WORK REPORT OF NHSRC YEAR 2022-2023

NHSRC
National Health Systems Resource Centre
राष्ट्रीय स्वास्थ्य प्रणाली संसाधन केन्द्र
Ministry of Health and Family Welfare Government of India
स्वास्थ्य एवम् परिवार कल्याण मन्त्रालय भारत सरकार
ISO 9001 : 2015 Certified

National Health Systems Resource Centre (NHSRC)

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Work Report 2022-23

National Health Systems Resource Centre
(NHSRC)
New Delhi

AGENDA POINT

WORK REPORT OF NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)

FY – 2022-23

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

Key Deliverables

1. **Support operationalization of 1,50,000 AB-HWCs for delivery of Comprehensive Primary Health Care**
    - As on 31st December 2022, a total 1,54,070 AB-HWCs were operationalized across country against the target of 1,50,000 AB-HWCs and 1,59,526 AB-HWCs had become functional till 31st March 2023.
    - Regular meetings on AB-HWCs with all States and UTs catalysed the operationalization of AB-HWCs.

2. **Define and pilot support Structure for CHOs- establish mechanism for mentoring and continued capacity building of CHOs by creating a pool of 1000 State Mentors and 30 National Mentors**
    - In FY 2022-23,
        - Batch 1: 58 State Mentors are mentoring 1744 CHOs.
        - Batch 2: Out of the 221 enrolled, 122 State Mentors are certified. Enrolment of CHOs is under process.
        - Batch 3: Enrolment of candidates for the post of State Mentors are under process.
    - Currently, 191 SM are in place and 3346 CHOs are undergoing mentoring

3. **Build capacity of States to train AB-HWC teams by creating pool of 300 State Trainers in expanded package of services.**
    - In FY 22-23, training pool of 211 state trainers in expanded package of services have been additionally created, Cumulatively, a pool of 428 National Trainers and 3877 State trainers have been created for expanded package of services.
    - 14 e-modules for ASHAs on expanded package of services developed for self-directed learning.
    - 66 skill-based videos developed for skill building of healthcare functionaries. 36 videos uploaded on YouTube channel.

4. **Monitor up to 30% of trainings of Primary Health Care teams to ensure the quality trainings at district and subdistrict level.**
    - A training monitoring portal called 'SASHAKT' (Systematic Assessment of Health Care Provider Knowledge and Training) developed and launched on Universal Health Day in December 2022.
    - The orientation of States/UTs on SASHAKT portal held.
    - 29 States/UTs have started using SASHAKT portal.

5. **Support States in building capacity of community platforms in the State/UTs enabling 'A' grade performance status of up to 40% of them.**

    - One batch of JAS NToT and SToT each have been organised and a pool of 27 National Trainer and 35 State Trainer have been trained.

6. **Develop scalable models of community action on health through partnership with innovations and learning centres and other premier institutions.**

   - Collaborating with NIRDPR in building the Capacity building of PRI and SHG members
   - Training modules for PRIs and SHGs developed.
   - A pool of 9 master trainers and, 116 national trainers certified.

7. **Facilitate development of 'Model AB-HWCs' in 40% of the States/UTs**

   - The concept notes on establishing model AB-HWC prepared and shared with MoHFW for approval
   - CPHC-ILC has been set up in 5 States – Haryana, Gujarat, Assam, Punjab and Karnataka to test innovations related to AB-HWCs.

8. **Define and pilot an inclusive and empowered multi-stakeholder community platform for Urban Primary Health Care-**

   - Operational guidelines for community platforms in urban areas drafted and incorporated in revised NUHM Framework.

9. **Undertake research and rapid reviews which support policy updation in CP and CPHC programs.**
   Draft Report prepared for:

   - Assessment Of Community Health Officer Cadre at Ayushman Bharat-Health & Wellness Centres
   - Assessment of Community Health Worker/ASHA Program in Urban and Peri-Urban Areas
   - Motivation and Performance of India's Community Health Volunteers - ASHAs: A Comparison across Different Incentive Systems in India
   - Evaluation of Aarogya Samanvay in AB-HWCs of Gujarat- A Cross-sectional Study
   - Perspectives about Wellness among People and Healthcare Providers: A Mixed-Method Study
   - Assessment of Ayushman Bharat-Health and Wellness Centres for Comprehensive Primary Health Care

Team Composition

Sanctioned Posts	In Position	Vacancy
Advisor (1)	0	1
Lead Consultant (1)	0	1
Senior Consultant (5)	4	1
Consultant (14)	12	2

TOTAL - 21	16	5	

AREAS OF WORK

CP 01 Policy Support

1.1 Operational Guidelines

1.1.1 Release of revised Comprehensive Primary Healthcare through Ayushman Bharat-Health & Wellness Centres operational guidelines

A draft of revised CPHC guidelines has been prepared.

Annexure: Draft revised CPHC guidelines

1.1.2 Operational guidelines for wellness activities at AB-HWCs

The operational guidelines on Wellness interventions through Ayushman Bharat-Health and Wellness Centres were approved by the Ministry and launched on UHC Day.

1.1.3 Draft Operational Guidelines for NPCDCS-AYUSH for AB-HWCs

MOHFW had constituted a multidisciplinary task force under the chairmanship of JS (NCD) to draft operational guidelines for NPCDCS-AYUSH implementation at AB-HWCs. The Operational Guidelines including both primary and secondary prevention were submitted to the ministry for approval.

1.1.4 Draft Integrative AYUSH components in relevant training modules of AB-HWCs

A taskforce has been proposed to the MoHFW for approval.

1.1.5 Draft Operational Guidelines for community platforms in Urban areas

The draft Operational guidelines for community Platforms in urban areas was developed and integrated into the new NUHM framework

1.2 Training Modules

1.2.1 Training module on Jan Arogya Samitis

JAS training module was developed.

1.2.2 Guidance note Restructuring of ASHA incentives based on outputs and outcome.

A draft framework has been prepared with due inputs from JS-P and Program divisions.
Annexure: Draft ASHA incentive restructuring framework

1.2.3 Release of Revised ASHA Induction Module

Draft revised ASHA induction module has been prepared.

Annexure: Draft Revised ASHA Induction module

Training Module Name	Cadre wise State trainer's availability			Total
	Medical Officer	CHO/Staff Nurse	ASHA & MPW	
CHO Induction	-	285	-	285
MNS	140	170	193	503
Elderly & Palliative Care	162	165	158	485
Oral Care	168	190	319	677
Eye Care	119	190	319	628
ENT Care	150	190	319	659
Emergency Care	135	190	319	644
Eat Right Toolkit	-	280	-	280
Jan Arogya Samiti (JAS)				122*
Total	874	1660	1627	4283

1.2.4 Module for Support Structures/ASHA Facilitator/ Supervisor on Supportive Supervision in context of CPHC.

A draft module has been prepared.

1.2.5 Release of revised SHG and PRI module

1. Jan Arogya Samitis: Handbook for Members released.
2. Panchayati Raj Institutions and Health (Participant and Facilitator Manuals) developed.
3. Self Help Groups in Community Action on Health (Participant and Facilitator Manuals) developed.

CP 02 CPHC and CP Trainings

2.1. Training of additional State Trainers in Expanded Service Packages

Snapshot of training Status of State trainers on expanded package of services

*Under JAS, 122 State trainers have been trained and certified

2.1.1 Training of additional State Trainers in Expanded Service Packages for CHOs/ SN 03 batches (92 Trainers)
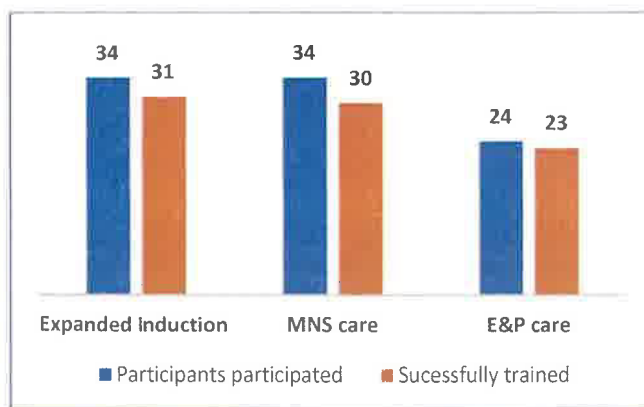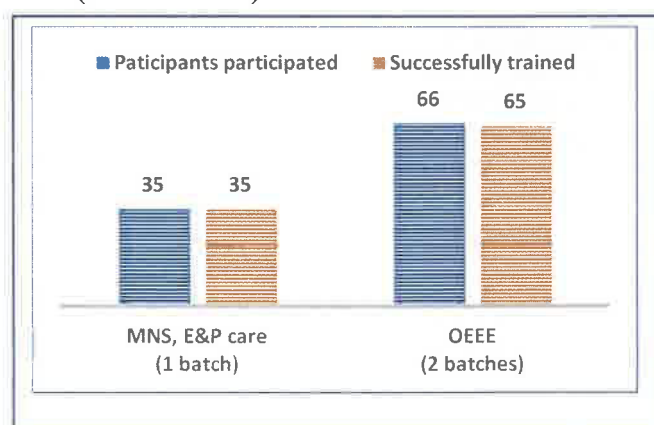
Total 84 additional State trainers trained for CHOs/SNs.

- **Expanded Induction: 10 States/UTs participated**-Telangana, Gujarat, Andhra Pradesh, UP, Chhattisgarh, Rajasthan, Kerala, Himachal Pradesh, Haryana, Ladakh

- **MNS care: 12 States/UTs participated-** Mizoram, UP, Goa, Punjab, Puducherry, Odisha, Jharkhand, Kerala, Tamil Nadu, Himachal Pradesh, Telangana, Ladakh

- **E&P care: 9 States/UTs participated-** Odisha, Chhattisgarh, Haryana, Telangana, Kerala, Punjab, Uttar Pradesh, Goa, HP

The training on Eye, ENT, Oral and Emergency Care (01 batch) 06 days was planned, but only 9 nominations have been received from the states. Hence, training was not conducted due to less nominations.

2.1.2 Training of additional State Trainers in Expanded Service Packages for MPW/ASHA- 03 batches (101 Trainers)

Total 100 additional State trainers trained for MPW/ASHA

- **MNS, E&P care: 12 States/UTs participated**-Chandigarh, Gujarat, Karnataka, Kerala, Ladakh, Maharashtra, Odisha, Puducherry, Punjab, Tamil Nadu, Telangana, Uttarakhand

- **OEEE care: 18 States/UTs participated** -Chandigarh, Rajasthan, Gujarat, Uttar Pradesh, Andhra Pradesh, Maharashtra, Jharkhand, Puducherry, Himachal Pradesh, Bihar, Ladakh, Chhattisgarh, Madhya Pradesh, Uttarakhand, Tamil Nadu, Kerala, J&K, Telangana

2.2 Eat Right Training-additional State TOT-1 batch (35 trainers)

Total of **26 additional State trainers** have been trained from 9 States/UTs including Goa, Tamil Nadu, Uttarakhand, Nagaland, Maharashtra, Kerala, Haryana, Telangana, Ladakh.

2.3 Training of Trainers on revised ASHA Induction module-1 batch (35 trainers)

The training will be started after finalization of ASHA Induction module.

2.4 Training of additional State Trainers on HBYC module-30 trainers (01batches)

Total 23 additional State trainers trained from 5 States/UTs including Telangana, Ladakh, A&NI, Puducherry and Lakshadweep.

2.5 Training of additional State trainers on Supportive supervision Handbook for ASHA facilitator-half day-7 batches.

- The orientation on Supportive Supervision handbook for ASHA facilitators was conducted with support from Child health division of MoHFW.
- Total 3647 participants including State Nodal officers of Community Process, Child Health division, District & Block Community Mobilizers, Community Health Officers, Multi-purpose Workers and ASHAs have been oriented.

2.6 Training of Trainers on supportive supervision handbook in context of CPHC-1 Batch (35 trainers)

The training will be started after finalization of ASHA Induction module.

2.7 Additional Training of National Trainers in JAS-1 Batch (35 trainers)

Total 27 participants out of 35 are trained in training of Trainers on JAS.

2.8 Additional Training of State Trainers in JAS-1 Batch (27 trainers)

Total 27 participants out of 37 are trained in training of Trainers on JAS.

2.9 Training of Trainers on PRI module 2 Batches (23 trainers)

Training	Training of National Trainers	Training of State Trainers
Status	23 successfully trained out of 50	**In Progress**

2.10 Training of Trainers on SHG module 2 Batches (40 trainers)

Training	Training of National Trainers	Training of State Trainers
Status	40 successfully trained out of 45	**In Progress**

2.11 Training of Trainers on PRI and SHG module (joint batch) 4 Batches (53 trainers)

Training	Training of National Trainers	Training of State Trainers
Status	53 successfully trained out of 102	In Progress

2.12 Development of E-Modules on the expanded package of services for Primary Health Care team
- Total 14 e-modules for ASHAs (in Hindi & English) on expanded package of services has been developed with support of Aastrika Foundation. The module for MPW is being developed with support of Aastrika Foundation.
- The E modules for Community Health Officers are being developed

2.11 Development of Skill-based Videos

Total 66 videos have been developed on Palliative care, Eye care and NCD care in English and Hindi. Out of which 36 have been uploaded on NHSRC YouTube Channel, 18 videos have been shared with MoHFW for approval and 12 videos have been developed and to be shared with MoHFW for approval. The details of the videos are as below:

S.no	Title of Video	Cadre required for	Language	Status
1	Vision testing (Finger counting, 6/18 E Vision Chart, Snellen's chart	ASHA, MPW, CHO	English & Hindi	Videos developed. To be shared with Ministry for approval
2	Eye Instillation with Drops	Caregiver, ASHA, MPW, CHO, MO	English & Hindi	
3	Eye Instillation with Ointment	Caregiver, ASHA, MPW, CHO, MO	English & Hindi	
4	Bed Making	Caregiver, MPW, SN, CHO, MO	English & Hindi	Videos are uploaded on NHSRC YouTube channel
5	Oral Care in Conscious Patient	Caregiver, MPW, SN, CHO, MO	English & Hindi	
6	Oral Care in Unconscious Patient	Caregiver, MPW, SN, CHO, MO	English & Hindi	
7	Prevention of Bed Sore	Caregiver, MPW, SN, CHO, MO	English & Hindi	
8	Good Communication	Caregiver, MPW, SN, CHO, MO	English & Hindi	

9	Bad Communication	Caregiver, MPW, SN, CHO, MO	English & Hindi	
10	Nasogastric Tube Insertion	MPW, SN, CHO, MO	English & Hindi	
11	Tracheostomy care	SN, CHO, MO	English & Hindi	Videos developed, shared with MoHFW for approval
12	Bedsore management	Caregiver, MPW, SN, CHO, MO	English & Hindi	
13	Nasogastric Feed Preparation & Feeding	MPW, SN, CHO, MO	English & Hindi	Video are uploaded on NHSRC YouTube channel
14	Colostomy Care	MPW, SN, CHO, MO	English & Hindi	Videos developed, shared with MoHFW for approval
15	Assisted Bath	Caregiver, MPW, SN, CHO, MO	English & Hindi	
16	Catheterisation - Male	MPW, SN, CHO, MO	English & Hindi	
17	Catheterisation - Female	MPW, SN, CHO, MO	English & Hindi	
18	Catheter care in Males	Caregiver, MPW, SN, CHO, MO	English & Hindi	
19	Catheter care in Females	Caregiver, MPW, SN, CHO, MO	English & Hindi	Videos are uploaded on NHSRC YouTube channel
20	Nail Care	Caregiver, MPW, SN, CHO, MO	English & Hindi	
21	Hair Care	Caregiver, MPW, SN, CHO, MO	English & Hindi	
22	Hand Wash & Gloving	Caregiver, MPW, SN, CHO, MO	English & Hindi	
23	Bed Bath	Caregiver, MPW, SN, CHO, MO	English & Hindi	Videos developed, shared with MoHFW for approval
24	End of Life care	MPW, SN, CHO, MO	English & Hindi	
25	Ear Nose and Eye Care	Caregiver, MPW, SN, CHO, MO	English & Hindi	

26	Perineal Care for Male	Caregiver, MPW, SN, CHO, MO	English & Hindi	Videos are uploaded on NHSRC YouTube channel
27	Perineal Care for Female	Caregiver, MPW, SN, CHO, MO	English & Hindi	
28	Dressing material and saline	MPW, SN, CHO, MO	English & Hindi	Videos developed, shared with MoHFW for approval
29	Clinical Breast Examination	ASHA, MPW, CHO, SN, MO	English	Developed. To be shared with Ministry for approval
30	Self- Breast Examination	ASHA, MPW, CHO, SN, MO	Hindi	
31	Blood Pressure Measurement-Digital apparatus	MPW, CHO, SN and MO	English& Hindi	
32	Blood Pressure Measurement-Manually	MPW, CHO, SN and MO	English& Hindi	

The script for videos on RMNCHA, Oral care, ENT care, Mental healthcare and Emergency care has been prepared. The development of videos is in process.

CP 03 Planning and Support to States

3.1 Provide technical support to states in the establishment of model AB-HWCs
- The concept note establishment of model AB-HWC has been prepared.
- Shared with MoHFW for approval

3.2 Planning and review of NHM PIP, FC-XV PIP, PM-ABHIM PIP
- Support States/UTs in planning of activities under CP & CPHC programs
- Review of States/UTs-NHM/PM-ABHIM and FC-XV PIPs

3.3 Supporting states on the revised strategy of ASHA certification. Facilitate at least 20-30% of ASHAs are certified in each state
- The MoU has been revised and duly signed by MoHFW, NHSRC & NIOS.
- The portal for registration was open from Feb 2023. The NIOS conducted exam on 26th March 2023

3.4 Support States in Implementation of CHO Mentoring Program

- Two batches of 3-month long state mentors training were conducted. A total of 180 State Mentors has completed the training in two batches. Currently, 58 State Mentors in the first batch are mentoring 1744 CHOs across the country. For the second batch, enrolment of CHOs is under process.

- For the third batch of state mentors training nominations have been solicited from the states.

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 HWCs against the set targets.
- The revised profile entry forms for SHC, PHC, UPHC, UHWC and AYUSH-HWC have been rolled out on AB-HWC portal.
- Entries and report download of new facilities such as AYUSH-HWC and UHWC have been enabled on AB-HWC portal.
- Event entry forms for AB-HWC health were created and enabled on AB-HWC portal for data entry by States.
- Draft of Dashboard for tracking the month-specific progress of AB-HWCs have been added.
- Initiated design and development of AB-HWC portal 2.0 with the following additions–
    - ✓ Appointment System for Beneficiary
    - ✓ Capture feedback from the community for quality improvement
    - ✓ Navigation of nearest AB-HWCs
    - ✓ Monitoring Services at Block Level (Multilevel User Access)
    - ✓ Tracking and Monitoring of PBI & TBI
    - ✓ Activity Planner for Annual health calendar days and JAS meetings

4.2 Training of States on new features of AB-HWC portal/application
- Orientation of State and District Officials of Arunachal Pradesh, Mizoram and Tripura on AB-HWC Portal on 23rd June 2022
- Orientation of State and District AYUSH Officials on AB-HWC Portal on 11th September 2022
- Orientation Meeting on Uploading Branding Images in AB-HWC Application on 3rd February 2023

4.3 Support development and operationalization of CPHC application inclusive of all 12 packages of services
- Integration of AB-HWC portal with CPHC NCD application has been completed. Data discrepancy report between AB-HWC portal and CPHC-NCD data pertaining to NCDs is available on AB-HWC portal.
- Transition of IHCI Simple application to CPHC NCD IT system has been completed for all States.

4.4 Develop web portal for Community Processes to capture consolidated data for ASHA and support structures, grading of Community Platforms

The ASHA/AF portal and application will be developed in collaboration with IT division of NHSRC.

4.5 Support Development of ASHA/ AF application

The ASHA/AF portal and application will be developed in collaboration with IT division of NHSRC.

CP 05 Collaborations

5.1 Innovation and Learning Centres

4 CPHC- ILCs were operational in FY 22-23.

1. AIIMS-Delhi (Block Nhu, Haryana),
2. PGIMER (Block Gharuan, Punjab),
3. Bhaikaka University (Dahod, Gujarat),
4. Vivekanand Kendra Kanyakumari (Bokajan, Assam).

1 more CPHC – ILC, KHPT (Bengaluru, Mysuru, Karnataka) has started functioning.

The programs are regularly reviewed, and learnings/experiences disseminated from ILCs include:

- Implementing a structured weekly schedule at SHC-HWCs – ILC-AIIMS, Haryana
- Tele-mentoring of CHOs through ECHO platform and training– ILC-AIIMS, Haryana
- Documentation of 25 case stories in the form of "Voices from field". – ILC-BU, Gujarat
- Identification of suspected mental health patients through a questionnaire and visiting these patients along with health team to confirm the status of disease and initiate treatment. – ILC-BU, Gujarat
- Developed herbal gardens at HWCs – ILC-VKK, Assam
- NQAS-related supportive supervision and handholding in support with District Quality Team: Quality tool training, CAPA analysis, Prescription Audit – ILC-PGIMER, Punjab
- Jan Aarogya Samiti (JAS) have been constituted in all 32 SC-HWCs and they are operational as per JAS guidelines in the ILC block since May 2022 – ILC-PGIMER, Punjab
- Annual Wellness Days Calendar prepared by ILC for celebrating wellness days in AB-HWCs has been approved to be replicated overall in the State of Punjab – ILC-PGIMER, Punjab

5.2 Collaboration with NIRDPR for Catalysing the active role of PRIs and SHGs in CPHC delivery

The collaboration between NHSRC and NIRDPR was taken forward in this financial year to undertake capacity building of PRIs and SHGs. Training modules for PRIs and SHGs were developed; a pool of 9 master trainers was created. A target of creating a resource pool of at least 150 national trainers and 4000 state trainers was

set to build the capacity of PRIs and SHGs across the country. A total of 116 national trainers have been certified through six national trainings of trainers. The state training shall be undertaken in 2023-24 across the country by engaging 29 State Institutes of Rural Development across the country. The states shall roll out trainings in states for PRIs through these state trainers by integrating health modules in the induction training of PRIs.

5.3 Collaboration with WHO- Work with WHO on Technology landscape assessment of existing digital information systems for disbursement of PLPs and subsequent strengthening of PLP/TBI roll-out.

Report has been received and inputs provided on the same.

5.4 Collaboration with state specific Development partners and collaborating NGOs for implementation of CP-CPHC programs.

Three meetings with development partners on CPHC program were held. The partners shared their presentations on work being done in primary health care. The minutes of the meeting have been approved by ED, NHSRC.

Joint meeting of all divisions of NHSRC with development partners was held on 04.02.2023. Total 98 participants from various organizations such as WHO, Jhpiego, UNICEF, TATA Trust, WISH Foundation, Piramal Swasthya, IHAT and PATH. The minutes of the meeting has been prepared.

CP 06 Research

6.1 Assessment of CPHC-NCD application use by Primary Health care workers

Independent field assessment has been done in 9 states along with Advisor IT. Also designed research along with St Johns Research Institute. The results used for improving design features.

6.2 AB-HWC Assessment

The AB-HWC Assessment was undertaken in 10 States to evaluate the difference in the comprehensive primary healthcare services provided through SHC-HWCs compared to non-HWC sub centres. The study was intended to assess the status of implementation of comprehensive primary healthcare through PHC-HWCs.

6.3 Practice-based long term retrospective research on available data from 100 reputed centres for integrative primary health care practices, using artificial intelligence and machine learning tools.

A proposal was drafted and Expression of Interest was floated on NHSRC website

6.4 Community interventions in primary health care - To study replicable models of community intervention in LMICs/ resource-constrained countries and pilot testing it to Indian states.

A draft of research protocol has been prepared.

CP 07 Monitoring and Evaluation

7.1 Supportive supervision visits to States to support States in implementation of CP and CPHC programs -CP/CPHC team/NAMG members.

Field visits were carried out in 19 States/UTs to provide technical and mentoring support. The list of States/UT is as follows –Ladakh, Gujarat, Kerala, Uttarakhand, Maharashtra, Assam, Jammu and Kashmir, Andhra Pradesh, West Bengal, Andaman and Nicobar Island, Uttar Pradesh, Rajasthan, Goa, Madhya Pradesh, Punjab, Jharkhand, Bihar, Karnataka, Delhi and Meghalaya.

Field Visits for pilot testing of e-modules for ASHAs on expanded package of services has been done in 4 States in collaboration with Aastrika Foundation -Karnataka, Madhya Pradesh, Bihar and Maharashtra.

7.2 Monitoring of Trainings at District/Primary Health Care Team for MOs, CHOs, SN, MPW and ASHAs

To support the states in planning trainings and monitor quality of training on expanded packages of services for health care functionaries. A training monitoring portal called 'SASHAKT' (Systematic Assessment of Health Care Provider Knowledge and Training) has been developed by NHSRC. Launch of SASHAKT portal on was done on Universal Health Day in December 2022.

The orientation of States/UTs on SASHAKT portal was held on 25th November 2022. On request orientations are being conducted regularly.

CP 08 Documentation of good and replicable practices

8.1 Innovations

Creating promotion of innovation of AB-HWCs through Micro-Innovation Macro-Impact in Comprehensive Primary Health Care (MIMIC) recognition on National and Zonal level

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 centres located in diverse geographies is expected to ultimately benefit the communities. The approved MIMIC concept note is attached as Annexure. Orientation of States and UTs on MIMIC medallion was conducted on 15th June 2022. File Note to and draft letter to be sent to States was sent to MoHFW on 23rd November 2022

8.2 Workshops

8.2.1   NAMG Workshop
NAMG workshop has been held on 28th July 2022. The minutes of the meeting have been shared with MoHFW for approval.

8.2.2   National CP/CPHC-SNO workshop

CP-CPHC nodal officers' workshop was conducted on 13th and 14th March 2023. The minutes of the meeting have been shared with MoHFW for approval.

8.3 Publications

1. ASHA update 2021-2022
2. Operational guidelines for wellness through AB-HWCs
3. Guidelines on Health Melas at AB-HWCs
4. Guidelines on Block Health Melas
5. The CHO booklet on Care during pregnancy and Family planning
6. Grass Root Soldiers-Role of ASHAs in COVID-19 Pandemic Management
7. Training module on Acute simple illness
8. Handbook for JAS Members
9. PRI and health - participants manual
10. PRI and health – Facilitators manual
11. SHGs and health - participants manual
12. SHGs and health – Facilitators manual
13. Block health mela compendium
14. Booklets on Ayushman Bharat - Health and Wellness Centres for AB-HWC day, G20

Videos: Total 7 videos have been developed-

1. SASHAKT portal
2. Operational guidelines on Wellness through AB-HWCs
3. Training module for CHO on Acute Simple Illness
4. CHO conference held during UHC day.
5. UHC day event
6. AB-HWC for G-20 summit
7. ASHA for G-20 Summit

Other Activities done by Division

1. **Events:** The division has organised, participated and preparatory work in various events, workshops and conferences:
    1. Universal Health Day
    2. AKAM-Ayushman Bharat Pakhwada
    3. Anniversary of Ayushman Bharat-Health and Wellness Centre
    4. Arogya Manthan Expo
    5. G-20 summit.

2. **Adoption of AB-HWCs by Medical colleges:** MSG approved the concept note on adoption of AB-HWCs by Medical colleges. Booklet submitted to MoHFW

3. **Social Media**
    1. AB-HWC social media channels celebrated 4 years of Ayushman Bharat Health and Wellness Centres with a special series on achievements of AB-HWC in 4 years.
    2. The social media channels also celebrated the operationalization of 1,50,000 Ayushman Health and wellness centre (AB-HWC), Universal Health Coverage Day, G20 summit along with 42 annual health calendar days that made the handle visible.

3. New buckets for busting myths ("Kuch Bhi"), Community process, Sickle cell anaemia and Single Services Call Out were introduced.
4. A virtual social media training workshop for 800 participants consisting of NHM nodal officers from district and state levels was conducted on 17th June 2022. Concept of "Social Media Saathis" was also introduced. Following the workshop, a Whatsapp group was created for social media saathis to amplify social media content.
5. The handle has posted 1274 posts (cumulative on Facebook, Twitter and Instagram) since April 2022 till 31st March 2022. The handle has 25293 followers (cumulative on Facebook, at Twitter and Instagram) as on March'2022.
6. Twitter has the highest number of followers as compared to Facebook and Instagram. A spike was seen in followers of all handles in April and December which may be attributed to 4 Years of ABH-HWCs in April, Universal Health Coverage Day & 1,50,000 Milestone Announcement in December.
7. The total number of posts published per platform from 1st April 2022 – 31st March 2023:

Platform	Facebook	Twitter	Instagram
Total No. of Posts (April 2022- March 2023)	286 (Hindi)	649 (English) Including the live tweets+ Polls	339 (English post copies and creative copy in English and Hindi both). Including Stories

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II. HEALTHCARE FINANCING

Key Deliverables

1. Finalisation of National Health Accounts
2. State Health Accounts for select states
3. Research Studies

Team Composition

Sanctioned Posts	In Position	Vacant Positions
Advisor	-	-
Lead Consultant	1	0
Senior Consultant	1	0
Consultant	2	1
Total	**4**	**1**

Areas of Work

HCF01   Finalization of National Health Account (NHA) estimates in India.

Estimation of the National Health Account is one of the prime activities of the HCF division. In the given financial year, HCF Team released the reports of NHA 2018-19 and NHA 2019-20. The team has started the work on NHA 2020-21. The estimates of NHA 2020-21 will be ready by July 2023.

HCF02   State Health Account (SHA)

HCF team has taken the initiative of preparing the SHA estimates reports for 12 states. The team has prepared draft SHA reports of 12 states for FY 2019-20: Kerala, Assam, Chhattisgarh, Karnataka, Andhra Pradesh, Mizoram, Punjab, Maharashtra, Madhya Pradesh, Tripura, Sikkim, and Uttar Pradesh. The draft reports will be shared with MoHFW. Rajasthan's SHA report is being prepared in collaboration with WHO.

HCF03   Economic Evaluation Studies

- The division has undertaken a study to see the impact of free drugs on out-of-pocket expenditure using the unit-level data of NSS 75th round. The draft report of the report is prepared.
- It has also finalised the methodology for the study on cost-effectiveness analysis of PMNDP under different forms of PPP arrangements.
- The team is finalizing the methodology for Cost Benefit analysis for NQAS.

HCF04   Research Studies

- The team has prepared a draft report on the Study titled "Health Expenditure by Rural local bodies in India". It used the Gram Panchayat level data on expenditure and provide information on the source of different revenue for health expenditure along with the nature of health expenditure by the rural local bodies. The study uses the data provided in e-gramswaraj a portal under the Ministry of Rural Development

- The team is involved in a Study on "Health Inflation in India". This study aims at understanding the concept of the construction of price indices in the Health Sector and suggests a possible methodology for the construction of the health inflation index for India. Literature review based on global evidence has already been completed. At present, the study is looking at various data sources to develop the index.

- The team has prepared a list of trust hospitals operating in India as part of the study on "Health Expenditure by NGOs in India". As part of the exercise, it has prepared an extensive list of NGOs working in the health sector using the NITI AYOG NGO Darpan portal. It also used the Hospital list provided by PMJAY. The questionnaire for the study is finalised and the pilot survey has been completed.

- The team is also preparing a report of "Substitution effect between inpatient and outpatient care in India". The data analysis for the report has been completed and the draft report is being prepared.

- The team is also conducting a study on "Institutional deliveries in India". The data analysis for the study is ongoing.

III. HEALTH CARE TECHNOLOGY

Key Deliverables

1. Prepare guidance notes on National Policy Framework for using Decentralize Renewable Energy (DRE) for public healthcare facility, STEMI/NSTEMI Program and Medical Gas Pipeline System.
2. Prepare technical specifications for medical devices as per the IPHS guideline.
3. Support States to implement and enhance the efficacy of Biomedical Equipment Maintenance and Management Program (BMMP).
4. Support States to implement and enhance the efficacy of Free Diagnostic Service Initiative (Pathology, Tele-radiology, and CT scan Services)
5. Support States to implement and enhance the efficacy of Pradhan Mantri National Dialysis Program
6. Atomic Energy Regulatory Board compliance in public health facilities
7. Undertake assessment of Product Innovations and Health Technology Assessment (HTA).
8. Support Inter-Departmental / Inter-Ministerial technical activities related to medical devices.
9. Collaborating with WHO in activities related to health technology management in public health.
10. Training and capacity building of States/UTs
11. Miscellaneous Activities.

Team Composition

S N	Position	Sanctioned	In-position	Vacancy
1	Advisor	01	01	00
2	Senior Consultant	02	02	00
3	Consultant	06	06	00
Total		09	09	00

Area of Work

HCT01: Prepare guidance note on National Policy framework for using decentralize renewable energy (DRE), STEMI/NSTEMI Program and Medical gas pipeline system

1.1. Prepare guidance note on National Policy framework for using decentralize renewable energy (DRE) for public healthcare facility in support to States/UTs with SELCO Foundation: Ongoing
1.2. Field Visits for collection of data on use of solar in the public health facility under NHM: Ongoing

1.3. Prepare a strategic document on value-based procurement of medical equipment. Field Visits & Conduct training workshop: Achieved

1.4. Prepare guidance document on STEMI: Achieved

1.5. Prepare guidance document to support States/UTs in strategic planning and maintenance of Medical Gas Pipeline System and oxygen delivery devices: Ongoing

1.6. Field Visit to states to evaluate Oxygen Systems: Ongoing

HCT02: 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.

Preparation of Technical Specifications of medical devices for Endoscopy and Physical Medicine and Rehabilitation Department: Achieved

2.2 Revision of Technical Specifications of energy efficient devices, oxygen delivery devices, MGPS, medical devices as IPHS-22 - Ongoing

HCT03: Support States to implement and enhance the efficacy of Biomedical Equipment Maintenance and Management Program (BMMP).

1.1 Enable roll out of BMMP in 5 States (Bihar, Haryana, Chandigarh, A&N & Uttarakhand) where the program is not implemented. Undertake visit to States: Ongoing

1.2 Effectiveness study of different models of implementing BMMP by States/regions. (PPP and In-house): Activity carried over in FY 2023-24.

1.3 National workshop for monitoring services under BMMP: Achieved

1.4 Pilot study on implementation of emerging newer technology like Internet of Things (IOT) in medical devices under public health facilities: Activity carried over in FY 2023-24

HCT04: Support States to implement and enhance the efficacy of Free Diagnostic Service Initiative (Pathology, Tele-radiology, and CT scan Services)

4.1   Free Diagnostic Service Initiative – Pathology

- Support States/UTs in implementing the Hub and Spoke model of diagnostics and increase the number of diagnostic tests provided at each facility as per the National Essential Diagnostic List 2019.
- Quality control under diagnostic- comprehensive training for LTs
- Conduct workshop on awareness on EQAS for lab services. - Ongoing

Activity carried over to FY 2023-24.

4.2   Free Diagnostic Service Initiative – Teleradiology

- Support States to roll out FDI Teleradiology services.
- Field Visit to select States/UTs for assessment of Programme implementation. – Ongoing

4.3 Free Diagnostic Service Initiative-CT scan

- Support States to roll out FDI CT scan services.
- Conduct field assessment for evaluation of free diagnostic CT Scan services across India. - Ongoing

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

5.1 Support expansion of the services in more districts in the following States: Madhya Pradesh, Haryana, Manipur, Chhattisgarh, Maharashtra, and Uttarakhand.

- Prepare module for capacity building of inhouse Dialysis Technician. - Ongoing
- Conduct costing of services for States/UTs planning to implement the Hemodialysis services in inhouse mode. - Activity carried over in FY 2023-24
- PMNDP dashboard development- dissemination and implement support to states/UTs. - Activity carried over to FY 2023-24
- Impact study of dialysis implementation in PPP and in house mode. – Achieved
- Activity carried over in FY 2023-24.

5.2 Prepare guidance document for assisting states in rolling out the Peritoneal Dialysis Program: Ongoing

5.3 Conduct National dissemination workshop for assisting States/UTs: Achieved

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

6.1 Conduct AERB compliance study in States/UTs: Ongoing

6.2 Conduct gap assessment based on the desk review report for two districts in a state: Activity carried over to FY 2023-24

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

7.1 Conduct rapid assessment of innovations uploaded on the National health Innovation Portal and present before committee for short listing of the best practices workshop: Achieved

HCT08: Support Inter-Departmental / Inter-Ministerial technical activities related to medical devices

8.1 Technical support to Materiovigilance Program, CDSCO, BIS, QCI, NPPA, DoP, NCCVMRC in matters related to Medical Devices: Ongoing

HCT09: Collaborating with WHO in activities related to health technology management in public health

9.1 Preparedness of resilient health systems- Conduct workshops for States/UTs in collaboration with WHO: Achieved

HCT10: Training and Capacity Building in States/UTs

10.1   Conduct training on medical devices in collaboration with JHPIEGO for   public health officers: Activity carried over in FY 2023-24

10.2   Conduct training on usage of Oxygen Concentrator and OC MIS: Ongoing

IV. HUMAN RESOURCE FOR HEALTH and HEALTH POLICY AND INTEGRATED PLANNING (HRH and HPIP)

Key Deliverables

1. Support States in strengthening and professionalizing HRH management including integrated HR cells and filling up the vacancies in NHM (both service delivery and Program management) across all pools and programs.
2. Develop a web portal for HRH to monitor recruitment and HRIS implementation.
3. Support Capacity building of HRH.
4. Document and share HRH data analysis and evidence for better planning and performance.
5. Support simplification of planning process, PIPs and its monitoring.
6. Support preparation of Prospective State Health Plans.
7. Support NUHM in strengthening HRH practices. NUHM to be part of all studies.
8. Undertake assessments, rapid reviews, and analysis to improve HRH and use of evidence in planning.

Team Composition

Sanctioned Posts	In Position	Vacancy
Advisor	1	
Lead Consultant	1	
Senior Consultant	1	1
Consultant	5	3
Total filled positions	**8**	
Positions to be filled	**4**	

Areas of Work

HRH01 Planning Support and Advocacy

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

A secondary review of the health scenario of four aspirational districts of Bihar (Khagaria, Purnea, Banka and Jamui) has been carried out. The team will commence visits to each district to perform a detailed HRH situational analysis and support the district develop a prospective HRH plan.

Draft report on the HRH Initiatives in the Aspirational Districts of India has prepared. However due to unavailability of reliable data it could not be finalized.

1.2. Revise planning formats based on evolving requirements, and simplify PIPs

The PIP budget format of FY 2022-24 was simplified last year by reducing the budget lines from 2500+ to 199. Along with it, a two-year's PIP was introduced. Accordingly, HRH appraisal for FY 2022-24 was done. In FY 2023-24, a new budget line on a new initiative under NHM has been added, making the total budget lines 200.

In FY 2023-24, the mid-term review is being conducted wherein the supplementary PIP submitted by the states are being appraised and the progress on the key deliverables of ROP is being done.

The progress made by the states on the key deliverables of HRH were constantly monitored. Accordingly, inputs on the proposals related to HRH and Program Management is being provided to MoHFW for making evidence-based decisions.

1.3. Conditionality Assessment mid-year (FY 22-23) and final (FY 21-22)

The final Assessment of key conditionalities of FY 2021-22 was carried out and shared with MoHFW. The mid-term assessment of conditionality of FY 2022-23 has been initiated. However, inputs on few indicators from the concerned divisions is awaited.

HRH02 Providing Technical Assistance in HRH

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

The policymakers from the state of Meghalaya felt the need for a comprehensive analysis of the state's HRH situational. The Principal Secretary and the Mission Director- NHM reached out to the HRH-HPIP division of NHSRC through AS&MD-NHM, requesting assistance in conducting the assessment.

The HRH-HPIP team along with two members from NE-RRC carried out the study in five districts of Meghalaya, with the objective of providing evidence for formulating the HRH policy and HRH strategies and guide the state in planning and implementing HRH interventions.

The finding from the study was presented to Principal Secretary, Mission Director and other senior officials of SPMU. The study findings were appreciated by the state, and it was decided that the NHSRC team would be invited back to discuss the findings with district level officials. In February 2023, study findings were once again shared and discussed in detail with the DM&HOs, SPMU officials, Directors of State Health Department and other partners in presence of Principal Secretary and Mission Director-NHM. As suggested by NHSRC, the state is now conducting an HRH census and at the end of it, the findings from the HRH Situation Analysis and HRH census will be triangulated to prepare an HRH strategy for the state.

2.2. 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 last year. This microsite will enable the sharing and capturing of information related to Human Resource Approvals, Human Resource Availability, Capacity Building, Performance Appraisal, and HR Empanelled Agencies between the National, State and District Teams.

Two modules have been developed by the agency so far and are currently under preliminary testing by the HRH team before deployment for UTA. Four other modules are under development.

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 regular basis. The status of HRH as per the ROP key deliverables are monitored on quarterly basis.

An HRH index was 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 in FY 2021-22. This index and the performance of the States is monitored under e-SAMIKSHA to nudge the States into taking concrete steps towards creating required posts and filling of vacancies. The performance of the state is constantly monitored, and progress reports are submitted to MoHFW. During review meetings under the chairpersonship of JS (Policy) the status and the progress made so far is also shared with the states.

Expression of Interest (EOI) was floated for "Empanelment of HR Recruitment Agency". Based on the selecting criteria, two agencies have been empanelled for a period of two years.

Finalize the Report on performance appraisal process of two States, after completing the last round of data collection and use the evidence for suggesting better and robust processes.

Data collection has been completed and report preparation is in progress.

1.4. Analyse HR data and update the State wise report of HR Infographics

The State wise HRH Infographics has been developed.

HRH03   Assessments and Studies

1.5. Secondary data review of HRH engaged in DCP and NCD programs

The HRH team has been actively participating in the national review meetings organised by the National Oral Health Programme team and the IDSP team wherein the status of programme specific HRH were reviewed and shared with the state and national team.

1.6. Time and Motion Study in 3 states of India

A time and motional study has been initiated with the objective of understanding how the expansion of services has impacted the time and work distribution amongst all the Human Resources for Health (HRH) of an AB-HWC Sub Centre-Health. An agency has been selected to help in conducting the time and motion study in three states.

1.7. Study on utilization of Laboratory Technicians in States

The study tools have been piloted in two states based on which the tools are being finalised. The study will commence in FY 2023-24.

1.8. HRH Audit Process

The tools for HRH Audit are being developed. It will be piloted in one state in FY 2023-24.

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

The study was initiated in the state of Gujarat. 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 study was dropped. It was planned to initiate the study in some other state.

HRH04 Capacity Building

1.10. Develop templates and conduct Orientation on Prospective State Health Plan

The division is in the process of developing the HRH strategy document for the country. The objective is to offer a basket of flexible and adaptable strategies that the states can pick, modify, and implement based on their unique public health challenges. This approach was deemed essential due to the diversity of the country and the varying needs of its states.

Consultative workshops at regional level will be conducted to further discuss and finalise the HRH strategies.

1.11. Regional Review Meetings to follow up on HRH planning and disseminate HRH guideline.

The HRH team participated in the five regional review meeting on PM-ABHIM and orientation meeting on IPHS 2022 conducted for the state level officials to orient them on 'Comprehensive Planning for HRH'.

1.12.   Induction of newly recruited MOs and conduct pilot: In an endeavour to augment the competence of Medical Officers (MO) joining the public health system, the HRH-HPIP Division at the NHSRC is developing a model Induction Training for Medical Officers. In collaboration with PHFI, the training content is being developed for conducting a high-quality, standardized training program by engaging experts from the MoHFW, NHSRC, and eminent members of academia. The Phase One of the 'Pilot batch' of the training was conducted offline with 30 Medical Officers from Uttarakhand in the month of January. The MOs were briefed regarding the major national health programs and their role in it, as well as important soft skills. The trainings included interactive sessions, quizzes, role plays and group activities. The training also included a field visit to public facilities in a nearby district. During the field visit, the MOs participated in group exercises assessing the health systems and challenges and presented their findings on the last day. After the first phase of the training, the MOs have returned to their facilities for a period of three months and will be given an opportunity to implement their newly acquired knowledge and skills. During this phase, online sessions have been planned. 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.

1.13.   Online session on Stress Management: Recognising the challenges the Medical Profession entails, the HRH Division organized a session on 'Stress Management' to help them understand stress, and manage it better, for themselves, and for their healthcare team. The training was held online on Saturday, 25th February 2023.

1.14.   RMNCAH+N training for Program Managers: A three-part training was planned for the SPMs and DPMs with the following objectives:

- To orient the programme managers on the existing Health Programs, strategies, and interventions available under NHM in the domain of RMNCAH+N.

- To share current policies, program guidelines, M&E checklists and evidence based RMNCAH+N related information.

- To facilitate cross-learning across the States and Districts regarding RMNCAH+N related challenges, innovations, and best practices

This three-part training was conducted on Saturdays, 23rd July, 30th July and 6th August, 2022. Each session was a live interactive webinar of 75-90 minutes duration and included quizzes and hands-on exercises for active engagement of the participants. A total of forty-one participants received e-Certificates at the end of the training, of which 4 received 'Certificates of Excellence'.

The state of Odisha requested HRH-HPIP division to conduct the RMNCAH+N Training for the state and district level Program Managers from Odisha. The training of 50 participants through virtual mode was conducted between 11th March to 27th May, on every second and fourth Saturdays.

1.15.   One Day Workshop on PIP Monitoring: The Health Management Information System (HMIS) Division, MoHFW requested the support of the National Health Systems Resource Centre (NHSRC) to undertake a capacity building exercise for the PRCs with the objective of strengthening their research methodology and PIP monitoring skills. A four days' physical training for the PRCs was thus organized by NHSRC. Day 1 of the training was devoted to understanding PIP Monitoring and was coordinated by the HRH-HPIP Division. The other three days were devoted to a 'Research Methodology' workshop by the KMD. About 38 participants from all PRCs over the country participated in the training, and another 8 joined the training online. The participants were briefed about the importance of doing a thorough desk review, different aspects of PIP monitoring such as understanding the status of HRH, Community Processes, Healthcare Technology, Quality and Patient Safety. The process of the District Health Action Plan was discussed in detail, and they were also oriented to giving practical, implementable recommendations, and tips for writing an effective report. The attitude and behavioural standards to be adopted during the Monitoring visit were depicted through a short skit by NHSRC staff, led by the HRH team.

1.16.   Orientation of Newly Recruited NHM Consultants: The HR Division of NHSRC routinely organizes an orientation of newly Recruited NHM Consultants in MoHFW and NHSRC. The orientation is facilitated by HRH-HPIP division, and it includes technical and administrative briefings about all the Divisions of NHSRC. The HRH team has also conducted a role play depicting the plight of newly joined Consultants during the orientation.

HRH05   Partnerships

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

- Collaboration with IIM-Ahmedabad on capacity building of HRH.
  - o Observer for new leadership course for state, regional and district program managers for Health in Bihar that is being supported under NHM.
- Collaborated with PHFI on MO induction training.
- Working towards collaborating with Novo Nordisk Foundation for 'Capacity Building of Nursing Cadre in Primary Care Public Health Facilities of India'.

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

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- Working with Knowledge Management Division, MoHFW and NIMHANS for implementing TeleMANAS
- NPMU ToR Re-grouping and revising the existing TORs

1.19.   Collaborate with NE-RRC, SHSRC, PRCs for planning, HRH and monitoring

- Working with Knowledge Management Division on National Organ Transplant Registry guidelines
- Collaborated with NE RRC on HRH and Planning

HRH06   Other Technical support

1.20.   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.

1.21.   Swasthya Chintan Shivir (5th - 7th May 2022):
- Prepared presentation on Thematic Session II: Accessible, and Equitable Healthcare for All.
- Prepared notes of the discussions for Thematic Session II and IV (Heal in India; Heal by India)

1.22.   Documentation

- Prepared reporting formats for HRH and definition for the HRH related indicators for the HMIS portal
- Contributed to the Operational Guidelines for Non-Communicable Diseases (NCD) on Health for Human Resource Section
- Contributed to the revised framework for NUHM- Programme Management Unit under NUHM and HRH Key challenges and strategies
- TOR for Block Public Health Unit
- OpEd: Supply Side Reforms in HRH

V. INFORMATION TECHNOLOGY (IT) DIVISION

IT Division came into existence in late Aug'2022, hence activities mentioned are from the period till closing of Fiscal.

Key Deliverables

1. IT strategy, policy, and roadmap under NHM for central and state specific technology gamut to strengthen overall capabilities of the National Health Mission and provide policy support.
2. Digital Health advisory, consulting, directions, and guidelines to support states.
3. Information technology adoption with the National Programs including Quality & Patient Safety, Comprehensive Primary Health Care, Public Health Administration, Human Resource for Health, Healthcare Technology to strengthen service delivery.
4. Collaboration with other ministries, Govt. bodies, liaison with program / program partners to accomplish efficient service delivery & capacity building for achieving ground level policy implementation across the country.
5. New initiatives, innovations, transformation through technology for value addition to the national health mission in achieving its objectives and maintaining governance by addressing risks related to data, information security.

Team Composition

Sanctioned Posts	In Position	Vacant Positions
Advisor	1	
Consultant	09 - ADB 08 - NCD, MoHFW	
Total	**18**	

External team of 20 - 9 in position, 11 yet to join.

Areas of Work

Sr. No.	Areas of Work	Activities	Timeline
Policy Support			
1.	Guidance, policy support, field evaluations	1. Prepared guidance notes on Technology committee at national level 2. Prepared guidance notes on specialized hiring towards application 3. Prepared guidance document on key verticals for large application - NCD	Ongoing – regular basis

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Sr. No.	Areas of Work	Activities	Timeline
		4. Field visits – Rajasthan, Goa, Kerala, Uttar Pradesh, Punjab, Delhi for assessment of IT applications at health facilities, report submitted. 5. Common Review Mission visit conducted & report submitted 6. Evaluation of IHCI simple app in various states, report submitted. 7. Prepared detailed technology document for various national health portals under NHM	
Capacity building			
2.	Enhancing capacity from technology perspective	Recruiting & Managing IT PMU team towards capacity building of NHM as per GB meeting action point. 1. Creation of ToR 2. Creation of EoI 3. Conducted Tender process 4. Conducted Bids & Vendor competency evaluation 5. Shortlisting 6. Contracting 7. Onboarding Conducted interviews for other IT positions and Intern hirings. Onboarded 3 external consultants for work related delivery	Completed Completed Completed Completed Completed Completed Underway Underway
3.	Enhancing the efficiency of the NHM initiatives through IT Solutions for states	1. Support to states in aligning and strengthening the IT Solutions. 2. Support in implementation of ABHA ID 3. State support to onboarding to central IT solutions – HP, Delhi 4. Integrations with national health portals 5. Implementation of SSO, integrations with NPHO, Prayas etc. 6. Interfacing of NCD, HWC applications and portals with NHA ABDM 7. Attaching e-learning, social media presence, digital communication channels, social assisted self-help, in various program applications and portals.	Completed Completed Completed In progress Partial compl. In progress In progress

Sr. No.	Areas of Work	Activities	Timeline
			In progress
Service Delivery			
4	NCD IT Application	1. Application & Infrastructure evaluation and improvement suggested and implemented 2. Support in release of Simplified version of Application and rollout 3. Drove migration of IHCI simple app to national NCD portal. Completed for all states except three. 4. Integration of NCD with Prayas Portal 5.Infrastructure related payment issue resolved	Completed Completed Ongoing(~95%) Completed Completed
5	IT Solutions for Quality & Patient Safety to support states achieve NQAS / related standards for health facilties	1. Planning and support in migration of Gunak to CDAC platform 2. Initiated guidance on Security Testing of Gunak & vulnerability fixations 3. Support in issue resolution under UAT 4. Pre-release planning 5. Vendor evaluation for MeraAspataal 6. Integration planning for DVDMS	completion by 28th Feb'23 Completed Completed In-progress In-progress Completed In-progress
6	IT Solutions for CPHC to support operationalization and quality comprehensive primary health care service delivery	1. Assessment of HWC portal and detailed discussion on HWC 2.0 portal revamp. 2. Onboarding of Vendor for HWC portal Support 3. Assessment of features and feasibility of implementations , conditionality resolutions. 4. Integrations of HWC portal with other national portals 5. Support provided for technology concerns, contract agreements and Sashakt release.	In-progress Completed Ongoing Ongoing Completed
7	IT Solutions for Public Health Administration to	1. Preparation for requirement documents towards eSupportive Supervision portal.	Completed

Sr. No.	Areas of Work	Activities	Timeline
	help support state in achieving the standards in administration of public health		
8	IT Solutions for HRH/HRIS to help support states plan & strengthen manpower	1. Review conducted for HRIS application. 2. Development in progress	In-progress
Strengthening			
9	Strengthening digital health ecosystem	1. Supported implementation and field testing for ABHA ID implementation and roll out 2. Supported for demo-auth implementation with respect to ABHA ID creation. 3. Achieved ~ 1Cr ABHA ID 4. Partner support to establish M1/M2/M3 architecture for NCD Application. M1 & M2 achieved.	Ongoing In-progress Target closure March 23
10	Support to Ministry	1. Time to time support provided to Ministry for works related to technology, administration guidance 2. Support provided towards UHC Day at Varanasi 3. Voluntary Blood Donation day initiative, support rendered	Completed Completed Completed
IT Governance			
11	Risk Management	1. Guidelines for Data management ad security under progress.	In-progress

IV. KNOWLEDGE MANAGEMENT DIVISION

Key Deliverables

1. Undertake Implementation research for Health System Strengthening under NHM.
2. Technical hub for supporting research and evaluations under MoHFW.
3. Support states/UTs for research related activities under HSS.
4. Serve as the hub within NHSRC for coordinating NUHM activities.
5. Serve as hub within NHSRC for Tribal Health Cell and related activities.
6. 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.
7. Develop and disseminate reports, policy briefs and other high-quality deliverables derived from Implementation Research, Best Practices and field learning.
8. Support /Coordinate to undertake Common Review Missions, and organize the CRM dissemination.
9. Support/coordinate for field reviews, planning processes and dissemination of field findings.
10. Support States in sharing their Best Practices, enable high quality documentation of such Best Practices, and organize the Best Practices Innovation Summit.
11. Support strengthening of SHSRCs to provide technical assistance to State National Health Mission.
12. Facilitate support for response to PQs.
13. Support for knowledge networks and partnerships.

Team Composition

Sanctioned Posts	Sanctioned Position	In Position
Advisor		
Lead Consultant	1	1
Senior Consultant	3 + 2	1 + 1
Consultant	6 + 2	5 + 2
Secretarial Executive	1	1
Total	15	11
Positions to be filled	04	

Areas of work

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

1.1 Progress under second round of IR HSS

Following the process of empanelment of research organizations/institutions under IR HSS platform, thirteen proposals were received by seven organizations, which were reviewed by the KMD team, and inputs were provided to the respective organizations for revisions. Based on the revised proposals, nine proposals were shortlisted by the internal committee. The shortlisted nine proposals from these seven organizations were then reviewed by the Grant Review Committee (GRC) in May 2022; and 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.

As a next step, the revised proposal received by the organizations were reviewed again by the committee; and total seven proposals were finalized and approved under IR HSS platform, which are as follows:

1. Undertake an assessment of current workload of ASHA in different context of the country to understand issues related to task allocation and capacity building – AMS.
2. 360-degree assessment of the ability and quality of Community Health Officers for management of common health conditions – IIHMR Bangalore.
3. Reasons for ambulatory care patients at secondary and tertiary hospitals bypassing primary health centres in rural India – IIHMR Delhi.
4. Social, economic, organizational and ethical factors influencing implementation and adoption of technology and sharing of information in diagnosis and treatment of Non-Communicable Diseases – IIHMR Delhi.
5. Assessment on quality of care among Community Health Officers (CHOs) for managing common health conditions seen at primary care settings in India – IIHMR Jaipur.
6. Study on assessment of effectiveness of free diagnostic initiatives (FDI) in reducing out-of pocket expenditure – IIHMR Jaipur.
7. A study to determine the factors affecting treatment adherence for hypertension and diabetes in different contexts – PHRS.

Inception report for these proposals were received and reviewed by the internal committee at NHSRC. Inputs for the same were shared with the organizations for further action. Currently, four out of five organization are undertaking data collection.

Team at NHSRC also provided technical inputs on data collection tools.

1.2 Updates on third round of IR HSS

With an objective to streamline process and ensure availability of guidance on the processes and key components of the platform, a framework for IR HSS has been developed and submitted for approval.

In this regard, a presentation on the framework and its key components was given to MoHFW senior officials in a meeting chaired by Additional Secretary and Mission Director, NHM, MoHFW in January 2023.

Division is also in discussions with states and key stakeholders to revise the existing list of research topics, to include newer initiatives and health priorities as identified at national and state level.

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 was 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 the 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 was 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 KMD team had reviewed the draft 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 the chairmanship of AS&MD, NHM in April 2022.

c. **Undertake Evaluation of mainstreaming AYUSH, in collaboration with AIIMS Bhubaneshwar**
The study was finalized and initiated in March 2020. The study was being undertaken by AIIMS, Bhubaneshwar 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 when near completion, a preliminary analysis was presented to NHSRC during second TRG meeting for all organization was scheduled on July 20, 2022.
Final report was submitted to NHSRC in March 2023, which was reviewed, and comments were shared with AIIMS Bibinagar team. The revised report has been shared with NHSRC, which is submitted to MoHFW for review and approval.

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. The study is near completion and a draft report was shared in November end 2022, for which NHSRC has provided detailed inputs with the PI and team. The study is expected to complete this year.

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 was 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 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 of 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 is approved in a meeting held under the chairmanship of AS&MD, NHM.

f. Ayushman Bharat – Health and Wellness Centre Assessment
The AB-HWC assessment was commissioned by MoHFW in eighteen states. The aim of the assessment was 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. 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 formal agreement is under process at WHO India office's end. Initial discussions and meetings to discuss the project and action plan has been undertaken in January 2023 between HMIS - MoHFW, NHSRC and WHO India teams, following which an implementation matrix has been developed for further action.
In a recent meeting held in April 2023, WHO team has proposed for involvement of the third party, for which NHSRC has submitted a file to MoHFW, requesting for retaining the proposal in its original form.

h. NCD CoC assessment

NHSRC in partnership with WHO is undertaking collaborative Implementation Research (IR) project on "Improving continuum of care and people centered integrated NCD care delivery", to be taken up across selected districts in five Indian states viz. Chhattisgarh, Madhya Pradesh, Meghalaya, Odisha and Rajasthan. State level orientation workshops have been undertaken for the states of Odisha, Chhattisgarh, Rajasthan, and Madhya Pradesh. For Meghalaya, its scheduled on 27th and 28th June 2023.

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 workshop 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, Bhuvneshwar, 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.

KMD 02 Technical hub for supporting research and evaluations under MoHFW.

2.1 Research and Studies:

a. 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 was undertaken in four states each for both Kilkari and Mobile Academy (MA), selected in consultation with MMP Cell and based on the performance. The data collection has been completed and report writing has been finalized. The findings from the study were presented to MoHFW in a meeting held under the chairmanship of AS&MD, NHM in January 2023.

States for Kilkari – Haryana, Jharkhand, Odisha, Uttar Pradesh.
States for MA – Rajasthan, Uttar Pradesh, Haryana, Madhya Pradesh

The recommendations from the evaluation would feed into the revised framework being developed for Kilkari and Mobile Academy.

b. Third party evaluation of Mother and Child Tracking Facilitation Centre (MCTFC)
NHSRC undertook the evaluation of MCTFC (as mandated by MOHFW) in five states i.e., Odisha, Andhra Pradesh, Chhattisgarh, Maharashtra and Uttar Pradesh. The data collection has been completed and report writing has been finalized. The findings from the study were presented to MoHFW in a meeting held under the chairmanship of AS&MD, NHM in February 2023.

The recommendations from the evaluation would feed into the revised framework being developed for MCTFC.

c. Expenditure estimates on healthcare at the level of facility and patient – at Urban primary health care level.

KMD and HCF division are undertaking an evaluation to understand urban primary care models to understand service delivery and expenditure estimates. Data collection has been completed for five states – Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Telangana. Data collection in process for West Bengal and Punjab. The data collection has been completed in states, and analysis and final report writing is in process.

d. Study on utilization of eSanjeevani/Telemedicine study

The study is being undertaken to assess the knowledge, perceptions, & attitude of the healthcare providers and seekers along with the estimation of the utilization of telemedicine/ teleconsultation and to evaluate the associated factors affecting/influencing the provision and utilization of telemedicine. The study began in September 2022, and data collection has been completed for all states. Data analysis and report writing is in process.

2.2 Capacity Building in research

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

2.3 Institutional Ethics Committee (IEC)

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

2.4 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 has been tested for its functionality, user friendliness, and further refinement and finalization. Based on MoHFW's suggestions, further course of action would be decided upon establishment and functionality of IT division at NHSRC in its full capacity.

KMD 03 Support states/UTs for research related activities under HSS

Division works with states and UTs to support them for all research related activities, including developing concept notes and providing time to time inputs for studies being planned and undertaken by states.

KMD 04 Supporting NUHM activities

Division participated in stakeholders' workshop for developing NUHM framework.

Division is involved and participating in Urban working group for drafting the NUHM framework and has supported in drafting 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 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 05 Supporting Tribal Health related activities.

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.

Division is now working with states of Madhya Pradesh and Chhattisgarh to assess tribal health priorities and key health indicators. This work is done in collaboration with SHSRCs in respective states.

KMD 06 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.

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

Division provides state level and district level information to programme divisions as and when needed.

A comparative analysis for selected Maternal and Child Health indicators is under progress for NFHS 4 and NFHS 5 state and national level data.

6.2 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, which was provided to all teams during fifteenth CRM.

KMD 07 Develop and disseminate reports, policy briefs and other high-quality deliverables derived from Implementation Research, Best Practices and field learning.

7.1 Developed and disseminated Policy Briefs:

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

7.2 Research and articles

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i. Drafted an article on Health care systems under NHM for Yojana Magazine
ii. Review of excess all-cause mortality estimation studies in India during COVID-19 pandemic
iii. Rapid assessment of NCD services rollout in AB-HWCs : NE state (Manipur)
iv. Correspondence article on the research protocol titled 'Towards Health Equity and Transformative Action on tribal health (THETA).
v. Tele MANAS: Viewpoint on India's first 24*7 Tele Mental Health Helpline.
vi. Out-of-pocket expenditure on medicines in India - an empirical assessment.
vii. Resilient Health systems: A viewpoint.
viii. Systematic review & overview – National Mental Health Programme.
ix. Assessment of delivery and access to essential services during pandemic.
x. Home-Based New-born Care (HBNC) under National Health Mission in Urban India – A Cross Country Secondary Analysis.
xi. A review of the National Programme for Health Care of the Elderly (NPHCE).
xii. Factors influencing life satisfaction and discrimination among the elderly in India.
xiii. Recent Initiatives for Transforming Healthcare Scenario in India: A Political Economy of Health framework analysis.
xiv. Health Facility utilization and Health-seeking behaviour of the elderly population in India
xv. Write up on Universal Health Coverage; Integrated approach for Holistic Well being.
xvi. Op-Ed drafted and submitted to MoHFW: Working to achieve a model health ecosystem.
xvii. Op-Ed drafted and submitted to MoHFW: AB – from selective to comprehensive care.
xviii. Op-Ed : Tribal Health, Tele MANAS, Strengthening of States – Health Systems
xix. Review of Nepal Health Systems

KMD 08 Support /Coordinate to undertake Common Review Missions and organize the CRM dissemination.

The division supported MoHFW in organizing fifteenth CRM in the month of November 2022.

Division was involved in preparing the Terms of Reference document and revising it with inputs as received from concerned programme divisions.

Sixteen states were covered during fifteenth CRM – Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Goa, Jharkhand, Kerala, Maharashtra, Meghalaya, Nagaland, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana and Uttar Pradesh.

National reported submitted to MoHFW for review and approval.

KMD 09. Support/Coordinate for field reviews, planning process and dissemination of field findings.

For all research and evaluation related activities, division is involved directly through field visits and state & district level meetings and discussions. Division conducts field visits during respective evaluations, to also capture state level concerns and suggestions, thus incorporating in the reports.

Division in collaboration with Health Care Technology division undertook a field visit to assess the Public Private Partnership model of Diagnostic services in the state of Uttarakhand. During the seven-day visit, four districts were covered, across Kumaon and Garhwal regions of the state,

including the state HQ Dehradun. Final report with key recommendations was submitted to the state.

KMD 10. Support States in sharing their Best Practices, enable high quality documentation of such Best Practices, and organize the Best Practices Innovation Summit

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.

The innovation portal was open for best practices submission until September 2022, where practices pertaining to health systems strengthening were scrutinized, and after initial screening, were segregated to be categorized under relevant programme divisions within MoHFW and NHSRC. The practices were then shared with concerned programme divisions, following which a presentation was done in a meeting chaired by JS P to provide an overview of HSS practices and their scoring.

This year (FY 2022-23) 14th Conference of Central Council of Health and Family Welfare (CCHFW) was organized as "Swasthya Chintan Shivir" under the chairmanship of Hon'ble Union Minister for Health & Family Welfare, in May 2022. The division supported MoHFW in finalizing the best practices to be presented during the Swasthya Chintan Shivir; and preparing a compendium of these good and replicable practices, in form of a coffee table book. The coffee table book is under process.

A Best Practice conclave is being planned, to showcase International good and replicable practices relevant to Indian health systems, and innovations and good practices within country, as supported by Development Partners.

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.

The State Innovation Hubs have been approved by MoHFW, and states are being provided support through PIP.

First orientation workshop for states on Innovation Hubs was held in April 2023.

KMD 11. 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, awaited final approval from the Mission Steering Group (MSG) meeting.

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 Honourable HFM, and the DO letter has been shared with all states/UT.

Supporting SHSRC strengthening

In addition to routine discussions with SHSRCs, the division has also conducted an assessment to understand SHSRCs role in states, and to also understand key enablers and barriers un achieving the deliverables. Team has completed the 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 and data collection has been completed across selected four states i.e. Haryana, Karnataka, Madhya Pradesh and Chhattisgarh.

Based on the discussions, a report and a framework for SHSRC has been developed by the division.
Division has made visits to SHSRCs in Chhattisgarh, Gujarat, Haryana, Karnataka, Kerala, Maharashtra, and Madhya Pradesh and is currently involved with these SHSRCs for undertaking different field level activities, including assessments under NHM.

Division is also working with Rajasthan and Jharkhand teams, to re-establish the SHSRCs in respective states.

A one-day review meeting with State Health Systems Resource Centres (SHSRCs) is planned in third quarter of FY 2023-24, with an objective of sharing experiences, cross learning and providing an update on the key activities delivered by SHSRCs.

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.

Division is also supporting Maharashtra, Karnataka, Kerala, Gujarat and Madhya Pradesh SHSRC for their respective research proposals and related activities.

Division worked with four SHSRCs – Chhattisgarh, Gujarat, Karnataka and Madhya Pradesh for undertaking a quick review of AB-HWCs in respective state to prepare case studies for the AB-HWC case stories compendium.

KMD 12 Others

a. NCD:

Division supported MoHFW in revising the Guidelines for NCD programme: NP-NCD guidelines.

Division also supported in providing inputs on NCD documents, and IHCI integration related technical inputs, as and when required.

Division contributed in developing the concept note and provided inputs for second National chief secretaries conference on NCDs – Nutrition, lifestyle and management.

b. Tele MANAS

Division supported development of Tele MANAS concept note and presentation.
Division supported in drafting and developing Operational Guidelines for Tele MANAS.
Division provided inputs to training material being developed by NIMHANS for Tele MANAS.
Division is working with NIMHANS team, to develop IEC material.

c. NHM Extension

Division provided technical inputs, and revisions done on the concept note for the extension of NHM, and prepared presentations for the same.

d. Partnerships and Collaborations

Partnerships and Collaborations are 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 empanelled with NHSRC through a transparent process.

MoU signed so far: All India Institute Of Medical Science-Delhi (AIIMS Delhi), AIIMS Jodhpur, AIIMS Bibinagar, IIHMR Jaipur, IIHMR Bangalore, Public Health Foundation of India (PHFI), National Institute of Public Health Training and Research (NIPHTR), MAHE MANIPAL, Government Institute of Medical Science (GIMS), MCHI – JHU, PATH, JHPIEGO, Indian Association of Preventive and Social Medicine (IAPSM),

Access Health International, Care India Solutions for Sustainable Development (CISSD), National Institute of Public Cooperation and Child Development (NIPCCD), Delhi Institute of Pharmaceutical Sciences and Research (DPSRU), Centre of Social Medicines and Community Health, Research Triangle Institute Global India Pvt Ltd. (RTI).

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.

Provided technical inputs for data collection tools and final report.

e. **Population Research Centres (PRC)**

Division provides technical support to PRCs in providing inputs to the studies being undertaken by them.
Division also conducted a three-day Implementation workshop for all eighteen PRCs.
Division attended knowledge dissemination workshop held by PRCs in the month of October 2022, to provide an overview of research and report writing, and also a detailed inputs for all studies and proposals were shared with the team.

f. **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 PQs were reviewed and provided quality and timely responses.
Division also supported MoHFW in drafting chapters and finalizing the guidelines for National Sickle Cell Mission.
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".

VII. 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

Sanctioned Posts	In Position (vacancy)
Advisor (1)	1
Lead Consultant (1)	0
Senior Consultant (4)	3
Consultant (13)	11
Total filled positions	15
Positions to be filled	04

Areas of Work

PHA 01 Secondary care strengthening

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

1.1 District Hospital Strengthening

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 and are ready for internal discussion. Support provided to states for initiating DNB in the DHs through PIPs. As of now 23 states are running DNB courses in 99 Public Health care facilities which includes DH, Civil hospitals, Area Hospitals and SDH, with a total number of 1168 seats across 17 specialties. For DNB, Nursing and allied health care courses, DH mapping is in process for states viz., UP, Jharkhand and MP.

A draft tool and note were developed to study the improvement in services in DH upgraded to medical colleges was developed and was shared with ED, NHSRC. KMD is conducting a study 'Comprehensive analysis of the public health functions of the District Hospital converted to Medical Colleges: A comparative study" in collaboration with PHA division in six states. Data collection is completed for three states (Chhattisgarh, Tamil Nadu and Odisha).

1.2 Strengthening of Maternal and Child Health Services

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

   The Layout plan for MCH wings (100 and 200 bedded) was revised as per the MLCU (Midwifery led care unit) concept and submitted to Ministry for approval. The division has also given inputs on MLCU guidelines. The layout designs of MLCU and LDR are part of MLCU guidelines which were released with SUMAN Brochure in December 2022. Support has been provided to several States in establishing MCH wings.

   In partnership with the University of Manitoba the division is supporting a national level study on key drivers of maternal health. The draft national report is ready and submitted to MoHFW for their final review and date for dissemination. The state consultations with six states have also been completed and the drafting of state specific reports is in progress.

b. **SUMAN:** 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, thereafter the Standard Operational Guideline, logo and poster on SUMAN Initiative was released by Hon'ble HFM and shared with all the states/UTs. Division is providing need-based support to MH division and states as per their need.

1.3 Revision of CEmONC/ LSAS /BEmONC curriculum

NHSRC with support from MH Division revised the CEmOC and LSAS curriculums in technical collaboration with KGMU. The revised curriculums of BEmONC, CEmONC& LSAS after undergoing several rounds of internal review and external review by the experts and MH Division was submitted to the Ministry for approval. The curriculum was also synchronized with the latest MH posters and protocols after taking inputs from expert group and the revised CEmONC and LSAS curriculum was again submitted to the Ministry for final approval. The draft BEmONC curriculum was also submitted to the Ministry for approval.

Support provided for conducting National and State level training of CEmONC and LSAS to the state of UP, 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.

Guidelines on Operation Theatre, High Dependency Unit/ Intensive Care Unit, Central Sterile Services Department, and Dietary Services were printed, disseminated to states/UTs and are available on NHSRC website. Eight states (Tamil Nadu, Chandigarh, Ladakh, Nagaland, Mizoram, Punjab, Uttar Pradesh and Bihar) have been oriented on these guidelines.

Meetings were 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 the guidelines are now also synchronized with IPHS 2022. Operational and Technical Guidelines on Emergency Care Services at DH is approved by the Ministry and has been disseminated on 13th June 2023. On a continuous basis support for orientation and capacity building of service providers is being provided to states as per the request.

1.5 Emergency and Critical Care curriculum

The Expert Group Meeting on Developing Training Curriculum for Medical Officers on Emergency and Critical Care was conducted on 22nd-23rd June 22, based on which an operational guidelines and technical guidelines were drafted. Thereafter two more expert group meetings were held to further refine the document, the final version of the document is being reviewed. The curriculum being developed is in line with CEmONC and LSAS.

PHA 02 Revision of Indian Public Health Standards (IPHS)

The first IPHS guidelines were introduced in 2007 and revised in 2012. Since then, several new initiatives were supported by NHM including the introduction of NUHM and the delivery of

Comprehensive Primary Health Care (CPHC) through Health and Wellness Centres (HWCs). Feedback suggests that the 2012 IPHS guidelines do not adequately incorporate the needs of various program divisions and parallel program guidelines also leads to confusion and duplication of resources. Therefore, consultations were held with all the programme division, jointly and separately and their requirements have been incorporated comprehensively in the revised guidelines. This guideline also incorporates several new initiatives and prospective needs for a resilient infrastructure. 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 revised IPHS 2022 is approved and released by Hon'ble HFM.

A National level orientation was held for all states wherein Mission Directors, State Program Officers, State nodal officers for IPHS participated. Following the national orientation, eight states/UTs level workshops were held in Tamil Nadu, Chandigarh, Ladakh, Nagaland, Mizoram, Punjab, Uttar Pradesh and Bihar.

An assessment criterion for IPHS compliance has been prepared and been piloted in a few states. The compiled visit reports of eight states- Kerala, Tripura, Maharashtra, Assam, Gujarat, M.P., Himachal Pradesh, Chhattisgarh is submitted to Ministry.

Based on the checklists for assessing IPHS compliance, ODK toolkit was developed with the support of NIPI and piloted in six states. The findings of the pilot were shared with the Ministry for approval of ODK toolkit. On further on the directions of Ministry, meetings were held with NIC along with NIPI team and a decision made for developing a new software as well as the dashboard for IPHS compliance by NIC.

One of the other important features of IPHS 2022 is the inclusion of key principles relating to Green & Climate resilient infrastructure. The division has provided support to NPCCHH in developing guidance notes for district plan for Green & Climate resilient. Also, the division has attended NDMA meeting and provided several inputs on Green & Climate resilient note.

PHA 03 Model Health Districts and Aspirational Districts

With the approval of MoHFW, NHSRC was assigned to develop MHD in states; these MHDs would serve as role models 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, the Ministry has given approval to BMGF to develop Demonstration Districts in various States. The division 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 was provided to the selected districts in Chhattisgarh, Jharkhand, Odisha, and Rajasthan. Visit were undertaken to Udaipur in Rajasthan, Raipur, Durg, Jashpur, Kanker in Chhattisgarh, Gumla, Hazaribagh in Jharkhand to support the implementation of Integrated Public Health labs, assessment of CHCs for upgrading them as per IPHS to achieve compliance, and to assess the facilities for NQAS were also undertaken. The pre-assessment of resources for establishing IPHL and BPHUs was also conducted in the state of Jharkhand, Rajasthan and piloting of IPHS compliance checklist was done in the state of Odisha and Chhattisgarh.

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. The need for certification of IPHS compliant facilities has also been introduced for sustaining these standards and now, the division is supporting the implementation of IPHS.

The division is also supporting Aspirational Districts (ADs) in the country. Analysis of the health indicators for delta ranking and inputs were shared with the 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. As desired by MHW health indicators particularly related to HSS and other disease control programs, their source, expected outcome, etc. were prepared by the division along with a brief background note for newly initiated Aspirational block health program. Division also supported Ministry in finalizing the indicators for NITI Aayog district ranking.

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 CCHFW 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 was approved by Ministry and formally released on 16th April 2022. This was also discussed in Chintan Shivir held on 5-7th May 2022. A national level consultation was held under chairpersonship of Secretary HFW on 29th June 2022. On 21st October 2022 a meeting was organized to orient the Centre of Excellence and academic

institutions like AIIMS, PGIMER, JIPMER, IIPH, IIM, etc. on the core principles and suggestive structure of PHMC which would help the institutions to better understand and handhold/ support the states in implementation of PHMC. The Division is also part of the progress reviews being organized by NITI Aayog.

State level consultations were done at Assam (NE states), Bihar, Delhi, Jharkhand, M.P., Sikkim, Telangana, Uttar Pradesh and West Bengal till 2022. 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 have been 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.

NITI Aayog in collaboration with MoHFW and NHSRC conducted three review meetings under the chairpersonship of Dr. Vinod Paul, Member (Health), NITI Aayog. Based on the request by states to provide technical support in establishing the public health and management cadre, orientation meetings were conducted at Jammu & Kashmir from 2nd May to 4thMay, Online meeting with Tripura on 22nd May and Himachal Pradesh from 24th to 27th May 2023.

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

Support is being provided based on state requests. State proposals in this area are also grasped as a part of NPCC.

5.2 Strengthening Civil Registration System, data management and reporting

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. As per IPHS 2022, the quality of care at public facilities can be significantly improved by adopting and implementing a robust mechanism for clinical

governance which will cover a range of quality improvement initiatives. Clinical governance is a systematic approach of institutionalizing patient centric service in hospital setting. A round of expert group meeting regarding the same was held in MGIMS Wardha on 17th & 18th September 2022. And a round of orientation meeting with PGI Chandigarh to initiate a pilot to analyze the feasibility of implementation of clinical governance was held on 15th December 2022. A plan to pilot the initiative in a few districts and Medical colleges is under progress.

5.4 Assured Emergency & Referral System

Ministry of Health and Family Welfare introduced the National Ambulance Services (NAS) in 2014, under the National Health Mission (NHM) which have become an integral part of the Indian health care system as they play a significant role in conjoining the patient with a healthcare facility.

- EPC note for the revised cost estimate of the Capital and Operational Expenditure for Ambulance (ALS & BLS) for Plains and Northeast and Hilly States along with estimated cost for PTV was prepared which was then approved by MSG.
- Support is being provided to states through PIP for operationalizing 102/108 ambulances.
- Earlier, a draft guideline for NAS including Neonatal Ambulance guidelines, incorporating AIS 125 norms along with the concept note was prepared and submitted to the Ministry. In light of the revised MSG norms, National Ambulance Services (NAS) guidelines are being drafted and ready for internal discussion.
- Visited UT of Ladakh to support the operationalization of National Ambulance Services.
- Inputs given on Promotion of Helicopter Emergency Medical Services

The division also provided support to MoHFW and NITI Aayog in expanding emergency care services through Transforming Emergency and Trauma Care System. Support provided in terms of finalizing population norms for ambulances, estimating infrastructure and technical requirements for emergency departments at District Hospitals and Medical Colleges, conceptualizing command centres, and accordingly calculating unit costs and financial implications for each component.

5.5 Strengthening outreach through Mobile Medical Units (MMUs)

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, the division is appraising the state proposal in PIPs and providing the required support to the states.

- EPC note was prepared for the revised costing of MMU, which was approved by the MSG and the revised costing was informed to the states.
- A report was submitted to the Ministry regarding utilizing funds of PM CARES for MMUs with special focus on aspirational districts.

Based on the revised MSG costing norms for MMU, Operational guidelines for MMU were revised and submitted to the Ministry. The approval from the ministry is awaited.

5.7 Support for e-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 schedules, 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 was cancelled. No further activity is planned.

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, comprehensive medical algorithms have been developed for the web portal for GRS & Health helpline. After approval from the 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 the software was done on 30th July 2021 after holding several consultations with the vendor including MH division and all the divisions of NHSRC.

An internal meeting to deliberate on the final version of the portal was organized at NHSRC in January 2023. After incorporating the comments, the final version of the GRS portal is ready for submission to the ministry.

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 needs of the urban population vary 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 COVID-19 pandemic has highlighted the need for involving other sections of urban population such as lower and upper middle as well as the rich classes of 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 the Urban Health Division at the Ministry and other experts which finally led to bringing of policies on Urban Health Wellness Centres (UHWC) below UPHC and bringing specialist care nearer to the community through Polyclinics. Thus, the Division has been instrumental in bringing the policy and defining norms and functionality of UHWC and Polyclinic, under the two flagship

schemes of GoI, viz., PM-ABHIM and XV FC Guidelines for urban health facilities. Technical inputs have been provided in collaboration with NUHM Division of Ministry in framing of these guidelines. The health care services in urban areas would now endeavor to cover the entire urban population rather than just 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 polyclinics under PM ABHIM and XV FC, and the diagnostic support for urban areas under XV FC, along with the planning process for various types of facilities in States. The division also undertakes PIP appraisals of the proposals under these schemes and also NUHM.

The division is instrumental in developing IPHS standards for urban health facilities for the first time and undertook several rounds of meetings with the Urban Health Division under chairpersonship of JS (Urban Health), JS (Policy) and AS & MD (NHM) to firm up the IPHS guidelines for urban health facilities. Revised IPHS 2022 guidelines released by the Ministry, include norms for UHWC, Polyclinic, UPHC and UCHC.

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 PM-ABHIM and XV Finance Commission. The revised NUHM framework is synchronized with National Health Mission (NHM), National Health Policy 2017, Sustainable Development Goals (SDGs), Indian Public Health Standards 2022 (IPHS) etc. Three national level consultations for revision of NUHM Framework under chairpersonship of JS (UH) were held with experts, state NUHM, development partners, ULBs and Municipal Corporations. Presentations were made to JS (UH) and JS (P&UH) on the draft NUHM framework and inputs incorporated. Further wide deliberations were held internally with ED and all Advisors of NHSRC, and the revised framework has been submitted to the NUHM Division at the Ministry for approval.

The Division is conducting an assessment of the public health system in Brihanmumbai Municipal Corporation (BMC). Visit to offices of the corporation, bureaus, ward offices along with all levels of health facilities in Mumbai was undertaken in February 2023 to understand their functioning and challenges faced in service delivery. Thereafter, technical inputs and ways to address those challenges based on gap assessment, prospective planning of services in accordance with the IPHS 2022 and PHMC, and ultimately for development of a road map for urban health is being done.

The division provides continuous support to the states in planning and operationalizing urban health facilities. Division supported UNICEF and Govt of Maharashtra to organize an orientation workshop for effective implementation of Urban Health in the context of Newer Initiatives in the month of June 2022.

The draft guidelines on collaboration with Medical Colleges to strengthen NHM was prepared. The excerpts of the guidelines are now incorporated in the guidance note of adoption of AB-HWC by Medical Colleges, in collaboration with CP-CPHC division.

The existing outreach guidelines for urban areas are also under revision, based upon the services envisaged, especially to emphasize public health actions such as disease surveillance and management of outbreaks. Draft Outreach Guideline is ready for internal review.

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.

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 behaviours, to generate the information base that is needed for effective action and policies, to manage a competent health workforce, and many other such functions. It sets up three tier health authorities (intersectoral) and provides statutory support to carry out functions and exercise powers related to communicable and non-communicable diseases, public health emergencies (to repeal the archaic epidemic diseases act), social determinants of health, provision of assured primary health care, with a 'health-in-all' approach. A draft for State and public consultation was prepared and sent to the Ministry and referred to the Legislative Department of the Ministry of Law, for their opinion, prior to State consultations. Consequently, the Draft was sent by the Ministry to all the states. Based on the directions of the Supreme Court, a comparative analysis of the National Health Bill 2009 and National Public Health Bill 2020 was done, and recommendations were submitted to the 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 have been held with NITI Aayog and other experts to strengthen the provisions of the draft bill and the suggestions have been incorporated therein.

On the direction of Ministry, a committee has been constituted under the chairpersonship of Dr. Girija Vaidyanathan, Ex-ACS Tamil Nadu for analyzing the State comments received on the draft National Public Health Bill and to furnish recommendations on the subject matter for finalizing the Bill within one of the first meeting. The meeting is to be scheduled by the Ministry.

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 on inputs from the MoHFW. The updated draft was submitted for approval. Since then, several meetings have been conducted with the CH division, and based on the feedback provided from JS(RCH), the draft has again been revised and resubmitted 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 legislation and judgments. An initial draft is developed on the subject.

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 Menstrual Hygiene and Paid Leave Bill, 2019'
- 'The Constitution (Amendment) Bill, 2019 (Amendment of the Seventh schedule)' introduced by Dr. Shrikant Eknath Shinde, M.P (L.S)
- 'The Constitution (Amendment) Bill, 2012 (Insertion of New Article 21B)' introduced by Dr. D. Ravikumar, M.P (L.S).
- Verbatim of Private Member Bill titled "The Right to Health Bill, 2021" by Prof. Manoj Kumar Jha, M.P (R.S)'
- "The Compulsory Emergency Medical Aid to Accident Victims by Private Hospitals and Medical Practitioners Bill, 2023", by Dr DNV Senthil Kumar S., MP, Lok Sabha
- The Andaman and Nicobar Islands Right to Health Bill, 2023

Comments furnished on:

- Complaint No. 2419/90/0/2021 received by NHRC regarding ambulances not being provided to dead bodies.
- Legal framework for the implementation of SDG Good Health and well-being.
- Ad-hoc India-EU Human Rights Dialogue.

- Questionnaire for the report on "Racism and the right to health" to be presented to the UN General Assembly.
- OHCHR document regarding workshop on economic, social and cultural rights within the context of recovery from COVID-19 pandemic.
- Medical Education Policy document pertaining to grant of limited license under NMC Act to practice medicine at mid-level and Community Health Provider.
- Bringing Government Societies/ Government Controlled Societies under the domain of Finance (BPE) as a part of brining parity among supervision of Government Companies and Government Controlled Societies registered under Tamil Nadu Societies Registration Act, 1975.
- SDG Indicator 5.6.2: Laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.
- Questionnaire on Examination of Demands for Grants (2023-24)
- Domestic Violence protocol developed by CEHAT.

Support provided in drafting/vetting various **MoUs/Agreements/RFPs** and drafting **legal chapters** for various guidelines.

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. The revised IPHS 2022 guidelines on HWCs released by Hon'ble HFM defines standards for services, equipment, HR, diagnostics and layout designs of HWCs which is now being disseminated to states.

Division has contributed to drafting the chapters of "Grassroot Soldiers: Role of ASHAs and ANMs in the COVID-19 Pandemic management in India" and re-written First Chapter "The Ecosystem of the Indian Public Health System".

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 and data collected was analyzed and shared with Ministry. After onset of COVID 19 pandemic no visits of NLMs were undertaken. Further, as per the directions of Ministry, the TOR of NLMs were revised and guidelines and the draft note prepared on National Level Monitor was submitted to Ministry for approval. Another file

has been put up in the ministry for the empanelment of architects/engineers as national-level monitors.

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.

To support the states implementation of the activities the checklists for assessment of the resources for setting up IPHL, BPHU and CCBs developed, and visits were also conducted as per the request of states to conduct gap assessment and orientation of state and district officials. Based on the request of the states, workshops and visits were held in the 11 states (Rajasthan, Karnataka, Bihar, Goa, Manipur, Uttar Pradesh, Jharkhand, Sikkim, Ladakh, Maharashtra and Nagaland) to provide support in establishing IPHL, BPHUs and CCBs under XV-FC and PM-ABHIM.

The appraisal of state proposals for ECRP-I/II, 15th Finance Commission, PM-ABHIM were also conducted. As of now, one model IPHL and BPHU are functional at Raipur, Chhattisgarh established with support from CDC. Division is providing support to states in creating five model IPHLs in collaboration with CDC. In four states, Maharashtra, Sikkim, Jharkhand and Uttar Pradesh, gap assessment and layout plans have been prepared. The construction work in Maharashtra, Sikkim, and Jharkhand is under process.

Division also supported MoHFW in finalizing the DLIs for Enhancing Health Service Delivery Program of World Bank. Inputs given for revising the areas and targets for channelizing XV FC health sector grants.

The division has helped in conduction of National level workshop for MoHFW on EHSDP on 10th May with 7 states namely, Andhra Pradesh, Kerala, Uttar Pradesh, Meghalaya, Odisha, Punjab and Tamil Nadu. Subsequently PHA team members also conducted field visits in some of these states with the World Bank and Ministry of Health and Family Welfare.

Based on the directions of MoHFW, the revised costing norms for Building-less SCs, PHCs and CHCs, Block Public Health Units and Urban HWCs components of XV Finance Commission were submitted for approval and revision of the technical and operational guidelines on XV FC.

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

Monitoring visits under PM-ABHIM were conducted to Chhattisgarh, Gujarat, and Uttar Pradesh. Monitoring visits under ECRP-II &NHM were conducted in 2 states- Chhattisgarh and Rajasthan.

PHA 11 Miscellaneous

1. **Fifteenth 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 15th Common Review Mission, the division conducted visits as team members from 5-11th November 2022. Support provided to the Knowledge Management Division in compiling the state-wise reports on the division specific TORs.

2. **Chintan Shivir-** support provided in preparation of agenda, concept note, presentation for session 1 (Centre-State relation), script for video.

3. **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.

   Two meetings dated 12.05.2022 and 24.05.2022 held under the chairpersonship of JS (Nursing) were attended for preparation and finalization of proposed SIU Norms. Another meeting dated 26.05.2022 was attended in NIHFW on the subject 'Strengthening nursing Education & Training.' A background note being prepared for the SIU Norms in furtherance of the aforesaid meetings.

4. **Support to Program Divisions:**
   - **Oral Health:** Division contributed to revising Operational Guidelines for National Oral Health Program which were launched by AIIMS Director and AS&MD in January 2023. 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. Division gave technical inputs in finalizing the OHP operational guideline and supported its release in January. The division also oriented the State Nodal Officers of Oral Health on revised IPHS with focus on OHP. Presentation given on IPHS at National Review meeting for Oral Health Programme.
   - **Statistic Division:** Inputs on HMIS indicators have been provided to ministry. Feedback on the reports submitted by the PRCs on monitoring and evaluation of PIP process in states. Workshop for release of HMIS 2.0 indicators.
   - **Mental Health-** Part of the expert group for Tele-MANAS services and part of meetings held on Course Content for training Tele MANAS Counsellors.
   - **NCD-** Inputs given on Operational Guidelines for National Programme for Prevention and Control of Non-Communicable Diseases and revision of financial norms of various components under National NCD Programme.

- **NCDC**- Member of expert group to develop National Action Plan 2.0 for AMR on human health component. The division has also provided inputs in research on AMR in a meeting with stakeholders. Meetings to synchronizing existing lab reporting platforms with IHIP.
- **DGHS**- Inputs provided on national prehospital trauma care policy.
- **DM cell**- Inputs were provided on the draft guidelines of National Emergency Medical Team.

5. 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 RTI applications, VIP references, Lok Sabha & Rajya Sabha Parliamentary Questions and questions for the standing committees. Furnished data requirements for state visits of Hon'ble HFM and visit of JS (P) to the states/UTs.

7. Presentations done for IPHACON 2022, Best Practices in Community Engagement for Ending TB" National Workshop, presentation on secondary care for orientation of MD-CHA & DHA residents of NIHFW, DPHICON 2022, IAPSM Conference 2022, Green and climate Change, AHSAS 2022, PHFI on Strengthening planning through IPHS and PHMC.

8. **Inputs/comments** provided on various documents received from the Ministry on different subject matters.

9. **Sickle Cell disease:** A committee was formed under DGHS including members from AIIMS, RML, LHMC, ICMR and NHSRC for the creation of STG for SCD. The division participated in the meetings organized by DGHS and also compiled the final comments into a consolidated guideline. The division supported drafting Standard treatment guidelines for Sickle Cell disease. As per MSG note, the division also supported the revision of Operational cost for screening and diagnosis for sickle cell disease. Comments provided on:
    - Guidelines for National program for Prevention and Management of Sickle Cell Disease
    - Training module on SCD for ASHA/ MPW
    - Strategic plan for elimination of SCD by MoTA.

PHA 12. Research work

- National Ambulance Services in India: A Narrative Review
- 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

VIII. QUALITY & PATIENT SAFETY

Key Deliverables

NQAS

1. Implementation support for health facilities under NQAS
2. Expansion of NQAS to include newer interventions
3. Expanding the LaQshya programme to increase the number of LaQshya-certified facilities
4. Supporting States/UTs in certification of health facilities under MusQan
5. Support for Kayakalp Implementation in States/ UTs
6. Development of Patient Safety Framework under the NQAP and support its implementation
7. Supporting States/ UTs in implementation of 'Free Drug Service Initiative' (FDSI) & dissemination of District Drug Warehouse Guidelines
8. Support to State/UTs in implementation of Mera Aspataal and its follow-up actions
9. Studies and Consultation
10. Others –

10.1 Dissemination of Standard Treatment Guidelines

10.2: Support for maintaining ISO 9001:2015 certified status of NHSRC and RRC-NE

Quality Certification Unit

1. Expand scope of NQAS to include departments/ services as per given below
2. Conduct of National level assessment of health facilities under NQAS, LaQshya, MusQan-
3. Increase the pool of empanelled external assessors
4. Strengthening of NQAS assessment tools
5. Strengthening of IT initiatives under NQAS
6. Dissemination of guidelines/assessment tools to support NQAS implementation
7. Maintenance of ISQua accreditation

<u>Team Composition</u>

Quality & Patient Safety				
S No	Position	Sanctioned	In Position	Vacant
1.	Advisor	01	01	0
2.	Lead Consultant	01	01	0
3.	Senior Consultant	02	01	1
4.	Consultant/Jr. Consultant	07+1 (Ayush)	07+1 (Ayush)	0
Total filled positions		**12**	**11**	**1**
Certification Unit (Deputed from QPS Division)				
1.	Lead Consultant	01	00	1
2.	Senior Consultant	02	01	1
3.	Consultant/ Jr. Consultant	08	06	2
Total filled positions		**11**	**7**	**4**

Areas of work

QPS-01 Implementation support for health facilities under NQAS:

1.1   <u>Capacity building of state teams by NHSRC and also in collaboration with institutions (such as SHSRCs)</u> –

a. Undertaking mentoring visits to the States & UTs: The team travelled to the States/UT of Andhra Pradesh, Arunachal Pradesh, Chandigarh, Chhattisgarh, Jharkhand, Kerala, Ladakh, Madhya Pradesh, Maharashtra, Meghalaya, Mizoram, Nagaland, Rajasthan, Tripura, Uttarakhand and West Bengal for the implementation of the National Quality Assurance Programme.

b. Increasing pool of internal assessors & capacity building of facility quality team in the states by providing training as per state need. In FY 2022 – 23, forty-eight (48) batches of trainings were conducted in the States/UTs till 31st March 2023. 795 NQAS Internal Assessors have been added to the pool of empanelled internal assessors with the State/UT in FY 2022-23, to support the NQAS implementation. Since the inception of the program 648 batches of the trainings have been imparted till 31st March 2023 and 5547 Internal Assessors are empanelled at the state level to support the NQAS implementation. In FY 2022-23, 48 batches of trainings were conducted, and 795 Internal assessors are added to the pool of IA assessors for NQAS implementation in States/ UTs.

c. Apart from the above trainings, two batches of NQAS IA training were conducted for

Armed Forces Medical Services Officers and one batch of training for Development Partners. One batch of Internal Assessors cum Service Providers (IA cum SPT) training was conducted for Development Partners and one batch for the aspirational districts from North-East states to support the states in NQAS implementation.

d. A consultative workshop was organised with Development Partners to expedite the process of Quality implementation, certification, and sustenance in their areas of work.

e. Empanelment of experts to support the training needs: 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. Their services are being utilised during a few trainings in the State/UTs (e.g., Chandigarh, Uttarakhand).

f. A pool of 157 Quality professionals is also created in the country after completing the PGDHQM (Post Graduate Diploma in Healthcare Quality Management) at TISS Mumbai.

1.2　Development of Implementation Guidelines & Resource Material –

a. During the implementation of NQAS, public health facilities find it challenging to implement Quality standards of Risk Management under Area of Concern- 'G' (Quality Management). Responding to the state's request, a Risk Management Framework is under the process of finalization for implementation of Quality Standards (Risk management Framework and Plan) at District Hospitals. The risk management framework will be finalised by the end of July'2023 and will be disseminated to the states/UTs after approval.

b. QPS team is working towards the development of short video films for capacity building on implementation of NQAS at Health & Wellness Centres-Sub Centre. These videos will be developed in Hindi to facilitate learning at the grass route level. Overall, 35 videos of 15-20 minutes duration each were shortlisted and are under the process of development. Out of these, three (03) videos are developed and disseminated online via social media channel (YouTube). Six (6) more videos are in development process and are expected to be completed by June 2023.

1.3　Partnership with the Organizations to support NQAS implementation-

- 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. Along with this the division has empanelled ten (10) individual trainers to support the States/ UTs in implementation of National Quality Assurance Standards.

- The NHSRC in collaboration with the Tata Institute of Social Sciences (TISS), Mumbai had launched a Post Graduate Diploma in Health care Quality Management in the year 2016. A pool of 157 Quality professionals is also created in the country after completing the PGDHQM (Post Graduate Diploma in Healthcare Quality Management), at TISS Mumbai.

QPS-02 Expansion of NQAS to include newer intervention:

2.1 Develop a framework for containment of Anti-microbial resistance (AMR) in public health facilities:

- NHSRC is reviewing the work done by various organizations like ICMR, NCDC, WHO, etc., in the area of AMR. Rounds of discussion held with AIIMS and ICMR on Anti-Microbial resistance program.
- ICMR is already working with cluster of health facilities for reporting of HAIs under AMR through an app on the defined formats.
- QPS Division is working with the ICMR to take it to DH level health facilities. Also, team is reviewing the online reporting system of HAIs supported by ICMR and AIIMS, New Delhi.
- In this context, the QPS team visited the District Hospital Mohali, Punjab in March 2023 to study the processes and activities undertaken by the hospital to implement and report HAI using the standardized reporting formats and portal developed by AIIMS -ICMR project.
- Following which, a consultation meeting were held with ICMR and AIIMS, New Delhi to come out with a road-map and action plan towards strengthening of IPC and AMSP in District hospitals.
- Also, a multistakeholder consultation workshop is planned in FY 2023-24, to formulate a strategy and roadmap for the primary and secondary care hospitals.

QPS - 03 Expanding LaQshya programme to increase the number of LaQshya certified facilities:

3.1 LaQshya assessment of LR & M OT: In FY 2022-23, 192 Labour Rooms and 134 Maternity OTs are nationally certified till 31st March 2023.

3.2 A one-day national workshop was organised for the State QA and Maternal Health Nodal Officers on 19th July' 2022, to understand the challenges in attainment of LaQshya certification.

3.3 Advocacy with the States/ UTs is going on whenever the team is going for the field visits. National level advisories were issued to the States advocating the LaQshya certification of both the LR & MOT and the release of incentives to LaQshya-certified facilities, vide letters dated 25th March 2022 and 14th June 2022, respectively.

QPS -04 Supporting State/UTs in certification of health facilities under MusQan:

4.1 As on 31st March 2023, three (03) healthcare facilities are nationally certified in the state of Haryana and Chhattisgarh, whereas three departments meet the MusQan standards in the State of Uttar Pradesh.

4.2 National level ToT of MusQan: Will be planned in FY 2023-24

4.3 Capacity Building of the State/Facility teams: Trainings were conducted in the state of

Rajasthan, West Bengal, and Bihar and healthcare facilities are supported for the implementation of MusQan.

QPS- 05 Support for Kayakalp implementation in State/UTs:

5.1   Extension of Kayakalp to CGHS Health & Wellness Centres:
- A request was received to develop the Kayakalp Assessment tool for CGHS Health and Wellness Centres.
- After the two rounds of meetings the revised draft scheme & assessment toolkit was shared with CGHS team for approval.

5.2   Kayakalp Implementation support in the States/UTs:

The Kayakalp incentive scheme received an overwhelming response across the States/ UTs.
- In FY 2022-23, around 15,942 facilities have been incentivised for their exemplary performance under the Kayakalp Incentive scheme, (including 54 facilities for best Eco-friendly health facilities) as received from 27 states/UTs till 31st March 2023.
- Based on recommendations of the Ministry of Home Affairs for rationalization of National Awards, it was also decided to discontinue it as National Award scheme and continue Kayakalp scheme as an incentive scheme. Revised Kayakalp Incentive Scheme is under progress. During COVID, many revisions were undertaken in infection prevention and control guidelines by the Central Pollution Control Board. Also, IPHS 2022 has come out with revised norms for illumination, support services, etc. besides infrastructure requirement.
- For meeting aforementioned requirements, Kayakalp assessment tools for every level of facility have been revised and file is sent to the MoHFW for approval.
- National level Kayakalp felicitation programme is planned in the month of February 2024.

QPS- 06 Development of Patient Safety Framework under the NQAP and support its implementation:

6.1 Development of Self-Assessment tool -"SaQushal":

The 'SaQushal' (Patient safety self-assessment tools) was launched by the Health Secretary on the 16th of September 2022 on World Patient Safety Day. The online national dissemination workshop on SaQushal was conducted on 2nd November 2022. The workshop was attended by approximately 1500 participants from the States & UTs.

6.2 Reporting & Learning System - Under process

6.3 National Workshop for Patient Safety: Patient Safety Week as "Rogi Suraksha Saptaah" (12th to 17th September 2022) was organized in the States/ UTs. The theme of Patient Safety Day 2022 was "Medication Safety". List of suggested set of activities for weeklong event was circulated to States/UTs through MoHFW. Besides it, the States/ UTs were

requested to recognise the Patient safety Champions and their innovative learning on Medication Safety. The weeklong event culminated into a webinar on Patient Safety Day organized by QPS division, NHSRC. States had actively participated in celebration of the Patient Safety Week.

QPS - 7 Support to states in the implementation of 'Free Drug Service Initiative' (FDSI):

7.1 The initiative has resulted in IT -enabled Drug Distribution Management Systems in 33 States/UTs, NABL-accredited laboratories in 31 States/UTs, prescription audit mechanisms in 18 States/UTs and grievance redressal mechanisms with a dedicated toll-free number in 17 States.

7.2 Operationalisation of Drug Cell after its approval - The proposal was approved in the 18th GB Meeting.

7.3 Finalisation of EML for DH, SDH, CHC & UPHC – Essential Medicine Lists (EMLs) as a part of IPHS for DH, SDH, CHC, HWC-SC & HWC-PHC were approved & released in April 2022. Guidelines of the District Drug warehouse were approved and disseminated in April 2022.

7.4 Field visits were undertaken to the states of Odisha, Karnataka and Telangana to understand the procurement & supply chain management and identify challenges in medicines at the warehouse and health facilities. Detailed field visit reports were shared with the respective states through a letter undersigned by the JS(P), Ministry of Health and Family Welfare to identify the shortcomings in the current drug procurement and supply chain system to take corrective actions.

7.5 Mapping of Essential Medicine Lists as per revised Indian Public Health Standards 2022 was undertaken in the central dashboard of DVDMS software for availability and effective monitoring of essential medicines at public health facilities. Subsequently, virtual training programs have been conducted for all the states/UTs to support them in mapping of medicines in the DVDMS software.

QPS -8 Support to State/UTs in implementation of Mera Aspataal and its follow-up actions:

8.1 Integration of Mera Aspataal translated (12 languages) questionnaires in the Software

8.2 Support the states in the integration of Mera Aspataal in public health facilities

8.3 For the technical development and maintenance of Mera Aspataal, CHI has contracted NICSI agency. Work for Mera-Aspataal revamping is in process.

8.4 NHSRC is updating OPD and IPD questionnaires based on the concept of Patient Reported Outcome Measurement (PROM) to capture the facilities' commitment to 'patient-centered care'

QPS-9 Study & Consultation:

9.1 Impact assessment of the Kayakalp scheme: Will be conducted in FY 2023-24.

9.2 Evaluation of NQAS Implementation – Will be conducted in FY 2023-24.

9.3 Evaluation of SSS implementation: The first draft of the evaluation report on SSS has been prepared based on the data from 27 States. Except for FY 2017-18, the association between SSS funding & the funded CHCs receiving a Kayakalp incentive is considered statistically significant in FY 2018-19, 2019-20 & 2020-21. A detailed report will be submitted to MOHFW.

QPS- 10 Others:

10.1 Dissemination of STGs:

- Standard Treatment Guidelines are methodically created to help practitioners and patients decide on the best course of treatment for certain clinical situations. STG support rational decision-making for diagnosis, selecting a course of treatment, and ensuring that the recommended course of treatment is followed.
- NHSRC has launched an online series of lectures on standard treatment guidelines (STGs) every third Saturday of the month, beginning in September 2022, in partnership with the Delhi Society for Promotion of Rational Use of Drugs (DSPRUD), New Delhi, to enhance adherence to clinical protocols at public healthcare facilities. Each lecture focuses on widespread diseases, their diagnoses, and recommended treatments. This lecture series will address a total of 12 clinical topics. The list is as follows:

1. Management of Snake Bite (17 Sept 2022)
2. Hypertension (15 Oct 2022)
3. Epilepsy (19 Nov 2022)
4. Diagnosing and Treating COPD Challenge (17 Dec 2022)
5. Non-Insulin Dependence Diabetes Mellitus (21 Jan 2023)
6. Dog Bite (18 Feb 2023)
7. Foreign Body in Ear, Nose and Throat (18 Mar 2023)
8. Management of Burns (15 Apr 2023)
9. Post-operative care of Cataract (20 May 2023)
10. Resuscitation-CPR (17 June 2023)
11. Poisoning (15 July 2023)
12. Major Trauma (19 Aug 2023)

- These lectures are arranged in the form of webinars. All the states/UTs actively participate in these lecture series. The seven lectures mentioned in the list have been conducted till 31st March 2023 since September. E-certificates are issued to approximately, 735 participants.

10.2 Maintenance of ISO Certification:

- A surveillance audit of NE-RRC was completed on 21st December 2022 and for NHSRC was conducted on 5th January 2023. The ISO certification Status of NHSRC is renewed till 5th December 2024.

- An internal auditor training was conducted on 6th & 7th March 2023 for all the QMS Coordinators.

Certification Unit

CU - 01 Expand scope of NQAS to include departments/ services as per given below:

1.1 Scheme for NQAS certification of Haemodialysis- NQAS for Haemodialysis was approved by Ministry of Health and Family Welfare in FY 2022-23. The NQAS checklist for Haemodialysis Centres has been integrated under the existing 20 departmental NQAS toolkit for the District Hospitals. Twenty-one (21) departmental checklist is circulated to all the states/UTs in March'23, suggesting all the states/UTs to apply for national assessment on the revised tool w.e.f. 1st June'2023.

1.2 Strengthening of NQAS to include facility level Geriatric Care – National Quality Assurance Standards are strengthened by adding the Measurable elements and checkpoints for Geriatric care assessments in the NQAS Standards 2020 version. The assessment tool is being implemented w.e.f from 1st June 2023.

CU - 02 Conduct of National level assessment of health facilities under NQAS, LaQshya and MusQan.

2.1 Conduct of National level assessments of health facilities under NQAS, LaQshya and MusQan –

Quality Assessments- A cumulative of 2990[1] health facilities were assessed under NQAS, whereas 948 LR and 786 MOT were assessed under LaQshya and 08 healthcare facilities were assessed under MusQan till 31st March 2023.

In FY 2022-23, a total 1540 assessments were conducted till 31st March 2023. One thousand one hundred and sixty three (1163) healthcare facilities were assessed under NQAS, whereas two hundred eighty seven (287) healthcare facilities were assessed under LaQshya and 08 (eight) assessments were conducted under MusQan. Eighty-two (82) facilities were assessed under both NQAS & LaQshya.

Certification Status – Till 31st March 2023, a total of 4808 healthcare facilities are NQAS certified. 2525 healthcare facilities are nationally certified (242 DH, 95 SDH, 212 CHC, 1616 PHC, 307 UPHC and 53 HWC-SC) and 2283 healthcare facilities are state certified. Also, 251 healthcare facilities are Re-certified under NQAS. Similarly, a total of 682 Labour Room and 528 Maternity OT & three (03) Health facilities are MusQan certified, at national level till 31st March 2023. Three departments were found to be MusQan compliant in the State of Uttar Pradesh.

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[1] Include recertification assessments

In FY 2022-23, 1018 health facilities are NQAS certified, whereas 192 LR and 134 MOT are Quality certified under LaQshya and 03 facilities are MusQan certified till 31st March 2023.

2.2 Surprise assessments of 10% of certified facilities by empanelled assessors:

- To monitor the sustenance of Quality certification standards, surprise assessments are conducted in 10% of the certified public healthcare facilities.
- By applying the sampling methods and techniques a sample of 71 healthcare facilities was drawn out of 690 certified facilities during April 2019 till March 2022. One facility was selected from 14 States/ UTs having less than 10 certified facilities whereas 10% of the facilities were selected from 9 States where more than 10 facilities are nationally certified.
- In FY 2022-23, a total of 71 Public Health Facilities (6 DHs, 5 SDHs, 4 CHCs, 50 PHCs and 6 UPHCs) in 22 States/UTs underwent surprise assessment.
- Out of the assessed 71 facilities, 29 healthcare facilities retained their certification status, 12 were found to be partially compliant and 30 of them were not able to sustain the achieved certification status.
- Hence the State Quality Assurance Units of the respective states were advised to provide support to these facilities in the closure of the gaps identified during the surprise assessment and conduct a state-level assessment and submit the report to the QPS division within 3 months of the declaration of the surprise assessment result.

2.2.1 **National level Quality Convention**: Quality Convention is planned in the month of February 2024

CU-03 Increase the pool of empanelled external assessors –

3.1 Conduct batches of External Assessor Trainings –

- A pool of external assessors is created to undertake the national level assessments under NQAS, LaQshya and MusQan. A total of 25 batches of External Assessors Training have been conducted till 31st of March 2023.
- A total of 929 external assessors are empanelled under NQAS to undertake the national level assessments.
- In FY 2022-23, seven (07) batches of the trainings were conducted till March 2023. To meet the assessment requirements under the MusQan Program a specialized batch of training was conducted for Paediatricians. Considering a receipt of quantum of applications for assessment of Health and Wellness Centre- SC, two batches of EAT were conducted for the Medical Officers those have worked at primary care level for at-least three years. Also, a specialized batch of external assessors' training was also conducted for Academic institution. Total of 356 participants attended the last seven EAT out of which 298 have qualified in the post-training evaluation and have been empanelled under NQAS.

3.2   Online refresher training of existing external assessors - NQAS external assessors are empanelled for a period of three years. After three years, they are required to undergo refresher training for a continuation of their empanelment. A total of seven (07) batches of the refresher trainings were conducted till 31st March 2023. In the last FY 2022- 23 four batches of the refresher training were conducted and the empanelled status of 193 assessors was renewed for three years.

CU-04   Strengthening of NQAS assessment tools –

4.1   Strengthening of Quality Standards to include Data Management and e-records maintenance within the facility – NQAS standards have been further strengthened by adding the measurable elements and check points for data management at district hospitals. The assessment tool is being implemented w.e.f 1st June 2023.

4.2   Update DH, CHC and PHC assessment tool based on revised IPHS norms and state guidelines and its dissemination -

- Revision of District Hospital assessment tools are under process as per the revised IPHS and program guidelines. The revised version is being implemented for the assessment from 1st June 2023.
- Revision of CHC and PHC assessment tools are under process as per the revised IPHS and program guidelines. The revised assessment tools will be disseminated after the finalization.

CU – 05   Strengthening of IT initiatives under NQAS

5.1   Roll out of SaQsham (IT enabled system for Quality certification portal) and development of dashboards –
SaQsham portal was launched by Union Health Minister on 5th May 2022. Software development is divided into two phases i.e. Phase – I & Phase – II. Acceptance for the UAT version (Phase – I) was given with conditionalities. CDAC team is yet to close all conditionalities for 'Go-Live" version as on 31st January 2023.

To begin with two states were selected for the pilot project i.e. State of Telangana and Jharkhand. Field testing of the portal was done in the State of Jharkhand (18th October 2022 and 3rd January 2023) and Telangana (23rd December 2022 and 4th January 2023) in two phases along with the CDAC team. On the similar lines, the orientation of QPS consultant (9th January 2023), Certification unit consultants (13th January 2023) and External Assessors (7th January 2023, 14th January 2023 and 21st January 2023) were conducted. 76 Observations were shared with the CDAC team to resolve the issues on a priority basis, out of which 58 issues have been resolved and rest is in process to be closed by 3rd week of June 2023.

SaQsham will be rolled-out in all the states/UTs by the end of June 2023.

5.2 <u>Strengthening of GUNAK, its maintenance and integration with SaQsham</u> – Consecutive meetings for three months were conducted for GUNAK handover to CDAC team. Recently, GUNAK is in process of handing over to CDAC team for integration with SaQsham.

5.3 <u>Maintenance of Interim Software for certification of health facilities</u> –Considering the receipt of quantum of applications for NQAS and LaQshya certification, interim software was also developed. In FY 2022-23, approximately 1616 applications were received till 31st March 2023. The health facilities are applying through this software till the SaQsham portal is fully functionalized. To maintain the repository server space was purchased by NHSRC.

CU-06 Dissemination of guidelines / assessment tools to support NQAS -

6.1 <u>Dissemination of Comprehensive Lactation Management Centres (CLMC) Quality assessment tool</u> – Comprehensive Lactation Management tool was approved by MoHFW in FY 2021-22. CLMC assessment tool is uploaded on NHSRC website for implementation. An application is received in March'23 for national assessment of Lactation Management Centre from the state of Gujarat and the assessment was scheduled in May'2023, result on certification status is yet to be declared.

6.2 <u>Dissemination of HWC – PHC checklists</u> – Assessments tools are under finalization. Dissemination will be done after seeking due approvals.

CU – 07   ISQua accreditation-

7.1 **Attaining ISQua accreditation of Quality Certification Process –**
Certification Unit is preparing for ISQua accreditation. Certification Unit will submit the documents for the desktop review till 31st August 2023. The onsite visit is scheduled in October' 2023.

7.2 **Maintenance of ISQua accreditation status –**
a. National Quality Assurance Standards continue to meet global benchmarks and in Aug 2020 accreditation was renewed for four years (valid till August 2024) by the ISQua.
b. Surveyor Training Program was renewed for another four years (valid till July 2026) by ISQua in the month of July 2022 with a passing percentage of 95%.

IX. ADMINISTRATION

VIII A: General Administration

<u>**Key Deliverable**</u>

1.   **Hiring of Additional Workspace in NDC Basement NIHFW for NHSRC.**

   (a)   After approval of MoHFW, refurbishment work was given to CPWD as Deposit Work. After completing tendering process CPWD has awarded the tender to M/s Aniket Enterprises on 15 Dec 2021. The total cost of the work given by CPWD is Rs. 4,74,12,500/-. Out of which Rs 3,00,26,336/- has been paid to CPWD as per MoU (33.33% i.e, Rs 1,58,02, 586/- as advance and 30% i.e, Rs 1,42,23,750/- as second installment). The work commenced on 25 December 2021. Proposed date of completion of work as intimated by CPWD was 24 Apr 2022. However, the work was continuously delayed. There were 03 revisions of proposed date of completion viz.15 Jun, 15 Sep & 30 Nov 2022.

   (b)   Consequent to delay of work, three meetings (two under the Chairmanship of JS (Policy) and one under the Chairmanship of Secretary HFW) were held with the staff of CPWD. The urgency of the work was adequately impressed upon CPWD staff in all the meetings. However, the work was halted due to default on part of the contractor w.e.f 29 Oct 2022.

   (c)   CPWD has initiated retendering process and the work has been allotted to M/s Reliable Furnishers on 23 Mar 2023. The work re-commenced on 17 Apr 2023, and the same is presently going on. Completion date for the same given by CPWD is 30 Jun 2023.

2.   **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 rehearsal of fire safety measures being taken. Annual Stock Taking of Fixed and IT Assets was held in April 2023 followed by Insurance actions.

3.   **Transport Fleet Management**. Management of transport fleet for NHSRC and NHM is being ensured.

4.   **Procurement of goods and services**. Procurement of goods and services are being done as per GFR 2017 and is being routed through GeM. Release of payments are being made in accordance with GoI ruling.

5.   **Management of RTI Applications**. Timely and accurate response to all applications and maintenance of tracking system of RTI applications to ensure no delays is being ensured.

7.   **ISO Audit Facilitation**. ISO surveillance Audit had been held in the month of Jan 2023 for improvement in quality of work. In addition, internal audit was also held.

8.   **Management of Events**.

    (a)   Administrative Support to MoHFW in organizing various events like UHC Day, International Yoga Day, Chintin Shivir, CRM meeting, NPCC meetings, MSG meeting and other events being assigned from time to time.

    (b)   Organizing all meetings/events being conducted by Technical Divisions of NHSRC which include provisions of accommodation, transport, catering and training material etc.

    (c)   Empanelment of hotels to facilitate timely accommodation and catering services to outstation participants attending the events.

9.   **Maintaining records** of stock books, vehicle logbooks, generator fuel records, visitor book, housekeeping and security guard attendance register.

10.   **Booking of air tickets** for NHSRC and NHM officials visiting states on official tour. Timely payment and clearance of dues to Ashoka Tours & Travels has also been ensured.

VIII B: Human Resource

Key Deliverable

1. Recruitment (NHSRC)

(Long Term Contracts)

- Total Positions advertised: 50
- Total Positions filled: 41
- Total Positions for which recruitment process is underway: 18

Short Term

- Total Positions advertised: 06
- Total Positions filled: 05
- Total Positions for which recruitment process is underway: 0
- Internal Movement:01

Campus Recruitment

Interns & Fellows

- Total Number of Universities Visited (Online): 15
- Total Intern and Fellows filled: 35
- Joined: 13
- Yet to Join: 23

RRC-NE

- Total Positions advertised: 06
- Total Positions filled: 03
- Total Positions for which recruitment process is underway: 3

MOHFW

NPMU

- Total Positions advertised: 48.
- Total Positions filled: 28.
- Total Positions for which recruitment process is underway: 20.
- Total Vacancies for which recruitment process is underway: 23.

Non-NPMU

- Total Positions advertised: 45.
- Total Positions filled: N/A
- Total Positions for which recruitment process is underway: 20.
- Total Vacancies for which recruitment process is underway: 23.

2. Contract Management:

Efficiently managing contracts of 121 Personnel (Long Term Contract), 03 Short term Consultants, 25 Fellows & 05 Intern in NHSRC. 129 (125+4) Personnel in NPMU (Including 04 Personnel in Covid -19 cell).

3. HR Induction;

- A total of 9 sessions were conducted from April 2022 till date.
- A total of 104 Personnel of NHSRC and MOHFW attended the induction sessions.

4. Probation;

- A total of 93 (46+47) NHSRC and MoHF&W personnel were put under probation as per policy on probation.
- A total of 93 (46+ 47) probation was confirmed. Three Resigned within probation period with MohF&W. Two Resigned within probation period with NHSRC.

5. Annual Performance Appraisal.

- Successfully concluded the Annual Performance Appraisal exercise of NHSRC, RRC-NE & MOHFW.
- A total of 222 Personnel of NHSRC, RRC-NE & MOHFW were apprised. (93+21+ 108)

6. Standard Operating Procedures, Policies, Forms, etc.

- Policy on Carry forwarded Leave implemented in the year of 2022 for the NHSRC Consultants.
- Revised Laptop Reimbursement Policy for NHSRC Personnel and same has been implemented to MoH&FW (NPMU) Consultants.
- Revision of Internship Fees from 6000/- to 15,000/-
- Revision in the mode of travel of Fellow / Intern and Junior Consultants.
- Re designation of Secretarial Assistants to Secretarial Executive.
- Revision of other forms like Appraisal Form, etc.
- Formation of IT Division for management of National Level portals as per policy.

7. Training & Development:

Organized 13 different pieces of training programs for NHSRC and RRC-NE personnel (including technical & Admin Assistants and Secretarial Assistants) on various topics ranging from behavioural skills to technical skills. Trainings regarding Drafting of Request for proposal (RFQ), Drafting of Memorandum of Understanding (MoU), Right to Information and Government e-Marketplace (GeM) are completed.

8. Group Mediclaim Insurance Policy:

The retendering work for onboarding of agency to provide Mediclaim facility (both Medical and Accidental Cover) has been completed. M/s United India Insurance Company and M/s The New India Assurance Company Ltd. has been onboarded for Medical Insurance and Accidental Insurance respectively. A total of 185 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.

9. Group Accidental Insurance:

Managing Group Accidental Insurance of 141 personnel working at NHSRC & RRC-NE.

10. Attendance & Leave Management

Diligently recording of Leave received from all the divisions of NHSRC & MOHFW. Sharing the Fee observations with the Accounts section each month for Payrolling Purposes. Appropriate deductions were made where entitled leave was exceeded by the consultants.

11. Maternity leave

Implemented the maternity leave policy in NHSRC & MOHFW (NPMU). Extended the maternity benefit to the 02 lady consultants in NHSRC & 03 in MOHFW.

12. Inputs for RTI & Appeals:

Drafted appropriate RTI replies for the PIO, NHSRC for various RTI within the stipulated time.

13. Submission of Reports:

Multiple Reports and correspondences were submitted to NHSRC & MoH&FW within the stipulated time. Data in respect to MOHFW consultants on the NHSRC contract is also submitted to MoH&FW as and when required.

14. Updation of Personal Information Data

Personal Information data of the existing Personnel was updated In February 2023 and information has been compiled for further use.

15. Support to RRC-NE

Continuous support provided to RRC-NE in respect to Recruitments, Sharing of Policies, and implementation of policies, trainings, Annual Performance Appraisals etc.

16. Issuance of ID Cards & Creation of Personal Files

A total of **129** ID cards have been issued to Personnel working in NHSRC & MOHFW. A total of **127** personal files have been created of NHSRC & MOHFW Personnel.

17. 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.

18. 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.

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. **Grant – in – Aid**: Timely projection and release budget tranches for the FY 2023-24 against Grant – in – Aid to ensure uninterrupted flow of NHSRC activities

5. **Fee Management**: Timely pay rolling of all NHSRC personnel (NHSRC+OTN). Successful implemented Payroll processing software for automated fee slips generation

6. **Statutory Compliances**: Meticulous management of all statutory requirements. (TDS and TDS on GST under GSTR-7).

7. **Annual Audit**: Annual audit for FY 2022-23 has been completed and complete report submitted for presenting in COPLOT. Audited Accounts report attached for perusal.

8. **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.

9. **PFMS**: Successful and smooth implementation of PFMS for monthly consultancy fee, payments etc.

10. **Budget Modification**: In view of allocation of new location in NDC basement, budget of NHSRC for FY 2023 – 24 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.

11. **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: IT

Key Deliverables

1. **Website Maintenance:** Maintenance of NHSRC website for smooth functioning. Content update on website under various divisions. Creation of category and sub-category as and when required by divisions.

2. **Web App Maintenance:** Coordination with vendors for data management, content uploading. Deletion and addition of tabs. Development of new modules. Support in development and made it 'Go-Live" of SARAL portal.

3. **QI Microsites:** QI website has been developed as per requirement of QPS division. It has gone "Go-Live" on 1st Aug 2022.

4. **Development of Leave management software:**
   a.) Drafting of SRS is ready.
   b.) Identification of vendor has been done. Work on the software is in the advanced stage.

5. **Upgradation of Conference Rooms:** Video Conferencing System (Yealink) has been installed in all conf rooms. Big screen TV has been installed for presentation and VCs in conf rooms. PA system has been upgraded in first floor conference room.

6. **IT Services:** Renewal of IT services are being done timely. CAMC for computers is being re-tendered and will be completed by March-23.

7. **Renewal and creation of NIC IDs:** 6 Months Renewal of NIC Email IDs and E-Office account had been done in September, and another 6 months renewal is in process. Creation of NIC IDs and E-Office IDs are being done as and when required.

8. **Procurement of Goods & Services:** Procurement of goods and services as per GFR 2017 through GeM. Procurement of IT Assets and services as and when needed by NHSRC divisions.

9. **IT Support in recruitment process:**
   a.) Seamless IT support to all/HR online interviewing process
   b.) Development of Question Paper on Spiral Learning software for written test.
   c.) Coordination with vendor to organize online written test.

10. **IT Support in Event/Workshop/Training:**
    a.) IT support in all external meetings, workshop, trainings and events organized by all divisions.
    b.) IT and AV Support in all meetings, workshop, trainings and events organized by all divisions.

11. **Support in Hiring of manpower for NCD Project:**

   a.) Development of EOI for hiring of manpower for NCD project.

   b.) Publication of EOI on NHSRC website and national newspapers.

   c.) Support for technical evaluation in hiring agency.

12. **E-waste disposal:** Disposal of written-off IT Assets as per GOI guidelines.

13. **ISO Audit:** ISO surveillance Audit had been held in the month of Jan 2023 for improvement in quality of work. Necessary support was provided by IT unit.

14. **Storage Server:** Procurement of Network attached storage server for storing of organizational data. Sharing of data between all the users for smooth work.

VIII E: Publication

Key Deliverable

1. **Contract extension and fresh onboarding of empanelled agencies/professionals**
   - Timely contract extension of publication and other creative agencies (graphic motion designing, videography, audiography, illustrations, animation, translation, and editing/proof-reading).
   - With the contracts coming to an end in March 2023, process of preparation of new RFPs, advertising, started well in time to ensure onboarding of all the above-mentioned agencies for FY 2023-24.

2. **Works accomplished**
   - Completed 200+ projects; including designing from scratch, generating numerous options as per the suggestions by the division concerned, translations, formatting, editing, and more.
   - Payment made to the agencies: ₹3 crore+
   - Regular support provided to 70 NHSRC, MoHFW events by facilitating urgent printed material, books, banners, IDs, videos and more.

3. **Meeting MOHFW urgent requirements 24x7**
   - Designing, editing, formatting, and printing of Chintan Shivir Booklets, in direct co-ordination with the NHM-II.
   - Facilitated urgent making of SaQsham portal video for Chintan Shivir.
   - Designed, translated, and printed various books, including Tele-Manas OGs, on tight timeline for UHC Day, Varanasi.
   - Translations for visual material for mega Blood Donation drive.
   - Getting publications printed and available in shortest of time span.
   - Translations, vetting, editing on immediate basis.
   - Also took care of RBSK events' material requirement.

4. **Contemporising and standardisation of books and other printed material, size, and design,** vis-à-vis logo placement, correct logos, colour theme and more.

5. **Streamlining of cost component** for various print materials, design requirements and more by establishing L1 rates.

6. **Regular Database Management of**
   - All NHSRC publications
   - Corresponding Financial Records for divisions and empanelled agencies
   - All publication-work files
   - Purchase Orders
   - Performance security

7. **Taking care of Editorial requirements of the MoHFW/NHSRC**
   - Writing research-based Edit/Op-Ed pieces, drafting press notes, talking points and more

- Vetting technical documents for language, grammar, and syntax

8. **Event and Event Collaterals taken care of**
   - Professional Lectures
   - Fortnightly Seminars
   - Banners, standees, ID cards
   - Trophies, badges
   - Scrolls
   - Dummy Cheques
   - Event gifts

9. **Support to Admin/Finance/HR**
   - Designing and printing of cards, forms, and more.
   - Compilation, translation, and designing, of annual reports and work reports.
   - Warehouse clearance, and dispatch of old and current publications.
   - NHSRC Retreat content, banner, invitation cards, standees.
   - Regular translations and draft ToRs.

10. **Media Consultant**
    - Media Consultant has been onboarded.
    - All the events under the aegis of MoHFW are been captured and uploaded in various platforms of social media.

AGENDA POINT

WORK REPORT OF

REGIONAL RESOURCE CENTRE FOR NORTH–EASTERN STATES

(RRC-NE)

FY 2022-23

TABLE OF CONTENTS

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

Key Deliverables:

I.   Appraisal of CP-CPHC proposals in PIP for Pre NPCC and Post NPCC meetings for all the NE States.

II. State Training of Trainers on Oral, Eye, ENT and Emergency for Front Line Workers for all the NE states.

III. Review cum Workshop on Comprehensive Primary Health Care for District and State Nodal Officers (NE States).

IV. Supportive Supervision visits to the states.

V.   Chapter on Community Monitoring of Health Services, common health problems and Social Accountability.

VI. Documentation of 'Implementation of Community Action for Health in Arunachal Pradesh'

VII. Final study report 'Continuum of Care Approach and Quality Management of Hypertension (HTN) and Diabetes (DM) at Health and Wellness Centers of Assam and Manipur'.

VIII. Finalization of concept note and questionnaire of "Documentation of knowledge and Skills of ASHAs with reference to New-born Care in context of Communitisation Process in Nagaland".

IX. National ToT for PRI and SHG (Two batches) at NIDPR Hyderabad.

X.   National ToT on capacity building of PRI and SHG members in collaboration with NIRD PR for the NE states.

XI. Regional Review cum Workshop for Community Processes with the NE states.

Planning Processes

1. Appraised the post NPCC PIP of NE States.

2. Appraised the additional revised PIP for Assam, Arunachal Pradesh, Nagaland, Meghalaya. Manipur, and Tripura.

3. Appraised supplementary PIP and Post Mid Term Review Supplementary PIP of NE States.

4. Facilitated the Mid Term Review of all the NE states.

Meetings/Workshops/Trainings

Organized:

1. Training of Trainers on Oral, Eye, ENT and Emergency for Front Line Workers for all the NE states at Hotel Palacio, Khanapara with a total of 42 participants.

2. Two Day Review cum Workshop on Comprehensive Primary Health Care for District and State Nodal Officers (HWC/CPHC) Batch -1 (Arunachal Pradesh, Mizoram, and Tripura) at Hotel Palacio, Khanapara with total 31 participants.

3. Two Day Review cum Workshop on Comprehensive Primary Health Care for District and State Nodal Officers (HWC/CPHC) Batch -2 (Meghalaya, Nagaland, and Sikkim) at Hotel Palacio, Khanapara with total 34 participants.
4. National ToT on capacity building of PRI and SHG members in collaboration with NIRD PR for the NE states.
5. Online meetings with Innovation & Learning Centre (ILC), Bokajan, Karbi Anglong, Assam. Followed up on the progress made by ILC team in understanding the program and sensitized further on *"Health Care Delivery Services."*
6. Virtual orientation for CHOs of Nagaland on Jan Arogya Samiti (JAS) organized by the state of Nagaland in collaboration with RRC NE. Around 90 CHOs participated in the training.
7. Conducted Two Day Regional Review cum Workshop for Community Processes with the NE states (32 Participants).

Facilitated/Attended:

1. State-level workshop on "Comprehensive Primary Health Care" in Meghalaya. RRC-NE facilitated the workshop.
2. National ToT for PRIs and SHGs (Two batches) at NIDPR Hyderabad. (First batch- 19th – 21st December 2022, Second batch- 22nd - 24th December 2022.
3. Meeting with Innovation and Learning Centre (ILC) Bokajan, Assam with NHSRC for status updates of the activities that ILC has been undergoing at present.
4. Preparatory meeting with the state of Tripura regarding the interaction of the Prime Minister with two service providers from HWC for sharing of experience.
5. Orientation meeting on new IPHS format at RRC NE facilitated by a team of NHSRC.
6. Online orientation on the SASHAKT portal organized by CP-CPHC, NHSRC. Sharing login credentials (state and district users) for NE states.
7. Online celebration meeting on the 4th Anniversary of AB-HWC.
8. Workshop on Qualitative Research organized by KMD division, NHSRC.
9. Online Fortnightly Seminar organized by NHSRC. Three presentations were taken from the division.
10. Online meeting on CHO Mentoring Program with SNO (CPHC), NE States organized by NHSRC.
11. Online meeting on Vulnerability Assessment in Urban Areas with NUHM Nodal Officers for preparation of NUHM revised guideline. Coordinated with the state of Assam and Tripura and attended.
12. Preparatory meeting regarding Block Health Mela organized by CP-CPHC, NHSRC. Facilitated compilation of the Compendium of Block Health Melas for the NE States.
13. MAS Task Force Meeting for revising the MAS guideline under the chairmanship of JS (P).
14. Online meeting on Micro Innovation and Macro Impact in Comprehensive Primary Health Care organized by NHSRC. Coordinated with NE states and participated.
15. Online coordination meeting with Development Partners involved in Primary Health Care-WHO, UNICEF, Piramal, Jhpiego, and WISH and discussed the 'Way Forward'.

16. Induction Training for CHOs (Assam), facilitated as Resource Person.
17. Review Meeting (RRC-NE) under the chairmanship of ED, NHSRC.
18. Regional Consultation Workshop on NHM, PM-ABHIM and FC-XV organized by RRC-NE.
19. Fifteen (15) day District ToT on Module 6 & 7 were organized by the State of Arunachal Pradesh at Naharlagun. Facilitated as Resource Person.
20. Convergence Meeting with line departments on National Deworming Day (NDD) & Project Sampoorna organized by National Health Mission, Assam.
21. Facilitated Internal Assessors' Training for NQAS under NUHM for NE states, as organized by the QPS division of RRC-NE.
22. Facilitated as Resource Person in the District ToT on CPHC expanded packages of services for MPW (M&F), Assam.
23. Online orientation meeting on AB-HWC portal for AYUSH- HWCs.
24. Consultative workshop with Novo Nordisk Foundation organized by Piramal Foundation along with World Diabetes Foundation and shared the meeting minutes with Director RRC NE for possible collaborations.
25. Virtual launch of Patient Safety Assessment Guideline.
26. Online live demonstration session on CPHC -NCD App organized by NHSRC, in collaboration with Dell and Tata Trust for the State Nodal Officers (CPHC).
27. Meeting on the integration of Simple App with CPHC- NCD App organized by NHSRC for all states and all NPCDS Nodal Officers.
28. Facilitated as a Resource Person the training of district trainers for ASHAs on Elderly & Palliative care and MNS care in Arunachal Pradesh (total 52 participants).
29. Facilitated as Resource Person the training of district trainers for ASHAs on Oral, Eye, ENT and Emergency care in Arunachal Pradesh (total 52 participants).
30. Refresher Training for district ASHA trainers on Module 6 & 7 and CPHC in Kohima, Nagaland (total 60 participants). Facilitated as Resource Person.
31. Online review meeting by ASMD, Ministry of AYUSH and MoHFW on the progress of AYUSH-HWCs. Shared the discussion minutes of NE States to NHSRC.
32. Task Force on revising CPHC guideline. Attended and shared inputs.
33. Online HWC review meeting conducted by MoHFW, GoI and shared the meeting minutes for the states of Assam, Manipur, and Tripura.
34. Coordinated with the team of India Health Care Initiative for previous update and attended the meeting.
35. Facilitated as Resource Person in Two Batches of ToT (ASHA) for Fifteen (15) days each organised by State of Manipur.
36. District ToT of ASHA on CPHC expanded packages, Assam. Facilitated as Resource Person.
37. Meeting on PM Awards (HWC category), followed up with all the NE states for submission of documents for the category.
38. Meeting with NHSRC and Development Partners and prepared the Micro Plan on group activity with 900 CHOs during celebration of 'Universal Health Coverage Day at Varanasi.
39. Workshop on building network for NE States regarding dialysis programme.

40. Two-day conclave of Universal Health Coverage Day at Varanasi (10th - 11th December 2022) organized by MoHFW, GOI in collaboration with Development Partners. Coordinated group discussion on Programmatic Challenges with 900 CHOs.
41. Facilitated District ToT on JAS & RKS for the state of Tripura on 19th and 20th December 2022.
42. HWC review meeting with low performing States (02 batches).
43. Online HWC Review Meeting by AS&MD and JS (Policy), MoHFW, GOI. Coordinated and compiled reports from NE States.
44. Team meeting of team CP-CPHC, NHSRC & RRC-NE. Orientation on AB-HWC Portal 2.0 and E Modules.
45. Induction Training of Medical Officer organised by NHM, Assam. Facilitated as Resource Person for session on 'Overview of CPHC'.
46. Technical Session on "Health Infrastructure and set up in Saksham Anganwadi and Role, Job Responsibilities of Health Functionaries with special reference to NHM" organised by NIPCCD, Guwahati for CDPOs of all NE States.
47. Online Review Meeting on Supportive Supervision by AF & MPW on HBYC organised by Child Health Division, MoHFW, GOI. Coordinated with the NE states and participated.
48. Attended (in person) & facilitated for group works at the National Consultation Workshop with State Nodal Officers organized by CP-CPHC division, NHSRC, New Delhi.
49. Attended (in person) Induction Training on ISO Certification organized by Q&PS division, NHSRC.
50. Coordinated and attended Online meetings on Cycling Event, Free Drug distribution and Health Mela by MoHFW.
51. Coordinated with NE states for conducting health mela and shared pictures with all NHSRC.
52. Coordination with NE States for AB-HWC Compendium (photographs, documents). Also shared testimonials to NHSRC from NE states on DM, HTN and Teleconsultations.
53. Supported Assam, Arunachal Pradesh, and Manipur for ASHA NIOS examination. (4000+ attended the examination on 26th March 2023).

Documentation & Report Writing:

1. Drafted paper titled 'Behavioral science for better health'.
2. Appraised and commented paper on 'Radical reorientation of health systems towards primary health care as the foundation of Universal Health Coverage: the best and only choice to achieve universal health coverage'.
3. Co-writer of article titled 'Towards a Resilient Health System in North-East' along with Lead Consultant and Director, RRC- NE (02 publications).
4. Appraised and commented on 'decentralized model of comprehensive urban primary health care by Asian Development Bank' and shared with NHSRC.
5. Provided comments/ inputs on 'Draft framework for community platforms in urban areas.
6. Coordinated with NE States for status update on ASHA affected by Covid-19 of Assam and Meghalaya and shared with CP-CPHC Division, NHSRC.

7. Coordinated with NE States and submitted the status of Mapping of SCs with Gram Panchayat to NHSRC.
8. Inputs on monitoring checklist of ASHA and compiled write up on ASHA support structure.
9. Inputs on NITI Aayog's NGO Darpan.
10. Status update of CPHC-NCD app and simple app status for NE states under India Hypertension Control Initiative (IHCI).
11. Inputs in the draft operational guideline of Non-Communicable Disease and submitted to CP-CPHC division, NHSRC.
12. Inputs in the 'BMGF (Bill & Melinda Gates Foundation) -MoHFW workplan' and submitted to NHSRC.
13. Inputs on 'Information/KPI's for Mission mode program under MoDoNER-reg for 65 villages under 29 districts in NE states.
14. Coordinated with NE States and updated status on Training of Primary Health Care Team on expanded packages of services. Shared update with CP-CPHC Division, NHSRC.
15. Coordinated with NE States and updated block wise data on Key Performance Indicator for Mission Mode Program under Ministry of DONEAR. Shared the update with NHSRC.
16. Status update on health indicators of NE states for meeting with President of India.
17. Coordinated with NE States and collected data regarding the availability of CHO and shared with CP-CPHC Division, NHSRC.
18. Coordinated with NE States and collected the data regarding ASHA Social Security Schemes and shared with CP-CPHC Division, NHSRC.
19. Coordinated with NE States and collected data regarding Training status of Primary Healthcare team on expanded packages of services and shared the final report with CP-CPHC Division, NHSRC.
20. Submitted district wise HWC operational report for tribal district of North-Eastern states.
21. Updated the status on availability of State and district level trainers for VHSNC and MAS.
22. Drafted inputs related to the Three-Year Health Action Plan for Aspirational districts and shared onwards.
23. Drafted and shared inputs on Panel discussion| "Workshop on Way Forward in Health" which covered the:
    • Action Points/Strategies Adopted.
    • Challenges and Difficulties Faced.
24. Updated data of Poor Performing districts of NE states (Arunachal Pradesh, Manipur, Mizoram, Meghalaya and Nagaland) and corelating performance indicators under CP - CPHC.
25. Provided inputs on Work Instructions for Mandatory Seven Service Package at Sub Health Centers- Health and Wellness Centers designed by Jhpiego.
26. Appraised and shared inputs on the documents "Central government's move to privatize district hospitals spells disaster for India's poor" and "Privatization of district hospitals: Wheels set in motion in 5 states."
27. Coordinated with NE States, collected and compiled the status on solar energy facilities in SHC and PHC (HWCs) of NE States and submitted to NHSRC.

28. Coordinated with NE States, collected and compiled the status of functioning on hubs and spokes for teleconsultation and submitted to NHSRC.
29. Appraised draft guideline on CPHC and shared inputs with NHSRC.
30. Appraised WHO document on Performance Linked Payment at AB-HWC- Assessment in 6 states and 1 UT (Rural and Urban area).
31. Updated QMS Manual and files of ISO Certification, CP Division for External Audit.
32. Appraised and shared inputs on the "Comprehensive Primary Health Care (CPHC) Performance Measurement Framework" and shared onwards.
33. Supported in drafting chapters on - Community Monitoring of Health Services, Common Health Problems in the Community, Social accountability.
34. Finalized HWC assessment report (conducted by Bhai Kaka University) for Assam and Meghalaya and forwarded letters to the states and submitted NHSRC.
35. Updated Google sheet on status of ASHAs in NE States and updated monthly average income of ASHAs for NE States.
36. Updated status on VHSNC & Mahila Arogya Samiti (MAS) in NE States.
37. Submitted 3 OPED article on topics - "Health Care facility in Northeast", "Improved Health Care Delivery Services in North- East with special focus to Health & Wellness Centre", "Comprehensive Primary Health Care through Ayushman Bharat Health and Wellness Centers (AB-HWCs) in NE Region- A paradigm shift from selective to universal care."
38. Appraised document titled "Holistic Health Care in New India" and submitted inputs/comments.

Supportive Supervision Visit:

1. Visited Assam and Meghalaya for the data validation related to the study on HWC assessment during that the general findings from the field have been briefed to the district health officials.
2. Visited Innovation and Learning Center (ILC), Bokajan, Karbi Anglong, Assam and conducted meeting with concerned staff. Shared relevant documents/guidelines related to Comprehensive Primary Health Care (CPHC) with the ILC Team.
3. Visited Nagaland to monitor the services extended at the Health and Wellness Centres (HWCs).
4. Visited Aizawl district, Mizoram for supportive supervision at HWC.
5. Exposure visits to ILC, Bhai kaka University, Anand, Gujarat (26th to 29th March 2023).

Studies/ Evaluations:
1. Finalized report of study titled '*Continuum of Care Approach and Quality Management of Hypertension (HTN) and Diabetes (DM) at Health and Wellness Centers of Assam and Manipur*' shared with KMD Division.
2. Finalization of Concept note and questionnaire of '*Documentation of knowledge and Skills of ASHAs with reference to New-born Care in context of Communitisation Process in Nagaland*'.

3. Conducted documentation titled '*Implementation of Community Action for Health in Arunachal Pradesh – A Situational Analysis*' and finalized the report.

Others:

1. Updated annual workplan and work report with PPT for GB meeting and ED's review.
2. Facilitated the recruitment process of Block Community Mobilizer, Dietician, District Urban Health Coordinator, IEC Consultant NVBDCP, NHM, Assam.
3. Completed Internal Audit under ISO certification.
4. Submitted write-up on best practice shared by Meghalaya on ensuring Continuum of Care to CP division, NHSRC.
5. Appraised proposal submitted by the state of Meghalaya for increasing Supervision Cost of ASHA Facilitators and shared inputs with CP division, NHSRC.
6. Drafted write-up on RRC-NE as part of article on NHSRC for Forbes Magazine.
7. Drafted brief write up titled 'Service Delivery in Sub Centre (Health and Wellness Centres) in Assam by Community Health Officers (CHO) from Rural Health Practitioners background and Community Health Officers – from Certificate Course in Community Health (CCH) background: A comparative assessment', to be submitted to Population Research Centre.
8. Drafted write-up on various programs implemented under National Health Mission.
9. Participated in 15th Common Review Mission - Meghalaya and Sikkim.
10. Reviewed and shared inputs in the monitoring checklist of the 'Swasthya Sewa Utsav' Assam.
11. Supported the NE states on PIP conditionality scoring.
12. Observer at NHM, Assam Interview Board- for the post of DPC-NCD and HWC and District Coordinator, RBSK/ARSH/WIFS.
13. Coordinated with NE State for the list of HWCs for video shoot on HWCs by MoHFW.

II. HEALTHCARE TECHNOLOGY (HCT)

Key Deliverables:

I. Support to the NE states in planning processes and to NHSRC & MoHFW in appraising the State PIPs.

II. Support to the NHSRC / MoHFW in appraising the State proposals under for various schemes / plan like Emergency COVID Response Plan (ECRP), Northeastern Special Infrastructure Development Scheme (NESIDS) under MoDoNER, Ministry of Home Affairs, Northeast Council etc.

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

IV. Technical support to the NE States in implementing & monitoring of Free Diagnostic Services.

V. Support to the NE States in implementing & monitoring of Pradhan Mantri National Dialysis Program.

VI. Support to the states in implementing & monitoring of Atomic Energy Regulatory Board compliance.

VII. Support to the identified Aspirational districts of NE States.

VIII. Capacity enhancement of State officials through Workshop/ Review Meetings.

IX. Supportive supervisory visits for hand holding support to the states and other activities.

X. Evaluation of different programs as per work plan / as requested by the State / with NHSRC.

Planning Processes:

1. Support is being provided 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 2023-24.

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 for implementation of diagnostic services (Lab) at different levels of health facilities under 15th FC & PM-ABHIM.

4. Appraised and provided comments on PM-DevINE, NESIDS (MoDoNER), NEC, etc. proposals for NE States for onward submission.

5. Facilitated expansions of dialysis centers by add-on Dialysis Machine in the NE states in coordination with Fairfax India.

6. Support to Arunachal Pradesh and Nagaland on preparation of action plan to expand PMNDP network in other districts.

7. Analysis of Tele Radiology Data of Assam as requested by the State to implement Teleradiology Services through outsource mode and preparation of MoU. Prepared SoP to implement Tele Radiology services through PPP mode for Assam and shared.

Meetings/Workshops/Trainings

Workshop Conducted:

1. Organized Two days review cum workshop on the Free Diagnostic services and PMNDP on 6th and 7th April 2022 at IIBM, Guwahati.
2. Organized one day consultation workshop on the PMNDP on 3rd December 2022 at Guwahati.
3. Facilitated the State of Nagaland in conducting training of persons engaged in maintenance of PSA Oxygen Generation Plant with support under Skill India program.
4. Facilitated the State of Assam conducting hands on training of Laboratory Technician (6 batches).
5. Organized & participated meeting with Nodal Officers of Free Diagnostic Services, 15th FC & PM-ABHIM under chairmanship of Mission Director NHM Manipur on strengthening of in-house diagnostic services at Imphal.
6. Facilitated & participated Aspirational District Workshop held in Imphal, Manipur during 20th & 21st March 2023.

Workshop participated:

1. Participated in workshop on Preparedness for Resilient Health Systems on 30th and 31st May 2022 in New Delhi, conducted by HCT Division NHSRC.
2. Participated in PMNDP workshop at New Delhi on 3rd June 2022 organized by NHSRC.
3. Participated and coordinated with PMNDP Nodal officers of the NE states for their participation in online Training on PMNDP portal by NHSRC (10th June & 22nd June).
4. Participated in Workshop on Data Quality Guidelines at Guwahati 23rd & 24th June 2022 organized by ICMR / NIMS.
5. Participated in 15th FC briefing by Nodal Officer to District Medical Officer under chairmanship of Spl. Secretary Health and Mission Director NHM at Itanagar, Arunachal Pradesh.
6. Discussed implementation plan for diagnostic services with 15th FC Nodal Officer Arunachal Pradesh.
7. Consultation Meeting with Nodal Officer, Assam (Free Diagnostic Service) regarding BPHU under 15th FC and prepare training plan for Laboratory Technician to strengthen in-house capacity.
8. Participated in Regional Workshop on 15th FC & PM-ABHIM in Jaipur, Rajasthan.
9. Participated in training of PRI members / Officials on "Localizing SDG and prepare action plan" conducted by National Institute of Rural Development as resource person.
10. Participated in "strategy to achieve the SDG indicators in Aspirational District" workshop organized by NIRD (AP & Assam) as resource person.
11. Attended and coordinated Online meeting to discuss the issues and challenges faced on PMNDP portal.
12. Participated in National conference on Strengthening of Medical Products Safety Surveillance System in Northeastern States of India, at STNM, Sikkim on 19th October 2022.

Documentation, Evaluation & Supportive Supervision Visits:

1. Evaluation of BEMMP & Laboratory services (Arunachal Pradesh), BEMMP in Sikkim.
2. Evaluation of Free Diagnostic Services in Uttarakhand with HCT Division NHSRC.
3. Field visits to Tuensang District Hospital of Nagaland to assess the implementation status of PMNDP and Free Diagnostic services.
4. Prepared & shared preliminary comments on different research proposals submitted by different organizations to NHSRC, Grant Review committee.
5. Supported for finalization of Tender Document on Biomedical Equipment Management & Maintenance Program (NHM Assam).
6. Supported in developing tender document for the high-end low volume tests through PPP mode in Assam. Comments on PMNDP tender document Tripura have been shared with the State.
7. 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.
8. Updated information on Health System Status for Annual Report of MoHFW.
9. Assessment and Gap Analysis tool was developed & shared with Arunachal Pradesh and Tripura for strengthening in-house diagnostic services.
10. Tool for evaluation of X-ray centers in line with AERB certification was developed and shared with State Nodal Officer, Manipur.
11. Facilitating hands on data uploading in PMNDP portal & establishing dialysis unit in every district of Arunachal Pradesh with PMNDP Nodal Officer; field visit to PMNDP Centre at Ialong DH, West Jaintia Hills district, Meghalaya.
12. Prepared PMNDP implementation plan for all district prepared for Arunachal Pradesh & shared with NHSRC. (As suggested by ED NHSRC)
13. Drafted technical specification of ESR analyzer and Urine analyzer shared with State Nodal Officer of Assam (Free Diagnostic Service).
14. Supported CP division in preparing documentation Methodology for activities of ASHA.

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.

Field visit:

1. Field visit to Ukhrul & Senapati district of Manipur for assessment of HCT division program implementation.

2. Visited Ribhoi (Aspirational district) of Meghalaya with team from HCT, NHSRC for assessing the implementation status of Solar Power plant.

3. Field visit to health facilities in Nagaon and Jorhat District of Assam to assess the physical progress of ECRP II approvals and to conduct field testing of IPHS draft checklist with PHA division NHSRC and PHP&E division, RRCNE.

4. Visited Pasteur institute, Shillong with Q&PS division to provide guidance on NABL registration process.

5. Visit to Urban Primary Health Facilities in East Khasi Hills & West Jaintia Hills district of Meghalaya and Shillong Municipality health block with PHP&E division to assess the functionality and services delivery status of the health facility and convergence with urban local body.

6. Field visit to West and East Districts of Sikkim for understanding the implementation status of HCT programs with Director RRCNE and HCT NHSRC team.

III. PUBLIC HEALTH PLANNING AND EVIDENCE (INCLUDING HUMAN RESOURCE FOR HEALTH AND KNOWLWDGE MANAGEMENT DIVISION)

Key Deliverables:

I. Support to NE states in planning processes and NHSRC in appraising the State PIPs.

II. Support to NHSRC/MoHFW in appraising the State proposals for various schemes/plans viz. Emergency COVID Response Plans (ECRP), PM-ABHIM, XV-FC & Northeastern Special Infrastructure Development Scheme (NESIDS) etc.

III. Support to the identified Aspirational Districts of NE States under Aspirational District Program Initiative by NITI Aayog.

IV. Capacity enhancement of State officials through Workshops/ Review cum Technical Support Meetings.

V. Health System Strengthening in NE States by conducting Periodical Gap Analysis of the health systems of the States/Districts considering all vital components such as infrastructure, human resources, coverage as well as delivery/utilization of services through secondary analysis using HMIS/State NHM data.

VI. Quarterly/Bi-annual/Annual comparative state/district wise Fact Sheets on Key Indicators of all the NE States based on HMIS report. Triangulated data from other available sources such as NFHS, SRS etc. to reflect trend on specific indicators related to health and nutrition to provide a comparative analysis. By generating quarterly and annual state specific KPI reports, highlighted the issues requiring special attention for early intervention and mitigation.

VII. 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 identified the enablers and barriers towards effective implementation as per work plan or as directed by MoHFW or as requested by the State.

VIII. Scientific papers from program evaluation reports for publishing in peer-reviewed journals to generate evidence for informing various health programs/stakeholders implemented under NHM thereby facilitating evidence-based policy making.

IX. Supportive Supervisory visits for providing handholding support to the states and helped in other programmatic activities.

X. Rapid Assessment of the implementation status of NHM through CRM visits in India.

XI. Status of HRH under NHM in the NE states periodically to facilitate implementation of HR requirements as per IPHS and other HRH related directives of NHM, MoHFW

Program Implementation Plan (PIP)/ PM-ABHIM/XV-FC:

1. Appraised the PHP&E portion of Post-NPCC PIP of all 8 NE states for FY 2022-23.
2. Appraisal of Supplementary PIP of all 8 NE states for FY 2023-24
3. Participated in online mid-term review meeting for NHM RoP key deliverables and progress of PM-ABHIM and XV-FC for FY 2022-23 and 2023-24.

Proposal under another Ministries / NESIDS /Department:

1. Prepared and shared comments on proposals of Mizoram and Tripura under NESIDS for infrastructure and civil works for FY 2022-23 and 2023-24.
2. Inputs on the proposal from the State of Tripura for establishing a 200 bedded MCH Wing in AGMC & GBP Hospital in Tripura under PM-DevINE scheme.
3. Prepared 32 Key Performance Indicators for planning rapid development of selected districts regarding health and nutrition, as sought by MoDoNER.
4. Provided inputs/comments on Construction and Equipment component for 60 Bedded State Mental Hospital in Lamphelpat, Imphal (West) Manipur under Prime Minister's Development Initiatives for Northeast Region (PM-DevINE) scheme.
5. Provided inputs with respect to MoDoNER' questionnaire on hard-to-reach area allowances for NE states and shared to NHSRC.

Report Writing/ Report Updates:

1. Prepared the evaluation report on boat clinic functionaries for the state of Assam and disseminated the same to state NHM with key recommendations.
2. Submitted report on the implementation of PM-ABHIM, 15th FC, IPHS and PHMC for Sikkim state along with NHSRC team.
3. Reviewed and shared inputs in the monitoring checklist of the "Swasthya Sewa Utsav" for the state of Assam.
4. Reviewed and provided inputs on the NRHM-PIP Monitoring reports undertaken by the Population Research Centers (PRCs) across the country for districts of NE States and on priority research areas to be undertaken by PRCs in NE states.
5. Prepared and submitted a compilation of 'issues & barriers' towards implementation of activities related to health system strengthening for the State of Nagaland.
6. Prepared an assessment report for the evaluation of Aspirational Districts program for Chandel district in Manipur.
7. Provided inputs on the compliance checklist for IPHS 2022 in Aspirational Districts of Northeastern States.
8. Reviewed the last 3 years' health action plan for the Aspirational Districts of North-Eastern states except Assam and prepared the health indicators for Health Action Plan for FY 2023-24 for the said districts.
9. Prepared State and District Health Profiles for all 8 Northeastern States.
10. Provided the following support to developmental partners:
    * Prepared and shared comments on proposal for Assam under ADB loan projects
    * Provided comments on BMGF work plan report for India.
    * Provided inputs to RASTA project of Population Council foundation (USAID funded) on the priority areas of operational / implementational research required for strengthening program implementation under NHM / DoH&FW in five north-eastern states.
11. Preparation of draft manuscripts/article writing on the following topics for journal article publication:
    * 108 Ambulances Services, NHM Assam and Meghalaya
    * Teleophthalmology Services in Tripura

12. Documented Best Practices of Nagaland

13. Assessment of the service utilization patterns and gaps in Continuum of Care under CPHC-HWC among beneficiaries of hypertension and diabetes mellitus to generate evidence on implementation of National Program on Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke

14. Reported on assessment and development of Minimum Performance Benchmarks for PPP run Health Facilities supported under NHM, Nagaland as part of RoP conditionalities.

15. Prepared the Status Report on the progress of activities under PM-ABHIM, 15th FC, Health Infrastructure and HRH, and Health Indicators for FY 2021-22 and FY 2022-23 for the NE States ascribed by MoHFW, Government of India.

16. Prepared the field assessment report of ECRP-II work status against fund allocation to Assam.

17. Provided periodical updates on Health System Strengthening Status report of NE States from FY 2014-2015 to 2022-2023.

18. Provided inputs on the document, minutes of the meeting – review of the status of Ayushman Bharat-Health and Wellness Centers and Mobile Medical Unit by Sri Amit Khare, Advisor to Hon'ble PM and provided inputs on the letter written to Hon'ble PM by Dr. Kriti Solanki, MP suggesting improvement in Health System of the country.

19. Prepared and submitted state and districts health profile for the state of Manipur with special emphasis on the poor performing districts of Kamjong and Pherzawl.

20. Status report on permanent health infrastructure in NE Region as required per parliamentary questions raised to MDoNER

21. Provided replies to Rajya Sabha Questions on health facilities for tribal children in Meghalaya.

22. Provided inputs on the achievements of Northeastern States in implementation of National Health Programs.

23. Provided feedback/Input on the report of "Health in New India" - Intellectual Heritage prepared by University of Hyderabad.

24. Provided inputs on the IPHS compliances, PHMC and specialist cadre status of NE States to NHSRC

25. Provided inputs on Lok Sabha PQ 4137 regarding assessment of the progress of NHM Schemes in Uttar Pradesh and submitted to NHSRC.

26. Provided inputs on the Standing Finance Committee (SFC) on the project proposal " Support of (1.5T) MRI Machine at Tura Civil, Hospital, Meghalaya and submitted to NHSRC.

27. Provided inputs on Rajya Sabha PQ Dy Nos 2431 for 21.03. 23 regarding Universal access to equitable, affordable & quality health care services for all citizens under National Health Mission in the country.

28. Provided inputs to the question Diary No. U4272 regarding increase in public sector investment in health sector.

29. Prepared new Health & Nutrition Indicators for Aspirational district with inclusion and exclusion criteria and submitted to NHSRC.

30. Drafted and submitted the OpEd Articles on following:

a) Aspirational District from the Health Perspective.
b) Grant in Aid (GIAs) for strengthening of Health sector in NE region: 15th Finance Commission.
c) One government one approach in combating COVID Pandemic in NE States.

Workshops/ Meetings Organized:

1. Organized regional level orientation cum review workshop on ECRP-II, PM-ABHIM, XV-FC for 8 NE States in July 2022
2. Organized the RRC-NE Annual Review cum Team Building Workshop held at Sonapur, Assam on 21st January 2023.
3. Organized the two days' Workshop on "3rd Regional Review cum Technical Support for Aspirational/ Poor performing Districts and blocks of the Northeast States" on 20th -21st March 2023 at Hotel Classic Grande, Manipur with participation of state/district representatives from DoHFW and district WCD, NITI Aayog, MoPR.

Supportive Supervision Field Visit:

1. Conducted field visits for assessment of availability, quality, penetration, and utilization of the services of NUHM vis-a-vis the target population: Assam, Meghalaya, Nagaland and Manipur.
2. 15th CRM visit to states of Delhi, Telangana & Uttar Pradesh
3. Field Visit to PPP run health facilities in the State of Nagaland for the assessment of progress and performances of PPP run health facilities. The KPIs for the PPP run health facilities were developed and shared with State, NHSRC and MoHFW
4. Field visits for assessment of ECRP II against the funds allocated along with the other Divisions of RRC-NE for the State of Assam (Districts: Kamrup Metro, Nagaon, Diphu, & Jorhat) and West Bengal along with NHSRC.
5. Field visit to Sikkim for assessing gaps in PM-ABHIM, 15th FC, IPHS and PHMC and prepared roadmaps for model IPHL, BPHU and CCB.
6. Visited East and West District, Sikkim for assessment of 108/ 102 Ambulance Services operating under PPP as per request of NHM, Sikkim.
7. Field visits to DMPU, BPMU, Health Facilities (Public and Private) for community assessment of HRH Status in Meghalaya along with NHSRC team.
8. Field visit to Chandel district (Aspirational District) in the State of Manipur for assessment of the performance in health and nutrition covering all tiers of health facilities and to review the progress of recommendations provided in FY 2019-20 by RRC-NE.
9. Field visit to West Bengal for the Assessment of Tertiary Level Healthcare Facilities to identify approaches undertaken for compliance to IPHS 2022 & Quality Improvement Standards and familiarization towards Innovations / Good Practices applied to improve healthcare delivery as part of a Cross Learning Exercise.
10. Field visit to health facilities of Sonepat district, Haryana to study feasibility of new HMIS format.

11. Field visits to Assam and Mizoram for validation of ODK tool of IPHS 2022 in collaboration with NHSRC and NIPI.

Study/ Evaluation:

1. Assessment of the availability, quality, penetration, and utilization of the services of NUHM vis-a-vis the target population: Assam, Meghalaya, Nagaland and Manipur.
2. HRH Situation Analysis report for Meghalaya in collaboration with HRH Division, NHSRC and submitted to NHSRC.
3. Assessment of the 108/102 ambulance services of the National Health Mission, Sikkim and report submitted to State.
4. Assessment of Public Private Partnership run Health Facilities in Nagaland.
5. Final Study report on *"Continuum of Care Approach and Quality Management of Hypertension (HTN) and Diabetes (DM) at HWCs of Assam and Manipur"* prepared and submitted to NHSRC.
6. Submitted manuscript to NHSRC on the following articles:
   a) Tele ophthalmology services- a boon to the underserved inaccessible population in rural India-Tripura case study
   b) Bottlenecks in ensuring CoC among beneficiaries of HTN and DM at HWCs: A mixed method study to inform the implementation of NPCDCS.

Data analysis:

1. Prepared State and District wise comparative Health Factsheets of 8 NE States for the FY- 2021- 22 and FY 2022-23 (till 3rd QTR) based on HMIS data and survey data.
2. Supported in preparing New Indicator Elements to Capture Data in HMIS for infrastructure and service delivery.
3. Analysis of Infrastructure and HR positioning including shortfall / excess in HFs / HRH in the NE states
4. Comparative analysis on key indicators for Aspirational Districts of NE States
5. Analysis on Key performance indicators of Utkarsh districts of NE states.

Meetings attended:

1. Attended the National Orientation Workshop on IPHS 2022 organized by NHSRC, held on 18th - 19th November in New Delhi.
2. Participated in two days' workshop on IPHS as Resource Person for NHM, Nagaland along with NHSRC team.
3. Participated in National Level NUHM Framework workshops with various stakeholders under NUHM at New Delhi.
4. Attended meeting for deliberation and re-working of the rationalization process of all NHM employees of Meghalaya.
5. Participated in the Regional Workshop on PM-ABHIM and 15th FC Health Grants held in Trivandrum, Kerala from 20-21st September 2022.

6. Attended and provided inputs for the series of meetings on re-working of the rationalization of HR, NHM, Meghalaya under the Chairmanship of Dr. L. Challam, Director of Health Services (MCH&FW) cum Jt. Mission Director, NHM, Meghalaya.

7. Participated in the Regional Training on Program Management in RMNCH+A for the capacity building of program managers of Aspirational Districts and poor performing districts of Northeastern States.

8. Participated in the National Workshop on Health Management Information System and RCH Portal 2022-23 conducted by Statistic Division, MoH&FW, GoI in Vigyan Bhawan, New Delhi

9. Participated in the one-day workshop on Induction training of Medical & Health Officers under DoH&FW, Government of Assam on the components of Health Systems Strengthening under NHM.

10. Participated on one day workshop on Evaluation of tools (based on IPHS 2022 & Quality Assurance Guidelines) for the Assessment of Public Health Facilities (DH, SDH, CHC, PHC & SC) under DoH&FW, Government of Assam.

11. Attended Review meeting on PMABHIM and NHM organized by MoHFW, GoI

12. Participated in the Core Committee for the process of the HR Rationalization Exercises for the contractual staff of NHM, Meghalaya

13. Attended Internal assessor training workshop from 05th -07th April 2022.

14. Attended Free diagnostics and PMNDP workshop from 06th- 07th April 2022.

15. Participated in NFHS-5 data dissemination workshop at Assam Administrative office on 19th April 2022.

16. Participated in Qualitative Research Workshop at NHSRC.

17. Attended the External Assessor Training workshop at IIBM, Guwahati.

18. Overview of National Health Programs under NHM at External Assessor Training Workshop.

19. Participated in State TOT on Expanded Range of Service workshop at Hotel Palacio, Guwahati.

20. Participated in the Data Quality Guidelines organized by ICMR and NIMS at Guwahati.

21. Attended the Regional CPHC Workshop organized by CPHC, RRC-NE Division at Hotel Palacio, Guwahati.

22. Participated in the Regional Level NQAS Internal Assessors Training under NUHM of NE States by QPS Division, RRC NE

23. Participated in two Days Regional Level TOT on NQAS for HWC-SC for NE States by QPS Division, RRC NE

24. Participated in in the consultation workshop on clinical governance in health systems of India, held in Wardha organized by MGIMS, Wardha, Maharashtra.

25. Participated in National briefing of 15th CRM on 4th November 2022 in Delhi.

26. Attended and participated in the workshop for Developing Ecosystem for Dialysis Services in NE States.

27. Attended NEC meeting at Shillong Head quarter on 25th April 2022.

28. Attended HWCs review cum orientation Meeting at Shillong on 27th April 2022.

29. Participated in the briefing meeting with AS&MD held on 15th June 2022 at NHSRC.

30. Participated in the RRC-NEs annual review meeting chaired by ED, NHSRC.

31. Participated as part of the team with HRH-HPIP Division, NHSRC to brief the Principal Secretary (Health) on the HRH Situation Analysis conducted in June 2022

32. Attended the meeting with NHSRC, CDC and NHM, Tripura for planning and execution of processes to establish IPHLs / BPHUs/ CCBs/ Health Facilities.

33. Attended and participated in the one-day workshop on IPHS, 15th FC, PM-ABHIM, IPHL etc. in Gangtok, Sikkim along with the PHA division of NHSRC in September 2022.

34. Attended the meeting on the PM-ABHIM implementation progress / issues for Assam and Meghalaya organized by MoH&FW, GoI

35. Meeting at NHM, Assam chaired by PS (Health), DoH&FW, Assam to finalize the ToRs and Clauses of the tendering process for MMUs run under PPP mode.

36. Participated as External Member in the Executive Committee Meeting of the State Health Society of Tripura chaired by PS (Health), DoH&FW, Tripura.

37. Attended the meeting with MD, NHM, Assam to assess the planning, execution, and progress in establishing IPHLs / BPHUs/ CCBs/ Health Facilities through funding from FC-XV & PM-ABHIM

38. Attended the Meeting with DHS(FW), Assam on causality assessment of suspected AEFI deaths of COVID-19 on 5th November.

39. Participated in Effective Vaccine Management (EVM) meeting organized by UNICEF & National Cold Chain Vaccine Management Resource Center (NCCVMRC) on 12th November at Guwahati, Assam

40. Attended the Meeting with NHM Assam officials on drafting monitoring formats for 'Swasthya Manthan' review.

41. Participated in the audit of PHP&E division for ISO External Audit and reviewed/provided feedback in the meeting of ISO External Audit at RRC-NE.

42. Participated in online mid Term Review Meeting on PM-ABHIM, XV-FC, and Supplementary PIP 2023-24 for the State of Manipur and Arunachal Pradesh conducted by MoH&FW, Government of India.

43. Took part in the discussion on the issues, action plan and the annual work report of FY 2022-23 of PHP&E Division during the Review Meeting chaired by ED, NHSRC

44. Attended the Meeting with the NIRD & PR Department for the upcoming regional ToT for PRI and SHG members of Northeast States

45. Presented in the fortnightly seminars: Presentation on the 'Tracking health sector priority setting processes and outcomes for human resources for health, five-years after political devolution: a county-level case study in Kenya" & Rapid Assessment of Tele-ophthalmology Services in Tripura' conducted by RRC-NE.

46. Drafted questions for written tests for written examination and selection of consultants for various positions for NHM, Arunachal Pradesh.

47. Attended 2-day ISO training at NHSRC, New Delhi along with other divisions.

48. Attended the ABDM expert committee meeting in NHM, Assam office and provided handholding support to Assam state on drafting the TORs for ABDM recruitment.

49. Participated as Resource Persons for Technical Sessions in the Orientation Workshop on IPHS 2022 in collaboration with NHSRC for the personnel of the DoH&FW, Government of Mizoram on request from the State.

IV. QUALITY & PATIENT SAFETY (QPS)

Key Deliverables:

I.   NQAS/LaQshya Certifications: Mentoring visit to the NE States for NQAS, LaQshya and MusQan Certification of the Health facilities for National/State Certification.
II.   Support to the states in scaling up NQAS certification of HWC SC.
III.   Support to states for Quality Certification of public health facilities under MusQan.
IV.   Document appraisal of Health facilities applied for National assessments.
V.   Strengthening of Kayakalp Implementation
VI.   Support to states in implementation of SaQsham Portal for QA process and certifications.
VII.   Mera Aspataal integration, implementation & review
VIII.   Appraisal of State Program Implementation Plan
IX.   State Action plan and review meeting.
X.   Training, workshop, and capacity building activities.
XI.   Visit to States under Common Review Mission
XII.   Miscellaneous
    a. ISO 9001:2015 Re-Certification Audit of RRC-NE for current year.
    b. Other activities entrusted by MoHFW, NHSRC, Director RRCNE and requested by the State.
    c. Appraisal of Documents

Planning Processes

1.   Appraised the Post NPCC PIP of Assam, Sikkim, Manipur & Mizoram state and shared the QPS comments to NHSRC.
2.   Provided inputs on Reconsideration of the state's proposal for incentives under LaQshya w.r.t. Arunachal Pradesh PIP 2022-24.
3.   Prepared state wise key deliverables excel sheets from RoP with NE States and follow up with State QA team to collate update status.
4.   Appraised Quality section of Supplementary PIP of Arunachal Pradesh, Manipur, Mizoram

Meeting/Workshop/Training

1.   Conducted 5.5 - day 3rd Regional level cum 20th National level External Assessor Training on NQAS supported by QPS division NHSRC during 9th -14th May 2022 at IIBM Campus, Guwahati.
2.   Conducted 3-day regional level Internal Assessor cum Service Providers Training for the aspirational districts of 6 North Eastern states.
3.   Attended online training on study on effective utilization of health care services provided by primary health Centre and sub-centers in rural Tamil Nadu, India

4. Conducted online training on the Mera Aspataal for UPHC's of Tripura State.
5. Attended online training on Strengthening Public Health Surveillance and Using a mobile nurse mentoring & training program to address a health workforce capacity crisis in Bihar, India: Impact on essential intrapartum and newborn care practices.
6. Conducted online sensitization sessions for all the NE state nominee of Upcoming External Assessors Training in May 2022.
7. Attended RRC NE Review meeting chaired by Executive Director, NHSRC.
8. Attended 'Expert consultation meeting to review patient safety assessment tool' organized by QPS Division, NHSRC.
9. Attended 2 days Regional Consultation Workshop on Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM- ABHIM) and FC-XV.
10. Attended online orientation session on Document Variation Report given by State In charges organized by QPS Division, NHSRC.
11. Attended Workshop of National Quality Assurance Standards for AB-HWCs.
12. Attended two-day consultative workshop on National Quality Assurance Program organized by NHSRC, New Delhi.
13. Attended debriefing meeting held in the Office of the Mission Directorate of Arunachal Pradesh chaired by MD, NHM & Director, RRC NE.
14. Conducted 2 days regional level NQAS Internal Assessor's Training under NUHM for NE States during 2nd – 3rd August 2022 at Hotel Palacio, Guwahati.
15. Participated in two-day consultative workshop for all the States/UT's QA Nodal Officers and CP-CPHC Nodal officers organized by QPS Division, NHSRC at New Delhi.
16. Attended online meetings on release of National Health Accounts Estimates for India 2018-19.
17. Attended Webinar on 'Surgical safety in OT and use of Surgical Safety Checklist' delivered by Dr. Surivan John, Gangaram Hospital, Delhi organized by NHSRC.
18. Attended Webinar on Patient Safety organized by NHSRC.
19. Attended Webinar on Patient Safety Assessment Tool Launch - SaQushal and National webinars on patient safety and Adverse Drug Reactions.
20. Conducted Two (02) days Regional Level TOT on NQAS implementation in HWC SC for NE States.
21. Attended Webinar on Standard Treatment Guidelines for the Management of Hypertension by Dr. Anupam Prakash. Lady Harding Medical College, New Delhi.
22. Attended Workshop on Clinical Governance in MGIMS, Wardha.
23. Attended the National Orientation Workshop of 'SaQushal - Safety and Quality: Self-Assessment Tool' for Health Facilities organized by NHSRC.
24. Participated in National Briefing workshop of 15th CRM of NHM at Dr. Ambedkar International Center, New Delhi.
25. Attended National Webinar on "Key Epilepsy Management issues: Do's and Don'ts" by Dr. R K Dhamija, Director, Institute of Human Behavior & Allied Sciences (IHBAS), New Delhi.
26. Participated in One Day Workshop on Developing Ecosystem for Dialysis Services in NE states.

27. Attended orientation session of SaQsham portal for Consultants at Quality and Patient Safety Division, NHSRC organized by NHSRC.
28. Conducted Online Pre-Mid Term review meeting of ROP Key deliverables FY 2022-23 for the state of Manipur.
29. Attended Mid Term review meeting of ROP Key deliverables FY 2022-23 for the state of Manipur.
30. Organized the virtual sensitization training on NQAS & Kayakalp guidelines with orientation on Eco-friendly Awards Scheme to the DNO's & In charges of DH, SDH/CHC of Manipur as per the state's request.
31. Attended National Webinar on the National Sickle cell disease control program organized by MoHFW.
32. Participated in State Quality Assurance Committee (SQAC) Meeting organized by NHM, Assam.
33. Participated in Two days 3rd Regional Level Review cum Technical Support Workshop for the Aspirational/ Poor Performing Districts of the NE States (excluding Assam) held in Imphal, Manipur.
34. Attended 6th session of Online Lecture Series on STG's - "Dog Bite – Wound Care: Do's & Don'ts including Pre & Post Exposure Prophylaxis".
35. Attended online session on "Health Technology Assessment in the context of CPHC".

Documentation & Report Writing & Supportive Supervision Visits

Report Writing:
1. Report prepared of 3 days Internal Assessor cum Service providers Training under NQAP held in Meghalaya & shared with MD, NHM, Meghalaya
2. Report prepared of Regional Level 03 days Internal Assessor cum Service Providers' Training on NQAS for Aspirational District of NE State held at Guwahati & shared with MD, NHM & other state & district officials of Arunachal, Manipur, Meghalaya, Mizoram, Nagaland & Tripura
3. Report prepared on Regional Level 5.5 days External Assessor Training on NQAS conducted during 9th -14th May 2022 at IIBM campus, Guwahati.
4. Report prepared on Regional Level 02 days NQAS Internal Assessor's Training under NUHM conducted during 2nd – 3rd August 2022 at Hotel Palacio, Guwahati and shared with Mission Director of NE states.
5. Report prepared of ISO Internal Audit of RRCNE
6. Report of Field Visit to Haflong Civil Hospital & Kamakhya State Dispensary, Assam shared.
7. Report of Field Visit to monitor the implementation of LaQshya program in Zonal General Hospital, Tezu, Lohit district, Arunachal Pradesh Submitted.
8. Report of Field Visit to monitor the implementation of Kayakalp program in Seven (07) Health Facilities of Changlang & Lohit district, Arunachal Pradesh prepared & shared.
9. Report prepared on 02 days Regional Level ToT on NQAS for HWC SC for NE States conducted during 27th – 28th September 2022 at Hotel Palacio, Guwahati and shared with Mission Director of NE states.

10. Report prepared for the assessment conducted in Namsai DH, Arunachal Pradesh under LaQshya & shared with NHSRC.
11. Report preparation and submission for NQAS IA cum SPT and field visit, Mizoram held during 5th – 8th December 2022.
12. Report preparation and submission for NQAS IA cum SPT and field visit, Mizoram held during 5th – 8th December 2022.
13. Report preparation and submission for NQAS IA cum SPT and field visit, Tripura held during 31st January – 2nd February 2023.

Appraisal of Documents/Applications:

1. Appraisal of documents of DH Gyalshing, Sikkim & shared the feedback for the necessary corrections required and after correction submitted final application for LaQshya National Assessment in NQAS portal.
2. Provided clarifications for sought by NITI Aayog on Master list of District Hospitals for District Hospital Index - Round II.
3. Appraisal of documents of PHC Garjee, PHC Mathai, SDH Belonia and DH South Tripura, shared the feedback for the necessary corrections required and after correction submitted final application for NQAS & LaQshya National Assessment in NQAS portal.
4. Appraised three PRC Studies namely-Monitoring program implementation plan under NHM Salem District Report, Tamil Nadu, NHM PIP Monitoring Report 2021-22, Kanyakumari District, Tamil Nadu & PIP Monitoring in Charaideo District, Assam (21-22) & shared the comments/feedback with NHSRC.
5. Appraised the documents of 03 health facilities namely, Hemanta Debbarma Smriti PHC, DH Gomati Tripura, & Nongpoh Civil Hospital, Meghalaya submitted for National Assessment & shared the feedback to states for compliance.
6. Reviewed documents of Hasdoba HWC, Goalpara & Sivasagar DH, Assam for NQAS national certification and shared the feedback with state QA team.
7. Appraisal of documents of CHC Howly, MPHC Mariani, PHC Baikhora, PHC Tulamura, UPHC Seikhazou and HWC-SC Hasdoba, shared the feedback for the necessary corrections required and after correction submitted final application for NQAS & LaQshya National Assessment in NQAS portal.
8. Appraisal of application of CHC Hajo, Assam & DH Dhalai, Tripura shared the feedback for the necessary corrections required for NQAS & LaQshya National Assessment in NQAS portal.
9. Appraisal of application of Rowta Model Hospital CHC, Assam and DH Dhalai, Tripura for LaQshya Certification & shared the feedback to State QA team for the necessary corrections required in NQAS portal.
10. Inputs given in the draft NQAS standards of Hemodialysis Unit & shared with NHSRC.
11. Appraisal of application of Madhya Pratapgarh UPHC, Tripura for NQAS Certification & shared the feedback to Certification Unit, NHSRC for scheduling the assessment.
12. Appraisal of application of Gandhigram PHC, Tripura for NQAS Certification & shared the feedback to Certification Unit, NHSRC for scheduling the assessment.

13. Appraisal of application of Barpeta Farm HWC-SC, Assam & Killa PHC, Tripura for NQAS Certification & shared the feedback to Certification Unit, NHSRC for scheduling the assessment.
14. Appraisal of application of Bongaigaon DH & Dholmara PHC, Assam & Ganeshdas DH, Meghalaya for NQAS & LaQshya Certification and feedback shared with State.
15. Document Appraisal of Madhab Nagar HWC-SC, West Harina HWC-SC, Ekinpur HWC-SC and Nidaya PHC, Tripura for NQAS National Assessment, shared the feedback regarding gaps in Document with state QA team followed by submission to certification unit.
16. Document Appraisal of Chanpur and South Jogendar Nagar HWC-SC for NQAS national Assessment.
17. Provided Inputs for CPHC performance measurement framework and indicators checklist.
18. Appraisal of application of West Kalabaria HWC-SC and IGM Hospital Tripura & Demow Model
    Hospital, Assam for NQAS & LaQshya Certification and feedback shared with State.
19. Document Appraisal of Laljuri PHC Tripura, Chunlikha PHC, Nagaland, Pathshala SDCH and Demow Model Hospital, Assam NQAS/ LaQshya National Assessment

Supportive Supervision Visits:

1. Field visit to Pasteur Institute, Shillong, Meghalaya on 18th May 2022 and provide handholding support for NABL certification.
2. Visited Nampong PHC, Kharsang PHC, CHC Diyum and DH Changlang in Changlang District of Arunachal for supportive supervision of QA activities.
3. Visited Haflong Civil Hospital and Mahur BPHC, Dima Hasao district, Assam to provide technical support for NQAS Certification.
4. Visited PHC Loilang, PHC Medo, CHC Wakro & DH Lohit in Lohit District of Arunachal Pradesh for supportive supervision of QA activities.
5. Visited Kamakhya state dispensary, Kamrup (M), Assam to provide technical support for NQAS Certification.
6. Visited Namsai DH, Arunachal Pradesh & Assessment of Labor Room under LaQshya Guidelines followed by Report Submission as per the request of NHSRC.
7. Visited health facilities of Chhattisgarh, Kerala & Maharashtra under the 15th Common Review Mission. And submitted the draft report as per the allotted TOR.
8. Visited Health Facilities of Aizawl, Mizoram for Supportive Supervision for NQAS Certification.
9. Visited & Conducted Kayakalp External Assessment of 03 District Hospitals of Assam – B P Civil Hospital, Nagaon, Haflong Civil Hospital, LGB Civil Hospital, Tinsukia.
10. Visited Health Facilities-Chunlikha PHC, Dipuphar B HWC SC, Rusoma HWC SC & Pfusoma HWC SC of Nagaland for Supportive Supervision for NQAS Certification.

Facilitate State level Training/Orientation workshop:

1. Facilitated the One-day State Orientation Training on MusQan Guidelines in Tripura.
2. Facilitated one day State level MusQan Orientation organized by Quality and child health division, NHM Assam at GMCH, Guwahati
3. Facilitated three-day NQAS Internal Assessor cum Service Providers Training Program in Aizawl, Mizoram.
4. Facilitated two-day state level NQAS Training for HWC-SC in Arunachal Pradesh.
5. Facilitated the day 01 of Three-days NQAS Internal Assessor cum Service Providers Training Program in Agartala, Tripura.
6. Facilitated State level Orientation training on checklist of Swasthya Sewa Utsav of Assam.
7. Attended one day State level Conference of Medical Superintendent of Meghalaya as Resource person on 16th March 2023.
8. Facilitated 03-day State level NQAS Internal Assessor's cum Service Provider Training during 1st – 3rd March 2023 organized by NHM, Assam.
9. Facilitated 02-Day State Level Orientation Training on NQAS for CHO's during 16th – 17th March 2023 in Agartala, Tripura.
10. Facilitated 03-day State level NQAS Internal Assessor's cum Service Provider Training during 23rd – 25th March 2023 organized by State QA Unit, NHM, Manipur.

Others:

1. Handholding Support to QA team Sikkim through any desk software for submitting LaQshya application of DH Gyalshing in NQAS portal.
2. Shared details of UPHC Gangtok & UPHC Ranipool, Sikkim for integration in Mera Aspataal to CHI, New Delhi.
3. Prepared and shared the updated status of the QA program in NE states.
4. Participated as panelist for interview and counselling for 1 Year Rural Internship of MBBS graduates under NHM Assam on 24th -25th May 2022.
5. Follow up with CHI team, New Delhi for issues of 7 UPHC of Tripura regarding MA portal.
6. Follow up with all state QA team of all NE states for the submission of the report on 'Swachhata Pakhwada' organized during 1st to 15th April 2022 and submitted the compiled report of Arunachal, Manipur, Meghalaya, Mizoram, Nagaland & Tripura to NHSRC.
7. Prepared the first draft of Quality Darpan, June 2022 edition and shared with Advisor-QPS, NHSRC
8. Prepared and shared Progress & Issues of NQAP in the 8 NE States shared with NHSRC.
9. Shared feedback on KPI Toolkit for DH, CHC, PHC & UPHC to NHSRC
10. Prepare and analyze Mera Aspataal performance of health facilities integrated in MA portal, Valid visit and data uploaded on the portal compared to HMIS data.
11. Details shared with Lead Consultant for presentation on 18th GB Meeting.
12. Provided inputs on discussion held during QA Nodal Officers' Workshop 19th -20th July 2022 in New Delhi.
13. Conducted & Facilitated ISO Internal Audit of RRCNE.

14. Facilitated ISO 9001:2015 Re-certification audit of RRCNE.
15. Prepared various resource/reference material for Area of Concern G & H of HWC SC NQAS certification.
16. Prepared facility self-assessment tool as requested by State QA Team & shared with State QA Consultant, NHM, Assam.
17. Meeting with NHSRC, QPS Team to discuss Work Instructions & Training Materials prepared by development Partners for AB-HWCs.
18. Prepared state wise details of NQAS targets, RoP approvals, NQAS certifications, Expired certifications and Application received till date.
19. Facilitated External ISO Surveillance Audit of RRC NE Office.
20. Prepared draft for Work Instructions of Communicable & Non-Communicable diseases, and Infection Control Activities for HWC-SC and shared the QPS team, NHSRC.
21. Participated in the discussion regarding the assessment check list for DH, CHC and PHC developed by NHM Assam along with Development Partners for Swasthya Sewa Utsav.
22. Prepared & shared the VED Analysis of drugs as per state's EDL of HWC SC with state QA unit, Manipur.
23. Prepared Guidance Note and checklist for Fire Safety Measures in Public Health Facilities fire & Safety audit for primary level health facilities.
24. Compiled & shared the data of Kayakalp Award Winning Facilities (Photos, Success stories & Testimonials) from all 08 NE States for FY 2021-22.
25. Compiled & shared the data of Kayakalp Peer Assessment Checklists of 3 FY's, i.e., 2019-20, 2020-21 & 2021-22.
26. Drafted and shared OPED on 'Evolution of Kayakalp Initiatives in NE region.'
27. Compiled & shared the HR Status of QA units in all NE states.
28. Compiled & shared details of SQAU, SNO-QA & State Consultants with the division.

V. ADMINSITRATION

1. **General Administration:**
   a. Fire drill conducted during 27th April 2023
   b. Water testing for RRCNE office building was done through the landlord. Test report duly received.
   c. Insurance of office equipment, furniture and other assets were renewed during June 2022 (with National Insurance Company).
   d. Annual Stock Taking duly completed for the current FY.
   e. Rent Agreement extended for the office building.
   f. Contract extended for various vendors (car hiring agency, generator set provider, stationery supplier etc)
   g. Empanelment of new printing agency (M/s Maa Manasha Printers) completed.
   h. Purchases via GeM initiated. GeM IDs created for RRCNE (Buyer, Consignee and Payment Authority)
   i. The following major purchases were done during April 2022 to January 2023:
      I. UPS 600VA (6nos)
      II. SSD 512GB (10 nos.) for upgrading the existing desktops.
      III. Desktop computer (HPI5), 1no.
      IV. Tea & Coffee Machine
      V. Room heaters (10 nos.)
      VI. Godrej PCH-7001D Chairs (8 nos.)
      VII. Godrej 4 drawer filing cabinet (1 no)
      VIII. Online UPS
   j. Tendering process for Car Hiring for NE States were done twice. However, no suitable vendor could be identified. At present, tendering process for car hiring and Generator rent for the coming years is ongoing.
   k. Renovation of Small Meeting Room/ Committee room is ongoing.
   l. Supported (assistance in budget preparation, arrangement of accommodation, transport, registration of participants, procurement of training and other materials, printing of banners, other required documents etc) during all the meetings & workshops conducted by RRC-NE during April 2022 to January 2023.
   m. Coordinated during Surveillance Audit conducted as part of ISO process during December 2022.
   n. RRCNE Review meeting in presence of Executive Director, NHSRC on 4th July 2022 and 19th January 2023
   o. Celebrated for Republic Day and Independence Day at the office of RRCNE.
   p. Regular administrative activities (Maintenance of office records and documents, receipt and disbursement of office communications, office security, uninterrupted power supply, logistics arrangements etc).

2. **Human Resource:**
   a. Completion of Annual Performance Appraisal for 2021-22. Increments disbursed as per gradings.

b. Recruitment completed for the following positions:
   I. Senior Consultant- Quality & Patient Safety. (Dr. Anupjyoti Basistha joined on 1st November 2022)
   II. Consultant- Accounts. (Mr. Abinash Kumar Baishya) joined on 1st November 2022.
   III. Consultant- Knowledge Management Division. (Dr. Neema Joseph) joined on 16th January 2023.
   IV. Orientation completed at RRC, NE for Dr. Neema Joseph, orientation at NHSRC is scheduled during March 2023. As Dr. Anupjyoti Basistha and Mr. Abinash Kr. Baishya re-joined in the same division, orientation was not required.

c. Recruitment process is ongoing for Consultant- Quality and Patient Safety and Consultant- Knowledge Management Division. Advertisement floated by NHSRC for the same.

d. Process for campus interview initiated. Campus Interview for Fellow- CP scheduled during March 2023. Campus Interview for rest of the Fellow positions ongoing.

e. Release of Fellow- CP, Dr. Dipanjali Hazarika completed her fellowship with CP-CPHC division in October 2022.

f. Collected and updated Personal Information Forms of all RRCNE personnel. Maintained datasheet of the RRCNE personnel.

g. Regular HR Works (Maintenance of attendance records, leave records, issue of NOCs and consultancy fees certificates etc).

3. Finance:

a. Annual audit for FY 2021-22 completed by CAG empaneled auditor M/S S. K. Beria & Co. Audit report duly shared with NHSRC for compilation.

b. Implemented PFMS at RRCNE immediately after completion of the training on PFMS in August 2022. All cash transactions are discontinued.

c. Routine Monthly Bank Reconciliation Exercise in addition to the regular financial activities (payments, preparation of SOEs, TDS, GST payment etc).

d. Checked budget for various programmatic events being organized by RRC, NE.

e. Financial Report of RRC-NE (April 2022 to January 2023).

f. Oversee the financial statement submitted by Regional Collaborative Centre, Dibrugarh.

4. IT:

a. Installation of online UPS is ongoing.

b. Purchase and installation of 10 nos. of Solid-State Drive (SSD) completed for upgradation of existing desktops.

c. Installation of new HP Desktops completed.

d. Installation of SSL Software in RRCNE Website hosted by NIC (www.rrcnes.gov.in) completed.

e. Regular updation of RRCNE Website www.rrcnes.gov.in.

f. Facilitated all virtual workshops/trainings conducted/attended by RRCNE.

g. Facilitated the online interview process and written test conducted by RRCNE.
h. Maintenance of conference facility.
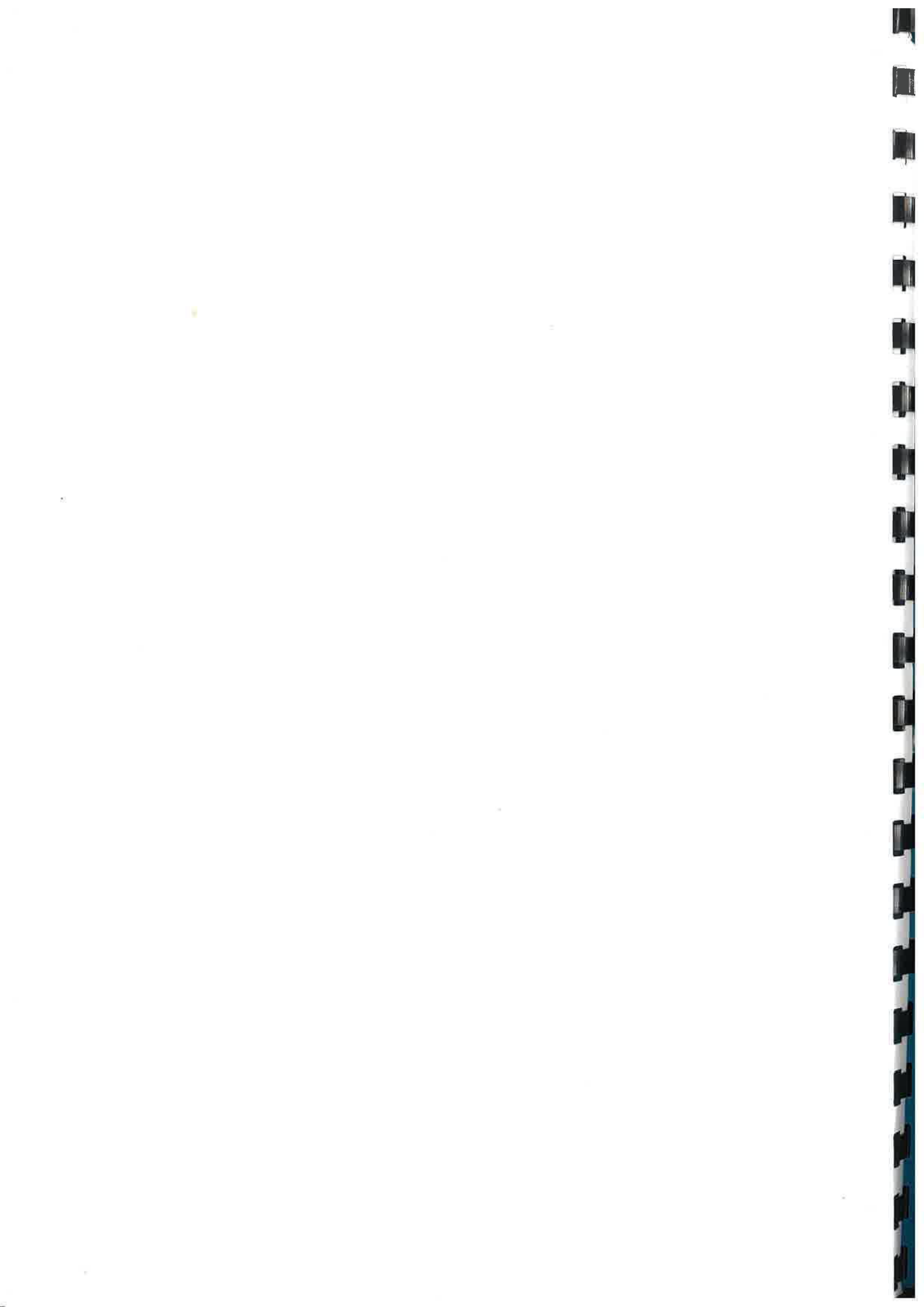i. Regular IT Work including maintenance of internet connectivity, troubleshooting etc.

VI. Team Composition of RRC-NE

(As on 12/06/2023)

Sanctioned Posts	Division	In Position	Vacant Positions
Director	01	01	00
Lead Consultant	RRC, NE	00	02
Senior Consultant	PHP & E	01	00
	Q & PS	01	00
	CP	01	00
	HCF & HCT	01	00
Consultant	PHP & E (Including HMIS, HRH and KMD)	05	01
	Q&PS	01	02
	CP	03	00
	HCF & HCT	01	00
	Admin	03	00
	RRC, NE Pool (Division to be allocated)	00	03
Administrative Assistant & Pantry Staff	Admin	06	01
Total		**24**	**9**

Note:

1. The team composition includes the additional 2 (Two) positions allocated to RRC, NE (1 Lead Consultant and 1 Consultant position)
2. Recruitment completed for 1 position for Consultant-QPS; Re-advertisement will be done shortly for other vacancies. Lead Consultants recruitment is on-going.

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	CP	03	00
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