

AGENDA POINT 3

WORK REPORT OF
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)

FY 2018-19

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I. COMMUNITY PROCESSES/ COMPREHENSIVE PRIMARY HEALTH CARE

Key Deliverables

1. Strengthen capacity to complete ASHA training in Rounds 3 & 4 in all states except Uttar Pradesh
2. Enable certification for at least 50,000 ASHA across the country
3. Expand and strengthen training systems and support structures to undertake Home Based Young Child Care (HBYC) and improve HBNC implementation in Aspirational Districts
4. Support the operationalization of 15,000 HWC for delivery of Comprehensive Primary Health Care, including scaling up the Mid-level Health Providers.
5. Support states to improve CP in urban areas and integrate into Comprehensive Primary Health Care
6. Support states to use public participation platforms to strengthen action on social and environmental determinants of health.
7. Undertake studies, rapid reviews, and policy advocacy for CP and CPHC

CP01- Policy and Advocacy Support

The Community Processes and Comprehensive Primary Health Care Division supported the operationalization of 15,000 Health and Wellness Centres in FY 2018-19. This included the development of guidelines, supporting roll out of certificate programme in community health (CPCH), facilitating launch of HWCs across states, designing an online portal for HWC for planning and monitoring the progress of HWCs and follow up with states for regular updates. Since HWCs formed an important component of the PIP 2018-19 and 2019-20, the team contributed substantially in supporting states to develop plans to meet the national target of over 25% and 40% in FY 2018-19 and 2019-20 respectively. The team also supported review of all proposals for CP and CPHC and provided inputs for finalization of ROPs for both financial years.

The introduction of social security benefits, increase of honorarium for ASHA Facilitators and increase of routine and recurring incentives for ASHAs was a major accomplishment. This included preparation of proposals, detailed ROP analysis and compilation of information for eligible ASHAs from all states and UTs.

The division was able to support all these major tasks during the year 2018-19. However, these also consumed substantial amount of resources and time of the team, which affected completion of some of the research and training of VHSNC/ MAS and RKS planned. Some of these tasks are currently ongoing or have been planned for FY 2019-20. Some of the tasks planned were also linked with finalization of operational guidelines for new service packages and will now be undertaken in FY 2019-20 after the release of final guidelines for new service packages.

Community Processes

1.1 Revision of Community Processes Guidelines –

Community Processes guidelines revision was planned to review and update the roles of ASHAs, VHSNC/ MAS and community processes support structure in the current context of delivering Comprehensive Primary Health Care Services through Health and Wellness Centres. This also encompassed revision in the budgetary provisions for ASHAs.

Proposal was submitted to MoHFW for revision of the budget per ASHA from Rs. 16000 to Rs. 17400 with increased honorarium for ASHA facilitator from Rs.250 per visit upto Rs.375 per visit. Cabinet approval was received for increase in honorarium of ASHA facilitators to Rs. 300 per visit, increasing the per ASHA budget to Rs. 16,500. Team also conducted review of all state ROPs 18-19 to review monthly honorarium provided to AFs to estimate additional approvals provided to states for increased AF's honorarium. The revision of overall guidelines of Community Processes could not be completed last year since it was linked with the finalization of operational guidelines for CPHC. The guidelines will be revised in current financial year drawing from experiences of first phase of HWC roll out.

1.2 *Review role of ASHAs in urban context and plan for new tasks and incentives for urban ASHAs* - Proposal on new tasks linked with incentives for urban ASHAs was drafted and submitted to MoHFW

1.3 *Policy on social security measures for all ASHAs and ASHA facilitators-*

Proposals prepared for provision of social security benefits to ASHAs and ASHA facilitators with budgetary estimations. Subsequently decision was taken by MoHFW to extend benefits of life and medical insurance and pension to all ASHAs and ASHA Facilitators who meet the eligibility criteria under Pradhan Mantri Jeevan Jyoti Bima Yojana, Pradhan Mantri Suraksha Bima Yojana and Pradhan Mantri Shram Yogi Maan Dhan Yojana

In addition, the team also worked on Cabinet note for increased honorarium to ASHAs on routine and recurrent incentives. Increment was announced in Sept 2018 and approvals were provided in ROP 2019-20. To facilitate the process of planning and approval, following tasks were taken up by the division-

- Consolidated the state wise number of ASHAs from all ROPs 2018-19 for estimation of the additional approvals to states for increased amount of routine and recurring incentives
- Consolidated state wise information for the eligible ASHAs and AFs for social security benefits for approval of funds to states for coverage of ASHAs / AFs under PMJBY and PMSBY
- Reviewed and consolidated state wise ROP approvals to capture budget released on various components of ASHA programme

1.4 *Policy on screening of all ASHAs, ASHA facilitators and ANMs –for common NCDs, eye and hearing check-up and provision of spectacles and hearing aid*

Screening of ASHAs, ASHA facilitators and ANMs is currently being promoted as part of universal screening of NCDs (Hypertension, Diabetes and three cancers – Oral, Breast and Cervical). However, a comprehensive policy with inclusion of screening for vision and hearing defects is planned for current FY 2019-20 based on finalization of operational guidelines for Eye and ENT care under CPHC.

1.5 *Documentary on ASHA programme*

Documentary on ASHA could not be completed in FY 2018-19. However, the team worked on developing a brief video on HWC.

Comprehensive primary health care services –

1.6 *Dissemination of CPHC operational guidelines –*

Operational Guidelines on CPHC were finalized and shared with all states.

1.7 *Develop/ update policy briefs and operational guidelines for CP and CPHC as per requirement*

- Guidelines on performance linked payments for primary health care team were revised based on inputs received from states.
- Reviewed and provided inputs on finalization of National List of Essential Medicines and Diagnostics for HWC-SC/PHC.

1.8 *Policy brief and Guidebook on new roles planned for MPW (M) and (F) in CPHC context*

Assessment of existing roles and skills of MPWs and requirement of additional skills vis-à-vis the tasks expected under Comprehensive primary health care services is currently underway in six states. Draft report is likely to be completed by July, 2019. Policy brief and guidebook will be prepared subsequently based on findings and recommendations of the assessment.

CP02- Training

ASHA

2.1 *Completion of about 7.5 Lakh rural ASHAs training of all four rounds of Module 6 &7 in all states except Uttar Pradesh*

About 7.67 lakh ASHAs (83%) have been trained up to Round 3 and 5.4 lakh (56%) trained up to Round 4 of module 6 and 7 as on December 2018. Training of ASHAs in Round 4 has been slow in few states of Madhya Pradesh, Bihar and Andhra Pradesh. State specific action plans being developed with states to expedite completion of training.

2.2 Completion of about 70,000 urban ASHAs training of 3 rounds of Module 6 &7 in all states

As on December, 2018 about 63,000 ASHAs are in position. Against which 54,131 urban ASHAs have been trained in Induction Module and over 30,000 have been trained in all three rounds of Module 6&7. Training of urban ASHAs across most states is underway in Round 2 and 3 of Module 6&7. Slow progress with training of ASHAs in Module 6&7 is on account of high attrition rates of ASHAs in urban areas.

2.3 Expansion of pool of state trainers for all skills covered up to Module 6&7 and Mobilizing for action on violence against women as per state's requirement – (60 trainers)

To expand the pool of National trainers, trainers were empaneled through an online expression of interest. Of these 58 trainers have been trained in a consolidated 15 days TOT.

In addition, the team, also supported expansion of state trainer's pool by conducting refresher training and evaluation of district trainers in Bihar (48), UK (21) and J&K (39). One batch each of Round 3 TOT and Urban Induction TOT was organized for states of UP and Puducherry.

2.4 Completion of ASHA Facilitator's training in all three rounds of PLA in the states (as per state's readiness)

PLA training has been completed for 439 ASHA facilitators in MP, 2250 in Jharkhand, 600 in Uttarakhand and 924 in Assam based on state's plan.

2.5 Training of state trainers in Non-Communicable Diseases for ASHAs (120 trainers)

About 66 trainers were trained in 3 batches based on nominations received from states, thus increasing the pool of trained state trainers to 147.

2.6 Develop brochures on control of communicable diseases as per targets defined in National Health Policy and

2.7 Develop brochure on health care entitlements for ASHAs to create awareness in community about different schemes

In view of the expanding roles of ASHAs under CPHC, a comprehensive module for ASHAs is being prepared to cover health care entitlements for the community based on roll out of new service packages as part of CPHC as well as existing packages including communicable diseases.

2.8 Develop Modules on Home Based Young Child Care-

Home Based Care for Young Child (HBYC) was launched as part of POSHAN Abhiyan. HBYC module for ASHAs has been developed in English and Hindi and shared with states.

In addition, the team developed training strategy for HBYC and supportive supervision module for ASHA Facilitators and MPW (F) on HBYC.

2.9 Create a cadre of National trainers for ASHAs for CPHC package-as per finalized protocols and training modules based on Task Force Recommendations - (60 trainers)

Task will be undertaken in FY 2019-20 after completion of modules for ASHAs on new service (eg- Eye, ENT and oral health etc) packages based on finalization of operational guidelines for new service packages.

2.10 National Training Workshop on HBYC (60 trainers) and 2.11 Workshop for State trainers on HBYC (450 trainers)

One batch of TOT was organized for 29 National Trainers in October 2018. Since launch of HBYC has been prioritized in aspirational districts in current financial year, about 107 states trainers were trained in four batches based on state's requirement. In addition, the team also supported training of about 70 trainers at state level workshops in Maharashtra, UP and UK.

Certification

2.12 Support states in refresher training and certification of state trainers and inspection of state training sites in 21 states (as per state's readiness and plan) (60 trainers)

- ASHA certification is currently underway in 24 states. During FY 2017-18, two workshops were conducted for 45 state trainers from 11 states. All 21 trainers from batch 1 have been certified while result of second batch of 24 participants is awaited from NIOS.
- Four State Training sites in NE and One site in Chhattisgarh were inspected and accredited
- Overall 179 state trainers and 35 state training sites have been certified so far

2.13- Support states in refresher training and certification of district trainers and inspection of district training sites in 21 states (as per state's readiness and plan) (90 trainers)

- Refresher training and certification of 158 district trainers was supported in five states
- 72 district training sites across 8 states were accredited while result is awaited for 12 district training sites inspected in states of Tripura, Nagaland, MP and Karnataka.
- So far, about 468 district trainers and 95 district training sites have been certified.

2.14 Refresher training and certification of 50, 000 ASHAs across these states

Certification of ASHAs relies on completion of multiple sequential steps which are affected by - poor coordination between NIOS and state nodal officers in most states, lack of orientation of regional NIOS team, absence of dedicated NIOS regional consultants in 17 states, delays in translation and printing of supplementary books and delays in declaration of results of sites and trainers.

As of now, 6212 ASHAs have been certified in two examinations conducted on January, 2018 and July, 2018. About 10,960 ASHAs across 15 states have appeared for the examination held in January 2019, for which result is still awaited.

CPCH

2.15 Support process of selection and enrolment of candidates for July, 2018 and January, 2019 batches of CPCH in all states (as per state's plan for 2018-19)

Process of selection across states was supported by developing selection guidelines and question bank for entrance examination. About 5701 candidates were enrolled in the course in July 2018 batch, of which 4429 completed the course successfully and 5214 candidates are enrolled in January 2019 batch. So far, a total of 6769 candidates have successfully completed the course.

2.16 Monitor quality of training and examination process for enrolled batches in coordination with external monitors

To monitor the quality of CPCH training, external observers have been empaneled and visits were undertaken in 16 states.

2.17 Review and revise existing guidelines and course material based on experiences of first batch and feedback from states

Comprehensive review of the existing curriculum was conducted and draft induction module and standard protocols for new packages were prepared. Field testing of modules has been planned before the roll out. Subsequently training of trainers and CHOs on induction module will be initiated in FY 2019-20

In addition, the team also undertook the following tasks to support the training of CPCH –

- Coordinated Task Force Meetings and reviewed the curriculum to assess feasibility of Unani and Dental Practitioners as CHOs; Recommendations and strategy of training shared by MoHFW Orders to states- Maharashtra, Sikkim, Jammu and Kashmir and Himachal Pradesh.
- Finalized the activity, knowledge and skill mapping of CHO for roll out of 12 services under CPCH
- Coordinated Task Force Meeting on integrating CHO curriculum with BSc Nursing-Orders issued by INC for the same
- Developed guidelines for selection of NGO sites as Programme Study Centres
- Conducted training of first batch of CHOs in Haryana

2.18 Expansion of pool of state trainers for MPW (F) Module on Non-Communicable Diseases (as per state's plan for 2018-19) – (60 trainers)

Once batch of training for 25 state trainers on NCDs was conducted based on state's nominations

2.19 Completion of training of MPW (F) Module on Non-Communicable Diseases in identified blocks/districts (as per state's plan for 2018-19) (13500 MPWs)

About 40,200 MPWs have been trained on NCDs so far across all states.

2.20 Create a cadre of National trainers for multiskilling of MPW (M) and MPW (F) at SHCs/HWCs and MOs and Staff nurses at PHCs/UPHC/HWC (60 trainers)

To support the training of MPWs in urban areas, one batch of National TOT was conducted for 29 trainers on role of MPW in urban areas.

2.21 Facilitate training of state trainers for multiskilling of MPW (M) and MPW (F) at SHCs/HWCs and MOs and Staff nurses at PHCs/UPHC/HWC and

2.22 Support states in training /. multiskilling of MPW (M) and MPW (F) at SHCs/HWCs and MOs and Staff nurses at PHCs/UPHC/HWC for 15000 HWCs.

Since screening, prevention and management of NCDs is the new service package being introduced at the HWCs, states are currently in process of training of the Medical Officers, Staff Nurses and MPWs on NCDs. As of March 31st, 2019 the team has supported training of 312 state trainers on NCDs for ASHAs, MPWs and Staff nurses. Training of trainers for MOs is being coordinated by NCDC. So far about 11,808 MOs, 11,021 staff nurses, 40,200 MPWs and 1.6 Lakh ASHAs have been trained on NCDs across HWCs

Training of the trainers for ASHAs, MPWs and CHOs on additional service packages will be conducted in FY 2019-20 based on finalization of operational guidelines and modules for new services.

VHSNC/ VISHWAS/MAS/ RKS

2.23 Expansion state trainer pool for VHSNCs and VISHWAS (as per state's plan 2018-19) (60 trainers)

Training of trainers at state level was supported by the team in three states i.e, Uttar Pradesh, Karnataka and Rajasthan

2.24 Completion of training of ASHA facilitators to mentor and train VHSNCs (40,000 AFs)

Task could not be initiated in the year 2018-19, as the role of ASHA facilitator is expected to expand given the new tasks being envisaged for ASHAs under HWCs. The task is also linked with the review of role of CP support structured in current context of CPHC. TOT for VHSNCs will be planned in FY 2019-20 based on revised CP guidelines

2.25 Completion of training of VHSNCs and VISHWAS (as per state's plan 2018-19)

Training of about 1.07 Lakh VHSNCs (2.93 Lakh members) was conducted in ten states while training is currently underway in four states.

2.26 Expansion of state trainer pool for MAS (as per state's plan 2018-19) (60 trainers) and 2.27 Support states in training of MAS (as per state's plan 2018-19)-

Additional batches of Training of state trainers on MAS could not be conducted in 2018-19. Training for MAS trainers will be organized in FY 2019-20 based in state's requirements

2.28 Expansion state trainer pool for RKS (as per state's plan 2018-19) (40 trainers)

One batch of training of trainers was organized for 31 trainers on revised RKS guideline and Handbook for RKS members, increasing the pool of trained state trainers to 65.

2.29 Completion of training of RKS (as per state's plan 2018-19)

Most states have conducted orientation of district teams on RKS Guidelines, but training of RKS members is currently underway only in states of Uttar Pradesh and Telangana.

CP03 – Support Structures –

3.1 Develop hand book for CP support structures as per Revised Guidelines of CP and expected roles to be played in CPHC and

3.2 Create a pool of National and State trainers to train state/ district/ block level support structures of CP/CPHC (as per revised guidelines) (90trainers)

Hand book for CP support structures will be completed after revision of CP guidelines and TOT will be conducted in FY 2019-20 after finalization of guideline and handbook

CP 04 – IT support –

4.1 Co-ordinate with states and Dell team to review and adapt the IT application for CPHC – based on feedback form from first phase of roll out

The team has contributed by providing technical inputs to finalize the requirements and development of the NCD module of the CPHC IT application. Team would continue to coordinate with Dell to support the development/ revisions in the application to evolve as a comprehensive IT application. In addition, team also undertook the following tasks –

- Supported training of 90 state trainers on NCD – CPHC IT application
- Provided inputs and facilitated coordination between CDAC Noida and CDAC Mohali teams with Dell for ensuring integration of DVDMS and Telemedicine application

4.2 Follow up with MoHFW on roll out of CP MIS format as part of integrated MIS revised formats - Inputs provided to MoHFW for revision of CP MIS formats.

4.3 Create a web-based application (in consultation with MoHFW and Dell team) to update the progress made by states on key activities of CPHC roll out-

An online HWC portal has been created in collaboration with CHI. The portal is used as a tool to plan and monitor the progress made on operationalization of HWCs. Eight ECHO sessions were also conducted to train all state teams on data entry and use of HWC portal

4.4 Develop strategies to use IT platforms – MOOC and ECHO for ongoing capacity building of service providers-

NHSRC has signed an MOU with ECHO, Trust India to support the use of the online platform for training of service providers. A concept note on roll out of ECHO was developed and shared with states.

4.5 Work with NIN for GIS mapping of all 15000 HWCs-

Mapping of HWCs on NIN and RCH portal has been completed in collaboration with CHI. The process of GIS mapping of HWCs is underway and will be completed in FY 2019-20

CP 05 – Research –

5.1 Undertake evaluation of HBNC and other selected components of ASHA program.

HBNC evaluation has been completed in six states (AP, Assam, Bihar, MP, Odisha and J&K). Data analysis and report writing is underway and expected to be completed by June, 2019.

5.2 System Preparedness for roll out of Universal Screening of NCDs-

To understand the level of readiness of the health system, the team undertook an assessment of systems' readiness to roll out universal screening of NCDs in 17 states. Of these, five states were visited twice to assess the level of progress made. State wise reports of all visits have been shared with the states by MoHFW. Team is now working on a consolidated report and policy briefs

5.3 Phone surveys with ASHAs and MPWs using MCTFC

Phone surveys have been started with CHOs in collaboration with JSK. Survey has been completed with 245 CHOs across 20 states in first phase. Tool for phone surveys with ASHAs and MPWs are being developed.

5.4 Use lot quality sampling to study coverage of Universal NCD screening

The study has been conducted in states of Delhi and UP in partnership with The George Institute. Data collection has been completed in UP and is underway in Delhi. Data analysis and report will be completed in FY 2019-20

5.5 Undertake assessment of career pathways for ASHAs – challenges and way forward

5.6 Conduct secondary data analysis of the budget approvals and expenditure pattern on ASHA and VHNSC and

5.7 Undertake assessment of roll out of ASHA programme under NUHM – challenges and way forward-

5.8 Undertake assessment of SIHFWs/ RHFWS with HR team to assess preparedness as state/ regional training sites for CPHC-

5.9 Undertake Qualitative Assessment of Programme Structures and Operational Processes for VHSNCs/ RKS in four selected states

Assessments planned under 5.4- 5.9 could not be completed last year and will be undertaken in 2019-20

CP06 Technical Assistance and workshops –

6.1 National ASHA Mentoring Group Meeting

6.2 State CP Nodal Officers Workshops at national and regional level

6.3 State NCD Nodal Officers and CPHC Nodal Officers Workshops at national level

6.4 CPCH Nodal Officers Workshops at national level

6.1-6.4 - Meeting for NAMG and two national consultations organized for nodal officers of CP, CPHC and CPCH conducted. Recommendations from the consultations were used to finalize the Operational Guidelines for CPHC.

6.5 Conduct supportive supervision visits to states for CP-

Supportive supervision visits conducted to 5 states and report submitted to MoHFW.

6.6 Develop monitoring tool to review strategies for addressing social and environmental determinants in coordination with MoPRI –

This task could not be completed in FY 2018-19

Operationalization of HWCs

6.7 Periodic review on progress made into HWC rollout in States/UTs

The team undertook following tasks to support operationalization of HWCs-

- Prepared regular status updates and presentations for PMO review, Pragati review, HFM review and Cab Sec etc.
- Developed an online portal for planning and monitoring the progress of HWCs.
- Collected and compiled facility wise information from all states on availability of internet connectivity at HWCs
- Developed functionality checklist for Health and Wellness Centres
- Developed Concurrent monitoring checklist for review of HWCs and shared with states for feedback
- Supported the launch of Health and Wellness Centre in Jangla-Bijapur, Chhattisgarh, launch of Ayushman Bharat in Jharkhand and other state specific inaugurations in Arunachal Pradesh and Uttar Pradesh.
- Supported roll out of HWC under EGSA
- Supported organization of the HWC model at Vibrant Gujarat Summit to create awareness about HWCs.

6.8 *Develop roadmap and timelines for operationalizing HWCs and provide technical support to States/UTs for implementation-*

- Supported states in developing plans for operationalization of HWCs for FY 2018-19 and 2019-20 respectively.
- Team also supported orientation of district officials at state level in Gujarat, HP, Karnataka and West Bengal

6.9 *Undertake supportive supervision to understand the field level challenges in implementation –*
About 15 states were visited to understand level of readiness for operationalization of HWCs.

6.10 *Coordinating with State Officials and Key Development Partners for successful implementation of Programme-*

Two National consultations held with state nodal officers and one with Development partners.

6.11 *Support to the States/UTs in timely rollout of NCD PBS screening and follow up with the states/UTs in timely completion of PBS training –*

Team provides regular support to the universal screening of NCDs through undertaking field visits for assessment of readiness, development of IT application and training of trainers.

CP 07 - Partnerships

7.1 *Partner with Regional Cancer Centres and other regional institutes to create regional hubs from training of service providers –*

NHSRC is in the phase of finalizing a formal institutional partnership with NICPR for capacity building of service providers across states on cancer screening

7.2 *Partner with SIHFWs to support training of service providers for CPHC -* Task could not be completed last year and will be undertaken in 2019-20.

7.3 *Partner with ECHO and support states in training of service providers at primary care level for screening and management of common NCDs-*

NHSRC has signed an MOU with ECHO, Trust India to support the use of the online platform. Team also coordinated training on ECHO of nodal officers from five states, four Innovation and Learning Centre partners and four AIIMS. KGMU- Lucknow has started conducting ECHO clinics and so far nine sessions have been conducted with average attendance of 70 PHCs.

7.4 *Partner with academic and IT organizations for developing content for MOOC for CPHC-*

Task will be initiated in FY 2018-19 after finalization of modules on new service packages.

7.5 *Committed budget for Create Innovation and Learning Centres for operational research on CPHC and CP from FY 2017-18-*

Five ILCs have been identified after a process of online empanelment and field inspection. First instalment released to three ILCs while finalization of MOU for PGI (Chandigarh) is pending due to non-availability of senior government officials in Punjab. Two consultations held with ILCs to develop plan for activities. Facility and training needs assessment and UHC survey underway at three sites

7.6 *Develop a network of organizations/individuals across states- local and regional to support CP and CPHC interventions-*

National level meeting organized for Head of Community Medicine, AIIMS. The representatives from AIIMS expressed interest working in the areas of capacity building through classroom and virtual training, functioning as hub for telemedicine and ECHO, monitoring and supportive supervision and implementation research. Subsequently letter has been issued from MoHFW to all states to promote partnership with AIIMS.

CP 08 – Health Promotion

8.1 Collaborate with I &B and IEC team to develop job aids for ASHAs and ANMs –

Team participated in meeting with Radio partners and IEC division MoHFW to collaborate in the area of health promotion

8.2 Develop strategies for health promotion using the platform of VHSNCs/ MAS –

Strategy for health promotion using the platform of VHSNC/ MAS will be developed in FY 2019-20.

8.3 Develop training module for role of Community Institutions (VHSNCs/ PRIs), ASHAs and HWC teams on Social and Environmental Determinants of Health and action on Health Promotion –

Draft module PRIs on Health has been prepared and shared with MoPRI. Development of modules on Health Promotion for primary health care teams will be completed based on recommendations from national consultation on health promotion planned in first quarter of FY 19-20.

In addition, the team worked on the following –

- Supported development of video on HWC to create awareness in the community about services available at HWCs.
- Consultation held with AYUSH MoHFW to develop process for recognition of prior learning on Yoga to facilitate expansion of pool of trained/ certified Yoga instructors for HWCs.
- Coordinate with the PR agency, Doordarshan and states to capture video testimonials from HWCs.

Additional task performed by the team beyond the tasks mentioned in the work plan are as follows -

- I WACH strategy document developed and launched in Partner's Forum
- Contributed in organizing PMNCHA international workshop, organized market place at PMNCH workshop, contributed HWC pavilion at PMNCH, shortlisted best practices and drafted the sections on ASHA and CPHC for compendium of best practices from India
- Conducted training and planning workshop for district level teams from aspirational districts supported by Piramal
- Conducted Equity workshop for state teams from five states.

II. HEALTH CARE FINANCING

Key Deliverables

1. Finalisation of National Health Account estimates in India.
2. Technical Support to State for Producing State Health Accounts.
3. Analysis of RBI data for parity between RBI Data on NHA estimates on Government Health Expenditure.
4. Finalisation of research design for Survey on Utilisation and Household expenditure in selected Districts of India.
5. Study on Healthcare Financing Reforms in Primary Healthcare in Uttar Pradesh

1. Finalisation of National Health Account estimates in India.

Estimation of National Health Account is a key activity of the division. In the past year, the team completed and published NHA estimates for the year 2015-16 along with state-level estimates and it also started work on NHA, 2016-17.

1.1: Finalization of NHA estimates for India (FY 2016-17) report including state wise estimates by July 2017

The NHA Estimates for India (FY 2016-17) report including state wise key indicators is finalized, approved and released by the MoHFW. NHA estimates have been disseminated to key stakeholders. The soft copy of the report is listed on MoHFW and NHSRC websites.

1.2: Ongoing work for the estimation of NHA for India (FY 2016-17).

Data collection from government and private sources for NHA 2016-17 was completed. HCF team also organized participatory planning meeting to finalize classification of data for NHA, 2016-17 and resolve the difference in health expenditure estimates between NHA estimates and MoHFW. Classification and coding of government data at centre and state levels were finalized in the meeting and consensus was reached on the convergence of health expenditure data reported in NHA estimates published by NHSRC and Health Sector financing as published by MoHFW.

2. Technical support to states to produce State Health Accounts.

HCF team supported state teams to produce state health account for the state of Mizoram. The team conducted two days of training workshop on 26th and 27th, March 2019 in Aizawl on collection and classification of data for state health account. The team also identified different sources of data for producing health account in the state. As part of engagement HCF team will constantly monitor progress in terms of data collection and classification of data and will support the state team in finalizing the report.

3. Analysis of RBI data for Parity between RBI Data and NHA estimates on Government Health Expenditure in India.

HCF Team was involved in assessing the differences in health expenditure estimates as reported in the Economic survey and NHA report for India. The economic survey used RBI database to arrive at health expenditure estimate for the country. After thorough analysis and meetings with RBI's Public Finance division, the reason for the difference were identified and agreement was reached that this could be used as reference in future NHA estimates.

4. Finalisation of Research Design for Survey on Utilisation and Household expenditure in selected Districts of India.

HCF Team is actively engaged with the CP division in finalizing the questionnaire, sampling design and data analysis plan for household survey-based study on "Health care Utilization and Out of Pocket Expenditure". Survey has already been initiated in two of five districts selected for the study.

5. Study on Healthcare Financing Reforms in Primary Healthcare in Uttar Pradesh

In order to introduce healthcare financing reforms under Ayushman Bharat Health and Wellness Centre and to improve efficiency in the primary health care system, the HCF team initiated a study to understand the fund flow mechanism and the funds available at the block/PHC level. Field visit to Shravasti, UP was conducted and the data collected was presented in a report. Similar exercises will be conducted in different states to develop better understanding of healthcare financing of primary healthcare.

III. HEALTH CARE TECHNOLOGY

Key Deliverables

1. Technical Documents for Strategic Procurement
2. Biomedical Equipment Maintenance and Management Program (BMMP)
3. Free Diagnostic Services Initiative – CT scan, Pathology, Tele-radiology
4. Pradhan Mantri National Dialysis Program
5. Other Technology intensive programs
6. Atomic Energy Regulatory Board (AERB) compliance in public Health facilities
7. Uptake of product innovations and Health Technology Assessment
8. Supporting Inter-departmental / Inter-ministerial technical activities related to Medical devices
9. Collaborating with WHO in activities related to health technology management in public health

1) *Technical Documents for Strategic Procurement*

- a) Drafted technical specifications for almost 400 medical equipment and costing for over 100 devices through 14 domain specific consultations. The draft specification were completed and are being revised in light of comments received. The division also undertook three consultations medical equipment revision for IPHS guidelines. This exercise supports NHM components like Special New-born Care Units (SNCU), Emergency Response Systems (ERS), and Maternal & Child Health (MCH) wings.
- b) The division drafted a list of POC devices for HWCs through secondary research, submissions through open call for innovations on National healthcare Innovation Portal (www.nhinp.org) and technical consultations. It undertook three consultation to finalise the draft of equipment which also included technical specifications and costs.. The list of PoC devices has been submitted to the MoHFW.
- c) After several rounds of consultations with experts, a draft report on recommendations for inclusion of Peritoneal Dialysis in the National Dialysis program has been drafted and submitted to the MoHFW.
- d) The recommendations for solar power requirements for PHCs has been submitted to MoHFW. However comments from Ministry of New & Renewable Energy (MNRE) are still awaited.

2) *Biomedical Equipment Maintenance and Management Program (BMMP)*

- a) This year nine states implemented BMMP against the target of 11 states. These 9 states include Chhattisgarh, Jammu & Kashmir, Haryana, Goa, Uttar Pradesh, Rajasthan, West Bengal, Gujarat and Lakshadweep. The program is now being implemented in 27 states/UTs in total and includes programs like Free Diagnostic Initiative, radiology services, labour rooms etc.
- b) This year the division undertook field evaluation of the program in 7 states against the target of 5 states. The reports of the same would be submitted in April 2019. The biggest challenges faced by some states which do not have biomedical engineers is lack of monitoring mechanisms for calibrations, preventive and corrective maintenance.
- c) The suggestions from field visits and desk review suggested a need for strengthening monitoring mechanism for BMMP through real-time monitoring and provision of technical documents. After several rounds of consultations with states and service providers, the revised technical manual for BMMP with Standard Operating Procedures was drafted and submitted to MoHFW. This manual aims at addressing gaps in monitoring identified during field visits.
- d) The division is also assisting MoHFW in establishing a central dashboard to monitor the program. The proposal for the dashboard was drafted and submitted to MoHFW through SHSRCCDAC. This would enable tracking real time data of medical equipment maintenance and calibration status up to the district level.

- 3) *Free Diagnostic Service Initiative-CT scan, Pathology, Tele-radiology*
 - a) Technical support to states to roll out the program:
 - i. This year the division supported the roll out of Laboratory services in more states against the target of 2 states. The newly added states include Manipur, Tripura and Chhattisgarh.
 - ii. CT scan services was added in one more state against the target of 5 states. The newly added state is Madhya Pradesh.
 - iii. Teleradiology services was added in 3 new states against the target of 4 states. The newly added states include Uttarakhand, Uttar Pradesh and Himachal Pradesh.
 - b) Field assessment and review of dashboards: This year the division undertook field evaluation of the program in 7 states against the target of 5 states, and reports are ready for submission. The performance under this program varies across states, for example Rajasthan has a robust mechanism whereas states like Kerala and Uttarakhand are providing diagnostics at cost to specific sub-populations.
 - c) Guidance Document: Learnings from the field and desk review suggested need for strengthening monitoring mechanism through real-time monitoring and technical documents. After several rounds of consultations, and incorporating comments from expert reviewers, guidance document for Free Diagnostic Initiative was drafted in partnership with World Health Organisation (WHO) and submitted to the MoHFW for review and approval. The guidance document is expected to bridge the implementation gap and provide improved monitoring tools to the states.
 - d) Central Dashboard: The division is also assisting MoHFW in establishing a central dashboard to monitor the program. The draft proposal was submitted to MoHFW. This would enable us to track real time data of laboratory and radiology services status up to the district level.
- 4) *Pradhan Mantri National Dialysis Program*
 - a) Technical support to states to roll out the program: This year the division was able to roll out the program in nine new states/UTs which include Goa, Himachal Pradesh, Uttarakhand, Lakshadweep, Chandigarh, Manipur, Sikkim, Daman & Diu and Dadra & Nagar Haveli. The total tally of states/UT that have implemented this program is now 32. The division also undertook review of those aspirational districts where rollout is facing challenges.
 - b) Field assessment and review of dashboard: This year the division undertook field evaluation of the program in seven states against the target of five states and reports are ready for submission. Desk Review for progress of implementation in all 115 Aspirational Districts was also undertaken by the division. The challenge of long waiting periods could potentially be resolved by the inclusion of peritoneal dialysis in the national program.
 - c) Central Dashboard: The division is also assisting MoHFW in establishing a central dashboard to monitor the program. The proposal was drafted and submitted to MoHFW. This would enable us to track real time data of dialysis services status up to the district level.
- 5) *Other Technology intensive programs*
 - a) Telemedicine: This year the division undertook an evaluation of the telemedicine project in Tripura and Haryana. In addition a comprehensive report based on desk reviews on telemedicine implementation in various states was undertaken. The evaluation showed that there is no uniformity in implementation due to lack of coherent policy and frequent change in technology. The consultation suggested provisioning of desktop and simple software platforms like skype, zoom for comprehensive primary health care program.
 - b) Ambulances: This year the division undertook evaluation of 108 ambulance services in the state of Uttarakhand. The evaluation highlighted that although the services offered were satisfactory, vehicle maintenance needs immediate attention. The division also undertook costing for ALS and BLS ambulances as per the new Ambulance code.
- 6) *Atomic energy regulatory board (AERB) compliance in public health facilities*
 - a) Technical support to states to roll out the program: This year the division undertook implementation of the program in 2 new state and is under process for four new states. The biggest challenge faced by the division in rolling out this program is the perception that this program does not directly benefits patients like free diagnostics or dialysis does and is only a background safety tool.

- b) Awareness on AERB program: The division undertook desk review of AERB implementation in states using AERB and BMMP data to sensitise state officials. While the importance of this exercise in sensitisation of states officials is recognized, maintaining data confidentiality is a challenge.
 - c) Review of AERB implementation for the state of Uttar Pradesh: The division undertook implementation review of AERB for the state of UP, the learnings from the state are expected to help better implementation in other states. The state had issues in finalising rates for lead lining in X-Ray rooms as they did not have any precedent rates, however this one-time exercise should benefit other states as well.
- 7) *Uptake of Product innovations and Health Technology assessment*
- a) Rapid assessment of innovations uploaded on National Health Innovation Portal (NHInP): As an ongoing activity, the division undertook rapid assessment of 30 innovative products submitted on NHInP. The assessment was presented before the NHInP committee for finalisation before the best practices workshop. The selected innovations were presented during the best practices workshop in Kaziranga, Assam. The selected innovations which were presented include non-invasive hemoglobinometer and hypothermia bracelet for neonates.
 - b) Health Technology Assessment on Breast Cancer Screening: The division undertook breast cancer screening HTA and presented before the Technical Appraisal Committee (TAC) of Health Technology Assessment in India. The study was approved by TAC and will be presented to the Medical technology Assessment Board under Department of Health Research.
 - c) Assessment of Oxygen plant for hospitals: The division undertook assessment of hospital based oxygen generation plant and submitted the findings to the ministry. The ministry has setup a committee to review the submission and submit its final recommendation. The recommendations of the committee may reduce dependency on oxygen cylinders and liquid oxygen for recurring oxygen supply.
- 8) *Supporting Inter- Departmental / Inter-Ministerial technical activities related to Medical devices*
- a) Technical support to Materiovigilance Program: The division continues to support Indian Pharmacopoeia Commission (IPC) for the Materiovigilance Program of India as a technical partner. The division supported preparation of guidance documents for medical devices adverse event reporting, revised Materiovigilance forms, Standard Operating Procedures (SOP), analysis support on cases detected under the program and training for the newly recruits.
 - b) The division continues to support Central Drug Standard Control Organisation (CDSCO), Bureau of Indian Standards (BIS), Quality Council of India (QCI), National Pharmaceutical Pricing Authority (NPPA) and Department of Pharmaceutical (DoP) in matters related to Medical Devices as and when required. The division is an active member of 21 Medical & Hospital Department (MHD) committees and core medical device group under Bureau of Indian Standard (BIS) which resulted in approximately 50 National standards for medical devices.
The division supported department of Pharmaceutical (DoP) in resolving representation from manufactures requesting rationalization of duty structure and GST on raw material part / components and consumables required for manufacture of Dialyzers. As an annual exercise the division also supported Report for DoP on Medical devices which included establishment of Medical Technology Zones in the country, status and challenges faced in Andhra Pradesh, Gujarat and Telangana Medical Device Park. The division also undertook Impact assessment of the liberal FDI policy in the Medical Device Sector. The division also supported the Department of Pharmaceuticals in need for Rationalization of Inverted Duty Tariff w.r.t. medical electronics/diagnostics and revision of customs duty on medical devices where import dependency is 90%. The division supported the National Pharmaceutical Pricing Authority (NPPA) in collecting information of companies in Primary Knee Systems (Normal Material, Special material and with High Flex features) and Revision Knee Replacement System
- 9) *Collaborating with WHO in activities related to health technology management in public health*
- a) Facilitate hosting Global Forum on Medical Devices (GFMD): The division had proposed hosting of 4th Global Forum on Medical in India at the 3rd GFMD in Geneva. The forum was successfully hosted in Vishakhapatnam, India and the division presented 11 papers at this occasion. The papers included results

from AERB implementation in states, Point of care diagnostics for Primary health centres, peritoneal dialysis for developing nations, single use devices, human resources for healthcare technology, etc.

- b) Review of FDI in UP and Assam: The division undertook evaluation of Free Diagnostic Initiative in Uttar Pradesh, the report would be submitted in April 2019. Some of the challenges in the state of UP include lack of coherence between NHM and the Directorate, which resulted in overlapping resources for the program. The evaluation in the state of Assam was converted to handholding exercise which is ongoing.
- c) Guidance Document: Already reported above under Free Diagnostic Initiative.

IV. HUMAN RESOURCES FOR HEALTH/HEALTH POLICY AND INTEGRATED PLANNING

Key Deliverables:

1. Finalize and disseminate HR Policy/guidelines to states/ UTs, resolving queries, conduct regional workshops, support 2 states in adaptation of HR guidelines
2. Support states in setting up HR cell and in implementation of HRIS in 2 states
3. Dissemination of two policy briefs –a) Integration between the NHM and State DHS; b) Career Progression of ASHA to ANM
4. Assess status in identified states and support them in adopting a Health Systems Approach through HR integration and Multi-Skilling of service delivery HR (Minimum 5 states)
5. Develop guideline on hiring of Fellows in Aspirational districts/ states
6. Develop model contracts and KPIs for five key categories of service providers under NHM
7. Support the selection of empanelled HR Agencies to support states on recruitment
8. Conduct HR Bootcamp with all 36 States/ UTs
9. Report on “Work load analysis” for selected facilities using a mix of WISN and a practical approach
10. Situation analysis and review of Human Resource under NUHM: Report on selected 5 states of India
11. HR Thematic Reports: 36 HR thematic reports, 1 for each state/ UT
12. PIP Appraisal: HR appraisal and recommendation for 36 states/ UTs

Deliverable 1: HR Policy/guidelines: Finalize and disseminate HR Policy/guidelines to states/ UTs, resolving queries, conduct regional workshops, support 2 states in adaptation of HR guidelines.

A First Draft was prepared on guiding principles for NHM workforce management (HR policy). Subsequently it was decided that a comparative analysis of existing HR policies in the States would be more useful, which is ongoing. Most States do not have a proper HR cell. Hence states were advised to strengthen the HR cell so as to take up all HR related functions and not only recruitment. ToRs were prepared for various positions in HR cell. Support to Nagaland and Meghalaya could not be completed as the HR consultant in NE RRC left; It would be taken up again through NE-RRC in this FY.

Deliverable 2: HR Cell & HRIS: Support states in setting up HR cell and in implementation of HRIS in 2 states.

The division provided support to strengthen HR cell in Uttar Pradesh, Bihar, Gujarat and Goa. A Guidance note for functional requirement of HRIS to make states aware about minimum requirements of HRIS and features desirable in the system, developed Implementation support was extended to Gujarat for HRIS. Review of HRIS done in Chhattisgarh, Punjab and UP.

Deliverable 3: Policy Brief: Dissemination of two policy briefs –a) Integration between the NHM and State DHS; b) ASHA to ANM

a) Integration between the NHM and State DHS

Developed policy brief on integration between the NHM and the state DHS. Planned National Level Key Stakeholder Consultation and Dissemination Workshop to be scheduled in the month of May, 2019.

b) ASHA to ANM

Developed policy brief of ASHA to ANM based on the study taken up by HRH previously.

Deliverable 4: Implementation of Health System Approach in HR: Assess status in identified states and support them in adopting a Health Systems Approach through HR integration and Multi-Skilling of service delivery HR (Minimum 5 states)

Follow up undertaken with Gujarat, Maharashtra, Madhya Pradesh, Bihar and Daman and Diu on Health System Approach and Multi- Skilling of HR. Ongoing follow up with states on recruitment and retention of HR especially main service delivery categories including specialist. Pilot study planned in Haryana to analyse HR Rationalization. Study to identify best practices has been conducted in Gujarat, Chhattisgarh, Bihar and Odisha and the findings of the study were presented in National Innovation Workshop.

Deliverable 5: Guideline on Health Minister’s Fellows: Develop guideline on hiring of Fellows in Aspirational districts/ states

Developed guideline on hiring of fresh medical and management graduates as short-term interns in Aspirational districts/ states, and shared with states on requirement basis as per MoHFW requests

Deliverable 6: Contracts & KPIs: Develop model contracts and KPIs for 5 key service providers under NHM

Developed model contracts and key performance indicators for five key categories of service providers Specialists (Gynaecologists, Paediatrician, Anaesthetists), Medical officer, Staff Nurse, Laboratory Technician and Community Health Officer. Key performance indicators and minimum benchmarks developed for key program management posts. Collated and finalized the benchmarks given for other program managers in consultation with other divisions of MoHFW. Minimum benchmarks for 106 Program Management Staff shared with states.

Deliverable 7: Empanelment of HR Agencies: Support the selection of empaneled HR Agencies to support states on recruitment.

EoI advertised, proposals evaluated and finally 6 HR agencies empanelled to support States in recruitment of HR

Deliverable 8: HR Boot Camp: Conduct HR Bootcamp with all 36 States/ UTs.

Second round of HR Boot Camp is planned in month of June, 2019

Deliverable 9: Report on “Work load analysis “for selected facilities using a mix of WISN and a practical approach

Ongoing pilot study on WISN

Deliverable 10: Situation analysis and review of Human Resource under NUHM: Report on selected 5 states of India

Ongoing study in 5 Tier 2 and Tier 3 cities.

Deliverable 11: HR Thematic Reports: 36 HR thematic reports, 1 for each state/ UT

Developed HR Thematic Reports for 36 states/ UTs.

Deliverable 12: PIP Appraisal: HR appraisal and recommendation for 36 states/ UTs

HR appraisal was done for 36 states/ UTs for FY 2018-19 and FY 2019-20. Inputs on the issues related to HR and Program Management were provided to MoHFW for making evidence-based decisions for all 36 states/ UTs for FY 2018-19 and FY 2019-20. Provided recommendations for approval of HR proposed by the states as per discussions in NPCC meetings for all 36 states/ UTs for FY 2018-19 and FY 2019-20.

V. PUBLIC HEALTH ADMINISTRATION

Key Deliverables:

1. Guidelines on OT, CSSD, HDU, ICU, Mechanized Laundry and Modern Kitchen – dissemination and orientation
2. Support to MoHFW - on MDR, CDR, MNM, GRS, and DH Strengthening
3. Capacity development under NUHM: Creating pool of State trainers
4. Holding National & Regional consultations (4) on Public Health Act & Public Health Cadre
5. Support to States in implementation of CPHC in Mental Health (and epilepsy & dementia), Dental Health and Burns & Trauma
6. Support to scale up/implementation of Supportive Supervision Software & Health helpline web portal

Areas of Work:

1. Secondary Care Strengthening:

A functional District Hospital (DH) reduces patient load on stretched tertiary care services and provide high quality secondary (and some tertiary care) closer to the community. DHs, SDHs, and FRUs need to be prioritized for operationalizing both critical and non-critical care. The division is supporting states in operationalizing their secondary care facilities (especially DHs) for the provision of multi-specialist care and as a knowledge and training hub for doctors, nurses and para-medical staff.

1a. District Hospital Strengthening:

A national level orientation workshop was conducted on 10th July 2018. State level workshops have been conducted in Uttarakhand, Rajasthan, Maharashtra, Jharkhand, MP, UP, Bihar, Karnataka and 8 states of Northeast. Prospective Plans for 10 district hospitals in Bihar have been approved by state cabinet. Support is also being provided to 18 districts in UP for District Hospital Strengthening. Most states have been sanctioned funds for preparing comprehensive plans for DH strengthening in RoP 19-20.

Steering Committee has been constituted under chairperson-ship of Joint Secretary (Policy), for initiating DNB, CPS, nursing and paramedical courses in district hospitals. (11 states have been accredited with NBE. Apart from these, 4 additional states have proposed initiation of DNB program in PIP 2019-20. MP, Odisha and Tripura going ahead on CPS course). Steering committee has also been constituted in Jharkhand for initiating diploma programs for nursing and paramedical staff. Bilateral MOU with PHFI and tripartite MOU involving states have been signed.

1b. MCH strengthening

NHM has contributed to the accelerating the pace of decline in MMR (even faster than the global decline). However, India still contributes to more than 40,000 maternal deaths during pregnancy and childbirth. Assured and high-quality institutional delivery, admission and care of high-risk pregnancies (and those requiring C-section) will be facilitated through properly functional MCH wings. NHSRC is supporting the Ministry and states in this endeavor and also for creating selected Centres Of Excellences (COE) for maternal and child health care.

A national orientation workshop on layout designs of MCH wings was organized for doctors and engineers. 13 MCH Wings (11 in Bihar and 2 in UP) for which the Division provided support (and which were sanctioned in 2012) have now been initiated. Support for an MCH Wing at BHU- Varanasi is on-going.

1c. EmOC/ LSAS

States have designated First Referral Units for providing Emergency Obstetric Care (EmOC). However, availability of Obstetricians and Anesthetists remains a major bottleneck in provision of such assured services. Up-skilling of MBBS doctors to provide EmOC and Life Saving Anesthesia Skills (LSAS) was introduced by 2009 by GoI. An external evaluation of the EmOC and LSAS initiative have recommended

a revision of the curriculum for both these training courses. NHSRC is supporting the maternal health division of GOI in revising the EmOC and LSAS curriculums and improving certification processes so that properly qualified and skilled MBBS doctors trained in EmOC and LSAS are available at functional FRUs. Curriculum for EmOC and LSAS has been revised after multiple stakeholder meetings with subject matter experts and in conjunction with King George's Medical University (KGMU), Lucknow. A comprehensive Operational Guideline for implementation of both EmOC and LSAS courses has been drafted (including a suggestive budget). Supportive training tools such as a trainee work book and a log book have also been prepared. The final draft will be submitted to Ministry shortly.

1d. Guidelines for Secondary Care

Provision of assured emergency and critical care services at DH and SDH level is vital to strengthen secondary care services. NHSRC is supporting States in operationalizing these services – these include Emergency HDU, ICU, functional OTs, SNCU, PICU and NICU. Five guidelines on following areas of district hospital strengthening have been drafted and submitted to Ministry: Operation Theatre, Emergency Services, High Dependency Unit/ Intensive Care Unit, Central Sterile Services Department, and Dietary Services, and those for OT and dietary services were approved by MoHFW. Layout plans of OT, LR and HDU have been prepared for 6 medical colleges and 36 district hospitals of Bihar under LaQshya. Guidelines are also being prepared for assured emergency services in secondary care.

2. Revision of Indian Public Health Standards (IPHS)

The first IPHS guidelines were introduced in 2007 and revised in 2012. Since then several new initiatives were supported by NHM (including the introduction of NUHM and the delivery of comprehensive primary care through Health and Wellness Centres). Feedback suggests that the 2012 IPHS guidelines do not adequately incorporate the needs of various program divisions; and parallel program guidelines also lead to confusion and duplication of resources. The division coordinates the revision of the IPHS guidelines (including various components of health systems strengthening such as infra-structure, HR, drugs, diagnostics and Urban Health). This process is currently underway; service delivery has been prioritized and the requirements of programme divisions are also being incorporated under IPHS. Three main committee meetings have been organized for revision of IPHS norms, and three sub-committee meetings have been conducted for clinical services, HR/Infrastructure and NUHM. A detailed list of clinical services have been drawn up. Comments on clinical services have incorporated into revised standards. Inputs of program divisions on services, HR, infrastructure, equipment and drugs are being incorporated. Operational guidelines are being drafted.

3. Model Health Districts, Aspirational Districts and eGSA

'Model Health Districts' (MHD) is an approach through which a holistic health plan for the population of a district can be prepared. As part of this, districts are also guided to improve service delivery (and the service quality) at the district hospital. The Division is supporting states and selected districts to achieve MHD; this can be a role model for other districts. The Division is also supporting Aspirational Districts in the country in their allotted districts. A Comprehensive roadmap for national program and health systems strengthening has been prepared for Assam, MP, Bihar and Jharkhand. Monitoring visits to MHDs have been conducted (Jharkhand, Uttarakhand, Odisha, Rajasthan, Maharashtra, Assam and UP). Orientation workshops were conducted and action plans for key priorities of a district have been prepared for Jharkhand (West Singhbhum, East Singhbhum, Ranchi, Gumla and Bokaro), Rajasthan (Udaipur, Chittorgarh, Banswara), and Madhya Pradesh (Khandwa). The Division is also supporting facilities within these districts to achieve quality benchmarks (10 facilities in MHDs have been certified under LaQshya; 6 facilities have received awards under Kayakalp and 2 facilities have been certified under NQAS). A National level orientation workshop on Aspirational Districts was organized by the division for district officials. The division has supported the draft (including Hindi translation) National guidelines on Aspirational district. State level orientations on district health planning were done for UP and Jharkhand. District level orientations on decentralized planning have been done for Chaibasa, Mewat, Siddharth Nagar, Namsai and Khandwa.

4. Public health Cadre

The NHM provides support to states willing to establish a public health cadre. NHSRC has been the secretariat for this (along with external partners). Following a meeting on this initiative at NITI Aayog (Aug. 2019) work in this area has gained further traction. The Division is working with subject matter experts and selected states (with interest in establishing a public health cadre) on developing a roadmap for a public health cadre. This includes the principles, career pathways and organograms for such a cadre. In addition, deliberations and initial plans/organograms for a wider health systems cadre is also being developed. Two external stakeholder meetings with state nodal officers and subject matter experts have been held to discuss Health Systems Cadre (including public health cadre). A draft road map (including the principles and organogram(s) for various components of the Health Systems Cadre structure) have been drafted for review by the Ministry.

5. Public Health Governance

Robust and accountable health systems governance remains a challenge within the public sector. Mechanisms for strengthening accountability and health systems risk management (such as morbidity audits, prescription audits, inventory and financial audits) are either inadequate or lacking. Neither is there a system to generate early warning signs about potential lapses in service delivery (particularly those which are critical, e.g. adverse event reporting). The division is working on the concept of Public Health Governance to prevent avoidable incidents/ untimely deaths due to poor governance systems.

5a. MDSR & CDR:

Two state workshops conducted regarding MDSR (Uttarakhand and Bihar). Bihar, Uttarakhand (Haridwar & Udham Singh Nagar), Jharkhand (East/West Singhbhum, Gumla) and UP (Varanasi) have shown improvement in reporting and review due to rigorous follow up and several workshops. (For example, for Bihar in 2011-12, the number of maternal deaths reported were 32 and none were reviewed while in the year 2017-18, number of deaths reported increased to 1876 and reviews to 1356). A Gap analysis of HMIS long with maternal death reporting to Maternal Health division has been completed for 38 districts of Bihar. Technical specifications of software for MDSR/CDR/MNM/Stillbirth have been developed, approved by MoHFW and handed over to WHO for hiring of a suitable vendor.

5b. Clinical Governance

A draft concept note on clinical governance has been developed, and a meeting held in Maharashtra and Tamil Nadu to pilot this initiative at selected public facilities. This work will be advanced in FY 19-20.

5c. Referral Transport

Support is being provided to the Ministry for framing technical guidelines and protocols for National Ambulance services and Mobile Medical Units (MMU). Draft cost estimates have been prepared.

5d. Civil Registration System

An expert group meeting for reporting through civil registration system was held under chairpersonship of Mr. Bantia, Ex-ACS Maharashtra. Field visits have been planned. A comprehensive background document on Civil Registration and Vital Statistics (CRVS) and regulatory framework has been prepared

5e. Citizen Charter

Draft has been prepared and submitted to ministry.

5f. Software for Supportive supervision

Awaiting response from e-Health division for post-pilot scale up

5g. Grievance Redressal Software and Health helpline

A National Dissemination workshop conducted, and a state level workshop was conducted in Uttarakhand. 17 States have a functional GR system. Support to other states is also being provided through the PIPs. Comprehensive medical algorithms have been developed. Software for these are being developed in partnership with Tamil Nadu

6. Comprehensive Lactation Management Centres

While promotion of exclusive breast feeding in the initial months is ongoing, there are situations where babies do not have access to mothers' milk due to a variety of reasons. In such a scenario, donated human milk (DHM) is the next best alternative. The Division had supported the Ministry in Drafting Guidelines on Comprehensive Lactation Management Centres and is helping states to implement it. A tool for assessing the performance of CLMCs has been developed which will be used in visiting the existing and operational CLMC centres. The findings from this will help in stabilizing and expanding the programme. It will also feed into finalizing the draft bill. The legal work on this is reported separately in the section below.

7. National Urban Health Mission (NUHM)

Health service delivery challenges are particularly acute for slum populations, the homeless and marginalized. The division is supporting MoHFW and states in framing guidelines and in capacity building of their service providers (and wider stakeholders). The division supported a National TOT on ANM module, and conducted a Regional workshop for NE states. State level orientations were undertaken in Jharkhand, Odisha, UP, Andhra Pradesh, Manipur, Mizoram, Meghalaya, Tripura, Sikkim and Nagaland, and District level trainings Mizoram and Manipur. The division partnered with PHFI for conducting for monitoring and follow up of trainings in NE, ASCI is conducting various state NUHM training, and IIHMR in training ULB officials from Bangladesh in Urban Health, NUHM and HMIS Monitoring Visits were undertaken to Tamil Nadu, Assam, Pune, MP, Manipur. Guidelines for organizing Urban Primary Health Centre Services were developed, and Technical support provided to Ministry on guidelines to involve Medical Colleges in NUHM and guidance on inter-sectoral convergence). The division is also developing norms for NUHM IPHS for UPHC and UCHCs.

8. Legal framework

The concept of public health law is not restricted to laws that regulate the provision of health care services alone, but includes the legal powers that are necessary for the State to discharge its obligation. Hence, it is crucial that expanding needs of public health be supported by enabling legal provisions at central and state levels. Public Health Act, Medico-legal protocols, Clinical Establishment Act are some of such examples which need to be robust and as such the division is supporting MoHFW in its formulation and implementation.

8a. National Public Health Act (Draft)

The Draft Public Health Act, sets out the responsibilities and functions of governments to coordinate responses to public health risks, to create healthier environments, to promote healthier behaviours, to generate the information base that is needed for effective action and policies, to manage a competent health workforce, and many other functions. It sets up three tier health authorities (intersectoral) and provides statutory support to carry out functions and exercise powers related to communicable and non-communicable diseases, public health emergencies (to repeal the archaic epidemic diseases act), social determinants of health, provision of assured primary health care, with a 'health-in-all' approach. A draft for State and public consultation was prepared and sent to Ministry, and referred to the Legislative Department of Ministry of Law, for their opinion, prior to state consultations. The Ministry of Law suggested that we hold state consultations before seeking their opinion. Consequently, the Draft has been sent by the Ministry to all the states

8b. Medico Legal Protocols

A scoping exercise undertaken by the Division in this area revealed the need of a codified and comprehensive medico-legal protocol to ensure uniformity of medico-legal examination and certification, for all registered medical practitioners whether in government, co-operative or private sectors. As part of the larger Medico-Legal Protocol work, the Division had organized an expert consultation on 'sexual assault protocols' and challenges in its implementation. The recommendations that emerged were

submitted to the Ministry and instructions were issued to include this in PIP and to either revise the existing protocols or develop comprehensive guidelines on gender based violence. The Ministry has constituted a National Committee to draft comprehensive guidelines on ‘Strengthening Health Systems Response to Gender Based Violence’. Division is a member in the committee and is providing support in framing the guidelines.

8c. Digital Information Security in Healthcare Act [DISHA]

An act to provide statutory support for collection, reporting, assimilation and creation of digital health data to create comprehensive ‘Electronic Health Records’ necessary for providing quality individual care as well as for public health research. It also has provisions for constitutionally protected fundamental rights of privacy, confidentiality and data protection. Background legal research was undertaken followed by drafting of the act. The draft Act was submitted to the Ministry and is in the public domain for comments.

8d. National Policy for Treatment of Rare Diseases

The Delhi High Court had instructed the Health Ministry to draft a treatment policy for rare diseases. For which the Ministry constituted high level expert committees to make recommendations. The Division was requested to put together the recommendations of the committees and draft a policy. The Division, accordingly, in a tight time frame drafted the Policy as per instructions received and in consultation with a committee set up by the ministry, and submitted the draft to the Ministry. The draft was approved and submitted to the Delhi High Court. The Division is a member of the Central Technical Committee under the Policy, to develop technical protocols. Currently, the policy is being revised in light of budgetary issues.

8e. Comprehensive Lactation Management Bill

The division undertook the drafting of a legal framework at the MOHFW’s request, to (a) regulate the process of donor selection, consent, screening, testing, processing, storage and dispensing of Donated Human Milk (DHM); and (b) prohibit commercialization of DHM. The Division developed and revised drafts based upon inputs from the MOHFW. The final draft will be submitted soon.

8f. Clinical Establishment Act

The Division attends regular meetings and provides support to National Council under the CEA Act as well as States that are at various stages of adopting and adapting the CEA.

9. Comprehensive Primary Health Care

The Division supported Comprehensive primary health care by framing operational guidelines in certain key areas. These included convening expert group meetings, framing the guidelines and putting up for review and approval with the Ministry. Guidelines cover the areas of Oral health, Mental Neurological and Substance Use Disorders, Emergency services, Architectural Design of HWCs (6 types), RMNCH+A and Palliative Care.

10. Knowledge Partnership

Dissemination of technical evidences, knowledge and skills need to be fast tracked and this is only possible by appropriate partnership with institutions of knowledge like medical colleges, centres of excellence in public health etc. Division is working in close collaboration with some of such institutions so that support required by states can be fast tracked. The division collaborated with AFPI in organising a National consultation on Primary Care as part of World Rural Health Conference

11. Miscellaneous

The division provided support to DGHS and MoHFW in drafting of National Oral Health Policy, developed a draft guideline on Early Childhood Care, and also supported the Ministry on drafting Guidelines on Blood Storage Units.

VI. PUBLIC HEALTH PLANNING/KNOWLEDGE MANAGEMENT UNIT

Key Deliverables

1. Review of submissions on National Health Innovation Portal and support states to undertake replication of Best Practices and Innovations presented at the National summit.
2. Strengthen and support State Health System Resource Centers (SHSRCs).
3. Support orientation of new leadership of states
4. Facilitate 12th Common Review Mission in terms of revision of TORs, stakeholder orientation, preparation and dissemination of National report.
5. Tribal Health Secretariat functions
6. Serve as secretariat for National Knowledge Platform.
7. Support publication and dissemination for all NSHRC divisions

Deliverable 1: Review of submissions on National Health Innovation Portal and support states to undertake replication of Best Practices and Innovations presented at the National summit.

1.1 Review, assessment and scoring of innovations submitted on National Healthcare Innovation Portal
Regular update on innovations were submitted on National Healthcare Innovation Portal and the thematic innovations shared with the concerned divisions in NHSRC for further action and to MoHFW for final selection of the innovations to be presented during the National Summit held in Assam.

1.2 Support scaling up of identified innovations through integrated field evaluations
Eleven innovations presented at the Best Practice summit, held in Kaziranga were selected for inclusion in State's Programme Implementation Plans.

1.3 Organizing National Best Practice Summit.

The division facilitated and provided technical inputs to the National summit on Good and replicable practices and Innovations in Public healthcare systems held at Kaziranga, Assam between October 30-November 01, 2018. The innovations presented during the workshop included forty-six oral presentation and fifty poster presentations. The compendium of innovations and best practices presented in the summit was published and disseminated as a coffee table book titled "Evidence to Action towards UHC".

Deliverable 2: Strengthen existing State Health System Resource Centers (SHSRCs) through experience sharing workshops

Workshop for FY 18-19 will be held in April 2019

Deliverable 3: Support orientation of new leadership in states.

3.1 Orientation of state NHM leadership

One Workshop conducted on orientation to National Health Mission programmes and schemes for newly appointed PS/MDs of the states.

3.2 Participated in NIHFW training programmes for medical officers and for senior officers on Policy, planning and evaluation methodologies for senior officers from State.

Deliverable 4: Common Review Mission

4.1 CRM to be conducted on annual basis with responsibility of report writing and dissemination.

Twelfth CRM was completed between September 5th to 12th 2018. National report is being finalized. The division also facilitated the dissemination of eleventh CRM report.

Deliverable 5: Tribal Health

5.1 Tribal Health Report

The division serves as a Secretariat for the Task Force on Tribal Health. A task force meeting was organized to finalize the comprehensive report on Tribal Health in India. The report was published as a set of three documents – the main report, Executive summary and a Policy brief with a way forward. The report provides a policy framework which is expected to bridge the gap regarding tribal subpopulation facing inequities in health and health care as compared to others.

Deliverable 6: Serve as Secretariat for National Knowledge Platform

6.1 Organized steering committee and commission first set of research studies

NHSRC serves as the secretariat for the NKP. The team undertook review of all Common Review Missions and identified areas that had been flagged as persistent challenges. These questions were then shared with state governments and the contours of the NKP explained to them. A steering committee was held in August and approval was provided for three studies. The Steering Committee approved three topics for implementation research- Assessment of MMUs with AIIMS, Delhi, assessing effectiveness of mainstreaming AYUSH practitioners within NHM with AIIMS, Bhubaneswar, and undertaking an assessment of the Free Medicines scheme by PGI, Chandigarh. Proposals were submitted in March and approvals have been obtained. MoUs are pending signatures.

Deliverable 7: Support publication and dissemination functions of all NHSRC divisions

7.1 Support to Partners Forum for PMNCH

Served on the content committee to plan for the programme to be conducted. Provided content and finalized matter for the coffee table book showcasing India on the subject which was released by Honourable Prime Minister of India along with dignitaries from other countries. As a core member of team to set up exhibition on India's contribution on the subject, coordinated with ministry and all development partners and NGOs and finalized the exhibition which was inaugurated by Hon. Minister of Health & Family Welfare along with ministers from other countries.

7.2 Support to KAYAKALP and National Convention on Quality Assurance:

Supported QI division to hold the KAYAKALP award programme. Developed and published a Coffee Table Book on the subject which was released by Hon. Minister of Health & Family Welfare.

7.3 Publications

Brought out publications of all the division of NHSRC and for MoHFW. 35 new and 10 revised or reprints (Reports, Guidelines, manuals, training materials, brochures, leaflets, brand manual etc.)

7.4 Support to MOHFW and state governments in showcasing NHM efforts

On request from MoHFW designs were developed for a tableau on the subject of Health and Wellness Centre for Republic Day. Presentations were made to Ministry of Defence for selection. On request from MoHFW set up an exhibition as part of Vibrant Gujarat for international participants on the subject of live Health & Wellness Centre and Ayushman Bharat.

VII. QUALITY IMPROVEMENT

Key Deliverables

1. Supporting states in scaling-up the Quality Assurance Programme and LaQshya initiative for increasing number of Quality Certified Health facilities including labour rooms and maternity OT.
2. Developing IT enabled automated system for managing the certification process (NQAS and LaQshya)
3. Taking ‘Kayakalp’ to next level – Extending Kayakalp to sub centres
4. Support for development of STG Institutional Framework
5. Support for development of Quality Standards for Medical College Hospitals as requested by the States
6. Studies, Publications and Workshops
7. Others: ISQua Accreditation

Deliverable 1: Supporting the states in scaling-up the Quality Assurance Programme and LaQshya initiative for increasing number of Quality Certified Health facilities including labour rooms and maternity OT.

National Quality Assurance Programme (NQAP), launched in November 2013 with release of the operational guidelines and quality standards for District Hospitals. The standards for CHC, PHC and UPHC were released in subsequent years. ‘LaQshya’ is a targeted approach for improving Quality of Care around birth.

The division facilitated ISQua accreditation of the Quality Standards (2016) and undertook a 5-day External Training Program (2018). NQAS standards have been included by Insurance Regulatory & Development Authority of India (IRDAI) as one of the benchmark for the empanelment (2018). A Unified organizational framework across the country:- Active Central, State and District level Quality Assurance committees have been established.

Deliverable 1a:- Scale-up of the Quality Assurance Programme & increasing numbers of Quality certified health facilities

1a.I: Support for NQAS assessment & Certification of health facilities

A total of 277 health facilities (DHs-67, SDHs-28, CHCs-19, PHCs-157 and UPHCs- 5) have been Quality certified till 31st March 2019. In FY 2018-19, 88 batches of training have been conducted by the QI Division to support implementation of the NQAS, Kayakalp and LaQshya. Support to states and health facilities was provided in closure of the gaps, more so those facilities, where NQAS Score was borderline for full certification. Field visits were conducted in the States of Arunachal Pradesh, Assam, Gujarat, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Tripura, and Uttar Pradesh for onsite mentoring of the facilities, to enable them to attain the NQAS certification.

1a.II: Support for NQAS assessment of 80% UPHCs & Certification of U-PHCs:

Assessment of 1069 UPHCs & UCHCs in 20 States (61.2%) has been completed for meeting the disbursement link indicators (DLI) under the ADB support to NUHM. Five UPHCs are Quality certified. NUHM composite trainings were conducted in the states of Jharkhand, Karnataka, Odisha, Tamilnadu, Uttar Pradesh, Chennai & Mumbai Municipal Corporations and at RRC NE Guwahati for NE States.

1a.III: Strengthening of Quality Assessment System:

Three batches of External Assessor training were conducted in FY 2018-19. This training programme is accredited by the ISQua. The pool of NQAS External Assessors stands at 333, increased from 200

assessors on 1st April 2018. 17 batches of Internal Assessors Trainings were conducted in the states & UTs, and the pool of internal quality assessors stands at 3465, who are helping the states with NQAS, Kayakalp and LaQshya assessments, followed by gap closure action. A separate 'NQAS Certification Cell' within the division has been established to handle the increasing load of NQAS and LaQshya certification.

A key challenge that needs to be addressed, is that after inclusion of NQAS in the IRDA empanelment guidelines, several requests are received for NQAS certification from NGO and private sectors. Handling the current load of NQAS certification (scrutiny of documents, coordination with empanelled assessors, finalisation of assessment report based on score-card, communication with the MoHFW and the State) takes considerable time and effort. An institutional mechanism will be developed in FY 19-20.

Deliverable 1b - Collaboration & Partnerships for building States' capacity to implement National Quality Assurance (NQAS) Standards and improving Quality of Care

Developed collaborative programmes with TISS and PHFI to train and create a pool of quality professionals in the States & UTs for accelerated implementation of the QA programme. The 3rd batch of NHSRC-TISS Health Quality Programme will conclude in 2-3 months. Short-term training module (6-days) has been developed in collaboration with PHFI and AHPI. Three batches of the course have been successfully completed in the FY 2018-19.

Deliverable 1c - Support for roll out of LaQshya Initiative

1c. I Orientation of 'Mentoring Group' on LaQshya

The division supported 'LaQshya Orientation Workshop' in States and UT, and LaQshya Internal Assessors Training conducted in States based on requests.

1c. II: Printing and dissemination of resource materials pertaining to six thematic areas.

Supported development and printing of 'Resource Package for Quality Improvement Cycles in LaQshya'.

1c.III: Support for expansion of programme to State Medical Colleges

Ongoing- Training support.

1c. IV: Support for baseline assessment & National TOT.

Support conducting TOTs in Delhi, UP, Rajasthan and MP

1c.V: Undertaking LaQshya Certification of LR and MOT

In FY 18-19, 39 MOT and 54 LR is LaQshya were certified.

Deliverable 2: Developing IT enabled an automated structure for Quality Certification Process (NQAS and LaQshya)

The number of facilities requesting for National Certifications has been increasing exponentially, more during recent months. Presently, we have 'Gunak app', which generates facility assessment. However, submission of documents, SOPs, quality manual, satisfaction score, calculation of assessment score as per certification criteria, etc. is currently done manually and the present system is time consuming and also prone to errors. Hence, it was planned that whole process is automated and IT enabled. 'Gunak app' has already been developed that generates facility's assessment score for NQAS, Kayakalp and LaQshya. Web version of Gunak App having features of online customization has already been integrated and is in

the process of piloting. It is also being integrated with NIN ID. Process for hiring of an expert on retainer basis, who has understanding of NQAS and IT sector, has already been initiated.

Deliverable 3: Scale-up of Kayakalp Program to next level

In alignment with “Swachh Bharat Abhiyan” launched by the Prime Minister (2014) MoHFW, GoI launched Kayakalp Award Scheme on 15th May 2015 with aim of promoting ‘Swachhata’ and Hygiene in Public Health facilities

In the last four years, participating health facilities under the Kayakalp increased from 750 health facilities in FY 2015-16 to over 26,000 facilities in FY 2018-19. Those obtaining Kayakalp awards also increased from 97 facilities in FY 2015-16 to 1539 facilities to FY 2016-17 and 2962 in 2017-18. As per information available for FY 2018-19, 3369 facilities have received Kayakalp awards.

4.1: Extension of Kayakalp initiative to sub centres

Outline of assessment and Kayakalp tools for sub-centres (health & wellness centres) has been developed and is under approval.

Deliverable 4: Support for developing Standard Treatment Guidelines (STGs) institutional framework in the country

Standard Treatment Guidelines play a critical role in ensuring evidence based clinical practice and quality of care. Understanding its importance, Ministry of Health & Family welfare had commissioned a Taskforce on Standard Treatment Guidelines, which comprised of eminent clinicians and representations from important stakeholders such as ICMR, DGHS, FICCI, civil society organizations and academic institutions. NHSRC was designated as secretariat for this taskforce. The task force developed methodology manual and STGs for 12 clinical conditions. This has now been handed over to the Department of Health Research/Indian Council of Medical Research.

Deliverable 5: Support for development of Quality Standards for Medical College Hospitals, as requested by States

- Could not be initiated because of lack of clarity from the states.

Deliverable 7: Others

7.1: ISQua Accreditation: (International Society for Quality in Health Care (ISQua) is a member-based, not-for-profit community and organisation dedicated to promoting quality improvement in health care.) ISQua accreditation of the Quality Standards is maintained, and in the FY 2019-20, surveillance audit is due. External Assessor Trainings organised by NHSRC has achieved ISQua accreditation.

7.2: Mera Aspataal -Mera Aspataal, which empowers citizens by seeking feedback on public health facility, works through multiple communication channels, including Short Message Service (SMS), Outbound Dialling (OBD), a mobile application, and a web portal. The application allows feedback to be consolidated, analysed and disseminated on a frequently updated dashboard. Analysed data is used to improve quality of services in healthcare facilities. QI Division has been extending support for this initiative.

VIII. ADMINISTRATION

1. GENERAL ADMINISTRATION INCLUDING IT

Key Deliverable

1. Expansion of Office space on first floor with Semi-Permanent structure.
2. Provision of Security Services coordinated with NIHFW.
3. Fire Safety equipment, fire evacuation plan and fire drill.
4. Maintenance of Office & Infrastructure.
5. Asset management including stock taking:
6. Procurement of goods and services.

1: Expansion of Office space.

- CPWD has built semi-permanent structure at 1st floor which was started in 2017-18 completed in 2018-19 and handed over after completion to NHSRC on 26 June 2018. Thereafter Work station, Cabinets and tables for training hall at 1st floor has been procured from GeM in the month of Oct 2018. Tender for Office Chair against 1st floor requirement was floated on open tender and the same have been materialized in the month of Oct 2018.
- The space was first utilized on preparatory meeting of CRM on 03 September 2019 and has become fully operational w.e.f. Dec 2018. Office space has been occupied by HCT, QI and HRH Division
- Presently, liasioning with CPWD for final Invoice and its settlement as well as maintenance of assets like Air Conditioners etc. in warranty.

2. Security Services

- The Security services have been outsourced from the same agency (M/s Mi2C) to whom NIHFW award the contract for better supervisory check after working hours and coordination. The office is well maintained. The Security services have been streamlined.
- M/s Mi2C security services were selected for outsourcing security arrangement. There are two guard post (one at ground floor consisting of three guard for 24 x 7 for round the clock surveillance and one at 1st floor from 09.00 AM to 05.30 PM) posted at the premises and post are maintained well. The guard post at First floor has been increased due to expansion of work station.
- CCTV provides additional Surveillance.

3. Fire Safety

- 10 different types of fire cylinder have been parked at various places in NHSRC. Fire alarm, Sprinkler and smoke detector have been installed in the office and presently these are in serviceable conditions. In addition, every year mock drill is being organized for awareness.
- Fire evacuation plan for first floor in place utilizing stair case in front and behind.

4. Maintenance of Office & Infrastructure

- Housekeeping services: The housekeeping services have been outsourced from M/s Rakshak. The office is well maintained. The housekeeping services have been streamlined.
- For maintenance of DG Set comprehensive annual maintenance contract have been awarded and it is well maintained with periodic maintenance in place. For maintenance of Centralized A.C. (2 nos. AHU and A.C ducting) a comprehensive annual maintenance contract has been awarded and it is well maintained by M/S Bluestars as well.
- Two networking (printer for Ground and first floor) have been hired for printing and photocopying. These are well maintained and working properly.
- C TV, EPAX, Server and IT equipment were maintained well

5. Asset management:

- Annual stock taking in previous FY were done for stock check of entire office assets and recommended for disposal of obsolete assets held in NHSRC.

- The stock taking committee has been approved and they will start action by 01.04.2019.
- Similarly, stock taking of property as on 30 March 2018 was done between April- May 2018.

6. Procurement of goods and services.

- The vendors for Printing, Design and Layout were empaneled through open tendering process and its approval was accorded in the month of Oct 2018. Now the validity of empanelment contract has been extended up to 31 Mar 2020 from 31 March 2019 after getting satisfactory work.
- Installation of Lift is under progress. Vendor was selected through open tendering process as per GFR 2017 .M/S Sketchers Engineering Pvt Ltd are selected and Proposed Date of Completion is 30 May 2019.
- AMF Panel has been procured from M/s A to Z Control System through open tendering process for distribution of electrical load and continuous back up. Misc Electrification work for installation of AMF panel is under process by M/s Sarang through LTE (CPWD Registered) tendering process and PDC is 15 May 2019
- Procurement of furniture: Furniture, stationery and (Consumable i.e pantry and toiletry items) available from Kendriya Bhandar are purchased below Rs.1,00,000/-. Exceeding this it is being purchased as per GFR rules from open market.

2. ACCOUNTS

Key Deliverables

1. Annual Audit of accounts
 - Audit of annual accounts & statement submission to the Chairperson and members of GB.
 - Filing of Income Tax for the Assessment year 2018-19
 - Submission of Annual Report/Audited Accounts of NHSRC to COPLOT
2. Annual Budget
3. IAHQ Audit Replies
4. Support to AGCA, NPMU
5. Statutory compliances
6. Grant in Aid

Deliverable1: Annual audit of accounts

1.1: Audit of annual accounts & statement submission to the Chairperson and members of the GB and concerned divisions of MoHFW- June-2018

- Accounts for the financial year 2017-18 were audited. The accounts of RRC NE for the financial year 2017-18 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 14th Governing Body meeting held on 17th July 2018.

1.2: Filing of Income Tax return for the Assessment year 2018-19 Oct-2018

- Filing of Income Tax return for the assessment year 2018-19 has been completed in stipulated time..

1.3: Submission of Annual Report/ Audited Accounts of NHSRC to COPLOT Oct-2018

- The Audited statement of accounts for the financial year 2017-18 was submitted to MoHFW for laying on table of both the Houses of Parliament. Thereafter the same was uploaded on NHSRC website.

Deliverable 2: Annual Budget

2.1: Preparation of Annual Budget for FY 2018-19 May-2018

- Budget estimate for the financial year 2018-19 was prepared and produced before the 14th GB on 17th July 2018. The budget was approved by GB.

2.2: Review of Utilization pattern vs program budget Every Quarter

- Quarterly utilization pattern provided to all program divisions with comparison of budget vs actual. Submitted for all four quarters of FY 2018-19. Necessary reappropriation on programme budget done in last quarter .
- As a ready reference: Provisional SOE brings out Total Expenditure incurred Rs. 38.83 crores as on 31st March-19: out of which Rs. 24.71 crores for NHSRC and Rs. 14.12 crores for NPMU, RBSK and AGCA activities.

Deliverable 3: IAHQ Audit Replies

3.1: Audit replies to IAHQ September 19

- 10 out of 22 observations were settled. Remaining 4 Observations pertain to Audit of 2015 and have been addressed . 8 Observations are outstanding from audit of 2012 and are of procedural nature.
- Consulted IAHQ and Director NHM-I to submit a fresh set of replies and supporting documents.
- Continuous efforts have been made to recover the outstanding amount from concerned.

Deliverable 4: Support to AGCA, NPMU

4.1: AGCA funding support Every Quarter

- 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. Earmark funds provided by MoHFW for this activity.
- AGCA Account records for Ist quarter from April to June 18 and for F.Y. 2017-18 were reconciled and the amount released of reimbursement to AGCA after approval received from MoHFW.
- AGCA Account records for IInd quarter from July to September 18 for F.Y. 2018-19 were reconciled and release the amount to AGCA after approval received from MoHFW.
- AGCA Account records for IIIrd quarter from October to December 18 for F.Y. 2018-19 were reconciled and released the amount to AGCA after approval received from MoHFW.

4.2: NPMU support Monthly

- Expenditure and 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 costs. For this additional fund requirement NHSRC received the grants over and above the NHSRC budget.

Deliverable 5: Statutory compliances

5.1: Quarterly TDS return Every Quarter

- Quarterly TDS return for 1st Qtr. (April to June-18), 2nd Qtr. (July to Sep-18) and 3rd Qtr (Oct to Dec-18) has been filed periodically.

Deliverable 6: Funds

6.1: Grants in Aid Follow-up Periodically Recurring . Demands are put up every quarter and fecilitation is done to F M G and PAO office till materialized.

- The approved budget for NHSRC is Rs. 34.16 crores and tentative budget for additional supportive projects is Rs. 16.79 crores for FY 2018-19.. Total approved budget Rs. 50.95 crores, for NHSRC annual expenditure and the consultants working under various divisions of MOH&FW and channelizing funds for AGCA respectively.

Deliverable 7: Others

7.1: PFMS Implementation Ongoing

- As per the PFMS requirement, registered all staff in PFMS as vendor for process of their monthly fee and administrative cost.
- Requested MoHFW for PFMS training of remaining two accounts personnel.
- Implemented partial PFMS as parallel run.
- NIL cash transactions from April-2017 onward.

7.2 Statutory Audit for the FY 2018-19- Ongoing

- Chartered Accountant Firm M/s Bansal Agarwal and Co has been appointed as statutory auditor in FY 2017-18.
- M/s Bansal Agarwal and Co has been completed the audit till April to Dec-2018.

7.3 Infrastructure (Construction of semi-permanent structure on first floor) - Ongoing

- Total approved budget was 208.6 lakh, however in FY 2018-19 remaining amount was Rs. 51.60 lakh. Amount paid in FY 2018-19 Rs. 43.33 lakh to CPWD and other
- Final invoice is pending at the end of CPWD.

3. HUMAN RESOURCES

1. Recruitment & Selection:

- HR Section has successfully filled **100** vacancies in MOHFW (60), NHSRC & RRC-NE (40) and the recruitment is underway for **41** Vacancies for MOHFW (13), NHSRC & RRC-NE (28).
- Successfully completed Campus Recruitment process for NHSRC and recruited 16 Fellows for multiple Divisions of NHSRC.
- Added recruitments of 4 additional divisions of MoHFW and one State Government i.e. SHS-Bihar.

2. Performance Management:

- Successfully conducted Mid-Year Review & Annual Performance Appraisal Exercise at NHSRC & RRC-NE within stipulated time. Annual Performance Appraisal Exercise for MoHFW Consultants is underway which was initiated by February 2019.

3. Training & Development:

- Organized two important onsite and offsite trainings on Advance MS Office and Noting & Drafting for 25 personnel of NHSRC & RRC-NE from competent trainers of ISTM. Training were appreciated and feedback was positive overall.
- Conducted multiple Induction sessions of new joiners at NHSRC and MoHFW.

4. Personnel Satisfaction Survey:

- For the first time the Personnel Satisfaction Survey was conducted online in NHSRC & RRC-NE. The response of the survey was satisfactory. Data shared with PAO & ED which was discussed with all personnel.

5. Probation & Contract Management:

- Efficiently managing contracts of 200+ Personnel working in MOHFW, NHSRC & RRC-NE.
- Timely issuance of Contract Extension letters & Probation Confirmation letters

6. Inputs for RTI & Appeals:

- Appropriate draft replies submitted to CPIO, NHSRC and Appellate Authority, NHSRC for various complexed RTI & Appeals within the stipulated time.

7. Submission of Reports:

- Reports and correspondences have been submitted to MoHFW within stipulated time.
- Data have been submitted to MoHFW as and when required, for onward submission to Ministry of Finance and PMO.

8. HRMIS:

- Supervision and hand holding to Silvertouch for creation of online HRMIS.

9. Policies:

- Instrumental in drafting first draft of Procedure & Guidelines for engagement of Technical Consultants working in the Ministry. Majority of the draft guidelines of HR Section was accepted by the Ministry.
- Revision of Maternity Leave Policy amended and made the policy rational. Matter taken up with MoHFW for directive on the issue..

10. Revision of Fee Bands

- Instrumental in drafting the revised fee bands for Technical and Admin Personnel.
 - Ensured that the NHSRC & RRC-NE personnel were moved into the new fee bands and paid accordingly.
-