services***

- Tele radiology services has been rolled out in Andhra Pradesh and Tripura
- It is under process of implementation in Assam, Odisha, Meghalaya and Telangana

##### ***Deliverable 4: National Dialysis Services Initiative***

- RFP for PPP based dialysis program was formulated and disseminated to states
- States with existing models are continuing to be supported (states of- West Bengal, Bihar, Delhi, and Madhya Pradesh).
- Tripura and Andhra Pradesh and Uttar Pradesh have concluded the tendering process and Odisha and Assam are in advance stages of tendering.

##### ***Deliverable 5: Biomedical Equipment Maintenance Program***

- Implemented the program in Andhra Pradesh, Arunachal Pradesh, Madhya Pradesh, Punjab, Kerala, Mizoram, Nagaland, Maharashtra, Sikkim, Tripura, Chandigarh, Puducherry and Rajasthan, Assam, Chhattisgarh (12 states) in PPP mode
- 5 other states have undertaken the tendering process
- In rest of the states it is in planning stage

***Deliverable 6: Innovations uptake & Health Technology Assessment***

- **National Health Innovation Portal** was launched for uptake of innovations in public health System.
- Health Technology Assessment (HTA) was conducted for 16 products out of which 6 products were approved by the committee.
- Assessments of technological innovations on request of Ministry was done
- 6<sup>th</sup> Capacity building program for **Health Technology Assessment (HTA)** in PGI Chandigarh was conducted

***Deliverable 7: Implementation of Atomic Energy Regulatory Board (AERB) Program***

- Uttar Pradesh has implemented the program
- 2 more states (Goa and Tripura) are in the process of implementation

## 4. HUMAN RESOURCE FOR HEALTH

### Thematic Areas:

- Policy and Strategy Development
- Research studies
- Training and Capacity building regarding Mid-Level Health Providers.

### Key Achievements:

- Bridge program for nurses- Finalization of course and completion of entrance exam for selection of candidates in 10 states.
- Bridge program for Ayurveda practitioners- Course structure approved.
- Studies -
  - 1) *Health Sector Postings and Transfers: Policies and Implementations*(report published)
  - 2) *Analyzing Policies, Reforms and Governance Structure for Nursing in 5 Indian States*(report printed and shared)
  - 3) *A review of existing regulatory mechanisms to address the shortage of doctors in rural, remote and underserved areas: A study across five states in India* (report published)
  - 4) *ASHA to ANM: Challenges and Opportunities* (report finalization is underway)
  - 5) *Causative analysis for better retention of skilled health professionals in rural and remote areas*(study underway)
- Review of integration between *Directorate of Health Services (DHS) and National Health Mission (NHM)* in six Indian states (draft submitted to MoHFW)
- Review of Public Health Cadre in six states (draft report submitted to MoHFW)
- Situational analysis of HRH under NUHM through desk review and field visits in six states.

### Work Report:

#### ***Deliverable 1: Governance and Policy for Human Resources for Health***

- Final draft of HRH task force report awaiting approval from MoHFW
- Draft Report of Review of Public Health Cadre in Six States submitted to MoHFW along with Concept Note for National Consultation awaiting approval from MoHFW
- Supporting Chhattisgarh in establishment of Public Health Cadre
- A study report on “*Health Sector Postings and Transfers: Policies and Implementations*” has been published and shared
- Printing and sharing of study report on: “*Analyzing Policies, Reforms and Governance Structure for Nursing in 5 Indian States*”

#### ***Deliverable 2: Support to States***

- Supporting and coordinating with Jharkhand for supporting large-scale recruitments for various positions under Jharkhand Rural Health Mission Society.

- Contributed as ‘Central Observers’ during the recruitment processes in Uttarakhand, Odisha, and UP
- Supported the framing of TORs for NHM Contractual Managerial Positions in Madhya Pradesh

### ***Deliverable 3: Workforce Management***

- Undertook review of integration between *Directorate of Health Services (DHS) and National Health Mission (NHM)* in six Indian states and final draft submitted to MoHFW
- State level dissemination workshops for enhancing the performance of Multi-Purpose Worker (F) conducted in, Jharkhand, Himachal Pradesh and Chhattisgarh
- A study report on “*A review of existing regulatory mechanisms to address the shortage of doctors in rural, remote and underserved areas: A study across five states in India*” has been published and shared
- Contributed in drafting and finalization of guidebook for enhancing the performance of ANMs under NUHM

### ***Deliverable 4: Retention Strategy***

- Study Underway: “*Causative analysis for better retention of skilled health professionals in rural and remote areas*” in five states:
  - Data collection completed
  - Data analysis and report writing underway

### ***Deliverable 5: Training and Capacity Building***

- Bridge Program for Nurses:
  - Roll out of first batch in May 2017
  - Preparation for second batch underway
  - Conducted state nodal officers’ orientation workshop for Bridge Program for Nurses
  - Course Material finalized at IGNOU
  - Entrance exam for selection of candidates completed across 10 states
- Bridge Program for Ayurveda Practitioners:
  - Second Expert Committee meeting convened
  - Course approved by IGNOU School Board
  - Program structure for Bridge Program for Ayurveda Practitioners approved by School and Academic Board (IGNOU).
  - Rollout of Bridge Program for Ayurveda Practitioners targeted for July 2017
  - A study on “*ASHA to ANM: Challenges and Opportunities*” - Data collection and data analysis completed, report finalization underway
  - A draft for comprehensive Integrated Training Plans for Counselors and Laboratory Technicians as part of Health Systems Approach towards strengthening Human Resources for Health submitted to MOHFW for approval

### ***Deliverable 6: Cross-cutting Areas***



- Participated and submitted report for 10th CRM for Andhra Pradesh and Chandigarh
- Conducted situational analysis of HRH under NUHM through desk reviews and state visits (Jharkhand, Chhattisgarh, UP, Uttarakhand, Manipur, Maharashtra)
- Prepared a NUHM flyer focusing on key HRH action points for states; submitted to ministry for approval.

## 5. PUBLIC HEALTH ADMINISTRATION

### Thematic Areas:

- Planning and implementation at the State and District levels.
- Legal Framework for Healthcare
- Strengthening district hospitals and supporting states for Model Health Districts
- Capacity building of Administrators

### Key Achievements:

- Strategy development-
  - 1) Maternal Death Review- guidelines revised and approved
  - 2) Blood storage guidelines- revised
  - 3) Comprehensive Lactational Management Centre (CLMC) guidelines- draft prepared and submitted to MoHFW.
  - 4) Grievance Redressal System- approved guidelines under printing
- Prepared plan for scaling up of Pradhan Mantri Surakshit Matritva Abhiyaan (PMSMA)
- Workshops-
  - 1) State workshops in 4 states for Model Health Districts (J&K, Telangana, Tamil Nadu, Tripura)
  - 2) Workshop in developing hospital infrastructure, organizing services and in placing client friendly facilities with quality services in a tribal district of Chhattisgarh-Bijapur.
- NUHM-
  - 1) Capacity Development Framework for NUHM- finalized
  - 2) Guidelines for Organizing Primary healthcare services at the UPHC- underway
  - 3) Guidelines for Vulnerability Mapping and Assessment- underway
  - 4) NUHM Training Module- underway
- Legal Framework-
  - 1) Public Health Act draft- revised and submitted to MoHFW
  - 2) Clinical Establishment Act - Inputs given in National Council Meetings

### Work Report:

#### ***Deliverable 1: Maternal Death Review***

- Provided technical support to MoHFW in revising MDR and final draft submitted to MoHFW.
- MDR guideline approved & under printing
- Bihar, UP and other states were provided technical support for implementation

#### ***Deliverable 2: Child Death Review***

- Provided technical support to states in orientation and implementation of CDR. Uttar Pradesh, Andhra Pradesh, Rajasthan, Chhattisgarh, Uttarakhand and other states were provided technical support for orientation

***Deliverable 3: PMSMA (Pradhan Mantri Surakshit Matritva Abhiyaan)***

- Provided technical support to MH division in preparing operation guideline
- Prepared plan for scaling up of PMSMA initiative
- Provided technical support to MH division in organizing regional workshop
- Undertaking, monitoring and support visit to the states

***Deliverable 4: Revising Blood Storage Guidelines***

- Provided technical support to Blood Transfusion division of MoHFW in preparing and framing the revised guidelines for blood storage centers

***Deliverable 5: Comprehensive Lactational Management Centre (CLMC) Guidelines***

- Provided technical support to MoHFW in framing guidelines for (CLMC)
- Final draft prepared & submitted to ministry

***Deliverable 6: Model Health Districts***

- Conducted State workshops in 4 States (J&K, Telangana, Tamil Nadu, Tripura)
- Action plan prepared for all these States and regular follow up visits to assess the progress in all the MHD states
- 2 states Orissa & Bihar have scaled up
- Orientation on MCH wings in 4 states
- Organized state level orientation workshop for engineers and doctors on hospital designs, Labor Delivery Recovery room, OT, High Dependency Unit and infection prevention protocols and practices in Bihar

***Deliverable 7: Strengthening District Hospitals for multispecialty care and developing them as training hubs***

- The approved guideline under printing
- States were asked to propose for this initiative in this year's PIP; 12 States proposed and got approved in ROP and providing implementation support to the approved DHs.

***Deliverable 8: Grievance Redressal System for public health facilities***

- The approved guideline under printing
- NIB and MoU submitted to Ministry
- Providing implementation support to 08 states which got approval in RoP.

***Deliverable 9: NUHM***

- Finalization of key documents such as Capacity Development Framework for NUHM, Handbook for ANMs under NUHM
- Key documents which currently in process of development are Guidelines for Organizing Primary healthcare services at the UPHC, Guidelines for Vulnerability Mapping and Assessment, NUHM Training Module – which PHA is developing in collaboration with various divisions and organizations

- Publication and dissemination of knowledge materials to states such as brochures for NUHM thrust areas, IEC-BCC material on NUHM
- Monitoring of state level implementation of the Mission and providing technical support to states to address bottlenecks in implementation

***Deliverable 10: MSDE (Ministry of Skill Development and Entrepreneurship)***

- Provided technical support to HRH division of MoHFW in identifying courses and preparing curriculum for skill based trainings under health care sector skill council.
- 11 curriculum reviewed & edited

***Deliverable 11: High Focus State support- Bihar***

- Providing implementation support for establishing Grievance Redressal System in the State
- Provided technical support for state level workshops on MCH Wing
- Provided technical support to Bihar in rolling out Supportive supervision strategy
- SPIP preparation, District ROP preparation and Financial guidelines
- Rolling out of QMS, HMIS and MCTS

***Deliverable 12: Public Health Act (PHA)***

- The draft after several consultations with experts has been revised and submitted to MoHFW

***Deliverable 13: Technical support to strengthen Legal Framework in Health***

- Clinical Establishment Act - Inputs given in National Council Meetings

***Deliverable 14: Supportive Supervision***

- Provided technical support to the development of centralized Supportive supervision software

***Deliverable 15: Human Resources Management Information System (HRMIS)***

- Provided technical support to the development of centralized HRMIS software

***Deliverable 16: Support to National level institutions***

- Provided technical support to MGIMS, Wardha in organizing service delivery at MCH wings
- Provided technical support to RML hospital in organizing Nursery (NICU)
- Provided technical support to Medical College Pudukottai in organizing CSSD, Mechanized laundry and OT

***Deliverable 17: Support to International Organizations***

- Participated as a national expert on preventing gender violence organized by WHO

- Participated as a national expert on preventing undue C-sections organized by UNICEF
- Participated as a national expert on time-motion study of ANMs job responsibility organized by UNICEF

***Deliverable 18: Other Activities/assignments given by MoHFW***

- Appraisals of State PIPs regarding – DH strengthening, GRS, Ambulances
- Oriented state PIP planners on inter-sectoral convergence and how to leverage it for NHM
- Evaluated central government hospitals – NIGRIMS, Shillong and RIMS, Manipur under Kayakalp initiative
- Prepared ToRs and Checklists for Nursing Superintendents, Nursing Matrons, Hospital Managers for the State of M.P
- Provided technical support to the State of M.P in planning for implementation of e-partograph
- Conducted quick OR on current situation and scaling up of institutional delivery and full immunization in the state of Jharkhand. Prepared recommendations for scaling up activities which was forwarded by the Ministry for implementation by the State
- Provided technical support and organized workshop in developing hospital infrastructure, organizing services and in placing client friendly facilities with quality services in a tribal district of Chhattisgarh i.e. Bijapur on the request of DM, Bijapur

## 6. PUBLIC HEALTH PLANNING&EVIDENCE

### Thematic Areas:

- Supporting States for Decentralized Participatory Health Planning
- Supporting State Health System Resource Centers (SHSRCs)
- National Health Innovation Portal and Best Practices
- Research studies and Assessments
- HMIS data analysis

### Key Achievements:

- Common Review Mission-
  - 1) 9<sup>th</sup> CRM report published and shared
  - 2) 10<sup>th</sup> CRM conducted and findings shared with states.
- Streamlined work plan and identified focus areas of implementation in the SHSRCs of seven states (Chhattisgarh, Haryana, Kerala, Odisha, Jharkhand, Karnataka and Maharashtra)
- Workshops-
  - 1) National workshop on Innovative Health Program Initiatives
  - 2) Two Workshops on capacity building of State and District officials on Decentralized Participatory Health Planning
  - 3) National workshop on Role of Medical Colleges in strengthening initiatives under NUHM
- Studies-
  - 1) Health Care needs and Bottlenecks related to accessibility and utilization of Health Services in Dharchula
  - 2) Assessment of Yashoda Program in Odisha
  - 3) Paper- *Role of CSO/NGO in Adolescent health program and submitted to MoHFW (Adolescent Health)*
  - 4) Paper-*Vulnerability mapping of most “at risk” adolescents in India and shared with the MoHFW (AH)*
- Concept note-
  - 1) Convergence between RKSK and RBSK (shared with MoHFW)
  - 2) AYUSH and NHSRC (under preparation)
- HMIS-
  - 1) Annual analysis of HMIS data for all states and districts
  - 2) Capacity building in HMIS data analysis for six states
  - 3) Mapping of HMIS and MCTS facility master for identifying duplicate and unmapped facilities.
  - 4) NFHS- 4 and SDG report data analyzed

## Work Report:

### ***Deliverable 1: State Health Systems Resource Center (SHSRCs)***

- Streamlined the workplan and identified focus areas of implementation in the SHSRCs of Chhattisgarh, Haryana, Kerala, Odisha, Jharkhand, Karnataka and Maharashtra.
- SHSRC in Madhya Pradesh set up. Telangana, Uttar Pradesh, Rajasthan and Gujarat have initiated the process. Visits made in this regard to Madhya Pradesh, Uttar Pradesh, Maharashtra and Telangana. Maharashtra SHSRC has been supported to expedite recruitment process and carry out preparation of health plan in district through participatory planning process.
- SHSRC oriented on National Health Innovation Portal and supported the respective state governments to finalize proposals for presentation in the National summit on ‘Good, and replicable practices and Innovations in public health care systems’ held on August 29-31, 2016 at Tirupati (AP)
- National consultation on focal areas of work plan implementation for SHSRCs and needed support from NHSRC was held in Delhi in December 15, 2017. Representatives of SHSRCs and state health departments from 13 states participated and the opportunity was also utilized to orient them on NUHM and on recommendations of the Third National Summit on Best Practices /innovations in health held in Tirupati. This was followed up by a National workshop organized in collaboration with NIHF on January 17, 2017 on NUHM in which representatives from 6 SHSRCs participated along with their state government counterparts

### ***Deliverable 2: NUHM***

- Organized National workshop on Role of Medical Colleges in Strengthening initiatives under NUHM” on October 25, 2016 in which 33 Medical Colleges (from 20 states) 19 State Nodal officers of NUHM (19 States) attended the workshop. Worked out a follow up action plan involving Medical Colleges and professional bodies like IAPSM and IPHA.
- Developed a Brochure on NUHM and Medical Colleges for sharing with different stake holders.
- Facilitated a session on NUHM in the National Annual Conference of Indian Association of Preventive and Social Medicine (IAPSM) in Kolkata (10<sup>th</sup> to 12<sup>th</sup> Feb. 2017 and Indian Association of Public Health (IAPH) in Jodhpur (24<sup>th</sup> to 26<sup>th</sup> Feb, 2017).

### ***Deliverable 3: National Innovation Portal, Innovations and Best Practices***

- Conducted two days National Workshop on Innovative Health Program Initiatives on May 18-19, 2016 that was attended by State Government representatives, SHSRCs, Civil Society Organizations (29), Corporate Sectors and Development Partners.
- Facilitated and provided technical inputs to the National summit on Good and replicable practices and Innovations in Public healthcare systems held at Tirupathi on August 29-31, 2016 (Oral Presentations - 33; Poster Presentations -30). Brought out the publication

titled 'Wings of Change' which included brief description of the projects presented and discussed during the Summit

- Conducted two days National Workshop on Innovative Health Program Initiatives on 23-24<sup>th</sup> March 2017 that was attended by State Government representatives, SHSRCs, Civil Society Organizations, Corporate Sectors and Development Partners (Total 75 participants).
- **National Health Innovation Portal:** 246 proposals were uploaded, 194 found suitable for evaluation and scoring. 33 proposals that have shown results selected for oral presentation and 30 proposals with less than two-years duration but showed potentials for positively impacting health care delivery were selected for poster presentation. In the Third National Summit. Identified 20 proposals are being further followed up in the field.

#### ***Deliverable 4: Decentralized Participatory Health Planning***

- In collaboration with State Government and SHSRC Maharashtra, PHP division facilitated two workshops on capacity building of State and District officials and other partners on Decentralized Participatory Health Planning (DPHP) in Mumbai (Feb 25,2016& Nov 16,2016). The workshop was attended by State Health officials, AGCA members, Civil Society organizations and District officials. Roll out plan for DPHP in 14 districts prepared and under implementation.
- Provided inputs and followed up with Sub-group on Decentralized Participatory Health Planning (DPHP) under AGCA to develop tools and framework for DPHP.

#### ***Deliverable 5: Research and Studies***

- Based on the requests received from the State Government of Uttarakhand and Odisha, following studies were designed and conducted:
  1. Health Care needs and Bottlenecks related to accessibility and utilization of Health Services in Dharchula
  2. Assessment of YashodaProgramme in Odisha
- Review of 100 Hospitals initiative and 104 Helpline in Punjab is under progress.
- Eight scientific papers prepared for publication by the team on various topics

#### ***Deliverable 6: Tribal Health***

- Coordinated with Tribal Health Task Force in finalizing report on the best practices on Tribal Health which is under publication.
- Organized Task Force meeting to finalized the Tribal Health Report (April 5-6,2016)
- Organized the second Taskforce meeting on 14<sup>th</sup> March 2017.
- PHP serves as a Secretariat for the Task Force on Tribal Health.

#### ***Deliverable 7: Common Review Mission***



- Reports of 9<sup>th</sup> CRM finalized, published and shared with States.
- 10<sup>th</sup> CRM conducted successfully in 16 states and Key findings and recommendations shared with states.
- Preparation of National report based on state findings is under progress.

***Deliverable 8: Service Delivery (AYUSH)***

- The Concept Note on AYUSH and NHSRC is under preparation. Inputs being provided to the Ministry of AYUSH and Committee Members to develop National Policy on AYUSH and formulating vision document for AYUSH system.

***Deliverable 9: HMIS***

- Quarterly KPI analysis report on specific indicators of all states generated and shared with MoHFW.
- Annual analysis of HMIS data for all states and districts of the country.
  - Analysis of causes and deaths – HMIS 2015-16
  - States and district wise Validation Rule Violation HMIS 2015-16
  - Alerts- Deaths due to immunization (AEFI) and deaths due to sterilization (Male & Female) -HMIS 2015-16
- Quarterly data analysis for HPDs (NE-States) and Blocks and preparation of 16 dash board indicators.
- Capacity building in HMIS Data analysis for States Bihar, Karnataka, MP, Chhattisgarh, Punjab and Maharashtra
- Comparison of NFHS III with NFHS IV on selected Indicators for 18 States. Analysis of Clinical Anthropometric and Biochemical Survey (RGI), IMR, U5MR, NNMR, TFR using SRS data
- NHSRC conducted the mapping of HMIS and MCTS facility master for identifying duplicate and unmapped facilities
- Post for HMIS Consultant has been advertised and recruitment process initiated.
- NFHS-4 and SDGs report data analysed and shared with colleagues.

***Deliverable 10. Technical Support Team –Rashtriya Kishor Swasthya Karyakram (RKSK)***

- Prepared a paper on “Role of CSO/NGO in Adolescent health program and submitted to MoHFW (Adolescent Health)
- Prepared a paper on Vulnerability mapping of most “at risk” adolescents in India and shared with the MoHFW (AH).
- Prepared a Convergence Framework for synergy of inputs from various divisions at MoHFW as per thematic areas under RKSK. The paper has been shared with MoHFW (AH) and follows up on action points.
- Training of State/district level trainers for the state of Haryana and Karnataka on Peer Educator implementation held.

- Conducted a global literature review on PE run programs and shared with the MoHFW (AH)
- Developed a concept note for convergence between RKSK and RBSK and shared with the MoHFW (AH)

## 7. QUALITY IMPROVEMENT

### Thematic Areas:

- Developing parameters, techniques and guidebooks for improving quality in health facilities
- Support to states for implementation and scale up of Quality Assurance Program and Kayakalp program
- Support to states for quality improvement/ certification of public hospitals and health facilities

### Key Achievements:

- Operationalised Central Quality Supervisory Committee (CQSC)
- Identified Kayakalp awardee PHCs in 391 Districts
- Out of 63 Health Facilities, requested for National Certification by the States & UTs, 38 health facilities have been assessed and 29 are quality certified.
- Following standards were developed-
  - 1) Quality Assurance Standards and its measurement system for Urban Primary Health Centres.
  - 2) Quality Assurance standards for Adverse Effects Following Immunization (AEFI) in Public Health Facilities
- Capacity Building-
  - 1) Quality Assurance trainings as per state needs
  - 2) Assessment trainings and Swachh Bharat Abhiyaan trainings for implementation of Kayakalp
  - 3) Conducted 5-days External Assessors training in Delhi, Kerala & Gujarat.
  - 4) First batch of NHSRC-TISS Health Quality Programme completed
  - 5) Short-term training module (6-days) is developed in collaboration with PHFI & AHPI
  - 6) Management Development Programme on Healthcare Quality in partnership with Administrative Staff College of India is approved.
- National Quality Assurance Standards (NQAS) have been accredited by International Society for Quality in Health Care (ISQua).
- A Methodology guidebook for Standard Treatment Guidelines submitted to MoHFW.

### Work Report:

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

- Central Quality Supervisory Committee (CQSC) has been operationalised.
- State Quality Assurance Committees (SQACs) have been reconstituted and operationalised.

- Quality Assurance Units have been operationalised in the States & UTs. However, full complement of the sanctioned HR for the QA has not been recruited in few of the States & UTs.
- QA trainings and Kayakalp trainings have been conducted as per need of the states and NHM ROP approvals

***Deliverable 2: Support for Kayakalp Initiative for continuation and scale-up in States & UTs***

- The States & UTs have been supported with Assessment Trainings and Swachh Bharat Abhiyaan Trainings for implementation of Kayakalp Scheme.
- Selected facilities have been felicitated on 15<sup>th</sup> Feb 2017
- All districts have not been able to select Kayakalp awardee PHCs in the year 2016-17. On 31<sup>st</sup> March 2017, Kayakalp awardee PHCs were identified in 391 Districts, which is currently in 525 Districts
- Support for Kayakalp assessment of 16 short-listed Central Govt. Institutions

***Deliverable 3: Quality Assurance Programme at Urban Health Facilities***

- Finalisation of Quality Assurance Standards and its measurement system for Urban Primary Health Centres.
- QA standards shared with States for its implementation.
- Assessment of 662 of U-PHCs in 15 States have been completed in 15 States & UTs except in Uttarakhand. Disbursement linked indicators (DLI) under Asian Development Bank (ADB) support to NUHM

***Deliverable 4: Institutional Arrangement for the External Certification***

- Pool of External Assessor has been expanded after conducting 5-days External Assessors training in Delhi, Kerala & Gujarat.
- At end of the training, participants are 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 Adverse Effects Following Immunization (AEFI) standards***

- ‘Quality Assurance standards for AEFI in Public Health Facilities’ were developed through consultative process involving Programme Divisions MoHFW, States, Development Partners, etc.
- Supported Immunisation Division with conduct of first audit.

***Deliverable 6: Development of Standard Treatment Protocols***

- STGs for 12 Disease conditions have been developed & submitted to MoHFW
- Methodology Guidebook has been submitted to MoHFW for approval

***Deliverable 7: Quality Certification of the facilities for accreditation***

- Out of 63 Health Facilities, requested for National Certification by the States & UTs, 38 health facilities have been assessed and 29 are quality certified. Remaining are in pipeline.

***Deliverable 8: Quality Certification of National Quality Assurance Standards (NQAS) by ISQUA***

- NQAS standards has been accredited by International Society for Quality in Health Care (ISQua)
- Process of accreditation of Quality training has already begun

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

- Large scale capacity building efforts have been undertaken. There is a pool of 140 External Quality Assessor and 1771 Internal Quality Assessors in the country.
- First batch of NHSRC-TISS Health Quality Programme has been successfully completed and admission to second batch have been completed. Contact programme would begin on 7<sup>th</sup> June 2017.
- Short-term training module (6-days) has been developed in collaboration with PHFI & AHPI and it will be launched in October 2017
- Management Development Programme on Healthcare Quality in partnership with Administrative Staff College of India has approved.

***Deliverable 10: Strengthening of Laboratory Services***

- Scheme for Quality Certification of DH Laboratories has been approved.

## 8. REGIONAL RESOURCE CENTER (NORTH- EAST)

### Key Achievements:

- Capacity Building
  - 1) Conducted ToT for ASHA- NCD, VHSNC and Participatory Learning for Action (PLA) and ASHA certification
  - 2) Regional Level Disaster management training in Guwahati
  - 3) Conducted SNCU online reporting training for NE states in collaboration with UNICEF
  - 4) Conducted RSKS training in Meghalaya
  - 5) Organized Internal Assessor ToT Training for 8 NE state
  - 6) Organized Kayakalp External Assessor ToT for 8 NE states
- Studies/ Evaluations-
  - 1) Assessment of HBNC voucher scheme of Golaghat District of Assam.
  - 2) Evaluation of procurement system in NHM Assam with FMG, GoI team members.
  - 3) ASHA Evaluation in Tripura and Mizoram
  - 4) IEC assessment in Arunachal Pradesh (ongoing)
  - 5) Assessment of hospitals and public health facilities
  - 6) Data analysis and report generation of Tea Garden Hospital Assessment in Assam, Phase II
- HMIS-
  - 1) Prepared quarter-wise analysis of HMIS data for all NE states and shared with the states
  - 2) Compared and compiled DLHS 4 and DLHS 3 data district wise for 8 NE states.
- Prepared action plan -
  - 1) To address high MMR and IMR of Tea Gardens of Assam
  - 2) To address the gaps under Model Health Districts in Assam, Manipur, Mizoram and Tripura
- Organized NHM program review and coordination meeting in all NE states

### Work Report:

#### 1. COMMUNITY PROCESSES

##### *Deliverable 1: Training and Capacity Building*

###### Deliverable 1.1 Refresher training of support staff

- Conducted training of Block Community Mobilizers in Assam.
- Conducted training of District Community Mobilizers in Delhi.

###### Deliverable 1.2 Training in Community Action for Health (CAH) and Village Health Sanitation and Nutrition Committee (VHSNC)

- Conducted CAH training of zonal NGOs under NHM, Assam
- Conducted ToT on VHSNC in Shillong

### Deliverable 1.3NCD training

- Supported ASHA - NCD ToT in Assam

### Deliverable 1.4 Participatory Learning for Action (PLA) training

- Technical support to Meghalaya for conducting PLA ToT;

### Deliverable 1.5 Disaster management training

- In Shillong with support of Doctors for You
- Regional level Disaster Management Training in Guwahati (on MISP) with support from Sphere India

### Deliverable 1.6Others

- Conducted State Level Dissemination workshop on Enhancing performance of MPW (F) for the state of Arunachal Pradesh.

### ***Deliverable 2:ASHA Certification***

- Technical support to states (Arunachal Pradesh, Assam, Tripura, Sikkim) for certification of State Training Site under NIOS;
- State trainers training for ASHA certification at CINI, Kolkata

### ***Deliverable 3: Monitoring and supportive supervision***

#### Deliverable 3.1 Review meetings

- Regional CAH review meeting in Kolkata (February 2016) and Guwahati (January 2017)
- DCM performance and CAH review of Assam

#### Deliverable 3.2 Supportive supervision

- Supportive supervision visits conducted in all NE states

### ***Deliverable 4:Research, assessments and evaluations***

- Assessment of HBNC voucher scheme of Golaghat District of Assam.
- Field visit in Sikkim and support to Foundation of Medical Research, Mumbai in conceptualizing Rural Diabetes Care Model in Sikkim (Mar'16)
- ASHA Evaluation in Tripura and Mizoram (2016-17) – training field investigators, support during data collection, supporting Dr. Maya for qualitative part data collection, Rapid assessment of RKS-VHSNC assessment in Sikkim (16-17);
- IEC assessment in Arunachal Pradesh (ongoing)

## **2. HEALTH CARE FINANCING**

- Evaluation of procurement system in NHM Assam with FMG, GoI team members.
- Organized NHA workshop for all NE states at Gangtok in collaboration with NHSRC.

### **3. PUBLIC HEALTH PLANNING AND EVIDENCE**

#### ***Deliverable 1: Training and Capacity Building***

- Conducted the Sick Newborn Care Unit (SNCU) Online Reporting Training for NE states in collaboration with UNICEF. As a follow up of training, states have started online reporting of SNCU performance.
- Imparted RKSK training in the state of Meghalaya.
- Conducted orientation training on PIP and NHM Guidelines for the state and district officials of NHM, Nagaland.
- Conducted 3 days Induction cum Orientation Training for the newly recruited and existing staff of RRCNE
- Conducted Regional RMNCH+A Supportive Supervision Training for SRU members of 8 NE states

#### ***Deliverable 2-Technical assistance and Monitoring***

##### Deliverable 2.1 Review meetings

- Organized NHM Program Review and Coordination Meeting in all NE states
- Organized two days' regional review meeting on RMNCH+A & PMSMA of all NE states.
- Consultation on Civil Registration System (CRS) at Guwahati with UNICEF support
- Workshop on performance of Health outcomes by NITI Aayog at Shillong, Meghalaya.

##### Deliverable 2.2 Facility review

- Reviewed the District Hospital Churachandpur Plan for Forward Linkage Scheme and submitted to GoI
- Reviewed the Anini DH upgradation plan for 50 bedded District Hospital under Forward Linkage Schemes and submitted to GoI

##### Deliverable 2.3 Technical assistance

- Prepared Action Plan to address high MMR and IMR of Tea Garden of Assam.
- Under Model Health district, supported the states of Assam, Manipur, Mizoram and Tripura in analysing the gaps and prepared action plan to address the gaps

#### ***Deliverable 3: PIP Planning***

- Facilitated and conducted orientation on PIP preparation for the year 2016-17 and 2017-18 for NE states.
- Supported the states of NE in preparation of the state PIP.
- Appraised the relevant section of the State PIP 2016-17 & 2017-18 and shared with NHSRC/ GoI



- Attended the NPCC meeting held for all NE states for PIP 2016-17 & 2017-18

#### ***Deliverable 4:HMIS***

- Prepared quarter-wise analysis of all NE states and shared with the states on:
  - State and district wise factsheet on key indicators for 2015-16 & 2016-17.
  - District health score card (district ranking) on the basis of 16 dash board indicators.
  - HPD block health score card (ranking of HPD blocks) on the basis of 16 dash board indicators
- Compared and compiled DLHS 4 and DLHS 3 data district wise for 8 NE states and shared with the states.
- Compilation of all indicators of NFHS4 data for 8 NE states and shared with the states
- Data analysis & report generation of Tea Garden Hospital Assessment in Assam, Phase II

#### ***Deliverable 5: Supportive supervision***

- Carried out supportive supervisory visits regularly to all 8 NE states & report shared with Govt. of India, NHSRC and respective states
- Monitoring of Mission Indradhanush all four rounds and report compilation of RRC NE, WHO and UNICEF and shared with MoHFW.
- CRM visit was made to the states of Himachal Pradesh, Gujarat, Tamil Nadu, Andhra Pradesh and Delhi. Also, facilitated the CRM visit to Nagaland, Tripura and Arunachal Pradesh.
- Supportive supervision visits on PMSMA implementation and feedback to GoI

#### ***Deliverable 6: Other Activities***

- Compilation of Procurement and Supply Chain management documents of NE states.
- Compilation on status on Bridge Course for Community Health Officer of NE states
- Support for printing of RI tool (Vaccine Wheel) in the states of Manipur, Nagaland and Arunachal Pradesh for supporting the frontline workers

## **4. QUALITY IMPROVEMENT**

#### ***Deliverable 1: Training and Capacity Building***

- Organized Regional Level two days Internal Assessor ToT Training for 8 NE states.
- Organized Regional Level One day Kayakalp External Assessor ToT for 8 NE states
- Participated in Swachh Bharat Abhiyan Training at Arunachal Pradesh, Tripura, Meghalaya and Mizoram, training on Biomedical Waste Management and IMEP at Assam, orientation training on NQAS and Kayakalp at Assam, Internal Assessor and Quality Improvement training for NUHM in Manipur, reorientation training for Internal Assessors in Meghalaya

#### ***Deliverable 2: Assessment of Hospitals***

- Ganesh Das Hospital, Tura MCH, Umden PHC, Nartiang PHC at Meghalaya
- IGM, Gomati, Khowai and Belonia SDH at Tripura
- Bishnupur DH, Churachandpur DH and Thoubal DH at Manipur
- Goalpara CH (2), Nalbari CH, Dhirenpara CHC, Kahilipara UPHC and Basistha UPHC
- Seikhazou UPHC in Nagaland
- Aizawl CH in Mizoram
- Pasighat DH and Bandakatha UPHC in Arunachal Pradesh

***Deliverable 3: Other activities***

- Supported states in planning and implementation of Kayakalp program within the time frame.
- Facilitated the states in NQAS certification process

***\*HCT division started functioning in RRCNE from end of March 2017***

## 9. ADMINISTRATION

### i. GENERAL ADMIN & IT

- **S/I/T/C of RMU & Packaged sub-station with 500 KVA transformer:**

RMU has been placed by BSES. Tender for Compact sub-station with 500 KVA transformers has been finalized and awarded to L-1 contractor M/s Budhiraja Electricals. M/s Budhiraja Electricals have supplied the Packaged Sub-station (PSS) after due inspection. It is under process of connection with RMU. It is expected to be operationalised by 3<sup>rd</sup> week of February 2017 subject to statutory inspection of Electrical Inspector of Government of NCT of Delhi.

- **Temporary/Semi-permanent structure on roof of the existing building:**

Rs.72,66,800 /- has been deposited with CPWD and now CPWD are placing the tender for approval. After approval of tender, they will float the tender through advertisement. There has been delay due to transfer of Superintending Engineer and Electrical Engineer of this project.

- **Amendment to NHSRC rules (Frequency of G.B and E.C)**

The GB meeting was held on 21.06.2016. In the meeting it was approved that to reduce frequency of general body meeting to a minimum of once a year, and Executive committee to a minimum of twice a year was approved. The amendment has been ratified by circulation and Registrar of Societies duly intimated about the same.

- **Redesigning and redevelopment of NHSRC website, HR MIS and Web portal for Quality improvement division:**

NICSI empanelled agency M/s Silver Touch Technologies Ltd. engaged for Redesigning and redevelopment of NHSRC website, HR MIS and Web portal for Quality improvement division.

### ii. HUMAN RESOURCE

#### **Deliverables1: Recruitments for NHSRC /RRC-NE,MOHFW& Others**

- **NHSRC / RRC-NE:** Total 18 positions of NHSRC were advertised to fill vacancies in various division of NHSRC and 7 have been filled. Recruitment for remaining vacancies is in progress.
- **MOHFW:** Total 62 posts were advertised and 57 were been filled. Recruitment for remaining vacancies is in progress.

- **Other recruitments supported by MOHFW:** Total 29 positions (Indian Pharmacopeia Commission-16, PMSSY-7, NVBDCP-5, Ministry of Chemicals & Fertilizers-1) were advertised to fill vacancies in various Other divisions supported MoHFW and 13 have been filled. Recruitment for remaining vacancies is in progress.
- **Campus Recruitment:** NHSRC shall be conducting campus recruitment at several Institutes during November-2016 till January-2017 for recruitment of Fellow/Jr. Consultant (MOHFW) for NHSRC, RRC-NE & MOHFW.

#### **Deliverable 2: Mid-Year Performance Appraisals**

- NHSRC has rolled out the Mid-Year Performance Appraisal form for the period 1<sup>st</sup> April 2016 till 30<sup>th</sup> September 2016 and it is under process.

#### **Deliverable 3: Procurement of HRMIS & Hiring of HR Agency**

- **HRMIS Software:** The Agency has been identified through due process and the HRMIS Software will be available to NHSRC soon.
- **HR Agency:** Considering the small team in the HR Section, it was decided to hire an HR Agency from the list of HR Agencies empanelled by MOHFW. M/s. Inductus Consultants (P) Ltd was hired as HR Agency through due process, but the services of the HR Agency was not found satisfactory later and hence discontinued.

#### **Deliverable 4: RTI Queries**

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

#### **Deliverable 5: Induction Training, Probation & Contract Management**

- Induction training sessions have been conducted for all the new joiners at NHSRC & MOHFW.
- NHSRC has processed the files for decision on probation of all new joiners at NHSRC and MOHFW and all new joiners have completed their probation period successfully.
- Extended contracts as per the decision of the appropriate authority within the stipulated time.

### **iii. 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 2015-16 were audited. The accounts of RRC NE for the financial year 2015-16 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 21 June 2016.

- Accounting till 31<sup>st</sup> March 2017 in respect of NHSRC head office for the financial year 2016-17 is completed.

Deliverable 1.2 Filing of Income Tax return for the Assessment year 2016-17:

- Income Tax return for the assessment year 2016-17 was filed on dt.16/10/16.

Deliverable 1.3 Submission of Annual Report/Audited Accounts of NHSRC to COPLOT (Parlt.):

- The Annual report and audited statement of accounts for the financial year 2015-16 were submitted to MoHFW for laying on table of both the Houses of Parliament.
- The audited report of FY 2015-16 have been uploaded on NHSRC's website as per instruction of MOHFW/ and RTI Act.
- Statutory audit completed for 3 quarters of F.Y. 2016-17

**Deliverable 2: Annual Budget:**

- Budget estimate for the financial year 2016-17 was produced before the 13<sup>th</sup> EC and 12<sup>th</sup> GB on 16<sup>th</sup> February 2016 and 21<sup>st</sup> June 2016 respectively. The budget was approved by GB.
- Quarterly report is given to the divisions regarding utilization pattern of the program budget.

**Deliverable 3: Support to AGCA, NPMU & RKSK:**

- 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. NPMU, RCH, RSBY, RBSK, 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.
- In respect of RKSK project (funded by UNFPA), funds were received on quarterly basis for the period January to December 2016. The account from January to December 2016 were reconciled and submitted to UNFPA.
- AGCA Account records for Ist quarter from April to June 16 for F.Y. 2016-17 were reconciled and paid accordingly.
- AGCA Account records for IInd and IIIrd quarter from July to December 16 for F.Y. 2016-17 were reconciled and submitted to MoHFW for their approval.

**Deliverable 3: 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 NHM state. The 1<sup>st</sup> phase of recruitment has been completed and 2<sup>nd</sup> phase of recruitment shall be initiate by December-2016. Payment for the same will be made accordingly

**Deliverable 4: Statutory compliances:**

- Quarterly TDS return for 2<sup>nd</sup> Qtr. (July-16 to September-16) has been filed on 28<sup>th</sup> October 2016.
- Quarterly TDS return for 3<sup>rd</sup> Qtr. (October-16 to December-16) has been filed in January-2017.

**Deliverable 5: Funds (Grant in Aid)**

- The approved budget for NHSRC is Rs. 24.99+8.33 crores (Total 33.82 Crores). For NHSRC annual expenditure (Rs.24.99 Crores) and the consultants working under various divisions of MOH&FW and channelizing funds for AGCA respectively (Rs.8.33 Crores).
- For the current Financial Year 2016-17 a total amount Rs.31.81 crores (Opening Balance Rs.11.45 crores+ other receipts Rs.0.14 crores+ Grants Rs.6.00 crores +4.00 crores+1.50 crores+4.22 crores+4.50 crores) was available. Out of which a sum of Rs.19.56 crores have been utilized for NHSRC& a sum of Rs.7.67 crores have been utilized for NPMU till 31<sup>st</sup> Mar-2017
- With continuous follow up with MoHFW, NHSRC got G.I.A instalment on dates 14/03/17–Rs.4.22 crores and 29/03/17-Rs. 4.50 crores for our expenditures. However on 31/03/2017 the outstanding payable amount to personnel, vendor etc was Rs 2.98 crores.

**Deliverable 6: Others- (Audit replies and PFMS implementation)**

- Audit replies finalise and submitted to MoHFW on 22<sup>nd</sup> March 2017. (Internal Audit conducted by IAHQ, MoHFW from 24-08-15 to 02-09-15)
- Initiate the process for PFMS implementation. Trainings of two accounts personnel for PFMS completed.