



WORK REPORT OF NHSRC
YEAR 2021-22

**National Health Systems Resource Centre
(NHSRC)**

**Technical Support Institution with
National Health Mission,
Ministry of Health & Family Welfare,
Government of India**



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Work Report 2021-22

**National Health Systems Resource Centre
(NHSRC)
New Delhi**

AGENDA POINT 4

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

FY - 2021-22

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I. COMMUNITY PROCESSES/ COMPREHENSIVE PRIMARY HEALTH CARE (CP/CPHC)

Key Deliverables

1. Support operationalization of 1,10,000 AB-HWCs for delivery of Comprehensive Primary Health Care, including creating mechanisms for mentoring and continued training of Community Health Officers (CHOs).

- As on 31st March, 2022, a total 1,17,440 AB-HWCs have been operationalized across the country against the target of 1,10,000 AB-HWCs by March 2022. The review meetings on AB-HWCs are being regularly conducted with all States/UTs to understand challenges they face and to provide solutions in operationalization of AB-HWCs.
- Community Health Officer (CHO) mentoring program was developed for continued mentoring and training of CHOs.

2. Support capacity building of Primary Health Care team members and enable role clarity to improve efficiency at SHC-HWC/ PHC-HWC/ UPHC – HWC level.

- NHSRC has created a pool of 401 National Trainers and 2636 State trainers from all States and UTs in expanded package of services to train the primary healthcare functionaries in the field. The training material, agenda, pre and post-test was shared with all the States/UTs.
- 42 Training modules were developed on the expanded package of services in English for Medical Officers, Staff Nurses, CHO, MPWs and ASHAs. In addition to this, 14 modules on expanded package of services for FLWs were developed in Hindi.
- Four e-modules have been developed by NHSRC for self-directed learning.
- 34 skill-based videos were developed for skill building of healthcare functionaries. YouTube channel was developed for uploading of these skill-based videos.
- NHSRC also conducted training of healthcare functionaries during COVID-19. Total 2750 participants were trained in the prevention and management of COVID-19 in children and 1920 participants were trained in psychosocial support during COVID-19.

3. Develop IT tools to support training and mentoring of primary health care teams.

- A training and monitoring software called 'SASHAKT' (Systematic Assessment of Health Care Provider Knowledge and Training) is being developed by the NHSRC for the real time monitoring of trainings at district and sub-district levels. The mobile application and web portal of the software have been developed.

4. Support States to use community participation platforms for action on social and environmental determinants of health and to build accountability, especially at the AB-HWC level.

- A guidance note on social accountability of AB-HWCs was developed by NHSRC and submitted to the MoHFW for approval. Social accountability initiative aims to enhance ownership among the community on public health facilities in the country.
- Guidelines for JAS and module for JAS members was prepared.
- Trainings of National Trainers and State trainers were conducted by NHSRC for training of community platforms-VHSNC, MAS and JAS. A total of 71 State trainers have been trained in JAS guidelines, 126 in VHSNC/VISHWAS and 99 trained in MAS.

5. Undertake studies, rapid reviews, and policy advocacy for CP and CPHC

- Division developed Operational Guidelines on each of the seven expanded package of services for Comprehensive Primary Health Care and published ASHA update 2021. Documents on Maternity benefit for ASHAs, AB-HWC adoption by medical colleges, Innovation and Leanings Centers (ILCs), Model AB-HWCs etc. to support the States in implementation of CP and CPHC programs were also prepared.
- Division provided comments and recommendations on global and national documents such as G-20, SDG document, cabinet notes for NHM, PMJAY etc.
- Supportive supervision visits to States were also undertaken to understand the challenges faced by them in implementing the CP and CPHC programs. The reports of the visits along with possible solutions were prepared.
- Division drafted responses to Parliament questions, RTIs and grievances regarding CHOs, ASHAs, AB-HWCs etc.

5. Enable cross learning opportunities between States on community processes and comprehensive primary healthcare.

- A National workshop for CP and CPHC State Nodal Officers (SNOs) of Urban and Rural areas was conducted for cross learning and for sharing best and replicable practices of States/UTs. The workshop provided valuable inputs for revising CP and CPHC guidelines.
- The State consultations were regularly conducted on new features of IT applications, AB-HWC operationalization, preparedness for management of COVID 19 etc.
- Partnerships with premier National Institutions were established for capacity building of Primary Health Care teams in States/UTs in expanded packages of services for CPHC.
- UHC day was co-organized on 13th Dec 2022. Apart from understanding the status of operationalization of AB-HWCs in the States/UTs, States presented their creative practices in expanding the range and reach of services for people at large.
- Collaborative discussions were initiated with different development partners, Academic and Research organizations working in the area of health system strengthening to enhance the quality of support to States in planning, implementation and sharing cross learnings.

Team Composition

Position	Sanctioned	In Position	Vacancy
Advisor	1	01	0
Senior Consultant	4	04	0
Consultant	13	10	3
TOTAL	18	15	3

Areas of Work

CP 01 Policy and Advocacy Support

1.1 Revision of Community Processes (CP) guidelines

Draft of the revised Community Processes guidelines have been prepared. During the Annual State Nodal Officers' (SNOs) workshop, inputs were taken from the State Community Process Nodal Officers and the same have been incorporated in the draft. The revised draft will be discussed during the scheduled National ASHA Mentoring Group (NAMG) meeting in July 2022 for finalization.

CP 02 Capacity Building

2.1 Training of FLWs

2.1.1 Training of State Trainers in Expanded Service Packages for FLWs (ASHAs and MPWs) (90 Trainers)

- ***Elderly, Palliative and MNS Care for 06 days (30 Trainers):*** A total of 66 State trainers were trained in Elderly, Palliative and Mental, Neurological & Substance use care services, from 16 States/UTs in the FY 21-22. As on 31st March 2022, a total of 158 State trainers have been trained across all the States and UTs.
- ***Eye, ENT, Oral and Emergency Care for 06 days (60 Trainers):*** A total of 112 State trainers were trained in Eye, ENT, Oral and Emergency Care services from 23 States/UTs in the FY 21-22. As on 31st March 2022, a total of 235 State trainers have been trained across all the States and UTs.

2.1.2 Support States/UTs in training of 4 Lakhs ASHAs in Oral/ Eye/ ENT/ MNS/ Elderly/ Palliative/ Emergency under HWCs as per the States' plan

The training material including training manuals, agenda, pre and post-test and mock sessions have been shared with all the States and UTs.

Training Status	Oral/Eye/ENT/MNS/Elderly/Palliative/Emergency care	NCD	JAS
ASHA	1,97,980	3,64,307	58,391

(Source: Data from 21 States/UTs, as of 22nd February 2022)

2.1.3 Support States/UTs in training of 70,000 MPWs in Oral/ Eye/ ENT/ MNS/ Elderly/ Palliative/ Emergency under HWCs as per States' plan

The training material including training manuals, agenda, pre and post-test and mock sessions have been shared with all the States and UTs.

Training Status	Oral/Eye/ENT/MNS/Elderly/Palliative/Emergency care	NCD	JAS
MPW	28,949	93,295	21,094

(Source: Data from 21 from States/UTs, as of 22nd February 2022)

2.1.4 Online Eat Right Toolkit State TOTs- 03 batches- 03 days (90 trainers as per the States' plan)

A total of 41 State trainers have been trained from 9 States/UTs in the FY 21-22. As on 31st March 2022, a total of 41 National trainers, 349 State trainers and 65 State observers (from development partners to support the States in trainings) have been trained in Eat Right Toolkit from all the 36 States/UTs.

2.1.5 Training on Expansion of State Trainers Pool for ASHA Module 6 and 7 as per the States' plan

Training could not be undertaken due to COVID-19 travel restrictions. However, training materials along with the agenda, pre-post tests were shared with all the 36 States/UTs.

2.1.6 Support States in training of 2 Lakh ASHAs and MPWs in Eat Right Toolkit training under AB-HWCs as per the States' plan

The training material including training manuals, agenda, pre and post-test and mock sessions have been shared with all the 36 States/UTs. As on 31st March 2022, a total of 1,11,039 ASHAs and 21,625 MPWs were trained from 5 States/UTs – Andhra Pradesh, Chhattisgarh, Himachal Pradesh, Delhi and DD&DNH.

2.1.7 Support states in rolling out ASHA certification as per revised strategy

Revised ASHA certification MoU with NIOS has been developed and shared with the MoHFW. The letter to be shared with the States for ASHA Certification have also been submitted for approval to MoHFW.

2.2 Primary Health Care Team

2.2.1 Support the process of selection and enrolment of candidates for the July 2021 and January 2022 batches of Certificate Course on Community Health in all States (as per States' plan for 2021-22)

A total of 20,316 candidates were enrolled in the course in July 2021 batch and 11,921 candidates were enrolled for January 2022 batch. To achieve the AB-HWC target on time, facilitated by NHSRC, MoHFW has approved the following State-specific CPH courses:

1. Odisha - 4 months course
2. Karnataka - 4 months course
3. Rajasthan - 5 months course
4. Uttar Pradesh - 4 months course
5. Tamil Nadu - 4 months course
6. Kerala - 4 months course
7. West Bengal - 4 months course

2.2.2 Support process of selection of CHOs from integrated B. Sc nursing curriculum (as per the States' plan)

Division has supported States/UTs on integration of CPH curriculum with BSc Nursing curriculum in coordination with the Nursing Division, MoHFW. Webinar was conducted for Nursing students and faculty of Nursing colleges from all the States/UTs with support from Nursing Division to encourage the candidates passing out from the integrated course to join as Community Health Officers (CHOs). A total of 2400 nursing candidates from different nursing colleges across the country were oriented.

2.2.3 Online Training of National Trainers in Expanded range of services for CHOs/SNs - (2 batches)

A total of 181 national trainers have been trained in all the expanded package of services including Eat Right Toolkit, Oral, Eye, ENT, Emergency, MNS, Elderly and Palliative Care for CHO/SN. All the States (except UTs) have at least 1-2 National Trainers in each expanded package of services.

2.2.4 Training of State Trainers in Expanded Service Packages for CHOs/ SNs (180 Trainers)

- Expanded Induction for 06 days (60 trainers): As on 31st March 2022, a total of 254 State trainers have been trained across all the 36 States and UTs.

- MNS Care for 04 days (30 Trainers): As on 31st March,2022, a total of 139 State trainers have been trained across all the 36 States and UTs.
- Elderly & Palliative Care for 05 days (30 Trainers): A total of 65 State trainers were trained in Elderly and Palliative care from 24 States/UTs in the FY 21-22. As on 31st March 2022, a total of 141 State trainers have been trained across all the States and UTs.
- Eye, ENT, Oral and Emergency Care for 06 days (60 Trainers): A total of 70 State trainers were trained in Eye, ENT, Oral and Emergency care for 6 days from 21 States/UTs in FY 21-22. As on 31st March 2022, a total of 190 State trainers have been trained across all the States and UTs.

2.2.5 Training of State Trainers in expanded services for Medical Officers (MNS, Elderly & Palliative, Oral, Eye, ENT and Emergency)

NHSRC has initiated trainings for Medical Officers for the first time. NHSRC has collaborated with premier institutions/colleges for the creating a pool of National and State Trainers. The list of associated institutions is as below:

S. N	Expanded package of services	Premier institute
1	Oral Care	CDER, AIIMS, New Delhi
2	Eye Care	Arvind Eye hospital
3	ENT care	Maulana Azad Medical College, New Delhi
4	Mental Health Care	NIMHANS, Bengaluru
5	Elderly and Palliative care	Pallium India
6	Emergency Care	RGUHS-Jeeva Raksha, AIIMS, New Delhi

A total of 874 State trainers were trained in expanded package of services for Medical Officers. The package wise details of the State trainers are as below:

S. No.	Expanded Package of services	Trainers Trained	From States/UTs
1	Emergency care	135	All 36 States/UTs
2	Oral Care	168	All States/UTs except Lakshadweep
3	Eye care	119	All States/UTs except- Tripura
4	ENT care	150	All States/UTs except- Odisha and A&NI
5	MNS care	140	All States/UTs except- Kerala and Lakshadweep
6	Elderly and Palliative care	162	All States/UTs except West Bengal

2.2.6 Support Training of about 25,000 MOs (PHCs and UPHCs-HWCs) MOs on Expanded Service Packages under HWCs -Oral/ Eye/ ENT/ MNS/Elderly/ palliative/ Emergency as per the States plan

The training materials including training manuals, agenda, pre and post-test and mock sessions have been shared with all the States and UTs.

Training Status	Oral/Eye/ENT/MNS/Elderly/Palliative/Emergency care	NCD	JAS and ERT
MO	16,847	22669	7812

(Source: Data from 22 States/UTs, as of 22nd February 2022)

2.2.7 Support Training of 45,000 CHOs in Expanded Service Packages under HWCs - Expanded Induction/Oral/ Eye/ ENT/ MNS/Elderly/ Palliative/ Emergency as per the States' plan

The training materials including training manuals, agenda, pre and post-test and mock sessions have been shared with all the States and UTs.

Training Status	Induction including JAS/Oral/Eye/ENT/MNS/Elderly/Palliative/Emergency care	NCD	ERT
CHO	32,345	31,320	7812

(Source-Data from 19 States/UTs, as of 22nd February 2022)

2.2.8 Support Training of 25,000 Staff Nurses (PHCs and UPHCs-HWCs) Expanded Service Packages under HWCs -Oral/ Eye/ ENT/ MNS/Elderly/ Palliative/ Emergency as per the States' plan

The training materials including training manuals, agenda, pre and post-test and mock sessions have been shared with all the States and UTs.

Training Status	Eye/ENT/MNS/Elderly/Palliative/Emergency care	NCD
Staff Nurses	4,983	17,747

(Source: Data from 19 States/UTs, as of 22nd February 2022)

2.2.9 Support States in training of 40000 HWC team (CHO and MO) in Eat Right Toolkit training under HWCs as per the States' plan

The training materials including training manuals, agenda, pre and post-test and mock sessions have been shared with all the States and UTs. A **total of 4,377 MOs and 7,182 CHOs** at AB-HWCs were trained in Eat Right Toolkit from 11 States/UTs.

2.2.10 Monitoring of Trainings at District/Primary Health Care Team for MOs, CHOs, SN, MPW and ASHAs (@ Rs 15000 for 313 batches)

A training monitoring software called 'SASHAKT' (Systematic Assessment of Health Care Provider Knowledge and Training) is being developed by NHSRC for real time monitoring of trainings at district and sub-district level. The mobile application and web portal of the software have been developed. The pilot implementation in all the States/UTs has been carried out. The security audit for integration with ABDM is under process.

2.2.11 CHO Mentoring

A comprehensive project plan was developed which includes the context to the idea of mentoring of CHOs, objectives, key outcomes expected, strategies, implementation plan and curriculum.

Besides this, a guidance note on CHO Mentoring was developed and shared with states along with a letter to states soliciting the nomination of State Mentor candidates.

A total of 30 National Mentors (NM) have been selected and oriented to the project, their roles and responsibilities were explained through a four-day orientation programme. These 30 NMs shall train 1,000 State Mentors and the State Mentors provide may personal and professional mentoring to 36,000 CHOs under the project. The State Mentors' training is being planned to take place in four cycles including 100, 200, 300 and 400 State Mentors respectively through four cycles. Nominations from 33 states were received for State Mentor candidates for the first cycle of State Mentors' training. A total of 25 National Mentors have been inducted and 91 State Mentors are undergoing training for CHO mentoring.

2.2.12 Micro-Innovation Macro-Impact in Comprehensive Primary Health Care - (MIMIC) recognition on National and Zonal levels. (National level- Rs 5 lakhs, Zonal level- Rs 2 lakhs for High Focus, Non-Focus, NE states, UTs each)

MIMIC stands for '*Micro- Innovation and Macro Impact in CPHC*'. MIMIC would provide a platform to AB-HWCs for amplifying their innovations and learn ideas from other stakeholders. Adaptation of impactful innovations across different centers located in diverse geographies is expected to ultimately benefit the communities.

2.3 Community Based Platforms

2.3.1 Training of State Trainers on JAS – 2 days training (150 Trainers)

A total of 41 State Trainers were trained in JAS from all the North-eastern States in the FY 21-22. One batch of training of State trainers on JAS is being planned in September 2022. As of 31st March 2022, in total 71 State Trainers have been trained from all the 36 States and UTs.

2.3.2 State TOTs on VHSNC & VISHWAS Campaign – 3 days training (60 trainers)

A total of 126 State Trainers were trained on VHSNC and VISHWAS from all the 36 States/UTs.

2.3.3 State TOTs on MAS – 60 Trainers (02 batches) - 3 days training

A total of 99 State Trainers were trained on MAS from all the 36 States/UTs.

2.3.4 Development of module on health for PRI and SHG including piloting and field testing

A draft module of 'Panchayati Raj Institutions (PRI) and Health' has been prepared. The module consists of the following seven chapters:

1. Health and development
2. Determinants and dimensions of health
3. Health scenario in India
4. Healthcare delivery system
5. PRI action on health
6. Social accountability
7. Best practices and innovations

A draft of the Self-Help Group (SHG) module is prepared including the overview of Ayushman Bharat Health and Wellness Centers (AB-HWCs). Preparation of draft on the role of SHGs in health and social accountability is underway.

Furthermore, collaboration has been initiated with NIRDPR and capacity building of PRIs and SHGs is one of the key focus areas of this collaboration. To undertake this, a pool of at least 25 National Trainers and 200 State Trainers associated with NIRDPR and NHSRC would be trained. The states shall rollout trainings for PRIs and SHGs through these State Trainers.

CP 03 Support Structures

3.1 Community Processes

3.1.1 Develop Handbook for CP support structures in the context of CPHC

The contents of Handbook for CP Support structures have been discussed and finalized. The process of developing the Handbook based on the finalized content has begun.

3.1.2 Orientation of State Team on revised role of CP support structures in context of CPHC (03 batches)

Orientation will be organized once the Handbook for CP support structures 2022-23 is finalized.

CP 04 IT support

4.1 Support implementation of HWC portal /Application

- HWC Portal reports have been redesigned to support states and MoHFW for better utilization of Portal and monitor performance of states in operationalizing AB-HWCs against the set targets.
- The revised profile entry forms for SHCs, PHCs, UPHCs, UHWCs and AYUSH-HWCs have been rolled out on the AB-HWC Portal.
- Entries of new facilities such as AYUSH-HWCs and UHWCs have been enabled on the AB-HWC Portal.
- Event entry forms for Azadi ka Amrit Mahotsav were created and enabled on the AB-HWC Portal for data entry by States.
- Draft of Dashboard for tracking the month specific progress of AB-HWCs have been added.
- Integration of AB-HWC Portal with HMIS has been completed and 24 RCH indicators are being auto populated in the AB-HWC Portal.
- Draft Ranking of States for Q1-Q3 has been developed.
- Troubleshooting and resolving queries of States/UTs on the AB-HWC portal is ongoing.

4.2 Develop web portal for ASHAs and ASHA Facilitators

4.3 Support Development of ASHA/ AF application

The ASHA/AF Portal and Application will be developed with the establishment of IT Division in NHSRC. The updated IT PMU e-file (NHSRC/11-12/CP/08/MoHFW/P. F-77) has been sent to MOHFW.

4.4 Support development of CPHC application – with Dell

- Integration of AB-HWC Portal with CPHC-NCD Application has been completed. Data discrepancy report between AB-HWC portal and CPHC-NCD application data pertaining to NCDs is available on the AB-HWC Portal.
- Features of IHCI-Simple application (such as cohort monitoring and QR scan code) are being integrated into the CPHC-NCD application. It is being piloted in Karnataka.

- Integration of CPHC-NCD application with NDHM Health ID has been completed till Phase 1 milestone. ABDM ID is being also generated using the CPHC NCD application.

4.5 Training monitoring software

A training monitoring software called 'SASHAKT' (Systematic Assessment of Health Care Provider Knowledge and Training) is being developed by NHSRC. The objective for developing this software is to:

- Support the States/UTs in planning trainings for health care functionaries.
- Monitor the quality of trainings.
- Determine the real-time status of training of healthcare functionaries.
- Timely documentation and reporting on the status of training.

Progress so far:

- Training - monitoring dashboard has been developed for National, State and District users with the information of trained healthcare functionaries, daily training status, monthly training status readily available.
- IOS and android applications have been developed for supervision of trainings by independent trainers.
- Training entry format has been developed and log-in has been done with ABDM sandbox.
- Reporting format state-wise, cadre wise and packages-wise have been developed.
- Training planning calendar for states/UTs have been developed.
- Independent supervisor checklist has been developed.

CP 05 Research

5.1 Assessment of functioning of CHOs:

This is being planned as a cross sectional research study using mixed methods approach to understand the various aspects related to functioning of a Community Health Officers. The data collection has been completed. The final report is expected to be completed by 31st July 2022.

5.2 Understanding barriers and enablers in implementation of Expanded Service Packages at the level of primary health care

This study has now been modified and titled as 'Perspectives of communities and health professionals about wellness and analysis of utilization of wellness services provided through Ayushman Bharat Health and Wellness Centers'. The protocol of the study and the data collection tools have been developed and training for the data collection team was done on 14th February 2022. The study is being undertaken by engaging communities, VHSNCs and JAS of SHC and PHCs and health professionals working at AB-HWCs in seven states across the country.

5.3 Motivation and Performance of India's Community Health Volunteers - ASHAs: A Comparison across Different Incentive Systems in India

The objective of the study is to understand the motivating factors for ASHAs across different incentive systems in India. The protocol of the study is finalized, and data collection is in process.

5.4 Continued work on ILCs to develop model HWCs in 5 different geographical areas in the country, including tribal, urban, rural, difficult to reach areas

Currently 4 ILCs have been operational at AIIMS-Delhi, PGI- Punjab, Bhaikaka University (CAM) - Dahod and Karuna Trust – Karnataka. The programs are regularly reviewed and is being continued in the FY 2022-23. Vivekananda Kendra, Kanyakumari has been selected for setting ILC in tribal areas of Karbi Anglong district, Assam.

A 'Guidance Note for States for Establishment of Comprehensive Primary Health Care – Innovation and Learning Centre' has been prepared.

Learnings/experiences disseminated from ILCs include:

- Workflow pattern of CHOs and ANMs: Time motion study
- Cost-effectiveness of strategies for cervical cancer prevention in India
- Cost of scaling-up comprehensive primary health care in India: Implications for universal health coverage
- Role of comprehensive primary healthcare in cost-effective population-based screening for Hypertension

5.5 Pilot on primary health care models in tribal and Municipal corporation areas

The study is being done only for primary healthcare models in tribal areas. The format for data entry has been developed.

CP 06 Technical assistance

6.1 National ASHA Mentoring Group (NAMG) Meeting

The proposal to convene reconstituted NAMG has been approved by MoHFW. The meeting will be convened in July 2022.

6.2 State CP Nodal Officers Workshops at the National level

6.3 State CPHC Nodal Officers Workshops at the National level

A two days' National level workshop with State Nodal Officers of Community Processes (CP) and Comprehensive Primary Health Care (CPHC) of urban and rural areas was organized by NHSRC in collaboration with MoHFW on 3rd and 4th December 2021.

The objectives of the workshop were to engage in a consultative process with the States/UTs for revising the Operational Guidelines of both CP and CPHC and to facilitate discussion regarding various new programmatic interventions. A total of 147

participants participated from all the States and UTs except Andaman and Nicobar Island and Lakshadweep.

6.4 Undertake supportive supervision for implementation of CP and CPHC (Field Visits- Members once in every four month)

- Supportive supervision visits for the implementation of CP and CPHC program were undertaken in the following states: Rajasthan, Odisha, Assam, Arunachal Pradesh, Meghalaya, Uttar Pradesh and Karnataka. The field visit reports were prepared and shared with MoHFW.

Division also participated in the 'Common Review Mission' visits in five States and one UT namely Bihar, Haryana, Odisha, Assam, Mizoram and Puducherry. The State/UT reports have been prepared and shared with the team leaders. The consolidated report for 14th CRM on TOR 1-Primary health care has been prepared.

6.5 HWC Portal / Application Training on New features and Issues for State Nodal Officers

State CP Nodal Officers Workshops at national level was conducted in November 2020. Multiple state orientations were undertaken on features of HWC portal/ Application for State Nodal officers:

- Orientation of State and district nodal officers of 12 States/UTs (Kerala, ANI, Assam, Maharashtra, Karnataka, Assam, J&K, Bihar, Andhra Pradesh, Chhattisgarh, Arunachal Pradesh, Tripura, and Meghalaya) was conducted on 5th January 2022.
- Orientation of district nodal officers of Assam with 43 participants was done on 27th October 2021.

CP 07 Other Activities

7.1 Comprehensive Primary Health Care

7.1.1 Revision of Comprehensive Primary Health care

Draft of CPHC guidelines have been prepared. During Annual State Nodal officers' workshop, inputs on the draft were taken from State CP and CPHC Nodal Officers and incorporated. A task force is constituted for the review of revised CPHC guidelines.

7.1.2 Modules on Expanded package of services for Primary Health care Team

The English version of modules on expanded package of services for medical officers, staff nurses, community health officers, multi-purpose workers and ASHAs have been uploaded on the NHSRC website and have been shared with all States/UTs. The modules are as follows:

- Supplementary modules for CHO including RMNCH+A modules, communicable disease module and non-communicable disease module.
- Newer services-Oral care, Eye care, ENT care, MNS care, Emergency care and Elderly and Palliative care for primary health care team.
- Training module for Jan Arogya Samiti members at Sub Health Centre and Primary Health Centre levels is being developed to enable functioning of these samitis.

The Hindi version of all modules for FLWs has been uploaded on NHSRC website except the Emergency care and palliative care modules.

7.1.3 E-module development

Currently, to rollout the blended training program, there is a need to develop 43 e-modules on expanded package of services which can be hosted on learning management platform for self-directed learning and appropriate evaluation. NHSRC has developed four e-modules:

- Elderly care for ASHA
- Palliative care for MPW
- MNS care for MPW and
- MNS care for Medical Officer

The Hindi version of three modules-Elderly care for ASHA, Palliative care for MPW and MNS care MPW are in process.

7.1.4 Development of 15th Finance and PM-ABHIM Guidelines

Division was involved in development of 15th FC and PM-ABHIM guidelines.

7.1.5 NHSRC's YouTube channel

A YouTube channel for uploading skill-based videos on expanded package of services for primary healthcare team for easy access and visibility was initiated by the NHSRC. The YouTube channel will act as a common repository for knowledge and skill related videos to strengthen and equip healthcare providers at public health facilities across the country. This platform will serve as a training tool as well as a ready reckoner for healthcare functionaries in the field. CP-CPHC division has developed 32 skill-based videos on palliative care for healthcare functionaries. 64 more videos are on the anvil.

7.1.6 Support in developing new PIP-Matrix and State specific key deliverables

Division has supported in developing new matrix for simplification of PIP. In addition to this, division also prepared state specific CP-CPHC key deliverables.

7.1.7 In the Senior Officers' Meeting chaired by Hon'ble Secretary, MoHFW on 14th December, CDER, AIIMS, Delhi, Arvind Eye hospital, Maulana Azad Medical College, New Delhi, Pallium India, RUGHS, Jeeva Raksha, AIIMS, New Delhi on IT cell in NHSRC, which is on hold due to directions of DOE, MoF vide: letter No [F.No.7(2)/E. Coord/2020], dated 4th September 2020, NHSRC was asked to conduct a quick evaluation of first 50,000 AB-HWCs on the parameters of

footfall, screening and referrals. The evaluation report was prepared, which provides an overview of the longitudinal progress of services delivery at these 50,000 AB-HWCs- referred as the 'First cohort AB-HWCs'.

7.2 Community Processes

7.2.1 Annual ASHA update

The annual ASHA Updates (for April 2020 to March 2021) and (January 2020 to December 2020) were prepared, which provide the updated status of Community Processes (ASHAs, Community Platforms) in the country.

7.2.2 Revision of ASHA Induction module

A draft of revised ASHA induction modules has been prepared.

7.2.3 National guidelines for conducting Block level Health Mela

Guideline for conducting Block level Health Mela has been prepared.

7.2.4 ASHA maternity benefit note

An action point was discussed in the 16th GB meeting of NHSRC regarding providing support to ASHAs during their maternity period. Similar points had emerged in the national consultation of State Nodal Officers- Community Processes held in November, 2020 by the CP-CPHC Division, NHSRC. Based on these directives, a note was prepared for Maternity Benefits for ASHAs. The matter is currently under discussion with MoHFW.

7.2.5 Concept note on Community Health Volunteer and additional ASHA.

The new paradigm of growing numbers of AB-HWCs has challenged the number and capacity of the existing Primary Health Care team especially that of Front-line workers like ASHA. There is a need for expanding the pool of frontline workers along with redefining the selection norms to ensure timely and effective delivery of services. The concept note was submitted to Ministry for further needful action.

7.3 Research

7.3.1 Evaluation of Aarogya Samanvaya in Gujarat

An evaluation of Aarogya Samanvaya is being conducted in Gujarat to assess the CHO training process on AYUSH and its field impact. The evaluation involves a mixed-method study with a quantitative survey of 100 CHOs. The data collection has been completed and the report compilation is in progress.

7.3.2 AB-HWC Assessment for 2020-21

Assessment of AB-HWCs for Comprehensive Primary Health Care is being undertaken in 10 states in collaboration with the Innovation and Learning Centers (ILCs). These ten states are Assam, Haryana, Gujarat, Karnataka, Punjab, Manipur, Rajasthan, Madhya Pradesh, Telangana and Himachal Pradesh. The proposed evaluation of health care

facilities at Primary Health Centers (PHC) and Sub-Health Centers (SHC) will focus on the status of accomplishment of outputs related to comprehensive primary healthcare and understanding of the challenges and best practices. The protocol and the data collection tool have been developed and data collection is in process. The report is expected by 31st March 2022.

7.3.3 *Assessment of Community Health Worker/ASHA program in urban and peri-urban areas*

A study is being undertaken by the NHSRC to understand various models of CHWs/urban ASHAs and its effectiveness in urban areas. This will inform policy decisions to scale up better performing aspects and address the gaps of ASHA/Community Health volunteer program in urban areas to serve the needs of the country's rapidly growing urban population. Data collection is in process.

7.3.4 *Study on efficacy and perception of various training programs for capacity building of ASHAs in India*

The objective of the study is to determine efficacy of blended training approach & e-learning approach with the training face to face training method and to understand the perspectives of various stakeholders like ASHAs and ASHA trainers towards different models of training. The proposal and tools for the study are being prepared.

7.3.5 *Study on different types of emergencies handled at primary healthcare facilities and their referral mechanism*

The objective of the study is to understand the different types of emergencies managed by primary healthcare facilities and to understand the referral pathway. The proposal and tools for the study is being prepared.

7.4 *Collaborations and partnerships*

7.4.1 *Enhanced Healthcare for the Elderly*

A proposal entitled "Enhanced healthcare for the elderly" was submitted to Ministry of Social Justice and Empowerment on 6th August 2021. The proposal was reviewed and approved by the Inter-Ministerial Committee (IMC) of the Senior Citizens' Welfare Fund (SCWF) on 23rd July 2021. The SFC Memorandum for the proposal was submitted to the Ministry on the 1st September 2021.

7.4.2 *NPCDCS-AYUSH Implementation through AB-HWCs*

MoHFW had constituted a multidisciplinary taskforce under the chairmanship of JS (NCD) to draft the Operational guidelines for NPCDCS-AYUSH implementation at AB-HWCs. The committee held its third meeting on 22nd September 2021. The draft Operational Guidelines which focused on AYUSH implementation for health promotion and prevention of NCDs at AB-HWCs has been submitted to the Ministry on 20th September 2021. The integration of AYUSH interventions into secondary prevention of diabetes and hypertension is being deliberated and is expected to be finalized soon.

7.4.3 Operational Guidelines for Wellness Interventions for AB-HWCs

A Working Group has been constituted to draft operational guidelines on Wellness interventions through Ayushman Bharat-Health and Wellness Centers. The Working Group is deliberating on wellness interventions and implementation modalities through four subgroups based on age groups. A draft of the operational guidelines has been prepared.

7.5 Workshops, conferences and Events

7.5.1 Regional workshop on Nutrition and Health

Three one-day regional workshops were conducted on 8th, 9th and 14th of December 2021 by NHSRC and MoHFW in collaboration with the Ministry of Women and Child development. The themes of the workshops were Maternal Nutrition, Feeding Norms, SAM & MAM and Wellness through AYUSH. A total of 395 participants participated from state and district levels from all states and UTs.

7.5.2 Universal Health Coverage Day

NHSRC co-organized the UHC day on 14th December 2021 in collaboration with MoHFW and JHPIEGO. The expanded package of training modules for primary healthcare team was launched by the honorable HFM on the occasion. During the event, the Awards for Azadi ka Amrit Mahotsav have been presented to States based on predefined parameters.

7.5.3 International Trade Fair

NHSRC participated in the 'India International Trade Fair' held in Pragati Maidan on 14th to 27th November, 2021. The theme of the fair was 'AtmaNirbhar Bharat' (Self-Reliant India) - the vision of 'New India'. The event was organized as an integral part of "Azadi Ka Amrit Mahotsav"- commemorating the 75th year celebration of India 's Independence with an objective to create awareness about Ayushman Bharat - Health and Wellness Centers.

NHSRC had set up an 'Ayushman Bharat- Health & Wellness Centre stall'. The theme of the stall was early detection of NCDs among people visiting IITF 2021. The stall helped by providing following services:

- Community Based Assessment Checklist (CBAC) screening of 3736 people.
- Screening of 2307 persons for hypertension
- Screening 2174 persons for blood Diabetes
- Screening 575 persons for oral cancer
- Diet, nutrition and lifestyle counselling sessions were also provided to the people visiting the stalls along with regular yoga and wellness sessions.

During the event, a puppet show was organized to build community awareness regarding Ayushman Bharat- Health and Wellness Centers.

7.6 Social Media

- AB-HWC social media channels celebrated the completion of 3 years of Ayushman Bharat Health and Wellness centers with a special series on achievements of AB-HWC.
- The social media channels also celebrated Poshan Maah, world heart day and yoga day. The division also conducted orientation for NHSRC with the help of MSL, the communication partner.
- State and district level orientations were conducted on 25th September 2021 for state and district level CP/CPHC nodal officers to get more field level connection. This orientation facilitated the virtual interaction of AB-HWC social media handles with CHOs, district and block level staffs.
- The handle has posted 483 posts (on Facebook, at twitter and Instagram each) since April 2021 till Feb 24th February 2022.

7.7 COVID Management

The division contributed in the development of guidelines, videos, IEC materials, training of primary healthcare team, training materials for healthcare functionaries and State reviews in prevention and management of COVID 19. The list of resource material developed by NHSRC are as below:

- Chapters for Chasing the Virus Vol-2
- Guidance notes for States and UTs for continuation of essential services during COVID
- Guidance notes on COVID-19 and mental health for AB-HWC team
- Guidance notes and videos for VHSNC and MAS
- Guidance notes on role of AB-HWC team in managing COVID-19
- Guidance notes on role of JAS during COVID-19
- Guidelines for home isolation during COVID19
- Brochure on the role of FLWs in prevention and management of COVID 19
- Pamphlet on COVID-19 prevention and management in children
- Pamphlet on care of pregnant women during COVID 19
- Pamphlet on mobilizing the community for COVID-19 vaccination
- Pamphlet on Psychosocial counselling for COVID -19 positive patients
- Pamphlet on Mucormycosis after COVID-19
- Pamphlet on prevention and management of Omicron for primary healthcare team
- Training of States and UTs on Psychosocial care during COVID. Total 1920 participants were trained
- Training of States/UTs on pediatric care during COVID 19. Total 2750 participants were trained from all States and UTs except Andaman and Nicobar
- Total 30 COVID modules were prepared for capacity building of FLWs on COVID 19.
- Letters regarding disbursement of COVID-19 incentive for FLWs and CHOs.
- Review of State ECRP proposals.

II. HEALTH CARE FINANCING (HCF)

Team Composition:

S No	Position	Sanctioned	In-position	Vacancy
1.	Advisor	01	0	01
2.	Lead Consultant	01	01	0
3.	Senior Consultant	01	01	0
4.	Consultant	02	02	0
Total		05	04	01

Areas of Work

HCF 01 Finalization of National Health Account estimates in India

Estimation of National Health Account is one of the prime activities undertaken by the HCF division. In financial year 2021-22, HCF team has finalized the estimates for NHA 2018-19. The expert committee meeting for the NHA 2018-19 was conducted on 22nd February 2022. The findings of the NHA, 2018-19 were presented to the outgoing AS & MD, NHM on 13th May, 2022 and to the incumbent AS & MD, NHM on 9th June 2022. A meeting was held on 15th July, 2022 during which the findings were presented to Hon'ble Secretary, MoHFW.

HCF 02 Research studies on Health Care Financing

Research studies being undertaken by the division are as follows:

- a) *Benefit Incidence Analysis (BIA) and Public-Private Partnership (PPP)*: Research studies of BIA and PPP were finalized and findings of the studies were presented to AS & MD, NHM on 9th June 2022.
- b) *Costing of Health and Wellness Centre*: The division has prepared a concept note on the costing study based on the available literature. Aim of this study is to develop a framework of the Costing Methodology for the Health & Wellness Centers in India and to develop tools to do costing.
- c) *Health Expenditure by Local Bodies*: This is an ongoing activity which will use the existing NHA data on local bodies to analyze the health expenditure both in rural and urban areas. At present, data analysis is going on.

HCF 03 Work on Health Financing Indicators

The division was involved in finalization of questionnaire for capturing out-of-pocket expenditure at the household level for the Comprehensive Annual Modular (CAM) Survey on Health, which is to be undertaken by the National Sample Statistical Office, under the Ministry of Statistics & Programme Implementation.

III. HEALTH CARE TECHNOLOGY (HCT)

Key Deliverables

1. Prepare guidance notes on National Policy Framework for using Decentralized Renewable Energy (DRE) for public healthcare facilities, STEMI/N-STEMI Program and Medical Gas Pipeline System.
2. Prepare technical specifications and revision of costing for medical devices as per the IPHS guidelines.
3. Prepare list of service providers for empanelment for implementation of BEMMP in States/UTs.
4. Prepare revised guidelines based on the guidance document on Free Diagnostics Initiative (FDI) to increase the number of tests at Point of Care (POC) in healthcare facilities.
5. Prepare list of service providers for Tele-radiology and CT scan Services and distribute to States/UTs.
6. Prepare a list of service provider for hemodialysis services under PMNDP and disseminate to States/UTs.
7. Review and identify gaps in HCF for non-compliance of AERB Programme in States/UTs.
8. Undertake rapid assessment of innovations submitted on National Health innovation portal.
9. Support Inter-Departmental / Inter-Ministerial technical activities related to technical specifications of medical devices.
 - a) Provide technical assistance in preparing technical specs & financial estimates for National Ambulance services.
 - b) Provide technical support to Materiovigilance Program, CDSCO, BIS, QCI, NPPA, DoP in matters related to Medical Devices.
10. Collaborating with WHO in activities related to health technology management in public health.
11. Orientation training to nodal officers on 'Safe use of Oxygen Concentrators at primary healthcare facilities' in support to States/UTs.

Team Composition

SN	Position	Sanctioned	In-position	Vacancy
1.	Advisor	01	01	0
2	Senior Consultant	02	02	0
3	Consultant	06	06	0
Total		09	09	0

Areas of Work

HCT 01: Prepare guidance note on National Policy framework for using decentralized renewable energy (DRE), STEMI/NSTEMI Program and Medical gas pipeline system

1.1 Prepare Guidance note for National Policy Framework for using decentralized renewable energy (DRE) for public healthcare facilities in support to States/UTs- NHSRC is working with SELCO Foundation to develop a knowledge MoU as a training partner and is in the process of developing energy efficient DRE solution (SOLAR) for public health facilities.

1.2 Conduct study on STEMI/N-STEMI management program- An expert committee constituted under the chairpersonship of Dr Balram Bhargav DG, ICMR NCD division, MoHFW and the meeting on STEMI implementation was held on 03/02/2022. NHSRC prepared the draft guidance document on STEMI which was shared with the expert committee.

1.3 Prepare guidance document to support States/UTs in strategic planning and maintenance of Medical Gas Pipeline System- Comprehensive guidelines on LMO tanks and MGPS was developed and shared with all States/UTs.

HCT 02: Prepare technical specifications for Medical Devices as per IPHS guidelines

2.1 Publication of Technical Specifications of Lab and Blood Bank as per NHM Guidance document- Specifications are under review.

2.2 Prepare Technical Specifications of medical devices for Endoscopy, Physical Medicine and Rehabilitation Department- Preparation of technical specification for Endoscopy is under progress and technical specifications for physical medicine and rehabilitation department are approved by MoHFW and is under publication.

2.3 Review of existing technical specifications and development of technical specifications for new equipment as per XV Finance Commission in collaboration with RRC-NE- Draft technical specifications were developed and forwarded to MoHFW for approval. Post approval will be shared with States/UTs.

HCT 03: Support States to implement and enhance the efficacy of Biomedical Equipment Maintenance and Management Program (BMMP)

3.1: Enable roll out of BMMP in 5 States (Bihar, Haryana, Chandigarh, A&N & Uttarakhand) where the program is not yet implemented- Pre-bid meeting was conducted in Uttarakhand for rolling out the BMMP program. HCT team will be visiting the

state on rotation and shall hold VC for hand holding the States/UTs in implementation of the program.

3.2: Comparative effectiveness study of different models of implementing BMMP by States/regions (PPP v/s In-house)- A review workshop for BMMP implementation in both PPP and In-house mode was held on 05th January 2022. Two technical working groups were formed to modify and improve upon the existing RFP document as per the directions of MoHFW. The revised model RFP on approval of MoHFW will be shared with States/UTs.

3.3 Conduct workshop for State Nodal Officers for BMMP on user training, preventive maintenance, and calibration of equipment- The training tools for conducting the workshop like good quality, demo videos are being developed in collaboration with JHPIEGO. Workshop will be conducted after receiving the training videos from JHPIEGO.

3.4: IT related - development of a real time integrated central dashboard & mobile app for critical lifesaving equipment in support of Biomedical Equipment Management and Maintenance Program- Development of standalone BMMP dashboard has been deferred with the availability of PMS. There are 23 States/UTs which have implemented the BMMP program in PPP mode and have a dashboard of their own which has been linked with the NHSRC website.

HCT 04: Support States to implement and enhance the efficacy of Free Diagnostic Service Initiative (Pathology, Tele-radiology, and CT scan Services)

4.1: Prepare revised guidelines based on the guidance document on FDI to increase the number of tests at Point of Care (POC) in the healthcare facility- Revised guidelines with expanded basket of diagnostics tests were drafted and has been approved by the MoHFW. These are disseminated to all the States/UTs.

4.2: Monitoring of program implementation-

- Prepare revised checklists for functioning of laboratories adhering to NHM revised Free Diagnostics guidelines- Performance evaluation tool containing checklists for FDSI is under preparation with NE-RRC.
- Conduct field assessment for evaluation of free diagnostic services implementation with states across India- Field assessment of diagnostics was done for the following states-
 - ✓ Meghalaya
 - ✓ J&K
 - ✓ Ladakh
 - ✓ Maharashtra
 - ✓ Himachal Pradesh

- Conduct workshop on awareness on EQAS for lab services- Plan for holding workshop for State Nodal Officers of all States/UTs during September /October 2022.

4.3: Free Diagnostic Service Initiative – Teleradiology

- Prepared list of service provider for Tele-radiology Services and distribute to States/UTs
- Field Visit to select States/UTs for assessment of Programme implementation- RRC-NE visited Hailakandi in Assam to review the teleradiology program.

4.4: Free Diagnostic Service Initiative-CT scan

- Prepared list of service providers for CT Scan services and empanelment to support states/UTs.
- Support States to roll out FDI CT scan services
- Conduct field assessment for evaluation of free diagnostic services across India - Field assessment was deferred due to travel restrictions.

HCT 05: Support States to implement and enhance the efficacy of Pradhan Mantri National Dialysis Program

5.1: Hemodialysis Services

- Implement Hemodialysis program in remaining 50% of the aspirational districts in the country. - The PMNDP program has been implemented in 89 out of a total of 112 aspirational districts in the country.
- Support Meghalaya to roll out Hemodialysis Program. - Advisor HCT visited the Meghalaya state and provided guidance in program implementation. Programme has been rolled out in the state.
- Support expansion of the services in more districts in the following States: Madhya Pradesh, Haryana, Manipur, Chhattisgarh, Maharashtra and Uttarakhand.
- Field visit to West Bengal, Tamil Nadu and Maharashtra to assess efficacy, access and quality of the Program. – The program has been effectively implemented in the West Bengal state. Visits to the rest of the states were differed due to COVID restrictions.

5.2: Peritoneal Dialysis Services

- Prepare guidance document for assisting states in rolling out the Peritoneal Dialysis Program: Draft guidance document is under preparation and will be submitted to MoHFW for approval shortly.
- Support roll-out Peritoneal Dialysis services in Andhra Pradesh, Lakshadweep, Madhya Pradesh, Tamil Nadu, Uttar Pradesh, Rajasthan, Uttarakhand, Punjab, Chhattisgarh, Goa, Jammu & Kashmir, Himachal Pradesh, Ladakh, Manipur, Maharashtra, Jharkhand and Puducherry. – Support in PIP process has been provided to all these States.

HCT 06: Atomic Energy Regulatory Board compliance in public health facilities

- Review and identify gaps in the HCF for non-compliance of AERB Programme in States/UTs. - Assessment of noncompliance of AERB program in the healthcare facilities has been performed for 13 States/UTs.
- Awareness on AERB Certification program through regional workshops. - National Level Virtual Review Cum Way Forward Meeting for Implementation of Atomic Energy Regulatory Board (AERB) Compliance in Public Health Facilities was held on 27th September 2021.
- Desk Review of all States which have implemented the program. - Desk review done in 13 States/UTs. Remaining states/UTs will be covered in 2022-23.

HCT 07: Undertake assessment of Product Innovations and Health Technology Assessment (HTA)

- Conduct rapid assessment of innovations uploaded on the National health Innovation Portal and present before committee for short listing of the best practices workshop: A total of 13 innovations were submitted on the National Health Innovation Portal (NHInP) under Health Product category. Out of these, 6 innovations were shortlisted after first level screening, and presented to technical appraisal committee members and on 24th January 2022, 8th Innovation summit for Health Products was conducted.

HCT 08: Support Inter-Departmental / Inter-Ministerial technical activities related to medical devices

- Provided technical assistance in preparing technical specs & financial estimates for National Ambulance services (technical specifications of Neonatal critical care Ambulance).
- Technical support to Materiovigilance Program, CDSCO, BIS, QCI, NPPA, DoP in matters related to Medical Devices. - Medical devices in Induction-cum training programme was organized by IPC on 29th & 30th November, 2021. Also attended 16th and 17th Partners meeting of Materiovigilance Program of India (MvPI). Attended different MHD meetings throughout the year like 17th Meeting of Health Informatics Sectional Committee, MHD 17 on 30th November 2021, 8th Meeting of Electromedical, Diagnostic Imaging and Radiotherapy Equipment Sectional Committee, MHD 15 | 22 Dec 2021, 4th meeting of the MHD 23 - Anatomy and Forensic Sciences Equipment Sectional Committee on 20-12-2021. Also prepared and sent comments on BIS- IEC Ballots.

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

- Prepared guidance document on MGPS. - Shared with the WHO. Publication and printing are in process.
- Prepare Guidance document on condemnation of medical devices at public healthcare facility. - Submitted to MoHFW for approval.

HCT 10: Oxygen related Support

- Conducted orientation training on TOT model for States/UTs on safe use of Oxygen Concentrators at primary healthcare facility. - *Conducted trainings*
- Conducted orientation training on TOT model for States/UTs on safe use of Oxygen Concentrators at primary healthcare facility.

IV. HUMAN RESOURCES FOR HEALTH AND HEALTH POLICY AND INTEGRATED PLANNING (HRH & HPIP)

Key Deliverables

1. Support States in strengthening integrated HR cells and filling up the vacancies in NHM (both service delivery and Program management) across all pools and programs.
2. Support simplification of planning process, PIPs and its monitoring
3. Support capacity building of HR nodal officers, PMU and PRC staff
4. Document and share HRH data analysis and evidence for better planning and performance
5. Support NUHM in strengthening HRH practices. NUHM to be part of all studies.
6. Develop a web portal for HRH to monitor recruitment, HR rationalization and implementation of minimum performance benchmark and HRIS implementation
7. Undertake assessments, rapid reviews, and analysis to improve HRH and use of evidence in planning.

Team Composition

S. N	Position	Sanctioned	In-position	Vacancy
1.	Advisor	01	01	0
2	Lead Consultant	01	01	0
3	Senior Consultant	02	01	01
4	Consultant	08	06	02
Total		12	09	03

Areas of work

HRH01. Planning Support and Advocacy

1.1: Support States and MoHFW in assessment of 15th FC plans, PM-ABHIM and ECRP

- *ECRP*: Guidelines for planning of Emergency COVID Response Package-II, including budget formats for the States were prepared. HRH proposals of ECRP II for all 36 states/UTs and supplementary proposals of ECRP I and II were appraised.
- The planning guidelines, DHAP guidelines and budget formats for 15th Finance Commission and PM-ABHIM were prepared.

- Guidance notes on planning and monitoring of HRH in PM-ABHIM were prepared and shared with the MoHFW.
- The team has worked on the guidance notes for Subgroup-1 under Empowered Group - 3 on HR and staffing norms and telemedicine.

1.2: Revise planning formats and decrease budget lines in NHM PIPs based on evolving requirements and simplify PIPs

Several rounds of consultations chaired by AS & MD, NHM with divisions of MoHFW and with the State Mission Directors were carried out. Based on that a few reforms have been brought in the way NHM PIPs are made, proposed by the states and approved by MoHFW:

- The budget format has been simplified and instead of 2500+ budget lines, it now has a matrix of 11 (columns) x 52 (main program rows). To differentiate and track major strategies/schemes and to ensure that the important programmes and interventions get due consideration at the time of planning and appraisal, some sub-heads were retained under each program head making the total number of rows approximately 200.
- To help the states/UTs to migrate from the previous budget format to the new, the old budget lines were mapped as per the new format and shared with the states/UTs.
- Most of the important strategies and their activities take more than a year to get fully rolled out in the states and they generally spill over to the next year. Therefore, a two-year PIP (i.e., 2022-24) is being prepared, appraised and will be approved. The purpose is to help the states in making a better and realistic PIPs and save time. If need be, a mid-term review at the end of first year would be carried out to provide course correction in case of shifting of priorities.
- Programme specific key deliverables to monitor the progress and measure the output were developed by the programme divisions. The deliverables were finalized under the chairmanship of AS&MD.
- The guidance notes along with draft ROP format was prepared and shared with MoHFW.
- Several rounds of orientation of State MDs, planning teams, HRH teams, programme division of MoHFW and members of NHSRC and NE-RRC on the new matrix were conducted. The HRH-HPIP team has been providing continuous support to the state teams as well as the programme divisions of ministry on the new planning and budgeting formats
- To support the planning process, state specific HRH annexures were prepared and shared with the states/ UTs. The nodal officers were oriented on calculation of HRH requirement as per IPHS so that they can plan better.
- HRH appraisal for FY 2022-24 is ongoing. Inputs on the issues related to HRH and program management is being provided to MoHFW for making evidence-based decisions. Recommendations for approval of HRH and programme management proposed by the states as per discussions in NPCC meetings are being provided.

1.3: Support Aspirational districts in strengthening the planning and implementation of DHAPs (as per requirement of the districts)

Report on the HRH Initiatives in the Aspirational Districts was prepared and shared with MoHFW.

1.4: Conditionality Assessment mid-year (FY 21-22) and final (FY 20-21)

The final assessment of key conditionalities of FY 2020-21 has been carried out and shared with MoHFW. The final assessment of conditionality of FY 2021-22 is in progress. A revised framework document of the conditionalities for FY 2022-24 has been prepared and finalised under the guidance of AS & MD, NHM.

HRH02. Providing Technical Assistance in HRH

2.1: Support States in developing prospective HRH plan (as per state requirement)

The National Guidelines on Human Resources for Health for National Health Mission has been approved by MoHFW in January 2022 and was released on 14th April, 2022. The HRH guidelines will be disseminated to the Mission Directors, Senior State level Officials and HRH Nodal officers.

2.2: Support strengthening of Integrated HR Cell, follow-up on recruitment of posts under NHM

- Follow-up on recruitment of posts under NHM is conducted on a regular basis. An HRH index has been created based on the HR requirement as per the IPHS and the actual availability of both regular and contractual HR in the main service delivery cadres. This index and the performance of the States/UTs is monitored at the various levels including e-SAMIKSHA to nudge the States/UTs into taking concrete steps towards creating required posts and filling of vacancies. The indicator was also proposed to be reviewed under *Pragati*.
- Expression of Interest (EOI) was floated for “Empanelment of HR Recruitment Agency”. Only one agency was found to be eligible. Hence, a fresh EOI is being floated for empanelment.

2.3: Study the performance appraisal process of two States and use the evidence for suggesting better and robust processes

The study has been carried out in the states of Madhya Pradesh and Odisha. District reports have been prepared. The state level interviews will be carried out and the report will be finalised shortly.

2.4: Develop Web portal for HR to monitor recruitment, HR rationalization and implementation of minimum performance benchmark and HRIS implementation

An agency for creating micro-site was identified. The first two modules are in development phase.

2.5: Analyse HR data and update the state wise report of HR Infographics for 2021-22

- The draft Infographics has been reviewed and are in the process of finalisation.
- Implementation status of "You Quote We Pay" and "Walk-in Interviews" were shared with MoHFW in June 2021.

HRH03. Research and Assessments

3.1: To explore and understand the actual roles and responsibilities performed by the Public Health Managers (PHM) posted in the UPHCs under NUHM

The study was carried out in Telangana. Draft report has been prepared based on the data collected at district level. The state level consultation is to be conducted. Based on the study findings, the salary rationalization of "Public Health managers" of Telangana was recommended in the NPCC 2022-24.

3.2: Assessment of Program Management Units in the state, both NRHM and NUHM including CPMU and DPMUs including coordination with Municipal corporations for NUHM

- In the last FY, the study was initiated in the state of Gujarat by the HRH team through online/ telephonic mode due to COVID pandemic. District level interviews were completed and data from state level was awaited. The information was not shared by the state even after repeated follow-ups. So, the state was dropped.
- The study is being re-conceptualised as it was felt that the methodology being followed was time consuming and state dependent.

3.3: Study on utilization of Laboratory Technicians in States

The concept note has been prepared and finalised. Toolkits are being developed. The study will be rolled out in FY 2022-23.

3.4: WISN or similar study on caseload norms and productivity

- Workload Indicators of Staffing Needs (WISN) Assessment was initiated in three States/ UTs, Chandigarh, Kerala and Meghalaya, with technical guidance from the WHO team. In the first phase (in FY 2020-21), the state level team from three states were provided ToT on WISN methodology, state level expert groups were formed and the strategy plans of all three States/UTs were discussed and finalised.

- In the second phase (FY 2021-22), the service standards were finalised and the States/UTs completed data collection. The Assessment was finished for specific cadres in Chandigarh and Kerala. However, Meghalaya was grappling with COVID and hence was dropped out due to data insufficiency issues. The final WISN Assessment report was submitted in October 2021. The HRH-HPIP team intends to write a research paper based on the WISN report prepared by the team

3.5: Secondary data review of HRH engaged in NCD programs

The task has been initiated but could not be completed due to other urgent tasks.

HRH04. Capacity Building

4.1: HR Bootcamp

The third edition of the HRH Boot Camp was organised in two batches (October 27-29, and November 24-26, 2021). The third edition acted as a cross-learning space wherein around 100 participants from 33 States and UTs shared rich experiences of implementing multiple interventions pertaining to HRH, highlighted good and replicable practices, and raised pertinent issues to the Central team for consideration. The delegates, comprising of the personnel who deal with HRH (including Deputy Directors, State Programme Managers and HR Consultants), actively participated in the discussions and debates through the 3-day event.

4.2: Basics of epidemiology and public health for programme management staff

With the objective of orienting the State and District level Program Managers on the basic concepts of Public Health and Epidemiology, and emphasizing on their role in public health, a series of online webinars on 'Orientation to Public Health' was conceptualised. This ten-part training was conducted bi-weekly between 14th September and 14th October 2021. Each of the ten session was a live interactive webinar of 75 minutes duration and included quizzes and hands-on exercises for active engagement of the participants. A total of 44 participants attended the training and received e-Certificates.

4.3: Capacity building of state nodal officers of various programs, on HRH

- *Psycho-social First Aid for COVID-19*: In collaboration with the Centre for Psycho-Social Support in Disaster Management (CPSSDM), NIMHANS, Bengaluru a training on 'Psychosocial First Aid for COVID-19 (PSFA)' was conducted for the HR Managers and Counselors in the public health system across the country. The 6-hour training was conducted over two days, via live interactive webinars in Hindi or English, as per the language preference of the participants. The training was conducted in 5 batches covering the whole country region-wise, starting from the Southern states in September 2021, covering 500+ trainees. The western and central states were covered in October, North-Eastern states in December 2021, and Northern States in January 2022. From

each region, more than 100 counselors, HR managers, social workers and mental health professionals participated actively with the resource persons.

- ***Stress Management:*** An online training session on 'Stress Management' was organized on 5th February 2022 wherein 32 participants including Senior Administrative Officers from the states, State Program Managers, HR Nodal Officers and Consultants participated. The session focused on understanding stress, its impact on physical, mental, and social well-being, and motivated the participants to manage stress better.

4.4: Orientation of PRCs on PIP:

An online doubt clearing Q & A session was organized for all the PRCs in co-ordination with the Statistics division to help them conduct field visits.

4.5: Induction of newly recruited MOs

- In an endeavour to augment the competence of Medical Officers (MOs) joining the public health system, a model Induction Training for Medical Officers is being developed in collaboration with the Public Health Foundation of India. Presently, the training content is being developed.
- The training will be piloted in two phases in batches of 30-35 MOs, for a period of six days. After the first phase of the training, the MOs will return to their facilities for a period of three months and will be given an opportunity to implement their newly acquired knowledge and skills, Thereafter the batch will return for the second phase of the training, and hand holding of the participants will be continued for another three months. An evaluation of the pilot training will be conducted and after necessary modifications, the States may carry forward the training using the developed resources.

HRH05. Partnerships

5.1: Explore partnership with institutions and individuals for capacity building of States, districts and blocks.

Collaborated with NIMHANS and PHFI on capacity building of the HRH.

5.2: Collaborate with medical colleges, Nursing institutes for creating awareness of HRH requirement of NHM in the States

- Worked with the Medical Education Department of MoHFW on “Chintan Shivar - Heal by India” which focused on strengthening the health educational institutions of the country for imparting quality education so that the HRH become eligible to work in any country.
- Collaborated on Nursing Leadership program designed and co-ordinated by PGI Chandigarh. The session on skills and steps for Networking, followed by an interactive session with all the participants who were Nursing school Principals from Odisha was taken.
- Collaborated with NIHFWS for capacity building on planning, and HRH

- Collaborated with AIIMS Jodhpur on Leadership training especially Health Policy Analysis using Health Policy Triangle
- Collaborated with Johns Hopkins for revision on MOOC.

5.3: Collaborate with NE-RRC, SHSRC, PRCs for planning, HRH and monitoring

- Facilitated in providing inputs on issues raised by PRCs on checklist for District PIP monitoring
- Working with CP-CPHC division on conducting “Time-Motion Study” with help of ILC. Concept note on including all cadres in SC-HWC was shared and discussed with CP-CPHC.
- Working with Knowledge Management Division on National Organ Transplant Registry guidelines
- Collaborated with NE RRC in AD district workshop on HRH and Planning

HRH06. Other Technical support

6.1: State based support for HR or planning related needs

Support provided to states on developing TORs, HR rationalization and planning as and when requested by the states.

6.2: Dissemination and printing of policy briefs, assessments, and reports

The HRH guidelines for NHM has been sent for printing.

6.3: Following paper on WISN got accepted and printed

Mabunda SA, Gupta M, Chitha WW, Mtshali NG, Ugarte C, Echegaray C, Cuzco M, Loayza J, Peralta F, Escobedo S, Bustos V, Mnyaka OR, Swaartbooi B, Williams N, Joshi R. **Lessons Learnt during the Implementation of WISN for Comprehensive Primary Health Care in India, South Africa and Peru. *International Journal of Environmental Research and Public Health*. 2021; 18(23):12541. <https://doi.org/10.3390/ijerph182312541>**

6.4: Documentation

- Supported preparation of the chapter titled ‘Capacity Building’ in Chasing the virus- Volume -II
- Note on DNB - Minimum Requirements for the District Hospital to initiate Diploma in DNB courses.
- Advisory Note on State/ Rural Service Bonds Following MBBS, Postgraduate and Super Speciality Medical Courses
- Developed draft script for “Journey of HRH since independence”.

V. KNOWLEDGE MANAGEMENT (KM)

Key Deliverables

1. Undertake Implementation Research for Health System Strengthening under NHM
2. Support the redesign of the proposed extension of the National Health Mission.
3. Serve as the hub within NHSRC for coordinating NUHM activities
4. Conduct secondary analysis of data from large scale surveys, HMIS and other large research studies to support programme implementation and enable districts/states to undertake corrective action/modify programme strategies. Undertake state wise analysis of key health systems data and studies including SDG and UHC indicators.
5. Develop and disseminate reports, policy briefs and other high-quality deliverables derived from Implementation Research, Best Practices and field learning.
6. Support SHSRCs to provide technical assistance to State National Health Mission.
7. Provide inputs to states for research proposals approved under Record of Proceedings for State's Annual Budget Plan.
8. Support /Coordinate with all divisions in field reviews, planning processes and dissemination of findings, including coordinating the Common Review Mission. Support States in sharing their Best Practices, enable high quality documentation of such Best Practices, and organize the Best Practices Innovation Summit.

Team Composition

As a part of internal restructuring process of NHSRC, Knowledge Management Division (KMD) was proposed and approved during sixteenth Governing Body Meeting of NHSRC held in July 2020. The division also got an approval of additional seven positions i.e., three senior consultants and four consultants.

However, the Office Memorandum from Department of Expenditure (DoE), Ministry of Finance in its letter dated September 4, 2020 states that there will be a ban on creation of new posts, except with the approval of DoE in Ministries/ Departments, attached officers, Subordinate offices, Statutory bodies and Autonomous bodies.

Approval for the aforementioned positions was received in August 2021, following that the recruitments were undertaken between December 2021 and January 2022.

Sanctioned Posts	Sanctioned	In-position	Vacancy
Advisor	1	0	1
Lead Consultant	1	1	0
Senior Consultant	3	3	0
Consultant	7	7	0
Secretarial Assistant	1	1	0
Total	13	12	1

Areas of work

KMD 01: Undertake Implementation Research (IR) for Health System Strengthening (HSS) under NHM

1.1 Revision of Institutional Structures for the National Knowledge Platform (NKP)

The NKP structure has been revised to NHM-IR Committee for guiding and supporting this effort, and a Secretariat, housed in the National Health Systems Resource Centre (NHSRC). Further, the NKP has been renamed as **Implementation Research for Health Systems Strengthening (IR-HSS)** under NHM and this platform will provide support to States in implementation research funded under NHM.

Under this platform while empanelment of institutions and organizations have been done to undertake research in identified areas of Health Systems Strengthening, an internal committee of Senior Ministry officials have been formulated – “NHM IR” committee who would review the research priority topics and finalize them for undertaking research.

A “Review Committee” comprising of eminent researchers in the area of public health and health systems research has been constituted with a mandate to discuss the proposals received, score proposals on specific criteria, look specifically at the plan to convert findings to policy briefs, dissemination plans, and make recommendations.

1.2 Undertake Implementation research for Health System Strengthening under NHM

- ✓ Followed by Priority setting workshops for Implementation Research to strengthen Health Systems, a list of research topics aligned with identified state specific research priorities were framed and finalized by NHM IR committee.
- ✓ A call for inviting Expressions of Interest (EoI) for empanelling Organizations (public, private and not- for-profit) to do IR studies was put up on the NHSRC website in June 2021 to undertake implementation research areas in collaboration with NHSRC.
- ✓ An internal committee, through a defined scoring criteria finalized in consultation with MoHFW, shortlisted seven organizations/institutions for IR HSS empanelment.
- ✓ Each empanelled organization was requested to identify and share their preferences from the MoHFW approved list of research topics. Based on the preferences shared and their expertise & areas of work, a suggested list of topics for each empanelled organization has been prepared. A total of 16 research topics were identified to call proposals from selected seven institutions.
- ✓ Thirteen proposals were received by the organizations in January 2022, which were reviewed by KMD team and inputs were provided to organizations for revisions. Revised proposals have been received by NHSRC in February 2022. Out of thirteen proposals received, nine were shortlisted by the internal committee.

- ✓ The first meeting of Committee the was held on May 21st, 2022 under the chairmanship of Joint Secretary (Policy), NHM. Out of nine shortlisted proposals, two were recommended by the committee, five were reviewed and inputs were sent to the concerned organization/institution to resubmit the revised proposal for reassessment and scoring. Two of the proposals were rejected by the committee.
- ✓ The scoring and the inputs were shared with organization, and revised proposals have been received, which were shared by the committee members for further action. The file has been submitted to MoHFW for approval.

1.3 Studies and Evaluation

a. Undertake Comparative Assessment of various models of Mobile Medical Units in collaboration with AIIMS, New Delhi

The study was finalized and initiated in September 2019. The study is being undertaken by AIIMS, New Delhi in three states – Assam, Rajasthan and Tamil Nadu. The study got delayed in view of COVID 19 which interrupted field level activities. The study has been completed. The first draft of the report was submitted in last week of April 2021, which was reviewed by KMD team and inputs were shared in first week of May 2021. Since then, multiple revisions have been done based on the inputs shared by NHSRC, and KMD team had reviewed the final report at each step to provide inputs and finalize the report. The report has been submitted to MoHFW in January 2022 for review, final approval and dissemination. The study has been approved in a meeting held under chairmanship of AS&MD, NHM in April 2022.

b. Undertake assessment of Out-of-Pocket Expenditure on Medicines in collaboration with PGIMER, Chandigarh

The study was finalized and initiated in December 2019. The study is being undertaken by PGI, Chandigarh in three states – Chhattisgarh, Haryana and Tamil Nadu. The Study has been completed and the report was reviewed by NHSRC and, and KMD team had reviewed the final report at each step to provide inputs and finalize the report. Final report has been submitted to MoHFW in June 2021 for review, approval and dissemination. The study has been approved in a meeting held under chairmanship of AS&MD, NHM in April 2022.

c. Undertake Evaluation of mainstreaming AYUSH, in collaboration with AIIMS Bhubaneswar

The study was finalized and initiated in March 2020. The study was being undertaken by AIIMS, Bhubaneswar earlier but has now shifted to AIIMS, Bibinagar - Hyderabad, based on the request made by the Principal Investigator. Based on the status update shared by AIIMS – Bibinagar – the study is in progress where recruitments have been completed at involved five AIIMS across different geographical locations of the country. The data collection and preliminary analysis is near completion and second TRG meeting for all organization is scheduled on July 20, 2022.

d. Undertake study on role of ASHAs in clinical decision support system, in collaboration with AIIMS, New Delhi

The study was finalized and initiated in October 2019. The study is being undertaken by AIIMS, New Delhi in two blocks (Mukandpur and Sujjon) of district Shaheed Bhagat Singh Nagar, in Punjab. The study got delayed in view of COVID 19 which interrupted field level activities. Based on the status update shared by AIIMS, study is expected to be completed by this year. The study is ongoing.

e. Evaluation of Pradhan Mantri Ujjawala Yojana (PMUY) in six states of India

Indian Institute of Technology, Kanpur has been identified by Ministry of Health and Family Welfare to undertake the evaluation. The study is being undertaken in six states of India (Bihar, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal), which have been selected in consultation with MoPNG, and based on the uptake of the Scheme and percentage of beneficiaries availing the LPG services under this scheme. The study is complete and KMD team had reviewed the final report at each step to provide inputs and finalize the report. The report has been submitted to MoHFW in January 2022 for review, final approval and dissemination. A meeting was held under the chairmanship of Additional Secretary & Mission Director (AS&MD), NHM on 19th April 2022, to present the findings of PMUY evaluation and it was recommended to undertake a dipstick study in Madhya Pradesh to cover 100 households in both selected districts.

A team for four consultants from KMD visited both the districts with one IIT Kanpur representative for undertaking the dipstick study and the data was shared with IIT Kanpur team for analysis. A revised report has been received from IIT Kanpur, which has been reviewed and revised by NHSRC and submitted to MoHFW for review and approval.

f. Ayushman Bharat – Health and Wellness Centre Assessment

The AB-HWC assessment was commissioned by MoHFW in eighteen states. The aim of the assessment is to review the rollout of AB-HWC in varying contexts, identify specific challenges and adaptations, and to dialogue with States on streamlining inputs, modifying processes and improving coverage and quality of services. The assessment also captured status of service delivery at primary healthcare level during COVID-19 pandemic. The study is complete and final report was submitted to MoHFW. A meeting was held under the chairmanship of Secretary (H&FW) on 18th April 2022, to present the findings of HWC assessment undertaken in eighteen states of India, followed by which the report was formally launched by Honourable HFM on 17th May 2022.

g. Assessment of delivery and access to essential services during COVID 19

In order to assess the current status of essential health services in the states in terms of delivery of services and access to those services a telephonic survey was being conducted across 21 states. Final report and a draft policy brief on “COVID-19 and Non-COVID Essential Health Services in India: State-wise Analysis of Service Delivery and Access have been prepared and submitted to MoHFW for approval and dissemination.

h. Third party evaluation of Kilkari and Mobile Academy

A third-party evaluation of Kilkari and Mobile Academy project (2019-2021 performance of ARMMAN) has been commissioned by MoHFW. The evaluation is being undertaken in four states each for both Kilkari and Mobile Academy (MA), selected in consultation with MMP Cell and based on the performance. Currently the data collection is ongoing in two states, while completed in rest. The data collection for one state is yet to be initiated, as the earlier selected state Assam was recently replaced in view of ongoing floods in the state.

States for Kilkari – Haryana, Jharkhand, Assam (replaced with Odisha), Uttar Pradesh.

States for MA – Rajasthan, Uttar Pradesh, Haryana, Madhya Pradesh

i. Third party evaluation of Mother and Child Tracking Facilitation Centre (MCTFC)

NHSRC is undertaking the evaluation of MCTFC (as mandated by MOHFW) in five states i.e., Assam, Andhra Pradesh, Chhattisgarh, Maharashtra and Uttar Pradesh. The decision for Assam would be confirmed with state – in view of ongoing flood situation in the state. These five states have been finalized, based on a list of states suggested by MMP Cell. The Study proposal, and tools have been finalized and a pilot testing has been undertaken by the team. The data collection is expected to start in the last week of July 2022.

j. HMIS assessment

An Implementation Research titled “Assessment of Health Management Information System for effective utilization and improvised coverage in India” is under process. The Knowledge Management Division of NHSRC is undertaking this project in collaboration with DDG stats (MoHFW), and the WHO India office. While, the study proposal has been prepared and finalized, the assessment is expected to initiate by end of July 2022 or early August 2022.

1.4 Supporting Implementation research

A three-day workshop was conducted for PRC personnel by KMD in June 2022. The objective of the workshop was to build capacities of PRCs personnel in research methodology and priorities with focus on Implementation Research (IR). The workshop was designed to strength the capacity of PRC in the field of IR defining its approaches and practical/applied implications with hands-on exercises on relevant case studies. The outcome of the research was to equip PRC personnel develop quality research papers, field-reports, and project proposals etc. A total of 39 participants from all 18 PRCs (Baroda, Srinagar, Chandigarh, Sagar, Guwahati, Bhubneshwar, Pune, Dharwad, Bangalore, Kerala, Vishakhapatnam, Shimla, Patna, Gandhi gram, Delhi, Lucknow, and Odisha) attended the workshop. More than 30 participants from different PRCs have also attended the workshop virtually.

1.5 Capacity Building in research

Division conducted two workshops on Basics in Research Methodology and one workshop on Qualitative research for NHSRC and RRC NE team members.

1.6 Institutional Ethics Committee (IEC)

IEC has been constituted at NHSRC level to support and encourage research related activities.

1.7 Research submission portal

A portal is being developed for submission of research studies by the states to NHSRC for appraisal and approval. The initial version of the portal is ready and is being tested for its functionality, user friendliness, and further refinement and finalization.

KMD 02: Serve as the hub within NHSRC for coordinating NUHM activities

2.1 To provide technical assistance in urban areas

- Division worked with CP CPHC team and Urban Health division (MoHFW) to work on finalizing the Team Based Indicators for Urban PHC team members.
- Division worked with PHA team and Urban Health Division (MoHFW) for drafting the Outreach guidelines for urban areas.
- Division is involved and participating in Urban working group for drafting the NUHM framework, and has supported in drafted ten chapters of the revised framework - Health indicators (Urban), Socio demographic dynamics (Urban), PPP, Reporting system in public sector, NUHM challenges, BCC, Innovations under NUHM, Surveillance, Urban Local Bodies and Learnings in Urban Health
- Division worked with UH division to strategize for action plan and next steps under NUHM with NHM extension to next phase, and for newer urban health initiatives under PM ABHIM and Health Sector grants.

KMD 03: Conduct secondary analysis of data from large scale surveys, HMIS and other large research studies to support programme implementation and enable districts/states to undertake corrective action/modify programme strategies

3.1 Analyse national, State and district level data from a HSS perspective, including attention to equity.

A comparative analysis for RHS 2013-14 and RHS 2020 was done for health care facilities and Human Resources for Health data. An article and an Op-ed for “Gains in Health Care sector” was drafted and submitted to MoHFW.

Division was involved in analysing the NFHS -5 state factsheets for NCDs and associated risk factors and prepared State advisories for action on chronic diseases/risk factors.

3.2 Undertake data analysis and summary documentation for various periodic reviews (CRMs, PIPs), field visits etc.

- Division prepared state wise sheets based on the secondary analysis done for demographic, socio economic and health related indicators from the latest available data sources.
- Division prepared Health Dossier for all states/UT with detailed factsheets cover major health indicators.

KMD 04: Develop and disseminate reports, policy briefs and other high-quality deliverables derived from Implementation Research, Best Practices and field learning

4.1 Developed and disseminated Policy Briefs

- Improving uptake for non-communicable disease screening.
- Determinants of and Strategies for COVID-19 Vaccine Acceptance: A Rapid Evidence Synthesis
- Preparedness for crises response to the second wave of COVID-19 in India
- Assessment of delivery and access to essential services during COVID 19 (Draft submitted to MoHFW)

4.2 Research and studies

- Drafted an article on Health care systems under NHM for Yojana Magazine
- Publication done on: Determinants of and Strategies for COVID-19 Vaccine Acceptance: A Rapid Evidence Synthesis
- Paper submitted: Assessment of delivery and access to essential services during pandemic
- Paper accepted: Home-Based New-born Care (HBNC) under National Health Mission in Urban India – A Cross Country Secondary Analysis
- Paper submitted: Health Facility utilization and Health-seeking behaviour of the elderly population in India
- Paper published: Recent Initiatives for Transforming Healthcare Scenario in India: A Political Economy of Health framework analysis
- Paper published: Understanding India's response to mental health care: a review of the National Mental Health Programme
- Paper submitted: Factors influence the Life satisfaction and discrimination among the elderly in India
- Paper published: Resilient Health systems: A view point
- Paper accepted: Adding Health to Years: A Review of the National Program for Healthcare of the Elderly in India
- Paper submitted: Mortality systematic review

- Op-Ed drafted and submitted to MoHFW: Working to achieve a model health ecosystem
- Op-Ed drafted and submitted to MoHFW: AB – from selective to comprehensive care

KMD 05: Support /Coordinate with all divisions in field reviews, planning processes and dissemination of findings, including coordinating the Common Review Mission

- Provided technical support to PHA team for organizing Fourteenth Common Review Mission.
- Team also participated in the CRM field visits, and prepared state wise reports and presentations.
- The state wise reports have been compiled and submitted to MoHFW for review and approval.

KMD 06: Support States in sharing their Best Practices, enable high quality documentation of such Best Practices, and organize the Best Practices Innovation Summit

National Summit on Good & Replicable practices and Innovations in Public Healthcare Systems: 7th National Summit on Good & Replicable practices and Innovations in Public Healthcare Systems held was held on virtual platform and was organized through a series of webinars. The objective of the summit was to share and learn about the good practices and innovations adopted by different States/UTs in addressing various health challenges and in implementing and managing the public health programmes under NHM. Coffee Table Book on Good & Replicable practices and Innovations in Public Healthcare Systems was released at the UHC day December 2021.

Eighth National Summit on Good & Replicable practices and Innovations in Public Healthcare Systems was planned in January, but cancelled in view of third wave i.e. Omicron. The proposals were reviewed to undertake scoring for finalizing the oral and poster presentations at the sumit.

A Best Practice conclave is being planned in month end (July) or early August 2022, to showcase International good and replicable practices relevant to Indian health systems, and innovations and good practices within country, as supported by DPs.

Division prepared a note on International best practices in health from Thailand, Cuba, Brazil, UK, Australia and Argentina; and also, innovation pertaining to health from other ministries, and submitted to MoHFW. Division also prepared a presentation for the international best practices and innovations under different ministries, and submitted to MoHFW.

Division is supporting establishment of State Innovation Hubs across states/UTs to encourage cross learning and evidence-based strategies in health system strengthening.

KMD 07: Provide inputs to states for research proposals approved under Record of Proceedings for State's Annual Budget Plan

Division reviews the research proposals submitted by States/UTs (including SHSRCs) in Annual budget plan (PIPs) pertaining to Health Policy and Systems Research (HPSR) including IR.

The proposal reviewed by the division are as follows -

i) Uttar Pradesh: 01 proposals

- ✓ Monitoring Critical Public Health Indicators in Uttar Pradesh: A concurrent community-based survey

ii) Tripura: 01 Proposal

- ✓ Rapid Assessment of Tele-Ophthalmology Services in Tripura

iii) Gujarat: 21 Proposals

- ✓ 21 proposals on operational research were reviewed and provided inputs.

iv) Haryana: 02 proposals

- ✓ Regarding proposal for Medical, psychosocial and economic impact of COVID-19 among COVID recovered patients in Haryana
- ✓ HWC assessment

v) Maharashtra: 01 proposal

- ✓ Assessment of knowledge of COTPA Act, 2003 among various stakeholders and strengthening existing medical services for early detection of common cancers in Gadchiroli district”

vi) Jharkhand: 01 Proposal

- ✓ Implementation of integrated tobacco cessation and oral cancer screening program in Ranchi District.

vii) Uttarakhand: 04 Proposals

- ✓ Baseline/End line Survey/Research study in Dehradun District under NTCP programme.
- ✓ Inputs on Mainstreaming AYUSH: An opinion perspective of Practitioners of modern medicine in Uttarakhand
- ✓ Exploring the barriers in utilization of Maternal & Child Health Services in context of development of a Model Village in Dehradun District: A Community & Facility based Study
- ✓ To study magnitude, pattern & socio- behavioural influencers of drug abuse and effectiveness of De-addiction/Rehabilitation programmes: a facility based observational study in the district of Dehradun

viii) Andhra Pradesh: 01 Proposal

- ✓ To test and operationalize preventive approaches for CKD of undetermined etiology in Andhra Pradesh – STOP CKD.

ix) Others:

- ✓ Research proposals being submitted by SHSRCs and state, as and when required.
- ✓ Division undertook field visit to Manipur for undertaking assessment of NCD services across health care facilities.
- ✓ Division reviewed research proposals on NCD services, BMMP services, 108 services, FDSI implementation, Primary health services in urban areas, Immunization services in urban areas, PHM study, HRH in TB, Urban ASHA evaluation, HWC assessment and National Health programme related research/evaluation submitted by MoHFW, Divisions within NHSRC including RRC NE and provided inputs and technical support.

KMD 08: State Health Systems Resource Centre(s)

8.1 Support to SHSRCs in States through consultations and Advocacy Visits / Strengthening mechanisms for improved financial and technical assistance to SHSRCs

The initial allocation of INR 1 Crore per SHSRC had not been revised till last year. Given the amount being 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 was approved by the EPC but awaited final approval from the Mission Steering Group (MSG) meeting for approval.

In order to expedite the process, a note for HFM was prepared and submitted to MoHFW for facilitating the process.

The enhanced financial allocation has been approved by Honorable HFM, and the DO letter has been shared with all states/UT.

Supporting SHSRC strengthening

A one-day review meeting with eleven State Health Systems Resource Centers (SHSRCs) was virtually held on 30th September 2021 at National Health Systems Resource Centre, (NHSRC), New Delhi with an objective of sharing experiences, cross learning and providing an update on the key activities delivered by SHSRCs.

As one of the key action points from the meeting, the team has now initiated quarterly review meetings with NHSRC. The first quarterly meeting in this series was held with SHSRCs in February 2022.

KMD Team was on the panel of SHSRC Maharashtra to support for recruitment of Senior consultants for Research and Documentation, and Health Economics.

Team is also undertaking a study to understand the role of SHSRCs as a Technical support unit in states, thus revisiting the ToR and revising it in alignment with national and state specific context and priorities. Field visits are ongoing and data collection is in process. So far three SHSRCs (Haryana, Karnataka and Chhattisgarh) have been visited so far, where team has interacted with both SHSRC and NHM teams.

Support SHSRC for research related activities:

A two-day Workshop on 'Basics of Research Methodology' was conducted for SHSRCs, where representatives from all SHSRC participated.

Technical support/inputs on studies:

Maharashtra SHSRC

- i. Study to assess the quality of ANC care at different levels in public health care facilities, Maharashtra.
- ii. Effectiveness of Comprehensive Training to ASHA for management of pneumonia and possible serious bacterial infections in young infants (0-59 days) and effective referrals in difficult geographic tribal area of Maharashtra.
- iii. Evaluation of the implementation of NPCDCS program in selected 7 districts of Maharashtra.
- iv. Building capacity for acute care management in pandemics at dedicated COVID hospitals of government and private sector in Maharashtra

KMD 09: Others

9.1 NCD

- ✓ Division supported MoHFW in revising the Guidelines for NCD programme.
- ✓ Division also supported in providing inputs on NCD documents, and IHCI related technical inputs, as and when required.

9.2 Tele MANAS

- ✓ Division supported development of Tele MANAS concept note and presentation.

9.3 PM-ABHIM

- ✓ Division provided technical inputs to the concept note and EFC note for the PM-ABHIM. Division also supported in guidelines in collaboration with other divisions of NHSRC for the PM-ABHIM.
- ✓ Division worked with SNA team for developing and finalization of the video for PM ABHIM national launch.

- ✓ Division drafted Op-ed articles for HFM and Senior officials on PM-ABHIM and its key components

9.4 FC XV

- ✓ Division provided technical inputs on the operational and technical guidelines for FC XV health sector grants.
- ✓ Division drafted Op-ed article for MoHFW on FC-XV and its components.

9.5 NHM Extension

- ✓ Division provided technical inputs, and revisions done on the concept note for the extension of NHM beyond April 2021.

9.6 Partnerships and Collaborations

- ✓ Partnerships and Collaborations being strengthened while identifying premier institutes both at national and international level.
- ✓ Also, individual research and public health experts and organizations are being encouraged to apply and get empaneled with NHSRC through a transparent process.
- ✓ MoU signed so far: AIIMS Delhi, AIIMS Jodhpur, AIIMS Bibinagar, PHFI, NIPHTR, MAHE MANIPAL, GIMS, MCHI – JHU, PATH and JHPIEGO
- ✓ Participated in Technical Advisory Group (TAG) for Assessment and Development of Strategic Action Plan on implementing WHO FIC for Mortality, Morbidity, Functionality, Disability and Clinical Intervention in India.
- ✓ Worked with ICMR on Rapid Assessment of Continuum of Care for Diabetes and Hypertension in India.

9.7 Technical Inputs

Technical inputs provided on MoHFW documents and important reports:

1. Evaluation Study for HWCs by DMEO, NITI Aayog
2. Best Practices on the performance of District hospitals in India -NITI Aayog
3. Reviewed thirteen proposals - ICMR-NIE Scientific Advisory Committee meeting - SAC new proposals: and provided inputs to the ICMR NIE team
4. Reviewed proposals submitted to HMSC – and provided inputs
5. Asian Development Bank (ADB) draft Strategy for Health Sector in India.
6. Action Plan and Strategy for Achieving Desired Outcome on IIPS Research Based Actionable Recommendation.
7. World Health Organization – Meeting of the High-level Coalition on Health and Energy
8. World Health Organization – Energizing health: a strategic roadmap to promote healthier populations - through clean and sustainable energy.
9. 33rd Commonwealth Health Ministers Meeting 2021
10. Division was actively involved with PRCs for reviewing their research proposals and providing timely inputs.
11. Approach paper: Early Evaluation of the World Bank’s COVID 19 responses to save lives and protect the poor
12. Division drafted a script and developed a video for Azadi ka amrut Mahotsav – the journey of health care sector and NHM over the years.

9.8 Tribal Health

- ✓ Division participated and provided technical inputs for Tribal Health Cell meetings and collaborative, in consultation with MoTA.
- ✓ Best practices in Tribal areas were compiled and disseminated on public domain.

9.9 Technical Inputs and comments were provided to several MoHFW documents and proposals, as and when received.

- ✓ **NCD, Tribal Health, SDG, UHC related and Health Systems related** PQ were reviewed and provided quality and timely responses.
- ✓ Division also contributed in BMGF supported documentation on Community Health workers titled: "Grassroot Soldiers: Role of ASHAs in the COVID-19 Pandemic Management in India".

VI. PUBLIC HEALTH ADMINISTRATION

Key Deliverables

1. Support to states in operationalizing secondary care facilities for the provision of multi-specialist care, establishing support services and serving as a knowledge and training hub for service providers – medical officers, nurses and para-medical staff
2. Revision of IPHS norms, finalization and orientation of states.
3. Support to states in development of Model Health Districts and Aspirational districts by disseminating guidelines on Emergency Care (primary and secondary), OT, Mechanized laundry & CSSD, HDU/ICU, Modern Kitchen, LSAS, BEmONC, National Ambulance services and Model Health District.
4. Support to MoHFW & states to implement Public Health Management Cadre
5. Support to States in capacity building and implementation of various Urban Health activities including study on various state models for service provision.
6. Support to MoHFW & states for strengthening various activities under legal framework like Public Health Act, CEAs, CLMC Act, Medico-legal protocols etc.
7. Support to MoHFW & States in containment & control of various COVID-19 activities.
8. Support to CPHC implementation to finalize operational guidelines for selected range of services under CPHC – Oral Health, MNS, Emergency Care including training guideline and HWC infrastructure.
9. Support to MoHFW in scaling up / implementation of Supportive Supervision Software and GRS & Health helpline web portal.
10. Support to program divisions/ states in implementation of technical and health system strengthening activities

Team Composition

S No	Position	Sanctioned	In-position	Vacancy
1.	Advisor	01	01	0
2.	Lead Consultant	0	0	0
3.	Senior Consultant	03	03	0
4.	Consultant	12	12	0
Total		16	16	0

Areas of Work

PHA 01 Secondary care strengthening

The division is supporting States in operationalizing their secondary care facilities (especially District Hospitals) 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

State level workshops have been conducted for strengthening secondary care services through online mode for all states and UTs. To scale up the initiative of DNB in District Hospitals, operational guidelines for initiating DNB courses in DH are being drafted.

1.2 Strengthening of Maternal and Child Health Services

1.2.1: 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 MoHFW and States in creating selected Centres of Excellences (CoE) for maternal and child health care.
- Virtual workshop on MCH Wings layout was organized for doctors, engineers, program managers and mission directors in States - all 8 North Eastern States, Rajasthan, Jharkhand, Maharashtra, Gujarat and Bihar. The building of MCH wing at BHU in UP for which technical support was given has been inaugurated by Hon.' PM. Work on 12 MCH wings has been initiated in Maharashtra. The cost estimation for all the types of MCH Wings along with different rates was worked upon and submitted to Ministry. The Layout plan for MCH wing (100 and 200 bedded) was revised as per the MLCU (Midwifery led care unit) concept and submitted to Ministry for approval. The division was instrumental in the study to be conducted by the UNICEF in the state of UP, on the "Development of Midwifery Led Care Unit (MLCU) Layouts along with the Cost Estimates". Support was provided to Lady Harding Medical College on writing and submitting "Proposal for setting up of Centre of Excellence for Mother and Child Services and Midwifery Care" and 200-bedded MCH wing as Centre of Excellence have been approved under NHM.

1.2.2 SUMAN

To further strengthen the MCH program, Surakshit 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 Operational and framework guidelines for the SUMAN after several revisions and inputs by the Ministry. Thereafter the Standard Operational Guideline, logo and poster on SUMAN Initiative was released by Hon'ble HFM and shared with all the states/UTs.

Further, Ministry also desired to prepare a SUMAN community linkage brochure which would be utilized to disseminate information, services, and benefits under SUMAN to the states, specifically focusing on the role of PRIs, /Self-help group etc. The brochure was finalized, designed, printed and hard copies disseminated to the States/UTs.

1.3 Revision of CEmONC/LSAS/BEmONC

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 in 2009 by GOI. An external evaluation of the EmOC and LSAS initiative recommended a revision of the curriculum for both these training courses.

NHSRC with support from MH Division revised the EmOC and LSAS curriculums in technical collaboration with KGMU. The operational guidelines were then released in a national workshop under chairpersonship of Joint Secretary RCH. The division has prepared supportive training tools such as a trainee workbook and a logbook, worked on redesigning and improving illustrations for BEmONC, CEmONC & LSAS after discussion with experts.

The final revised curriculums of BEmONC, CEmONC& LSAS after undergoing several rounds of internal review and external review by the experts and MH Division has been submitted to the Ministry for final approval.

A one-day brief orientation for the HOD of Anesthesia Department for 7 accredited Medical Colleges in UP State was conducted in which the division was instrumental and supported UP-NHM and UP-TSU. Roadmap for rolling out the program in the states has been prepared and file has been put up for approval. Orientation on LSAS curriculum done in UP State. Support is provided to conduct states National and State level training of CEmONC and LSAS for the state of Chhattisgarh, Bihar, Jharkhand, Arunachal Pradesh etc.

1.4 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. The guidelines are in the process of getting printed. Inputs received from Ministry on Guidelines for Emergency services at Secondary care have been incorporated and under review before submission.

In the meantime, in Dec 2021 NITI Aayog conducted a meeting to discuss the report of the study on “Emergency and Injury care at District Hospitals in India” conducted with support from AIIMS New Delhi and JPNATC Apex trauma centre, on the day of dissemination of the report in the presence of Secretary and DG DHR, DGHS, JS(P), WHO, NHSRC and state representatives from Tamil Nadu and other states. After the dissemination meeting, further deliberations took place with NITI Aayog and AIIMS for incorporating the recommendations of the study report in secondary care guidelines for emergency services. Accordingly, meeting was organized with all the experts under the chairpersonship of Dr Prof. Rajesh Malhotra, Chief JPNATC, Professor & Head, Department of Orthopedics Medicine, AIIMS, New Delhi to finalize the operational and technical guidelines for Emergency care services at District Hospitals. All suggestions have been incorporated and is under final review before its submission to the Ministry.

Simultaneously, to incorporate the pediatric emergency care part to this guideline, four meetings were held in Dec, Jan and Feb .21 at JPNATC Apex trauma centre with participation from experts of Pediatrics and Neonatology and former Dean at Maulana Azad Medical College, Safdarjung Hospital & VMMC and AIIMS New Delhi. The expert inputs have been incorporated in the guidelines and now a comprehensive draft guideline both for adult and pediatric emergency care services is ready for submission to the Ministry.

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 Centers (HWCs). Feedback suggests that the 2012 IPHS guidelines do not adequately incorporate the needs of various program divisions and parallel program guidelines also leads to confusion and duplication of resources. Therefore, consultations were held with all the programme division, jointly and separately and their requirement shave been incorporated comprehensively in the revised guidelines. This guideline also incorporates several new initiatives and prospective needs for a resilient infrastructure, for e.g., IPHS for urban health have been incorporated first time along with a vision to strengthen a structure below and above UPHCs, Similarly, critical care beds, day care beds, integrated lab services are some of the important additions. Needs of elderly, physically challenges persons and gender sensitive services have also been incorporated in the revised IPHS.

The Division provides technical support in the revision of the IPHS guidelines (including various components of health systems strengthening such as infrastructure, HR, drugs,

diagnostics and Urban Health) and will also support the states in its implementation and accreditation. The revised IPHS have been approved by Hon'ble HFM. The guidelines are now in the process of printing. An assessment criterion for IPHS compliance has been prepared and being piloted in the states.

One of the other important features of IPHS 2022 is the inclusion of key principles relating to Green & Climate resilient infrastructure. Technical Expert group online meeting were held on Health Action Plan manual of Green and Climate resilient Healthcare facilities under the NPCCHH. A national level meeting was conducted in March 2021. Inputs/updates on recommendations of working group of Ministers on strengthening Health care infrastructure have been submitted to Ministry. The division also supported NCDC in identifying and preparing a draft indicating the key priority areas to be reflected by the State in the PIP proposals under NPCCHH program. Besides, the division is part of Disaster-Related Health Issues in Climate Change and supporting the activities of NCDC related to green and climate resilient infrastructure.

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. On the lines of Model Health Districts, Ministry has given approval to BMGF to develop Demonstration Districts in various States. Division has supported the activities for the State of Uttar Pradesh in coordination with various development partners present in the State like BMGF, PATH, Access Health Care, JHPIEGO, etc. Also, support is being provided to the selected districts in Chhattisgarh, Jharkhand, Odisha and Rajasthan. Visit to Udaipur, Jaipur in Rajasthan to assess the CPHC implementation and upgradation of PHC and Sub-Centres to HWCs, Raipur, Durg and Jashpur, Chhattisgarh to support the implementation of Integrated Public Health labs, assessment of CHCs for upgrading them as per IPHS to achieve compliance, to understand the functioning of Panchayats with the perspective of XV FC, and Gumla in Jharkhand to assess the facilities for NQAS were also undertaken. Other activities undertaken include gap assessment of HR for identifying the officers to be trained in LSAS and EmONC. A meeting with NITI Aayog was also held to discuss the scalability of MHD as a step beyond Aspirational Districts, as a way forward a roadmap is being drafted in coordination with CDC.

The learnings from the Model Health Districts have added value in various policy decisions of MOHFW, particularly, bringing focus on an integrated district health action plan (DHAP), augmenting critical care services at and below the district level, strengthening public health surveillance at block and population below, optimizing resources and improving quality of services by bringing policy of integrated public health lab, etc. While revising Indian Public Health Standards (IPHS) various observations and evidence of work done in MHD was a great help particularly in organizing and drafting

guidelines for surgical services, integrated CSSD and mechanized laundry, improving services by bringing standards in OPD and various other service areas. Need for certification of IPHS complaint facilities has also been introduced for sustaining the standards.

The division is also supporting Aspirational Districts (ADs) in the country. Analysis of the health indicators for delta ranking and inputs were shared with Ministry. NE states were oriented in online mode regarding District Health Action Plan, COVID related essential services, Non-COVID Essential services etc. Data analysis on certain indicators was done for the Aspirational districts of Jharkhand namely - West Singhbhum and Gumla. Progress status and Data were taken from Aspirational districts on short term achievable indicators for 6 months. Inputs were furnished to ministry on program areas, priority indicators, short term goals and long terms goals and district health action plans for Aspirational Districts. Proposals from Aspirational districts were appraised for the states respectively, Chhattisgarh, Jharkhand, Rajasthan, Punjab, Odisha, Madhya Pradesh, Haryana, UP, Andhra Pradesh, Assam, Bihar, Himachal Pradesh, Karnataka, Maharashtra, Uttarakhand, Tripura. Inputs were provided on aspirational district indicators pertaining to division, to assess the functionality status of districts.

PHA 04 Public Health Management Cadre

The core mandate for drafting the principles and guidelines on Public Health Management cadre (PHMC) came from National Health Policy 2017 and the resolution of the Thirteenth CCHFWS where the hon'ble Health Ministers of all States were present "resolved to constitute PHMC in their States by March 2022 to achieve the goal of Health for All". NITI Aayog initiated the deliberations and thereafter NHSRC under the guidance of MoHFW, finalized the principles and structures after several rounds of meetings with AS & MD, JS (P), NITI Aayog, Principal Secretaries, Mission Directors, Director Public Health of various States, WHO and other public health experts. After receiving approval from Secretary H&FW, the principles and structures were presented to Hon'ble HFM. Finally, directions were received to integrate medical education under the umbrella of PHMC and disseminate the principles to the states.

A draft guidance notes on PHMC and letter for the states to implement PHMC was submitted to Ministry for approval. Now, a draft booklet after incorporating the comments of JS (P) and Director, NHM, the booklet on PHMC is submitted to Ministry for approval for formal release this booklet in March 2022. The issue will also be discussed in Chintan Shivir schedule for 21-23rd April.

State level consultations were done at Assam, Bihar, Jharkhand, M.P., Sikkim, Telangana, Uttar Pradesh and West Bengal till 2021. Besides, support provided to the task forces formed in Bihar, Jharkhand, Karnataka, and Madhya Pradesh (M.P.). The task force report of Bihar on PHMC and Karnataka on Public health Cadre is now published. The division also supported the states of Bihar & Jharkhand to estimate the financial burden in implementing PHMC as per the structures suggested by the Task force.

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

'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. In Bihar, regular review meetings are being organized by the Mission Director on maternal deaths. The ACM In-charge of MDSR presented the analysed data as per GoI guidelines. All the private healthcare providers are being oriented in MDSR reporting format in Bihar.

Support is being provided based on state request. State proposals in this area is also approved as a part of NPCC.

5.2 Strengthening Civil Registration System, data management and reporting

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 were planned, however rescheduled due to COVID-19 to be initiated this year. On 28th September 2020, an expert group meeting to improve reporting through the Civil Registration System was held under chairpersonship of Mr. Bantia, Ex-CS Maharashtra. It was agreed that the project focus on implementation of CRVS and MCD ICD-10. Thus, proposal is being revised accordingly and thereafter, further initiative and update is awaited from the committee.

The division is providing support in the Revision of systems indicators: HMIS 2.0 and State Health Index and ADP under NITI Aayog. Inputs were given to revise the Health System Strengthening Indicators for HMIS 2.0 for e.g., indicators pertaining to Indian Public Health Standards, Secondary care facilities as knowledge hub, Emergency medical care etc. In addition, the public health facilities infrastructure format indicators were also revised. The division have also supported HMIS division in the preparation of the Annual Report on HMIS.

Also, the inputs were given to revise the indicators on State Health Index and Aspiration District Programme of NITI Aayog, which further were incorporated in the revised version.

5.3 Clinical Governance

National Health Policy 2017 also focuses on providing Patient centric, quality of care along with accountability and transparency. Clinical governance is a systematic approach of institutionalizing patient centric service in hospital setting. A national level consultation was held in July 2021 for clinical governance after internal discussion with QI. Based on discussion, the further actions have been scheduled.

5.4 Assured Emergency & Referral System

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.

Similarly, with the approval of the MOHFW an Expert group was formed under the Chairpersonship of ED, NHSRC with representatives from State Mission Directors and their representatives, Manufacturers, Service providers, Medical Service Corporations and Director RRC-NE and the revised Estimation of the capital and Operational Expenditure for MMUs and revised norms both for MMU and NAS for North East and Hilly States along with estimated cost (after due vetting from the cost accountant) has been put on file for approval to the Ministry. As per the recent directions by Ministry, the ambulance cost will remain the same as approved by the MSG till the guidelines are revised/ MSG reappraisal.

With this purpose, the draft of revised ambulance guidelines is prepared for approval from Ministry. An expert group was formed to firm up Neonatal Ambulance guidelines. After several rounds of meetings with experts the draft guidelines are now prepared and are submitted to ministry for approval, for inclusion as a part of the National Ambulance guidelines draft. The division was also participated in the discussion on Zero Sum software on Green Ambulance Corridor in Jan.

An informal meeting with NITI Aayog was held for giving inputs in preparing a roadmap with visionary approach to strengthen and augment the emergency medical services in the country.

5.5 Strengthening outreach through Mobile Medical Units (MMUs)

The division is supporting the states in organizing the outreach services in partnership with CP/CPHC. Under NHM, MMUs is a key strategy to facilitate access to public health care particularly to people living in remote, difficult, under-served and unreached areas. MMUs are being utilized by the states to deliver primary health care services. In this respect, division is supporting the states through PIPs and a 2-day meeting was held with stakeholders to finalize cost for MMUs including differential cost for Northeast regions. A meeting was then held under the chairpersonship of JS Policy. Based on the inputs received, the revised cost has been submitted to the ministry for approval. Further,

meetings were held under the chairpersonship of JS Policy and AS & MD to finalize the costing norms of MMU.

5.6 Citizen Charter

Based on the experience of implementation of MHD, draft citizen charter was developed, and after incorporating the suggestion received in discussion with Ministry, included in IPHS 2022.

5.7 Software for Supportive supervision (eSS)

GOI intends to strengthen the Supportive Supervision in the country by developing an application that helps in planning and coordinating visits, reviewing schedule, providing feedbacks etc. NHSRC floated a tender on 16th February 2019 and a MoU was entered by and between NHSRC, New Delhi and AVNI/FOGSI/Cognic Collaborative on 15th February 2021. However, the possibility of reviving the application was not possible owing to various issues in the existing application code, so, a fresh tender is floated for development of software afresh. The EoI for tender invitation has gone live on 17th February 2022.

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

The Division is providing support to States through PIPs in establishing comprehensive GRS. At present, 31 States have a functional (104) GR system. On the directions of MoHFW to revise the norms on the operational cost of 104 call centres in the States/UTs, a format on the input, process and output indicators for 104 call centres was shared with the representative sample of 11 states (Andhra Pradesh, Bihar, Gujarat, Haryana, Jammu and Kashmir, Maharashtra, Karnataka, Manipur, Rajasthan, Uttar Pradesh, and West Bengal). The data received from 7 states was analyzed and accordingly, necessary recommendations have been put up on file for further action by MoHFW.

For the GRS & HHL web portal, the comprehensive medical algorithms have been developed for the web portal for GRS & Health helpline. After approval from ministry, tender has been floated for developing the software for GRS web portal. To integrate GR services for SUMAN facilities, expert group meetings were held in coordination with MH Division and CHI. The comments were given on the FRS document shared and accordingly a demonstration of the beta version of software was done on 30th July 2021. After incorporating the changes, the software will go-live after the approval from Ministry. Frequent consultations with the vendor are in process to foster the completion of project in stipulated time. It is planned to pilot in 2 states to check its functionality and the ease of use before organizing a meeting with the ministry for its final demonstration.

PHA 06 National Urban Health Mission (NUHM)

The Division is supporting MoHFW in framing and revising NUHM guidelines, capacity building of states and their service providers (including wider stakeholders) and monitoring of implementation status of the Urban Health Mission.

The division has worked upon the decentralized structures below Urban PHCs, since the need of the urban population varies according to their habitation, literacy, job opportunities, economic status, etc. within cities and towns. While the present focus towards the vulnerable population needs to continue, the pandemic like COVID has highlighted the need for involving other sections of urban population such as the lower and upper middle and rich classes of the society, for improving public health surveillance, reporting, response and also improving time to care approach for critical care. In this line, several deliberations were held with Urban Health Division at the Ministry and other experts which finally led to in bringing of the policies on Urban Health Wellness Centres below UPHCs and bringing specialist care nearer to the community through polyclinics. Thus, the Division has been instrumental in bringing the policy and defining the norms and functionality of UHWC and Polyclinic under the two flagship schemes of the GoI, viz., PM-ABHIM and XV FC Guidelines for urban health facilities. Technical inputs have been provided in collaboration with NUHM Division of the Ministry in the framing of these guidelines. The health care services in urban areas would now endeavour to cover the entire urban population rather than just the urban slum areas, though saturation would be achieved in the vulnerable areas on priority

Further, the Division has given orientation to states/UTs on provisions for UHWC and polyclinic and the diagnostic support being provided for urban areas, under PM ABHIM and XV FC, along with the planning process for the various types of facilities in States. The division also undertakes PIP appraisals of the proposals under these schemes and also the NUHM.

The division is instrumental in bringing for the first time the standards in IPHS for UHWCs, UPHC, Polyclinics and UCHCs. The revised IPHS 2021 guidelines approved by Ministry, include norms for Urban facilities (UHWC, Polyclinic, UPHC, UCHC). Several rounds of meetings had been held with urban health division of ministry under chairpersonship of JS (Urban Health), JS (Policy) under chairpersonship of AS&MD to firm up the IPHS guidelines for urban health facilities.

A revised draft framework for urban health, based on learnings from the COVID-19 pandemic and field experiences on the functionality of NUHM since its launch, has been developed in consultation with the NUHM Division. This is consistent with the framework proposed under AtmaNirbhar Package and is awaiting approval from Ministry.

The existing outreach guidelines for urban areas are also under the process of revision, based upon the revised services envisaged, especially to emphasize public health actions

such as disease surveillance and management of outbreaks. Draft Outreach guidelines under internal appraisal is ready for submission to NUHM Division.

The draft guidelines on collaboration with Medical Colleges to strengthen NUHM are also being reviewed and finalized in consultation with the Ministry.

Draft study proposals have been prepared for four working papers, namely, state models for expanding health services, including metros; role of Public Health Manager; assessment of UPHC services and gap analysis in urban immunization. The studies shall be initiated after finalization of drafts and necessary approvals.

The Division coordinated with the Asian Development Bank (ADB) team for finalization of Disbursement Linked Indicators (DLI) matrix and Verification Protocol for NUHM and provided inputs on ADB's proposed loan for strengthening CPHC in urban areas.

Several important documents for NUHM have already been published by the Division, viz., Implementation Framework of NUHM; Orientation module for planners, implementers, and partners; Capacity development framework for strengthening implementation of NUHM; Guidelines and tools for Vulnerability Mapping and assessment for Urban Health; Guidebook for enhancing performance of ANMs in Urban areas and Guidelines for organizing UPHC services. The division provides continuous support to the states in operationalizing their urban health facilities.

PHA 07 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.

7.1 National Public Health Bill

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 behaviors, 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. Based on the directions of Supreme Court, a comparative analysis of the Health Bill 2009 and Public Health Bill 2020 was done, and recommendations submitted to Ministry.

Recommendations on the aforesaid bills have also been received from various states which have been further analyzed and shared with the Ministry.

Further meetings with NITI Aayog and other experts have been held to strengthen the provisions of the draft bill and the suggestions have been incorporated therein.

7.2 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. Support to the states is being provided through PIPs.

7.3 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 submitted for approval.

A meeting with JS (RCH) was held and the suggestions were incorporated and re-submitted for approval.

7.4 Guidelines on Medico Legal Protocol

The division has initiated drafting of a handbook on protocols applicable to various ML Cases applicable to Medical Officers based on legislations and judgments.

7.5 Others

National Action Plan - Human Rights (NAP-HR): The division conducted extensive research for developing NAP-HR as desired by National Human Rights Commission and data on all publicly available international commitments, concerns, UN Committee's recommendation etc. was accordingly extracted. The data so culled out highlighting the areas of concerns and recommendations, including the UN Committee's final observations, specific to the area of health, was further utilized to prepare the draft NAP-HR in the desired NHRC's template. Accordingly, human rights principles, thematic areas, and existing legislative policies and framework were drafted along with the assessment of various UN Conventions/Declarations to which India is a signatory. The said documents were then shared with External Experts for preparation of judicious NAP-HR.

Input furnished on private member bill:

- *"The Right to Health Bill, 2021"*: The said bill proposed to provide for health as a fundamental right to all citizens and to ensure equitable access and maintenance of a standard of physical and mental health conducive to living a life in dignity and for matters connected therewith or incidental thereto.
- *"The Universal Health Care Bill, 2021"*: This bill was proposed to provide quality healthcare services to all citizens, regardless of their income status, social status, gender, religion with the end goal of improving outcomes; to promote preventive healthcare over reactive healthcare and for matters connected therewith or incidental thereto.
- *"Access to Primary Healthcare Bill, 2022"*: This was being introduced to provide dedicated health care facilities to all citizens, irrespective of their earning status, caste, gender, religion; and for matters connected therewith or incidental thereto.
- *"The Constitution (Amendment) Bill, 2019 (Insertion of New Article 21B)"*, *"The Constitution (Amendment) Bill, 2018 (Insertion of New Article 21B)"*, *"The Constitution (Amendment) Bill, 2020 (amendment of Seventh schedule)"*, *"The Constitution (Amendment) Bill, 2021" (Amendment of Seventh schedule)*, *"The Constitution (One Hundred and Twenty-Seventh Amendment) Bill, 2021"*: All these bills majorly proposed to amend the Constitution of India to either include right to health as a fundamental right or to amend the Seventh Schedule of the Constitution to include 'public health' in the concurrent list.

Inputs have also been furnished on "The Lakshadweep Public Health Regulations 2021" proposed to be introduced under Article 240 of the Constitution; section-wise inputs submitted on nearly 60 amendments proposed in 'Proposal for adaptations/modification/repeals of various local laws in the Dadra and Nagar Haveli and Daman and Diu in view of merger' particularly on The Goa, Daman and Diu Anatomy Act, 1976 (21 of 1976), and The Goa, Daman and Diu Public Health Act, 1985 (25 of 1985) in view of Public Health (Prevention, Control and Management of epidemics, bio-terrorism and disasters) Bill, 2017; the amendments proposed in the Prevention of Illicit Traffic in Narcotic and Psychotropic Substances Act, 1988 to include the offences related to controlled substances; proposed National Anti-Doping Bill, 2021 which intended to provide a legislative framework to the NADA for meeting the obligations of India under the Convention and the obligations of NADA as signatory of WADA Code; draft Amendments received on Registration of Birth & Deaths Act, 1969, etc.

In addition to the above, inputs have also been furnished on several PQs, case laws (SME (c)3/21, SMP 3/21, WP 5885/2021 etc.), Human Rights Advisory 2.0, Advisories on protection of Human Rights of PVTGs, Redrafting of New National Cooperative Policy, Action Taken Report pertaining to Convention on the Elimination of all forms of Discrimination Against Women in India, Common Core Document of India – Human Rights, Universal Periodic Report – IV consisting of overall human rights record of the country which is to be submitted to OHCHR, Standing Finance Committee's note on Digital Village 2.0, MOU between MORD and AARDO, IMA's Appeal For Personal Intervention to Resolve the long pending pleas to stop assault on profession and professionals, etc.

Further, inter-divisional support has also been offered on CWP no. 325 of 2011, Creation of NHSRC YouTube channel, legal inputs on 'Mitigation strategies to address

violence against ASHAs' being prepared by CP-CPHC division, imparting additional skills to an MBBS doctor, conducting night post-mortems, vetting the MOU pertaining to Guidelines on Collaboration with Medical Colleges.

PHA 08 Comprehensive Primary Health Care

The Division has coordinated drafting of operational guidelines in certain key areas of Comprehensive Primary Health Care. Our effort/support activities include 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. Inputs were also given on the Voluntary Contribution guidelines in coordination with CP Division.

PHA 09 National Level Monitors

The division is supporting visit of National Level Monitors (NLMs) to districts. On the direction of AS&MD, a checklist was prepared as a guidebook for National mentors, to support the visits to assess Health & Wellness Centers in 8 states and data collected was analyzed and shared with Ministry. Support provided to organize the visits and National Mentor meet on Aspirational district programme by Ministry. Thereafter, due to sudden surge of COVID 19 pandemic no visits of NLMs were undertaken due to travel restrictions and other related factors. As the situation is improving the some of the NLMs are willing to undertake visit. On the directions of Ministry, the guidelines have been prepared and the draft note on National Level Monitor has been prepared by NHSRC. On receiving the visit schedule of NLMs, revised ToRs, and assessment checklists were shared with Ministry for approval.

PHA 10 PM-Ayushman Bharat Health Infrastructure Mission and XV Finance Commission

As part of the ongoing COVID related activities, the division drafted operational guidelines on XV Finance Commission for the following components- Urban Health & Wellness Centres and polyclinics, diagnostic infrastructure SHCs, PHCs, & UPHCs, building-less Sub-centres, PHCs and CHCs, and Block Public Health Units. The division also drafted the PM-Ayushman Bharat Health Infrastructure Mission operational guidelines and prepared the detailed guidelines for Integrated Public Health Unit, and Critical Care Blocks which are now available on the NHSRC website.

Besides, the division was involved in framing of specific components under India Emergency COVID Response Package – II (ECRP – II), such as, ICU/HDU beds, Pediatric Centre of Excellence, Prefabricated Units etc.

Four regional state orientations and appraisal of state proposals for ECRP-I/II, 15th Finance Commission, PM-ABHIM have also been conducted. In this regard, development partners like Jhpiego, Path, CDC, etc. were also oriented to provide the implementation support.

On direction of MoHFW, an expert group is constituted to develop training module for the emergency and critical care. The first meeting of the expert group was held on 22-23rd June 2022 with support from AIIMS New Delhi.

PHA 11 Communicable Disease

The division provided support to MoHFW in drafting numerous guidance documents related to COVID. It included

- developing of checklists for assessing facilities,
- online orientation of the States on the checklists
- comprehensive analysis of the states based on facility wise assessment, DCH data,
- prepared proposals for special short-term activities under JICA,
- prepared brief notes, PIP guidance note, developing guidelines on Critical Care Units, Integrated Public Health Laboratories, Block Public Health Units and Urban Health & Wellness Centres for PM-ASBY package
- Organized expert group meeting to finalize the guidelines for PM-ASBY components.
- Appraisals of COVID/ ECRP proposals of the States
- Compilation of Infrastructure, GRS &HHL, Ambulances, etc. components for COVID related documentation.
- Inputs on Environment and Social Management Plan for COVID-19 containment activities of World Bank
- Online orientation on implementation of DHAP & IPHS to Northeast States – Arunachal Pradesh, Meghalaya, Nagaland and Sikkim & RRC NE participated.
- Orientation of representatives of urban local bodies and executive officers on water borne disease and prevention of COVID in Bihar
- Support provided in drafting the ECRP-II guidance note and the comments also, appraised the State proposals for ECRP-II

PHA 12 Knowledge Partnerships

In the work areas of PHA Division, some of the areas are identified for institutional collaboration. The dissemination of technical evidence, knowledge and skills need to be fast tracked and this has been undertaken in partnership with medical colleges and Centers of Excellence in public health. Division is working in close collaboration with these institutions. The division collaborated with KGMU Lucknow and MGIMS Wardha for revision of BEmONC, CEmONC and LSAS curriculum. MGIMS Wardha as Centre of Excellence for MCH is also supporting other states for orientation and training on various MCH protocols. The institute also gave us technical support in preparing layout plans for

LDR and MCH wings. Working with AIIMS Bhopal & BHU a Centre of Excellence for MCH would be established at both these premiere institutions.

Institutional partnership with AIIMS Delhi and JPN Apex Trauma Centre, Delhi is being utilized for preparing Emergency care guidelines for secondary and primary care along with various training curriculums. Collaboration with AIIMS was done for framing Operational guidelines for Mental Neurological Substance use disorders also. Partnership with Association of Family Physicians of India, CMC, Vellore and National Board of Examination (NBE) has been utilized for updating the curriculum of Family medicine program by NBE. The partnership with NBE also helped in scaling up DNB courses at district level. A 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. Division has signed an MoU with AIIMS Jodhpur for knowledge sharing and for conducting training programs for middle level officials.

PHA 13 Miscellaneous

1. **Fourteen Common Review Mission (CRM):** Every year Ministry of Health & Family Welfare (MOHFW) organizes the Common Review Mission (CRM) to assess the functionality of various programs under the National Health Mission (NHM). In the 14th Common Review Mission, the division was nodal under the guidance of ED, NHSRC (in collaboration with MoHFW) in organizing the 14th CRM orientation meet scheduled on 10th October 2021, preparing list of Team members and also revising and preparing the new Terms of References i.e., Primary Care, Secondary Care, and Cross-Cutting areas. Accordingly, subcategories, checkpoints, and quick quantitative and qualitative assessment tools were prepared and the same was disseminated with the state CRM team. The division has compiled state wise reports on selected TORs.
2. **National Nursing norms:** Based on the recommendations of the NITI Aayog, it was decided to constitute an Expert Group-II under the Chairmanship of Shri Vikas Sheel, Joint Secretary (NHM), MoHFW to examine the recommendations of the Sub-Group-I pertaining to nursing norms incorporating the changing profile of the health sector under NHM and Ayushman Bharat and offer policy suggestions with respect thereto. The division is part of the Expert group-II and after 3 rounds of meetings, comments on the recommendations of Expert Group II on National Nursing Norms were shared with ADG (Nursing). After 2 more final rounds of discussions held with Shri Vikas Sheel, then JS(P), comments on the final TOR-wise recommendations were incorporated and shared with JS (Policy). Thereafter, the draft comments/suggestions were prepared and submitted to the Ministry.
3. **Infrastructure:** A working group for arriving at the normative cost of infrastructure works under NHM to finalize the normative costing on infrastructure for all public health facilities. After group discussions, a costing sheet was prepared, and a state consultation was held to further finalise the sheet for sharing with the states. The final draft was shared with states for their inputs for finalizing the costing sheet.

4. **Support to program Divisions:**

-Oral Health: Submitted Secondary care oral healthcare guidelines and Hindi translation of National Oral Health Policy to the NOHP division. The division is also part of the group constituted for vetting of the reference manual for a Geriatric Oral Health Care Centre.

-National Programme for Control of Blindness: Developing a comprehensive plan for improving the ophthalmic services.

-Statistic Division: Inputs on HMIS indicators have been provided to ministry.

5. Division contributed to revision of PIP formats for 22-24, developed planning tools, formats for District Health Action Plan and key ROP deliverables. Appraised ECRP-II, XV FC, SPIP, PIP proposals, proposals from NESIDS, PMJVK, DoNER, MoMA and MoTA for various States.
6. Response to Lok Sabha & Rajya Sabha Parliamentary Questions and questions for the standing committees.
7. Presentations done on Creating models in Public Health System, Achieving SDG Targets- A Dream or Reality, MNH Exemplar study in India, Presentation done on Achieving SDG Targets- A Dream or Reality, Universal Health Coverage (workshop of HMIS 2.0), Health System Strengthening during COVID times, Health Action Plan (aspirational Districts), Preparation of Program Implementation Plans (under NPCB&VI), Maternal Health Schemes in India, Revamping of Health Infrastructure- "Addressing the paediatric COVID 19 surge", Power & Policy making (AIIMS Jodhpur).
8. **Inputs/comments** provided on E&Y evaluation report, MSDE skill courses, Common Health Foreign Ministers meeting, RKS guidelines, Tripura state model, Human Rights Advisory on PwDs, Apollo Health Plan, state health index, EFC recommendations on NHM Redesign, tribal report, Kerala Climate resilient programme under RKDP, AD 3-year plan, Bio-tech PRIDE policy, G20 Principles of Infrastructure, climate resilient health action plan, India Year book, World development report, Policy incentives to encourage investments in health care sector, BRICS questionnaire on Social infrastructure, finalization of guidelines on engagement of non-consultants in MoHFW, ROD meeting taken by Hon'ble FM with Senior Officers of MoHFW on 16th July 2021, ARIKE LIFE-Integrated Public Health Initiative, Supplementary list of points on COVID-19 pandemic, DH best practices study report, POSHAN Abhiyaan, NFHS 6 questionnaire Revamping the guidelines for appraisal/ approval procedure to be followed for central PPP project, Swasth Alliance, certificate course on integrated digital intensive care management, health facilities for tribal women, PMO reference for All India National Health Services, doorstep foundation, constitution of inter-ministerial convergence committee between MoHFW & MoAYUSH, draft Memorandum for SFC for Labour Welfare Scheme, interlocutory application filed in Suo Moto Petition No. 3 of 2021, The Constitution (One Hundred and Twenty-Seventh Amendment) Bill, 2021 (Insertion of new article 21B), Action points to be taken up following the briefing meeting of Hon. HFM and Hon. MOS held on 09.07.21, Need to create pre delivery hubs in remote areas, Tribal Health Note, FNHW-Cadre (Health Sakhi/Poshan Sakhi) under DAY- NRLM and convergence with Ministry of Health and

Family Welfare, Jeevandhara Project, IMA's proposal on National Health Budget, Private Member's Resolution, Scoring of Good & Best Practices 2022 entries, MIMIC Programme, Different Models of Portable hospitals, Jeevan Dhara Workshop, Allocation of HRCT, ., Patna PRC proposal, PMKVY SFC note NEDFi, Tribal Health collaboration concept note, HWCs evaluation study, PMO reference letter on policy incentives., 126th, 127th and 130th Parliamentary standing committee report, HD & PD Guidelines, DH ranking study of NITI Aayog, DH ranking pilot project-II, AZADI-Amrit Mahotsav-Iconic week activities, write up and data on key achievements Ministry/Departmentwide, etc.

9. Research work:

- ✓ Division is providing support to Exemplar MNH research study conducted by BMGF in coordination University of Manitoba, IIPS and Ministry.
- ✓ Assessment of Primary Health Care Services in urban health facilities of EAG states in India
- ✓ Assessment of Immunization Services at Urban Health Care Facilities in India: A Cross-Sectional Study
- ✓ Situational analysis of drone ecosystem in Indian Health Care System - A mixed-methods study
- ✓ Evaluation of Dakshata Program in Rajasthan

Additional COVID 19 related Assignments

The COVID-19 pandemic affecting India led to the country taking various public health action, including a lockdown. NHSRC was roped in to develop several guidelines and protocols for augmenting the capacity of the states in meeting the health system requirement for responding to COVID-19. As per the directions of MoHFW at different period as per the contextual situation, various guidelines and protocols were drafted and shared with the Ministry. The urgent nature of work, it necessitated PHA Team to work beyond office timings to draft these guidelines and protocols. Some of the key activities undertaken were:

- Calculating the requirement of the hospitals as per bed strength for need and supply of oxygen, calculating per bed cost for ICUs, isolation beds, etc.,
- Drafting operational guidelines on XV Finance Commission, PM-Ayushman Bharat Health Infrastructure Mission, technical guidelines on Critical Care Units/Blocks, and Integrated Public Health laboratories.
- Drafting note on oxygen cylinders for isolation/ oxygen supported beds with HCT Team and ICUs.
- Organized meeting with academic institutions like IITs, BMCL, manufactures and vendors for prefab structures
- Guidelines on Pediatric Care for COVID
- Guidance notes on Pediatric Units, ICU beds, referral transport,

- Developing indicators for PMS NHM for areas related PHA for ECRP-II, PM-ABHIM and XV FC
- Orientation of development partners, State and district program officers and other stakeholders (ULBs/PRI) on ECRP-II, PM-ABHIM and XV FC
- Appraisal of ECRP and other COVID proposals received from the States, etc.

All the above activities also led to development and approval of various guidelines to strengthen health system and capacity building of the States for public health emergencies and surveillance. The process included preparing various rounds of EFC notes, incorporating the comments of various Ministries and departments and ultimately the proposals on critical care blocks, IPHL, BPHU, U-HWCs etc. were part of PM-ABHIM and budget announcement of 2021-22. Some of the other areas like NAS, DNB, infrastructural strengthening, U-HWCs, were also part of 15th Finance Commission recommendations. The draft guidelines on PM-ABHIM and XV FC were prepared and submitted to Ministry. Draft indicators on state's performance dashboard in the perspective of 15th FC and PM-ABHIM submitted for finalization. Guidance note on Pediatric High Dependency Unit was prepared in partnership with UNICEF. The division as a part of the expert group supported development of the guidelines on the pediatric COVID care to address the estimated increase in demand due to the anticipations for the third wave which are now approved and published by MoHFW. The brochure on Pediatric Care for District Administration and Health officials and tool for equipment and drug requirement for assessing the readiness for third wave needs was also developed and shared with the States by MoHFW

The recommendations for five proposals (for augmenting 6- bedded prefab units in PHCs and SCs oxygen supported beds, 20-bedded CHCs, 20,000 Adult and Pediatric ICU beds, 32 and 42-bedded Pediatric care units (wards and 12-bedded hybrid ICU unit with 8-HDU and 4-ICU beds), Pediatric CoE, and ambulances) were submitted to Ministry for approval under ECRP-II. After approval from MoHFW, the guidance for the states were prepared with detailed state-wise physical targets and cost-break-up. Accordingly, proposals from all 37 States/UTs were appraised and discussed in the appraisal committee. Further, the revised proposals were then re-appraised for approval and this whole process of developing guidelines for ECRP-II was done within 2 weeks' time. Also, the links of the vendors empaneled with the GeM portal were shared with the States for their reference and action.

Under ECRP-II, in order to meet the additional requirements of third wave, GOI is supporting states to establish prefab units for augmenting oxygen supported beds in Sub-Centers, PHCs and CHCs. In the fast-track mode, visits to the factories manufacturing prefab structures in Delhi was done and afterwards, national consultation meetings were held with the subject experts from IITs, BMPTC and vendors to deliberate on the technologies being used for constructing such structures. Further, a guideline on Prefab Structures for Health Infrastructure under ECRP II was shared with the states to provide guidance on developing prefab structures.

VII. QUALITY & PATIENT SAFETY (QPS)

Key Deliverables

1. **Expanding scope of Quality Assurance Program to include Health and Wellness Centres:** In the FY 2021-22, ten (10) batches of Orientation trainings were imparted by NHSRC to support its implementation in the States/UTs. One Health & Wellness Centre is NQAS certified in January 2022. The next batch of orientation has been scheduled on 12th to 13th July 2022 in the state of Maharashtra in physical mode, followed by other states.
2. **Supporting the states in scale-up of NQAS and LaQshya Certification:** As on 30th June' 2022, 1639 facilities are nationally NQAS certified, 564 LR and 441 MOT health facilities are nationally LaQshya certified. 2922 public health facilities are state level NQAS certified.
3. **Launch of Quality Certification initiative for MusQan – Child friendly Services in Public Health facilities:** MusQan scheme was launched on 17th September '2021 by the Hon'ble Union Health Minister. MoHFW has asked the states to develop roadmap for its implementation in the states. DH Faridabad, Haryana has been nationally certified under MusQan.
4. **Support for Kayakalp Implementation:** In the FY 2021-22, a separate award for Eco-friendly Health Facilities have been introduced for DH and CHCs. As on 07th July' 2022, 24 State/UTs have declared the award & 11221 health care facilities have been awarded under this scheme (including 32 facilities for best Eco-friendly health facilities in 14 State/UTs) for the year 2021-22.
5. **Development of Quality Standards for Elderly Care services:** Supported the elderly care programme division to define the Quality-of-Care framework under National Programme for Healthcare for Elderly (NPHE).
6. **Developing of IT enabled system for the Quality Certification Process (NQAS, LaQshya, MusQan, AEFI, Lactation Management Units, etc.):** An interim software has been developed to strengthen and streamline the process. The software is functional from 1st December' 2021. Also, NHSRC has been working on a long-term solution for the automation of National Quality certification process with CDAC. Hon'ble Union Health Minister has launched SaQsham portal on 5th May 2022 in the Chintan Shivir.
7. **Dissemination of assessment tools and certification criteria –**
 - 7.1 Dissemination of Comprehensive Lactation Management Centres (CLMC) Quality assessment tools: Assessment tools were approved by the MoHFW and its dissemination is planned in FY 2022-23.
 - 7.2 Finalization of NQAS for Haemodialysis Centre & its dissemination: NQAS assessment tools for assessment of Haemodialysis Centre were approved. A Certification scheme for standalone NQAS certification is under preparation.
8. **Updating NQAS assessment tools:** Finalization of tools is under process.
9. **Studies and Consultation:**
 - ✓ Impact assessment of Kayakalp Scheme: Proposal have been discussed with the experts. Pilot study will be conducted in selected States/ UTs.
10. **Development of self – assessment tools for implementation of Patient Safety Framework under the National Quality Assurance Program and its dissemination:** Draft Self-assessment Tools have been put up to the expert committee

after field testing. It is intended to be launched on 17th September 2022 on World Patient Safety Day.

11. **Support to States in implementation of 'Free Drug Service Initiative' (FDSI):** Guidelines of District Drug warehouse were approved and disseminated in April 2022.

12. **Others -**

- ✓ **E-STAG development for dissemination of STG in collaboration with ICMR - NIE:** Development of e-learning app for STG is in process. A web portal has been developed for STG dissemination and content related to 12 STGs have been shared with NIE-ICMR for uploading on web portal.
- ✓ **Maintenance of ISQua accredited status:** Renewed ISQua accreditation of Quality Standards till August 2024. Accreditation of surveyor training program is valid till July 2022; document review has been completed and result is awaited.
- ✓ **Preparing for ISQua accreditation of the certification unit:** Application has been submitted to ISQua for on-site survey.
- ✓ **Any other task:**
 - Provided comments on ECRP package of the states.
 - Supported for maintaining ISO 9001:2015 certified status of NHSRC and RRC-NE.

Team Composition

Quality & Patient Safety				
S No	Position	Sanctioned	In-position	Vacant
1.	Advisor	01	01	0
2.	Lead Consultant	01	01	0
3.	Senior Consultant	01	01	0
3.	Consultant	08	07	1
4	Jr. Consultant	01	01	0
Total filled positions		12	11	1
Certification Unit (Deputed from QPS Division)				
1.	Senior Consultant	01	01	0
2.	Consultant	05	05	0
3.	Jr. Consultant	01	01	0
Total filled positions		7	7	0

Areas of work

QPS 01 Expanding scope of Quality Assurance Program to include Health and Wellness Centers:

1.1 NQAS in HWC

- a) NQAS for Implementation support in States - NQAS for Health and Wellness Centres were released in December 2020. National level Orientation Workshop was conducted on 2nd July 2021. Thereafter, ten (10) batches of Orientation trainings

were imparted by NHSRC to support its implementation in States/ UTs. One (01) Health and Wellness is Quality Certified under NQAS in January'2022. One batch of training has been scheduled for the state of Maharashtra from 12th July to 13th July 2022 followed by other states.

- b) Partnership with the Organizations to support NQAS implementation- After publication of EOI, two organisations have been selected to support NQAS implementation in States.

1.2 Support to States in undertaking NQAS assessments

- a) Support to the State/UTs in undertaking the NQAS assessments at DH, SDH, CHC, PHC, UPHC & HWC (SC)
- Operational Guidelines for Quality in Public Health Facilities were released on 17th September'2021. The guidelines support the health facilities in planning and implementation of Quality in their health facilities at all levels (DH, SDH, CHC, PHC, UPHC and HWC (SC). The guidelines also provide a holistic view for undertaking improvement activities at facility level.
 - Virtual assessment was conducted in the states during COVID-19 pandemic. With the situation getting better, willingness of the State/UTs was taken and now all the States/ UTs have consented for the physical assessment.
 - States Nodal Officers workshop was conducted on 16th – 17th December' 2021 to understand the challenges at health facilities. Participants from 28 State/UTs participated in the workshop.
 - The next State Nodal Officers Workshop has been scheduled on 19th July and 20th July 2022.
- b) Undertaking mentoring visits in States- Mentoring visits could not be conducted due to COVID-19 pandemic in the year 2021-22. In the current FY, field visits have been started. Health facilities in the state of Uttar Pradesh and Haryana were visited for the on-site consultation and piloting of Risk Management Framework for District Hospitals. Also, field visits were conducted in Maharashtra & Jharkhand. Now field visits by the QPS team have commenced.
- c) Sustenance assessments of 10% of certified facilities by empanelled assessors- Due to pandemic and intra-state travel reservations/restrictions, sustenance assessments could not be undertaken. Same is scheduled in current FY 2022-23 & seventy-one (71) facilities have sampled for such assessments.
- d) Development of Resource Material – During the implementation of NQAS, public health facilities find it challenging to implement Quality standards under Area of Concern- 'G' (Quality Management) pertaining to Risk Management. Health facilities face difficulty in understanding the risk management framework and

developing facility-based risk mitigation plan. Responding to the state's request, a Risk Management Framework has been developed for supporting the health facilities in implementation of Quality Standards (Risk management Framework and Plan) at District Hospitals.

- e) Quality Darpan – 'Quality Darpan' – The process has been initiated for drafting & release of 5th edition.

1.3 Capacity Building of State Teams by NHSRC and also in collaborations with institutions

- a) Increasing pool of External assessors by conducting NQAS Assessors trainings- Total of 756 external assessors are empanelled at national level to support the conduct of national assessments in States/ UTs.
- In FY 2021-22, three (03) batches of External Assessor training were conducted & in FY 2022-23, two (02) batches were conducted till 07th July '2022; wherein 245 external assessors have been added to the empanelled external assessors' pool. Out of the 5 batches of external assessors, one separate batch of training for paediatrician and gynaecologist and another batch of nursing professional were conducted for meeting the specialised requirements. Two (02) more batches have been planned in the month of July & August 2022.
- b) Online refresher training of existing external assessors- NQAS external assessors are empanelled for a period of three years. After three years, they required to undergo refresher training for continuation of their empanelment. Two (02) batches of online refresher trainings were conducted in FY 2021-22. Till 7th July' 2022 two (02) batches of online refresher trainings have been conducted in FY 2022-23.
- c) Increasing pool of Internal Assessors & capacity building of Quality team in the States by trainings-
- Total of 611 batches of trainings have been imparted till date. In FY 2021-22, 52 batches of training were conducted & 5 batches of training have been conducted in FY 2022-23.
 - 4959 candidates are empanelled as an Internal Assessors. Out of 4959 candidates 175 Internal Assessors were added in FY 2021-22 where 128 Internal Assessors are added in FY 2022-23 to augment the Internal assessors pool.
- d) Partnership with the Academic Institutions for creating pool of Quality Professionals-
- Collaborative partnership with TISS, Mumbai has been continued to create a pool of qualified professionals for the public health system.

- Ten (10) 'Trainers' outside NHSRC have been empanelled by the QPS division to conduct trainings and build capacities of the States and UTs for implementation of quality programmes at public health facilities.
- In February 2021, a collaborative MoU with Public Health Foundation of India and Association of Healthcare Providers (India), New Delhi has been entered as a capacity-building initiative for six-days training module to create a pool of qualified professionals. Batches of training are planned in FY 2022-23.

1.4 Development of short video films on Quality Improvement for guiding the facilities with NQAS implementation

During the implementation of NQAS, public health facilities find it challenging to implement quality standards under Area of Concern- 'G' (Quality Management) and 'H' (Outcome Indicators). Short duration videos are under preparation to help the health facilities in implementing and sustaining the quality initiative.

1.5 Felicitation of NQAS certified facilities

Due to pandemic and intra-state travel reservations/restrictions, it could not be undertaken. It will be scheduled in next FY 2022-23. However, Hon'ble HFM felicitated the states, showing exemplary performances in NQAS and LaQshya certification for the year 2019-20.

QPS 02 Supporting the states in scale-up of NQAS and LaQshya certification

2.1 Support to States in undertaking the Quality Assessments under NQAS and LaQshya-

- **NQAS assessment:** A total of 1639 health facilities (DH-179, SDH-65, CHC-126, PHC-1117, UPHC-151, HWC (SC)-1, MusQan-01) are certified under National Quality Assurance Program as on 30th June 2022. As on 31st March' 2022 2922 health facilities were NQAS certified at the State level.
- In FY 2022-23, 136 health facilities (DH-8, SDH-9, CHC-4, PHC-89, UPHC-26 and HWC-SC-0, MusQan-01) have been NQAS certified. Certification assessment of 98 health facilities is scheduled in July 2022.
- **LaQshya assessment:** A total of 564 facilities (564 Labour Rooms and 441 Maternity Operation Theatres) have been nationally LaQshya certified. In FY 22-23, 64 Labour Rooms and 33 MOT are certified at national level till date.
- **QA certification under NUHM:** Till 30th June 2022, 151 UPHCs are NQAS certified nationally and 315 UPHCs are NQAS certified at state level.

QPS 03: Launch of Quality Certification program for MusQan – Child friendly Services in Public Health facilities:

- 3.1 Dissemination of Quality Certification program for MusQan ensuring child friendly services in public health facilities –
To ensure safe and quality services in public healthcare facilities from birth to 12 years of age, MusQan scheme (Child Friendly Services initiative) has been launched on 17th September 2021, by Hon'ble Union Health Minister on the occasion of National World Patient Day.
- 3.2 National and Regional Workshop to support the states in implementation of MusQan initiative- National dissemination was conducted on 3rd December 2021. Regional Workshop would be conducted in collaboration with Child Health Division of Ministry and States in FY 2022-23. MoHFW has asked the states to select the health facilities for implementation of MusQan by 20th January, 2022. Sixteen States have sent their list of selected facilities till 30th June 2022.

QPS 04 Support for Kayakalp implementation

- 4.1 Implementation Support & Dissemination of Revised Kayakalp Tool –
- Over the last 6 years of implementation, there is an exponential increase in the number of health facilities participating under Kayakalp. Number of participating facilities under Kayakalp has increased from 750 health facilities in FY 2015-16 to more than 42000 facilities in FY 2021-22. Number of facilities receiving the Kayakalp awards has also increased from 97 in FY 2015-16 to 11221 healthcare facilities (DH-346, SDH/CHC-1497, PHC-4047, UPHC-963, HWC-SC-4336.) Only 25 State/UTs have been declared the result till date.
 - An additional theme of “*Eco-friendly health facilities*” has been added in the Kayakalp assessment tool for FY 2021-22. An orientation workshop on Eco-friendly theme was conducted on 9th July 2021. In FY 2021-22, 32 healthcare facilities have been awarded as Eco-friendly health facilities (DH-15, SDH-5 & CHC-12).
 - Also, two (02) batches of External Assessor Trainings for assessment of tertiary care hospitals under Kayakalp were also conducted in FY 2021-22.
 - Kayakalp felicitation for FY 2020-21 & FY 2021-22 is planned in September' 2022.

QPS 05 Development of NQAS for Oncology and Elderly Care services

- 5.1 Development of Quality Standards for Healthcare of Elderly: Division supported the elderly care programme division to define the Quality-of-Care framework under National programme for Healthcare for the Elderly.

QPS 06 Strengthening of NQAS to include Quality standards for Data Management and e-record maintenance

6.1 Development of IT Standards for Data Management and e-record maintenance for District level health facilities –

Huge quantum of data is generated at health facility level. It's security, maintenance of repository and timely retrieval becomes pivotal. Therefore, NQAS for district hospitals would be strengthened to incorporate these components in Version 2022.

QPS 07 Developing IT enabled automated system for the Quality Certification Process (NQAS, LaQshya, AEFI, Lactation Management Units, etc.)

7.1 Development of a comprehensive IT solution with CDAC to manage Quality certification process of health facilities

- ✓ To cater the increasing quantum of NQAS and LaQshya certification of facilities the division has signed a MoU with CDAC to develop a software (SaQsham).
- ✓ Software development is divided into two phases. In first phase the entire certification cycle (from facility-based application to issue to certificate) has been agreed upon.
- ✓ Hon'ble Union Health Minister has launched SaQsham portal on 5th May 2022 during the Chintan Shivir.

7.2 Strengthening of 'Gunak' platform

GUNAK' - the paperless assessment app of NQAS, LaQshya and Kayakalp has been upgraded. GUNAK will be subsumed in the CDAC software for conduct of assessments. As of 30th June, 2022, the 'Gunak' App had a rating of 4/5 at Google play store and 4.8/5 at Apple store with more than 10,000 users.

7.3 Interim Software for Quality Certification:

Considering the number of applications for NQAS and LaQshya certification an interim software was also developed. The States/ UTs and Empaneled Assessors have been oriented on the application of interim software. From 5th october 2021 onwards the health facilities are applying through software for streamlining the process.

QPS 08 Developing the framework for engaging family and community in patient care

Family is first care provider during the course of illness. To deliver patient centric care, patients' engagement in their own care and involving their families for providing them care is pivotal. Similarly, to provide holistic approach of care engaging community becomes equally important. The division is working in development of framework for providing patient centric care by engaging family and community.

QPS 09 Dissemination of Assessment tools and certification criteria for other domains

- 9.1. Dissemination of Comprehensive Lactation Management Centers Quality assessment tool:
Quality Standards, Assessment Tool and Certification Criteria were approved by MoHFW. The guidelines shall be disseminated in states in the FY 2022-23.
- 9.2. Finalization of NQAS for Hemodialysis Centre & its dissemination: NQAS for Hemodialysis was approved by MoHFW. During the 7th CQSC meeting held on 28th January'2022, AS&MD, NHM has directed to launch a standalone NQAS certification scheme for Hemodialysis. The scheme is under finalization.

QPS 10 Updating NQAS assessment tools

- 10.1. Updating checklist for CHC and PHC as per newer/ revised guidelines, and their dissemination: Updation of NQAS assessment tool for CHC and PHC as per newer/ revised guidelines is under process.
- 10.2. Updating checklist of District Hospitals as per newer/ revised guidelines, and their dissemination: Under process

QPS 11 Studies and Consultations

- 11.1 Impact assessment of Kayakalp Scheme: Proposal have been discussed with the experts. Pilot study will be conducted in selected States/ UTs.
- 11.2 Measuring variation in delivered Quality Services at Public Health facilities: Concept note has been submitted. The study could not be initiated due to COVID-19 pandemic.

QPS 12 Development of self-assessment tool of patient safety and dissemination

- 12.1. Draft Self-assessment tools have been put up to the expert committee after field testing. It is intended to be launched on 17th September 2022 on World Patient Safety Day.
- 12.2. National Workshop on Patient & Medication Safety
- The World Patient Safety Day is observed on 17th September every year. The theme of the WPSD 2021 was 'Safe maternal and new-born care'. The division organised a series of webinars from 11–17 September 2021 on ensuring safe maternal care, newborn care, medication safety, safety in ambulatory care, radiation safety and fire safety. Eminent speakers were invited from the Mahatma Gandhi Institute of Medical Sciences (MGIMS), Wardha, All India Institute of Medical Sciences (AIIMS) Jodhpur, Peerless Hospital and B K Roy Research Centre, Kolkata, Atomic Energy Regulatory Board (AERB), and the Safdarjung Hospital, New Delhi. Nearly 200 participants joined these webinars daily.

- The States/UTs were also provided with a detailed day-wise action plan to commemorate the day and the states were encouraged to utilize it along with the liberty to add more activities, as required by the state.
- It culminated into a national webinar on 17th September'2021, which was also inaugurated by Hon'ble Union Health Minister.
- The 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, poster competition and others. To join the Global Campaign, few states lightened up their iconic monuments, landmarks, local places and public health facilities in orange colour on 17th September 2021.
- Work has already been initiated for the forthcoming World Patient Safety Day (17th September 2022)

QPS 13 Support to states in implementation of 'Free Drug Service Initiative' (FDSI) Development and Dissemination of norms for district drug warehouse-

13.1. District drug warehouse-

- Guidelines for District Drug Warehouse were developed and approved by MOHFW. Guidelines were disseminated in States/ UTs' in April' 2022.
- Approved EML for HWCs (Sub Centre and PHC) have already been shared with the states.
- Essential Medicine List (EML) for other facilities is under approval.

QPS 14 Others

14.1. Dissemination of STGs:

- Following key activities were undertaken to develop e-learning app for STGs (12 clinical conditions).
- An MoU was signed with National Institute of Epidemiology (NIE-ICMR) Chennai on 21st October '2019 to develop an e-learning App to disseminate of these STGs. Steering committee under the chairpersonship of Joint Secretary (Policy) has been guiding the project.
- Learning modules pertaining to 12 STGs have been drafted and sent to NIE-ICMR. These will be uploaded on the web portal.
- Continued review of the developed course material is under process.

14.2. Maintaining the existing Accreditation of NQAS and Surveyor training program:

National Quality Assurance Standards continue to meet global benchmark and in Aug 2020 have received renewal of ISQua accreditation for four years (valid till August 2024). Documents for the maintenance of the existing accreditation of surveyor training program (valid until July 2021) have been submitted.

14.3. Attaining ISQua accreditation of Quality certification process: Application for the Accreditation of Certification Cell, NHSRC, is in process with ISQua.

14.4. Ratification of CQSC division for renaming the divisions name to Quality and

14.5. Patient Safety- During the 7th CQSC meeting the name of Quality Improvement division has been changed to Quality and Patient Safety Division w.e.f 1st January' 2022.

VIII. ADMINISTRATION

VIII A: General Administration

Key Deliverables

1. **Hiring of Additional Space in NDC basement NIHFW for NHSRC:** Post signing of MoU with NIHFW on 30th March, 2021 and taking over of facility on 26th April, 2021, work has been given to CPWD as Deposit Work. After completing tendering process, CPWD has awarded the tender to M/s Aniket Enterprises on 15th December, 2021. Total Cost of the work given by CPWD is Rs 4,74,12,500/-. Out of this, 33.33% i.e., Rs 1,58,02,586/- has been paid as advance to CPWD. Work was started w.e.f. 25th December, 2021 with projected completion by 25th April, 2022 (as per agreement between CPWD and Contractor). (Date of completion has been revised to 15th June 2022. Further revision of dates has been asked for, since the work is still in progress.)
2. **Rent Obligation of NHSRC Towards Space Provided by NIHFW:** NIHFW has asked for commencement of rent for First Floor and arrears thereof. Case was projected for waiver of rent as the combined consideration for the rent was substantial. Subsequently, in a meeting, chaired by Secretary, HFW on 25th March, 2022, this issue was deliberated upon. Based on the deliberations case for decision on the issue of rent waiver has been processed.
3. **Maintenance of Office & Infrastructure:** Renewal of all contracts/ fresh tender for CMC/ AMC of equipment and other services of NHSRC has been successfully completed. Review and rehearsals of fire safety measures, Annual Stock Taking for Fixed and IT Assets was held in the month of April 2022 followed by insurance of office assets against fire and burglary (Due in Sep 22).
4. **Transport Fleet Management:** Management of transport fleet for NHSRC & NHM are being ensured. EoI has been floated for empanelment of a fresh agency as the previous agency has completed 03 years
5. **Procurement of Goods & Services:** Procurement of goods and services is as per GFR 2017, and routing of the same is through GeM. Release of payments is being done in accordance with GoI ruling.
6. **Management of RTI Applications:** Timely and accurate response to all applications and maintenance of tracking system of RTI applications to ensure no delays.
7. **ISO Audit Facilitation:** ISO surveillance Audit had been held in the month of November, 2021 for improvement in quality of work. In addition, internal audit was also held.
8. **Management of Events/ Meetings:** Regularly organizing meetings/ events like CRM, NPC and for NHM/ NHSRC are being undertaken and being facilitated by Admin Division.

VIII B: IT

Key Deliverables

1. Upgradation in HR Recruitment Portal as per input from different divisions
2. Revamping work of NHSRC main website is completed
3. Revamping & Redesigning of NHINP portal is completed.
4. Revamping and Redesigning of QI microsite in completed.
5. Development of APIs for integration of NQAS certified facilities with NHA server.
6. Roll out of Payroll Application in collaboration with Account section.
7. Upgradation of conference rooms to have Enhancement of functioning of Online Meetings/interviews/seminars.
8. Renewal/Re-tendering for existing IT Service Contracts.
9. Seamless IT support to all/HR online interviewing process.
10. Annual Stock Taking of IT assets and cannibalization of equipment to prevent wastage.
11. Rollout of online assessment software for HR recruitment process.
12. Server room restructuring activity is completed.
13. Development of new webpages at NHSRC website for publishing information related to: -
 - a. ECRP-II
 - b. PM – ABHIM
 - c. FC-XV Health Grants through Local Governments
14. Renewal of NIC email IDs and e-office account.
15. Procurement of Hardware for Covid-19 cell at NPM
16. Procurement of new WebEx license with capacity to handle 3000 participants to support virtual meetings with large number of participants
17. Registration of NHSRC at National Career Services (NCS) portal to enable HR team to publish vacancies at NCS portal.

VIII C: Accounts

Key Deliverables

1. **Budget Monitoring:** Implementation of SoPs for monthly review of budget allocation and expenditures to monitor percentile expenditures for both NHSRC and others.
2. **Finance Policy Implementation:** Implementation of guidelines of Ministry of Finance with regards to various policies with regards to EMD, PG, factoring in of same in MoUs/Agreements of all divisions of NHSRC
3. **GeM Payment Management:** Ensuring timely release of all GeM related payment obligation on time in consonance with policy directions on the subject to ensure that there are no delays and backlog
4. **Audit Observations:** After rigorous follow-up and coordination with IAHQ team, all IAHQ audit paras have been settled

5. **Grant – in – Aid:** Timely projection and release budget tranches for the FY 2021-22 against Grant – in – Aid to ensure uninterrupted flow of NHSRC activities
6. **Fee Management:** Timely pay rolling of all NHSRC personnel (NHSRC+OTN). Successful implemented Payroll processing software for automated fee slips generation
7. **Statutory Compliances:** Meticulous management of all statutory requirements. (TDS and TDS on GST under GSTR-7).
8. **Annual Audit:** Annual audit for FY 2021-22 has been completed and complete report submitted for presenting in COPLOT. Audited Accounts report attached for perusal.
9. **Integration with NITI Aayog Darpan Portal:** Successful implementation of NHSRC integration with NITI Aayog Darpan portal and reimbursement of Advisory Group on Community Action (AGCA) and fund released to GRAAM and other NGOs in a time bound manner.
10. **PFMS:** Successful and smooth implementation of PFMS for monthly consultancy fee, payments etc.
11. **Budget Modification:** In view of allocation of new location in NDC basement, budget of NHSRC for FY 2022 – 23 has been realistically worked out and projected. This included cost for refurbishment, running cost and HR cost. Continuous coordinate with CPWD for release of payment as per laid down norms.
12. **Travel Management:** Detailed monitoring of all travel claims, booking of air travel. Formulation of internal SoPs for this monitoring. While processing payment, it has been ensured that laid down guidelines and SOPs are adhered to.

VIII D: Human Resources

Key Deliverable

- a) **Recruitment:** Recruitment for NHSRC, RRC-NE and MoHFW to include a total of 132 positions (64 in NHSRC & RRC-NE and 68 positions of NPMU & Non NPMU). Recruitment is underway for 19 positions in NHSRC & 36 positions in MOHFW. In addition, Campus Recruitment of Interns & Fellows entailed online interfacing with 16 Universities for filling up 25 vacancies.
- b) **Contract Management:** Efficiently managing contracts of **103** Personnel (Long Term Contract), **03** Short term Consultants, **19** Fellows & **01** Intern in NHSRC. **110** Personnel in NPMU (Including 07 Personnel in Covid -19 cell).
- c) **HR Induction:** Induction sessions for new joiners of NHSRC started from July 2021 due to a pandemic. A total of **10** sessions were conducted from July 2021 till date. A total of **52** Personnel of NHSRC and MOHFW attended the induction sessions
- d) **Probation Management:** A total of **37** NHSRC personnel were put under probation as per policy and a total of **36** probation was confirmed.
- e) **Annual Performance Appraisal:** Successfully concluded the Annual Performance Appraisal exercise of NHSRC, RRC-NE & MOHFW. A total of **130** Personnel of NHSRC, RRC-NE & MOHFW were appraised.

- f) **Standard Operating Procedures, Policies, Forms, etc.:** Updation of undermentioned SOPs and policies.
- ✓ SOP on the functional relationship between NHSRC & RRC-NE
 - ✓ SOP on Professional Courses
 - ✓ SOP on Mediclaim insurance
 - ✓ Policy on a notice period of short-term consultants and Fellows, an extension of probation
 - ✓ Developed Probation Work Report Format
 - ✓ Revision of other forms like Exit Form, etc.
- g) **Training & Development:** Organized 16 different sessions of training programs for NHSRC and RRC-NE personnel (including technical & Admin Assistants and Secretarial Assistants) on various topics ranging from behavioral skills to technical skills.
- h) **Group Mediclaim Insurance Policy:** Developed RFP for the GMI Policy. Advertised thrice to onboard The United India Insurance Co Ltd in the third attempt. A total of **148** personnel of NHSRC, RRC-NE, and MOHFW are covered under this policy. Monthly addition and deletion mechanism have been put in place to include or remove personnel joining or leaving the organization.
- i) **Group Accidental Insurance:** Managing Group Accidental Insurance of **148** personnel working at NHSRC & RRC-NE.
- j) **Updation of Personal Information Data:** Personal Information data of the existing Personnel was updated In October 2021 and information has been compiled for further use.
- k) **HR Software:** Development and refinement of Online Application software for all recruitments of NHSRC, RRC-NE & MOHFW.
- l) **ISO Audits:** Provided required support to the Quality division for internal and external ISO Audits. SOP and other records of the HR section are updated from time to time. Answered all queries related to ISO audit of the HR section. No Non-Compliance (NC) to date.
- m) **ISQua:** Attended various meetings and deliberated the support to be provided for ISQua certification in respect to HR requirements. Consolidated and provided necessary documents to support ISQua certification of NHSRC.
- n) **MS Access:** Deliberated the process and system of maintaining records and databases on MS Access. Conducted and attended multiple meetings to ensure the output was error-free and easy to use for the personnel working on it. The entering of data in Access database is ongoing.

AGENDA POINT 4

**WORK REPORT OF
REGIONAL RESOURCE CENTRE FOR NORTH - EASTERN STATES
(RRC-NE)**

FY 2021-22

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I. COMMUNITY PROCESSES & COMPREHENSIVE PRIMARY HEALTHCARE (CP/CPHC)

Key Deliverables:

1. Appraisal of CP-CPHC proposal of PIP, ECRP-II, XV- FC, Supplementary PIP and attended Pre NPCC and NPCC meeting for all the NE States including comment on Post NPCC PIP.
2. Activity wise ROP analysis for all the NE States and consultative meetings with State Nodal Officer of all the NE states.
3. Review cum Orientation workshop of District Nodal Officers and State Nodal Officers on Comprehensive Primary Health Care.
4. Online State and District ToTs for Emergency Care, Eye Care, Elderly and Palliative Care for Medical Officers.
5. Support to NE states in planning and organizing training on expanded packages of services for CHOs and Medical Officers.
6. Online State ToT on Jan Arogya Samiti (JAS) and Mahila Arogya Samiti (MAS).
7. Drafting of Modules along with NHSRC for AB-HWC team on selected topics of comprehensive primary health care, ASHA Module and Community Process guidelines.
8. Support to NHSRC and MoHFW in regional and national review.

Team Composition:

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

Planning Processes

1. Completed ROP analysis of all the NE states and forwarded the same to NHSRC.
2. Appraised Post NPCC SPIP 2021-22 of NE states.
3. RoP and key deliverables analysis of all NE states and shared the observation with NHSRC and the respective states.
4. Appraised ECRP II proposals (Training, Tele- Consultation and HWC Infrastructure- Prefabricated Beds for SHC-HWCs and PHC-HWCs) for the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram and Nagaland, Tripura.
5. Appraised supplementary PIP of Mizoram and shared the same with NHSRC.
6. Finalization of key deliverables for ROP of Meghalaya and Sikkim.

Meetings/Workshops/Trainings

1. Attended online Pre-NPCC and NPCC Meeting for SPIP 2021-22 for NE States.
2. Organized 4-day online State ToTs on Emergency Care for Medical Officers for NE States and Tamil Nadu with a total participant of 30.
3. Conducted 01 day online National ToT for Medical Officers on Eye Care with 20 participants. Conducted 1-day online training of State ToT of Medical Officers on Eye Care for all the NE States along with state of Pondicherry, Lakshadweep, Andhra Pradesh, West Bengal, Odisha, Goa, Gujarat, J&K, Maharashtra, Karnataka, Kerala, Punjab, Tamil Nadu, Telangana, A&N, D&NH and Ladakh. In total, 167 participants attended the training in four batches.
4. Organized Two Days Online State ToTs on JAS for 08 NE States.
5. Supported the State of Meghalaya to complete 04 batches of Online training on Emergency Care of CHOs and SNs.
6. Attended Pilot Training of CHOs on TB organized by TB division in Meghalaya.
7. Attended Consultative meetings with State Nodal Officers, CPHC on CHO mentoring project organized by CP Division, NHSRC.
8. Organized 4-day online training of State Trainers of Medical Officers on Elderly and Palliative Care for all 08 NE States with 24 participants.
9. Attended consultation on training strategies to build capacity of FLWs, CHO, MO, and community platforms (VHSNC/MAS/JAS).
10. Attended webinar on super saviors of COVID-19.
11. Attended online meetings on revised strategy for NIOS ASHA certification.
12. Coordinated and attended online Focus Group Discussion (FGD) on CHOs conducted by NHSRC.
13. Organized 02 Planning Meeting for the training on Eye Care for MOs with National Trainers.
14. Organized 'Review cum Orientation workshop on CPHC for the District & State Nodal Officers of Assam on CPHC' with an aim to understand the progress and to bring programmatic clarity among the Nodal Officers about the implementation of CPHC.
15. Coordinated with NE States and attended the training of 'Mahila Arogya Samiti (MAS)' organized by NHSRC.
16. Supported and attended two-day National level workshop of SNOs, CP-CPHC of all states, organized in Delhi organized by NHSRC.
17. Supported NHSRC in conducting Regional Workshop on health and nutrition in 3 batches: (Batch 1: Northern and Central States with 262 participants; Batch 2: Hilly & North-eastern with 244 participants; Batch 3: Southern States of India with 143 participants)
18. Supported NHM, Assam for conducting online training State of Assam in conducting District ToTs for Medical Officers on Emergency Care in two batches with 36 and 32 participants respectively and Elderly, Palliative Care in one batch with 33 participants.
19. Coordinated with all CPHC Nodal Officers and participated in the National Level Dissemination on NQAS for HWCs jointly organized by the Divisions of CP-CPHC and QA, NHSRC.
20. Attended Pediatric Care training for Primary Health Care with nominations from NE.

21. Coordinated with Assam and Manipur and attended the Expert Committee meeting on HWC adoption by Medical Colleges.
22. Attended workshop on Leadership, Work Management, and ECRP II, orientation of NHM consultants.
23. Attended workshop of stakeholders on Review of ADB supported activities on Community engagement in urban areas during COVID-19.
24. Attended a meeting organized by NHSRC on the draft ASHA guideline & provided inputs.
25. Developed presentation for the training on Eye Care for the MOs which is to be used during the training after necessary revision by NHSRC.
26. Attended HWC review meeting for Assam chaired by JS(P).
27. Presented a paper 'Identifying Gaps in the Continuum of care for HTN and DM in two Indian Communities' in the fortnightly seminar organized by NHSRC.
28. Attended the orientation meeting on 'Fifteenth Finance Commission' organized by MoHFW for all States.
29. Attended meeting on 'Orientation Program of Nursing Colleges' organized by NHSRC.
30. Attended meeting on 'Revised CP Guideline' organized by NHSRC.
31. Presentation on 'Communication in Palliative Care: talking about the end of life, before the end of life' was taken by team member of the Division during Fortnight Seminar.
32. Attended the Training of Trainers on VHSNC organized by CP-CPHC Division, NHSRC and gathered the valuable inputs shared during the training.
33. Attended the launching program of Ayushman Bharat – Health Infrastructure Mission by Honorable Prime Minister of India and gathered the crux of this new initiative.
34. Attended meeting on 'Training Monitoring Software' organized by NHSRC which will help the states to plan and monitor the trainings programs.
35. Attended the India launch of UNICEF's flagship report 'The state of the world's children 2021'.
36. Coordinated with NE States and attended the training of 'Mahila Arogya Samiti (MAS)' organized by NHSRC.
37. Supported and attended two-day National level workshop of SNOs, CP-CPHC of all states in Delhi organized by NHSRC.
38. Supported NHSRC in conducting Regional Workshop on health and nutrition in 3 batches: (Batch 1: Northern and Central States with 262 participants; Batch 2: Hilly & North-eastern with 244 participants; Batch 3: Southern States of India with 143 participants)
39. Support NHM, Assam for conducting online training State of Assam in conducting District ToTs for Medical Officers on Emergency Care in two batches with 36 and 32 participants respectively and Elderly, Palliative Care in one batch with 33 participants.
40. Attended sensitization workshop on Aspirational Districts of North-East States organized by RRC-NE.
41. Supported Sikkim and Meghalaya for conducting District ToTs on Emergency care for MOs.

42. Supported and taken sessions on HBYC Training of Urban ASHA in Naharlagun, Arunachal Pradesh.

Documentation & Report Writing

1. Updated CP-CPHC Sheets for NPCC with key highlights from SPIP 21-22 for Tripura and Arunachal Pradesh.
2. Updated status on CPCH: result of July 2020 batch and enrolment, January 2021 batch.
3. Coordinated with the NE states ASHA Nodal Officer for comment on ASHA certification.
4. Update on ASHA incentive status for NE states and submitted to NHSRC.
5. Compiled report on Emergency Care TOT for Medical Officers of NE states.
6. Prepared a data base of National and Master and State Trainers database for NE states.
7. Comment on AYUSH HWC status of NE states to Director RRC-NE for onward submission to NHSRC.
8. Finalized the Adolescent Health Module and shared with NHSRC for final layout.
9. Drafted and finalized the report of the State ToT of Medical Officers on Elderly and Palliative Care.
10. Updated status on eligible and enrolled ASHAs for social security schemes for all the NE States.
11. Updated ASHA Biannual matrix for all NE States.
12. Updated and incorporated changes advised by ED, NHSRC, in the CHO supplementary module on Adolescent Health.
13. Coordinated and submitted NAMG update to NHSRC for all the NE States.
14. Coordinated and submitted VHSNC and MAS update to NHSRC for all the NE States.
15. Updated status on HWC meeting for NE States and submitted to Director, RRC-NE for onward submission to NHSRC.
16. Updated KPI (HWC Section) for all the NE states for onward submission to NHSRC.
17. Compiled draft chapter on Health promotion for revised ASHA Induction Module.
18. Updated information from NE states for adoption of Ab-HWCs by Medical Colleges.
19. Appraised 'Activities, Incentives and Time Allocation Patterns of ASHA Workers: A Study of Selected Districts in Uttar Pradesh' and submitted comments.
20. Appraised 'PRC study on Status of ASHA program of Himachal Pradesh' and submitted comments.
21. Appraised 'Raising Male Work Force (VISHWAS) as equivalent to ASHAs' and submitted comments.
22. Appraised DDU-GKY MoRD regarding 'Training of Rural COVID Health Care Workers and Volunteers' and submitted comments to NHSRC.
23. Appraised 'Draft Report on Enhancing Gender Responsiveness of Plans and Budget' and submitted comments.
24. Appraised 'Advisory on protection of Human Rights of the Particularly Vulnerable Tribal Groups (PVTGs) amid COVID-19' and submitted comments.
25. Appraised 'List of various recommendations of the Working Group of Ministers on Healthcare related to MoHFW' and submitted comments.

26. Appraised 'Preparation of National Action Plan on Human Rights (NAP-HR)' and submitted comments.
27. Comments on the concept note on 'Tribal health Collaborative'.
28. Appraised 'XV FC/ PMSMA for Nagaland, Mizoram and Tripura' provided comments and shared with NHSRC.
29. Appraised 'Relaxation of mandatory condition of placement of female MPW at every SHC level AB-HWC at Tripura', provided comments and shared with the MoHFW, GoI.
30. Appraised and provided comments on Need to emphasize the 'wellness / well-being' & 'Holistic approach to Health.'
31. Appraised and provided comments on Brainstorming needed on creation of 'Health Volunteer Force.'
32. Appraised and provided comments on 'Examine the possible of using ASHA Workers to distribute AB-PMJAY Cards in camps organized at Gram Panchayat level.'
33. Appraised and provided comments on 'Brainstorming on how ASHA Workers can be empowered & whether she can work as a brand ambassador of MoHFW.'
34. Appraised 'Response to preliminary list of points in connection with the examination of the subject Health Facilities for Tribal Women', provided comments and submitted to Director, RRC-NE for onward submission to NHSRC.
35. Appraised 'Concept note on (Food and Nutrition, Health and WASH) Cadre' and provided comments.
36. Appraised 'Concept note on DASHASUTRA (NRLM)' and provided comments.
37. Appraised 'Draft Chapter-I of the FC-XV Technical Guidelines' and shared the necessary inputs related to it.
38. Appraised the 'Revised guideline for ASHA Section (Community Process)' and shared the draft with NHSRC.
39. Appraised and prepared comments on 'Strategy and Action Plan for International year of Millets – 2023' United Nation has approved the proposal of India to celebrate the International Year of Millets-2023.
40. Appraised and prepared comments on 'Blueprint reforms in Home Healthcare' in India by NATHEALTH. NATHEALTH proposes home health care services for the population of India.
41. Appraised draft memorandum for Standing Finance Committee (SFC) for scheme of Beedi/CINE/MIC/Iron Ore, Manganese Ore and Chrome Ore Mines (IOMC)/Limestone & Dolomite (LSDM) workers. Name of the Scheme: Labor Welfare Scheme (In respect of health, housing, and education scheme).
42. Prepared and shared the MDoNER report 'Study of Studies' in relation to the study 'Evaluation of ASHA' held in Nagaland conducted by RRC NE.
43. Analyzed the number of trainers available with the states and based on that additional requirement has been forecasted.
44. Prepared PPT on Eye Care for MOs for State and National Trainers and shared with NHSRC.
45. A grievance Redressal analysis for the north-eastern states has been done and shared with NHSRC.

46. Coordinated with NE States and submitted the online poll on maternity benefit issues of ASHA except Assam.
47. Shared required inputs on HPSR (Health Policy System & Research) fellowship program.
48. Prepared month wise activities and action plan for international year of millets '2023'.
49. Shared comments on 'Pradhan Mantri Van Bandhu Kalyan Yojana' for comprehensive development of STs and submitted to Director RRC-NE.
50. Updated status of CHO and CPCH and submitted to CP-CPHC Division, NHSRC for scheduled meeting under chairmanship of AS&MD.
51. Updated status on PMJAY, PMSBY for 08 NE States and submitted to CP-CPHC Division, NHSRC.
52. Shared inputs on the concept, expediency, limitations of MedisysEdu Tech as well as how it can benefit the Health Department.
53. Prepared a detailed report on the concept, challenges, and outcome of 'Rural Health Practitioner' that was introduced in Assam in the year 2010.
54. Finalized the training report of 'Review and Re-Orientation Workshop of State and District Nodal Officer –CPHC, Assam' and shared the report with State.
55. Preparation of PPT on Overview of AYUSH-HWC reflecting the programmatic convergence.
56. Analysis of data discrepancy in HWC portal of all the NE States and shared with the concerned states for reference and necessary corrective actions.
57. Prepared a concept note on 'Probable collaboration between RRC NE/NHSRC and USAID (JHPIEGO) in Comprehensive Primary Health Care' and shared with Director RRC NE & NHSRC.
58. Commented on Planning document under NHM (PIP 22-23)-simplification of PIPs, planning, appraisal, implementation, and monitoring.
59. Drafted concepts note on Feeding Norms, SAM & MAM under 'POSHAN Abhiyaan' for scheduled conference with Chief Secretaries and submitted to Advisor, CP-CPHC, NHSRC.
60. Preparation of presentation on Health Services in Anganwadi Centre with Special Focus on Children affected due to Covid-19 and presented in the CDPO workshop organized by NIPCCD.
61. Finalized supportive supervision visit report of Meghalaya and submitted to NHSRC .
62. Update on Annual activity report - For Updation of MoHFW Year End Report.
63. Inputs on Ministry of Health and Family welfare CP, CPHC Year End Calendar.

Supportive Supervision Visit:

1. A team from NHSRC and RRC-NE lead by Dr (Flt Lt) M A Balasubramanya visited the state of Arunachal Pradesh and Assam to oversee the implementation of the AB-HWC and CP initiative.
2. Supportive supervision visits to Ri-Bhoi district, Meghalaya with NHSRC Team.
3. Visited Assam and Orissa as team member of Common Review Mission.

Studies/ Evaluations:

1. Study on 'Continuum of care through HWC' on HTN and DM in Assam and Manipur. A team combining officials from NHSRC, and RRC-NE visited the state of Manipur and a team from RRC-NE visited Assam for data collection. Analysis of the data is completed, and report is being finalized.
2. Support NHSRC for HWC evaluation including inputs for finalizing tools to conduct the study by Innovation and Learning Centers (ILCs).

Others:

1. Completed Internal Audit for CP-CPHC (updated QMS manual as per audit observation and shared accordingly) and submitted all necessary documents.
2. Supported NHM, Assam during recruitment process for the post of district coordinator, RBSK, as Observer of Interview Panel.
3. Attended interview as an observer in the interview board for the post of Consultant-Nutrition, and District Media Expert NHM, Assam.
4. Facilitated the State of Tripura on AYUSH-HWC (guidelines and D.O.) for CHO recruitment.
5. Compiled annual report of CP division RRC-NE and submit to Director RRC-NE.

II. HEALTHCARE TECHNOLOGY (HCT)

Key Deliverables:

1. Support to the NE states in planning processes and to NHSRC in appraising the State PIPs.
2. Support to the NHSRC/MoHFW in appraising the State proposal under for various schemes/plan like Emergency COVID Response Plan (ECRP), North Eastern Special Infrastructure Development Scheme (NESIDS), Ministry of Home Affairs, North East Council etc.
3. Support to the NE states in implementation & monitoring of Bio Medical Equipment Management & Maintenance Program (BEMMP).
4. Technical support to the NE States in implementing & monitoring of Free Diagnostic Services.
5. Support to the NE States in implementing & monitoring of Pradhan Mantri National Dialysis Program.
6. Support to the states in implementing & monitoring of Atomic Energy Regulatory Board compliance.
7. Support to the identified Aspirational districts of NE States.
8. Capacity enhancement of State officials through Workshop/ Review Meetings.
9. Supportive supervisory visits for hand holding to the states and other activities.
10. Evaluation of different programs as per work plan/as requested by the States with NHSRC.

Team Composition

Sanctioned Posts	In Position
Senior Consultant	1
Consultant	1
Total filled positions	2
Positions to be filled	0

Planning Processes:

1. Support to NE states in the planning process for different programs supported by HCT Division under National Health Mission including 15th FC Grant & PM-AB Health Infrastructure Mission in 2022-23.
2. Appraised State PIP & Supplementary PIP under NHM and comments shared with NHSRC for further submission to MoHFW, Govt. of India.
3. Supported state of Assam in the planning process implementation of diagnostic services (Lab) for the primary care under 15th FC.
4. Appraised and provided comments on ECRP, NESIDS (MoDoNER), BADP (MHA), NEC, JICA, NITI Aayog, etc. proposals for all the 8 (Eight) NE States for onward submission.

5. Reviewed and provided necessary technical support & comments on different Medical Equipment to be procured for DHs under ECRP / NESIDS project including installation of Oxygen Generation Plants in NE states.
6. Facilitated expansions of dialysis centers by add on Dialysis Machine in the NE states in coordination with Fairfax India.
7. Supported for finalization of Tender Document on Tele Radiology services (NHM Assam), Biomedical Equipment Management & Maintenance Programme (NHM Tripura).

Meetings/Workshops/Trainings

1. Facilitated the state of Nagaland in implementation of BEMMP in in-house mode in two districts as a pilot viz. Kohima and Dimapur. Orientation regarding BEMMP and basic biomedical equipment repair training to the newly recruited Bio Medical Engineer & other technical staff had been done.
2. Participated online Review meeting cum workshop on Bio Medical Equipment Management & Maintenance for the NE states along with other non-NE states.

Documentation, Evaluation & Supportive Supervision Visits:

1. Evaluation of the Tele Ophthalmology Project of Tripura in coordination with PHP & E Division completed & report shared with NHSRC and MoHFW.
2. Evaluation of the Bio Medical Equipment Management & Maintenance Program (Barpeta & Dhemaji Districts) in Assam & Meghalaya (Ribhoi & West Garo Hill districts) completed & report shared with State and MoHFW.
3. Evaluation of the Free Diagnostic Laboratory Services (Barpeta & Dhemaji Districts), CT scan services (Hailakandi district), Tele Radiology services (Hailakandi district), Pradhan Mantri National Dialysis Programme (Nalbari district), in Assam completed & report shared with the state.
4. Assessment of the identified health facilities in Assam for Kayakalp award in coordination with Quality Improvement Division and PHP & E Division.
5. Tool to evaluate Free Diagnostic Laboratory Services through PPP mode in Tripura developed and shared as requested by the State.
6. Updated information of all HCT programs - AERB compliance of Public Health Facilities, implementation status on PMNDP, BEMMP and status of setting up of oxygen generation plant for NE states shared with NHSRC and MoHFW.
7. Assessment of physical and financial progress of NEC funded projects 'Up-gradation of services in Makunda Christian Leprosy & General Hospital, Assam' and 'Implementation of Modernization of Technology for Precision Eye Care and Ophthalmic Education of Sri Sankardeva Nethralaya' with PHP & E Division.
8. Exploratory visit to Meghalaya with NHSRC and CDC team to assess current status of Laboratory services in Meghalaya.
9. Updated information on Health System Status for Annual Report of MoHFW.

10. Developed and shared with the state of Nagaland as per their request a Gap Analysis tool to be utilized for strengthening of the in-house diagnostic services at the PHC, CHC (Block level) and DH level.
11. Visited Tripura for supporting the state in the evaluation of their PPP mode laboratory diagnostic services.
12. Visited Jowai DH for assessing the implementation status of Dialysis center at Ialong DH.

Technical Specification of Equipment:

1. Developed technical specification for medical devices viz. Fluorescence light microscope, High-performance liquid chromatography, Automatic organism Identification and antimicrobial sensitivity system, Rotatory Microtome, Electrophoresis machine, Automated Blood Culture system, Manual Plasma Expressor machines, ESR Analyzer, High Pressure Liquid and 4d Color Doppler Ultrasound machine and shared with NHSRC.

III. PUBLIC HEALTH PLANNING AND EVIDENCE

Key Deliverables:

1. Support to the NE states in planning processes and to NHSRC in appraising the State PIPs.
2. Support to the NHSRC / MoHFW in appraising the State proposal under for various schemes / plan like Emergency COVID Response Plan (ECRP), North Eastern Special Infrastructure Development Scheme (NESIDS), Ministry of Home Affairs, North East Council etc.
3. Support to the identified Aspirational districts of NE States.
4. Capacity enhancement of State officials through Workshop/ Review Meetings.
5. Health System Strengthening – Periodical gap analysis of the health systems of the States/Districts considering all vital components like infrastructure, human resources, coverage and as well as delivery/utilization of services.
6. Generate quarterly and annual state specific KPI reports and highlight the identified issues which require special attention. Preparation of Quarterly/Bi-annual/Annual comparative state/district wise Fact Sheets on Key Indicators of all the NE States based on HMIS report. Triangulate data from other available sources such as NFHS, SRS etc. and reflect trend on specified indicators related to health and nutrition to provide a comparative analysis.
7. Evaluation/assessment of the effectiveness (acceptability, accessibility and affordability vis-à-vis the community being served), coverage and quality of programs implemented under NHM and identify the enablers and barriers towards effective implementation as per work plan or as directed by MoHFW or as requested by the State.
8. Supportive supervisory visits for hand holding supports to the states and other activities.
9. To monitor the status of HRH of NHM in NE states periodically to facilitate implementation of HR requirements as per IPHS and other HRH related directives of NHM, MoHFW.

Team Composition

Sanctioned Posts	In Position
Lead Consultant	1
Senior Consultant	1
Consultant	4
Total filled positions	6
Positions to be filled	0

Programme Implementation Plans (PIP)/ ECRPs:

1. Appraisal of PHP&E portion of Post-NPCC PIP Arunachal Pradesh, Manipur, Nagaland, Sikkim, & Tripura for FY 2021-22.
2. Attend Pre NPCC and NPCC meeting for States of Tripura and Arunachal Pradesh.
3. Facilitated in the preparation of Post NPCC PIP for Arunachal Pradesh.
4. Apprised ECRP II along with the other Divisions of RRC-NE for the States of: Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram and Nagaland, Tripura.
5. Review and give feedback on Supplementary PIP of Tripura.
6. Apprised post ECRP II proposals along with the other Divisions of RRC-NE for the States of: Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura.
7. Appraisal of Supplementary PIP of Nagaland and comment submitted.
8. Appraisal of ECRP II proposal of Nagaland & Sikkim and comment submitted.
9. Appraisal of ECRP II proposal of prefab ward construction in various CHCs Appraisal of ECRP II proposal of Arunachal Pradesh, Meghalaya, Nagaland, and Tripura.

Proposals under other Ministries / NESIDS /Departments:

1. Prepared & shared comment on proposals of Manipur and Mizoram under NESIDS for infrastructure and civil works for 2021-22.
2. Assessment and preparation of draft report for Sri Sankardeva Nethralaya, Guwahati regarding physical and financial progress in relation to NEC grant.
3. Prepared an input on EFC Proposal of NHM Extension and shared with NHSRC.
4. Appraisal of revised proposal for construction of 100 bedded District Hospital at Kolasib, Mizoram under NESIDS.
5. Appraisal of proposal of Tripura state under NESIDS.

Report Writing/ Report Updates:

1. Assessment of physical and financial progress of NEC funded project "Up-gradation of services in Makunda Christian Leprosy & General Hospital, Assam" with HCT Division and submitted report to MoHFW and NEC.
2. Assessment of physical and financial progress of NEC funded project "Implementation of Modernization of Technology for Precision Eye Care and Ophthalmic Education of Sri Sankardeva Nethralaya" with HCT Division and submitted report to MoHFW and NEC.
3. Assessment of Teleophthalmology project in Tripura and submitted report to MoHFW.
4. Prepared and submitted state level SUMAN workshop report for the state of Tripura.
5. Updated status on Infrastructure / HR / Referral Mechanism and NUHM in 8 NE States for update of Annual Report FY 2020-21
6. Prepared feedback on the proposal for the study to determine thiamine deficiency occurrence / prevalence in North East India as sought by the MoHFW, GOI.
7. Compilation of achievement in Key Deliverables of Health System Strengthening in FY 2020-21 and setting of targets in Key Deliverables in HSS for FY 2021-21 for the States of Sikkim and Meghalaya.

8. Comments on proposal for establishing birth waiting rooms for pregnant woman (Pratiksyia) at District HQ in Namsai, Arunachal Pradesh under EAP – SDG for AD of NITI Aayog.
9. Prepared inputs on PMJAY regarding establishing synergies between NHM & PM-JAY and shared with NHSRC.
10. Comments given on article named “National Health Service in India” by Arvind Sivaramakrishnan and shared with NHSRC.
11. Appraisal/Inputs on ‘Vision India @ 2047’ document.
12. Input given on report on the expert committee on ‘Public Health Management Cadre’ released by MOHFW, GOI for the year 2020-21 and shared with NHSRC.
13. Input given on appraisal tool developed by HRH division of NHSRC for upcoming study on Human Resource Management under NHM.
14. Input given on “Labour Welfare Scheme” document in reference to OM issued by MoHFW, GOI co-ordination section dated 16th August 2021 under the component of Health needs of special group.
15. Input given on research proposal on evaluation study on National Tobacco Control Program of Tripura.
16. Input given on draft document chapter 1 of the Technical Guideline of XV Finance Commission.
17. Input given on draft report of NITI AAYOG on best practices on the performances of DHs in India.
18. Preparation of study proposal for the 3rd party evaluation of “Dial 108” ambulance service in Meghalaya.
19. Prepared status report on performance of boat clinic functionaries for the state of Assam and submitted to MoHFW, GOI.
20. Review and input regarding the Revised Indicators for Aspirational Districts as developed by NITI Aayog.
21. Comments on the report of the observations made by Hon’ble HFM regarding VIP references on NHM planning process.
22. Comment on areas of collaboration and support from WHO, India for strengthening initiative under primary health care.
23. Assessment checklist developed by PHP& E division to capture performance in Health & Nutrition and sent to Aspirational District of 7 NE states (except Assam) for providing technical Support based on the data captured to improve the Performance in Health & Nutrition through Collaboration and Innovations.
24. Extended support to State Nodal Officer-Maternal & Child Health, NHM, Arunachal Pradesh regarding re-designing of Labour room of Seppa District Hospital, East Kameng District, Arunachal Pradesh.
25. Appraisal of proposal under XV Finance commission for the state of Manipur.
26. Prepared a concept note and shared with ED, NHSRC on Sensitization Workshop on High Focused Aspirational Districts of the North East (except Assam) to be held on 16 – 17th December 2021.

27. Status updates on Demographic Details & Key Health Indicator, Human Resources, Health Infrastructure of 8 NE states.
28. Finalized and shared inputs on the concept, expediency, limitations of Medisys Edu Tech as well as how it can benefit the Health Department.
29. Inputs on 'Continuation of Post Graduate Diploma in Public Health Management'.
30. Preparation of 14th CRM Report of Haryana state on TOR "Quality Improvement, IPHS and Continuum of Care" and Puducherry.
31. Inputs on the JICA funded project titles 'Strengthening health system and excellence of Medical Education in Assam.'
32. Inputs of identification of special schemes/projects for development of Mon, Kiphire, Longleng and Tuensang of Eastern Nagaland districts of Nagaland.
33. Inputs on the insight study report on socio-economic and caste census (SECC 2011).
34. Appraisal on selected KPIs for 2nd round DH ranking.
35. Updated the activities of North East Region in Annual Report of MoHFW, GoI for the FY 2021-22.
36. Shared response on Parliamentary Session Question regarding - North East Special Infrastructure Development Scheme, Projects to Improve Healthcare Infrastructure in North East States.
37. Inputs on adoption of e-Sanjeevani tele-consultation platform by NGOs/Civil Organization etc.
38. Prepared inputs on 'Vision India @ 2047' document.
39. Prepared a detailed report and submitted to the HRH Division, NHSRC, HRH on the HR issues and challenges under NHM for the State of Arunachal Pradesh.

Workshops/ Meetings Organized:

1. Organized SUMAN workshop for the state of Tripura on digital platform.
2. Organized first consultation meeting with Centre for Disease Control, India and the NE States on COVID – 19 preparation, mitigation and availability of laboratory services under the approach of Integrated Public Health Laboratories.
3. Organized Regional HMIS & RCH portal workshop for 8 NE states in Guwahati in collaboration with Statistics division, MoHFW, GoI on 25th & 26th November 2021.
4. Organized two Days Workshop for the Aspirational Districts of 7 North East States in Guwahati. The workshop was attended by 86 participants including resource persons from MoHFW, NITI Aayog, NEC, UNICEF, WHO and state/district representatives from DoHFW, WCD, Education and administration.
5. Attended virtual IAPSM conference.
6. Participated in online plenary session on " Beyond the pandemic, Futuristic and Resilient Public Health System in NE India" organized by NHSRC.
7. Delivered Keynote address on FBO/CBO of NE States for Assam Don Bosco University (online).
8. Participated in 20th EC meeting at Nirman Bhawan, New Delhi on 7th March 2022.

Supportive Supervision Field Visits:

1. Visited Makunda Christian Leprosy & General Hospital under Karimganj district, Assam to assess the status of NEC funded project – ‘Up gradation of Services in MCLGH’ along with finalization and submission of report to NEC.
2. Visited Tripura state of Tripura for evaluation of Teleophthalmology service, inputs provided for strengthening the Evaluation Protocol.
3. Conducted Kayakalp Assessment in Baksa Civil Hospital & Nalbari Civil Hospital of Assam.
4. Assessment of shortlisted DH & CHC for Kayakalp & hand holding support for further improvement in, Jorhat, Sibsagar, Sonitpur, Nagaon, Kamrup (M), Darrang and Dima-Hasao Districts of Assam were completed.
5. Visit to Morigaon district of Assam for field testing of Checklist of the study on *“Continuum of Care Approach and Quality Management of Hypertension (HTN) and Diabetes (DM) at HWCs of Assam and Manipur.”*
6. Visited Kamrup (Rural) and Goalpara districts of Assam for data collection for the study on *“Continuum of Care Approach and Quality Management of Hypertension (HTN) and Diabetes (DM) at HWCs of Assam and Manipur.”*
7. Visited Manipur for evaluating PHCs under PPP mode and finding the performance benchmarks as a part of mandated activity as per Manipur RoP, 2021 – 22.
8. Visited Nalbari district of Assam to assess the Pradhan Mantri Dialysis program Initiative.
9. Visited Imphal West and Thoubal districts of Manipur for data collection for the study on *‘Continuum of Care Approach and Quality Management of Hypertension (HTN) and Diabetes (DM) at HWCs of Assam and Manipur.’*
10. Visited Dibrugarh district for undertaking evaluation study of 108/102 ambulance services requested by NHM, Assam.
11. Visited Tinsukia district for undertaking evaluation study of MMUs operating in the district as requested by NHM, Assam.
12. The feasibility study of establishing Indian Public Health Laboratories in health facilities in East Khasi Hills undertaken; accompanied by teams from NHSRC and CDC India.
13. Field visit to the five (5) districts of Meghalaya for the 3rd party evaluation of “Dial 108 “ambulance service in Meghalaya.
14. Visited Haryana and Puducherry for 14th Common Review Mission.
15. Visited District Hospital, SC-HWCs and Anganwadi Center of Aspirational District of Namsai, Arunachal Pradesh.
16. Visited Regional Medical Research Centre, NE, Dibrugarh, Assam.
17. On request of State visited NHM Office, Naharlagun, Arunachal Pradesh for the orientation on HRH annexure of PIP 2022-24.

Studies/ Evaluations:

1. Evaluation of Tele Ophthalmology Project in India- Tripura and report submitted to MoHFW.
2. Study on 3rd party evaluation of Dial 108 ambulance service in Meghalaya and report submitted to MoHFW and State.
3. Study on 3rd party evaluation of 104 Call Centre of Assam and report submitted to State
4. Study on 3rd party evaluation of MMU service delivery in Tinsukia district of Assam and report submitted to State.
5. Study on 3rd party evaluation of Dial 108 Ambulance service in Dibrugarh district of Assam and report submitted to State.
6. Study on *“Continuum of Care Approach and Quality Management of Hypertension (HTN) and Diabetes (DM) at HWCs of Assam and Manipur.”* Analysis of the data is completed and report is being finalized.
7. Kayakalp Assessment of District Hospitals of Assam.
8. Assessment and Monitoring Visit to Makunda Christian Leprosy and General Hospital for the Up gradation of Services Through Funding from Northeast Council, MoDoNER.
9. Monitoring Visit to Sri Sankardeva Nethralaya, Guwahati, for the Modernization of Technology for precision eye care and ophthalmic education through Funding from Northeast Council, MoDoNER.

Data analysis:

1. Reviewed and compiled NFHS-5 data of 8 NE states including India.
2. Prepared State and District wise comparative Health Factsheets of 8 NE States for the FY 2020-21 and 2021-22 based on HMIS data and NFHS-5 data.
3. Prepared and submitted comparative statement on program achievement under NHM as on FY 2014 and FY 2021.
4. Identification of the worst performing districts in terms of Health & Nutrition in the 8 NE states based on analysis and calculation of scaled and index values on the 10 core KPI. Report on the findings was submitted to NHSRC.
5. Update on Ambulance status of NE states (ALS / BLS / Patient Transport Vehicle under NHM and state Govt. Ambulance) and shared with NHSRC.
6. Analysis on Maternal Health Indicator of 8 NE states for review of Maternal Health conducted by MoHFW, GOI.
7. Reviewed and prepared new data element list which may be added in the HMIS infrastructure format and submitted. These data elements are not available in the current HMIS Infrastructure format.
8. Prepared service delivery data and Infrastructure/HR data (April 2002- March 2021) for JNIMS, and CHC Nungba of Manipur and Kolasib District Hospital in Mizoram.
9. Prepared Tribal area health facility details and tribal population of NE states.
10. Service Delivery data Analysis for FY 2018-19 and 2019-20 of 7 Aspirational districts of NE states and finding updated in AD checklists prepared.
11. Comparative analysis of health institute and Human Resource for 8 NE states (journey from 2005 to 2020) as per Rural Health Statistics.

12. Prepared line list of Educational Health Institute (Medical College/ M.Sc. Nursing College/ B.Sc. Nursing College /Post Basic Nursing College/ GNM Institute / ANM Institute) with seat capacity for all 8 NE states.
13. Communicated with states regarding the data quality issues especially death reporting in HMIS.
14. Data Analysis on Health & Nutrition Indicators of 7 Aspirational Districts of 7 North East states.
15. Retrieved facility wise infrastructure (DH/SDH/CHC/PHC) data with NIN number of NE states and shared with QI division.
16. Identified Key Performance Indicator related to the schemes and projects of Health in identified 40 villages, one in each block for focused development to provide services for decent living of the residents as per request from Ministry of DoNER.
17. Review and input on "HMIS-Annual Publication" by Statistics Division, MOHFW, GOI and submitted.

ISO 9001:2015 Certification of RRC-NE:

1. Conducted of two internal audits of RRC-NE office for ISO 9001:2015 Certification of RRC-NE. Audit was conducted by the trained in-house internal auditors for the divisions - Administration, HCT & HCF, CP, PHP&E, HRH, QI, Top Management & System leadership office.
2. Customer Satisfaction Survey with State Program Nodal Officers for all the divisions was done.
3. Prepared internal audit summarized report; non-Conformity summarized report & summarized report on opportunities for improvement.
4. Received the certificate from the certification body (Transpacific Certification Ltd) for sustenance of ISO 9001:2015 standards by RRCNE office.

Meetings attended:

1. Attended Online Pre-NPCC and NPCC meeting for all the North-Eastern States and appraised the PIPs for the FY 2021-22.
2. Attended the virtual meeting organized by statistics division on the process of publication of RHS 2020-21.
3. Participated on "Augmenting Pediatric Services-Covid" workshop, conducted by NHSRC. The webinar on Management Protocol for Covid-19 in Newborn and Pediatric Age Group was organized by MOHFW, Child health Division.
4. Virtual training session on safe use of Oxygen Concentrators and its maintenance and associated safety protocols for ensure capacity building of frontline health workers.
5. Attended webinar on Implementation Research organized by NHRSC
6. Attended meeting with Secretary, Health, MoHFW regarding continuation of NHM beyond 2021.
7. Attended online national level training on BMWM& Infection, Prevention and Control guidelines in Covid facilities organized by NHSRC.

8. Attended online meeting under the chairpersonship of DG (Statistics) to discuss the data quality issues of HMIS.
9. Attended online discussion on 'Benchmarking - Medical Device Procurement in Public Health Facilities' presented by HCT, NHSRC.
10. Participated in 23rd EC meeting, SHS, Assam, chaired by Principal Secretary, Dept of H&FW, Govt of Assam.
11. Participated in 16th GB meeting of SHS, chaired by Hon'ble Chief Secretary, Assam.
12. Attended expert group discussion on draft guidelines for Drug Warehouse.
13. Attended National Consultation with NHSRC on Clinical Governance with experts.
14. Attended collaborative review meet with state of Assam on Tele-Consultation status from inception to till July 2021.
15. Attended online meeting with AS & MD, MoHFW on IPHS Guidelines.
16. Attended online meeting on National Health Account by NHSRC team.
17. Attended webinar on Leadership Training organized by NHRSC.
18. Attended Orientation of State NHM Consultants on ECRP II for North Eastern States.
19. Attended webinar on Work life Balance organized by NHSRC.
20. Attended orientation session on revised monthly service delivery format in AB-HWC portal by NHSRC.
21. Attended workshop of stakeholders on review of ADB supported activities on community engagement in urban areas during COVID-19 pandemic.
22. Attended Orientation Training on New Features added on HMIS portal by Statistics division, MoHFW, GOI.
23. Attended virtual training on Prescription Audit by NHSRC.
24. Attended orientation on Social Media platform for HWC.
25. Attended Review Meeting on Covid-19 situation and Other Central and State Health programs under the chairmanship of Hon'ble Minister, H&FW, and Government of India in Guwahati. Health minister, Principal Secretary (Health), Secretary (Health) and Mission Director of 8 NE states were present in the meeting.
26. Attended workshop on 'Research Methodology' by NHSRC in New Delhi.
27. Attended fortnightly seminar on conditionality framework and continuum of care on NCD by NHSRC and RRC NE.
28. Orientation meeting with the states/UTs under the chairmanship of JS(Policy) on NHM-progress monitoring system (NHM-PMS) under ECRP-II.
29. Attended virtual meeting between USAID & NHSRC on NISHTHA - Comprehensive Primary health care project.
30. Participated report feedback dissemination meeting with higher officials of NHM, Assam after visit to 3 districts visit, Assam by NHSRC/RRC NE on SC-HWCs progress.
31. Attended brainstorming session under the chairmanship of AS&MD(NHM) to discuss the PIP 2022-23 proposal, its appraisal, NPCC meetings and approvals.
32. Attended virtual meeting between USAID & NHSRC on SAMAGRA - Urban Health project
33. Participated as resource person in National level Orientation workshop at NIRD&PR-NERC Guwahati.

34. Meeting with Senior officials of WISH foundation of India on request of State Nodal officer Tele-Consultation, NHM Assam.
35. Meeting under chairmanship of JS (Policy) with the MDs of State/ UTs who have not sent the proposals under Finance Commission XV health grants through local government.
36. Attended virtual meeting on National Committee under FC - XV Health Grants under the Chairmanship of Secretary, HFW, GOI.
37. Attended in US funded different project in health sector through CDC, USAID. The meeting was chaired by Consulate General of USA and attended by CDC officials and RRCNE at Guwahati.
38. Attended discussion on Risk Management Framework for district hospitals organized by NHSRC.
39. Attended WHO consultation on COVID-19 vaccines research on digital platform.
40. Attended the inaugural session and took technical session as resource person in review cum orientation meeting of CPHC at IIBM, Guwahati.
41. Attended awareness training on ISO organized by QI Division, NHSRC in collaboration with Sakhi Management Consultancy Pvt. Ltd.
42. Appeared as Panel member of the online Interview held for the position of Sr. Consultant, M&E COVID 19 MoHFW (HRM - NHSRC).
43. Attended Campus Interview of Fellow positions held for QI and CP Divisions of RRC NE through digital platform.
44. Attended national level NHM program review by Secretary Health, MoHFW, GOI on digital mode.
45. Attended State Health Mission meeting of NHM Assam at Secretariat, Guwahati.
46. Attended orientation meeting on PIP 2022-24 on digital platform organized by NHSRC.
47. Attended a meeting for review and revision of HMIS infrastructure format with Statistics division, MoHFW through virtual mode. The meeting was organized by NHSRC and Chaired by ED, NHSRC.
48. Attended interview as an observer for the post of State Epidemiologist, District Epidemiologist, State Consultant, MO (MBBS) and (AYUR), Staff Nurse, Specialist, Assistant District Data Manager and Program Executive under NHM, Assam.
49. Attended training on NCD-CPHC app conducted by Dell.
50. Attended PIP meeting on Key Deliverables for all division of NHM which was chaired by AS&MD, NHM.
51. Attended workshop on PM-ABHIM /XV FC/ ECRP I & II modalities organized by PHA division of NHSRC.
52. Attended 27th EC meeting of Mizoram State Health Society at Aizawl, Mizoram and GB meeting, SHS, Tripura.

IV. QUALITY & PATIENT SAFETY (QPS)

Key Deliverables:

1. Supported NE States in implementation of National Quality Assurance Program by supporting/conducting various Capacity Building Workshops/Trainings/Orientation programs in virtual mode and also organizing IA Cum SPT for NE States of Arunachal Pradesh, Assam, Mizoram, Nagaland and Tripura.
2. Document Review of health care facilities for NQAS and LaQshya Certification.
3. Support to NE States in Kayakalp implementation.
4. Evaluation of Quality Services based on thematic areas under Kayakalp for 6 districts in Assam.
5. Support to the NE States for integration of health facilities with Mera Aspataal Portal.
6. Maintaining ISO 9001:2015 Certification of RRC-NE.
7. Drafting of Patient safety Week 2021 report and prepared zero draft on National Quality Assurance implementation status in NE States for Quality Darpan III.

Team Composition:

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

Planning Processes

1. Supported all the NE states in the planning process for implementation of NQAP in FY 2021-22.
2. Conducted State action plan meeting with 6 NE States on progress and based on RoP 2021-22 for implementation of NQAS.

Meeting/Workshop/Training

1. Conducted Orientation workshop on implementation of Mera Aspataal for State, District and Facility level Officials for the states of Mizoram with 44 participants and also conducted review meetings on Mera Aspataal with Tripura and Sikkim.
2. Attended Online Meeting on SUMAN Initiative with officials from Tripura.

3. Facilitated and participated in the Online Review Meeting regarding implementation of National QA Programme in the State of Tripura. Around 50 district and State Officials attended the online meeting.
4. Facilitated the three days Internal Assessors cum Service Providers training for the state of Arunachal Pradesh, Assam, Mizoram, Nagaland and Tripura.
5. Organized Online Training on Biomedical Waste Management and Infection Control practices during COVID scenario on 24th May 2021 for the 8 NE States. More than 210 participants attended the Online Training.
6. Attended Online Meeting with UNICEF regarding support to LaQshya certified facilities in Aspirational Districts and Green Initiatives.
7. Attended online meeting on discussion for NQAS certification of SUMAN identified facilities and re-certification process & documentation of NQAS certified facilities on virtual mode.
8. Attended online national level training on BMW & IPC in Covid facilities organized by NHSRC.
9. Attended Orientation program on Kayakalp (Eco-friendly) award scheme organized by NHSRC on virtual platform.
10. Attended expert group discussion on draft guidelines for Drug Warehouse on virtual platform.
11. Dissemination workshop on Prescription Audit guidelines organized by NHSRC.
12. Facilitated the Kayakalp training program on the new checklist and Eco-Friendly facility for the state of Assam.
13. Attended the national level virtual review cum way forward workshop for implementation of AERB Compliance at public health facilities.
14. Attended the orientation workshop on NQAS certification of SUMAN facilities on virtual platform.
15. Attended the Dissemination workshop on Operational Guideline for Quality Improvement - 2021 on virtual platform.
16. Attended the presentation on 'Risk management framework' by NHSRC.
17. Attended ISO Awareness training on virtual platform.
18. Attended the national dissemination webinar on 'MUSQAN Guidelines' conducted by NHSRC
19. Attended 'Two days Consultative Workshop on NQAS' organized by NHSRC at Delhi.
20. Attended 6th and 7th Central Quality Supervisory Committee (CQSC) meeting for National Quality Assurance Programme organised by NHSRC.
21. Supported in organizing National Patient Safety week in 8 NE states.

Documentation & Report Writing & Supportive Supervision Visits

1. Prepared zero draft on National Quality Assurance implementation status in NE States for Quality Darpan III and provided inputs for Quality Darpan IV.
2. Reviewed the documents submitted for NQAS Certification of 14 facilities and LaQshya certification of 4 facilities.

3. Prepared the draft of Patient Safety Week 2021 report.
4. Updated status of Swachh Swasth Sarvatra and National Quality Assurance Program of NE States submitted to NHSRC/MOHFW.
5. Coordination with NE States for updation of Kayakalp winners (FY 2021-22).
6. Supportive supervision visits to Namsai & Seppa DH (AP), Chawlhmun UPHC (Mizoram), Babadam PHC, Ganesh Das District Hospital, Pomlum PHC (Meghalaya).
7. Visited 22 health facilities in 6 selected districts of Assam for Kayakalp assessment.

V. ADMINISTRATION

Team Composition:

Sanctioned Posts	In Position (vacancy)
Director, RRC NE (Equivalent to Advisor)	1
Senior Consultant	0
Consultant	2
Assistants including PA to the Director	3
Support Staff	4
Total filled positions	10
Positions to be filled	0

General Administration:

1. Insurance for fire and burglary for all office equipment and furniture were completed during June 2021.
2. Fire extinguishers were duly refilled during June 2021.
3. Internal audit of ISO completed during August 2021.
4. ISO Certification external audit was completed on 1st & 2nd December 2021. ISO certification completed successfully, and certificate received from NHSRC.
5. Selection process of Statutory auditor of RRC NE w.e.f FY 2021-22 was completed, and M/S S. K. Beria & Co. was selected. Agreement duly entered with the auditor.
6. Annual Stock taking of existing assets and stationary were completed during February 2022.
7. Contract extension for car hiring services with M/S Krishna Tours & Travels and for generator set hiring with operations with M.S Kamakhya Electricals were done till 31st March 2023.
8. Quotations for various other services (stationery supplier, computer item supplier, printing agency and advertisement agency) are being collected.
9. Booked air tickets for various official visits and arranged accommodations of officials visiting RRC NE.
10. Supervised security guards deployed at RRC-NE office along with generator services.
11. Coordinated office pool car service and ensured proper maintenance of vehicle log books.
12. Maintained various office records, maintained regular receipt and issue of official documents, drafted various letters as and when necessary. Ensured smooth functioning of day-to-day office work.
13. Ensured proper maintenance of generator for uninterrupted power backup. Training on generator set provided to all office boys.
14. Maintenance of records like stock books, vehicle log books, generator fuel consumption register, visitors book, security guard attendance register etc.
15. Assisted during various workshops/ meetings conducted during this period.
16. Regular repairing works and other routine administrative works.

Human Resource:

1. Maintenance of attendance, activity sheet, leave records, issue of various Certificate, NOCs etc.
2. Maintenance of personal files of each staff.
3. Prepared SoP for recruitment process.
4. Prepared proposed fees rationalization of RRC NE staff and submitted to ED, NHSRC for approval.
5. Induction training of newly joined staffs was completed during 13th and 14th July'21.
6. Recruitment process for the following positions were completed:
7. Consultant –PHP & E (2 positions): Dr. Surajit Choudhury and Dr. Siddharth Maurya joined during June 2021.
8. Consultant- QI (2 positions): Dr. Ajay Kumar Arya joined during July 2021 and Dr. Vinaya RSL joined during August 2021.
9. Consultant- CP (Mr. Amit Raj Roy joined during July 2021).
10. Dr. Dimpy Pathak Das engaged as External Consultant during August, 2021. The consultant completed her tenure on 9th February 2022.
11. Ms. Sunita Kalita joined as Consultant-HRH on 9th November 2021.
12. Online campus interview for Fellow- QI and Fellow- CP was conducted on 24th August 2021. No candidate was selected.
13. Campus interview for 2 (Two) numbers of Fellow positions (for CP and QI) conducted on 11th October 2021. Dr. Dipanjali Hazarika was selected as Fellow- CP and she joined on 25th October 2021. However, no candidate was selected for the position of Fellow- QI.

Finance:

1. Routine Monthly Bank Reconciliation Exercise in addition to the regular financial activities (payments, preparation of BRS, SOE, maintenance of daily Cash Book, TDS, GST payment etc.).
2. Checked budget for various programmatic events being organized by RRC, NE.
3. Checked financial statements submitted by Regional Collaborative Centre, Dibrugarh.
4. Prepared Financial Report of RRC-NE (April to 17th February 2022)

IT:

1. Various actions were taken to improve the conferencing facilities of RRC NE with installation of HD Camera, Speaker phone etc. Installation of false ceiling with better lighting and audio facilities is ongoing.
2. Facilitated all the virtual workshops/ trainings/ meetings/ online recruitments conducted during April 2021 to 17th February, 2022.
3. Updated RRC, NE website with details of recruitment, admin matters and other programmatic matters.
4. Regular IT works including maintenance of internet connectivity, trouble shooting, maintenance of Biometric device etc.



National Health Systems Resource Centre