

NHSRC provide technical support to the Ministry of Health & Family Welfare, Government of India on policy issues and development of strategy, through technical assistance and capacity building to States.

National Health Systems Resource Centre

Work Report 2019-20

Including report of RRC-NE

**WORK REPORT OF
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)**

FY 2019-20

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I. COMMUNITY PROCESSES/ COMPREHENSIVE PRIMARY HEALTH CARE

Key Deliverables

- 1 Strengthen state capacity to complete ASHA training in Rounds 3 & 4 in all states
- 2 Enable certification of at least 50,000 ASHA across the country
- 3 Expand and strengthen training systems and support structures to strengthen performance of Home Based New Born Care and Home Based Young Child Programmes in Aspirational Districts
- 4 Support the operationalization of 40,000 HWC for delivery of Comprehensive Primary Health Care, including scaling up the Community Health Officer training.
- 5 Support capacity building of Primary Health Care team at SHC – HWC level on new services packages
- 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.

Team Composition

Sanctioned Posts	In Position (vacancy)
Advisor (1)	0 (1)
Senior Consultant (4)	2 (2)
Consultant (13)	11 (2)
Total filled positions	13
Positions to be filled	5

Areas of Work

CP 01 Policy and Advocacy Support

1.1 Revision of Community Processes Guidelines

The CP guidelines revision was planned in view of the changing role of ASHA and other community-based platforms such as VHSNC and MAS in the current context of CPHC. The division worked on the illustrative weekly calendar for the HWC team and the induction module for CHOs with task allocation for ASHAs, MPWs and CHOs as members of the team. However, there is no proposal to revise the financial guidelines for ASHA.

Based on the findings from various reviews and field visits, it was decided that revised guidance will be issued for specific programme components, rather than revise all the guidelines. Draft guidance notes and orders have been prepared regarding revisions in training strategy, financial provisions and role of support structures emphasizing ASHA facilitators and submitted to MoHFW.

Annexure 1A

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

Rapid assessment conducted on role of MPW-F at the Sub Health Centre- Health and Wellness centres in eight states. [Annexure: 1. B](#)

1.3 Develop guidelines and support states in sensitizing providers for respectful treatment of ASHA for and implementing safety measures for ASHAs

This will be included in the revised guidance notes mentioned in Point 1.1.

1.4 Developing Framework for Health Promotion and Action on Social Determinants of Health

- Framework of Action on Social Determinants of Health and Health Promotion drafted and integrated with Guidelines for Jan Arogya Samiti (JAS) that is being planned at SHC- HWC level.
- Concept note prepared on Role of Women Self Help Groups (SHGs) in Health Promotion and submitted to MoHFW.
- Developed Framework and Indicators for Swasth Gram Award as a strategy for Health Promotion.

1.5 Developing Policy Guideline on Community Participation platform for HWC (like RKS)

Draft Guidelines on Social Audit and Jan Arogya Samiti at SHC- HWCs developed and circulated states for inputs.

[Annexure 1.C](#)

CP 02 Capacity Building

2.1 ASHA

2.1.1 Completion of about 9 Lakh rural ASHAs training of all four rounds of Module 6 &7 in all states

About 7.8 L (86%) have been trained up to Round 3 and 6.5 L in Round 4(72%)¹. Training of ASHAs in Round 3 & 4 has been slow in few states of Bihar, UP, AP, Karnataka and Telangana. State specific action plans will be developed with these states to expedite completion of training particularly in view of changing roles in relation to the roll out of CPHC

¹ Data yet to be received from states for Jan 2020.

2.1.2 Completion of training for 65,000 urban ASHAs in three rounds of Module 6 &7 in all states

About 64,244 urban ASHAs are currently in position. Against which, 60% ASHAs have been trained in all three rounds 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.

2.1.3 Expansion of pool of National trainers up to Module 6 &7 and mobilization for action on violence against women (30 trainers)

To expand the pool of National trainers, trainers were empaneled through an online expression of interest. Of these 39 trainers have been trained in a consolidated 15 days TOT. In addition, the team, also supported expansion of state trainer's pool by supporting refresher training and evaluation by National Trainers in Gujarat (28) and Uttarakhand (25)

2.1.4 Expansion of pool of state trainers for NCDs – (60 trainers)

About 34 trainers were trained on NCDs based on nominations received from states, thus increasing the pool of trained state trainers to 181. Division also supported state level TOT on NCD in Puducherry (17) , Himachal Pradesh (14) and Uttar Pradesh (35).

2.1.5 Training of state trainers in New service packages for ASHAs (120 trainers)

Training to be planned based on the finalization of the OGs and modules for newer range of packages under CPHC.

2.1.6 Expansion of pool of state trainers for HBYC

About 45 state trainers trained on HBYC, increasing the pool to 152. Division also facilitated training workshop of 20 state trainers on HBYC for Himachal Pradesh

2.1.7 Completion of training of 1.25 L ASHAs in Non-Communicable Diseases under HWCs (as per state's plan for 2019)

Over 3 Lakh ASHAs have been trained so far in NCDs.

2.1.8 Completion of training of 25,000 ASHAs in New Service Packages under HWCs (as per state's plan for 2019)

Training to be planned based on the finalization of the OGs and modules for newer range of packages under CPHC

2.1.9 Completion of training of ASHAs on HBYC in Aspirational districts (as per state's plan for 2019)

Training of 2869 district trainers has been completed in most states and training of ASHAs and ASHA facilitators is underway in all Aspirational Districts

2.2 Certification

2.2.1 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) (30 trainers)

- ASHA certification is currently underway in 25 states and UTs.
- During FY 2019-20, a national workshop was conducted for 28 state trainers from 5 states i.e. Delhi, Jammu & Kashmir, Jharkhand, Rajasthan and West Bengal.
- Overall, 232 state trainers and 35 state training sites have been certified so far

2.2.2 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)

- During last year, refresher training and certification of 218 district trainers and accreditation of 32 district training sites was supported
- So far, about 686 district trainers and 104 district training sites have been certified.

2.2.3 Review and revise the strategy for certification based on experiences from phase 1

Based on the experiences of certification of ASHAs from phase 1, revised strategy for ASHA certification is being developed to expedite the slow pace of certification by giving more flexibility to states to work with state level institutes/universities for certification of ASHAs

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

- Five theory examinations have been conducted-31st January, 2018, 22nd July, 2018, 20th January, 2019, 10th August, 2019 and 28th January, 2020.
- So far, 16,391 ASHAs and ASHA Facilitators (in the first four theory examinations) across 15 states have been certified and about 15,000 ASHAs have appeared in the examination held in Jan, 2020
- Low levels of achievement in certification of ASHAs and AFs has been on account of

- Slow pace of completion of processes for accreditation of trainers and sites by NIOS
- Poor coordination between NIOS and most states, where dedicated consultant positions for ASHA certification have not been created at Regional NIOS offices.

2.3 Certificate Programme in Community Health (CPCH)

2.3.1 Support process of selection and enrolment of candidates for July, 2019 and January, 2020 batches of Certificate Course on Community Health in all states (as per state's plan for 2019-20)

About 15,782 candidates were enrolled in the course in July 2019 batch and 17,979 candidates are enrolled in January 2020 batch. So far, nearly 24,000 candidates have successfully completed the course.

2.3.2 Develop Guidelines to conduct Selection Examination of candidates to support states in recruitment of BSc Nursing Candidates directly as MLHP

Division supported the follow up with states on integration of CPCH curriculum with BSc curriculum in coordination with Nursing Division. Since first batch of nurses from integrated curriculum is expected to graduate from July 2020 onwards, action will be completed in FY 2020-21 based on specific requests received from states.

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

Visits by external observers were conducted in 14 PSCs in 11 states

2.3.4 Develop Supplementary Handbook for MLHPs to deliver services at HWCs including work flows

Supplementary modules for four service packages developed and submitted to MoHFW for approval.

[Annexure 2.A](#)

2.4 Primary Health Care Team

2.4.1 Create a cadre of National trainers for MPW and MLHPs (60 trainers)

Developed Induction Module, Training Strategy and Guidance Notes for trainers for training of In-service CHOs. Conducted a batch of 20 national trainers on CHO induction module.

Annexure 2.B

2.4.2 Facilitate training of state trainers for MPW and MLHPs (120)

438 state trainers have been trained in 13 batches at national and state level on CHO induction module.

- 8 batches conducted in Delhi for 15 States/UTs (trained 247 trainers)
- One batch facilitated for all North Eastern states (trained 50 trainers + 12 CHOs)
- Facilitated 4 batches of state TOTs- 3 batches for Gujarat (98 trainers) and one batch for WB (43 trainers including 10 observers).

2.4.3 Completion of training of 50,000 MPW Module on Non-Communicable Diseases under HWCs

About 90,514 MPW have been trained so far in NCD under HWCs.

2.4.4 Expansion of pool of state trainers for MPW (F) Module on New service packages (as per state's plan for 2019-20) – (60 trainers)

Training to be planned based on the finalization of the OGs and modules for newer range of packages under CPHC

2.4.5 Completion of training of 25,000 MPW Module on New Service Packages under HWCs /HWCs and MOs and Staff nurses at PHCs/ UPHC/HWC

Training to be planned based on the finalization of the OGs and modules for newer range of packages under CPHC

2.4.6 Support states in completing training of about 10,000 CHOs in Supplementary Handbook

The Supplementary modules are intended to act as refresher module for CHOs. Hence it has been decided that after final approval from MoHFW, the modules will be converted to e-modules which can be shared through digital platforms with all CHOs (e.g. CPCHC- NCD application and HWC application etc.)

2.5 VHSNC

2.5.1 Expansion state trainer pool for VHSNCs and VISHWAS (as per state's plan 2019-20) (60 trainers)

Training was not planned since most states reported to have adequate pool of state trainers. However, training of state trainers was supported in Rajasthan based on state's request

2.5.2 Completion of training of ASHA facilitators to mentor and train VHSNCs (20,000 AFs)

Based on state experience, training of gram panchayat level community resource persons and ASHA Facilitators across states is being planned to train and support VHSNCs. Handbook for 'Community Resource Persons' will be developed in coordination with PRI department.

2.5.3 Completion of training of 1 Lakh VHSNCs in VHSNC Handbook and undertaking VISHWAS Campaign

Training of VHSNCs has been undertaken in 16 states. States like Chhattisgarh, Orissa, West Bengal, Maharashtra, Assam, Meghalaya, and Uttarakhand undertaking training of VHSNCs in a major way. Nearly 1.10 Lakh VHSNCs and more than 3 Lakh VHSNC members were trained across states.

2.6 MAS

2.6.1 Expansion of state trainer pool for MAS (as per state's plan 2019-20) (60 trainers)

Training was not planned since most states reported to have adequate pool of state trainers.

2.6.2 Support states in training of MAS (as per state's plan 2019-20)

About 49,681 MAS have been trained i.e., 65% against the total 77,003 MAS constituted.

2.7 RKS

2.7.1 Expansion state trainer pool for RKS (as per state's plan 2019-20) (40 trainers)

Training was not planned since most states reported to have adequate pool of state trainers.

2.7.2 Completion of training of RKS (as per state's plan 2019-20)

Training could not be conducted in current FY. Activity will be undertaken as per state plan and requirements

CP 03 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

- Handbook for Supportive supervision by ASHA facilitators on HBYC has been developed. [Annexure 3](#)
- Handbook for role of CP support structures in mentoring ASHAs to undertake tasks for delivery of Comprehensive Primary Health Care services at HWCs will be developed subsequent to finalization of the Operational Guidelines and training modules for ASHAs on new service areas.

3.2 Create a pool of National and State trainers to train rural and urban state/ district/city/ block /sub block level support structures of community processes - CP/CPHC (as per revised guidelines) (90trainers)

TOT will be conducted via virtual training platform in FY 2019-20 after finalization of the 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

Ongoing activity- Supported development of performance linked payment module in the CPHC application.

4.2 Support implementation of HWC portal – Ongoing activity –

- HWC portal has been expanded to capture service utilization at HWCs and is being used as primary source of information by MoHFW. Developed User Manual for Health and Wellness Centre Portal and undertook training of all state nodal officers via ECHO.
- HWC application has been developed for facility users for ease of data entry.

[Annexure 4](#)

4.3 Develop web portal for ASHAs -

Yet to be initiated – work with CHI to expedite the creation of portal

4.4 Support development of a CPHC application for ASHAs –

Ongoing – Conducted detailed review of ImTECHO application, prepared draft requirements for ASHA application shared with MoHFW and contributed in development of NCD module of CPHC application for ASHAs.

5 Research

5.1 *Evaluate roll out of ASHA programme in urban areas under NUHM in the context of CPHC.*

Evaluation is being planned with FRCH Pune in FY 2020-21

5.2 *Design phone surveys for primary health care teams - CHOs, ASHAs and MPW-F and work with MCTFC/ JSK to assess service delivery and support needed to deliver CPHC*

Survey was conducted in three phases (Phase in April 2019, phase 2 in May 2019 and phase 3 in June and July 2019) and total 1232 CHOs were interviewed.

Annexure 5

5.3 *Assess the roll out of CPHC IT application at HWCs - requirements, acceptance by users and challenges faced at ILC sites*

- Assessment could not be done in most ILC sites due to delay in procurement of IT equipment, training and roll out of CPHC application at all sites except Gujarat.
- In Gujarat, the ILC team conducted the assessment of the data flow of the Imtecho application and supported state team to improve the functionality of the application.

5.4 *Evaluate and compare the performance of MLHPs with different backgrounds*

Assessment was not conducted as most states have planned to recruit CHOs from Nursing background. As integration of CPCH with BSc nursing curriculum is currently being done in all states, the proportion of CHOs from Nursing background is expected to increase in all states.

5.5 *Assess functioning of HWCs in Assam and Chhattisgarh with existing cadre of MLHPs and review the HR policy for MLHPs in both the states –*

Data collection underway to conduct secondary review of HR policies including career progression, incentives and capacity building of CHOs

5.6 *Assess the effectiveness of roll out of performance linked payments at HWCs at ILC sites*

Ongoing – Roll out of PLPs at HWC has been recently initiated at HWC hence assessment will be completed in next FY

5.7 Undertake assessment of use of ECHO as a training platform for ASHAs

Ongoing – Assessment is being undertaken in partnership with PHFI at three ILC sites.

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

Data collection underway for secondary review of existing provisions and challenges faced for selection, training and employment of ASHAs as ANMs/ GNMs.

CP 06 Technical Assistance

6.1 National ASHA Mentoring Group Meeting

NHSRC organized a meeting of National ASHA Mentoring Group in April 2019. The minutes were drafted and shared with all participants and MoHFW.

6.2 State CP Nodal Officers Workshops at national level

National workshop for CP and CPHC nodal officers was held in March 2019. Next Workshop was planned in March 2020 which was postponed due to restrictions related to COVID-19

6.3 State CP Nodal Officers Workshops at regional level

NHSRC participated in four regional workshops organized by MoHFW and Jpheigo.

6.4 State NUHM-CP nodal officers' workshop at national level

- National Consultation held with teams of Municipal Corporation and SNOs from 07 mega cities – to review and discussed rollout plan of CPHC in urban areas- Karnataka, WB, Delhi, Telangana, Tamil Nadu, Maharashtra and Gujarat
- National workshop on NUHM CP nodal officer was planned in March 2020; but due to COVID-19 outbreak, all national meetings were postponed.

6.5 State NCD nodal officers' workshop at national level

The workshop for NCD nodal officers was to be integrated with CP/ CPHC Nodal Officers' workshop as in most states the NCD programme and CPHC are being managed by same nodal officers

6.6 Workshop for orientation of National/State Mentors for Certificate Programme in Community Health at national level

Workshops could not be conducted.

6.7 *National Consultation on Health Promotion and Action on Social Determinants of Health*

Workshops could not be conducted.

6.8 *Undertake supportive supervision to support implementation of CP and CPHC -*

- Ongoing activity- Visits conducted to ten states.
- Conducted state and district Nodal Officers orientation on CPHC through HWCs in states of Bihar, HP, Gujarat, Telangana and Karnataka

CP 07 Partnerships

7.1 *Partner with SIHFWs to support training of service providers for CPHC via ECHO –*

As ECHO Trust India requires state specific MOUs to create ECHO Hubs, MOUs are directly being signed between ECHO and state health department. This activity was not undertaken separately

7.2 *Partner with AIIMS to support training of service providers for CPHC via training batched and ECHO*

NHSRC had organized a meeting with representatives of Community and Family Medicine department from AIIMS to orient them on CPHC. AIIMS representative had expressed interest in partnership in the areas of capacity building, operationalizing telemedicine hubs, monitoring and supervision and implementation research. However, partnerships could not be formalized as AIIMS required additional financial resources for the proposed activities.

7.3 *Work with ILCs to develop model HWCs*

Six ILCs have been identified after a process of online empanelment and field inspection. Three ILCs- AIIMS-Delhi, CEL- UP, CAH- Gujarat and CHAI- Telnagana are in second year of the MOU while MOU with PGI- Punjab and Karuna Trust – Karanataka has been signed recently.

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

Activity could not be initiated. However, the division has developed a proposal for mentoring of CHOs which includes use of IT platforms for creating e – modules and on the job learning.

CP 08 Health Promotion

12.1 *Collaborate with I &B and IEC team to develop job aids for ASHAs and ANMs*
Could not be completed in current FY

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

- Framework for Health Promotion, with key role of VHSNCs and MAS, developed.
- Health Promotion framework integrated into the Guidelines for Jan Arogya Samiti (JAS), the Public Health Committee to be established at SHC level HWC
- Developed Framework and Indicators for Swasth Gram Award, as a strategy for Health Promotion, with key role of VHSNCs in facilitating the process.

8.3 *Support states in developing and implementing the health promotion strategy –*

- Framework of Key Interventions and Messages for 36 Days of Annual Health Calendar for HWCs developed
- Team participated in meeting with Radio partners and IEC division MoHFW to collaborate in the area of health promotion
- Team also designed the HWC stall in IITF 2019 from 14th November 2019 to 27th November 2019
- Contributed in development of Eat Right and Eat Safe tool kit, training material and training strategy for primary health care teams
- Contributed in development of Ayushman Bharat Pakhwada Plan

8.4 *Develop policy brief / guidance note on improving the role of local self-governments and community-based platforms such as VHSNC/MAS in the delivery of Comprehensive Primary Health Care*

- Developed Conceptual Framework and presentation for MOHFW, on Role of Panchayat in Health, with VHSNCs playing the role of key platform for community level action on Health.
- Module on 'Role of PRIs in Health' updated by adding new developments under Ayushman Bharat.
- Developed concept and structure of the proposed 'Social Audit of HWCs'. Starting with a national consultation, expert groups have worked on and submitted the final draft guidelines.

Additional activities undertaken

- Coordinated three meetings of the committee formed for convergence between PMJAY and HWCs. Consolidated recommendations from four sub groups and prepared the final recommendations
- Developed the Ranking criteria for states on HWCs and generated monthly ranking of states
- Prepared EPC/ MSG proposal for incentive for ASHAs and ASHA facilitators after certification
- Contributed in consolidation of all inputs and finalization of Operational guidelines on new range of services – Oral health, Mental health, Eye, ENT, Palliative and Elderly care - (Annexure 9)
- Developed Brochure for Frontline workers on COVID -19 (Annexure 10)
- Contributed in analysis of expenditure on ASHA programme conducted by HCF Division

II. HEALTH CARE FINANCING

Key Deliverables

1. Finalization of 2016-17 and 2017-18 NHA estimates
2. Support to Karnataka and Mizoram to finalize health accounts for FY 2017-18.
3. Use NSSO data to rank states on the basis of UHC indicators and analyse progress achieved towards SDGs.
4. Evaluate and Monitor NHM Health financing on Utilization of funds, sharing of funds between Centre and States and allocative efficiency of these funds in terms of different health outputs and outcomes.
5. Document and review PPP models for healthcare delivery in India.
6. Health Facility based study to analyse performance linked payments mechanism in Health and Wellness Centres.
7. Baseline analysis of household level data on health care utilization and out of pocket expenditure in six Innovation and Learning Centres.

Team Composition

Sanctioned Posts	In Position (vacancy)
Advisor (1)	0 (1)
Senior Consultant (4)	1
Consultant (2)	1 (1)
Total filled positions	2
Positions to be filled	2

Areas of Work

HCF 01 National and State Health Accounts

National Health Accounts

- 1.1** The NHA Estimates for India (FY 2016-17) report including states wise key indicators is finalized, approved and released by the MoHFW

[Annexure 1](#)

- 1.2** Initiated work for 2017-18 on government expenditure data and Out of Pocket expenditure.

- Government budget data both from Union ,State and Urban local bodies for the FY 2017-18 has been collected.
- The unit level data of NSSO 75th round on Health is being analysed and Out of Pocket expenditure is being estimated
- HCF team also organised meeting to finalise classification of Out of pocket expenditure data and make it compatible for the use in National Health Account

There was delay in work on 2017-18 estimates due to delay in availability of data, as well as HR shortage in the Division.

State Health Accounts

- 1.3** Support to Karnataka and Mizoram to finalize State Health accounts for FY 2017-18
- Karnataka SHA could not be completed due to absence of a dedicated person at the state level and HR shortage at the Division
 - HCF team supported Mizoram state team to produce state health account.
 - The team helped the state to identify different sources for data collection and conducted training workshops on health account.
 - Data collection and analysis for the state is done
 - Draft estimates have been shared with the state for review and comments
 - Additionally, SHA estimates for Sikkim FY 2017-18 was prepared

HCF 02 Monitoring Health Finance Indicators

2.1 *Derive catastrophic expenditure/ impoverishment due to Out of Pocket Expenditure on health using NSSO 2017-18 data*

NSSO Data on Consumption Expenditure (FY 2017-18) that is used to calculate the catastrophic expenditure to measure financial hardship was not released. However, State Fact Sheets on Health were prepared based on unit level data NSSO 75th Round 2017-18 round. These factsheets give detail on out of pocket expenditure as well as utilization pattern of health services for all the states

2.2 *Monitoring and Evaluation of Union / State / NHM Health Expenditures*

- Prepared a time series data on state expenditure on health using its own resources vis-a-vis contribution from NHM for 16 major states from 2013-14 to 2017-18
[Annexure 2.A for report](#)
[Annexure 2.B for Key findings](#)
- Did an Analysis of FMR to estimate total expenditure under different NHM pools across the states from 2016-17 to 2018-19. For FY 2018-19 The analysis is available for 18 states and 3 Union Territories
- In collaboration with CP division was involved in estimating the total expenditure on ASHA using the FMR sheets and PIP from 2016-17 to 2017-18 for all the states and UTs. FY 2018-19 data is awaited.

HCF 03 Monitoring Health Finance Indicators

3.1 *Mapping and Evaluation of the different PPP models for Healthcare in India*

There has been a delay in starting this activity due to HR shortage at the Division. One external consultant has been hired for the study. This activity is being carried forward to the next FY (2020-21)

3.2 Support MoHFW in policy notes, capacity building, and preparation of guidelines and operational manual

The Division gave inputs to the Ministry regarding different queries related to Public health expenditure. We also supported ministry in preparation of different sectoral reports. Prepared the Health care financing section in the national report of the 13th CRM report.

HCF 04 Payment mechanisms in Health and Wellness Centres

4.1 Evaluation of the Fund Flow at facility and block level

A pilot study was planned at block/PHC level in Shravasti district of Uttar Pradesh. However, the study could not proceed because budget allocation and expenditure data could not be obtained at either level

4.2 Study / Evaluation of the PLP and Provider payment mechanism in HWCs

The study could not be undertaken due to lack of HR

HCF 05 Household surveys in Innovation and Learning Centers

5.1 Study on Health Care utilization and Expenditure using Household Survey in selected district

Baseline analysis of household level data on health care utilization and out of pocket expenditure in six Innovation and Learning Centres was planned. Data collection and cleaning of data is over for three states and report writing is underway.

III. HEALTH CARE TECHNOLOGY

Key Deliverables

1. Develop and Disseminate Technical Documents for Strategic Procurement.
2. Support states in Biomedical Equipment Maintenance and Management Program,
3. Support states in Free Diagnostic Service Initiative (CT scan, Pathology, Tele-radiology)
4. Support states in implementation of Pradhan Mantri National Dialysis Program
5. Support states in implementation of other technology intensive programs
6. Enable Atomic Energy Regulatory Board compliance in public health facilities
7. Undertake advocacy for Uptake of Product innovations and Health Technology assessment
8. Support Inter- Departmental / Inter-Ministerial technical activities related to Medical devices
9. Collaborate with WHO in activities related to health technology management in public health

Team Composition

Sanctioned Posts	In Position (vacancy)
Advisor (1)	0 (1)
Senior Consultant (1)	1
Consultant (6)	4 (2)
Total filled positions	5
Positions to be filled	3

Areas of Work

HCT 01 Drafting and Dissemination of Guidance Documents for Strategic Procurement

1.1. Publication of Technical Specifications and costing of medical equipment

- Technical specifications for 331 medical devices required in 9 specialties listed as per Indian Public Health Standards (IPHS) -2012 were developed and uploaded on MoHFW website after approval. As a result, technical specifications of all medical devices listed in IPHS 2012 are now developed. Technical specifications for 4 out of 9 specialties have been published and remaining will be published soon. This exercise supports NHM flagship programs like Special New-born Care Units (SNCU), Emergency Response Systems (ERS), and Maternal & Child Health (MCH) wings.
- The division is secretariat for equipment and diagnostics subcommittee for the revision of Indian Public Health Standards (IPHS) 2019-20. Two subcommittee consultations were undertaken with various experts and stakeholders as a part of this exercise.

[Annexure 1.A: Technical specifications](#)

1.2. Consultative meetings for Technical Specification and uploading on GeM Portal

- Letter from the Ministry has been sent to the GeM portal to upload all the specifications developed by NHSRC. This process will facilitate standardized procurement of quality medical equipment by the states to maintain a minimum standard for public health facilities across country and support various National programs.
- This was followed up through reminder letters and meetings to expedite the progression of uploading the technical specifications in GeM portal.
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1.3. Publication of policy /guidelines for Peritoneal Dialysis

The guidelines for inclusion of Peritoneal dialysis under PM National Dialysis Program have been published and disseminated to states at the 13th CCHFW meeting by HFM. The decision was later ratified by the EPC

[Annexure 1.B:](#)

1.4. Publication of policy /guidelines for Solar Power for Primary Health Centres

MoU has been signed with Shakti foundation to conduct a study on advancing decentralized renewable energy (DRE) and energy efficiency solutions in public healthcare. The key facts and findings from this study will be synthesized to formulate a national policy framework for energy efficiency solutions in public healthcare facilities.

[Annexure 1. C](#)

1.5. Medical Devices Condemnation Policy – guidance document and piloting in select state

The division had worked with WHO headquarters on decommissioning of medical devices, which is now published. The guidelines detailed the procedure of removal of medical devices from their originally intended uses in a health care facility to an alternative use or disposal. Draft document for Indian context is ready for consultation prior to submission to MoHFW.

1.6. Guidance note on Program Management Unit for Technology intensive programs

This activity is subsumed in to existing PMUs, therefore guidance note was not prepared

1.7. District wise training workshop for HCT workshop

National level dissemination workshop on revised guidance document on diagnostics was conducted in October 2019. In addition to this, workshops on Biomedical Equipment Management & Maintenance Program and Peritoneal Dialysis were scheduled in March 2020. Due to travel restrictions, these have been postponed until further notice.

1.8. Implementation Research on POC devices for HWCs

The scope of study was extended to include all *In vitro* diagnostics to be provided under public health facilities. The key objectives of the study was revised to evaluate operational effectiveness, quality and cost of hub and spoke model vs. that of small laboratories within health facilities running in non-hub and spoke model. The study is complete and has been presented to MoHFW. It will now be processed for publication.

The study highlighted that hub and spoke model provides improved access to laboratory services at all levels of health facilities and leads to improved patient care. The hub and spoke model was found to be operationally more effective, better capable of offering superior quality of laboratory services and more cost effective.

1.9. Development of technical specifications and calibration protocols for BP instruments

The guidance note on Blood Pressure measuring devices has been prepared and submitted to MoHFW for consideration. This document recommends the type of blood pressure measuring devices, their training and maintenance protocols and suggestive prices

1.10. Revised Guidelines on Free Diagnostics Initiative in laboratory services

So far, 32 states/UTs have identified/notified varying number of investigations to be provided free at each level of facility. Since states have varying capacities in provision of diagnostics, different states are adopting different models (in-house/public private partnership) for implementing this initiative. Based on the experiences and learnings from the field, hub and spoke model with expanded range of diagnostics has been formulated. Revised guidelines have been published and disseminated to states by HFM at the 13th CCHFW meeting.

[Annexure 1. D](#)

HCT 02 Biomedical Equipment Maintenance and Management Program

2.1 Technical support to seven additional states to roll out the program

- Technical support was provided to states, with special focus on 7 states out of which 4 (Sikkim, Himachal Pradesh, Karnataka and Manipur) implemented the program.
- In addition to the proposed states in the last year's work plan, implementation support was also provided to J& K and Chhattisgarh, where the program has been implemented now. The technical support included review of RFP document, attending pre bid meeting, solving technical queries raised by various stake holders and support in finalizing costing of Equipment.

2.2 Field assessment and review of dashboard

- Desk Review was conducted for states which have implemented the program.
- In addition, field evaluation was undertaken for 3 states namely Meghalaya, Uttarakhand and Karnataka.

- Field evaluation of 2 more states were planned in last week of March-2020, but these were deferred due to travel restrictions.
- In view of the concerns around Covid-19, analysis of States/UT's data on availability of ventilators was undertaken and submitted to MOHFW.

2.3 Publication of Technical Manual for BMMP to all states and service providers

The findings from field visits and desk review indicated a need for strengthening monitoring mechanism through real-time monitoring and technical documents. After several rounds of consultations with states and service providers, the technical manual for BMMP has been drafted and disseminated to states by HFM. This manual aims at bridging the gaps in monitoring identified during field visits by providing Standard Operating Procedures.

[Annexure 2](#)

2.4 Assist MoHFW to establish central dashboard to monitor BMMP program

The division is also assisting MoHFW in establishing a central dashboard to monitor the program. The proposal/MoU for the same has been drafted and is ready for submission to MoHFW. This would enable us to track real time data of medical equipment maintenance and calibration status up to the district level

HCT 03 Free Diagnostic Service Initiative-CT scan, Pathology, Tele-radiology

3.1 Technical support to states to roll out the program

- Technical support and guidance for financial outlay and implementation planning of laboratory services under Free Diagnostics Initiative was provided to Rajasthan, Uttarakhand, Uttar Pradesh, Himachal Pradesh, Kerala, Tamil Nadu, Assam, Telangana, Bihar, and Jharkhand.
- The division was also instrumental in rolling out the program in Arunachal Pradesh and Madhya Pradesh this year
- Tenders for CT scan services were rolled out in two more states (Bihar and Chhattisgarh) this year.
- The Division provided Technical support for Teleradiology provided in 6 states/UTs (Manipur, Chhattisgarh, Bihar, Maharashtra, Dadar and Nagar haveli, Daman and Diu) this year. Program has been implemented in J&K and services would be initiated after the internet is restored in the Valley. In addition to this, tender is in progress in Maharashtra

3.2 Field assessment and review of dashboards

- Field evaluations of the program in 2 states namely Meghalaya and Karnataka were done.
- Desk review was done for states where the program has been implemented (Assam, Gujarat, Rajasthan).
- Field evaluations of three more states planned in March-2020 were deferred due to travel restrictions.

The performance under this program varies across states, for example, Rajasthan and Gujarat have a robust mechanism for program delivery, whereas states like Meghalaya are still in advance stages of implementation.

HCT 04 Pradhan Mantri National Dialysis Program

4.1 Technical support to states to roll out the program

4.1.1 Review of PIP and conduct of workshops in five states (Sikkim, Bihar, Nagaland, Chhattisgarh and Assam)

- This year the division was able to roll out the program in 3 additional states/UTs which include Chhattisgarh, Bihar and Manipur. The total tally of states/UT that have implemented this program is now 34.
- Farefax is providing dialysis machines, at no cost to NHM, under CSR their activities. To support this activity, division took a requirement assessment study for dialysis machines in various states including Madhya Pradesh, Gujarat, Rajasthan, Uttarakhand, etc. on the basis of existing patient loads

4.1.2 Implementation support to roll out the program in all Aspirational Districts where the services have not been implemented

The Division provided support to following 14 states in rolling out the dialysis program in all of their Aspirational Districts: Himachal Pradesh, Andhra Pradesh, Madhya Pradesh, Rajasthan, Punjab, Kerala, Tamil Nadu, West Bengal, Karnataka, Maharashtra, Tripura, Uttarakhand, Gujarat, Jammu & Kashmir. Dialysis services under PMNDP are now available in 68 Aspirational Districts.

4.2 Field assessment and review of dashboard in ten States and (Desk Review of progress on implementation in all the 115 Aspirational Districts)

- This year the division undertook field evaluation of the program in 2 states namely Uttarakhand and Karnataka. However, field evaluation of the program in few more states which was planned in February and March 2020 was postponed due to travel restrictions.
- Desk Review for progress of implementation in all the 115 Aspirational Districts was also undertaken by the division. The biggest challenge observed for patients was accessing haemodialysis at district level every alternate day, which could be resolved once peritoneal dialysis program is rolled out.

4.3 Assist MoHFW to establish central dashboard to monitor Dialysis program

The proposal for the same has been drafted and submitted to MoHFW. This would enable us to track real time data of dialysis services up to the district level.

4.4 Peritoneal Dialysis Program guidelines dissemination and implementation support

-
- INR 3078 lakhs is recommended for approval in NHM PIP 2020-21 for projected 550 patients for above-mentioned states

HCT 05 Other technology Intensive Programs

5.1 Implementation of telemedicine/Teleconsultation interventions

E health division has released Telemedicine guidelines.

5.2 Finalization of National Ambulance Plan as per new AIS-125 National Ambulance Code

- The division, along with PHA division, revised the financial outlays for operational and capital costs as per Automotive Industry Standards AIS-125 guidelines and organized consultative meetings with Stakeholders. This was approved by MOHFW and subsequently ratified by EPC.
- The division also drafted model RFP for engaging service provider as per revised AIS code. Consultative meetings with stakeholders has been postponed due to travel restrictions.

5.3 Support to Mobile Medical Unit as and when required including costing and evaluation

The division designed the revised financial outlay for Mobile Medical Units. The draft is ready, will be submitted to MOHFW for approval after consultative meeting

HCT 06 Atomic Energy Regulatory Board compliance in public health facilities

6.1 Technical support to states to roll out the program (08 states-Tripura, Sikkim, Telangana, Kerala, Maharashtra, Chhattisgarh, Madhya Pradesh and Karnataka)

- This year the division undertook implementation of the program in 4 out of the 8 states planned namely Tripura, Kerala, Sikkim and Madhya Pradesh. Tender is in progress in two states i.e. Maharashtra and Arunachal Pradesh. In addition to this Rajasthan is being supported for initiating AERB compliance in the state.
- Telangana and Karnataka is planning to roll out this program in following years.

6.2 Awareness on AERB Certification program through workshops and IEC materials

- Circulated IEC materials with all the 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

6.3 Desk review of Uttar Pradesh, Tripura and Punjab for AERB implementation progress

- The division undertook desk review of AERB implementation in states with the help of AERB data and BMMP data which helps in sensitization of the state officials. We undertook desk Review of 10 states on their Compliance of Radiation facilities with AERB.
- Close monitoring and regular follow up of AERB related activities in Uttar Pradesh resulted in AERB compliance in 70% of the public health facilities.

6.4 Field review of Tripura

Reviewed the progress of implementation in Tripura. As per desk review, certification all facility is pending

HCT 07 Update of product innovations and Health Technology assessment

7.1 Rapid assessment of all innovations presented before committee for shortlisting for the best practices workshop

The division undertook rapid assessment of 30 innovative products submitted on NHInP under "Product" category from June 1st, 2018 to September 12, 2019. Fifteen innovations were short-listed for further evaluation by the assessment committee. Evaluation was conducted by the technical appraisal committee meeting chaired by Director JIPMER for assessment. Committee recommended innovations for presentation in the best practices summit and for further uptake in Public health

[Annexure 7](#)

7.2 HTA on Peritoneal Dialysis

Activity has been dropped as per direction of former SS&MD

7.3 HTA/Guidelines- Oxygen plant for hospitals based on PSA

The division undertook assessment of hospital based oxygen generation plants and submitted the findings to the ministry. As suggested, guidance document/Model RFP for engaging a service provider has been drafted and will be submitted to MOHFW after final consultation with all sub groups. These recommendations may reduce dependency on oxygen cylinders and liquid oxygen for recurring oxygen supply

7.4 HTA on Right Biotic: Tests antibiotic sensitivity of pathogens found in human urine leading to Urinary Tract Infection (UTI)

ICMR has started working on it, hence this has been dropped from our list of activities

HCT 08 Internal Departmental/Inter Ministerial support for medical devices

8.1 Technical support to Materiovigilance Program

The division, continues to support Indian Pharmacopeia Commission (IPC) for the Materiovigilance Program of India as a technical partner. This year, we supported IPC in

Preparing guidance document for Medical Devices Adverse Event Reporting, in revising Materiovigilance forms and SOPs, in analysis of cases detected under the program and in training of the new recruits

8.2 Technical Support to CDSCO, BIS, QCI, NPPA, DoP in matters related to Medical Devices

- The division supported Department of Pharmaceutical (DoP) in resolving representation from manufactures on rationalization of Duty structure and GST on

raw materials/parts /components/consumables required for manufacture of Dialyzers.

- The division undertook Impact assessment of the liberal FDI policy in the Medical Device Sector.
- The division supported the DoP in Rationalization of Inverted Duty Tariff w.r.t. medical electronics/diagnostics and in revision of customs duty on medical devices for which import dependency is 90%.

12.2 Supporting uploading of Technical Specifications on GeM portal of DGS&D

Already reported above in point no 1.2

HCT 09 Collaborating with WHO in activities related to health technology management in public health

9.1 Active support to WHO Global Forum on Medical Devices

- The division worked with WHO headquarters on the guidelines for decommissioning of medical devices. The guidelines detailed the procedure of removal of medical devices from their originally intended uses in a health care facility to an alternative use or disposal.
- The division also contribute to technical guidance and specifications of medical devices for screening and treatment of precancerous lesions in the prevention of cervical cancer.

9.2 Nomenclature of Medical Devices

Work is yet to be initiated by WHO headquarters

9.3 National Guiding document for FDI based on learnings from WHO -AP Evaluations

Already reported above under Free Diagnostic Initiative

Additional work with WHO

WHO World Conference on Medical Products: The Division presented an exhibitory and 2 papers in “World Conference on Access to Medical Products: Achieving the SDGs 2030”, held in New Delhi 2019

Guidance on oxygen therapy devices: The division supported the WHO headquarters in preparation of guidance document on oxygen therapy devices. The purpose of this document was to provide harmonized product specifications for a wide range of products for delivering basic oxygen therapy, and to provide guidance on selection, procurement, use and maintenance of these products.

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

Key Deliverables

1. Support the states in recruitment of service delivery and program management personnel
2. Capacity building of Programme Management Units and RETs
3. Assess the quality of recruitment procedure carried out by the empanelled agencies and by States (which have not used empanelled agencies)
4. Studies and Assessments –
 - a. Assessment of specialist recruitment and its effect on retention especially under 'You quote we pay'
 - b. Assessment of current role of Program management units
5. Support States in improving patient centric care and HR productivity
6. Streamlining PIP preparation and appraisal process
7. Analysis and appraisal of human resources and program management.
8. Support states with evidence for taking steps towards improvement

Team Composition

Sanctioned Posts	In Position (vacancy)
Advisor (1)	1
Senior Consultant (1+2)	3
Consultant (7)	5 (2)
Total filled positions	9
Positions to be filled	2

Areas of Work

HRH 01 Support states in recruitment of service delivery and program management HR

1.1. Support States in undertaking recruitment

Large number of vacancies even among the contractual human resources approved under National Health Mission has been a problem in most of the States. As per the HRH data collected from the States in March 2019, there were about 85,000 vacancies among the key categories of service delivery and program management human resources. Many of these posts have remained vacant for more than 2 or more years for variety of reasons, hampering the proper implementation of program activities. Systematic preparations were done to support the States and it started with the analysis of the vacancies of across the States. In April and May during the HR boot camp, the job descriptions of all the main categories of HRH were shared with

the State Human Resource teams along with prototypes of recruitment advertisements. The HR teams were sensitized about the vacancies as well as their role in providing jobs to the quality candidate and thereby affecting the overall society and economy.

The various HR vacancies were also mapped against the supply of candidates mainly the available seats for the essential educational degree in the states. HRH team also supported the States in developing TORs and minimum performance benchmark for any other new posts as and when requested by the State directly or through the office of DGHS. HRH team also visited the state of Uttar Pradesh as observer during recruitment process and shared ways of further improvement in the process with the State officers. By December, the States had completed the selection for 45,000 posts. The next review of recruitment was due in March which could not be completed because of COVID-19 pandemic.

1.2. Undertake advocacy visits to the States and UTs to strengthen HR Cells and ensure adherence to MoHFW guidelines

Advocacy visits were made to the States of Bihar, UP, Nagaland, Maharashtra, Assam, Karnataka, Jharkhand, Haryana and Chhattisgarh and discussions on HRH was held with the Mission Directors/nodal officers on strengthening of HR cell and MoHFW guidance on HRH including integration and rationalization of HRH. The HRH team supported the state of Maharashtra in rationalization of the salary of all NHM staff (approx. 35 thousand HR from different pools and programmes). The principles to be followed for Salary Rationalization was shared with the state. Several visits were conducted to the state to assess the steps being followed and help them take corrective measures. An analysis of the financial implication of salary rationalization on the State's NHM resource envelope was carried out by HRH team before finalization. Accordingly, the matter was discussed at MoHFW level and the rationalized salary was agreed in the NPCC 2020-21.

1.3. Recruitment webpage

A recruitment webpage was developed and made part of the NHM website. It had the HRH advertisements developed in collaboration with the Ashoka University. It listed the main service delivery categories and requested Expression of Interest (Eoi) from interested individuals with appropriate educational qualifications along with the choice of districts/state. However when the NHM website was revamped, the webpage was not made part of the new web portal primarily because of security audit issues.

HRH 02 Support Capacity building of HR Nodal Officers, PMU and RETs

2.1 HR Boot Camp

The second phase of HR Boot camp was organized in two batches wherein representatives from 35 states/ Union Territories(all States/UTs except Lakshadweep) took part. The participants included 100 representatives from states/

UTs including HR Nodal officers from regular cadre and NHM, SPM and other representatives from HR cell. 20 representatives from MoHFW were also part of the boot-camp. The workshop was inaugurated and chaired by Sh. Manoj Jhalani, AS&MD (NHM). The session was co-chaired by Sh. Manohar Agnani, JS (Policy), Sh. Vikas Sheel JS (RNTCP), Director NHM, ED NHSRC and Advisor HRH-HPIP.

[Annexure 1](#)

2.2 Orientation Program for Chief Minister's Health Fellows

A three days orientation workshop was organized for the newly recruited "Chief Minister's Health Advisors (CMHA)" of Jharkhand. In addition to their roles and responsibilities, the *Chief Minister's Health Fellows* were also oriented on the various initiatives under NHM to help them in better planning, implementing and performance. All the divisions of NHSRC participated and provided orientation on their domains

2.3 Development of Training Modules for District Programme Managers/RETs

Training resources have been developed by HRH Division. The first level of training was to be conducted in Bihar for the newly recruited district level HR. As proposed by state, the training was scheduled to be conducted in last week of March 2020. Previous dates were not available as the state HRH cell were engaged with recruitments. The training will be planned post COVID lockdown or on skype/zoom as suitable.

HRH 03 Undertake assessment of current role of Programme Management Units

3.1 Assessment of Program Management Unit and role of Programme management Staff in improving RMCH+A service delivery

The study is being conducted in the state of Madhya Pradesh in response to the State's request. It has been undertaken with support from and collaboration with two public health and program management experts of Amrita Institute of Medical Sciences and Research Centre, Kerala, Trivandrum. Out of the four districts to be covered, data collection has been completed in one district and the report has been submitted to HRH team. Other districts will be covered post COVID lockdown.

Similar studies were to be undertaken in four more states to understand the current role of PMUs vis-à-vis the role envisaged in the NHM and NUHM framework documents. The study will be undertaken in this financial year post COVID lockdown.

HRH 04 Secondary care strengthening

4.1 Assessment of specialist recruitment and its effect on retention especially under 'You quote, we pay':

Visits for the study was carried out in five states who have implemented this scheme namely, Karnataka, Chhattisgarh, Jharkhand, Madhya Pradesh and Uttar Pradesh. Draft report has been prepared and the report will be finalization is underway. Odisha would be covered post COVID lockdown. Post finalization the advisory for the States along with good practices would be prepared.

4.2 Recruitment and Retention of doctors

Good practices and challenges pertaining to recruitment and retention of doctors is being documented. We have initiated the study in Tamil Nadu and would undertake visits to other States post COVID lock down.

We have also initiated a dialogue with the doctors who have worked or working in the government to find out what retains them and which factors make them leave the job/place of posting. This study which captures information, mostly in the form of video documentation aims to explore the reasons of retention/non retention from the doctor's point of view. Two states have been covered so far.

HRH 05 Support States in improving patient centric care and HR productivity

5.1 Undertake Visits to assess current practices

In most of the districts in the EAG states, the HRH team was not able to find consistent and systematic effort to provide patient centric care. However, the Banka district of Bihar has been able to build the capability of the hospital leadership and frontline staff of Banka district hospital with support of TSU and Institute for Healthcare Improvement. The Banka Model of Behaviour change especially the intrinsic motivation for patient centric care has led to increase in utilization of hospital services and improvement in patient satisfaction. The model was studied and documented. The model was also shared by the State in the Good and replicable practices National Summit in Gandhinagar, Gujarat

5.2 Collaborate with other institutions and SHRC for capacity building

We have initiated collaboration with Institute of Health Improvement and were planning to organize a leadership workshop in Delhi in August when an International Quality workshop was being organized where world renowned speakers could address and public health leaders from various State governments. Post workshop we had planned for capacity building and handholding of interested states through SHSRCs.

HRH 06 State support and technical assistance

6.1 Human Resource Management Information System (HRMIS) model of Punjab

The HRMIS model of the state of Punjab was reviewed by the HR team. The NIC team members of Punjab were invited during the HR boot camp to share their experience, phase-wise implementation strategy and salient features and implementation challenges of the Punjab model with HR representatives from other

states. A functional requirement document on HRMIS has been prepared on the basis of the inputs from various States.

6.2 *Health Systems Strengthening- Conditionality Report of States 2018-19*

Approximately Rs.3265 crores of the NHM funds of 2018-19 were to be disbursed in 2019-20 to the States on the basis of the performance of the states on the conditionalities. The framework document of the conditionalities was developed in consultation with the divisions and shared with the States through the RoP and letters from AS&MD. Regular follow up with the States was carried out to ensure progress and updating of data sources. The final Assessment of key conditionalities was carried out and shared with the States. The report was published and uploaded in MoHFW and NHSRC website.

6.3 *Human Resources for Health in District Public Health Systems of India-State-wise Report 2020*

The report is a collation and analysis of HRH data and information in the form of Infographics. Report has been finalised and sent for printing

[Annexure 2](#)

6.4 *Workload analysis for selected facilities using a mix of WISN and a practical approach*

Report preparation is in progress.

6.5 *Study the activities being performed by ANM and Staff Nurses in urban areas focusing on the range and quality of services provided in the UPHCs*

Data of two districts have been collected. The study will be continued and completed in FY 2020-21.

6.6 *Study on Integrated Counselling model of Maharashtra*

Primary data collected has been completed. Preparation of final report of the study is in progress.

6.7 *Revision of PIP Budget sheet 2020-21 and PIP software*

The PIP budget sheet for FY 2020-21 was revised and shared with MoHFW for finalization. Numerous meetings were attended and comments/feedback on PIP software shared with the selected vendor, SAATHI and MoHFW.

6.8 *PIP Appraisal: HR appraisal and recommendation for 36 states/ UTs*

HR appraisal was done for 36 states/ UTs for FY 2020-21. Inputs on the issues related to HR and Program Management were provided to MoHFW for making

evidence-based decisions for all 36 states/ UTs. Provided recommendations for approval of HR proposed by the states as per discussions in NPCC meetings for all 36 states/ UTs for FY 2020-21.

Additional tasks performed by the team are as follows:

- 1.1 Study of HR empanelled agencies:*** Collection of primary data was initiated in the state of Uttar Pradesh. The study will be completed in the FY 2020-21.
- 1.2 Developing Model HR contracts:*** Model HR contracts were developed and shared with the HR nodal officers of the states
- 1.3 Review of HR Policy of Uttar Pradesh:*** The draft HR policy developed by the state of Uttar Pradesh was reviewed and inputs were provided to the state.

V. PUBLIC HEALTH ADMINISTRATION

Key Deliverables

1. Support to states in implementation of Maternal Death Review (MDR), Child Death Review (CDR) and Maternal Near Miss Review (MNM-R)
2. Support to states in operationalizing secondary care facilities to provide multi-specialist care, and to serve as a knowledge and training hub
3. Revision of IPHS norms, finalization and orientation of states.
4. Support to states in development of Model Health Districts and Aspirational Districts
5. Develop a road map and organograms for Public Health Management Cadre
6. Support to states in establishing and strengthening CLMCs
7. Build capacity of service providers under National Urban Health Mission
8. Support to MoHFW in framing the implementation of Public Health Act, Medico legal protocols and Clinic Establishment Act.
9. Support to CPHC implementation to finalize operational guidelines for selected range of services under CPHC – Oral Health, MNS, Emergency Care and HWC infrastructure.
10. Support to MoHFW in scaling up / implementation of Supportive Supervision Software and Health Helpline Web Portal.

Team Composition

Sanctioned Posts	In Position (vacancy)
Advisor (1)	1
Senior Consultant (3)	3
Consultant (9)	4 (5)
Total filled positions	8
Positions to be filled	5

Areas of Work

PHA 01 Secondary care strengthening

A functional District Hospital (DH) reduces patient load on stretched tertiary care services and provides 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) to provide multi-specialist care and to function as a knowledge and training hub for doctors, nurses and para-medical staff.

1.1 District Hospital Strengthening

A national level reorientation and review workshop was conducted on 17th-18th December 2019. State level workshops have been conducted in 13 states including Bihar, Chhattisgarh, Jharkhand, Karnataka, Kerala, Telangana, and Assam for all

north-east states. Prospective Plans for 10 district hospitals in Bihar have been approved by the State Cabinet. Support is also being provided to 18 districts in UP, 28 districts in Jharkhand, 9 districts in Telangana and facilities in Rajasthan, Odisha, Uttarakhand, Chhattisgarh and Maharashtra for District Hospital Strengthening.

232 seats in 143 District Hospitals across 14 states have been accredited with NBE. Apart from these, Maharashtra, MP, Odisha and Tripura are going ahead with the 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.

1.2 Family Medicine

Strengthening of Family Medicine programmes is essential to operationalize peripheral facilities and to reduce cost of healthcare, both for the system as well as patients (in form of OoPE). Recognizing this, a G.O. is issued by MoHFW to appoint FM specialists at CHC under IPHS. The revised IPHS includes Family Medicine specialists under the essential HR for providing secondary care services. Two task force meetings were conducted under chairpersonship of AS& MD to discuss issues regarding implementation of programme. The way forward derived out of the minutes of meeting have been submitted to Ministry. Three meetings were held during 19-20: 1st at CMC Vellore to revise the curriculum of Family Medicine, 2nd with NBE experts to finalize the revised curriculum and 3rd with national level expert group of NBE to prepare the Operational Guidelines.

1.2 MCH strengthening

NHM envisages provision of assured and high-quality institutional delivery, admission and care of high-risk pregnancies (and those requiring C-section) through functional MCH wings, Skill Labs, other technical guidelines e.g.: SUMAN. NHSRC is supporting the Ministry and States in creating selected Centers Of Excellences (COE) for maternal and child health care.

A workshop on orientation of layout designs of MCH wings was organized for doctors and engineers in 18 States- Maharashtra, Bihar, Chhattisgarh, Jharkhand, Kerala, Puducherry, Assam-all NE states, Karnataka, Telangana, MP, Uttarakhand, UP. In total 27 MCH Wings (8 in Bihar, 2 in UP, 2 in Jharkhand, 12 in Maharashtra and 3 in Telangana), for which the Division provided support, have now been initiated.

To further strengthen the MCH programs, Surkashit Matritava Aashwasan (SUMAN) Initiative was launched in 2019. The initiative focuses on assured delivery of maternal and newborn healthcare services encompassing wider access to free, and quality care services, zero tolerance for denial of services, assured management of complications along with respect for women's autonomy, dignity, feelings, choices and preferences, etc.

The division was instrumental in framing the draft Operational and framework guideline along with the brochure for the SUMAN after several revisions, inputs and meetings with ASMD. A brochure containing salient features of SUMAN along with a web portal for registering grievances was developed and released by Hon'ble HFM at the 13th Central Council for Health & Family Welfare. Thereafter the draft Operational and Framework guideline was released and shared with all states during the Innovation workshop in Gandhinagar by Hon'ble HFM.

[Annexure 1.A](#)

1.4 Revision of EmONC/ 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 has 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. The curriculum for EmOC and LSAS has been revised after multiple stakeholder meetings (2 core and 1 expert group meeting) 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) and released at a national workshop held in Feb 2020. Supportive training tools such as a trainee work book and a log book have also been prepared. The final curriculums of BEmONC, CEmONC & LSAS are undergoing internal and external review. A national TOT for CEmONC has been conducted for 8 states. Roadmap for rolling out the program in the states has been prepared and file has been put up for approval.

[Annexure 1.B](#)

1.5 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. Four out of five guidelines submitted on following areas of district hospital strengthening have been approved by Ministry: Operation Theatre, High Dependency Unit/ Intensive Care Unit, Central Sterile Services Department, and Dietary Services. Inputs received from Ministry on Guidelines for emergency at Secondary care have been incorporated and will be submitted soon.

[Annexure 1.C](#)

PHA 02 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 Health Care (CPHC) through Health and Wellness Centres (HWCs). 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 infrastructure, HR, drugs, diagnostics and

Urban Health). For Revision of IPHS, three meetings have been held at Ministry under the chairpersonship of AS&MD/ JS(P). In addition, three main committee meetings, one meeting each for three sub- groups (Clinical services, Infrastructure, Urban Health) and consultation meeting with all Programme Divisions have been held. Individual feedback from 23 divisions, states like Maharashtra, Tamil Nadu, Odisha etc., other stake holders and public health experts have been taken. Based on the inputs received, guidelines on DH/SDH, CHC, HWC- Health Sub Centre have been firmed up and submitted to Ministry for approval. IPHS for PHC is also ready for submission.

The IPHS guidelines for UPHC and UCHC are in the process of finalization.

[Annexure 2](#)

PHA 03 Model Health Districts and Aspirational Districts

NHSRC, with the approval of MoHFW, has been assigned to develop MHD in states; these MHDs would serve as role model for replication in other districts. Under this plan, the district hospitals will be nodal point for implementing the best practices and shall be linked with CHC, PHC and SC. These districts have been supported to achieve quality benchmarks (5 facilities have been certified under LaQshya; 6 facilities have received awards under Kayakalp and 4 facilities have been certified under NQAS). Monitoring visits to Udham Singh Nagar, Haridwar, Gumla, Raipur, Durg, Udaipur, Banswara, Chittorgarh, Jaspur, Kandhamal, Gajapati, Namachi, Varanasi and West Singhbhum were undertaken.

The division is also supporting Aspirational Districts (ADs) in the country. A national level workshop was conducted in Assam on ADs in March. Monitoring visits to Udham Singh Nagar, Haridwar, Gajapati, Kandhamal, Siddarth Nagar, Bahraich, Shravasti, Gumla and West Singhbhum were undertaken.

In addition, the division is supporting visit of National Level Monitors (NLMs) to ADs. All national monitors were oriented in a 2 day workshop on various parameters, programs and activities being carried out under NHM. On the direction of AS&MD initial visits were organized to assess Health & Wellness Centers in 8 states. An assessment checklist along with visit plan was prepared and shared with monitors before the visit was initiated.

PHA 04 Public Health Management Cadre

NHP 2017 envisages implementing Public Health Management Cadre (PHMC) in the States with multidisciplinary approach in addressing the Social Determinants of Health (SDH). In the current scenario, Public Health Management Cadre proposes a suggestive structural framework for State Health Departments to manage the epidemiological transition happening due to factors like climate change, demographic transition and change in socio-economic conditions. Thus, to realise this vision NHSRC has been given the opportunity to be the program secretariat to further scale up the process.

With this background, 4 State consultative meetings were held to delineate the outline of PHMC followed by 5 rounds of meetings with MoHFW, 12 consultative meetings with NITI Aayog and 4 rounds of internal meetings within NHSRC in 2019-20 to

develop Model PHMC structure. After repetitive consultations, various components such as guiding principles, organisational structures for state, district and block levels, road map for states and career progression of the healthcare personnel were delineated. The concept was then, discussed in 13th CCHFW where the Health Ministers of all States “resolved to constitute PHMC in their States by March 2021 to achieve the goal of Health for All”. As a follow up, a concept note on PHMC was shared with States during Innovation summit held in November 2019 at Gujarat. Besides, it has been added as conditionality in 15th Finance Commission to implement the same in States by 2021. State consultations were done in 7 Assam, Bihar, Jharkhand, M.P., Sikkim, Telangana and West Bengal and Task force were formed in Bihar, Jharkhand and M.P.

PHA 05 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 strengthening of Public Health Governance through Health System Indicator Tools enabling timely corrective actions to prevent untimely deaths and avoidable incidents

5.1 Maternal Death Surveillance Review & Child Death Review

Two state workshops conducted regarding MDSR (Uttarakhand and Bihar). Bihar, Uttarakhand (Haridwar and 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 along with maternal death reporting to Maternal Health division has been completed for 38 districts of Bihar. In Tamil Nadu, it has been linked with Civil Registration System. ‘Parvarish’ programme has been launched in Bihar to foster those orphans who have lost both their parents. MDSR has been made as one of the entitlements in SUMAN.

5.2 Clinical Governance

National Health Policy 2017 also focuses on providing Patient centered, quality of care along with accountability and transparency. Clinical governance is a systematic approach of institutionalizing patient centric service in hospital setting. A draft concept note on clinical governance has been developed, and meetings were held in Maharashtra and Tamil Nadu to pilot this initiative at selected public facilities. This work will be advanced in FY 20-21.

5.3 Referral Transport

GoI already has guidelines in place for ambulances. Support is being provided to the Ministry for revising technical guidelines and protocols for National Ambulance Service. Cost estimates for NAS have been approved by MSG. Support is being provided to states through PIP for operationalizing 102/108 ambulances. Currently, there are 26321 ambulances (10092 are 108, 10713 are 102 and 5516 are other ambulances) in the country under NHM.

5.4 Civil Registration System

An expert group meeting to improve reporting through the Civil Registration System was held under chairpersonship of Mr. Bantia, Ex-ACS Maharashtra. A comprehensive background document on Civil Registration and Vital Statistics (CRVS) and regulatory framework has been prepared. Research design and tools for working paper have been approved by PGI Chandigarh. Field visits have been planned which will be initiated after the lockdown.

5.5 Citizen Charter

The draft has separate formats developed for every level of facility. The draft was submitted to Ministry for approval and shared with States twice for inputs. The final draft after incorporating inputs has been submitted to the Ministry for approval and dissemination to States.

5.6 Software for Supportive supervision (eSS)

GOI intended to strengthen the SS in the country by developing an application that helps in planning and coordinating visits, reviewing schedule, providing feedbacks etc. The app was developed and piloted with support from BMGF and JSI. A tender has been floated and a pre-bid meeting was held for updating the post pilot feedbacks. Further action has been postponed because of COVID

5.7 Grievance Redressal Software (GRS) and Health helpline (HHL)

A National Review workshop was conducted in December 2019. At present, 19 States have a functional (104) GR system. Support to other states is also being provided through the PIPs. State level workshops have been conducted in 13 states including Bihar, Chhattisgarh, Jharkhand, Karnataka, Kerala, Telangana, and Assam for all north-east states. Comprehensive medical algorithms have been developed. An expert group meeting was conducted to develop the specifications and program requirements for the Software. After approval from ministry, tender has been floated for developing the software for GRS web portal. A pre-bid meeting was held and the date of tender invitation has been extended due to COVID. To integrate GR services for SUMAN facilities, an expert group meeting was held and a chapter was added on grievance redressal in SUMAN Operational Guideline.

PHA 06 Comprehensive Lactation Management Centres

NHSRC was a part of expert group which developed guidelines on CLMC. A tool for assessing the performance of CLMCs was developed which was used while visiting the existing and operational CLMC centers in Chennai, Mumbai, Puducherry and Kolkata. These visits were undertaken to understand the operational challenges in implementing CLMCs and to provide inputs to CLMC bill accordingly.

PHA 07 National Urban Health Mission (NUHM)

The urban population in the country, including the migrants, homeless, vulnerable settlements in Metros, has specific health challenges. The division is supporting MoHFW in framing guidelines, in capacity building of States and their service providers (including wider stakeholders) and in monitoring of implementation status of the Mission. The IPHS guidelines for UPHC and UCHC are in the process of finalization. The guidelines on collaboration with Medical Colleges are being reviewed along with Ministry to involve Medical Colleges in NUHM.

Checklist for UPHC has been finalized in coordination with NUHM Division. Monitoring visits have been conducted to 4 States, namely Maharashtra, Madhya Pradesh, Jharkhand and Karnataka to assess NUHM implementation. Visit to Urban and peri-urban areas of District Ranchi in Jharkhand was undertaken to assess the status of immunization and implementation of IMI. Based on the assessment, Immunization division in the Ministry informed state of Jharkhand for corrective actions. Visit with the ADB Technical Assistance Team were undertaken to understand the roll out of HWC in urban areas of 3 states- Karnataka, Odisha and Madhya Pradesh. Scope for convergence of NUHM with the Smart City Mission was explored during the convergence workshop held at Indore, along with the NUHM division at Ministry. Support for vulnerability mapping has been provided to Jharkhand, Manipur and Tripura. The National Report for 13th CRM for Urban Health ToR was finalized by the division.

Along with AIIMS Jodhpur team, the Division visited Kota JK Lone Medical College to assess the reasons for the mortality of infants and understand the gaps in infrastructure and service delivery to prevent further infant deaths.

[Annexure 7](#)

PHA 08 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 their formulation and implementation.

8.1 National Public Health Act (Draft)

The Draft Public Health Act, details 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 such 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. Consequently, the Draft has been sent by the Ministry to all the states.

8.2 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.

8.3 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.

8.4 Clinical Establishment Act

The Division attends regular meetings and provides support to National Council under the CEA Act as well as to States that are at various stages of adopting and adapting the CEA. Participation in the State consultation on CE Act in MP and support to other states is also being provided through PIPs.

8.5 Gender Based Violence (GBV)

Violence against women and children is a serious public health concern, with costs the society at multiple levels. It is a serious medico-psychosocial malady of public health concern. Such events impact the lives of individual victims as well as the larger society, through innumerable behavioral, health, psychological, and economic consequences. The division is part of a committee formed by the Ministry on GBV and has been actively participating in the meetings. A draft on the same has been prepared and shared with Ministry.

PHA 09 Comprehensive Primary Health Care

The Division has coordinated in drafting of operational guidelines in certain key areas of Comprehensive Primary Health Care. Our effort/support activities included convening expert group meetings, framing the guidelines and putting them up for review and approval of the Ministry. Guidelines cover the areas of Oral Health, Mental, Neurological & Substance Use Disorders, Emergency Services, Architectural Design

of HWCs (6 types), RMNCH+A and Palliative Care. Guidelines on Oral Health were launched by Hon.' HFM on Universal Health Coverage Day. The layout designs for HWC have been uploaded on NHM website and shared with States. MNS guidelines have also been approved and submitted for printing.

Annexure 9

Additional activities

Knowledge Partnership

Dissemination of technical evidence, knowledge and skills need to be fast tracked and this has been undertaken in partnership with medical colleges and Centres of Excellence in public health. Division is working in close collaboration with these institutions to be responsive to States. The division collaborated with KGMU Lucknow and MGIMS Wardha for revision of BEmONC, CEmONC and LSAS curriculum and work is in progress. MoU with Association of Family Physicians of India and CMC, Vellore for Family medicine and FM curriculum revision was done . AN MoU with PHFI for supporting DNB course/ CPS/ Nursing and Paramedics courses in States and a tripartite MoU involving Jharkhand State Government for facilitating DNB/CPS/Nursing and paramedical courses under DH strengthening program have also been signed. Signing of MoU is under process with AIIMS Bhopal, MGIMS Wardha and AIIMS Jodhpur.

13th Common Review Mission (CRM)

Division was assigned the organization of 13th CRM for the year 2019 in 16 states, with support from other divisions of NHSRC,. A guidance document was prepared and shared with the Ministry, on approval, a two days orientation workshop was organized for consultants, NLM and some representatives from DPs participating in 13th CRM. Support was provided to Team members in scheduling visits and arranging logistics and accommodation for National level Briefing. Compilation, review and synthesis of the reports was done for RMNCHA, Communicable diseases, NUHM, Governance, MMU, ambulance, DH Strengthening Infrastructure etc. as per the TORs assigned to the division. The Division is supporting ED in preparing the final 13th CRM National report.

Miscellaneous

The division provided support to DGHS and MoHFW in drafting of National Oral Health Policy and Secondary Level Oral Health Care.

Three fellows of the division gave oral presentation, in the SE Asia Conference by International Epidemiological Association at Sri Lanka.

A Senior Consultant of the division participated in two International conferences:

- Legal aspects of CLMC
- presented a poster on 'Regulatory underpinnings relating to HRH availability in rural areas'.

VI. PUBLIC HEALTH PLANNING/KNOWLEDGE MANAGEMENT UNIT

Key Deliverables

1. Best Practices and Innovations for presentations in Health Care National summit
2. Facilitate conduct of 13th Common Review Mission in terms of revision of TORs
3. Undertake research studies and program evaluations as per State government(s) request/MoHFW and disseminate the findings for use by the respective States
4. Strengthen the role of SHSRCs
5. Undertake research under National Knowledge Platform
6. Support all divisions in dissemination of material

Team Composition

Sanctioned Posts	In Position (vacancy)
Advisor (1)	0 (1)
Senior Consultant (1)	1
Consultant (3)	0 (3)
Total filled positions	1
Positions to be filled	4

Areas of work

PHP 01 National Knowledge Platform (NKP)/ PHP 04 Studies & Evaluations

- 1.1 Undertake Comparative Assessment of various models of Mobile Medical Units in collaboration with AIIMS, New Delhi
- 1.2 Undertake assessment of Out of Pocket Expenditure on Medicines in collaboration with PGIMER, Chandigarh
- 1.3 *Undertake Evaluation of mainstreaming AYUSH, in collaboration with AIIMS Bhubaneshwar*
- 1.4 *Undertake study on role of ASHAs in clinical decision support system, in collaboration with AIIMS, New Delhi*

MOUs have been signed for all of these studies and 1st Installment of funding has been released. A review meeting was held in January to assess the progress and identify the challenges, field survey and data collections are underway. However, due to current restriction on movements the timelines have been impacted

- 1.5 *Undertake four more studies under NKP, as commissioned by Steering Group*

The First Regional Workshop on “Priority Setting of Implementation Research to Strengthen Health Systems” was held on 3rd and 4th October 2019 in Trivandrum,

Kerala. There were 33 participants in the meeting including members of state health departments from five states – Tamil Nadu, Kerala, Karnataka Andhra Pradesh, and Telangana, and from the Union Territory of Puducherry

The aims to the workshop were:

- To understand the main challenges that state health departments face in implementing priority health programs
- To frame these implementation challenges in terms of research questions that can be part of a call for proposals

At the end of the two days of presentations and group work, each state produced a list of priority questions that were important to their implementation needs and specific research questions have been drafted for each area after deliberation. (list in annexure)

Revision of Institutional Structures for the National Knowledge Platform

National Knowledge Platform was formed in 2014 with the mandate to undertake the research activities linked closely with national priorities and the knowledge requirements of decision-makers in the health system. It was also envisioned as a body supporting knowledge sharing between HPS researchers (Health Policy & Systems) researchers and research users at National and State levels.

In its original proposed structure NKP had three bodies under its purview: the Steering Committee, Scientific Advisory Group, and the Secretariat. However, in FY 2020, the structure was revised to a Steering Committee for guiding and supporting this effort, and a Secretariat, housed in the National Health Systems Resource Center (NHSRC).

Further, the NKP is to be renamed as Implementation Research for Health Systems Strengthening under NHM and this body will provide support to States in implementation research funded under NHM by setting up systems and processes for engaging research institutions and providing technical support and supervision to States in these studies

PHP 02 National Healthcare Innovation Portal

2.1 Regular Update of National Healthcare Innovation Portal

- More than 300 proposals were uploaded on the portal by States/ Organizations.
- Of these, 110 were found suitable for further scrutiny. These proposals were evaluated on parameters including scale of coverage, duration, results, cost effectiveness, robustness of methodology and evidence of scalability.
- 37 practices, which were found to have shown results and possibility of scaling up, were selected for oral presentations and 73 other practices, which were of recent origin and had potential for making impact, were selected for poster presentation.

2.2 Organizing summit on identified best practices/innovations in healthcare, bring out Coffee Table Book, develop awards etc.

- The Sixth National Summit on Good, Replicable Practices and Innovations was held on November 16, 2019 at Gandhinagar, Gujarat.
- This Summit saw participation from almost all States and Union Territories and the attendees included Principal Secretaries (Public Health), Secretaries Health, Mission Directors (National Health Mission) and Director (Health & FW) from States along with programme officers, officials from Government of India, Heads of Programme Divisions, MoHFW, Development Partners, Civil Society representatives and other healthcare organizations.
- In all, more than 300 participants attended the summit.
- The selected good practices were presented and emerging good practices were showcased in the form of poster presentations.
- These practices were documented in the form of a coffee table book as well. The Honourable Union Minister for Health & Family Welfare released the Coffee Table Book documenting the Good and Replicable Practices presented during the Summit.

PHP 03 State Health Systems Resource Centre(s)

3.1 Support to SHSRCs in States through consultations and Advocacy Visits

A meeting/Workshop was held in April 2019 with State Health Systems Resource Centres (SHSRCs) at National Health Systems Resource Centre, (NHSRC), New Delhi with an objective of sharing experiences and providing an update on the key activities delivered by SHSRCs.

SHSRCs were encouraged to share their plans to support implementation of Comprehensive Primary Health Care in their respective states.

In the Workshop, it was also agreed that SHSRCs would get involved in conducting operational research in health systems strengthening and implementation challenges therein.

3.2 *Strengthening mechanisms for improved financial and technical assistance to SHSRCs*

The initial allocation of INR 1 Crore per SHSRC has not been revised to date. This amount is insufficient to meet the requirements of SHSRCs given the expanded Scope of Work expected to be carried out by them. Therefore it is often the case that only staff salaries are met and there is little left for other activities. In view of these facts, NHSRC drafted the proposal note to revise the financial allocations to SHSRCs under NHM to INR 2.5 crore per annum for bigger states and INR 1 crore per annum for the smaller states (from 1 crore and 50 lakhs respectively) and sought approval of the Empowered Programme Committee's (EPC's) for the same. The proposal has been approved by the EPC and is to be discussed in the next Mission Steering Group (MSG) meeting for approval.

PHP 05 Common Review Mission

13th Common Review Mission was conducted for 16 States. Final Draft Report has been submitted to the MoHFW

PHP 06 Publication and Dissemination for all divisions of NHSRC and MoHFW

6.1 To bring out publications and specific events and exhibition materials for all divisions of NHSRC and NHM

This year we published 89 documents, which included Operational Guidelines, Training Manuals, Research/evaluation studies and coffee table book of Innovations in public health

In addition, we published the books for the School Health Program under Adolescent Health Division and RCH register

LIST of research questions formed under NKP after consultative workshop

I. Andhra Pradesh

1. Lack of proper integration of programmes leading to under-utilization of funds

- a. What are the major services for which there is an **overlap** across programmes/ schemes? What are the strategies to integrate and bring out best from interventions?
- b. What are the **facilitators and barriers** for integrating finances and human resources from various programmes / sources at the central/ state/ district level and facility level?
- c. How to achieve **complementary actions** to overcome context-specific barriers preventing the convergence of program resources into the health system (pooling of lab technicians).

2. High IMR despite systemic efforts and implementation of different programs

- a. What are the inherent factors influencing neo natal mortality despite safe practices adopted? Strategies to overcome within the ambit of resources? (low hanging solutions)
- b. What are the determinants for low utilization of JSSK funds and suggestions to strengthen the program?
- c. How can we strengthen the community processes and early referral mechanism and HBNC?

3. ASHA

- a. How research can be utilized to re - structure the roles of ASHA and make her competent for being more competitive? (Developing integrated robust monitoring mechanism in order to enhance the effectiveness of ASHA in health promotion)

- b. How evidences can be explored in order to ascertain whether the goals are attained w.r.t the effectiveness of the funding spent on ASHA for retaining them into the Health Service deliverance?
- c. How determinants, factors and models are created to deduce a robust Monitoring mechanism to ascertain the effectiveness of the expenditure incurred by the States?

II. Karnataka

1. Health workforce retention

- a. What has been the impact of NEET on retention of doctors in rural areas across India?
- b. What are the factors involved for the non –retention of specialists in public health sector?
- c. Does the usage of technology influence the patient perceptions and population health impact of tele-medicine platforms bringing specialist services to rural areas? (cardiology, ortho, rheumatology) – use of hub and spoke model
- d. What factors contribute to the attrition of medical officer's form PHCs? What is the contribution of managerial tasks to attrition?

2. Data/IT system

- a. How Should Data be integrated across Single or Multiple platform which is real time single entry and automated for analysing the outcomes and framing of appropriate analytical dashboard?
- b. What are the elements of data that is generated and the dissemination of data through standards for Interoperability and reliability, validity and effectual storage?
- c. What factors influence the outcome of the dissemination from the centralized dashboard contribute through the transparency in knowledge sharing across regional barriers?

3. JSSK program- less utilization of public health facilities despite programs like JSSK

- a. What pattern of health services and barriers levels attribute to the effective utilization of JSSK?
- b. What structural design, logistics, HR, service improvements are required for effective implementation of JSSK?

III. Tamil Nadu

- 1. What are the factors to be considered to train ANMs to provide Comprehensive Health Care?
- 2. For a few index conditions (mental health, stroke, cancer care, pregnancy-induced hypertension, Diabetes/hypertension), how are backward referral pathways functioning? What human resource changes are needed to ensure time availability and capacity at PHC and lower levels to provide such care?

3. What are the ethical, legal and regulatory challenges – especially privacy – related – with creating and integrating population-based digital interfaces/systems/exchanges for health?

IV. Telangana

1. What are the factors influencing high rates of caesarean section?
2. What are the enablers and barriers that influence uptake of operational research in medical colleges on RNTCP?
3. What Policies could be incorporated in a centralized tool that are both user friendly and have all the built in indicators into the system for Administration, Governance and Implementation of the National Programs??

V. Kerala

1. What are the drivers of disparities in immunization coverage?
2. What are the barriers at different levels (system, individual, etc.) to achieving HT/DM control?
3. What is the capacity of designated health care institutions to deliver appropriate and timely trauma care services?

VI. Puducherry

1. Whether increasing doctor's availability at PHC and user friendly transportation will bring down OOPE?
2. Is community monitoring of the Private sector a possible way forward? (Evidence synthesis)
3. Why is there a higher private health seeking behaviour and determinants despite the availability of public services and what best measures be adopted to enhance the Primary Healthcare?

VII. QUALITY IMPROVEMENT

Key Deliverables

1. Support to states in scaling-up the Quality Assurance Programme and LaQshya initiative to increase number of quality certified health facilities
2. Support for Kayakalp Implementation
3. Strengthening the quality certification implementation framework
4. Development of IT enabled system for managing the certification process (NQAS, LaQshya, AEFI Surveillance etc.)
5. Finalization of assessment tools and certification criteria for the Health & Wellness Centres (HWCs) and Comprehensive Lactation Management Units (CLMC)
6. Updating NQAS assessment tools
7. Consultation & development of Health System Quality dashboard
8. Studies and consultations
 - a. Impact assessment of Kayakalp
 - b. Understanding the challenges in implementation of Biomedical Waste Rules in the public health facilities
9. Support for implementation of Patient Safety Framework
10. Others
 - a. Need based support to Regional Resource Centre NE
 - b. Maintenance of ISQua accredited status of National Quality Assurance Standards and Surveyor Training Program (External Assessor Training)
 - c. Attainment of ISQua accreditation of NHSRC
 - d. Technical support in ISO 9001:2015 surveillance assessment and sustenance of the ISO standards at NHSRC and RRC-NE

Team Composition

Sanctioned Posts	In Position (vacancy)
Advisor (1)	1
Senior Consultant (3)	2 (1)
Consultant (10)	8 (2)
Total filled positions	11
Positions to be filled	3

Areas of work

QI 01 Supporting the states in scaling-up of Quality Assurance Programme and LaQshya initiative to increasing numbers of Quality Certified health facilities

1.1 Support for NQAS assessment & Certification of Health facilities

A total of 1563 health facilities have been certified to NQAS under National Quality Assurance Program.

- Nationally, 653 health facilities (DH – 111, SDHs- 40, CHC – 67, PHC – 380, UPHC – 45) have been NQAS certified in the year 2019-20 and certification assessment of 425 health facilities is in pipeline.

- 910 health facilities have been NQAS certified at the State level (recognized by IRDA for empanelment of hospitals)
- Field visits to the States of Assam, Gujarat, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Uttar Pradesh, West Bengal and Lakshadweep (UT) have been conducted to support the health facilities in implementing NQAS. Key gaps observed were those in using quality tools and in recording of outcome indicators
- To observe the level of sustenance of quality gains attained by health facilities during their preparation for Certification, a sample of 27 certified health facilities was selected for field verification at minimum notice by NQAS external assessors. Assessment of 24 health chosen facilities has been completed, and it is pending for 3 health facilities. Of the 24 health facilities assessed: 5 have shown improvement in the NQAS score and a further 14 health facilities have shown weakness in few standards only, whereas Certification of 5 health facilities has been temporary suspended for three months. Advisories have been issued to states, wherever required and visits to suspended facilities will be conducted as & when travel conditions are conducive

Annexure 1.A

- The Division conducted monitoring of inclusion of NQAS certification linked incentive in the states' NHM PIP. Tamil Nadu, Telangana and West Bengal were formally requested for the inclusion of this criteria in the PIPs.
- The Division supported NHM Delhi with recruitment of Quality Consultants.
- Empanelment of a specialized agency is in progress for branding of NQAS certified facilities.

1.2 Support for LaQshya assessment & certification of LR & OT

Under the LaQshya, a total of 478 health facilities (257 Labour Rooms and 221 Maternity Operation Theatres) have been certified at the National level and certification assessment of 65 Labour Rooms and 58 Maternity OTs is in pipeline.

1.3 NQAS Implementation in Urban Health Facilities

- The division met requirement of disbursement link indicators (DLI) under the ADB support to NUHM. This included assessment of urban health facilities using NQAS in 20 States/ UTs/ULBs. 45 U-PHCs are nationally quality certified (as on 31st March 2020). 516 U-PHCs have been integrated under the 'Mera-Aspataal' (ICT based patient feedback system) in seven states namely Gujarat, Jharkhand, Kerala, Madhya Pradesh, Mizoram, Rajasthan, and Telangana.
- Baseline assessment of nine U-PHCs in NCT was conducted by the NHSRC team and the report has been shared with the State.

Annexure 1.B

1.4 Capacity building of the State teams by NHSRC in collaboration with institutions

To augment the existing pool of quality trained professionals under the Quality, Kayakalp and LaQshya program, 62 batches of training were conducted by the QI

Division in FY 2019-2020. In addition, 5 batches trainings were conducted for external assessors.

Internal Assessors and Service providers' Trainings: 17 batches of Internal Assessor Trainings and 24 batches of Service Provider Trainings were conducted in the year 2019-20 and 506 Internal Assessors were certified in 2019-20.

Total of 522 batches of trainings have been imparted till 31st March'2020 and 4113 Internal Assessors have been trained.

These assessors help the states with NQAS, Kayakalp and LaQshya assessments, and with gap closure activities in health facilities.

LaQshya Trainings: 5 LaQshya SPT Trainings were conducted in States/ UTs' to close the gaps found during assessment and help targeted facilities in Certification.

External Assessors Training: In the FY 2019-2020, 5 batches of External Assessor Trainings were conducted and 185 of the total 291 participants passed the examination. While training of three batches was held at NHSRC, one batch was trained at RRC NE and another batch at Chennai. Since nursing forms an important integral component of the care, an exclusive batch for nurses was also held. An exclusive batch of training was conducted for doctors having work experience of PHC was also conducted, as PHCs are the main delivery points of primary health care in public health settings. Assessors are expected to undergo refresher training, for which electronic learning platform was used. As on date, 519 external assessors are empanelled with NHSRC for undertaking the quality certification assessment.

1.5 Development of implementation guidelines and resource material

- Irrational prescription is one of the major concerns of patient safety and it also levies economic burden on society. Prescription audit manual has been prepared and is in the process of approval.

[Annexure 1.C](#)

- Training module for implementation of National Quality Assurance Standards has been developed to support the State, district and facility Quality Teams in closing the gaps found during assessment and in taking up facilities for certification.

[Annexure 1.D](#)

- Operational Guidelines for Quality Assurance in Public Health Facilities was developed in 2013. Now, revision of the guidelines has been initiated, which will also add an element of quality improvement in the existing framework. The revised Guidelines will be submitted to MoHFW by June 2020.
- The Division facilitated consultation on guidelines for Respectful Maternal Care (RMC) under the LaQshya.
- The Division developed guidance notes for the States to support the implementation challenges in NQAS, Kayakalp, Mera-Aspataal and LaQshya.
- Training modules under Swachh Swasth Sarvatra guidelines are in final stage; the Division is supporting UNICEF for development of these modules.

1.6 Felicitation of NQAS Certified facilities

Felicitation of certified facilities could not be held. It will be scheduled in next current FY (2020-21) after normalisation of the current situation.

QI 02 Support for Kayakalp

Kayakalp is the scheme for recognition of those health facilities, which demonstrate excellence in upkeep, hygiene and sanitation, infection control, waste management, support services, hygiene promotion and cleanliness outside the boundary wall. This scheme started with DH level facilities in 2015-16 followed by inclusion of CHC, PHC, SDH, UPHCs. Kayakalp has been extended to the Health & Wellness centres in 2019-20. Since cleanliness of the health facilities has a major bearing on the overall experience of patients and also influences healthcare associated infections (HAI) 15% weightage of patient's feedback on cleanliness in the DH category facilities (as captured on the 'Mera-Aspataal portal) has been added in arriving at overall Kayakalp ranking of DHs.

2.1 Revision and dissemination of guidelines

Assessment tools for the Health and Wellness Centres were developed and shared with the states.

2.2 Implementation Support

- Number of participating facilities under Kayakalp has increased from 750 health facilities in 2015-16 to more than 26,000 facilities in 2018-19. Number of facilities getting Kayakalp awards also increased from 97 facilities in the year 2015-16 to 4820 in the year 2018-19. These included 395 District Hospitals, 1140 Sub-divisional hospitals/Community Health Centres, 2723 Primary Health Centres and 562 Urban Health facilities. As per updated information for FY 2019-20, internal assessment, Peer assessment and external assessment completed in 31353, 18638 and 7489 health facilities. Kayakalp awards have been awarded to 3618 facilities in 12 States/UTs.
- States/ UTs' have been supported through hand holding, trainings and dissemination of revised Kayakalp guidelines.
- Process note on calculation methodology for Mera-Aspataal Score has also been shared with States/ UTs.
- Supported the capacity building of the assessors for the conduct of Kayakalp assessment in Central Government Institutions.
- The division supported Ministry of Jal Shakti and MoHFW in selection of best three PHCs in the country through Kayakalp scores.
- The Division supported WHO in the preparation of JMP data for India through analysis Kayakalp Scores of 701 District Hospitals
- The Division provided regular inputs on 'e-Samiksha' portal for Kayakalp.

2.3 Felicitation of facilities

- Kayakalp felicitation ceremony was held on 11th October 2019 and awards were distributed to winner facilities of FY 2018-19.

- Kayakalp felicitation ceremony for FY 2019-20 could not be held and may be scheduled after the COVID 19 pandemic subsides.

QI 03 Strengthening Quality Certification Institutional Framework

- A separate 'NQAS Certification Cell' within the division has been established to avoid any possible conflict of interest and to manage the increasing load of NQAS and LaQshya certification. Internally, three HR positions have been allocated to the certification cell by ED NHSRC (one Senior Consultant and two Consultants) and have been advertised. However, the recruitment could not be completed due to COVID pandemic.
- Certification assessment of NQAS and LaQshya facilities is undertaken by a pool of assessors who have professional experience of at least 10 years in health/hospital sector and have passed the examination of 5-days External Assessors Training under NQAS. On 31st March 2019, there were 313 such assessors available. For assessment of increasing number of health facilities, need was felt to increase number of NQAS External assessors. Five batch training of external assessors were conducted in the year 2019-20 and currently 519 assessors are available. After normalisation of the current situation, we plan to conduct two batch training of External Assessors in the current FY (2020-21).
- Requests have been received for NQAS assessment of Private health facilities. Currently, division's priority is strengthening of public health system. Hence, such requests for NQAS certification of public health facilities have been put on hold.

QI 04 Developing an IT enabled automated system for Quality Certification Process (NQAS, LaQshya, AEFI, Lactation Management Units etc.)

4.1 Development of integrated IT solution for Quality

To cater to the need of the growing request from the States for the NQAS and LaQshya certification of facilities in a time bound manner, development of IT based tool was approved in the last GB. The division has initiated the process of engaging a vendor to develop software that caters to the existing demand. Proposal of CDAC has been examined in a meeting on 16th March 2020 with Joint Secretary (Policy) in the chair. It is under active consideration of MoHFW

4.2 Strengthening of 'Gunak' platform

Gunak, a user-friendly application, has been developed to support the assessment of health facilities for NQAS, Kayakalp and LaQshya. The platform is available for both android and apple users. The App has approximately 10,000 downloads and users. It has rating of 4.1/5 at Google play store and 4.8 /5 at Apple store as on 13 April 2020.

Following activities were undertaken for strengthening of the app/portal:

- Revised Assessment Tools for District Hospital has been uploaded.
- Latest NIN ID's have been integrated.
- Revised State specific checklists of all levels (DH, SDH, or equivalent, CHC, PHC and UPHCs) have been uploaded for 11 States.
- Integration of Gunak with LaQshya portals has been done.

- Kayakalp checklist for Health and Wellness Centre has been uploaded. Also, updated versions of checklists for DH/SDH/CHC, PHC with beds and PHC without beds for Kayakalp have been uploaded.
- Development of Web Based Dashboard of Gunak App is under process which would enable regular monitoring of certified facilities.

QI 05 Finalization of assessment tool and Certification criteria for HWCs (Sub Centre level) and CLMCs

5.1 Draft NQAS assessment tools for HWCs (Subcentre level) were developed.

The draft standards and tools have been field tested in Varanasi (UP) and Mallapuram (Kerala). Consultation with external stakeholders for finalization of the tool would be done once COVID 19 situation improves. Implementation support to States will be provided to the states/ UTs' after the dissemination of the assessment tool.

[Annexure 5.A](#)

5.2 Request was received for NQAS certification of comprehensive lactation management centre (CLMC). The draft tools have been field tested in DH Alwar (Rajasthan).

[Annexure 5.B](#)

QI 06 Updating NQAS assessment tools

6.1. a) In compliance with ISQua (International Society for Quality in Healthcare) requirements, DH tools have been updated and disseminated. Following 4 new standards have been added to the existing 70 standards under the NQAS:

- Facility has defined framework for ethical management including dilemmas confronted during delivery of services at public health facilities.
- Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff
- Facility has defined, approved and communicated Risk Management framework for existing and potential risks
- Facility has established procedures for assessing, reporting, evaluating and managing risk as per Risk Management Plan

States have been supported in understanding and implementing these additional standards.

b) CHC and PHC checklist shall be undertaken for update in FY 2020-2021 based to address changes in the guidelines of existing programs and inclusion of new programs in NHM.

QI 07 Consultation and development of Health Systems Quality Dashboard

It has been agreed during the consultative meeting on 16th March 2020 that proposed IT enabled certification solution will have a module on quality indicators, if such

indicators are not already included in the HMIS portal.

QI 08 Study, assessment and consultation

- Impact assessment of Kayakalp Scheme – The study could not be initiated in 2019-20; it is being carried forward to FY 2020-21.
- Consultation for understanding the challenges in implementation of the Bio Medical Waste Rules in the public health facilities

Consultation workshop on Biomedical Waste Management was held on 18th February 2020. State Nodal Officers for biomedical waste and Nodal Officer for Biomedical waste at Central Pollution Control Board attended the consultation and many issues were resolved.

QI 09 Support for implementation of Patient Safety Framework under the National Quality Assurance Program

- The QI Division has provided inputs in the preparation of Implementation guidelines for patient safety.
- Alignment of patient safety components in the existing QA framework is in progress.
- National Patient Safety day was celebrated on 17th September'2019. States were supported in showcasing their commitment towards patient safety through various activities such as patient safety walk, patient safety pledge, public awareness in OPD and others.

QI 10 Others

1. Mera-Aspatal:

States were supported for addressing implementation challenges under the 'Mera-Aspatal'. Number of health facilities integrated with 'Mera-Aspatal' has increased from 2634 in March 2019 to 5400 health facilities in March 2020, registering an increase of 105 %. These facilities include 24 Central Government institutions, 59 medical college hospitals, 643 District Hospitals, 236 Sub-Divisional hospitals, 733 CHCs, 2465 PHCs, 516 UPHCs, 19 private medical colleges, 691 private empanelled hospitals and 12 other hospitals across 32 states and UTs

The Division supported RRC NE in conducting review meetings for NE- States

2. Maintenance of existing Accreditation of NQAS and Surveyor training programs:

Documents for re-certification of the existing accreditation of National Quality Assurance Standards have been submitted

3. Initiation of ISQua accreditation of Quality Certification process:

Application for the Accreditation of Certification Cell NHSRC with ISQua is under process.

4. Maintaining ISO 9001:2015 status of NHSRC and RRC – NE

NHSRC and RRC –NE both have been ISO certified on 9001:2015 standards.

5. Support for development of Operational Guidelines for Health & Wellness

Centres

The Division supported CP Division in development of 'Operational Guidelines for Comprehensive Eye Care'

6. Support for strengthening drug supply system

- Preparation of Essential Drug Lists for various level of health facilities under IPHS
- Development of Drug-list for HWCs
- Mapping of State and Centre level drug lists through DVDMS.

7. Collaboration & Partnerships for building States' capacity to implement National Quality Assurance (NQAS) Standards and improving Quality of Care

Partnership with institutions are being sought- collaborative programmes with TISS for creating pool of quality professional for public health system. 4th batch training would conclude shortly.

8. Workshops and Conventions

The Division conducted the following workshops:

- Workshop for development of Implementation guidelines on Respectful Maternal Care on 13th May'2019
- QA Nodal Officers Consultation workshop on 18th – 19th June'2019
- CCHQ Quality Course at NHSRC on 08th – 13th July'2019
- Workshop for identification of critical drugs for HWC on 04th October' 2019
- Kayakalp Felicitation workshop in 11th October 2019
- Bio Medical Waste Management Workshop on 18th February'2020

9. Inputs of Parliament Questions: The Division provided inputs on PQs pertaining to Quality of Care, Kayakalp, Swachhata, Drugs, etc.

10. Common Review Mission: The Division participated in the CRM for Andhra Pradesh, Bihar, Gujarat and Madhya Pradesh and also supported the compilation of the national report

11. Development of Resource material for Covid-19 epidemic

- Video on Standard Practices of Infection Control and Prevention for House Keeping and support staff has been prepared and disseminated in States.
- Guidelines for Isolation ward and infection control in secondary healthcare facilities during COVID19 epidemic were prepared and disseminated in states for implementation

12. Supported Immunization division in developing and implementing Quality Management System for Adverse Event following Immunization (AEFI) surveillance

13. Field Visit to Aspirational Districts

VIII. ADMINISTRATION

VIII.A GENERAL ADMINISTRATION INCLUDING IT

Key Deliverables

1. Expansion of Office space on first floor with Semi-Permanent structure
2. Provision of Security Services coordinated with NIHFW
3. Upkeep of 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
7. Installation of Lift and AMF Panel
8. Renovation of Ground Floor
9. Inauguration of 1st floor
10. Digitalization of Physical files into e-files

4. Expansion of Office space

Liaison with CPWD for final Invoice and its settlement as well as maintenance of assets like Air Conditioners etc. in warranty has been done

5. Security Services

- The Security services have been outsourced to the same agency (M/s Mi2C), the same agency that NIHFW awarded the contract to, for better supervisory check and after-working-hours coordination. The Security services have been streamlined.
- There are two guard posts (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) on the premises, which are maintained well. The guard post at First floor has been increased due to expansion of work station.
- CC TV provides additional Surveillance.

6. Fire Safety

- Different types of fire cylinder have been parked at various places in NHSRC. Fire alarms, Sprinklers and smoke detectors have been installed in the office and are in serviceable conditions. In addition, every year mock drill is being organized for awareness.
- Fire evacuation plan for first floor is in place, which utilizes stair case in front and behind.

4. Maintenance of Office & Infrastructure

- The housekeeping services have been outsourced from M/s Rakshak. The housekeeping services have been streamlined and the office is well maintained.
- For maintenance of DG Set, comprehensive Annual Maintenance Contract (AMC) has 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 Maintenance Contract (CMC) has been awarded and it is well maintained by M/S Bluestars as well.
- Two networking printers (One for Ground and First floor each) have been rented for printing and photocopying. These are well maintained and working properly.
- CC TV , EPAX, Server and IT equipment were maintained well

5. Asset management

- Annual stock taking in previous FY were done for stock check of all office assets and recommendations were made 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 till 30th March 2018 was completed between April-May 2018.

6. Procurement of goods & services

- The vendors for Printing, Design and Layout were empanelled through open tendering process and its approval was accorded in the month of Oct 2018. Now the validity of empanelment contract for Design and Layout have been extended up to 31st March 2021 after getting satisfactory work. Tender of Printing is under process.
- Procurement of furniture: Furniture, stationery and Consumable (i.e. pantry and toiletry items) available from Kendriya Bhandar are purchased below INR 1,00,000/-. Exceeding this it is being purchased as per GFR rules from open market.
- Procurement of office and conference chair and table through GeM have been completed in the month of March 2019

7. Installation of Lift and AMF Panel

- Installation of Lift has been completed by M/S Sketchers Engineering Pvt Ltd. Vendor was selected through open tendering process as per GFR 2017 .
- 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 was completed by M/s Sarang through LTE (CPWD Registered) tendering process.

8. Renovation at Ground Floor

- Carpet flooring was done in the centre (i.e. cubical area) by M/s Mahadevi Interior and change to LED lights from tube lights on the Ground Floor has been completed through Advertisement tender by M/s Celestial Contractor & Engineer Pvt. Ltd has been done
- Renovation of Accounts Department work station at the Ground Floor has been completed by M/s Mahadevi Interiors through GeM.

9. Inauguration of 1st floor.

- Inaugural of first floor was done on 27th December 2019 by Secretary, Health and Family welfare.

10. Digitalization of Physical files into e-files

- The Physical files pertaining to all Divisions of NHSRC were digitized completely by 30th June 2019

VIII.B ACCOUNTS

Achievements

- Successful implementation of NHSRC integration with NITI Ayog Darpan portal and reimbursement for AGCA expenditures.
- Successful and complete implementation of PFMS for monthly consultancy fee, payments etc.
- Receiving Full Year Grants in Aid for the FY 2019-20 in October 2019 for smooth operation of activities.
- Submitting replies to IAHQ now at final stage with in MoHFW IAHQ.

Key Deliverables

1. Annual Audit of accounts
 - a) Audit of annual accounts & statement submission to the Chairperson and members of GB.
 - b) Filing of Income Tax for the FY 2019-20
 - c) 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 Submission of Audit of annual accounts & statement to the Chairperson and members of the GB and concerned divisions of MoHFW

Accounts for the financial year 2018-19 were audited. The accounts of RRC NE for the financial year 2018-19 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 15th Governing Body meeting held on 19th July 2019.

1.2 Filing of Income Tax return for the Assessment year 2020-21

Filing of Income Tax return for the assessment year 2020-21 has been completed.

1.3 Submission of Annual Report/ Audited Accounts of NHSRC to COPLOT

The Audited statement of accounts for the financial year 2018-19 has been submitted to MoHFW for laying on table of both Houses of the Parliament.

Deliverable 2 Annual Budget

2.1 Preparation of Annual Budget for FY 2019-20

- Budget estimate for the financial year 2019-20 was produced before the 15th GB held on 19th July 2019. The budget was approved by GB.

2.2 Review of Utilization pattern vs program budget Every Quarter

- Quarterly utilization pattern was provided to all program divisions in the form of comparison of budget vs actual. These have been submitted for all four quarters of FY 2019-20.
- From 3rd quarter onwards, Utilization patterns was submitted on monthly basis for expenditure review.
- Provisional SOE as on 31st March 2020 stands as: Total Expenditure incurred INR 39.38 crores, out of which INR 23.01 crores for NHSRC and INR 16.37 crores for NPMU, RBSK and AGCA activities.

Deliverable 3 IAHQ Audit Replies

3.1 Audit replies to IAHQ September

- 19 out of 22 observations were settled.
- The Department consulted IAHQ and Director NHM-I to submit a fresh set of replies and supported documents.
- Continuous efforts have been made to settle the balance pending audit paras. Now, the file is in final stage within IAHQ. Delay in 2nd half of March-20 was due to lockdown.

Deliverable 4 Support to AGCA, NPMU

4.1 AGCA funding support Every Quarter

- As per directions of MoHFW, funding support was provided by NHSRC to Population Foundation of India for undertaking activities for Community Action for Health, to be carried out by AGCA. Earmarked funds were provided by MoHFW for this activity.
- This year MoHFW has instructed to reimburse this amount through NITI AYOOG Darpan portal. To follow the same, we have integrated NHSRC Web Portal with NITI AYOOG DARPAN portal. Payment has been released through PFMS only.
- AGCA Account records for 1st to 3rd quarter for FY 2019-20 were reconciled and the amount was released to AGCA after receiving approval from MoHFW

4.2 NPMU support Monthly

Expenditure and administrative support is being provided to consultants working under various programs i.e. NPMU, RCH, RSBY, RBSK, etc., towards their monthly fee, travel and other related costs. NHSRC received grants over and above the NHSRC budget for this additional fund requirement.

Deliverable 5 Statutory compliances

5.1 Quarterly TDS return Every Quarter

- Quarterly TDS return for 1st Qtr. (April to June-19), 2ndQtr. (July to Sep-19) and 3rdQtr (Oct. to Dec.-19) have been filed periodically.

Deliverable 6 Funds

6.1 Periodical/recurring Follow-up of Grants in Aid

- The approved budget for NHSRC is INR 34.74 crores and tentative budget for additional supportive projects other than NHSRC (for the consultants working under various divisions of MOH&FW and for channelizing funds for AGCA) is INR16.80 crores, thus the total approved budget is INR 51.54 crores.
- This Financial year we have received full year Grants in Aid for the FY 2019-20 in October 2019 for smooth operation of activities, whereas in previous year the Grant was disbursed on quarterly basis which resulted in shortage of funds.

Deliverable 7 Others

7.1 PFMS Implementation

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

7.2 Statutory Audit for the FY 2019-20- 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 have completed the audit for the period: April 2019 to January 2020.

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

- Total approved budget was 208.6 lakh. In FYs 2016-17 and 2017-18, a total amount of 1,68,90,900/-(Rupees One Crore Sixty-Eight Lakh Ninety Thousand Nine Hundred) has already been paid to CPWD.
- Final invoice is pending at the end of CPWD.

7.4 Initiate the process for pay roll processing software- Ongoing

- Work Contract has been awarded to M/s VERTS Services India Private Limited.
- They have also presented 1stdemo of software working.

VIII.C HUMAN RESOURCES

1. Recruitment & Selection:

A. Recruitment for NHSRC, RRC-NE and MoHFW

- HR Section has successfully filled 39 positions of NHSRC & RRC-NE and 57 positions of MOHFW. Recruitment is underway for 12 positions in NHSRC & 24 positions in MOHFW.
The Section Conducted written tests for various Divisions within NHSRC and MoHFW and arranged for class rooms for written tests.
The Section prepared and sent a proposal to MOHFW for nomination of Interview panel
- The Section Identified External Experts for interview panel, coordinated with panel member and oversaw payment of Honorarium to External Experts (Non-Government Officials).
- The Section prepared and sent a proposal of selection to MOHFW for approval (For MOHFW Recruitment).
- The Section conducted Reference Check of selected candidates. If selected candidates declined the offer, we conducted reference checks of waitlisted candidates. Issue offers to waitlisted candidates.
- The Section conducted On boarding of offered candidates. Brief induction of entitlements to the new joiner was done on the day of joining.
- The Section successfully completed Campus Recruitment process for NHSRC and recruited 15 Fellows for multiple Divisions of NHSRC.

B. Recruitment for Divisions other than NHM Division (MoHFW)

- Apart from positions under NHM Divisions, HR Section has been entrusted with recruitment for several other divisions, such as NCD Division, Viral Hepatitis (NCDC), Central TB Division, Leprosy Division, NTCP (National Tobacco Control Programme), NPCBVI (National Programme for Control of Blindness & Visual Impairment), Division of Zoonotic Disease Program (NCDC), National Rabies Control Programme (NCDC) etc.

2. Performance Management

- The Section successfully conducted Mid-Year Review & Annual Performance Appraisal Exercise at NHSRC & RRC-NE. Annual Performance Appraisal Exercise for MoHFW Consultants is underway.

3. Training & Development

- The Section organized an important two day residential training on GEM procurement procedures at National Institute of Financial Management for Admin Personnel. Total 4 Admin Personnel from NHSRC attended this training.
- We conducted HR Induction sessions for new joiners of NHSRC and MoHFW.

4. Probation & Contract Management

- The Section is efficiently managing contracts of 200+ Personnel working in MOHFW, NHSRC & RRC-NE.
- The Section ensures timely issuance of Contract Extension letters & Probation Confirmation / Non Confirmation letters

5. Inputs for RTI & Appeals

- Appropriate draft replies were submitted to PIO, NHSRC and Appellate Authority, NHSRC for various complex RTIs & Appeals within the stipulated time.

6. Submission of Reports

- Multiple Reports and correspondences were submitted to MoHFW within stipulated time.
- Data with respect to MOHFW consultants on NHSRC contract is also submitted to MoHFW as and when required. We provided inputs to MOHFW for Parliament Questions on MOHFW consultants.

7. Group Accidental Insurance

- A proposal for Group Accidental Insurance for NHSRC & RRC-NE personnel was put up to the 15th Governing Body meeting of NHSRC, held on 19th July 2019. GB approved the proposal and subsequently quotations were invited from Government & Private Insurance company. New India Assurance (A Government of India Undertaking) was identified as the lowest bidder and was asked to provide the GAI to NHSRC & RRC-NE Personnel.
- As on date, a total 111 personnel working in NHSRC & RRC-NE are covered under this insurance.

8. Annual Increment & HR Budgeting

- The Section compiled & released the Annual Increment based on Annual Performance Appraisal Rating and subsequently prepared the annual HR Budget for NHSRC & MoHFW Consultants.

9. Attendance & Leave Management

- The Section efficiently managed Leave & Attendance of NHSRC & MOHFW personnel. Appropriate deductions were made where entitled leaves were exceeded by the consultants.

Achievements

1. Filling of 96 positions in NHSRC & MOHFW.
2. Insurance of 111 personnel at NHSRC & RRC-NE under Group Accidental Insurance.
3. Coordination of training for Admin Personnel on GEM procurement procedures at National Institute of Financial Management.
4. On time completion of Annual Performance Appraisals process.

Team Composition

Sanctioned Posts	In Position (vacancy)
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PAO	1
HR Manager	1
Finance manager	1
Consultant	7
Account Asst.	1
Executive-IT & IT Manager	1
Secretarial Asst.	6
HR Asst.	1
Admin Asst.	3
Office Asst.	1
Pantry Asst.	2
Admin Asst. Cum Driver	1
Total filled positions	26
Positions to be filled	4

List of Partner Institutions

S. No.	Name of Institution	Partnership details
1.	AIIMS, Delhi	<i>Innovation and Learning Centres, for operationalizing Model HWC</i>
2.	School of Public Health, PGI Chandigarh	<i>Innovation and Learning Centres, for operationalizing Model HWC</i>
3.	Charutar Arogya Mandal, Gujarat	<i>Innovation and Learning Centres, for operationalizing Model HWC</i>
4.	Community Empowerment Lab, Uttar Pradesh	<i>Innovation and Learning Centres, for operationalizing Model HWC</i>
5.	Karuna Trust and Institute of Public Health, Bangalore	<i>Innovation and Learning Centres, for operationalizing Model HWC</i>
6.	ECHO Trust India	Part of tripartite arrangement Study on use of ECHO for ASHAs
7.	PHFI	Part of tripartite arrangement Study on use of ECHO for ASHAs
8.	Ekjut, Jharkhand	Part of tripartite arrangement <i>Participatory learning for action in MP</i>
9.	AIIMS Trauma Centre & AIIMS Delhi	Preparing the following guidelines: <ul style="list-style-type: none"> • Operational Guidelines on Prevention and management of common emergencies • Operational and Technical Guidelines for Emergency Medical Services at District Hospitals • Training guidelines for secondary & primary care emergency and for first responders • Operational Guidelines for Mental, Neurological and Substance Use (MNS) Disorders Care at Health and Wellness Centres
10.	AIIMS Bhopal	<ul style="list-style-type: none"> • Establishing Centre of Excellence for MCH • IPHS guidelines
11.	KGMU, Lucknow	For BEmOC and CEmOC, LSAS services
12.	MGIMS Wardha	Centre of excellence for MCH wings

S. No.	Name of Institution	Partnership details
13.	BHU	Centre of Excellence for MCH wings
14.	Academy of Family Physicians of India (AFPI)	For Family Medicine
15.	CMC, Vellore	For Family Medicine
16.	NBE	For Scaling up DNB in Family Medicine & other courses
17.	PHFI	For DNB course/ CPS/ Nursing and Paramedics
18.	Institute of Health Improvement (IHI)	For HRH behaviour standards
19.	Shakti Sustainable Energy Foundation New Delhi, India	For RE/DRE (Distributed Renewable Energy) based electricity and inculcating EE (Energy Efficiency) measures in Public Health facilities
20.	Tata Institute of Social Sciences (TISS) Mumbai	For Post Graduate Diploma in Healthcare Quality Management

List of Paper publications/Posters/Presentations/Attended Conferences

S. No	Title	Place of presentation
1.	Changing Role of Community Health Workers in India-Non communicable Disease	Poster presentation At Community Health Worker Symposium – Dhaka
2.	Collaborative interventions of ASHA and VHSNC	Poster presentation At Community Health Worker Symposium – Dhaka
3.	Insights from Time Use Study for positioning of ASHAs as a member of Primary Health Care team	Poster presentation At Community Health Worker Symposium – Dhaka
4.	Use of rural Community Health Workers design for an urban context-Lessons learned	Poster presentation At Community Health Worker Symposium – Dhaka
5.	Evolution of Community Based Health Systems	Poster presentation At IPHACON-AIIMS Delhi
6.	Assessment of System Readiness to roll out Population Based Screening and Management of common Non Communicable Diseases in 15 states in India	Paper accepted for presentation- Journal of Public Health and Emergency
7.	Households' Cost due to hospitalization among Stone cutting Mine workers who died of Silicosis and Silico-Tuberculosis, Jodhpur, India	1st South East Asia Regional Group Meeting of the International Epidemiological Association
8.	Health Expenditures of Urban Local Bodies in India	Presentation at HSTP Workshop - Measuring Health Systems Performance, New Delhi
9.	Analysis of AERB Compliance across India	Poster presentation at International Clinical Engineering and Health Technology Management Congress
10.	Analysis of BMMP in Maharashtra	Poster presentation in 2019 World Conference on Access to Medical Products Achieving the SDGs 2030
11.	HCT Technical Support	Poster presentation in 2019 World Conference on Access to Medical Products Achieving the SDGs 2030
12.	Regulatory underpinnings relating to HRH availability in rural areas'	Poster presentation in Global Workforce Symposium 2019.

S. No	Title	Place of presentation
13.	Gender inequality in health status and access to health care among the elderly in India	Paper Presentation 8th Annual Conference of Indian Health Economics and Policy Association held in National Institute of Science Education and Research (NISER), Odisha
14.	Trends of Road Traffic Accidents and its Shortcomings in Achieving SDG targets in Urban Jodhpur, India	Presentation at 1st South East Asia Regional Group Meeting of the International Epidemiological Association
15.	Appraisal of trends of Quality of Healthcare delivery in India: A textual Synthesis Review.	1st South East Asia Regional Group Meeting of the International Epidemiological Association
16.	Represented as an Expert with special focus on CLMCs.	International Expert meeting on Donation and Use of Human Milk organised by Biomedical Ethics & History of Medicine (University of Zurich)
17.	Hand Hygiene Audit- An Improvement Cycle for LaQshya in a Secondary Care Hospital in Odisha	Paper published in International Journal of Healthcare Sciences, (Volume 7, Issue 2, Month: October 2019-March 2020)
18.	Operationalising Health Quality Framework in Low and Middle Income Countries (LMIC) - An Indian Experience	Lightening talk at ISQua's 36 th International Conference at Cape Town (South Africa)

List of NHSRC outputs in FY 2019-20

S. No.	Title	Type of document
1.	Guidance notes for revision of training, financial provisions and supportive supervision of ASHAs	Draft
2.	Guidance note on use of untied fund at HWC	Draft sent for approval
3.	Guidelines for Jan Arogya Samiti	Draft sent for approval
4.	Guidelines for Social Audits of HWC	Draft sent for approval
5.	Operational Guidelines for Oral Health	Publication
6.	Induction Module for CHOs	Publication
7.	Supplementary Modules for CHOs in RMNCHA	Draft sent for approval
8.	Role of PRI in health	Approved Draft
9.	Supportive Supervision Handbook for ASHA Facilitators / MPW-F for HBYC	Approved
10.	HWC Portal User Manual	Final document
11.	Framework for Health Promotion, with key role of VHSNCs and MAS, developed.	Final document
12.	Framework and Indicators for Swasth Gram Award	Final document
13.	Messages for Annual Health Calendar	Final document
14.	Training Module for Eat right and Eat Safe	Draft
15.	Brief report of assessments of system readiness for universal screening of NCD	Final document
16.	Key findings of CHO phone survey	Final document
17.	Policy brief-Access to medicines and diagnostics for common Non communicable diseases in Public health facilities	Final document
18.	Brief report on assess and training and role of MPW (F) in context of CPHC	Final document
19.	Report on innovation and learning centres	Final document
20.	ASHA Update (January 2019)	Publication
21.	ASHA Update (July 2019)	Draft under Publication
22.	National Health Account estimates for India 2016-17	Publication

S. No.	Title	Type of document
23.	NSSO Factsheets for 2017-18 and 2014.	Draft Report
24.	Expenditure on ASHAs under National Health Mission in India from 2016-17 to 2018-19	Draft Report
25.	Expenditure on health from State's own resources and NHM for major states in India from 2013-14 to 2017-18.	Draft Report
26.	Technical Specifications for medical devices under: <ul style="list-style-type: none"> a) Anaesthesia Department b) Cardio Pulmonary Department c) Dental Department d) ENT Department e) Ophthalmology Department f) Post-mortem Department g) Radio Imaging Department h) Radiotherapy Department 	Publication
27.	Biomedical Equipment Maintenance and Management Program - Technical Manual	Publication
28.	Guidelines for Peritoneal Dialysis under Pradhan Mantri National Dialysis Program	Publication
29.	NHM Free Diagnostics Service Initiative – Guidance Document for implementing Laboratory services in states	Publication
30.	Institutional Framework for Assessment of Health Innovation Product under NHInP	Publication
31.	Revised Guidelines for Dialysis of COVID – 19 Patients	Final document
32.	WHO technical guidance and specifications of medical devices for screening and treatment of precancerous lesions in the prevention of cervical cancer	Publication
33.	WHO-UNICEF technical specifications and guidance for oxygen therapy devices	Publication
34.	Decommissioning Medical Devices	Publication
35.	WHO technical specifications for automated non-invasive blood pressure measuring devices with cuff	Publication
36.	HR Boot Camp Report 2019-20	Publication

S. No.	Title	Type of document
37.	Human Resources for Health in District Public Health Systems of India: State-wise Report 2020	Publication
38.	Operational Guidelines for Oral Health Care at Primary Health Care	Publication
39.	CEmONC and LSAS Guidelines	Publication
40.	SUMAN Guidelines	Publication
41.	SUMAN Framework	Publication
42.	HWC Layout	Approved Draft
43.	Guidelines for Central Sterile Supply Department (C.S.S.D.) & Mechanized Laundry	Approved Draft
44.	Guidelines for Modern Kitchen & Dietary Services	Approved Draft
45.	Guidelines for High Dependency Unit (HDU) & Intensive Care Unit (ICU)	Approved Draft
46.	Draft Operational Guidelines for Mental, Neurological and Substance Use (MNS) Disorders Care at Health and Wellness Centres	Approved Draft
47.	Operational Guidelines for Operation Theatre Complex	Approved Draft
48.	Operational Guidelines for National Ambulance Services	Draft for approval
49.	Revised IPHS Guidelines a) DH b) SDH c) CHC d) PHC e) HWC	Draft for approval
50.	Operational and Technical Guidelines for Emergency Medical Services at District Hospitals	Draft for approval
51.	Operational Guidelines: Prevention and management of common emergencies	Draft for approval
52.	Guidelines on Collaboration with Medical Colleges to strengthen National Urban Health Mission	Draft for approval
53.	Conceptual Lay outs for: a) 30 bedded MCH Wing b) 50 bedded MCH Wing c) 100 bedded MCH Wing d) 200 bedded MCH Wing	Draft for approval

S. No.	Title	Type of document
	e) CHC f) DH g) PHC (24*7) h) PHC (Day Care)	
54.	Sustenance Assessment of National Quality Assurance Standard certified facilities	Draft for approval
55.	Report on attainment of Disbursement Link Indicators (DLI-5) under the Asian Development Bank (ADB) support to National Urban Health Mission (NUHM)	Draft for approval
56.	Draft Prescription Audit guidelines	Draft for approval
57.	Draft- Training Manual for implementation of National Quality Assurance Standards (NQAS)	Draft for approval
58.	Guidance Note: NQAS re-certification LaQshya deemed certification Mera-Aspataal scoring under Kayakalp	Draft for approval
59.	Draft Quality Standards for: Health and Wellness Centre Comprehensive Lactation Management Centre	Draft for approval

List of NHSRC Publications in FY 2019-20

S. No.	Title	Status
1.	Operational Guidelines for oral health care at health and wellness centres	Published
2.	ASHA Update July 2018	Published
3.	Asha Update January 2019	Published
4.	Operational Guidelines-Ayushman Bharat- Comprehensive Primary Care Through HWC	Published
5.	Module For Asha On Non-Communicable Disease (Hindi)	Published
6.	Operational Framework for management Of Common Cancers	Published
7.	Induction Module For CHO English	Published
8.	Handbook For Asha Facilitator On HBYC & HBNC	Published
9.	Folder on COVID - 19 for frontline workers	Published
10.	Operational Guidelines for ENT	In process
11.	Operational Guidelines for MNS disorder/ condition care at health and wellness centres	In process
12.	Operational Guidelines for Comprehensive primary Eye Care	In process
13.	Induction Training Module For CHO Hindi	In process
14.	Role of PRI in Health	in process
15.	NCD Policy brief	in process
16.	Innovation In the Health Sector	Published
17.	National Health Estimate 2016-17	Published
18.	Technical Module For Biomedical Equipment Maintenance and Management Program	Published
19.	FDI Guidance Document along with model tender RFP	Published
20.	NHM Guidelines For Establishing Peritoneal Dialysis Services	Published
21.	Notes On Innovation	Published
22.	Technical Module For Medical Devices : Radio Therapy Department	Published
23.	Radio Imaging Department Equipment	Published
24.	Ophthalmology Department Equipment	Published
25.	ENT Department Equipment	Published
26.	Anaesthesia Department Equipment	Published

27.	Dental Department Equipment	Published
28.	Post-Mortem Department Equipment	Published
29.	Cardio-Pulmonary	Published
30.	PMR Department Equipment	Published
31.	Operational Guidelines For Mobile Medical Unit	Published
32.	Free Diagnostic Services	Published
33.	Assessment On Product Innovation	Published
34.	Technical Specification of Medical Devices for Emergency Response System	Published
35.	National Dialysis Program Under National Health Mission	Published
36.	Free Diagnostic Services (Old)	Published
37.	Biomedical Equipment Management Program	Published
38.	AERB Compliance	Published
39.	Innovation In the Health Sector	Published
40.	BMMP	Published
41.	FDI Documentation	Published
42.	Conditionalities Report	Published
43.	Reprint Conditionality Report	Published
44.	HR- Infographics 2017-18	Published
45.	Framework Convergence	Published
46.	Extension of Swachh Swasth Sarvatra For Urban Area	Published
47.	Reprint of Assessor's Guidebook For Quality Assurance In District Level Vol-1	Published
48.	Reprint Of Assessor's Guidebook For Quality Assurance In District Level Vol-2	Published
49.	Reprint Laqshya - Labour Room Quality Improvement Initiative-2017	Published
50.	Reprint Guidelines For Implementation Of Kayakalp Initiative	Published
51.	Reprint Operational Guidelines For Quality Assurance In Public Health Facilities 2013	Published
52.	Award To Public Health Facilities Kayakalp	Published
53.	Reprint Internal Assessor's Certificate	Published
54.	Reprint Internal Assessor's Certificate U-PHC	Published
55.	Reprint NQAS Certificates Conditional + Fully Satisfied	Published
56.	External Assessor's Training Certificate	Published
57.	National Quality Assurance Standards For Public Health Facilities 2018	Published

58.	Assessor's Guidebook For Quality Assurance In CHC	Published
59.	Reprint of Assessor's Guidebook For Quality Assurance In Public Health Centres(24*7)-2014	Published
60.	Reprint of Award To Public Health Facilities Kayakalp 2019	Published
61.	Reprint Of Quality Standard For Urban Primary Health Centres-2016 Guidebook	Published
62.	Reprint Assessors Guidebook Of Quality Assurance in PHC	Published
63.	Kayakalp Coffee Table Book	Published
64.	Reprint Award to Public Health Kayakalp 2019	Published
65.	UPHC Guidebook	Published
66.	kayakalp Diary	Published
67.	Assessor's guidebook Vol1 (New revised edition)	Published
68.	Assessor's guidebook Vol 2 (New revised edition)	Published
69.	National Quality Assurance Standard	Published
70.	Three Kind of Certificates of NAQS	Published
71.	QI Training Manual	Published
72.	NQAS Branding	In process
73.	RCH Register	For MOHFW
74.	Curriculum on health &wellness of school-going adolescents (English)	For MOHFW
75.	Curriculum on health &wellness of school-going adolescents(Hindi)	For MOHFW
76.	Facilitator guide for school health (English)	For MOHFW
77.	Facilitator guide for school health (Hindi)	For MOHFW
78.	Training & Resource Material health &wellness of school-going children (English)	For MOHFW
79.	Training & Resource Material health &wellness of school-going children (Hindi)	For MOHFW

WORK REPORT OF

Regional Resource Centre for North East States

FY 2019-20

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1. Community Processes Division:

Key Deliverables:

1. Capacity building under CP-CPHC Programs in NE states:
 - a. Support ASHA training in Module 6 & 7(all 4 rounds) in all NE states including NCD training for ASHAs.
 - b. Expand and strengthening of training systems and support structures to strengthen performance of Home Based New Born Care (HBNC) and Home-Based Care for Young Children (HBYC) Program in Aspirational Districts.
 - c. Certification of ASHAs in all NE states through support in selection of district training sites and Refresher training of ASHAs.
 - d. Functionalizing. of Programme Study Centres (PSCs) in NE states, 2120 HWCs, & B.Sc Nursing Integration
 - e. Support capacity building of Primary Health Care team at SHC – HWC level.
2. Support in Planning Process for all NE states
 - a. Support in preparing for SPIP, Appraisal of Supplementary PIP 19-20- Mizoram, Nagaland, Sikkim, Arunachal Pradesh, Meghalaya, Manipur and Appraisal of SPIP 2020-21- 08 NE States and attended Pre-NPCC & NPCC meeting of all NE states and recommendations on Post NPCC SPIPs.
3. Meetings/ Workshops/ Trainings facilitated.
4. Update of various reports/update/Note on Community Process and Comprehensive Primary Health care (CP-CPHC) as and when required.
5. Undertake Studies, rapid reviews, and policy advocacy for CP and CPHC.
6. Supportive Supervisory visits to all the NE states in implementation of CP-CPHC program including Aspirational district visit- Assam & NE states.
7. Others

CP 01: Capacity building under CP-CPHC Programs in NE states

A. ASHA

1. Completion of about 53420 rural ASHAs training of all four rounds of Module 6 & 7 in all NE states: Out of 55852 rural ASHAs in NE states 53420 ASHAs (95%) have been trained up to fourth round. In few of the states because of attrition of ASHAs, new ASHAs have been selected and training is planned accordingly. State specific action plan is being developed with these states to expedite the process.
2. Completion of training for 2198 urban ASHAs in all rounds of Module 6 & 7 in all NE states: About 2198 urban ASHAs are currently in position. Against that 1968 are trained on M 6 & 7; 89.4 % ASHAs have been trained in all rounds 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.

3. Training on NCDs: A total of 1267 MPW (M) is trained and 3933 MPW (F) in the NE States is trained on NCD.
4. Completion of training of ASHAs in Non-Communicable Diseases under HWCs (as per state's plan for 2019): Over 17337 no of ASHAs are trained in NCD Module till date.

B. Completion of training of ASHAs on HBYC in Aspirational districts (as per state's plan for 2019)

1. Training of ASHA on HBYC is completed in all the aspirational districts of NE except Dhalai district (Tripura) . Planned for Dhalai but could not be completed due to the pandemic situation.
2. 31 State Trainers and 195 District Trainers have been trained under HBYC till date.

C. Certification of ASHAs

1. Support states in refresher training and certification of state trainers and inspection of state training sites in NE states (as per state's readiness and plan)
 - a. ASHA certification is currently underway in all NE states
 - b. Overall, 160 district trainers and 10 district training sites have been certified and so far. 2500+ ASHAs have been certified under NIOS.
2. Support states in refresher training and certification of district trainers and inspection of district Training sites in 8 states (as per state's readiness and plan)
 - a. Supported refresher training and certification of 160 district trainers and accreditation of 10 district training sites
 - b. Coordinated with Tripura and Assam State regarding accreditation of District training site as Accredited Vocational Institutes (AVI) under ASHA Project.

D. Certificate Programme on Community Health (CPCH)

1. Support process of selection and enrolment of candidates for July, 2019 and January, 2020 batches under CPCH in all states (as per state's plan for 2019-20)
 - a. 19 PSCs are notified in NE states under IGNOU. Another 5 PSC in Assam is ready and IGNOU Certification is already completed.
 - b. About 750 candidates were enrolled in the course in July 2019 batch and 795 candidates are enrolled in January 2020 batch. In 2019-20 nearly 601 candidates have successfully completed the course.
 - c. 3 NE states (MZ, SK & TR) are on line for B.Sc Nursing integration
2. Monitor quality of training and examination process for enrolled batches in coordination with External monitors
 - a. Visits by external observers were conducted in PSCs in few states including formation of teams for external evaluation.

E. Training of Primary Health Care Team

1. Facilitate training of state trainers for CHO Induction Module for all NE states
 - a. 50 trainers (& 12 CHOs) as state trainers have been trained at regional level on CHO induction module.
 - b. 3 batches conducted in Meghalaya (trained 100 trainees)

- c. 2 batches in Arunachal Pradesh (67 no) and 2 batches (50 No) in Mizoram is also supported for CHO Induction Module.

CP 02: Planning Processes

1. Supported all NE states in the planning process for CP-CPHC in 2020-21.
2. Appraised Supplementary PIP 2019-20 of Mizoram, Nagaland, Sikkim, Arunachal Pradesh, Meghalaya, Manipur (CP- CPHC section) and recommendations shared.
3. Appraised and Updated State wise SPIP 2020-21 issues (CP- CPHC section)
 - a. Appraised and updated status for discussion on CP CPHC components of SPIP 2020-21 in pre and post NPCC meeting for the States of Mizoram, Assam, Sikkim, Arunachal Pradesh, Tripura, Meghalaya, and Nagaland & submitted comments to NHSRC
 - b. Attended Pre-NPCC and NPCC for the States of – Ar. Pr. AS, MNP, MEGH, MZ, NGL, SK and TR.
 - c. Facilitated the States of Manipur and Nagaland for revised SPIP proposal under NUHM for Comprehensive Primary Health Care.
 - d. Submitted post NPCC comments for the states of Ar. Pr. AS, MNP, MEGH, MZ, NGL, SK and TR.

CP 03: Meeting/Workshop/Training

1. 'Dissemination Workshop on Community Model for Care & Control of Diabetes and Hypertension in East District of Sikkim' were facilitated as resource person.
2. Organized & facilitated workshop on '**Key Priorities in Health in NE States**' for implementing the approved activities in ROPs and preparation of SPIP 2020 – 21.
3. Workshop on 'Using Research Evidence for Policy-Making, Rapid Response Synthesis ERA-TAC', in New Delhi from 18-06-2019 till 20-06-2019.
4. Conference on SBCC organized by Assam Don Bosco University from 8th to 10th August 2019 and accordingly followed up with UNICEF and state for SBCC workshop.
5. Fourth Regional workshop on Operationalization of Ayushman Bharat - Health and Wellness Centers on 3rd& 4th October 2019 and shared the field level findings with MoHFW and NHSRC prior to the review meeting.
6. Organized and facilitated Two Days Regional Workshop for District Nodal Officers on CPHC-HWC (Continuum of Care) on 3rd-4th March 2020 (1st batch) and 6th-7th March 2020 (2nd batch) for the States of Arunachal Pradesh Manipur, Meghalaya, Mizoram, Nagaland, Sikkim & Tripura

CP 04: Report/Update

1. Coordinated with the States of Nagaland, Mizoram and Sikkim regarding Bi-Annual ASHA update (July-December 2019 in new format).
2. ASHA-HBNC Training Report submitted for the States of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Tripura and Sikkim to NHSRC.

3. Updated note on CP-CPHC (including ASHA Certification & HBYC), Disease Control Programme and issues for the states – Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura.
4. Training Status Report on VHSNC, MAS and RKS for the States of Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Sikkim submitted to NHSRC.
5. Field visit reports to Barpeta, Manipur & Nagaland submitted..
6. Coordinated with NE States for information on ASHA-HBNC Training for NITI Aayog on yearly basis.
7. Prepared Report of IDCF Monitoring in the State of Sikkim and submitted to MoHFW, Gol as a state monitor for IDCF.
8. Prepared Note on status of implementation of Comprehensive Primary Health Care for the States of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura in view of the visit of Union Minister, WCD, Gol.
9. Prepared checklist for CP for the eight NE States and submitted to NHSRC.
10. Preparation of Progress Report of CP-CPHC and Work Plan for Governing Body Meeting.
11. Updated information on PPP run facilities, involvement of Medical College in mentoring of HWCs and Health Campaign for NE States and submitted to NHSRC.
12. Compilation of report of 'Assessment of Workload and Training of MPW (F) in Context of CPHC' – Assam part of Udalguri district and submitted to NHSRC.
13. Completed the report of State ToT on Induction Module for CHOs and shared with NHSRC and all NE states.
14. Prepared draft on HWC update on NE states for the Fourth Regional Workshop on Operationalization of Ayushman Bharat - Health and Wellness Centers at Guwahati and shared with MoHFW and NHSRC.
15. Updated and submitted pre-CRM (13th CRM visit) brief information of 4 NE states (Mizoram, Nagaland, Meghalaya and Manipur) and submitted to NHSRC.
16. Completed and submitted Aspirational district visit report, Namsai, Arunachal Pradesh and Dhubri District, Assam (CP & CPHC part).
17. Completed 13th Common Review Mission- Report on ToR -6: Community Processes, ToR-1: CPHC (partially supplemented) and submitted to Team Leader.

CP 05 – Research/Studies/Evaluation

1. Supported a survey on '**Assessment of Readiness of Diagnostic Facilities in HWCs**'.
 - a. For assessing readiness of diagnostic facilities in HWCs, 9 (Nine) facilities including Linked facilities in Barpeta District have been visited for data collection for further strengthening of the linkage facilities between HWC –SC to referral diagnostic facilities, conducted by HCT Division-RRC-NE.
2. Supported a survey on '**Assessment of Workload and Training of MPW (F) in Context of CPHC**'.

- a. As a part of the assessment study conducted by CP-CPHC Division, 7 (Seven) HWC – SCs in Udalguri district, Assam and 6 (Six) HWC – SCs under South District, Tripura have been assessed.
3. Assessed and documented The **Best Practices**:
 - a. Assessed and documented best practices of Assam on Monitoring of HWCs by VHSNC members and Meghalaya on Social Audit implementation.
4. To oversee the status of **Preparedness for COVID 19 in Assam**;
 - a. Visited various districts of Assam and submitted a report on preparedness for handling COVID-19 to MD, NHM for any corrective measures
5. **Phone in Survey for NE** states on Community level Preparedness on COVID 19
 - a. Coordinated and completed a phone based survey of all 7 NE states except Manipur) on COVID Preparedness in 2 UPHCs, 2 PHCs and 2 HWC-SCs in every state. Compiled report shared with NHSRC.

CP 06 Field Visits/Supportive Supervision Visit:

1. Field visit for assessment of Namsai Aspirational District, Arunachal Pradesh, drafted the report and shared with MoHFW/NHSRC.
2. Visited the State of Gujarat for 13th Common Review Mission and contributed in report writing.
3. Visited Dhubri Aspirational district visit, Assam with team of MoHFW, GoI. Debriefing meeting with Mission Director, NHM, Assam.
4. Visited Health & Wellness Centre in West Garo Hills, Meghalaya to oversee the status of functioning and de-briefing was done with district officials.
5. Visited 21 HWC in West, South and Dhalai districts of Tripura to monitor/support implementation of CPHC HWC and de-briefing was done with State/district officials.
6. Field visits with JS, IEC, MoHFW, GoI at Regional Health & Family Welfare training centre, HWC – SC, UPHC – HWC in Manipur and Nagaland and reviewed the programme implantation of different programmes under NHM, fund utilization and progresses of schemes under Forward Linkages, etc. in presence of State officials.
7. West Sikkim, Aspirational District for monitoring of IDCF activities and HWC.

CP 07 Others/Additional Activities

1. ASHA program for IVRS in Assamese version for National helpline with call-in facility to be implemented by MoHFW facilitated.
2. Facilitating the States in their recruitment process by setting questionnaires, etc.

2. Health Care Financing & Health Care Technology

Key Deliverables

1. Support to the NE states in planning processes and NHSRC in appraising the State PIPs.
2. Support to the NE states in implementation & monitoring of Bio- Medical Equipment Management & Maintenance Program (BEMMP).
3. Technical support to the states in implementing & monitoring of Free Diagnostic Services.
4. Support to the states in implementing & monitoring of Pradhan Mantri National Dialysis Programme.
5. Support to the states in implementing & monitoring of Atomic Energy Regulatory Board compliance.
6. Support to the identified Aspirational districts of NE States.
7. Capacity enhancement of State officials through Workshop/ Review Meetings, held both at regional level and at State level.
8. Supportive supervisory visits for hand holding supports to the states and other activities.

Deliverables 1: Support to the NE states in planning processes and NHSRC in appraising the State PIPs.

- a. Organized Regional Review cum Workshop on Technical intervention in HCT Programme for NE states at Guwahati during 26th & 27th November 2019. The objective of the workshop was to review the present status of the implemented programme and how the new initiative and pragmatic plan can be incorporated in the state PIP.
- b. Appraised PIP 2020-21 for all NE states and the comments shared with NHSRC.
- c. Supported MoHFW during the NPCC meeting in New Delhi for all NE states regarding all comments of the state PIP and support to the state in incorporating the revised / suggested plan.
- d. Appraised Post NPCC PIP 2020-21 for all NE states.
- e. Appraised Supplementary PIP 2019-20 of Mizoram, Tripura, Arunachal Pradesh and Meghalaya (HCT section) and shared comments with NHSRC.

Deliverables 2: Support to the NE states in implementation & monitoring of Bio-Medical Equipment Management & Maintenance Program (BEMMP).

- a. The State of Manipur implemented BEMMP through PPP mode. Facilitate orientation workshop on BEMMP Programme at Imphal in May 2019.

- b. A concurrent evaluation was done on BEMMP in Meghalaya (July 2019) and Arunachal Pradesh (September 2019) for midterm corrective measures. The report was shared with the respective states and disseminated before the State Mission Director in presence of the Nodal Officer. The BEMMP evaluation has already been initiated in Assam and will be completed in FY 2020 – 21.
- c. Monthly status update is being done for BEMMP equipment detail as per dashboard for NE states. The uploaded information is being verified randomly at different level of facilities during the field visit by any division / state officials for corrective measure. Supported service providers to improve the dashboard to analyze the information by the state through user friendly mode.

Deliverables 3: Technical support to the states in implementing & monitoring of Free Diagnostic Services.

- a. Supported Nagaland to strengthen the in-house Lab services. Gap analysis was done for Laboratory Technician and equipment to rationalize of the existing manpower based on the present equipment and further strengthening of equipment. Similarly, support provided to Mizoram for strengthening the in-house lab services.
- b. A secondary data analysis on FDI (Lab services) implemented through PPP mode and in-house mode was done and shared with the states. The study reveals type and the percentage (%) of tests done through in-house and PPP mode at different level of facilities.
- c. Study on the readiness of diagnostics facilities in referral linkage PHCs of HWC-SC in Barpeta district and Dibrugarh Districts of Assam was undertaken and the report shared with the state for further strengthening of the linkage facilities between HWC –SC to referral diagnostic facilities.
- d. An evaluation was done to know the implementation status of FDI Lab services (PPP) in Meghalaya from PHCs and above. It was observed that many high volume low cost tests were done through kits by the PPP service provider, but not by the existing laboratory technician from government sector. The recommendations were shared to the state from the MoHFW.
- e. Data analysis on CT scan services through PPP mode was done for Assam and Tripura. It was found that the CT scan services in Assam and Tripura is much more than the X-ray and USG services. A field visit was done to Assam and Tripura (September 2019) with the Nodal Officer and the report shared with the states for corrective measure.

Deliverables 4: Support to the states in implementing & monitoring of Pradhan Mantri National Dialysis Programme.

- a. To ascertain the readiness of state for Dialysis services, visited Assam, Manipur and Meghalaya during June and July 2019. Analyze the patients load and

requirement of dialysis machines for each States and the report was shared with the NHSRC.

- b. To strengthen the PMNDP through in-house mode, supportive supervision was done to the Dialysis centres with the Nodal Officer in Nagaland.
- c. Month wise data analysis is being done on the dialysis services for further requirement of the dialysis machine.

Deliverables 5: Support to the states in implementing & monitoring of Atomic Energy Regulatory Board compliance.

- a. Supported Sikkim and Meghalaya for Atomic Energy Regulatory Board compliances in the facilities having X – ray machines
- b. 271 public health facilities out of total 1175 AERB complied health facilities (Private + Public)

Deliverables 6: Support to the identified Aspirational districts of NE States.

- a. Participated in the consultative workshop on Aspirational District for Supportive Supervision on 8th November 2019 at Delhi as National Mentor Group team member.
- b. Continuous supportive supervision was made to Ribhoi district as MoHFW, Govt. of India National Mentoring Team members and the report shared with Aspirational District Unit, MoHFW, Govt. of India. An analysis was done on High Home Delivery and Low Immunization pockets in Ribhoi district based on HMIS data and shared it with the district team for the improvement of the RMNCH+A indicators.
- c. Facilitate to organize debriefing meeting on Aspirational District (Ribhoi, August 2019) on visit report and preparation of District Health Action Plan in Meghalaya. The meeting was chaired by Health Minister in presence of DC, Director of Health service, Director RRC-NE, other state and district officials, UNICEF representatives and senior consultants, RRC-NE.
- d. Assessment of Namsai Aspirational District, Arunachal Pradesh was done with the other team members during 24 – 27th September 2019.
- e. Assessment of Mamit Aspirational District, Mizoram was done with the other team members.
- f. A status report prepared on health services for Eastern Nagaland i.e. Kiphire, Longleng, Mon and Tuensang districts as requested by Ministry of Home Affairs through MoHFW (July 2019) for development issues and special needs of the Eastern Nagaland.

Deliverables 7: Capacity enhancement of State officials through Workshop/ Review Meetings, held both at regional level and at State level.

- a. Facilitated consultation workshop to identify determinants for Low IMR in Nagaland, Manipur & Mizoram on 5th July 2019 at Imphal, Manipur as expert. The meeting was organized by NHM, Manipur in collaboration with Child Health Division MoHFW, GOI and UNICEF. A detail analysis on trend of IMR in NE states and the probable factors influencing on the low IMR was done and shared. Prepared presentation on “Trends of IMR and Various indicators in Nagaland, Mizoram and Manipur “
- b. Facilitate in organizing regional workshop for Rota virus vaccine introduction for 6 NE states held in Guwahati on 25th and 26th April. Organized preparatory meeting with development partners for Rota virus introduction in 6 NE states on 8th April at RRC NE conference Hall with WHO, UNICEF and Jhon Snow.
- c. Participated State coordination committee meeting on IDCF for NHM, Assam as resource person on Monitoring mechanism (April 2019).
- d. Facilitate workshop on 'Key Priorities in Health for N.E. States' held at IIBM, Khanapara, Guwahati.
- e. Attended Innovation and best practice summit at Gandhinagar, Gujrat.
- f. Regional Workshop on Operationalization of Ayushman Bharat Health & Wellness Centre held at Guwahati during 3rd & 4th October 2019 was attended.
- g. Participated ToT on New HMIS Portal held at IIBM, Guwahati on 6th August 2019. Attended National Level Workshop on New HMIS portal User Acceptance Testing Training for NE States and Delhi in which the new Integrated Health Intelligence Platform (IHIP) was discussed.

Deliverables 8: Supportive supervisory visits for hand holding supports to the states and other activities

- a. A visit was done in Tamil Nadu as a team member of 13th Common Review Mission. Drafting of 13th CRM report for the state of Tamil Nadu have been submitted to the team leader.
- b. Supportive Supervisory visit in HWCs in Tripura and Sikkim for hand holding support to the States.
- c. Prepared brief report on progress of implementation of HCT programme for the States of – Assam, Manipur, Meghalaya, Mizoram, Nagaland, and Tripura along with critical issues & shared with the Director, RRC-NE states for onward submission to NHSRC and MOHFW.
- d. IDCF programme monitoring was done as National Team member in Ri-Bhoi District of Meghalaya and report submitted to IDCF secretariat MoHFW, Govt. of India (April 2019).
- e. Visited 14 (Fourteen) facilities/ locations in Assam to assess the preparedness for handling COVID 19 infections (March 2019).
- f. Participated Dissemination workshop on FDI new guidelines, in NIHFW, New Delhi.
- g. Attended pre bid meeting in Shillong for PPP run health facilities in Meghalaya.

- h. Collection and analysis of expenditure done by Urban Local Body in health sector of NE states.
- i. Analyzed approved amount in RoP 2019-20 of different programmes run under PPP mode for NE states.
- j. Prepared and timely updated the revised QMS of HCF & HCT division for the ISO certification of RRC-NE.

3. Public Health Planning & Evidence Including Human Resource For Health

Key Deliverables:

1. Support to the NE States in Planning process
2. Health System Strengthening including mentoring of Aspirational districts under NE States
3. Facilitating implementation of activities related to National Urban Health Mission in NE States
4. Strengthening of Health Management Information System in NE States
5. Comprehensive Primary Health Care
6. National Level Monitoring Activities under IDCF
7. Capacity Building

1. Support to the NE States in Planning Processes:

- a. Supported the NE States in planning process. Coordination with the States throughout the years for further streamlining of the Planning Processes. The final output was the formulation of Programme Implementation Plan (PIP), which is a continuous process and the production of a plan should not be seen as the end product of this process. RRC NE also supported the States in finalizing the revised State PIP based on NPCC inputs within the given timeline.
- b. Appraisal on PHP (Health Systems Strengthening) part of SPIP and Supplementary PIP of NE for FYs 2019-20 and 2020-21 of all the 8 NE States and recommended necessary corrections for consideration to MoHFW, followed by appraisal and recommendation of post NPCC PIP.

2. Health System Strengthening:

- a. Review Meeting in the States of Manipur and Nagaland for assessing the status of implementation of NHM, National Disease Control programmes, utilization of Forward Linkage fund and HWC commissioning in the States.
- b. To understand developmental issues and special needs of people of Eastern Nagaland Districts in Nagaland and in Autonomous Area District Council in Tripura, visits were undertaken as a member of Multi disciplinary committee and necessary inputs have been shared for incorporation in the final report.
- c. Participated in 13th Common Review Mission Visit to the State of Meghalaya, Manipur, Gujarat and Chattisgarh. Final reports with necessary recommendations have also been submitted within the stipulated time line.
- d. Prepared Health and Nutrition indicators of aspirational district of 8 NE states along with necessary analysis for high home delivery pockets and low immunization coverage in aspirational district, e.g. Chandel, Manipur. It was a part of back ground data for Aspirational District visit. Multiple supportive supervisory and mentoring visits to 53 (Fifty three) health facilities including HWC – SCs to link facilities in 5 (Five) Aspirational districts ; 10 (Ten) health facilities in Kiphire District Nagaland, 9 (Nine) health facilities in Chandel District Manipur , 11 (Eleven) facilities in Ri Bhoi District Meghalaya , 12 (Twelve) in Namsai District Arunachal

Pradesh and 11 (Eleven) Mamit District Mizoram for supporting district officials in improving key health indicators of Aspirational District and submission of the reports to Aspirational Districts Unit, MoHFW, NHRDC and states. Community interactions at the villages and visits to AWWs by the team members were also part of the visits and de-briefed the problems and issues before the district authority including Deputy Commissioner of the district. Also tried to facilitate in formulating a road map for coming years, which may have a positive impacts on the health parameters of the aspirational districts. On completion of these visits, a 2 (Two) days regional review was held with the participation of officials of Health and allied departments from aspirational districts during 5th – 6th March, 2020 at Guwahati for further streamlining of activities. Goalpara District Hospital in Assam and Umden PHC in Ri-bhoi district, under Meghalaya, both in respective aspirational district, have been NQAS certified. 3 (Three) District Hospitals have been certified under LaQshya in 2 (Two) aspirational districts (Baksa and Darrang) of Assam and 1 (One) in Tripura (Dhalai).

- e. A consultative workshop to identify determinants for Low IMR in Nagaland, Manipur & Mizoram at Imphal, Manipur was organized by NHM, Manipur in collaboration with Child Health Division MoHFW, GOI and UNICEF. A declining trend in Infant Mortality Rate (IMR) was observed in few of these States in spite of having poor condition of other parameters of health and its determinants. States like Kerala, Goa, Sikkim, Manipur and Nagaland have the lowest IMR in our country. However, the unmet need and care around birth in Manipur and Nagaland does not commensurately match with low IMR. For example, on an average, the percentage of institutional deliveries in Nagaland and Manipur is amongst the lowest in the country (25.1 and 45.7 respectively), as compared to both Kerala and Goa (99.9 and 99.4 % respectively). However, the infant mortality rates in these two States of North East India are also surprisingly low (7 and 12 respectively SRS May 2019 and 12 and 11 respectively SRS 2017).
- f. Regional Consultation on strengthening public health sector's emergency preparedness for response in Meghalaya, Tripura, Sikkim and Assam was held in Shillong for streamlining the emergency preparedness activities in the NE States in September 2019.
- g. Innovation and best practice summit at Gandhinagar, Gujarat was conducted for sharing of innovations and best practices, observed in different States.
- h. The Review meeting to oversee the status of preparedness for COVID 19 and for reviewing the implementation of NVBDCP, NLEP, etc. at Agartala, Tripura was also attended to share inputs. The meeting was chaired by Joint Secretary (IEC), MoH & FW, Govt. of India
- i. Attended National Mentors Workshop on Aspirational District at Hotel The Grand, Vasant Kunj, New Delhi on 8th November 2019 for capacity enhancement of the identified National Mentors.
- j. Fifteen (15) Health Facilities in NE States (4 DHs, 8 PHCs and 3 UPHCs) are NQAS certified at national level during 2019 – 20, few more are in pipeline.

3. National Urban Health Mission:

- a. The urban population in the country, including the migrants, homeless, vulnerable settlements in identified urban areas has specific health challenges. RRC NE is involved in capacity building of States and their service providers along with other stakeholders and overseeing the different activities for implementation of the Mission and corrective actions are also being advised to the States.
- b. Prepared status report on UPHC parameter under NUHM for 8 NE states. Compiled key positives and concerns for NE states under NUHM and shared with the States.
- c. Urban Health Facilities under Kohima and Dimapur districts of Nagaland, under East Khasi Hills and Ri-Bhoi districts of Meghalaya, Urban Health Facilities under East Sikkim district of Sikkim, under Kamrup (M) and Nagaon districts of Assam were visited as a part of supportive supervision and to oversee the status of commissioning of Health & Wellness Centres for supporting in strengthening of CPHC in Urban Areas. There are all total 106 UPHCs in NE States.
- d. 3 (three) UPHCs, one each in Assam, Mizoram and Nagaland have been NQAS certified

4. Health Management Information System :

- a. Organized National level workshop on New HMIS Portal User Acceptance Testing for NE States and Delhi in collaboration with Statistics division, MoHFW, GOI at Guwahati.
- b. Organized Regional level workshop and TOTs on New HMIS Portal for 7 (Seven) NE States along with Odisha and West Bengal in collaboration with Statistics Division, MoHFW, GOI at Guwahati.
- c. Prepared comparative state and district wise factsheet of 8 NE states based on HMIS data triangulation using NFHS 4 data. Shared health factsheet with all 8 NE states for the year 2018-19 and 2019-20 and planning for corrective measures.
- d. Prepared Health and Nutrition Indicators of Aspirational districts of 5 NE states.
- e. Desk review on HMIS and health survey data for 5 Aspirational Districts and analysis of HMIS data of high home delivery and low immunization coverage pockets of Aspirational districts of 5 NE states have been undertaken as a preparatory activities for visiting to the aspirational districts.

5. Comprehensive Primary Health Care :

- a. Supportive and supervisory monitoring visits, analysis of available data and implementation corrective measure here of in regards to CPHC in 8 NE states with special focus on the 5 Aspirational districts.
- b. Participated as an observer in the screening & selection process of MLHP's under NHM Nagaland

6. National Level Monitor Activities:

- a. Monitor and supervise the IDCF activity in 7 (Seven) NE states as National Mentors and shared the report with State and MoHFW.

7. Capacity Building :

- a. Organized Orientation Workshop on Key priorities in health for NE States as a part of the Planning Processes on 1st July 2019.
- b. Organized two days sensitization workshop of selected Aspirational Districts of NE states (Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura) on 5th – 6th March, 2020 at Guwahati for further streamlining of activities.

4. Quality Improvement Division

Key Deliverables:

1. Regional Review cum Advocacy Meeting for 8 NE States on National Quality Assurance Programme.
2. Supported NE States in implementation of National Quality Assurance Programme by supporting Capacity Building Workshops/Trainings for NQAS and Kayakalp.
3. Mentoring Visits to 70 healthcare facilities (15 DHs, 1 SDH, 7 CHCs, 28 PHCs and 19 UPHCs) for NQAS/LaQshya Certifications.
4. Document Review of 19 health care facilities (3 DHs, 12 PHCs, 4 UPHCs) for NQAS Certification
5. Document Review of 19 health care facilities (17DHs, 2 SDHs) for LaQshya Certification
6. Supported NE States in Kayakalp implementation
7. Conducted evaluation study on Sustenance of Kayakalp initiative in Mizoram
8. Support in State Program Implementation Plans
9. Maintaining ISO 9001:2015 Certification of RRC-NE.
10. Others – Support to national QA workshop, BMW workshop, CRM, IDCF, Aspirational District, COVID 19. etc

Deliverable1: Regional Review cum Advocacy Meeting for 8 NE States on National Quality Assurance Programme

Organized two days Regional Review cum advocacy meeting on National Quality Assurance Programme for 8 NE states on 21st and 22nd May 2019 to review the progresses against the planned activities, to understand the challenges faced by the facility/State in the process of NQAS certification and to suggest mid-way corrections.

Deliverable 2: Supported NE States in implementation of National Quality Assurance Programme by supporting Capacity Building Workshops/Trainings for NQAS and Kayakalp

Capacity Building Training/Workshops were organized/supported for updating the NE States for appraising new guidelines, to equip the healthcare Service providers to achieve the planned activities and to suggest mid-way corrections to achieve the desired outcome.

- a. Organized five days Second Regional External Assessors' Training on National Quality Assurance Standards to increase the pool of qualified External Assessors. Prepared slides for spotting examination, 100 Multiple Choice Questions and a Case study for Post training evaluation. First level screening of the answer sheets of post training evaluation test was done and submitted to advisor, QI, NHSRC.
- b. Supported NHM Arunachal Pradesh, Mizoram and Nagaland for conducting three days State level Internal Assessors and Service Provider Training as external resources for NQAS.

- c. Supported NHM Manipur in conducting two days State level Orientation training on NQAS under NUHM.
- d. Supported NHM Manipur in conducting two days State level Swachh Bharat Abhiyan Training for Kayakalp and also Kayakalp training for Community Health Officer, Manipur.

Deliverable3: Mentoring Visits to 70 healthcare facilities for NQAS/LaQshya Certifications

- a. Total of 70 healthcare facilities (15 DHs, 1 SDH, 7 CHCs, 28 PHCs and 19 UPHCs) in NE States have been visited for hand holding the States/ Districts/ Facilities for quality improvement by NQAS/LaQshya State /National Certification.
- b. Fifteen (15) Health Facilities in NE States (4 DHs, 8 PHCs and 3 UPHCs) are NQAS certified at national level, another 4 PHCs are NQAS Certified at State level.
- c. Thirteen (13) DHs and 1 SDH are LaQshya certified at national level.

Deliverable 4: Document Review for NQAS Certification

Document appraisal of 19 (nineteen) healthcare facilities (3 DHs, 12 PHCs, 4 UPHCs) was done for review of policies, Standard Operating Procedure, Patient Satisfaction Survey reports, KPI reports and other documents for NQAS Certification. List of 19 healthcare facilities are as follows:

i. DH Goalpara, Assam (AD) (C)	viii. PHC Chachubazar, Tripura	xv. UPHC Ashrampara, Tripura
ii. DH Thoubal, Manipur (C)	ix. PHC Bhagyapur, Assam	xvi. PHC Behiang, Manipur (C)
iii. DH Churachandpur, MNP (C)	x. PHC Kathiatoli, Assam	xvii. UPHC Seikhazou, NGL (C)
iv. PHC Ledo, Assam (C)	xi. PHC Golokganj, Assam	xviii. UPHC ITI, Mizoram (C)
v. PHC Doulashal, Assam (C)	xii. PHC Jampui, Tripura (C)	xix. UPHC Chaparigaon, AS (C)
vi. PHC Atharabola, Tripura (C)	xiii. PHC Marngar, Meghalaya	
vii. PHC Taibandal, Tripura (C)	xiv. PHC Babadam, Meghalaya	

AD: Aspirational district Certified

C:

Deliverable 5: Document Review of 19 health care facilities for LaQshya Certification

Document appraisal of 19 (nineteen) health care facilities (17 DHs and 2 SDHs) was done for review of policies, Standard Operating Procedure, Patient Satisfaction Survey reports, 30 key indicators for LaQshya and other documents for LaQshya Certification. List of 19 healthcare facilities are as follows:

i. SDH Pathshala, Assam (AD) (C)	viii. CH Haflong, Assam (C)	xv. CH Mangaldai, Darrang AS (AD) (C)
ii. SDH Belonia, Tripura (C)	ix. CH Dhemaji, Assam	xvi. DH Mamit, Mizoram (AD)
iii. DH Nagaon MCH, Assam (C)	x. CH Demow, Sivsagar, Assam	xvii. CH Aizawl, Mizoram
iv. CH Ravi Ram Boro Hospital, Baksa Assam (AD) (C)	xi. DH Thoubal, Manipur (C)	xviii. GH Pasighat, Ar. Pradesh (C)
v. DH Sonapur, Assam (C)	xii. DH Churachandpur, MNP, (C)	xix. DH Dhalai, Tripura (AD) (C)
vi. DH Kokhrajjar, Assam (C)	xiii. DH Bishnupur, Manipur (C)	
vii. CH SMK, Nalbari, Assam (C)	xiv. DH Dhalai, Tripura (AD) (C)	

AD: Aspirational district

C:

Certified

Deliverable 6: Supported NE States in Kayakalp implementation

Supported NE states in implementation of Kayakalp by dissemination of revised checklists, supporting Kayakalp trainings and regular follow-up for timely completion of the assessments and declaration of results.

Deliverable7: Conducted Evaluation Study on Sustenance of Kayakalp initiative in Mizoram

Visited 14 health facilities (1 DH, 2 CHCs, 11 PHCs) in two districts of Mizoram (Aizawl East and Mamit aspirational district) for data collection of study on 'Sustenance of Kayakalp initiative in Mizoram. It was observed that uniform record maintenance system is being maintained in all the visited 14 healthcare facilities; all the visited health facilities scored the minimum benchmark of 70% and it was suggested that all may be taken up for NQAS Certification. During debriefing with Mission Director, NHM, Mizoram, it was discussed that incentive/Financial Awards to the States for NQAS including LaQshya and Kayakalp may be considered in addition to the approved/ allotted resource envelope for smaller NE States. States like Mizoram, Sikkim, Tripura are apprehensive that NQAS certification may burden the resource envelope and may compromise with other programme activities.

Deliverable 8: Support in State Program Implementation Plans

Responded to specific technical assistance sought by central and state health departments, related to the proposals/activities submitted by the state in their annual program plans. Assessed and reviewed thematic areas under QI components as per the respective ToRs and suggest mid-course corrections and resource intensification as per needs. Also facilitated in finalizing the QI section of the RoPs of the 8 NE states.

Deliverable 9: Maintaining ISO 9001:2015 Certification of RRC NE Guwahati

Two ISO Internal audits were conducted; findings were shared in the management review meetings which were then recorded. Continual Improvement Report prepared, Action taken report of client Satisfaction survey prepared and compiled, Prepared Quality objectives and assessed the progress. Also facilitated annual surveillance audit of RRC-NE by external auditor.

Deliverable 10: Others

- a. Participated in two days National Workshop on Sustenance and scale up of National Quality Assurance Programme: Challenges and Roadmap ahead held at NHSRC, Delhi. Presented the challenges in preparing facilities in NE States for NQAS certification.
- b. National consultation Workshop on BMW management at NHSRC, Delhi; discussed various challenges faced by the States in establishing biomedical waste management system and also the good practices was shared for replication.
- c. Meeting with Shri P Parthiban Secretary (Health) cum MD, NHM, Arunachal Pradesh along with Director RRC-NE regarding proposal for establishment of Common Biomedical Waste Management Treatment Facility at papumpare, Arunachal Pradesh
- d. Follow up with all the 8 NE States for collection of CQSC (Central Quality Supervisory Committee) data.
- e. Participated in 13th Common Review Mission Visit to the State of Manipur.
- f. Participated in IDCF monitoring in Chandel district, Manipur and Mamit, district, Mizoram.
- g. Visited Aspirational district, Namsai in Arunachal Pradesh for improving the health and nutrition indicators.
- h. Participated in Soft skill training of RRC-NE officials provided by external resource at RRC NE.
- i. Workshop on Healthcare Management at Mumbai on Cost effective healthcare management strategies.
- j. Visited 14 (Fourteen) facilities/ locations in Assam to assess the preparedness for handling COVID 19 infection
- k. Supported NHM Assam in recruitment of District Consultant for Vector Borne Disease control Programme as a member of interview panel.

5. Work Report [RRC, NE Administration]

Key Deliverables:

1. Administrative Procedures:

- a. Tendering & agreements with IRCTC, vendors and hotels.
- b. Various statutory committees, Annual Stock taking, Maintenance and security of office equipments and office premise.
- c. Uninterrupted power supply.
- d. Support to the Technical wings during workshops.
- e. Administrative & Secretarial Assistance
- f. ISO Certification of RRC,NE, QMS Manual of administrative division was revised.

2. Information Technology

- a. Website maintenance, Online communications
- b. Uninterrupted internet connectivity, Maintenance of IT equipments & network.
- c. Troubleshooting and assisting in IT related matters

3. Human Resources

- a. Maintenance of personal records of staff.
- b. Annual Performance Appraisals,.
- c. Issue and extension of contracts, Attendance and leave records
- d. Recruitment/Interview process.

4. Financial Management

- a. Proper maintenance of accounting records.
- b. Processing of consultancy fees, payments for claims and other bills
- c. Preparation of budgets, Preparation of financial statements & timely submission to NHSRC.
- d. Auditing, analysis of financial data.

Financial report of RRC-NE (1st April, 2019 to 31st March 2020) Rs in Lakh

Sl.	Division	Approved Budget 2019-20	Total Expenditure (April 2019 to 31 st March 2020)	Percentage (%) of Utilization
1	PHP & Evidence including HRH & HMIS	47.00	39.18	83.37%
2	CP	30.05	25.52	84.92%
3	QI	38.00	29.36	77.26%
4	HCT & HCF	15.00	13.78	91.88%
5	Admin (HR)	202.87	148.27	73.09%
6	Admin (Genl)	62.19	49.40	79.44%
	Total	395.11	305.52	77.32%

