



WORK REPORT OF NHSRC

YEAR 2023 - 2024



**NATIONAL HEALTH SYSTEMS RESOURCE CENTRE
(NHSRC)**

**TECHNICAL SUPPORT INSTITUTION
with
NATIONAL HEALTH MISSION (NHM),
MINISTRY OF HEALTH & FAMILY WELFARE (MOHF&W)
GOVERNMENT OF INDIA**

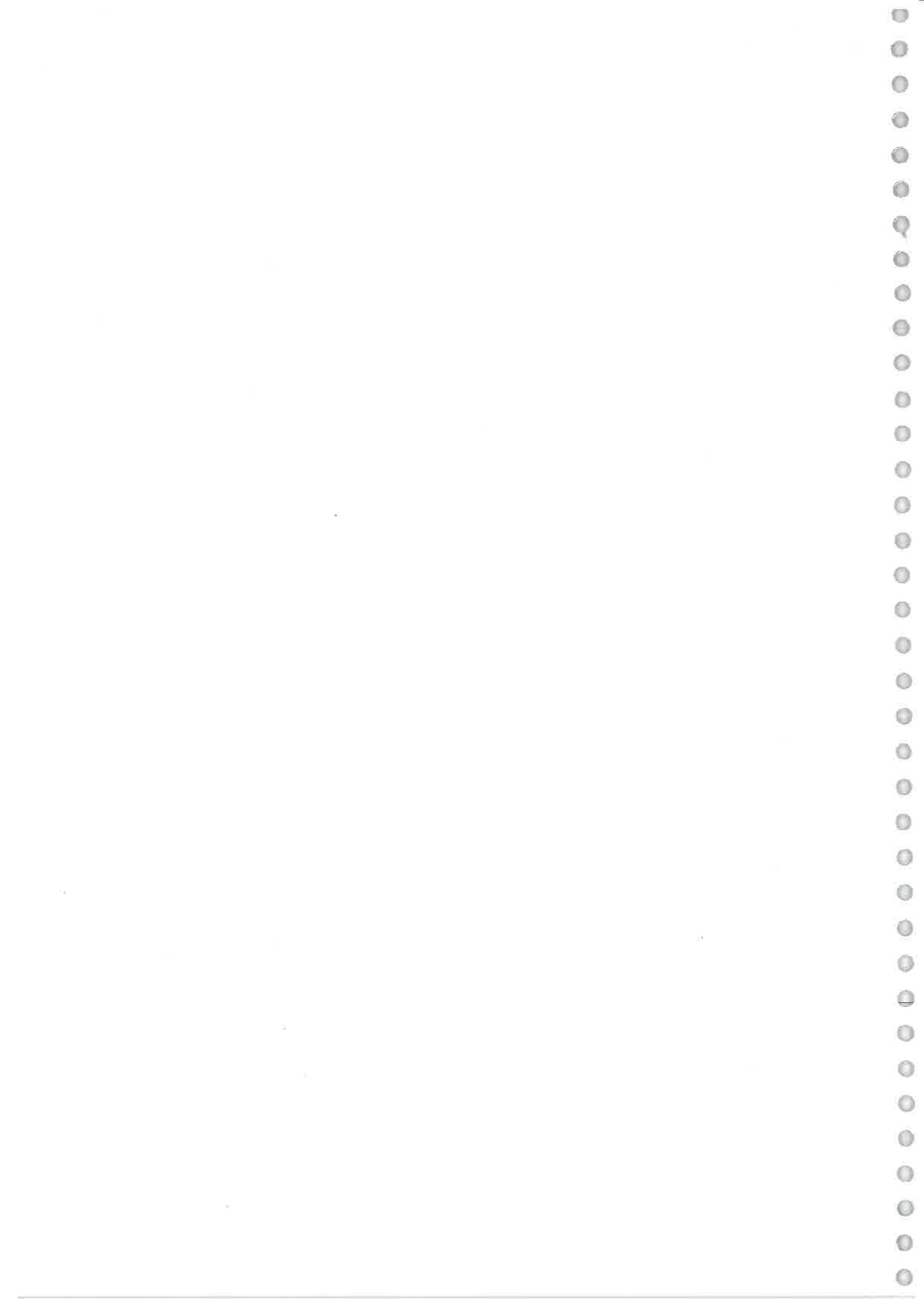
Address: NIHFw, Baba Gang Nath Marg, Block F,
Munirka, New Delhi, Delhi 110067

Tele: 011-26108983 / 84 / 92 / 93

Fax: 011 2610 8983

E-mail: nhsr.india@gmail.com

Website: www.nhsr.india.org





Shri Jagat Prakash Nadda

Hon'ble Minister of Health and Family
Welfare and Chemicals and Fertilizers



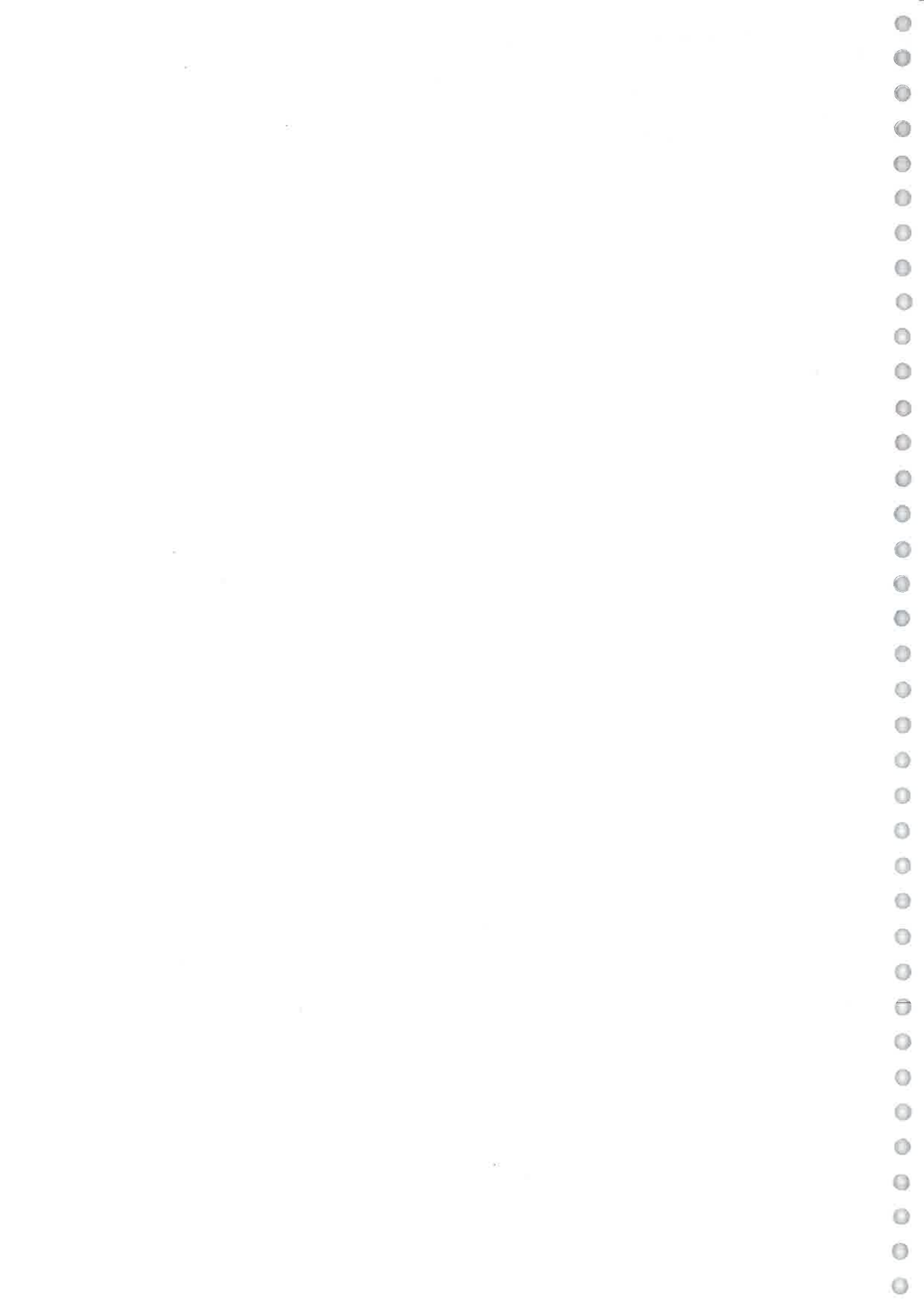
Shri Prataprvao Jadhav

Hon'ble Minister of State, Ministry of
Health and Family Welfare Minister of
State (IC), Ministry of Ayush



Smt. Anupriya Patel

Hon'ble Minister of State, Ministry of
Health and Family Welfare Ministry of
Chemicals and Fertilizers

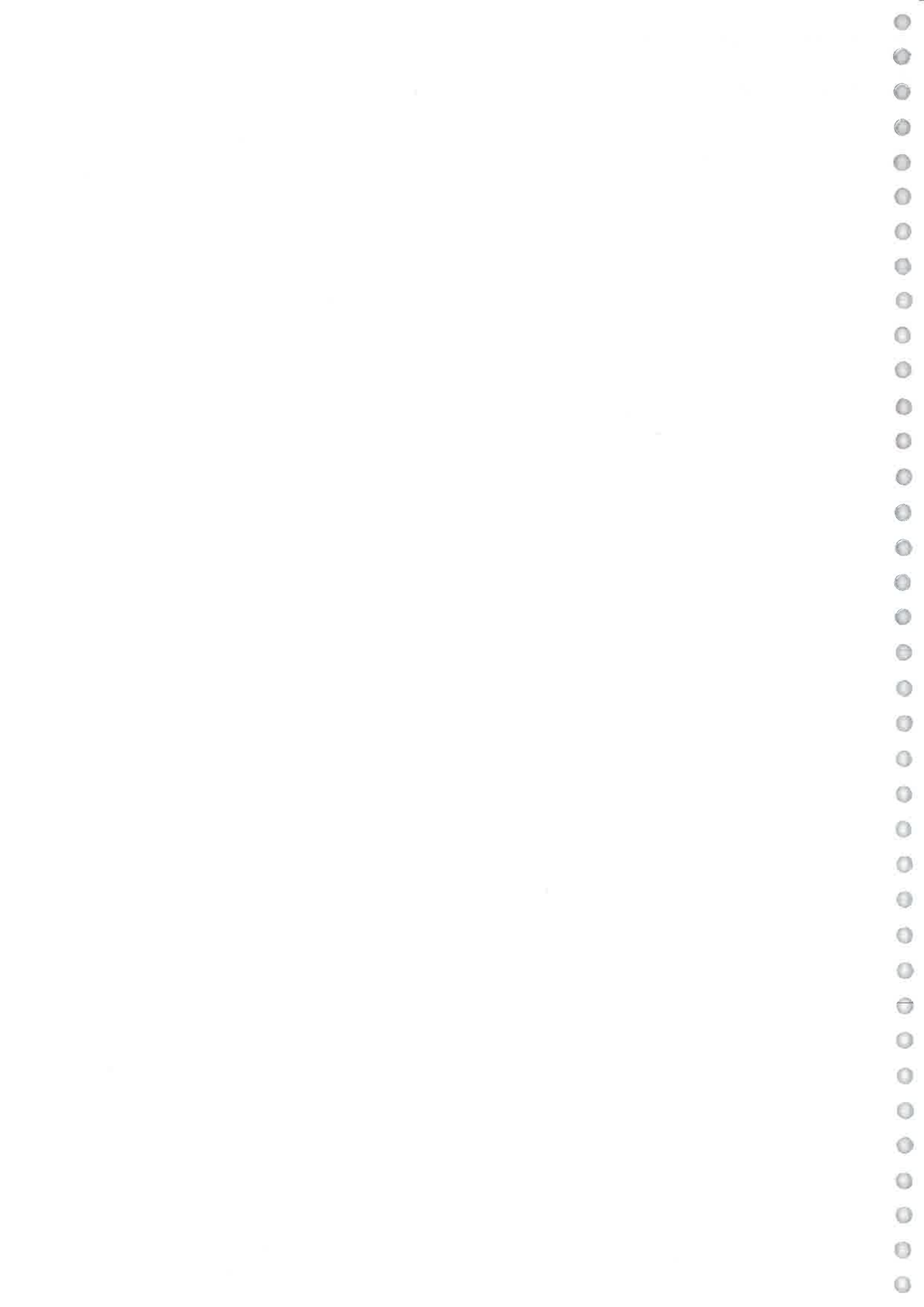




WORK REPORT 2023-24

**NATIONAL HEALTH SYSTEMS RESOURCE CENTRE
(NHSRC)**





AGENDA POINT 4

WORK REPORT OF NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)

FY 2023-24

TABLE OF CONTENTS

S. N	DIVISIONS	PAGES
I.	COMMUNITY PROCESSES – COMPREHENSIVE PRIMARY HEALTH CARE (CP/CPHC)	3-16
II.	HEALTH CARE FINANCING (HCF)	17-18
III.	HEALTH CARE TECHNOLOGY (HCT)	19-21
IV.	HUMAN RESOURCES FOR HEALTH/HEALTH POLICY AND INTEGRATED PLANNING (HRH/HPIP)	22-26
V.	INFORMATION TECHNOLOGY (IT)	27-30
VI.	KNOWLEDGE MANAGEMENT DIVISION (KMD)	31-42
VII.	PUBLIC HEALTH ADMINISTRATION (PHA)	43-54
VIII.	QUALITY & PATIENT SAFETY (QPS)	55-68
IX.	ADMINISTRATION	69-81

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

Key Deliverables

- 1. Support operationalization of Ayushman Arogya Mandir and quality Comprehensive Primary Health Care service delivery at Ayushman Arogya Mandir**
 - As of 2nd August 2024, 1,73,889 Ayushman Arogya Mandirs have been operationalised across the country.
 - Regular meetings on Ayushman Arogya Mandir with all States and UTs catalysed the operationalization of Ayushman Arogya Mandirs.
- 2. Define and pilot support Structure for Community Health Officer (CHOs)-establish mechanism for mentoring and continued capacity building of CHOs by creating a pool of 1000 State Mentors and 30 National Mentors**

The CHO Mentoring project, a tripartite initiative of NHSRC, CMC Vellore and BMGF is in progress with the fourth batch of training for state mentors rolled out from June 2024. The number of CHOs mentored through the first three batches are as below:

- Batch 163 State Mentors (SM) are certified and currently 41 SM are mentoring 2462 CHOs
- Batch 2: 122 State Mentors (SM) are certified and currently 117 SM are mentoring 4320 CHOs
- Batch 3: 202 State Mentors (SM) are certified and currently 191 SM are mentoring 4123 CHOs
- Batch 4: Nomination of State Mentors (SM) is under process

CHO Conference:

The second regional CHO Conference was organized for the Western zone in Nasik, Maharashtra. The workshop lasted one and a half days (1.5 days) and included CHOs from Maharashtra, Gujarat, Karnataka, Goa, Dadra & Nagar Haveli, and Daman & Diu. A total of 201 CHOs participated in the conference.

The conference centred around the overarching theme of "Health for all: CHOs showing the way," with four distinct sub-themes representing the major elements of a CHO's work. Additionally, this regional conference also facilitated field visits to eight nearby AB-HWC/ AAM. The analysis from the small groups as well as the experience of the field visits were presented by the CHOs with a focus on existing best/ good practices, challenges and their potential solutions.

Participants:

- Central: Hon'ble MoS (Health & Family Welfare), Hon'ble MoS (Health and Family Welfare), Member Health, NITI Aayog, Senior Officials - MoHFW, Senior Officials - NHSRC, Advisor (Homeopathy), Ministry of Ayush
- State: Principal Secretary (Health), MD NHM, Director AYUSH, Director Health Services, State Nodal CPHC, State Nodal CP/ Community Platforms, State Nodal AYUSH

- CHOs: Maharashtra (66), Gujarat (65) and Karnataka (50), Goa (10), Dadra & Nagar Haveli and Daman & Diu (10)
- 3. Build capacity of States by creating pool of 1000 State Trainers for training PRI, SHGs and Community Platforms (VHSNC/ JAS)**
- 4 batches of State ToT of Jan Arogya Samiti (JAS) have been organized in 2023-24
 - A total of 66 national trainers and 112 state trainers have been certified in the state in 2023-24 and a total of 234 JAS trainers are actively engaged in the training
 - A total of 77 State trainers have been trained in 3 batches for VHSNCs in 2023-24
- 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) is being used by states to plan and conduct trainings and track the progress in terms of coverage
 - Legacy training data entry has been enabled in SASHAKT portal from 01.01.2021 onwards
 - Mobile application has been developed for accessing e-modules and ensuring seamless user experience for enrolling and tracking trainings
 - A module for registration, record of attendance, and downloading e-certificate for NTOTs is developed in SASHAKT portal
 - In order to ensure the quality of training at the district and subdistrict level, a supervisory module on SASHAKT portal is in progress
 - All training modules on expanded packages have been uploaded in the SASHAKT application.
 - Provision of e-Certification available in SASHAKT Application
 - Total of 34 States/ UTs are using SASHAKT portal (except Delhi and West Bengal).
 - Orientations for multiple States/UTs were conducted based on the request of States/UTs
- 5. Develop scalable models of community action on health through partnership with Innovations and Learning Centres and other premier institutions.**
- A total of 116 national trainers have been certified in capacity building of PRI and SHG in collaboration with NIRDPR in 2022-23.
 - A detailed plan is submitted to MoHFW for organizing training of state/district level trainers jointly through a tripartite collaboration of MOHFW, MoPR and MoRD.
- 6. CPHC ILC initiatives:**
- A total of 5 CPHC- ILCs were operational in FY 2023-24.
1. AIIMS-Delhi (Nuh, Haryana)
 2. PGIMER, Chandigarh (SAS Nagar, Punjab)

3. Bhaikaka University (Dahod, Gujarat)
4. Vivekananda Kendra Kanyakumari (Bokajan, Assam).
5. KHPT (Bengaluru and Mysuru - Karnataka)

The details of the initiatives and progress of ILCs are given under the collaboration section (Point No. 07) of areas of work.

7. Undertake research and rapid reviews which support policy updation in CP and CPHC programs.

Completed:

- Evaluation of Aarogya Samanvay in Ayushman Arogya Mandirs of Gujarat- A Cross-sectional study completed, and report shared with MoHFW
- Assessment of Community Health Officer Cadre at Ayushman Arogya Mandir and report shared with MoHFW.
- Assessment of Community Health Worker/ASHA Program in Urban and Peri-Urban Areas, and report shared with MoHFW
- Motivation and Performance of India's Community Health Volunteers - ASHAs: A Comparison across Different Incentive Systems in India, and report shared with MoHFW
- Perspectives about Wellness among People and Healthcare Providers, and report shared with MoHFW

Ongoing:

- VHSNC/ JAS Study - To understand the impact of community-level platforms like VHSNCs, MAS and facility-level platforms such as Jan Arogya Samitis, rapid assessment visits to 10 states are being undertaken. Of these, visits to 6 States have been completed.
- Manuscript preparation in progress: Ayushman Arogya Mandir: An exploration of the pathway to UHC in India

Team Composition

S.No	Sanctioned Posts	In Position	Vacancy
1.	Advisor (1)	1	0
2.	Lead Consultant (1)	1	0
3.	Senior Consultant (5)	3	2
5.	Consultant (14)	14	0
Total - 21		19	2

Areas Of Work

CP/CPHC 01 - Policy Support

1.1 Community Processes

The community processes element of National Health Mission intended to achieve the goal of increasing community engagement with the health system. ASHAs program is the key driver of community processes for bridging the gap between health services and community by functioning as a healthcare facilitator, a service provider and a health activist at the community level. The programme has evolved in many significant ways since its launch in 2005, responding to local context and national priorities as below:

The key mandate of CP-CPHC division of NHSRC is to contribute sustainability of programme including regular modular training and on-the-job mentoring, creation of strong support structures including community platforms (VHSNC, MAS), monitoring and supportive supervision, and performance-linked monetary and non-monetary incentives.

Presently, the programme exists in 34 states and Union Territories. With the launch of the National Urban Health Mission, all states and UTs have ASHAs in urban areas too, except in Chandigarh and Goa. Currently, there are approximately 10.17 Lakh* ASHAs positioned across the country, with 9.34 Lakh in rural areas and 0.84 Lakh in urban areas. There are about 44,431* ASHA facilitators actively engaged in monitoring and supportive supervision of ASHA in 24 States/UTs.

As on date, 5,56,943* Village Health Sanitation and Nutrition Committees (VHSNC) and 82,876* Mahila Arogya Samities (MAS) are functional across the country.

(*Data Source: ASHA Update Database, as of 31st March 2024)

1.2 Comprehensive Primary Healthcare

The National Health Policy 2017 aims to achieve the highest possible level of health and well-being for all through a focus on preventive and promotive healthcare, universal access to good quality healthcare services without financial hardship, and in line with the Sustainable Development Goal (SDG) target of Universal Health Coverage (UHC) 3.8. In simpler terms, the National Health Policy 2017 aims to make healthcare more affordable and accessible for everyone, regardless of income or social status. It also focuses on preventing diseases and promoting good health rather than just treating illnesses. This aligns with the global goal of UHC, which is to ensure that everyone has access to quality healthcare.

Under Ayushman Arogya Mandir, India has upgraded primary healthcare facilities in rural and urban areas to provide comprehensive primary health care services under 12 expanded packages which includes preventive, promotive, curative, palliative, and rehabilitative care. As of June, 2024, more than 1.73 lakh primary healthcare facilities have been transformed into Ayushman Arogya Mandir. Figure below depicts the year-wise progress and achievement of Ayushman Arogya Mandir.



The Ayushman Arogya Mandir (AAM) endeavours to shift the focus from illness to wellness and wellbeing, from fragmented care to continuum of care, from disease-centric care to personalised care inclusive of family support, from healthcare being just a facility event to making it a community movement.

A new cadre MLHP known as Community Health Officer, trained in competencies of public health and primary health care has been posted at SHC-Ayushman Arogya Mandir. The major responsibility of Community Health Officer is to improve clinical management, continuum of care, dispensation of drugs and close follow-up for those with chronic illness/patients discharged from health facilities. CHO leads the team of Multipurpose Workers, and ASHAs. As on 31st March 2024, a total of 1,37,712 CHOs are in position across the country. As on 2nd August 2024 the number of CHOs are 1,38,520.

AAM envisages providing comprehensive primary health care services with the principle of “time of care not more than 30 minutes, reaching the remote and peripheral areas across the country. To accomplish the same, information & communication Technology (ICT) innovations including teleconsultations services (through e-Sanjeevani) are being leveraged at AAM. Since 13th Feb 23 eSanjivani 2.0 is functional. As on 31st March 2024, a total of 30,97,35,970 patients availed teleconsultation services. As on 2nd August 2024 the no of teleconsultations availed are 3,73,446,533 (Source: AAM Portal).

1.3 Ayushman Bhav Campaign

- Under the Ayushman Bhav Campaign, the weekly Ayushman Melas were conducted for around 28 weeks (197 days) till 31st March 2024. Cumulatively, a total of 24,92,907 Ayushman Arogya Mandir melas were organized across the country.
- Operational guidelines on Ayushman Bhav were drafted and training for primary health care functionaries on the implementation of the campaign was provided.
- 40 National Trainer and 339 State Trainers trained under Ayushman Bhav Campaign.
- A total of (17,97,55,993) people (footfall) visited the Health Melas at Ayushman Arogya Mandir during the campaign.
- During the campaign total of 17,14,629 wellness, yoga, and meditation sessions were conducted across the country.

1.4 Viksit Bharat Sankalp Yatra Campaign

- Viksit Bharat Sankalp Yatra (VBSY) was launched on November 15, 2023, on the occasion of Janjatiya Gaurav Divas, by India's Hon'ble Prime Minister, Shri Narendra Modi.
- 169 National, 660 State and 995 District level trainers trained under the VBSY campaign.
- As part of reporting and monitoring, a control and command centre was established at NHSRC including CP-CPHC, QPS, IT and PHA divisions.

1.5 National CP/ CPHC-SNO Workshop and NAMG Meeting

A two-day workshop was organized by National Health System Resource Centre (NHSRC) in collaboration with USAID and Jhpiego on January 16th and 17th, 2024 under the chairmanship of Joint Secretary, Policy, MoHFW.

The objectives were:

- To provide a platform for stakeholders to discuss and deliberate on the progress made by the Ayushman Arogya Mandir over the past half-decade.
- To chart a roadmap for the future, going beyond the mere operationalization to exploring new horizons such as community engagement, and ensuring expanded and integrated packages of Comprehensive Primary Health Care services in the Ayushman Arogya Mandir.
- The workshop was attended by State Nodal Officers of Community Processes (CP) and Comprehensive Primary Health Care (CPHC) and representatives from all major development partners involved in public health.

Based on the output of SNO workshop and NAMG meeting, Community Processes and Comprehensive Primary Healthcare guidelines are being revised and will be submitted very soon. Additionally, a Development Partners' Consultation was held on 17th January 2024, under the chairpersonship of ED, NHSRC.

1.6 Training Modules:

1.6.1 Development of E-Modules on the expanded package of services for Primary Health Care team

- Planned: A total of 21 e-learning modules were planned as part of the capacity building of primary health workers – CHO, MPW and ASHAs.
- Completed: A total of 14 e-learning modules for ASHAs and MPW (in Hindi & English) on newer expanded package of services have been developed. The e-modules have been launched and can be accessed through the SASHAKT Portal/ Application.
- Ongoing: Seven e-learning modules for Community Health Officers in English are being developed on newer expanded package of services. These modules comprise of 65 chapters, which are currently being reviewed. These e modules need to be hosted on NIHFW LMIS

1.6.2 Development of Skill-based Videos

- Planned: A total of 90 skill-based videos were planned
- Completed: 24 skill videos (12 in Hindi and 12 in English language) on palliative care have been developed and uploaded on the NHSRC YouTube channel.
- Ongoing:
 - A Total of 43 videos are being developed on Palliative care, Eye care, Elderly and NCD care in English and Hindi.
 - 23 Skill videos in English and in Hindi on NCD, Oral, Emergency and ENT services are being developed. English videos have been developed and sent to ministry for approval and scripts of Hindi videos are prepared and currently being reviewed.

1.6.3 Other Guidelines/Modules

- Guidance note Restructuring of ASHA incentives based on outputs and outcome is being prepared.
- Draft revised PRI Training Modules (Participant and facilitator) has been prepared.
- Preparation of draft Modules for Training of ULB (urban local bodies) members.
- Revision of existing VHSNC module is under process
- The handbook on the support structure for Community Process is being drafted.

CP/CPHC 02 - Trainings

2.1 Training of additional State Trainers in Expanded Service Packages

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)				234
Total	874	1660	1627	4395

2.2 Additional Training of state trainers-180 State trainers (04 batches)- 2 days training

- 04 batches of Jan Arogya Samiti (JAS) have been organized and 112 state trainers have been trained to conduct training at the state, now a total of 234 JAS trainers are available to conduct the trainings at state/UTs.
- Support to Maharashtra JAS – More than 2432 CHOs trained through online platform on Jan Arogya Samiti and its functionality.

2.3 Additional Training of state trainers-180 State trainers (04 batches)-3 days training

- 03 batch of VHSNC ToT was conducted. A total of 76 participants from 17 States/UTs successfully assessed as State Trainers, and now a total of 154 state trainers and 82 National trainers available across the country.

2.4 Ayushman Bhav Campaign

- 40 National Trainer and 339 State Trainers trained under Ayushman Bhav Campaign

2.5 Viksit Bharat Sankalp Yatra Campaign

- 169 National, 660 State and 995 District level trainers trained under VBSY campaign

CP/CPHC 03 - Planning and Support to States

3.1 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

3.2 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 revised MOU is effective from 1st April 2021 to 31st March 2024. The MOU is extended for a further period of 1 year on mutual agreement till 31st March 2025.
- Number of ASHAs Registered 1,47,629*
- Number of ASHAs Enrolled/ Appeared in Exam 1,31,960*
- Number of ASHAs Certified 107,217*
- (*Data as on 31st March 2024)
- Currently 21 States/UTs, Arunachal Pradesh, Assam, Chhattisgarh, Delhi, Gujarat, Himachal Pradesh, J&K, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Sikkim, Tripura and Uttarakhand are rolling out the ASHA Certification.

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

The division undertook visits to twenty-one states i.e. Himachal Pradesh, Haryana, Uttarakhand, Jammu & Kashmir, Gujarat, Assam, Odisha, Chhattisgarh, Bihar, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Punjab, Telangana, Assam, Arunachal Pradesh, Tamil Nadu, Uttar Pradesh, Ladakh, Rajasthan.

CP/CPHC 04 - Information Technology

4.1 Support development and implementation of Ayushman Arogya Mandir Portal 2.0/ application 2.0

- Ayushman Arogya Mandir Portal reports have been redesigned to support states and MoHFW for better utilization of Portal and monitor performance of states in operationalizing AAMs against the set targets.
- Following features have been upgraded in the Ayushman Arogya Mandir portal -
 - The revised profile entry forms for SHC, PHC, UPHC, UHWC/AAM and AYUSH-AAM have been rolled out on Ayushman Arogya Mandir portal.
 - Entries and report download of new facilities such as AYUSH-AAM and UAAM have been enabled on Ayushman Arogya Mandir portal.
 - Event entry forms for the Ayushman Bhav campaign were created and enabled on the portal for data entry by states.
 - A dedicated planning module was also developed to manage events related to the Ayushman Bhav campaign.
 - An upgraded version of the facility image upload feature with GPS coordinates for Ayushman Arogya Mandir branding has been implemented.
- A document outlining the functional requirements for Ayushman Arogya Mandir portal/application 2.0 has been drafted.
- Initiated design and development of Ayushman Arogya Mandir portal 2.0 with the following additions—
 - Capture feedback from the community for quality improvement
 - Navigation of nearest Ayushman Arogya Mandirs
 - Tracking of drugs and diagnostics availability
 - Monitoring Services at Block Level (Multilevel User Access)
 - Tracking and Monitoring of PBI & TBI
 - Activity Planner for Annual health calendar days and JAS meetings
 - Appointment System for Beneficiary

4.2 Training of States on new features of Ayushman Arogya Mandir portal/application

- Orientation of State and District Officials of Telangana on Ayushman Arogya Mandir Portal on 6th December 2023
- Orientation of State and District AYUSH Officials on Ayushman Arogya Mandir Portal on 7th June 2023
- Orientation Meeting on Ayushman Bhav planning and reporting events in Ayushman Arogya Mandir portal and Application on 12th September 2023

4.3 Support development and operationalization of CPHC application inclusive of all 12 packages of services

- Integration of Ayushman Arogya Mandir portal with NP NCD application has been completed.
- Transition of IHCI Simple application to NP NCD IT system has been completed for all States.

CP/CPHC 05 - Collaborations

5.1 Innovation and Learning Centres (ILC)

5.1.1. The following initiatives has been taken by the ILCs in FY 23-24:

- Revival and functioning of VHSNCs involving the primary healthcare team (CPHC ILC AIIMS Delhi)
- Creation of patient support groups (diabetes & hypertension) (CPHC ILC AIIMS-Delhi & CPHC ILC VKK, Assam)
- Community campaigns for overall awareness of available CPHC services and mobilisation (CPHC ILC KHPT)
- Communication and BCC activities to influence health-seeking behaviour in improving demand for CPHC services. (CPHC ILC KHPT)
- Awareness talks during Gram Sabha Meeting to promote early screening of NCDs, awareness on promotion and prevention of diseases during Yoga camps and importance of VHSNC meetings. (CPHC ILC VKK, Assam)
- Personality developments camps and visual acuity assessment for CHO (CPHC ILC VKK, Assam)
- Strengthening of MAS and formation of ward committees (urban areas) (CPHC ILC-KHPT)
- Development of community-based models for delivery of CPHC via assessment and supportive supervision visit (All CPHC ILCs- Bhaikaka University, PGIMER Chandigarh, KHPT, AIIMS Delhi, VKK Assam)

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

- Implementing a structured weekly schedule (CHO) and know your population chart at Ayushman Arogya Mandir – ILC-AIIMS, Delhi
- Tele-mentoring of CHOs through ECHO platform and trainings – ILC-AIIMS, Delhi
- 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
- Leadership and change management skills training for CHO, MPHW and Frontline workers (CHOs) - ILC-BU Gujarat & ILC-PGIMER, Chandigarh
- Behaviour Change Communication (BCC) training for adherence to treatment for common NCDs (non-communicable diseases) and lifestyle modifications - ILC-BU Gujarat
- Use of PRA tools for needs assessment at Ayushman Arogya Mandir and its subsequent refresher trainings when required - ILC-BU Gujarat
- Team Huddle meetings - ILC-BU Gujarat & ILC PGIMER, Chandigarh
- Developed herbal gardens at Ayushman Arogya Mandir– ILC-VKK, Assam
- Formation of Patient support groups – ILC-VKK, Assam and ILC-AIIMS, Delhi
- NQAS related supportive supervision and handholding in support with District Quality Team: Quality tool training, CAPA analysis, Prescription Audit – ILC-PGIMER, Chandigarh

- Jan Aarogya Samiti (JAS) have been constituted in all 32 SC-AAMs and they are operational as per JAS guidelines in the ILC block since May 2022 – ILC-PGIMER, Chandigarh
- Annual Wellness Days Calendar prepared by ILC for celebrating wellness days in Ayushman Arogya Mandirs has been approved to be replicated overall in the State of Punjab – ILC-PGIMER, Chandigarh
- Formation of educator groups – ILC PGIMER, Chandigarh
- Handholding for revival and functioning of VHSNC/ MAS- ILC-PGIMER, Chandigarh
- ASHA guide- book prepared and training session conducted – ILC-PGIMER, Chandigarh
- Stakeholder, community and expert consultations workshops – MAS – ILC-KHPT
- Ward committee formation & capacity building – ILC-KHPT
- Facilitation of creation of Ab-Ark Cards for vulnerable community in collaboration with PHCs and promoting CPHC services utilisation – ILC-KHPT

5.1.3 CPHC ILC Supportive supervision visits:

- Nuh, Haryana (AIIMS, Delhi)
- Dahod, Gujarat (Bhaikaka University)
- Bengaluru & Mysuru, Karnataka (KHPT)
- Karbi Anglong district, Assam (VKK)

CP/CPHC 06 - Research

6.1. Published paper

- ✓ **Published:**
Purohit N, Goyal A, Rairker AB, Balasubramanya MA, Kotwal A, Prinja S. Strengthening comprehensive primary health care through Ayushman Bharat: Role of demand and supply-side interventions. Indian J Public Health 2023. ILC –PGIMER, Chandigarh
- ✓ **Manuscript accepted for publication:**
Purohit N, Avasthi K, Rairker R, Kumari S, Kotwal A, Prinja S. Exploring community participation through local health facility committees in Punjab: Extent of decision space, capacity, and accountability. 2023 –ILC, PGIMER Chandigarh
- ✓ **Manuscript submitted to a journal for publication:**
Purohit N, Kaur M, Kshirsagar S, Balasubramanya MA, Kotwal A, Prinja S. Enablers and barriers to work performance: A mixed methods assessment of Ayushman Bharat- Health and Wellness Centres in Punjab. Journal of Health Management. 2023. Under review- ILC, PGIMER Chandigarh
- ✓ Situational analysis of decentralized governance through local health facility committees in a northern state of India. In the draft finalization stage- ILC, PGIMER Chandigarh
- ✓ **Manuscript accepted for publication:** “A scoping review of research on Comprehensive Primary Health Care in India” in Online Journal of Health and Allied Sciences – ILC-BU, Gujarat
- ✓ **Draft manuscript prepared:** “Formative assessment of Jan Arogya Samiti implementation in a tribal setting in India: Stakeholder perspectives and solutions” – ILC-BU, Gujarat
- ✓ Documentation of 25 case stories in the form of “Voices from field”. – ILC-BU, Gujarat

6.2 Participation in NPHICON 2024

1. Oral Presentation - A mixed method study on performance motivation of ASHAs: comparison across different incentive systems
2. Poster Presentation – Burden of Hypertension and Diabetes in India: A secondary analysis of National Portal and Survey data
3. Poster Presentation - Exploring the role of CHO in delivering CPHC: A mixed method study at Ayushman Arogya Mandir in India
4. Ayushman Arogya Mandir: An exploration of the pathway to UHC in India
5. Poster Presentation – Models of ASHA programmes in Urban and Peri-urban areas: A qualitative study

6.3 Research and Evaluation

Process evaluation of national level scale up of capacity building of JAS in Rural and Urban areas

Under the National Health Mission, the Jan Arogya Samiti (JAS) is a facility-based institution established to strengthen the health facilities by involving Civil society. A study in 10 states is being undertaken to understand the effective functionality and routine meetings of this platform. Visits in six states have been already undertaken.

CP/CPHC 07 - CHO Mentoring

7.1 Support States in Implementation of CHO mentoring Program

- CHO Mentoring project is aimed at providing high-quality, on-the-job training, mentoring, and supportive supervision for the CHO. This will improve the knowledge, skill & attitude of CHO and enhance the quality of service delivery at the Ayushman Arogya Mandir facilities.
- NHSRC supports State to identify State Mentors (SMs) based on eligibility criteria, identify CHOs to be assigned to each SMs and to support mentorship by linking CHOs with SMs

CP/CPHC 08 - Documentation of good and replicable Practices

8.1 Layout design and printing of publications-research/training modules/guidelines/videos and communication

- Published the annual ASHA update 2022-2023 and ASHA Update 2023-24 is being prepared
- Operational Guidelines - Ayushman Bhav
- Booklets on Ayushman Bharat – AAM for Ayushman Arogya Mandir day, G20

Videos:

- Ayushman Arogya Mandir for AKAM, G-20 Summit, AYUSHMAN BHAV
- ASHA for G-20 Summit

CP/CPHC 09 - Other Activities done by the Division

9.1 Events:

The division has organised, participated and preparatory work in various events, workshops and conferences:

- Vibrant Village Charang Khas, Kinnaur, Himachal Pradesh (2nd to 4th May 2023)
- AKAM-Ayushman Bharat Pakhwada
- Anniversary of Ayushman Arogya Mandir
- Arogya Manthan Expo
- G-20 Summit
- IITF
- Vibrant Gujarat Summit
- Bharat Parv Event
- 2-day Workshop to develop module on health for Aspirational Block Programme
- Conference on World Mental Health Day (10th October 2023)
- Workshop on strengthening mental health services in India at NIMHANS (9th January 2024)
- Visit to capture success stories at Ayushman Arogya Mandir (J&K, Odisha, Uttar Pradesh, Meghalaya)

9.2 Social Media

The social media channels for Ayushman Arogya Mandir - Arogyam Paramam Dhanam have been active since 13th March 2020 (previously known as Ayushman Bharat Health and Wellness Centre) on Facebook, Instagram and Twitter. The follower base for the channels have grown via organic engagements since inception. Twitter has 15,647 followers; Facebook has 8,834 followers and Instagram has 4,377 followers (as of 31st March 2024).

Some of the broad content buckets that have been retained or introduced through the year for communication on social media are - showcasing weekly data updates (NCD screenings, wellness sessions, footfalls, functional Ayushman Arogya Mandirs), discussing services and community processes and platforms, tapping on to popular trends, creating storytelling formats, focus days etc.

A total of 154 (Hindi) posts have been published on Facebook, 346 posts (English) have been published on twitter and 274 posts (English) have been published on Instagram from May 2023 to March 2024.

9.3 National Sickle Cell Anaemia Elimination Mission

The division was involved in providing policy and technical support for planning and implementation of National Sickle Cell Anaemia Elimination Mission.

9.4 Key deliverables accomplished:

- Guidelines for National Programme for Prevention and Management of Sickle Cell Disease
- Training manuals on prevention and Management of Sickle Cell Disease for Medical Officers, Community Health Officer, Staff Nurses, MPWs/ ASHA

- Collaborated with Ministry of Tribal Affairs in the development of awareness and counselling modules
- Supported the launch of National Sickle Cell Anaemia Elimination Mission on 1st July, 2023 at Shahdol, Madhya Pradesh
- Constituted Technical Committee and provided technical inputs on:
 1. Use of Dried Blood Spot samples in HPLC/ Capillary Electrophoresis method for screening of adults for Sickle Cell Disease and Thalassemia disease
 2. Protocol for Hydroxyurea initiation and follow up for Community Health Officers
 3. Setting up of centres of competence
 4. Role of chorionic villus sampling
 5. Inputs on Standard Treatment Guidelines for Sickle Cell Disease
 6. Procurement of sickle cell cards at central level
 7. Presentation for weekly Secretary and State Reviews Meetings
 8. Costing norms for haemoglobinopathies and other blood cell proposals
 9. Evaluation of haemophilia non-factor drug - Emicizumab

9.5 Participated in the Module development

- Medical Officers on NP-NCD: Contributed to module development for Medical Officers on NP-NCD in consultative workshop held on 26th – 28th June 2023
- Development of National Oral Health Policy Workshop held on 4th-5th Dec '23
- Development of Health Modules as part of Aspirational Blocks Program held at NIRDPR, Hyderabad, from 21st-22nd Nov '23

9.6 Development of ASHA ChatBot

It is a conversational AI agent to aid in knowledge retrieval to allow ASHA to carry out daily activities effectively. This will enable ASHA to ask questions and receive responses pertaining to knowledge (training material, best practices and guidelines) for their defined roles and responsibilities. The solution will serve as an in-service tool and will also help in generating a corpus of questions being asked along with demographic tags that can be used for future capacity building initiatives. The solution can be scaled to healthcare workers via android app, web app, and through health call centres. Pilot visit in Bahraich and Barabanki, Uttar Pradesh, to collect dialect capturing from ASHAs has been completed.

II. HEALTHCARE FINANCING (HCF)

Key Deliverables

1. Finalization of National Health Account estimates of India.
2. State Health Account for Selected States in India.
3. Research Studies

Team Composition

Sanctioned Posts	In Position	Vacancy
Advisor (0)	0	0
Lead Consultant (1)	1	0
Senior Consultant (1)	0	1
Consultant (2)	2	0
Total - 4	3	1

Areas of Work

HCF 01- Finalization of National Health Account Estimates of India

Estimation of the National Health Account (NHA) is one of the prime activities of the HCF division. In the given financial year, the HCF team released the report of NHA 2019-20 and finished the expert committee meeting for NHA 2020-21 on 23rd August 2023. Following expert group meetings, NHA 2020-21 estimates were presented to AS & MD, the Secretary, and HFM. The team has finalized the estimates for NHA 2021-22, and the expert group was conducted under the chairmanship of EA, MoHFW on 12th July 2024.

HCF 02 - State Health Accounts

The division has prepared State Health Accounts (SHA) for 12 states for the FY 2019-20. The estimates have been finalized and uploaded to the website. The team has presented before SHSRC Maharashtra. The team is currently in the process of presenting SHA estimates to the state officials.

HCF 03 - Report on health Expenditure by local bodies

The team has prepared the draft report on Health Expenditure by Rural Local Bodies

HCF 04 - Costing Studies

The team has undertaken a costing study to estimate the normative costs of service delivery for 5 National Health Programmes- National TB Elimination Programme, National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), National TB Elimination Programme (NTEP), National Mental Health Programme (NMHP), National Vector Borne Disease Control Programme (NVBDCP), and National Programme for Prevention & Management of Trauma & Burn Injuries (NPPMT&BI). Normative Costs are then used to

measure the financial gap for each of the 5 programmes. The team has presented the findings to AS & FA and the draft report has been finalised.

HCF 05 - Research Studies

The team has undertaken several studies during the year. The team currently has prepared the report on the study on substitution effect between inpatient and outpatient care and has submitted it to a journal for publication. For the study on methodological issues related Health Inflation Index in India, a draft report has been prepared. The team has also undertaken a study on institution deliveries and the draft report for the same has been prepared. Other than these two studies, the team is also currently undertaking studies on Institutional Deliveries, Health Expenditure by Enterprises, and on Catastrophic Health Expenditure.

III. HEALTH CARE TECHNOLOGY (HCT)

Key Deliverables

1. Prepare operational/ guidance notes.
2. Prepare technical specifications for medical devices as per the IPHS 2022 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. No	Sanctioned Position	In - Position	Vacancy
1.	Advisor (1)	01	00
2.	Lead Consultant (1)	01	00
3.	Senior Consultant (2)	01	01
4.	Consultant (7)	06	01
Total - 11		09	02

Areas of Work

HCT 01 - Prepare operational/ guidance notes-

Provided inputs on guidance notes on Decentralize Renewable Energy (DRE) for public healthcare facilities. Prepared a guidance document for utilizing drone services in healthcare delivery and submitted it to MoHFW for dissemination to States/UTs. Developed guidance document for States/UTs on rational utilisation of oxygen assets in collaboration with development partners.

HCT02 - Prepare technical specifications for Medical Devices as per IPHS guidelines.

Developed and updated 398 technical specifications of medical equipment (facility and category wise) as per IPHS 2022.

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

Organized a National Workshop on Biomedical Equipment Management and Maintenance Program for States/UTs on 01st September 2023. Guided States/UTs (Andhra, Goa, Tripura, Assam, Chhattisgarh) for smooth transition for the second term of engaging the service provider under BMMP. Developed revised bid document with focus on strengthening quality and monitoring aspects of BMMP deliverables and uploaded on website.

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

Supporting States/UTs in strengthening the sample transportation in diagnostics.

Represented India in WHO –SEARO workshop held at Jakarta, Indonesia on 13-15th September 2023. Topic - Improving access to IVD at primary healthcare level in SEARO countries.

Conducted study on sample transportation with WHO (India) and IIHMR.

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

Conducted national workshop on ‘One Nation- One Dialysis- An Introspection’ on 9th June 2023. Prepared Revised bid document on HD services in PPP mode and uploaded on website. Supported States/UTs in expansion and scaling up dialysis services. (Achieved in 745 districts). Trained 2790 NHM officials in PMNDP portal use and data entry.

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

National Workshop on improving AERB compliance for States/UTs on 01st September 2023. Guided States/UTs on improving AERB compliance in public health facilities.

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

Completed Progress Report on Health Technology Assessment of Breast Cancer Screening Techniques in India and submitted it to DHR. Conducted HTA of various Rapid diagnostic kits for the diagnosis of Sickle Cell Anaemia and developed draft technical specifications.

Developed revised concept note on innovation health product appraisal.

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

Provided technical support to Materiovigilance Program, CDSCO, BIS, QCI, NPPA, DoP, NCCVMRC in matters related to Medical Devices.

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

Represented India in WHO –SEARO workshop held at Jakarta, Indonesia on 13-15th September 2023. Topic - Improving access to IVD at primary healthcare level in SEARO countries.

HCT 10 - Training and Capacity Building in States/UTs

Developing videos for frontline users of complex medical equipment in public health facilities.

IV. HUMAN RESOURCES FOR HEALTH AND HEALTH POLICY AND INTEGRATED PLANNING (HRH & 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. Monitor through HRMIS/HMIS. Develop open source simplified HRIS for small states and UTs
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 NUHM in strengthening HRH practices. NUHM to be part of all studies.
7. Undertake assessments, rapid reviews, and analysis to improve HRH and use of evidence in planning.

Team Composition

S. No	Sanctioned Position	In Position	Vacancy
1.	Advisor (1)	01	00
2.	Lead Consultant (1)	01	00
3.	Senior Consultant (4)	01	03
4.	Consultant (8)	04	04
Total - 14		07	07

Areas Of Work

HRH 01 - Planning Support and Advocacy

1.1. Support Aspirational districts in strengthening the planning and implementation of DHAPs (at least 4 districts)

The team has carried out an in-depth assessment of the health situation in two aspirational districts of Bihar (Khagaria, Purnea) through secondary analysis. Based on the same, draft toolkits have been prepared for primary data collection and develop a prospective HRH plan.

The team has also visited the aspirational block (Jagdishpur in Bhagalpur district) to assess the performance of the block against the seven key performance indicators.

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

The PIP budget format of FY 2022-24 was simplified and reduced to 200 budget lines. The same format has been used for the PIP 2024-26. The HRH team conducted an orientation meeting to discuss the NHM PIP for FY 2024-26 for the newly joined officers and consultants of all Programme Divisions of MoHFW, NHSRC and RRC-NE on 26th August

2023 at NHSRC. The meeting focused on understanding the PIP process, historical background, the changes happened over the years, the cardinal rules of PIP and the expected roles of consultants engaged in PIP. In the session, the challenges faced by the consultants in the current process and the suggestions were also discussed and the minutes were shared with MoHFW for consideration. A Video Conference with States/UTs to discuss and guide them in preparing the proposals pertain to Human Resources for Health conducted in August' 23. The SPMs and planning teams including HR nodal participated from all states/UTs.

Inputs on revision of the key deliverables of ROP and framework for conditionalities were shared with MoHFW. Also, the draft ROP format has been drafted and shared with MoHFW.

The proposals pertaining to HRH, training, planning and programme management in the PIP submitted by the states in the PIP 2024-26 have been appraised and inputs is being provided to MoHFW for making evidence-based decisions. The progress made by the states on the key deliverables of HRH were constantly monitored. The progress for the current year and the targets for FY 2024-26 were discussed in the pre-NPCC and NPCC meetings.

The HRH-HPIP team has also been coordinating on behalf of the NHSRC PIP Support Team. The PIP support team includes members from all the divisions of NHSRC. This team has been coordinating all the divisions of NHSRC for compilation of inputs on the PIP and sharing the same with MoHFW.

1.3. Conditionality Assessment mid-year (FY 23-24) and final (FY 22-23)

The final Assessment of key conditionalities of FY 2022-23 was carried out and shared with MoHFW. The mid-term assessment of conditionality of FY 2023-24 has been done.

HRH 02 - Providing Technical Assistance in HRH

2.1 Support States in HRH situation analysis and developing prospective HRH plan (as per state requirement)

Development of HRH strategy is one of the resolutions in 14th CCHFW - Chintan Shivir held in May 2022. The HRH team has been supporting seven states (Kerala, Tamil Nadu, Uttar Pradesh, Punjab, Odisha, Meghalaya and Andhra Pradesh)¹ in developing state specific HRH Strategy. As an initial step, a suggested template for the HRH strategy was shared with the states in March 2023.

HRH strategy development in the seven priority states is also one of the DLIs for EHSDP. A national level workshop on EHSDP was organised in NHSRC on 10th May'23. During the workshop, discussions with the Secretaries and Mission Directors of the seven states covered the current HRH context, challenges, need for an HRH strategy and proposed steps, templates and way forward. A three-day workshop was organized the team in collaboration IIMA in September' 23. The subsequent step involved sharing of a suggestive template for conducting a Situational Analysis with the states. This intends to nudge the states to assess their current context, identifying the key strengths and areas to be addressed by the HRH Strategy in the short, medium, and long term. A virtual meeting has been scheduled on 17th January 2024, to discuss these in details and respond to any queries from the states.

¹ Enhanced Health Service Delivery Program (EHSDP) states

The team has been providing technical inputs on the draft policy for creating specialist cadre for the state of Assam and Meghalaya and posting and transfer policy of Meghalaya.

2.2 Monitor through HRMIS (where available)/ HMIS

The status of HRH as per the ROP key deliverables are monitored on quarterly basis. An HRH index, developed in 2021-22 to monitor the availability of both regular and contractual HR in the main service delivery cadres is being used to nudge the States into taking concrete steps towards creating required posts and filling of vacancies. The performance of the state is constantly monitored under e-SAMIKSHA, and progress reports are submitted to MoHFW.

2.3 Support strengthening of Integrated HR Cell, Follow-up on recruitment of posts under NHM

The state of Tripura requested HRH-HPIP team of NHSRC to support the state in rationalising the salaries of the HRH engaged under NHM. The HRH-HPIP team along with the core team of SHS Tripura, conducted a comprehensive analysis and explored various models. Accordingly, the best suited salary structures were suggested to the states. As a part of the rationalization process, the state of Tripura was also suggested to integrate both service delivery and programme management posts.

Regular follow-ups on the recruitment of posts under NHM are also being conducted. To support the states in conducting recruitment, two HR Recruitment Agencies were empanelled in 2022 for a period of two years.

2.4 Analyse HR data and update the State wise report of HR Infographics 22-23

The State wise HRH Infographics has been developed and shared for final review.

HRH 03 - Assessments and Studies

3.1 Assessment of Program Management Units in the state, both NRHM and NUHM including CPMU and DPMUs including coordination with Municipal corporations for NUHM: Would be taken up for Uttar Pradesh in FY 2024-25.

3.2 Study on utilization of Laboratory Technicians in States

Data collection has been completed. Draft report for one state has been prepared.

3.3 HRH audit in states (at least 2)

HRH Audit has been conducted in one state in FY 2023-24 – Uttar Pradesh.

3.4 Comparison of NHM MIS and RHS HRH data and their streamlining

A meeting has been held with the Stats division of MoHFW to discuss on streamlining the HRH data reported in RHS.

HRH-HPIP team has also assessed the HRH related gaps reported in the NHM MIS. The team is developing a Standard Operating Process (SOP) for Preparing NHM MIS Report. A meeting was conducted with the Stats division and accordingly corrective measures will be suggested.

An online workshop of HRH Nodal Officer and the Monitoring and Evaluation Nodal Officers of all states were conducted in May 2024 to orient them on NHM-MIS reporting, address the

discrepancies found on the NHM MIS platform and resolve the queries related to reporting. The orientation has led to improvement in the data quality reported in the NHM MIS platform.

3.5 Time and Motion Study in 3 states of India

A time and motional study is underway 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/AAM Sub Centre-Health. An agency was engaged to help in conducting the time and motion study in three states. Data collection has been completed in all three states and data analysis is underway.

HRH 04 - Capacity Building

4.1 Regional/state Review Meetings for HRH strategy and planning

In September' 23, a three-day workshop was organized by the NHSRC HRH-HPIP team in collaboration with the Indian Institute of Management Ahmedabad (IIMA). The workshop intended to strengthen the state's capacities in developing a comprehensive state-specific HRH strategy. The workshop was attended by the senior-level officer from regular cadre who looks after HRH and Mission Directors of the EHSDP states.

4.2 Second phase induction of newly recruited MOs

In an endeavour to augment the competence of Medical Officers (MO) entering the public health system, the HRH-HPIP team is developing a model Induction Training for Medical Officers. The first phase involving a 'Pilot batch' of the training was conducted in January'23, with 30 Medical Officers from Uttarakhand. Since then, the HRH-HPIP team has been in touch with the MOs in online mode through handholding sessions. A total of seven online sessions were organised. The second phase of the physical training for the same cohort of MOs was conducted between 15th to 19th January, 2024.

4.3 Capacity building of Program managers of State and districts. Modules to be prepared and piloted

A training on the RMNCAH+N program exclusively for State and District Program Managers (S/DPMs) was conducted for the state of Odisha. The training commenced in March'23 and the sessions were conducted online on every second and fourth Saturdays. Approximately 40 participants, who are supporting the different components of RMNCAH+N at State and District level attended this comprehensive training programme. The post-test was attempted by 39 participants among which certificate was awarded to 29.

From 12th to 23rd June'23, a capsule course in Public Health was organised specially for the State and District Program Managers. The training spanned ten days with live interactive sessions held daily online from 2:00 - 3:30 pm. A total 132 SPMs and DPMs from 21 states participated. Among them, 30 participants received Certificate of Excellence, while the remaining attendees were awarded Certificate of Participation.

Considering the multi-faceted role of the State Programme Managers (SPMs), a focused capacity building workshop has been planned for them in March' 24.

4.4 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.

HRH 05 - Partnerships

5.1 Explore partnership with institutions and individuals for capacity building of States, districts, and blocks. Collaborate with medical colleges, Nursing institutes for creating awareness of HRH requirement of NHM in the States

- Collaborated with IIM-Ahmedabad on capacity building of HRH.
- Collaborated with NIHFWS, PGI and IIPH-G on various trainings related to HRH and planning.

5.2 Collaborate with NE RRC, SHSRC, PRCs for planning, HRH and monitoring

Collaborated with NE RRC on HRH and Planning

- Reform in health workforce cadre Workshop' organized by RRC-NE
- Aspirational District workshop for NE States
- North-east regions review cum technical support workshop on Aspirational block programme and vibrant villages programme

HRH 06 - Other Technical support

6.1 State based support for HR or planning related needs, documentation of good practices Support provided to states on developing TORs, HR rationalization and planning as and when requested by the states.

Documentations:

- OpEd on Improving HRH Availability
- Documentation of the attendance monitoring system (AMS) of Uttar Pradesh.
- Documentation of Palliative Care Initiative in Kerala
- AB-HWC evaluation visit in Uttar Pradesh

6.2 Salary Rationalization support to Tripura

At the behest of the Secretary, State Department of H&FW, HRH division helped the State in revising and rationalizing the salaries of the NHM HRH. Principles of rationalization was agreed with the State. Alternatives were presented and the final decision on the alternative for implementation was taken by the State Health Secretary and MD NHM.

6.3 Dissemination and printing of policy briefs, assessments, and reports

Printing has not been done but the PDF versions of reports have been uploaded on the NHSRC website.

6.4 Creation of short films on HRH for social media

Video of HRH workers and their short interviews captured on mobile.

V. INFORMATION TECHNOLOGY (IT)

Key Deliverables

1. Integration of IT based solutions, applications functional under different divisions within MoHFW/NHM
2. Support core Information Technology and digital initiatives within NHM.
3. Digital Health advisory, consulting, directions, and guidelines to support states.
4. 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.
5. Support National Health Innovation/Good practices portal and troubleshooting.
6. 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.
7. 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

S.No	Designation (sanctioned)	In Position	Vacant
1.	Advisor (1)	1	0
2.	Team through NCD	8	0
3.	Team through ADB	7	0
4.	Team through NHSRC (external consultancy)	8	0
5.	Fellow & Intern	3	0
Total		27	0

Areas of work

IT 01 - Policy Support

1.1 Guidance, policy support, field evaluation

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
4. State visits – Monitoring visit Rajasthan, Meghalaya, Madhya Pradesh, evaluation of applications at health facilities
5. PIP review and inputs on IT requirements (Mid term last fiscal, and current fiscal)
6. Provided inputs to Ministry on various IT related areas over varied stakeholders
Prepared detailed technology document for various national health portals under NHM.

IT 02 - Capacity building

2.1. Enhancing capacity from technology perspective

2.1.1 Recruiting & Managing IT PMU team towards capacity building of NHM as per GB meeting action point.

- a) Creation of ToR
- b) Creation of EoI
- c) Conducted Tender process
- d) Conducted Bids & Vendor competency evaluation
- e) Shortlisting
 - Conducted interviews for other IT positions and Intern hirings.
 - Onboarded 3 external consultants for work related delivery
 - Mobilized sADB supported team of 12 members for various work executions
 - Guidance to states on Information Technology related initiatives, HR, Projects and rationalization of existing central portals.

2.2. Enhancing the efficiency of the NHM initiatives through IT Solutions for states

- Support to states in aligning and strengthening the IT Solutions (Rajasthan, MP, Karnataka, Kerala, Chattisgarh, Meghalaya, UP, Assam et al)
- Worked in supervising RFP to reduce expenditure on Cloud services.
- Support in implementation of ABHA ID
- State support to onboarding to central IT solutions
- Integrations with national health portals.
- Integrations with NPHO, Prayas etc.
- Interfacing of NCD, HWC applications and portals with NHA ABDM—~~In Progress~~
- Attaching e-learning, social media presence, digital communication channels, social assisted self-help, in various program applications and portals.

IT 03 - Service Delivery

3.1. National NCD Application

1. Reviewed functional and technical requirements of Application and Infrastructure and mobilized teams towards completion of the same.
2. State support to WB in implementing NCD Application at SDC.
3. Support in release of Simplified version of Application and rollout.
4. Drove migration of IHCI simple app to national NCD portal. Completed for all states except WB as the state is implementing National NCD portal locally.
5. Integration of NCD with Prayas Portal.
6. Infrastructure related payment issue resolved
7. NCD Cloud RFP prepared and floated.
8. Tendering and bid award completed.
9. Current status is under pre-migration phase.
 - a) NHSRC lead the NCD Cloud migration part of the RFP.
 - b) Substantial annual cost saving shall be achieved post migration.
 - c) Appx saving projected >50% (~5-6 Cr annual)

3.2 IT Solutions for Quality & Patient Safety to support states achieve NQAS / related standards for health facilities

SaQsham has been finally rolled out for various states as per plan.

- Planning and support in migration of Gunak to CDAC platform.
- Initiated guidance on Security Testing of Gunak & vulnerability fixations.
- Support in issue resolution under UAT
- Pre-release planning
- Vendor evaluation for Mera Asptaal
- Integration planning for DVDMS

3.3 IT Solutions for CPHC to support operationalization and quality

- Several enhancements have been made to AAM portal during the year within technology and manpower constraints.
- Onboarding of Vendor for AAM portal Support.
- Assessment of features and feasibility of implementations, conditionality resolutions.
- Integrations of AAM portal with other national portals (NCD, Prayas, A Bhav et al)
- Supervised the EoI for AAM 2.0 from functional and technical perspective. The proposal under approval from Ministry.

3.4. IT Solutions for Public Health Administration to help support state in achieving the standards in administration of public health

- Preparation for requirement documents towards e-Supportive Supervision portal. The Portal work has been handed over by the Vendor as the project has been called off.

3.5. IT Solutions for HRH/HRIS to help support states plan & strengthen manpower

- Review conducted for HRIS application. Phase 2 review under progress.

IT 04 - Strengthening

4.1. Strengthening digital health ecosystem

- Supported implementation and field testing for ABHA ID implementation and roll out.
- Supported for demo-auth implementation with respect to ABHA ID creation.
- Achieved ~ 7 Cr ABHA ID.
- Partner support to establish M1/M2/M3 architecture for NCD Application. M1 & M2 achieved.

4.2. Support to Ministry

- Time to time support provided to Ministry for works related to technology, administration guidance.
- System support to Ayushman Bhav launch.
- System Support to Viksit Bharat Sankalp Yatra.

IT 05 - IT Governance

5.1 Risk Management

- Guidelines for Data management and security under progress.
- Security Audits for various portals.
- Security review of the applications.

IT 06 - Other activities

- Planning, implementation, delivery, orientation, launch videos on Ayushman Bhav (saturation measurement of various health schemes).
- Integration of NCD, SCD, ABHA, PMJAY, Nikshay with Ayushman Bhav.
- Inclusion of Data capture at CHC level (Secondary care)
- Planning, implementation, delivery, orientation of Viksit Bharat Sankalp Yatra, Integration with Agri portal.
- Planning implementation, delivery, orientation of National Healthcare Innovation portal (NHInP).
- Maintenance & Management of SASHAKT Portal.
- Review of RBSK portal

VI. 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. Support the Urban Health Cell within NHSRC for 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. Support roll-out of Tele MANAS across states/UTs.
13. Support for knowledge networks and partnerships.

Team Composition

S.No	Designation (sanctioned)	In Position	Vacant
1.	Advisor	0	0
2.	Lead Consultant (1)	1	0
3.	Sr. Consultant (4)	2	2
4.	Consultant (9)	6	3
5.	Secretarial Executive (1)	1	0
Total		10	5

Areas of work

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

1.1 IR HSS framework

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 to guide states/UTs and relevant stakeholders on IR HSS. The framework has been approved by MoHFW and uploaded on NHSRC official website.

1.2 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 Scientific Advisory Committee (SAC) 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, and 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. The team at NHSRC also helped in finalizing the methodology and provided technical inputs on data collection tools. Support was provided to facilitate interaction with State for all institutions as required. Subsequently, most of the organizations initiated their data collection process from March 2023.

During the data collection process, the NHSRC team visited the study sites for monitoring the data collection process of studies conducted by the empanelled institutes. Feedback was shared with the institutions to improve the quality of the data collected. Moreover, the progress of all studies was reviewed on a periodic basis through narrative progress reports as well as virtual and in-person meetings.

As of July 2024, we have received drafts of the reports from AMS (01/01), IIHMR-B (01/01), IIHMR-D (02/02), IIHMR-J (01/02) and PHRN (01/01). The reports of IIHMR-B's CHO study and PHRN's treatment adherence to hypertension and diabetes study has also been finalised. Remaining reports from AMS, IIHMR-D and IIHMR-J are currently under revision based on the feedback provided and will be finalized shortly.

As IIHMR-B has successfully developed a tool to assess the ability and quality of care delivered by CHOs, the institute will subsequently be supporting IIHMR-J's CHO study that

has the same objective. This has also developed as an opportunity to validate the tool developed by IIHMR-B. IIHMR-J and IIHMR-B is now yet to begin training the field investigators to initiate data collection. NHSRC is providing necessary support and supervision in this collaborative activity.

1.3 Updates on third round of IR HSS

Division is 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. A priority setting consultation is being planned to identify research areas under Health Systems Strengthening, which would finalize the studies under third round of IR HSS.

1.4 Institutional Ethics Committee (EC)

NHSRC has an established EC, which is responsible for scientific and ethical review of research proposals. The committee is entrusted with the initial review of research proposals prior to their initiation, and also have a continuing responsibility to regularly monitor the approved research to ensure ethical compliance during the conduct of research.

Scientific review Committee (SRC) has also been constituted in September 2023 to review the research proposals for the scientific soundness prior to ethical review of the proposed study. In 2023 the committee reviewed one study proposal which was approved after the suggested changes during the scientific review meeting were incorporated in the study.

In FY 2023-24 full committee review was held in August 2023 to review three research study proposals submitted to EC. As well, expedited reviews were conducted for two study proposals during 2023-24.

In the full committee meeting two research studies were approved by IEC with minor suggestions whereas one study proposal was not approved as the study lacked scientific rigour. It was suggested to revise the proposal and submit for a full committee review.

Among the two studies that were reviewed through an expedited process, and both were approved after incorporation of the changes suggested by IEC.

1.5 Studies and Evaluation

1.5.1 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 was presented by Principal Investigator in a meeting held under the chairmanship of AS&MD, NHM in April 2022. Another meeting in this regard was held on December 7th, 2023, chaired by JS (P), NHM, MoHFW, where the study has been formally approved. The approved report has been published in the IR-HSS domain of NHSRC's website for wider dissemination.

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

Study completed and reported formally approved by MoHFW in 2022-23.

1.5.3 Undertake Evaluation of mainstreaming AYUSH, in collaboration with AIIMS Bhubaneswar

The study was finalized and initiated in March 2020. The study was earlier undertaken by AIIMS, Bhubaneswar but later shifted to AIIMS, Bibinagar - Hyderabad, as requested by the Principal Investigator. While the data collection neared completion, a preliminary analysis was presented to NHSRC during the second TRG meeting scheduled on July 20, 2022.

The final draft of report was reviewed by NHSRC and submitted to MoHFW for approval. A meeting was held on November 22nd, 2023, chaired by AS&MD, NHM MoHFW. Based on the discussions, Minutes of the Meeting with suggested changes released in January 2024, was shared with AIIMS Bibinagar. The AIIMS team shared a revised report to NHSRC, which were in compliance with the suggestions and data availability. The report was reviewed and forwarded to the Ministry for approval on February 20, 2024. As directed by the Ministry, actionable points based on the report has been prepared and shared with MoHFW for approval and further directions on July 5, 2024.

1.5.4 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 was 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. A draft report was shared in November end 2022, for which NHSRC has provided detailed inputs with the PI and team. The final draft that was shared with NHSRC was reviewed and submitted to the Ministry on March 5, 2024. The findings were presented in a meeting on April 19, 2024, chaired by AS&MD, NHM MoHFW. The report has been approved by the Ministry and returned to NHSRC on April 24, 2024.

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

Indian Institute of Technology, Kanpur was 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 has been completed 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 was shared by IIT Kanpur, which was reviewed and revised

by NHSRC and submitted to MoHFW for review and got initial approval in a meeting held under the chairmanship of AS&MD, NHM. Another meeting in this regard was held on December 7th, 2023, chaired by JS (P), NHM, MoHFW, where the study has been formally approved. The approved report has been published in the IR-HSS domain of NHSRC's website for wider dissemination.

1.5.6 Evaluation of Rashtriya Bal Swasthya Karyakram (RBSK) in six Indian states

NHSRC is collaborating with RTI International India to undertake an evaluation of the Rashtriya Bal Swasthya Karyakram (RBSK) program across 12 districts in six states of India: Gujarat, Himachal Pradesh, Odisha, Madhya Pradesh, Tamil Nadu, and Tripura. The objective of the study is to assess components of RBSK programme and draw observations & findings from different states to present a generalisable picture of the programme at National Level along with the enablers and barriers in programme implementation. It is a cross-sectional mixed method design and data is being collected using primary and secondary sources in selected states. The states have been selected from the perspective of regional representation and availability of the DEIC in the state. The district selection is based on the availability of a functional District Early Intervention Centre (DEIC). In each identified district, two blocks have been chosen based on the availability of operational Mobile Health Teams (MHT) and RBSK performance indicators. The data collection method includes facility/household visits, in-depth interviews (IDIs) with key stakeholders at National state, district, and block level engaged in the programme, and focus group discussions (FGDs) with ASHAs and communities.

The study tools have been pilot tested in Ghaziabad district (Uttar Pradesh) during the last week of October 2023. The study has been approved by RTI's internal Institutional Review Board (IRB). The training of the field investigators has been undertaken at NHSRC on 1st and 2nd April 2024. Data collection was initiated in the last week of April' 2024 based on the dates provided by the respective states considering the election schedules in the selected districts. Data collection has been completed in 5 states- Tripura, Tamil Nadu, Madhya Pradesh, Odisha, and Gujarat. The data collection in Himachal Pradesh is ongoing and expected to be completed by first week of August'2024.

Data analysis and report writing is ongoing simultaneously.

1.5.7 HMIS assessment

During the 22nd EC meeting, NHSRC was mandated to undertake an internal assessment of HMIS. Based on the discussions and directions from the MoHFW, KMD is undertaking an Implementation Research titled "Assessment of Health Management Information System for effective utilization and improvised coverage in India" In this regard, a detailed project proposal with estimated budget was submitted to the Ministry for approval in Feb, 2024. An OM (No. 2.2801 5/32/2024-NHM-1) was issued on March 26, 2024, directing NHSRC to submit a revised proposal along with a sample state plan and compiled plans. In compliance with the issued OM, a justification of the estimated budget with detailed break-up for a sample state and overall costs for proposed activities in all 13 states/ UT was shared with Ministry on April 15, 2024.

1.5.8 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 workshops in all these five states were undertaken in collaboration with WHO between May-June’2023. Followed by orientation, a meeting with JS(P) during last week of August by teams from MoHFW, NHSRC, WHO to discuss project updates and future plans. Subsequently in September’2023 a meeting was held and teams from NHSRC and WHO discussed the process map for further planning.

Following this, a dipstick assessment was conducted by the KMD team for reviewing the activities under NCD CoC project in district Vidisha, Madhya Pradesh and district Ajmer, Rajasthan in the month of February’2024.

A meeting was conducted with WHO team in month of March 2024 at NHSRC to discuss the discrepancies observed in the checklists and the field observations. Another meeting was held at NHSRC on 10th June 2024 to get an update on the activities undertaken by WHO team so far and way forward for the coming months. Based on discussions, a virtual meeting was conducted to review the project activities with all WHO NCD CoC consultants from respective states on 5th July 2024.

A visit has been undertaken by NHSRC team in the Durg district, Chhattisgarh on 10th July’2024 and visits for Rajasthan and Meghalaya are planned between third and fourth week of July’2024.

A National consultation Workshop is planned in September’2024 (based on MoHFW approval) with selected states to disseminate the findings and develop an action plan. Following the National workshop, an Oversight Committee meeting would be planned in the coming months.

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

2.1 Research and Studies:

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

Expenditures estimates study to understand the decentralized urban primary healthcare model in six States (Jharkhand, Madhya Pradesh, Punjab, Rajasthan, Telangana and West Bengal) was conducted. The study had a multi-centric cross-sectional design involving estimates on facility-based expenditures (by Government) to deliver care and household-based expenditure (OOPE) to access care. The study included two urban primary clinics and their respective catchment community, in each city. Bottom-up costing approach from a health system perspective has been used to come up with estimates. This implies that all the resources which are used for delivering a service, irrespective of who pays for it, were identified, measured, and accounted. Data on resources utilized and prices was collected for one complete year. Data collection and Data analysis has been completed and first draft of report has been prepared.

b. Study on utilization of eSanjeevani/Telemedicine study

The study was 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 draft report has been prepared and submitted to MoHFW for review and further directions. Report provides insights into the current state of telemedicine services, highlighting both its immense potential and the challenges that need to be addressed for its widespread adoption and success. Regional disparities in awareness and utilization emphasize the need for targeted interventions to ensure inclusivity and tailored support for different communities.

c. Assessment of IT-enabled Supply Chain Management of medicines in Public Healthcare facilities

The study intends to understand the state-specific IT-enabled supply chain management systems in Tamil Nadu and Kerala in facilitating timely and sufficient access to quality medicines down to the last mile. After the study was finalized, pilot visits to both states were undertaken to test the tool across the levels of health care facilities. The tools were adapted based on the pilot visits and inputs from the state including SHSRCs. It has been planned to cover the assessment sites in Tamil Nadu first, followed by Kerala, given the differences in the supply chain systems, and thereby the tool structure.

Data collection in Tamil Nadu has been completed. The assessment districts were Chennai, Coimbatore, Cuddalore, Namakkal, Krishnagiri and Tenkasi. Assessment sites include – PHCs, CHCs, SDHs, DHs, Warehouses, Tamil Nadu State Medical Service Corporation and State NHM Office. Data collection in Kerala has begun and would be completed by mid of August 2024. The districts selected for the assessment include Idukki, Kozhikode, Thrissur, Palakkad and Trivandrum. The sites covered are FHCs, Block FHCs/ CHCs, THQs, DHs, Warehouses and Kerala State Medical Service Corporation Limited.

d. Comprehensive analysis of the public health functions of the District Hospital converted to Medical Colleges: A comparative study.

A study to assess the functioning of District Hospitals upgraded to medical colleges in comparison to District Hospitals not upgraded to Medical Colleges was conducted to understand changes in the functionality and public health functions of District Hospitals upgraded to medical colleges. The data was collected between April & June 2023. It was observed that upgradation of District Hospitals to Medical colleges had compromised public health functioning thereby impacting NHM initiatives. Draft report has been prepared and submitted to MoHFW, followed by a presentation made to MoHFW in April 2024 in a meeting chaired by AS&MD, NHM MoHFW.

2.2 Capacity Building in research

A workshop is being planned in the month of February September 2024, based on the availability of the resource person, with special focus on statistical software.

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.

The studies being proposed through PIP are also reviewed for timely inputs to states/UT. In the PIP FY 2024-26, 68 research proposals from States and UTs were reviewed by the Knowledge Management division and accordingly, inputs were provided to the States /UTs.

KMD 04 - Support the Urban Health Cell within NHSRC for NUHM activities

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 has also contributed in providing inputs and revision of the NUHM framework.

KMD 05 - Supporting Tribal Health related activities.

Division participated in activities related to, and provided technical inputs for, Tribal Health Cell, Tribal Health collaborative, and other tribal health related programs, and parliamentary questions. Division also participated in Task Force constituted for Sickle Cell Mission, and contributed to its deliberations, resource material development, guidelines, program planning and technical support.

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.

Division also reviewed CRM reports to prepare a documentation on medicines and diagnostic services across the states/UT.

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

Research and articles

- i. Drafted an article on Health Systems Strengthening and tribal health for OpEd – as and when required.
- ii. Review of Nepal Health Systems
- iii. Understanding what really helps to ensure access to diagnostic services in the Indian Public Health System: a realist synthesis of the Common Review Mission reports (2007-2021).
- iv. Treatment Adherence in Diabetic Individuals in Rural India and Variables Influencing it: A Review of Studies Conducted in India and Recommendations for Future Research.
- v. Access to medicines in the Indian Public Health System – what works and what does not? A review of the National Health Mission Common Review Mission Reports (2007-2021).
- vi. Mid-level health providers (MLHPs) in delivering and improving access to primary health care services – a narrative review.
- vii. Why should we invest in health? Evidence from the lens of second-order benefits of health.
- viii. Is the proposed global treaty an answer for public health emergencies?
- ix. Water as a social determinant of health: bringing policies into action.

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

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

National reported has been prepared and uploaded on website.

16th CRM has been planned in the coming months of Year 2024.

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.

Team KMD visited Karnataka between July and August 2023 as part of monitoring visits of the ongoing IRHSS study. A detailed field visit report was shared with the Ministry on September 20, 2023, with the DO drafted based on the field findings of the AAM-SCs visited. KMD team was part of the field visit undertaken by NHSRC to Satara district of Maharashtra in May 2024. The purpose of the visit was to understand the state's partnership with PATH India in implementing a district-level pilot of a replicable model for primary healthcare centres. Division has been involved in undertaking rapid assessment to support programme implementation across the domain areas of Health Systems Strengthening.

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

For upcoming National Innovation Summit - The innovation portal has been recently revamped for the submission of best practices and innovations. Knowledge Management Division has undertaken an initial review of all the practices received through NHInP. After review of all the received entries and removal of trial and duplicate entries, a total of 137 Health systems practices and innovations have been identified for further technical evaluation and have been shared with respective programme Divisions for technical evaluation and scoring.

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.

The operational guidelines for State Innovation Hub have been drafted and submitted to MOHFW for review and further directions. A meeting was held at MoHFW under the chairpersonship of AS&MD, NHM in April 2024, and based on the discussions, the guidelines were revised and shared on e-file for review and approval. Once approved, these guidelines will be disseminated to the States/UTs to guide them in establishing State Innovation Hub.

Division undertook field visits to Rajasthan and Gujarat to support State Innovation Hub related activities in respective states.

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.

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 were done across selected four states i.e. Haryana, Karnataka, Madhya Pradesh and Chhattisgarh.

A framework has been developed and approved by MoHFW, and shared with states/UT on 15th May 2024.

Based on the discussions, a report and a framework for SHSRC has been developed by the division.

Division has made visits to SHSRCs in Haryana, Kerala, Karnataka, Gujarat, Rajasthan and Madhya Pradesh. and is currently involved with these SHSRCs for undertaking different field level activities, including assessments under NHM.

Division is actively working with Rajasthan and Jharkhand teams, to re-establish the SHSRCs in respective states. Division is also providing technical support to Jammu & Kashmir to establish SHSRC in the UT.

A two day review meeting with State Health Systems Resource Centres (SHSRCs) was held in 30th – 31st January 2024, where all SHSRCs shared their experiences, along with an update on the key activities delivered by SHSRCs.

Support SHSRC for research-related activities:

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. The compendium was launched during 15th CCHFW in July 2023 – at Uttarakhand.

A workshop on ‘Research Methodology’ is planned in coming months for SHSRC representatives.

KMD 12 - Supporting roll out of Tele MANAS across states/UT

Tele Mental Health Assistance and Networking Across States (Tele-MANAS) initiative was launched on 10 October 2022 and a toll-free, 24*7 helpline number 14416 and 1800-891-4416 has been set up across the country to provide mental health interventions for citizens in remote and under-served areas. A Tele-MANAS Cell has also been established at the Armed Forces Medical College in Pune on 01.12.23. As on 22.01.24, 34 states/UTs have set up 47 Tele MANAS Cells and have started tele mental health services and a total of 605015+ calls (FY 2022-24) have been handled on the helpline. Fortnightly meetings were held where teams from NIMHANS, NHSRC AND IIIT-B participated for an update on the status of programme across states/UTs along with review meetings with the states/UTs. As part of Continued Professional Development for Tele-MANAS counsellors virtual case conferences were conducted and professional across states/UTs presented and discussed cases. A virtual meeting to review National Tele Mental Health Programme was held in February’2023 under chairmanship of JS(P). A hybrid meeting was done for impact evaluation of Tele-MANAS by WHO in August’2023.

Division participated in Policy Dialogue on ‘Mental Health and Well-Being: Learnings and Way Forward’ was held in February 2023 in Madhya Pradesh; and National workshop on ‘Strengthening Mental Health Services and Care in India’ was held in January 2024 in Bengaluru, Karnataka.

OTHERS:

a. CS Conference

Division supported in drafting the concept note, background note and presentation for the third conference of Chief Secretaries, held in December 2023.

Division also participated in all consultation meetings with respective states and technical expert group – to provide inputs and draft the documents.

b. 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, 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), Sir Ganga Ram Hospital (SGRH), Centre of Social Medicines and Community Health.

c. Population Research Centres (PRC)

Division provides technical support to PRCs in providing inputs to the studies being undertaken by them. (Provided inputs for the PIP Monitoring Reports submitted by PRCs, in January 2024). Also worked in collaboration with HRH-HPIP division to support in revising the field checklist for PRC visits. Division revised and shared the draft checklists for primary level facilities (UAAM, AAM-SC, AAM-PHC/UPHC) and a tool for community-level observations.

Division attended knowledge dissemination workshop held by PRCs in the month of October 2023, to provide an overview of research and report writing, and also a detailed inputs for all studies and proposals were shared with the team.

Division attended the PRC Scientific and Advisory (PSAC) Committee Meeting held in Bangalore in May 2024, and provided detailed inputs for the proposals shared for the studies (19) planned by PRCs for the year 2024-25.

d. Regional workshops

Division also supported the work for regional workshops – NHM, three workshops done so far.

e. 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 supporting the IPSI initiative – to provide timely inputs and technical comments – as and when required.

Division also represented NHSRC in IPHACON Kolkata 2023, EFICON Goa 2023, IAPSMCON 2024 Karnataka, IPHACON 2024 Manali to provide an overview of research interventions and Health systems strengthening.

Division provided inputs and supported in finalizing the World Bank's EHSDP project deliverables. Division has provided status update on achievements on DLIs pertaining to operational research and annual knowledge exchange event for FY 23-24.

VII. PUBLIC HEALTH ADMINISTRATION

Key Deliverables

1. Support states in operationalizing secondary care facilities to provide multi-specialist care, establish support services and serve as a knowledge and training hub for service providers – medical officers, nurses, and para-medical staff.
2. Handhold support to the states/ UTs in achieving the conditionality framework for attaining 50% IPHS compliance by 2025-26.
3. Orientation of the States/ UTs in assessing the healthcare facilities based on IPHS guidelines and facilitating achieving IPHS compliance through the ODK toolkit.
4. Support to Aspirational Districts & Blocks and Vibrant Villages by prioritizing the implementation of Indian Public Health Standards 2022, provision of Emergency Care (primary and secondary), availability of LSAS, CEmONC trained doctors, strengthening of referral transport through National Ambulance Services, and outreach services through MMUs etc.
5. Support MoHFW & States/ UTs in implementing the Public Health Management Cadre.
6. Finalize and disseminate the NUHM Framework and Support to States in capacity building and implementing various urban health activities.
7. Support to MoHFW & states for strengthening various activities under legal frameworks like the Public Health Act, CEA, CLMC Act, Medico-legal protocols, etc.
8. Support MoHFW in scaling up/implementing Supportive Supervision Software and the GRS & Health helpline web portal.
9. Support program divisions/ states implementing technical and health system strengthening activities.

Team Composition

S. No.	Designation (Sanctioned)	In Position	Vacant
1	Advisor (1)	1	0
2	Sr. Consultant (5)	5	0
3	Consultant (13)	10	3
4	Secretarial Executive (1)	1	0
	Total - 20	17	3

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 must be prioritized to operationalise critical and non-critical care. The division supports States in operationalising their secondary care facilities to provide multi-specialist care and function as a knowledge and training hub for doctors, nurses, and para-medical staff.

1.1 District Hospital Strengthening

State-level workshops were conducted to strengthen secondary care services through online mode for all states and UTs.

To scale up the initiative of DNB at District hospitals, mapping has been initiated and is ongoing for eight states to support states/UTs in expanding the DNB program. Support is provided to states for initiating DNB in the DHs under NHM funds through PIPs.

States/UTs like J& K & UP have also proposed new seats as identified in the mapping exercise. Currently, 26 states/UTs are conducting DNB/post diploma courses in more than 190 Public Health care facilities, including DH, Civil hospitals, Area Hospitals and SDH in more than 17 specialties.

A dipstick study is also being conducted to assess/analyse the performance of the District Hospitals with the DNB program.

1.2 Strengthening of Maternal and Child Health Services

- a. **MCH strengthening:** NHM envisages providing assured and high-quality institutional delivery, admission, and care of high-risk pregnancies (and those requiring C-sections) through functional MCH wings and Skill Labs under various technical guidelines. SUMAN guidelines. NHSRC supports the Ministry and States in creating selected Centers of Excellence (CoE) for maternal and child health care.

Ongoing support is provided to States/UTs in establishing MCH wings. In partnership with the University of Manitoba, the division supported national-level studies on critical drivers of maternal health. National Dissemination of the Maternal and Newborn Health Exemplar Report was held in the presence of Hon'ble Member NITI Aayog Dr V. K Paul and other esteemed dignitaries from MoHFW and the University of Manitoba on 23rd August 2023. Six State Reports, which include- Maharashtra, Madhya Pradesh, Uttar Pradesh, Odisha, Tamil Nadu & Rajasthan, are published and the dissemination workshop for the state of Madhya Pradesh will be held in July 2024 with the rest of the five states in the pipeline.

1.3 Revision of CEmONC/ LSAS /BEmONC curriculum

NHSRC, along with the Maternal Health Division, revised the CEmONC and LSAS curriculums in technical support & collaboration with KGMU and AIIMS, New Delhi. The revised curriculums of BEmONC, CEmONC & LSAS, after undergoing several rounds of internal and external review by the experts and MH Division, were submitted to the Ministry for approval.

The CEmONC and LSAS curriculum draft has been approved by the Ministry with a few suggestions for incorporation. The curriculum is now in the designing and printing phase. A dipstick study to assess the effectiveness of CEmONC and LSAS training programs on maternal and newborn outcomes is completed and the finalization of report is under process.

1.4 Guidelines for Secondary Care

Operational and Technical Guidelines on Emergency Care Services at DH were approved by the Ministry and disseminated nationally on 13th June 2023. Support for orientation and capacity building of service providers is continuously being provided to states/UTs as per the request.

Development of e-learning Modules that enable self-learning for Medical Officers by transforming the algorithms outlined in the “Operational and Technical Guidelines on Emergency Care Services at District Hospitals” is under process, which can be hosted on the SAKSHAM (Stimulating Advanced Knowledge for Sustainable Health Management) portal, a Learning Management Information System (LMIS) of MoHFW.

1.5 Emergency and Critical Care Curriculum

On the directions of Secretary, HFW, the Emergency & Critical Care curriculum is being drafted on the lines of CEmONC/LSAS training curriculum for the existing faculty and health professionals working in the critical care areas.

The Expert Group Meeting on Developing Training Curriculum was conducted on 22nd-23rd June 2022, based on which operational and technical guidelines were drafted. After that, two more expert group meetings were held to refine the document further, and the document's final version is being reviewed. The operational guidelines are ready to be put up for approval from the ministry.

PHA 02 - Revision of Indian Public Health Standards (IPHS)

The first IPHS was introduced in 2007 and revised in 2012. The division was instrumental in developing the third revision of IPHS 2022, released in April 2022 by Hon'ble HFM.

A national orientation was held for all states' mission directors, NHM, state program officers, and state nodal officers. Eight states/UTs level workshops were held physically in Tamil Nadu, Chandigarh, Ladakh, Nagaland, Mizoram, Punjab, Uttar Pradesh, and Bihar.

As per the conditionality framework, it is envisioned that 50 per cent of all health facilities will achieve compliance with IPHS 2022 standards by 2025-26. To facilitate this, the Division has been involved in developing a software application, viz. “ODK tool kit” with technical support from NIPI India.

The assessment criterion for IPHS compliance was piloted in eight states, viz. Kerala, Tripura, Maharashtra, Assam, Gujarat, M.P., Himachal Pradesh, and Chhattisgarh.

Based on the assessment criterion feedback, the ODK toolkit was further developed and piloted in six states. The pilot testing highlighted that the **ODK application is cost-effective, fast, user-friendly, and compatible with Android software. Forms can also be filled in offline mode.** The pilot's findings were shared with the Ministry for approval of the ODK toolkit.

As per the decision, the application is now hosted on the **NHA server** to speed up compliance and ensure efficient implementation.

The tool has been shared with the States to conduct a gap assessment of facilities to assess IPHS 2022 compliance. The division has conducted virtual orientation workshops for all 36 States/UTs on IPHS 2022 compliance significance & the ODK Toolkit. It continues to offer ongoing support to ensure the effective use of the ODK tool.

As directed by MoHFW, a dashboard for IPHS compliance is being developed and is now hosted on NIC's server. This dashboard is accessible to all States/UTs, enabling them to assess the status of their facilities.

PHA 03 - Aspirational/Tribal Districts & Blocks, Vibrant Village

In 2018, the Hon'ble Prime Minister launched the Aspirational Districts Programme (ADP) to transform 112 relatively underdeveloped districts across the country by improving socio-economic indicators, health & nutrition, education, infrastructure, and overall quality of life in these districts.

The Aspirational Blocks Programme (ABP) was launched in line with this vision on 7 January 2023. NITI Aayog has identified 500 Blocks for rapid improvement across 27 states and 4 Union Territories in the country.

The Vibrant Villages Programme (VVP), approved on 15th February 2023, as a Centrally Sponsored Scheme, envisages comprehensive development of identified villages abutting the northern border in districts of Arunachal Pradesh, Himachal Pradesh, Sikkim, Uttarakhand and UT of Ladakh.

The division supported MoHFW in preparing the Block Health Action Plan Primer. A mapping exercise of the healthcare facilities available at various levels in the Aspirational Districts and Blocks was done.

The division participated in the "Leadership Training for the Aspirational Block Program (ABP)" held at Pune and the National Workshop for Improving Health Indicators in Aspirational Blocks, Delhi. The division has been a part of the North-Eastern Regional Review Cum Technical Support Workshop on the Aspirational Block Program and Vibrant Villages Program in Guwahati.

A visit was undertaken to Aspirational Block Asmoli, District Sambhal, Uttar Pradesh, for the assessment of socio-economic indicators across major sectors, including Health & Nutrition, Education, Agriculture and Allied Services, Drinking Water and Sanitation, Financial Inclusion, Basic Infrastructure, and overall social development, analysing the current saturation coverage of key performance indicators, good practices in holistic delivery of services as well as the challenges being faced by the block in implementing programs.

Technical support is being provided to Charang Village, District Kinnaur, Himachal Pradesh, for its holistic development across various sectors, including health.

Under the Vibrant Villages Program, comments and input are provided on the proposals from the states/UTs.

PHA 04 - Public Health Management Cadre

The core mandate for drafting the principles and guidelines on the 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/UTs by March 2022 to achieve the goal of Health for All".

The Ministry approved the booklet on PHMC and formally released it on 16th April 2022.

Support was 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 has been published.

The division also supported the states of Bihar & Jharkhand in estimating the financial burden of implementing PHMC as per the structures suggested by the task force.

NHSRC and MoHFW participated in three review meetings conducted by the NITI Aayog under the chairpersonship of Dr Vinod Paul, Member (Health), NITI Aayog.

Based on the request by states, the division conducted orientation meetings along with the provision of technical support in establishing the public health and management cadre at Jammu & Kashmir from 2nd May to 4th May 2023, Himachal Pradesh from 24th to 27th May 2023 and an online meeting with Tripura on 22nd May 2023.

The division also supported the NE states in the orientation of PHMC through a Regional Workshop for implementation of the Public Health Management Cadre for the North-Eastern States was conducted in August in Guwahati in collaboration with the RRC-NE and HRH-HPIP Division of NHSRC.

The division provides continuous handholding and follow-up with all the States/ UTs. 4th review meeting planned with States/UTs.

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 are either inadequate or lacking. The system is lagging in generating early warning signs about potential lapses in service delivery (particularly those critical, e.g., adverse event reporting). There is also a requirement to strengthen the promulgation and implementation of laws on public health. The division is strengthening public health governance through a health system approach.

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.

A study on the implementation of maternal death surveillance and response is underway. The pilot of the study tools was tested in Haryana. The study protocol is published in the journal.

5.2 Strengthening Civil Registration System, data management and reporting:

Based on the examination of the Birth and Death Registration Act and the revised Bill, and the minutes of the meeting of the 14th CCHFW, it was inferred that there is no requirement to revise those provisions of the Bill to make birth and death data real-time since the advantage of allowing six months grace period for delayed registration is advantageous considering a multitude of factors including literacy levels of population.

Inputs were given to revise the Health System Strengthening Indicators for HMIS 2.0, e.g., indicators of Indian Public Health Standards, Secondary care facilities as knowledge hubs, Emergency medical care, etc. In addition, the public health facilities infrastructure format indicators were also revised.

5.3 Clinical Governance

National Health Policy 2017 also focuses on providing Patient-centric, quality care, 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. A plan to pilot the initiative in a few districts and Medical colleges is in 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 has become an integral part of the Indian healthcare system as it plays a significant role in conjoining the patients with a healthcare facility.

- Support is being provided to states through PIP for operationalizing National Ambulance Services.
- In light of the revised MSG norms, National Ambulance Services (NAS) guidelines are being drafted.

5.5 Strengthening outreach through Mobile Medical Units (MMUs)

Under NHM, MMUs are a vital strategy to facilitate access to public health care, particularly for people living in remote, rugged, under-served and unreached areas. In this respect, the division is appraising the state proposal in PIPs and providing the required support to the states.

- An EPC note was prepared for the MMU's revised costing; the MSG and the revised approved costing were informed to the states.
- A report was submitted to the Ministry regarding utilizing PM CARES funds for MMUs, focusing on aspirational districts.

Based on MMU's revised MSG costing norms, Operational guidelines for MMU are revised and submitted to the Ministry for final approval.

The Honorable PM launched PM-JANMAN (Pradhan Mantri Janjatiya Nyay Mahaabhiyan) on Janjatiya Diwas on 15th December 2023, aiming to target 75 Particularly Vulnerable Target

Groups (PVTG), which had been by and large left out of the schemes/interventions of Ministries and Departments.

The division is involved with the Tribal Health Cell, MoHFW, in developing and implementing a State Health Action Plan to deploy Mobile Medical Units (MMUs) in PVTG Districts, Blocks and Habitations.

5.6 Support for e-Supportive supervision (eSS)

GOI intends to strengthen Supportive Supervision in the country by developing an application that helps plan and coordinate visits, review schedules, provide feedback, etc.

NHSRC floated a tender on 16th February 2019, and a MoU was entered between NHSRC, New Delhi, and AVNI/FOGSI/Cognac Collaborative on 15th February 2021 to revive an existing application. However, the possibility of reviving the software was not found to be feasible owing to various issues in the existing application code, so a fresh tender was floated for software development.

The EoI for the tender invitation was cancelled because of the decision to develop the application in-house in consultation with the IT division of NHSRC.

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

This initiative aims to enhance the accessibility and effectiveness of grievance redressal processes nationwide.

The division assists states through PIPs in establishing comprehensive Grievance Redressal Systems (GRS). Currently, 31 states have successfully implemented functional GR systems, where grievance redressal mechanisms such as Help desks, Web portals, or Call centres are operational. In the remaining states/UTs, efforts are underway to establish a 104 call centre with support from the NHSRC.

For developing the GRS & HHL web portal, a tender was floated by NHSRC based on directions from MoHFW. Further, expert group meetings were coordinated with the MH Division and CHI to integrate GR services for SUMAN services.

The vendor handed over the final version of the GRS application to NHSRC which can be shared with the States, if there is a request.

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 assessment of implementation status of the Urban Health Mission.

Revised IPHS 2022 guidelines released by the Ministry include UHWC, Polyclinic, UPHC and UCHC norms.

The Division had advocated for the creation of decentralised structures below Urban PHCs and played a crucial role 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. Technical inputs have been provided in collaboration with NUHM Division of Ministry in framing of these guidelines.

The draft revised NUHM Framework was discussed during the Urban Health Conclave on September 22, 2023. After that, it was uploaded to the NHSRC website for any further input from states/UTs and other stakeholders and after incorporating all the inputs received, the draft is sent to the Ministry for final approval.

The division was involved in developing the guidance note for medical colleges' adoption of AB-HWC in collaboration with the CP-CPHC division.

The division continuously supports the states in planning and operationalizing urban health facilities. Assessment of the public health system in Brihanmumbai Municipal Corporation (BMC) and Greater Chennai Corporation (GCC) was undertaken.

Visits were undertaken to corporations' offices, bureaus, ward offices, and all levels of health facilities to understand their gaps in functioning and challenges faced in service delivery. After that, technical inputs to address those challenges and undertake prospective planning of services per IPHS 2022 and PHMC guidelines and developing a road map for urban health is being done.

Similar assessments of PCMC (Pimpri-Chinchwad Municipal Corporation-Pune) in collaboration with UNICEF Maharashtra and BBMP (Bengaluru) are underway.

A draft compendium of best practices in urban areas that includes state specific models for expanding health services, urban governance, and service delivery has been prepared.

The division also undertakes PIP appraisals of the proposals under these schemes and also NUHM.

Draft study proposals have been prepared for four working papers, namely, (a) evaluating state-specific facility initiatives for expanding health services below UPHC level in urban areas; (b) the role of Public Health Manager in delivering public health functions at UPHCs; (c) assessment of primary health care services in urban health facilities and (d) assessment of immunization services at urban health care facilities in EAG states of India. PHM study report completed and submitted for final review.

PHA 07 Legal Framework

Public health law is not restricted to laws that regulate the provision of health care services alone but includes the legal powers necessary for the State to discharge its obligation. Hence, expanding public health needs must be supported by enabling legal provisions at the Central and State levels. Public Health Act, medico-legal protocols, and Clinical Establishment Act are some examples that need to be robust. As such, the division supports the MoHFW in its 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.

A draft for state and public consultation was prepared and sent to the Ministry. Consequently, the Ministry sent the draft 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 bills above have also been received from various states, which have been further analysed and shared with the Ministry. Further meetings have been held with NITI Aayog and other experts to strengthen the draft bill's provisions, and the suggestions have been incorporated therein.

On the direction of the 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.

Presented updated draft Public Health Bill to the Secretary (HFW) and DGHS. The changes advised have been incorporated and the revised draft Public Health Bill submitted to PH division for further action.

7.2 Clinical Establishment Act

The Division attends regular meetings and provides support to the 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 by JS (RCH), the draft has again been revised and resubmitted to the Ministry for approval & further necessary action.

7.4 Guidelines on Medico-Legal Protocol

The division developed a handbook on protocols applicable to various **ML Cases** applicable to Medical Officers based on legislation and judgments. The draft is submitted to DGHS for further action.

PHA 08 National Level Monitors

The division supports the visits of National Level Monitors (NLMs) to districts. Per the Ministry's directions, the TOR of NLMs was revised, and guidelines and the draft note prepared on the National Level Monitor were submitted to the Ministry for approval.

A final TOR was developed on further inputs from MoHFW to empanel the architects/engineers as national-level monitors. The empanelled NLM shall visit States/UTs and submit the visit report, findings, and observations against the progress of infrastructural work undertaken with support from GoI and monitor and evaluate progress against the expected outcomes.

NLMs are now empaneled, and the visit to the State of Rajasthan was undertaken to assess the

ongoing constructions and to orient the NLMs with all levels of the healthcare facilities. The visit report submitted to the ministry for further consideration. Next visit to the States would be scheduled in discussion with the Ministry.

PHA 09 PM-Ayushman Bharat Health Infrastructure Mission and XV Finance Commission

The division actively implements and facilitates the XV Finance Commission (XV-FC) and the PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). Five Regional orientation workshops and some state workshops were conducted to build the technical capacity of the states for implementing these components.

The division has drafted operational guidelines for XV-FC, PM-ABHIM, IPHL and CCB, conducted assessments, and supported several states in establishing and functioning these healthcare units.

The division has successfully established model IPHLs and BPHUs in various states, collaborating with the CDC, and is currently supporting the creation of additional model IPHLs in Hazaribagh (Jharkhand), Namchi (Sikkim) and Nanded (Maharashtra). These efforts encompass supporting states in setting up IPHLs, BPHUs, and CCBs, conducting assessments, and facilitating workshops to improve healthcare delivery and infrastructure aligned with the schemes' objectives.

Regular monitoring visits and orientations are conducted, ensuring ongoing progress and follow-ups on the projects under progress. An online orientation meeting on IPHL was held for Karnataka in August 2023.

Also, the division has actively participated in the revision of allocated amounts for various health centres, aligning with Ministry-approved revised rates for different components (Building less SHC and PHC).

A video in both English and Hindi was developed for BPHU.

The formulation of Operational guidelines for BPHU is under process.

PHA 10 Miscellaneous

- **Ayushman Bharat-Gunwatt Swasth Bharat-** The government has unveiled three new initiatives including- virtual NQAS assessment for AAM, a IPHS dashboard which will help health institutions in quickly monitoring compliance with respect to IPHS; & a spot food license & registration initiative for food vendors. The division developed a video on the launch of IPHS Dashboard and 2 models on IPHS & IPHL for the display in the exhibition and played a vital role in organizing and conducting the event.
- **Regional Consultative Workshops-** Along with Ministry of Health & Family Welfare, the division supported in regional workshops held in the State of Meghalaya & UT of Jammu & Kashmir. Third regional workshop held in the state of Andhra Pradesh in July 2024. Emphasis on the significance of the Indian Public Health Standards is reiterated along with the current status and requirement of the achieving IPHS compliance across all the levels of the healthcare facilities.
- **Ayushman Bhav-** The government has initiated the Ayushman Bhav campaign to extend health services to reach the unreached, underserved, and inaccessible vulnerable populations. In alignment with this initiative, Ayushman melas are being orchestrated to

enhance health awareness and offer preventive, promotive, and curative functions as comprehensive primary healthcare services.

The division has been pivotal in formulating guidelines and guiding state officials in program implementation. State nodals, appointed from the division, enhance program execution. Progress reports, including the number of health melas organised, footfall, patients screened for diabetes and hypertension, and primary and minor surgeries performed, are regularly shared with the Ministry of Health and Family Welfare.

- **Viksit Bharat Sankalp Yatra** -Division has been involved in the Coordination and implementation of Viksit Bharat Sankalp Yatra (VBSY) for saturation of Government schemes in Gram Panchayats and Urban Wards in all the states.
- **Chintan Shivir**- A two-day national meeting sharing insights, best practices, valuable experiences, and suggestions from various states to enrich the policies to design schemes for the most significant beneficiary welfare was held on 14th & 15th July 2023. It emphasized the need to ensure comprehensive and saturation coverage of all health schemes so that no eligible beneficiary is left behind. Inputs for restoring existing healthcare facilities and new interventions required across the country were provided.
- **Cost Revision Exercise**- The division has been revising the allocated amount for SHC and PHC in XV FC norms. According to the exercise, the Ministry approved the revised rates as Rs 72.22 lacs for SHC and 1.94 Cr for PHC, with the areas as 2065 and 5048, respectively.
- **Oral Health**: The division contributed to framing the National Oral Health Action Plan for the country, based on the Action Plan for Oral Health in Southeast Asia Region 2022-2030, scheduled for release by February 2024. The division was also a part of and gave technical inputs in the Oral Health Collaborative National Task Force Consultation on Oral Health Awareness, Access, and Empowerment.
- **One Health**: Technical inputs provided by the division on the Proposal for the Establishment of a National Centre for One Health and support is extended in designing the Roadmap of One Health in India- Institutionalization of One Health at the National, State and District level by Centre for One Health, NCDC, Ministry of Health.
- **Comprehensive Primary Health Care**- The revised IPHS 2022 guidelines on AAM released by Hon'ble HFM define standards for services, equipment, HR, diagnostics, and layout designs of AAM. Support to states is provided upon request.
- **NCDC**- Meetings will be held to synchronize existing lab reporting platforms with IHIP.
- Developed key ROP deliverables, appraised PIP proposals 2024-26, ECRP-II, XV FC, proposals from NESIDS, PMJVK, DoNER, MoMA and MoTA for various States/UTs.
- 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.

- **Inputs/comments** on various documents from the Ministry on different subject matters.
- **Sickle Cell Disease: A committee was formed under DGHS, including members from AIIMS, RML, LHMC, ICMR and NBSRC**, to create STG for SCD. The division supported the drafting of Standard treatment guidelines for Sickle Cell disease. A draft on developing the Centre of Excellence for Hemoglobinopathies was also submitted to the Ministry.
- **A Note on Centre of Excellence (CoE) for Artificial Intelligence in the Health Sector:** Apropos to the budget announcement 2023-2024, three centres of excellence (CoE) for artificial intelligence have been proposed to boost AI in India. The proposed three CoEs will be established in top nodal higher educational institutes (HEIs). These CoEs will spearhead and guide interdisciplinary research along with the creation of cutting-edge applications and scalable problem solutions in identified sectors.

VIII. QUALITY & PATIENT SAFETY (QPS)

Key Deliverables:

1. Support to States/UTs and health facilities in the implementation of the NQAS
2. Newer interventions: Support to states for strengthening of HAI Surveillance System
3. Support to States in Quality certification of health facilities under MusQan Initiative
4. Kayakalp Implementation support in States/UTs
5. Patient Safety: Supporting the States/UTs in assessments of the healthcare facilities based on the SaQushal Patient Safety Assessment Tool.
6. Mera Aspataal: Support for revamping of Mera Aspataal Portal to meet the requirements of the States/UTs
7. Consultative Workshops and Studies
8. Others
 - 8.1 Publishing of bi-annual updates on Quality
 - 8.2 Online lecture series on Standard Treatment Guidelines
 - 8.3 Standardization of Case sheet formats for Primary and Secondary care facilities as model case sheets
 - 8.4 Approval for WHO-Collaborating Centre for Patient Safety
 - 8.5 Support for maintaining ISO 9001:2015 certified status of NHSRC and RRC-NE

Certification Unit

Key Deliverables:

1. Strengthen the National certification assessment of the Health facilities under NQAS.
2. Strengthen the pool of empanelled external assessors.
3. Strengthening of NQAS assessment tools
 - 1.1 Updation of CHC assessment toolkit based on revised program and IPHS guidelines.
 - 1.2 Updation of HWC – PHC/ UPHC assessment toolkit based on revised program and IPHS guidelines.
4. Strengthen the recertification and surveillance mechanisms.
5. Develop a framework for State Certification with the involvement of SIHFW/ SHSRC/ Academic Institutions.
6. Strengthening of IT initiatives under NQAS
 - 6.1 Roll out of SaQsham (IT-enabled system for Quality certification portal).
 - 6.2 Maintenance of Interim Software.
7. ISQua accreditation
 - 7.1 Attaining ISQua accreditation of Quality Certification Process.
 - 7.2 Maintenance of the existing ISQua accreditation status.
8. Others:
 - 8.1 Rapid assessment of District Hospitals
 - 8.2 Launch of Virtual Assessment of AAM-SHC

Free Drug Service Initiative (FDSI) Support

Key Deliverables:

1. Supporting the states in the implementation of the 'Free Drug Service Initiative (FDSI)'
 - 1.1. Revision/Update of IPHS facility-wise Essential Medicines Lists (EMLs)
 - 1.2 Identification of Critical drugs for each level of the facility
 - 1.3 Analysis of Essential Medicine Lists (EMLs)
 - 1.4 DVDMS implementation up to AAM SHC level
 - 1.5 Support to six states in strengthening of Procurement and Supply Chain Management
 - 1.6 Development and Dissemination of Essential Medicines Lists and Guideline for safe storage of essential medicines
 - 1.7 Updation of Drug Procurement & Distribution System Assessment Checklist

Team Composition

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

**One Consultant (having M. Pharma Degree) transferred from CU to Drug Cell.*

Quality & Patient Safety

Areas of work

QPS-01 Support to States/UTs and health facilities in implementation NQAS:

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

- a. The team embarked on mentoring visits to various States and Union Territories (UTs), including Andhra Pradesh, Arunachal Pradesh, Bihar, Jharkhand, Jammu & Kashmir, Kerala, Ladakh, Madhya Pradesh, Maharashtra, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Uttar Pradesh, Rajasthan, Tripura, Uttarakhand, and West Bengal, to facilitate the implementation of the National Quality Assurance Programme.
- b. Training sessions are developed to meet state-specific requirements to enhance the pool of internal assessors and bolster the capacity of facility quality teams in the states. In FY 2023-24 and till June 2024, 49 batches of training (cumulative total – 684) have been conducted comprised of National External assessors training, state-level assessors training etc. Over the past year, more than 1200 State-level Internal Assessors have been added to the pool to support the states with NQAS implementation, bringing the current pool of state-level NQAS internal assessors to 6748.
- c. In addition to the aforementioned training initiatives, in response to requests from Armed Forces Medical Services, two more batches of NQAS Internal Assessor training has been organized for officers of the Armed Forces Medical Services (AFMS) last year, as the AFMS adopted the NQAS and its measurement system.
- d. The Quality and Patient Safety (QPS) division empanelled ten external 'Trainers' to address training needs at States and UTs. These experts are actively involved in selected training sessions within State/UTs.
- e. Collaboration with TISS Mumbai for a 2-semester Post Graduate Diploma in Healthcare Quality Management at TISS Mumbai continued. A total of 208 consultants and state directorate officials have completed the programme.

1.2 Development of Implementation Guidelines & Resource Material

- a. **Risk Management Framework Manual:** Public health facilities often encounter challenges in adhering to Quality standards related to Risk Management under the Area of Concern 'G' (Quality Management) when implementing the National Quality Assurance Standards (NQAS). The Manual has already been developed and it is under printing. It will support the implementation of Quality Standards (Risk Management Framework and Plan) at District Hospitals. The dissemination of the same is planned in August 2024.
- b. **National Quality Assurance Standards for Integrated Public Health Laboratory:** NQAS for IPHL has been developed for district-level integrated public health laboratories to validate the availability of comprehensive, accurate, rapid and quality diagnostics services for all. The guidelines have been developed and launched on 28th

June 2024. The dissemination workshop is scheduled for 2nd August 2024 for all the States and UTs.

- c. **Service Provider Training Manual (Volume II):** This manual will support and guide trainers at the state level in delivering more effective and efficient training to healthcare staff. It includes a structured facilitators' module with a detailed description of each Area of Concern under NQAS and, a simplified explanation of the Quality Management System. The work is under process and planned to be completed by September 2024.
- d. **Fire Safety Manual:** The guidance document provides details of the minimum essential requirements that are needed to be in place in a primary healthcare facility to ensure fire safety preparedness. The first draft has been completed and shared for feedback to the division heads at NHSRC.
- e. **Medication Safety Manual:** The work is yet to start.
- f. **Videos on NQAS implementation at AAM-SHC:** Short videos are being developed to build staff capacity for implementing NQAS at Ayushman Arogya Mandir Sub Health Centres. A total of 34 videos, each lasting 10-20 minutes and presented in Hindi, are planned. Thirteen of these videos have already been developed and are available online on YouTube and the QPS website. An additional nine videos are currently in development. All videos are expected to be completed by March 2025.
- g. **Branding of NQAS certified facilities:** The National Quality Assurance standards (NQAS) certification endeavours to ensure the provision of quality services to the beneficiaries. There is a wide need to display the NQAS logo on the certified facilities to recognise the efforts of the state and public health facility and their commitment to providing quality care. A guidance note about branding has been circulated to the States and UTs.

1.3 Partnership with the SIHFWs/SHSRCs and Academic Institutions: It is an ongoing activity.

QPS-02 Newer interventions:

2.1 Support to states for strengthening of HAI Surveillance System:

NHSRC signed an MOU with ICMR and AIIMS, New Delhi in February 2024 to work together in areas of HAI Reporting and AMR Prevention in Public Health Facilities through the development of guidelines, implementation support and training. Development of Guidelines for Surveillance of Hospital Acquired Infections in Public Health Facilities is in progress with technical collaboration with ICMR and AIIMS, New Delhi.

QPS -03 Supporting States/UTs in quality certification of health facilities under the MusQan programme:

3.1 Capacity Building for State/Facility Teams:

Training sessions has been organised in the states of Rajasthan, West Bengal, and Bihar, with ongoing support provided to healthcare facilities for the effective implementation of MusQan.

3.2 Field Visits: The team conducted field visits to various states, aiming to comprehend the challenges faced by healthcare facilities and offering guidance and support as needed.

QPS- 04 Kayakalp implementation support in State/UTs:

Status:

In FY 2023-24, around 26,508 facilities in 32 States and UTs have been incentivized under the Kayakalp Incentive scheme, (including 64 facilities for best Eco-friendly health facilities).

4.1 Revision of Kayakalp Scheme and Implementation Guidelines

The revised Kayakalp Assessment Scheme and tool for each level of healthcare facility, including District Hospitals (DH), Sub-District Hospitals (SDH), Community Health Centres (CHC), Primary Health Centres (PHC) with and without beds, and Ayushman Arogya Mandir – Sub Health Centre (AAM-SHC), has been launched on June 28, 2024. This updated tool is more user-friendly and comprehensive, integrating Water, Sanitation, and Hygiene (WASH) components as essential elements. Additionally, the revised tool further strengthens infection prevention and control practices, ensuring a more robust approach to maintaining healthcare quality and safety.

4.2 Revision of Kayakalp Implementation Guidelines

The work is in progress.

4.4 Capacity Building of States/UTs on Revised Kayakalp Scheme and Tool:

Orientation Virtual Workshops are planned to disseminate the Revised Kayakalp Scheme and Tool in the month of August 2024 to orient the states and Union Territories regarding the updates and revisions made in the Kayakalp Scheme and Assessment Tool.

4.5 Felicitations of winner facilities:

National level Kayakalp felicitation programme has not taken place.

QPS - 05 Patient Safety: Self-Assessment of healthcare facilities on SaQushal Tool:

5.1 On World Patient Safety Day 2023, all States and Union Territories (UTs) have been encouraged to self-assess their healthcare facilities using the SaQushal Self-Assessment Tool for patient safety. Nineteen states actively participated in this activity. The same activity is planned for this year, and a letter has already been sent to all states and UTs to conduct self-assessments of their District Hospitals.

QPS - 06: Support to State/UTs in implementation of Mera Aspataal and its follow-up actions:

6.1 Revamping of Mera Aspataal:

- Work for Mera-Aspataal revamping is in progress by CHI. From the Quality & Patient Safety Division, the Feedback questionnaire has been submitted to the MoHFW for approval. The approval for the same has been received from MoHFW on 26th July 2024.

QPS - 07: Consultative Workshops and studies:

7.1 Orientation workshop for NQAS under NUHM:

- A two-day consultative workshop on “Accelerating implementation of NQAS in Urban Healthcare Facilities” has been conducted on 6th & 7th June 2023. The workshop has been attended by nodal officers of both Quality and NUHM from various states and UTs. The large ULBs have been represented by municipal health officers.
- The workshop covered the following sessions with group work involving key stakeholders from the MOH&FW and the States/UTs/ ULBs.
 - o Overview of NUHM Health System Strengthening
 - o Status of NQAS Certification and Kayakalp among Urban Facilities
 - o NQAS Implementation and Certification Process for Urban Health Facilities
 - o Patient Satisfaction Survey and Mera Asptaal
 - o Group Work and presentation by States and ULBs on their challenges with possible solutions
- The key takeaways from the workshop have been that the states need to focus on increasing the NQAS certifications among urban health facilities. NHSRC will support the states by working on the needed customization of the checklists to reflect state-level variations and also support in training and implementation guidance. NHSRC will also interact closely with the health departments of the ULBs where capacities for NQAS certification are minimal and help them take up NQAS certification activities.

7.2: Consultative workshop with ICMR and AIIMS:

An online survey of secondary care hospitals across 19 States/UTs has been conducted to ascertain their existing capabilities in Infection Prevention and Control (IPC). This has been done using the Infection Prevention & Control Assessment Framework (IPCAF) with support from AIIMS, New Delhi. An analysis of self-assessment data from 109 health facilities across 16 states has been done and 43 percent of these facilities have been categorized as “Advanced” level and 47 percent of facilities categorized as ‘Intermediate’ level of compliance as per IPCAF scoring framework.

7.3. Observation of World Patient Safety Day:

- “World Patient Safety Day” has been observed on 15th September 2023 with the theme of “Empowering Patients for Safer Care”.
- As part of the Ministry of Health and Family Welfare's commitment to engage with citizens and enhance preventive care, the “Health Mela” has been organized in the preceding week. It aligned closely with the theme of Patient Safety. Several activities have been undertaken in the month of September 2023. It included display of Patient Safety posters and videos highlighting the pivotal role of patients, families, and caregivers.
- On the ‘World Patient Safety Day’, following activities have been undertaken:
 1. Unveiling of:
 - o Video on patient engagement
 - o Related IEC materials
 2. Felicitation of Patient Safety Champions
 3. This has been succeeded by informative technical sessions covering the following topics:
 - o Patient Safety Overview & Global Scenario

- o Patient Communication: An Integral Element of Healthcare Safety
- o Medication Management in Primary Care
- o Empowering Patients for Safety in Healthcare
- o Patient Safety in Ambulatory Care Settings
- o Transforming Change: Advancing Patient Engagement Approaches for Safety
- o Promoting patient engagement under NQAS

7.4. Consultative Workshop on Improving Health Indicators in Aspirational Blocks:

- NHSRC organized a national workshop on the 21st and 22nd of December 2023 to evolve a strategy and road map for attaining the following three monitorable indicators by NITI:
 - a) Percentage of National Quality Assurance Standards (NQAS) certified facilities in the block.
 - b) Percentage of person screened for Hypertension against the targeted population in the block.
 - c) Percentage of person screened for Diabetes against the targeted population in the block.
- This workshop organized by NHSRC brings together more than 200 stakeholders including SPM, Quality Nodal and CP-CPHC Nodal officers from the states and UTs, aiming to strategize and work collaboratively to identify actionable measures for immediate improvement while also rigorously measuring progress.

7.5 Study

Evaluation of NQAS implementation: The work is in progress

QPS - 08: Others:

8.1 Quality Darpan

- 7 editions have been out till June 2023. 8th edition for the time frame from July 2023 till December 2023 has also been developed and its under final stage of approval whereas 9th edition from January 2024 till June 2024 is under development.

8.2 Online lecture series on STG:

- Standard Treatment Guidelines (STGs) are systematically developed to assist service providers in making informed decisions about the optimal course of treatment for specific clinical scenarios. STGs facilitate rational decision-making for diagnosis, treatment selection, and ensuring adherence to recommended treatment plans.
- NHSRC, in collaboration with the Delhi Society for Promotion of Rational Use of Drugs (DSPRUD), New Delhi, initiated an online lecture series on standard treatment guidelines (STGs) on the third Saturday of each month, starting from September 2022. The aim is to improve adherence to clinical protocols at public healthcare facilities. Each lecture focuses on prevalent diseases, their diagnoses, and recommended treatments, covering a total of 12 clinical topics one in each month for one year. With the successful completion of the first lecture series, the request has been received from the states to continue this learning experience. Topics for the sessions have also been received from the states. Hence, the second lecture series has been started in August 2023 for the next year, every third Saturday of each month. The second series includes lectures on managing conditions such as dengue fever, emergency management of IHD in PHF, birth asphyxia, respiratory

diseases, pain management in terminal care, skin infections, musculoskeletal disorders, nutrition deficiency in childhood, early recognition & management of chest injury, acute stroke management, polycystic ovarian syndrome challenges & management. Session planned in August challenges & opportunities in the management of Tuberculosis.

- This lecture series is planned to be continued for two more years.
- Approx. 1562 participants have received e-certificates for their participation. The certificate is issued only those, who attend both pre-training and post-training evaluation.

8.3 Standardization of case sheets, and formats: Standardized medical records including OPD and IPD case records will ensure continuity of care for patients and will enable the clinicians to have better decision making based on established initial assessments and re-assessments protocols and formats. The work is under process.

8.4 WHO Collaborating Centre for Patient Safety: Quality & Patient Safety Division has been approved as WHO Collaborating Centre in June 2024.

8.5 Maintenance of ISO certification

- The internal audit for ISO 9001:2015 has been completed in June 2023 at NHSRC and in August 2023 at RRCNE. As a yearly activity, the Internal Audit of RRCNE for this year has already been conducted in the month of May 2024, and the Internal audit of NHSRC has been completed in July 2024.
- Recertification of ISO certification is impending in the month of November 2024.

Certification Unit

CU - 01 Strengthen the National level assessment of Health facilities under NQAS

1.1 Conduct of National level assessments of health facilities under NQAS:

- As of July 15, 2024, a total of 6,718 health facilities have been assessed for NQAS certification. A total of 1,290 Labour Room (LR) and 990 Maternity Operation Theatre (MOT) assessments have been conducted under the LaQshya initiative, and 135 assessments under the MusQan initiative at the national level.
- From April 2024 till 15th July 2024, a total of 948 assessments have been conducted. This includes 897 assessments under NQAS, 50 LR and 48 MOT assessments under LaQshya, and 14 assessments under MusQan. Notably, 12 facilities have been assessed under both NQAS and LaQshya.

Certification Status –

- **National Quality Assurance Standards:**

As of March 31, 2024, 7,998 healthcare facilities have been NQAS certified, with 4,221 nationally certified and 3,777 state certified. Additionally, 448 healthcare facilities have been re-certified. From April 1 to July 15, 2024, 5,060 healthcare facilities (833 nationally certified and 4,227 state certified) have been newly NQAS certified.

- **LaQshya:**

As of March 31, 2024, 951 Labour Rooms and 709 Maternity Operation Theatres are quality certified under LaQshya. From April 1 to July 15, 2024, 40 Labour Rooms and 33 Maternity Operation Theatres have received quality certification under LaQshya.

- **MusQan:**

As of March 31, 2024, 105 health facilities are MusQan certified. From April 1 to July 15, 2024, 12 additional healthcare facilities have received MusQan certification.

1.2 Surprise assessment of 10% of certified facilities by empanelled assessors –

Surprise assessments have been conducted in January and February 2024 in 50 healthcare facilities across 22 States and 3 Union Territories. Of these, 52% (26 facilities) maintained the achieved quality standards, 30% (15 facilities) showed slight deviations from Quality standards, and 18% (9 facilities) have been unable to sustain the quality standards.

CU - 02 Strengthen the pool of empaneled external assessors

2.1 Increase the pool of empanelled external assessors:

- A pool of 1,420 external assessors has been created through 36 batches of External Assessor Training (EAT) conducted as on 31st March 2024.
- Three batches of training have been conducted from April - 15th July 2024, with 145 participants successfully qualifying in the post-training evaluation exam and being empaneled as NQAS External Assessors.

- Ayushman Assessors –

To meet the target of achieving 100% NQAS certification by December 2026, two exclusive batches of Ayushman Assessors Training have been conducted in June and July 2024, considering the Internal Assessors as the participants with at least ten years of experience and ten state assessments.

- Refresher Training –

NQAS external assessors must undergo online refresher training every three years to maintain their empanelment. Thirteen batches of refresher training have been conducted as of July 15, 2024, with three in FY 2023-24 and one in July 2024. A total of 180 assessors have renewed their empanelment status.

- Induction Training –

Virtual Induction training is conducted for all the newly empanelled external assessors. This training details the Code of Conduct which is required to be followed during the assessment along with detailed orientation on the usage of the Assessor Module on SaQsham Portal. In FY 2023-24, ten (10) batches of induction training have been conducted whereas four batches of empanelled assessors (04) are oriented till 15th July 24.

2.2 Develop parameters for Assessors Ranking:

Under Process.

2.3 Continual Improvement of Assessors:

Assessor feedback is collected and analyzed after each national-level assessment. Assessors scoring an average of 4.0 or below (on a 5-point Likert scale) receive customized improvement plans to improve their role during the conduct of assessments. A need-based training session has been conducted for 190 assessors on February 17, 2024. Thereafter, the feedback of these assessors is monitored in the subsequent assessments undertaken by them within one year.

CU-03 Strengthening of NQAS assessment tools –

3.1 Updation of CHC assessment tool based on revised Program and IPHS guidelines:

The NQAS standards and measurable elements for both FRU and Non-FRU Community Health Centres have been revised to align with updated program and Indian Public Health Standards (IPHS) guidelines. These drafts have been submitted to the Standard Development Committee for review. An expert group consultation has been convened on February 12, 2024. Based on the inputs received from this expert group, the revised standards and measurable elements are drafted and are currently being circulated for final approval. The assessment tool is under progress.

3.2 Updation of AAM-PHC/AAM-UPHC assessment tools based on revised Program and IPHS guidelines:

The NQAS standards and measurable elements for 24x7 and non-24x7 Primary Healthcare Centres have been revised and submitted to the Standard Development Committee for review. The expert group consultation meeting on February 12, 2024, provided valuable feedback for these updates. The revised standards and measurable elements have been drafted and shared for approval. The assessment tool for these facilities is under preparation.

CU – 04 Strengthening of Recertification and Surveillance Mechanisms-

4.1. Strengthening of recertification mechanism:

Ensuring the timely reassessment of certified facilities has been a significant challenge. A structured protocol has been implemented to address this issue. This protocol includes sending auto-generated emails and letters to all States and Union Territories (UTs) three months before the certification expiry date. Additionally, cautionary letters are sent one month before expiry, followed by monthly reminder letters until the facility applies for re-certification. This systematic approach helps ensure that facilities are reminded well in advance to maintain their certification status.

4.2 Develop surveillance mechanism:

To maintain the quality standards of certified facilities, a robust surveillance mechanism has been developed. Auto-generated emails and letters are sent to States and UTs three months before the due date of surveillance. Reminder letters are also sent one year and two years after the initial certification, requesting the submission of surveillance audit reports.

CU - 05 Develop a framework for State Certification

A protocol for state certification has been drafted by the team, involving key stakeholders such as the State Institute of Health and Family Welfare (SIHFW), State Health Systems Resource Centre (SHSRC), and academic institutions. This protocol is currently under finalization and will provide a structured framework for state-level certification processes.

CU- 06 Strengthening the IT Initiative under NQAS

6.1 Roll out of SaQsham (IT-enabled system for Quality certification portal)-

The SaQsham portal represents a significant advancement in the digitalization of the quality certification process. The software development for SaQsham is divided into two phases: Phase I and Phase II. Orientation on the SaQsham portal has been provided to all NQAS External Assessors, State Nodal Officers, and Quality & Patient Safety team members. In the first phase of operationalizing the portal, 13 states have been included on the portal followed by 12 states in the second phase. The portal has been fully functional in all States and UTs since January 2, 2024.

- Phase – II development of the SaQsham portal has already been initiated. The process includes the development of a Self-evaluation mechanism, feedback mechanism,

Surveillance mechanism, recertification process, appeal mechanism, incentives, and dashboard.

- The SaQsham portal will also automate certificate generation for facilities attaining quality certification and those with conditionality under NQAS and related programs.

6.2 Maintenance of Interim Software–

Considering the large number of applications for NQAS and LaQshya certification, interim software has been developed to manage this influx. In FY 2023-24, approximately 1,616 applications have been received by July 15, 2024. These applications are now being migrated to the SaQsham portal.

CU – 07 ISQua accreditation-

7.1 Attaining ISQua accreditation of Quality Certification Process:

The Certification Unit underwent an assessment for ISQua accreditation from February 26 to March 1, 2024. Following this assessment, ISQua granted accreditation to the Certification Unit at NHSRC for a period of four years, from June 2024 to June 2028.

7.2 Maintenance of existing ISQua accreditation status:

- The National Quality Assurance Standards (NQAS) have consistently met global benchmarks. In August 2020, ISQua renewed the accreditation of NQAS for four years, extending its validity until August 2024 which is further extended till February 2025. The re-accreditation process for NQAS will take place in November 2024.
- Additionally, the Surveyor Training Program received a four-year renewal from ISQua in July 2022, with a 95% passing rate, extending its validity until July 2026.

CU – 08 Others

8.1 Rapid Assessment of non-certified District level hospitals –

To identify and address challenges faced by non-certified public healthcare facilities, rapid assessments of all non-certified District Hospitals has been initiated in May 2024. Teams of NQAS External Assessors and Internal Assessors have been deployed for two-day assessments using a condensed version of the NQAS checklist. Based on these assessments, action plans detailing observed gaps have been provided to the healthcare facilities to guide improvements necessary for achieving NQAS Certification.

Initially, 411 non-certified District Hospitals have been identified for rapid assessment. By May 18, 2024, 257 District Hospitals have been assessed, with gap closure reports drafted and shared with each facility. The remaining facilities are scheduled for assessment starting in August 2024.

8.2 Launch of Virtual Assessment of AAM – SHCs-

According to the Rural Health Statistics (RHS) 2021-2022 and the AAM Portal (as of March 31, 2024), there are approximately 170,000 public healthcare facilities in the country, of which around 135,000 are Ayushman Arogya Mandir - Sub Health Centres (AAM-SHCs). The Ministry of Health and Family Welfare (MoHFW) has directed all States and UTs to achieve NQAS Certification for 100% of public healthcare facilities by December 2026. To meet this ambitious target, the MoHFW has strategized to conduct NQAS assessments of AAM-SHCs through virtual mode, thereby expediting the certification process and ensuring comprehensive coverage.

Free Drug Service Initiative (FDSI):

1. Revision/Update of IPHS facility-wise Essential Medicines Lists (EMLs):

In 2023-24, Subsequent to revision of IPHS in 2022, EMLs for DH, SDH, CHC, Ayushman Arogya Mandirs -PHC & Sub Centres have been revised. The revisions have been made to ensure the availability of sickle cell anemia, thalassemia, rabies, and hemophilia essential medicines at the facilities.

2. Identification of Critical drugs for each level of the facility

The work progress is in progress. The last discussion has been done on 22nd July 2024.

3. Analysis of Essential Medicine Lists (EMLs):

The analysis of all 36 States/UTs Essential Medicine Lists (EMLs) with IPHS 2022 facility-wise EMLs has been completed IN FY 2023-24, and their facility-wise summary reports for all States/UTs have been shared with the Ministry of Health & Family Welfare (MoHFW). Follow-up revisions of facility-wise IPHS EMLs are further planned based on the previous analysis and deliberations with stakeholders.

4. Strengthening supply chain via DVDMS implementation upto AAM SHC level:

Continuous support is being extended for strengthening the supply chain by ensuring the implementation of Drug and Vaccine Distribution Management System (DVDMS) upto AAM SHC level.

5. Strengthening of Procurement and Supply Chain Management in six states:

Ongoing, support is being provided to six states, namely Bihar, Chhattisgarh, Jammu & Kashmir, Madhya Pradesh, Sikkim, and Uttar Pradesh to strengthen their procurement and supply chain system, which is being supported by PATH/BMGF. Under the first phase of the project, a comprehensive 'As-is' assessment of supply chain system in these states has been conducted, and the findings have been communicated with the respective states.

6. Development and Dissemination of Guidelines:

Guidelines for the revision of Essential Medicines Lists and Guidelines for safe storage of essential medicines are under development. Dissemination of Medicine Storage Guidelines is scheduled in September 2024.

7. Drug Procurement & Distribution System Assessment Checklist:

The toolkit for the Drug Procurement & Distribution System Assessment Checklist, which has been initially developed in 2017, is now revised, and its pilot testing is scheduled to be completed by July 2024.

IX. ADMINISTRATION

Team Composition

Sanctioned Posts	In Position	Vacancy
PAO (1)	1	0
Senior Consultant (5) (HRM/FM/ITM/Administration)	5	0
Consultant (13)	11	2
IT Executive, Secretarial Executive, Administrative Assistants and Office Assistants (17)	17	0
Total (36)	34	2

IX A: General Administration

Key Deliverable

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. The work has been completed by CPWD. The facility has been inspected by nominated Project Management Group (PMG) comprising of MoHFW representative and NHSRC Officials and was taken over on 30th Oct 2023.

(b) Nominated divisions of NHSRC have been relocated to NDC Basement.

(c) Setting up process of conjunction of various facilities in NDC Basement to include IT set up, and administrative set up. The facility is now completely functional.

(b) NHSRC has made complete payment of Rs 4.74 Cr to CPWD. However, total expenditure incurred by CPWD is Rs 4,01,17,315/- and balance amount of Rs 72,95,185/- held with CPWD has been asked to refund. Also break up of expenditure incurred for civil work, Electric work and IT work etc. has been asked from CPWD.

2. Maintenance of Office & Infrastructure Renewal of all contracts/ fresh tender for:

(a) Total 14 CMC/AMC of equipment and other services of NHSRC was successfully completed. Also, fresh tendering for 03 services (outsource manpower, AMF panel and Photocopier machines) were carried out and onboarded successfully.

(b) Review and rehearsal of fire safety measures been taken on 21 Dec 2023 and 09 Feb 2024.

(c) Annual Stock Taking of Fixed and IT Assets was held in April 2024. Insurance of office assets against fire and burglary will be done in the month of Sep 2024.

3. Transport Fleet Management:

- (a) Routine management of transport fleet for NHSRC and NHM is being ensured.
- (b) Additional transport requirement for various events of programme division of NHSRC and NHM has also been catered for as and when projected

4. Procurement of goods and services: Procurement of goods and services are being adhered to as per GFR 2017 and routing the same through GeM is being ensured. Payments are being released in accordance with GoI Ruling without any pendency.

5. Management of RTI Applications: A total of 73 RTIs received and suitably disposed. Timely and accurate response to all applications and maintenance of tracking system of RTI applications in a time bound manner.

6. ISO Audit Facilitation: This is a routine activity carried out yearly by the QPS Division. The Administration Division played a very important role in getting of all facilities, safety measures, documentations pertaining to the smooth running of the organization. ISO surveillance Audit was held in the month of Jan 2024 which was ensured.

7. ISQua Audit Facilitation: As a part of an exercise undertaken by the Certification Unit Division, Administration Division of NHSRC was involved in this exercise and supported the QPS/CU division and facilitated ISO surveillance Audit.

8. Management of Events:

- (a) Administrative support to MoHFW in organizing various events like 3rd National Conference of Chief Secretaries, CHO conference, Trade fair, Workshop on ABDM integration with Health Application - NIC and Ministry, PIP meeting, MSG meeting and other events being assigned from time to time.
- (b) Organizing events being conducted by Technical Divisions of NHSRC which include provisions of accommodation, transport, catering and training material etc.

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

10. Travel Support: In consonance with policy on the subject, travel support is being provided by General Administration for all personnel of NHM and NHSRC:-

Booking of air tickets for NHSRC and NHM officials visiting states on official tour.

- (a) In the financial year 2023-24, total 1863 tickets were booked.
- (b) Certain short notice requirement has also been catered for.
- (c) Timely payment and clearance of dues to Ashoka Tours & Travels has also been ensured.

11. Support to IT Division in terms of formulating of EOI, Contract, MoU for onboarding of 08 NCD consultants.

12. Refurbishment of office space: To cater for additional manpower, the existing space has been reorganised to ensure hygienic, clean and work friendly environment for all consultants. This included:-

- (a) Creation of cubicles.
- (b) Upgradation of flooring.
- (c) Upgradation of common facilities.

13. Support to divisions:

- (a) Support for conduct of interviews to HR Section.
- (b) Renewal of all passes i.e. MHA and vehicles.
- (c) Constitution of Office Council Committee.
- (d) Vetting and signing of MoUs.

14. Security:

- (a) Ensuring security of NHSRC and NDC Basement both physical and electronic security.
- (b) Upgradation of security system in term of surveillance devices.

15. Updation of Byelaws:

Updation of Byelaws post approval of EC & GB meeting and uploading of the same on the website.

16. Skill Upgradation:

Upgradation skill of personnel of general administration personnel by way of fielding 05 candidates by various training being conducted centrally.

17. Disposal:

Disposal of waste of obsolete items and general wastes in consonance with the policy through Govt e waste portal.

IX B: HR**Key Deliverables****NHSRC****1. Recruitment****(a) Long Term Contracts.**

- Total Positions advertised: 48 (47 vacancies)
- Total Positions filled: 59
- Total Positions for which recruitment process is underway: 12 (15 vacancies)

(b) Short Term

- Total Positions advertised: 11
- Total Positions filled: 6

(c) Campus Recruitment**Interns & Fellows**

- Total Number of Universities Visited (Online/ Physically): 09
- Total Intern and Fellows filled: 32
- Joined: 19
- Yet to Join: 13

(d) RRC-NE

- Total Positions advertised: 6
- Total Positions filled: 6
- Total Positions for which recruitment process is underway: 2 (FY 2024-25) 4

2. Contract Management. Efficiently managing contracts of **120** Personnel (Long Term Contract), **07** Short term Consultants, **33** Fellows and 04 Interns in NHSRC.

3. HR Induction:

- A total of 4 sessions were conducted from April 2024 till March 2024.
- A total of 67 ~~36~~ Personnel of NHSRC and MOHFW attended the induction sessions so far.

4. Probation:

- A total of 40 NHSRC personnel were put under probation as per policy on probation.
- A total of 38 probation was confirmed and 2 have resigned within the probation period.

5. Annual Performance Appraisal:

- Successfully concluded the Annual Performance Appraisal exercise of NHSRC & RRC-NE for FY 2023-24.
- A total of 123 Personnel of NHSRC, RRC-NE were appraised (104+19).
- Annual increment was worked out on the basis of given rating and increments were released.

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

- H.R. Policy has been updated and uploaded the same on the NHSRC Website after taking necessary approvals.
- Office Council Committee has been formed and institutionalized as per MoHFW letter no-F. No B12014/02/2018-JCM, dated 14-Sept-2023.
- Creation of Summer Internship Platform: The form has been created and uploaded on the NHSRC Website to streamline the process of onboarding Summer Interns. The SOP has been formulated and updated in H.R. Policy.
- Revision of remuneration policy of Summer Interns.
- Re-designation of Secretarial Executives and Administrative Assistants on the education.
- Revision of all forms/formats in consonance with ISO Policy.

7. Training & Development:

- (a) Organized 12 different types of training programs for NHSRC and RRC-NE personnel (including Technical and Administrative Assistants and Secretarial Executives) on various topics ranging from behavioural skills to technical skills. A total of 109 participants have attended the training programs.
- (b) IGOT: Approximately 270 Consultants were enrolled on the IGOT Platform and were made to undergo 5 mandatory training capsules.

8. Group Mediclaim Insurance Policy:

- (a) Renewal of Group Medical Insurance Policy through the competitive bidding process.

- (b) A total of 231 personnel of NHSRC, RRC-NE, and MOHFW are covered under this policy. Monthly addition and deletion mechanisms are utilized to include new joining and exit for those who have resigned

9. Group Accidental Insurance:

- (a) Renewal of Group Accidental Insurance Policy through the competitive bidding process.
- (b) Managing Group Accidental Insurance of 194 personnel working at NHSRC & RRC-NE. Monthly addition and deletion mechanisms are utilized to include new joining and exit for those who have resigned.

10. Attendance & Leave Management:

- (a) Diligently recording of Leave received from all the divisions of NHSRC. ~~& MOHFW.~~
- (b) 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: As per Govt of India – Implemented the maternity leave policy in NHSRC. Extended the maternity benefit to the 02 consultants in NHSRC.

12. Submission of Reports: Multiple Reports and correspondences were submitted to NHSRC & MoH&FW within the stipulated time.

13. Employee Satisfaction Survey: Employee Satisfaction Survey has been conducted for all the personnel of NHSRC and RRC-NE.

14. Support to RRC-NE:

- (a) Continuous support provided to RRC-NE in respect to Recruitments, Sharing of Policies, and implementation of policies, training, Annual Performance Appraisals, etc.
- (b) H.R. Audit conducted for FY 2022:2023 in February 2023.

15. Issuance of ID Cards & Creation of Personal Files: A total of 261 ID cards have been issued to Personnel working in NHSRC and MOHFW.

16. ISQUA: Supported QPS – CU division for the ISQUA accreditations.

17. ISO Audits: Provided required support to the Quality and Patient Safety division for internal and external ISO Audits.

18. Automation of Leave Software: Software has been developed after detailed inputs by various divisions same has been refined. The software is nearing completion. Once completed the beta version will be uploaded on NHSRC Website.

19. Documents Destruction: Identified the obsolete documents and disposed of them.

20. Miscellaneous Task.

- Identified and placed 04 External Consultants in MoH&FW on a very short notice of less than 24 hours, to support the Vikasit Bharat Yojna.
- Legal Empanelment has been done through advertisement and 1 legal retainer has been onboarded to provide legal inputs to all H.R. Division, Administration, Finance, and MOU matters.

7. Statutory Compliances:

- Ensuring deduction on all payments as per the rules is being made. This includes TDS on Fees, MOUs payments, and vendor payments.
- Filing of TDS & GST returns through the auditors on a monthly and quarterly basis.
- Deposit of Taxes on a monthly basis for both TDS & TDS under GST bills.

8. Accounts Management: There are in total four accounts held with NHSRC.

- One account for NHSRC payments.
- Two accounts for NIHMANS Payments & Tax Payments.
- One Account for the Funds received from CBHI for Iodine studies.

9. Interest on Bank Accounts: - Interest accrued on savings accounts held with NHRSC is timely deposited in the Bharat Kosh account. Interest Accrued - .37 Cr, Deposited in Bharat Kosh Account – Rs. .37 Cr.

10. PFMS: Successful and smooth implementation of PFMS for monthly consultancy fees, payments, etc. Coordinating with the PFMS team in case of any technical issues faced by the team members.

11. Continued 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 other NGOs in a time-bound manner.

12. Financial Vetting: Support to all divisions of NHSRC and specifically to the general administration section for financial vetting of RFPs (request for Proposal), being part of the financial evaluation committee for identification of competitively bid vendors.

13. Financial support to RRC NE:

- Receipt of financial statement of RRC NE and its merger with NHSRC Accounts.
- Release of funds to RRC NE based on their projected expenditure.
- Monthly SOE is received from RRC NE & compiled in NHSRC Accounts.

14. Financial support to RCC Dibrugarh:

- Release of funds to RCC Dibrugarh through RRC Ne is also ensured.
- Monthly SOE is received from RCC Dibrugarh through RRC NE & compiled in NHSRC Accounts.

15. GeM Payment Management: Keeping a detailed track of all procurements on GEM and ensuring the timely release of all GeM-related payment obligations on time by policy directions on the subject to ensure that there are no delays and backlogs in consonance with GOI.

16. Training & Skill Upgradation: Financial training of all team personnel to include awareness of the latest rules and regulations and financial policies.

17. Management of accounts in consonance with GFR and manual of procurement.
18. Training capsule undertaken by Sr. Controller of Accounts.
19. Monitoring of Performance Guarantee, Bank Guarantee & Earnest Money Deposit. Release of the same on a timely basis and the receipt of new ones.
20. A detailed tracker is maintained regarding payment of vendors & honorariums & PG etc.
21. Training of Tally is being done for the team as a new version/ license of Tally Prime has been introduced in accounts (the old version being obsoleted by Tally.)
22. Upgradation of the financial team by onboarding suitable candidates and supporting NHM Finance and other divisions by participating in interviews for various positions in NHM Finance.
23. RTI: Timely response to RTI for the financial aspects of RTI.
24. Management of Funds for specific studies such as iodine study funds received from CBHI.
25. Management of Funds under Tele-Manas Scheme (NIMHANS).
26. Financial support for IT Division: Financial support and payments for the BSNL Cloud server for the NCD portal AAM servers.

IX D: IT

Key Deliverables

1. **Website Maintenance:** -
 - (a) Maintenance of NHSRC website for smooth functioning.
 - (b) Content update on website under various divisions.
 - (c) Creation of category and sub-category as and when required by divisions.
2. **Web App Maintenance (Recruitment, Payroll, NGO):** Coordination with vendors for data management, content uploading. Deletion and addition of tabs. Development of new modules.
3. **HRH Microsites:** HRH Site is being developed and Coordination with division and agency to provide necessary support.

4. **Development of Leave management software:** Agency has developed the application as per agreement, same was tested internally and was shown in Secretariate meeting on 01st Aug 2023. Few suggestions were given by secretariate members. All the suggestions have been incorporated and subsequently updated application was shown in Secretariate meeting held on 01st Jan 2024.
5. **IT Services:** Renewal of IT services are being done timely. Total 42 Nos of different types of contracts are being managed by IT Section.
6. **Renewal and creation of NIC IDs:**
 - (a) 6 Months Renewal of NIC Email IDs and E-Office account had been done in September, and another 6 months renewal is in process.
 - (b) Creation of NIC IDs and E-Office IDs are being done as and when required.
7. **Procurement of Goods & Services:**
 - (a) **In Buyer Capacity:** Procurement of goods and services as per GFR 2017 through GeM. More than **500 procurements** have done through GeM in Year 2023.
 - (b) Procurement of IT Assets and services as and when needed by NHSRC divisions.
 - (c) Payment Process: All the payment process w.r.t to buyer for the GeM procurement.
8. **IT Support in recruitment process:**
 - (a) Seamless IT support to all/HR online interviewing process. Total 134 interview were conducted where IT has provided the requisite support.
 - (b) Development of Question Paper on Google Forms for written test. Total 15 question paper were prepared on Google Forms for written test.
 - (c) Coordination with vendor to organize online written test.
9. **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 internal meetings, workshop, trainings and events organized by all divisions. A total of 60 events/workshops/ trainings were conducted where IT team has provided requisite support.
10. **Support in Hiring of manpower for NCD Project:** Being IT division new unit in NHSRC, necessary technical support was provided in onboarding Manpower for NCD project.
11. **E-waste disposal:** Disposal of written-off IT Assets as per GOI guidelines.
12. **Storage Server:** Procurement of Network-attached storage server for storing of organizational data. Sharing of data between all the users for smooth work.
13. **Security Audit of Portal and Apps:** Coordination with division and agency for the security audit of various portal and applications of NHSRC and MoHFW.
 - (a) Ayushman Bhav Portal
 - (b) Sashakt Portal.
 - (c) NHINP Portal

14. **AV and IT setup in NDC basement:** Coordination with CPWD staff and vendor for the setup of Audio-Visual software.
15. **IT Setup in NDC basement.** Coordination with CPWD staff and vendor for the setup of Access Points, Network switches, Storage Server and Domain controller. All the works were completed in Oct 2023. IT Support for smooth transaction of divisions to new location was provided.
16. **EPBAX Connectivity:** Provided support in establishment of EPBAX connectivity between Main building and NDC basement.
17. **VC setup in all advisor's cabin:** Video conferencing setup was installed in all Advisor's cabin.
18. **Retrieval of GRS software:** Long pending Grievance Redressal Software was retrieved from vendor and file has been closed after making only necessary payment as per agreement.
19. **Staff satisfaction Survey:** Provided support to HR in conducting Staff Satisfaction Survey in Dec 2023.
20. **Cyber Security Training to all Multi task staff and Audit:** Security Training was provided to all Multi Task Staff.
21. **Cyber security Audit – CDAC:** Provided necessary support to CDAC team in conducting Cyber Security Audit proposed by MoHFW.
22. **Procurement of IT Asset for MoHFW:** Procurement of desktop, toner and any other IT asset required by MoHFW.
23. **Procurement of SMS Gateway Service:** SMS Gateway Service was purchased for SASHAKT portal to send real-time updates regarding registration, upcoming training events and OTP.
24. **Upgradation of DATA cards:** All the data cards issued to NHSRC personnel were upgraded for better usage and connectivity.
25. **Internet Service Upgradation:** The bandwidth of the MTNL Internet line was upgraded to 100 MBPS for the smooth functioning of Internet services used by NHSRC personnel.

IX E: Publication

Key Deliverables

1. Consolidation of the Publication Section.

- (a) Onboarding of design interns (two) for in house creative work i.e. designing of books, banners, standees, poster, ID Cards etc. This has resulted in decrease in response time, decrease in cost and speedy incorporation of inputs and completion of work.
- (b) Demarcation of responsibilities with respect to financial and creative responsibilities among Publication Consultants. This has resulted in ensuring correct commencement of work, seamless and timely delivery of work and timely payments to the vendors.
- (c) Ensuring Procurement of Designing Software i.e. Adobe Creative Suite and Freepik Premium required to be used in all designing work for inhouse designers. This has been major cost saving instruments by ensuring most of the designing and layout done in inhouse capacity.

2. Contract extension and fresh onboarding of empaneled agencies/professionals.

Identification of requirements of the creative work in NHSRC/NHM i.e. designing and layout of books, certificates, banner, poster, coffee table book, illustrations, videography, animation, translation and editing/proof-reading etc. work begin in December and completed expeditiously.

- (a) Preparation of detailed RFP covering the detailed task requirements, criteria of empanelment, terms and conditions etc.
- (b) Timely Publication of RFP in National Newspapers to invite agencies for empanelment of publication and other creative agencies (graphic motion designing, videography, illustrations, animation, translation, and editing/proof-reading) etc.
- (c) Facilitating the technical bid evaluation of the applications received from 18 agencies for fresh empanelment by Technical Bid Opening Committee.
- (d) Facilitation of the Financial bid evaluation of the shortlisted 17 agencies after technical bid evaluation by Financial Bid Opening Committee.
- (e) Consolidating cost by preparing of L1 rates of the 17 agencies qualified in financial bid evaluation and having cost negotiations with all agencies to accept the L1 rates in the categories of the work they have applied.
- (f) Preparation and rolling out of contract letter to the 15 agencies accepted the L1 rates for different work of categories to empanel them.
- (g) Fixing the L1 rates with the agencies for all categories of the work helps the division to ensure equal distribution of work to all the empanelled agencies on the lowest bid rates.

3. Support for Events:

- (a) Nature of Work during the events includes the following:
 - i. Designing and printing material such ID Cards, banner, Standees, Certificates and Stickers etc.
 - ii. Supporting divisions for designing of Brochures, posters, pocket brochures, flyers, IEC etc.
 - iii. Supporting divisions for designing and Printing of Books for the events.
 - iv. Supporting divisions for social media post
 - v. Preparation of Stalls, 3D models for the events.
 - vi. Preparation of videos, animation, illustrations and audio-visual work for the event.

vii. Procurements of Memento/trophies and certificates etc.

(b) Completed 300 projects; including designing from scratch, generating numerous options as per the suggestions by the division concerned, translations, formatting, editing, and more.

(c) Regular support provided to 70+ NHSRC, MoHFW events by facilitating urgent IEC material, books, banners, IDs, videos and more.

4. Meeting MOHFW urgent requirements: -

- i. Printing of IEC material, selfie point for IITF 2023.
- ii. Translations for visual material for mega Blood Donation drive.
- iii. Creating models for BHARAT PARV 2024
- iv. Getting publications printed and available in shortest of time span.
- v. Also took care of RBSK events' material requirement.

5. Ayushman Arogya Mandir rebranding:

- (a) Logo Concept: Created a modern, symbolic design reflecting health and wellness.
- (b) Typography: Selected a legible font for "Ayushman Arogya Mandir."
- (c) Redesigning of Books, Brochures and IEC Material according to AAM.

6. Deployment and Installation- Ayushman Bhav campaign: Selfie points and 3D wall painting were deployed and installed at 110 locations across four states.

7. Installation of 4 Stalls at Ayushman Bharat, Gunavatt Swasthya Event:

- (a) Preparation of design, layout and printing of IEC materials for stalls at the event.
- (b) Refinement of articles, op-eds and media documents for the event
- (c) Preparation of 3D Models

8. Regular Database Management of: files, financial records, publication work, purchase order, performance security/Bank Guarantee/DD/FD etc. of empanelled agencies.

9. Taking care of Editorial requirements of the MoHFW/NHSRC

- (a) Creation and Refinement of research-based Edit/Op-Ed pieces, drafting press notes, talking points and speeches

10. Support to Admin/Finance/HR

- i. Designing and printing of cards, forms, and more.
- ii. Compilation, translation, and designing, of annual audit reports and work reports.
- iii. Warehouse clearance, and dispatch of old and current publications.
- iv. HR Policy/Documents/PPT Design support
- v. Regular translations and supporting divisions for draft ToRs.

11. Social Media outreach:

Creation and Management of Social Media handles. NHSRC is presently active on five major social media platforms i.e. LinkedIn, X (formerly Twitter), Instagram, Facebook and YouTube. Regular updates on all events and workshops from NHSRC and ministry are uploaded on these platforms regularly.



**WORK REPORT OF
REGIONAL RESOURCE CENTRE FOR NORTH-
EASTERN STATES**

FY 2023-24

TABLE OF CONTENTS

S.No	DIVISIONS	PAGES
1.	COMMUNITY PROCESS & COMPREHENSIVE PRIMARY HEALTH CARE (CP-CPHC)	3-6
2.	HEALTH CARE TECHNOLOGY (HCT)	7-9
3.	PUBLIC HEALTH PLANNING & EVIDENCE (INCLUDING HUMAN RESOURCE IN HEALTH AND KNOWLEDGE MANAGEMENT DIVISION) (PHP&E)	10-16
4.	QUALITY & PATIENT SAFETY (QPS)	17-20
5.	ADMINISTRATION	21-22

I. COMMUNITY PROCESS & COMPREHENSIVE PRIMARY HEALTH CARE (CP-CPHC)

Key Deliverables:

1. Support in operationalization and rolling out of CPHC program in NE states including ensuring the delivery of 12 Packages of the expanded range of services.
2. Regional level Review cum Workshop with the NE states on Community Process & Comprehensive Primary Health Care (CPHC) to prepare plan of action.
3. Capacity building of existing Community Process Support Structure i.e. ASHA, VHSNC, MAS, JAS by creating a pool of State Trainers and support in training of District Trainers.
4. Undertake Rapid Review to document the functionality status of AAM in NE States (covering status of infrastructure & branding, use of IT platforms & its functionality, status of training rolls out of expanded packages).
5. State ToT of Panchayati Raj Institutions (PRI) and Self-help Group (SHG) members on Health in collaboration with State Institute of Rural Development (SIRDs).
6. Support NE States in PIP Planning Process & Review of planned activities.

Team Composition

Sanctioned Posts	In Position	Vacancy
Advisor	NA	NA
Senior Consultant	01	0
Consultant	03	0
Total filled positions	04	0
Positions to be filled	Nil	

Areas of Work

CP-CPHC 01 - Planning Process:

1. Appraised and provided comments on additional Supplementary proposal for NE States.
2. Appraised and provided comments for new ASHAs and ASHA Facilitator for BRU refugees' re-settlement in few districts of Tripura.
3. Supported NE States in preparation of SPIP for CP-CPHC division.
4. Appraised SPIP (CP-CPHC section) for all NE states. Attended Pre -NPCC and NPCC meetings.

CP-CPHC 02 - Meetings/Workshops/Trainings (Conducted/Facilitated):

1. Organized State ToT on VHSNC for NE State. Total no. of participants 39. Also conducted preparatory meetings with National Trainer for state ToT, VHSNC Training.
2. Conducted orientation meeting on SASHAKT Portal for the states of Arunachal Pradesh and Tripura on virtual platform. Total no. of participants 194 and 27 respectively.

3. Oriented CDPO (Child Development Project Officers) of seven states including West Bengal and Odisha on “Saksham AWW and Poshan 2.0 -Role of NHM and Health functionaries” conducted by NIPCCD (National Institute of Public Cooperation and Child Development) in Guwahati.
4. Facilitated session on signs and symptoms, prevention, and management of illness among children for the Child Development Project Officers (CDPOs) of the NE states at NIPCCD, Guwahati.
5. Facilitated review meeting with Innovation and Learning Centre (ILC), Bokajan and ILC, Dahod, Gujarat. Discussed progress of ILC, Bokajan with NHSRC, CP-CPHC division and ILC team members.
6. Facilitated and attended State ToT on Jan Arogya Samiti (JAS) organized by CP division, NHSRC in New Delhi; half day online orientation meeting on Ayushman Bhava for State ASHA Trainers.
7. Facilitated two-day (02) PIP Orientation Workshop organized by NHM, Sikkim under the chairmanship of Mission Director, NHM, Sikkim. Facilitated preparation of District Health Action Plan (DHAP) & State Implementation Plan (SPIP).
8. Coordinated and attended virtual meetings on reporting of Health Mela and other AB-AAM portal for the NCD and CPHC Nodal Officers on Ayushman Bhava campaign.
9. Coordinated and attended online meetings with the State Nodal Officers on CHO mentoring, ABHA-ID, and ASHA e-module. Co-ordinated with NE states for updating google sheet on status of training in expanded packages of services of AAM team for PIP appraisal 2024-26.
10. Conducted Regional Review cum Workshop of Comprehensive Primary Health Care for State and District Nodal Officers of all the NE States in two (2) Batches. Batch – 1 (Manipur, Mizoram, Meghalaya, Nagaland, and Tripura) on 23rd-24th Jan 2024 and Batch – 2 (Arunachal Pradesh, Assam and Sikkim) on 29th – 30th Jan 2024.
11. Facilitated these Trainings as Resource Person: a) Expanded Packages for CHOs (MLHPs) on Elderly & Palliative care, organized by the state of Meghalaya, b) Induction training of CHOs organized by the Ayush Mission, Assam, c) District ToT on JAS in Agartala, Tripura from 2nd to 3rd February 2024. d) Review cum Workshop on CP and CPHC in Naharlagun, Arunachal Pradesh from 14th to 16th Feb 2024. e) Induction Training of MLHP” in Shillong, Meghalaya on 19th February 2024, f) Five days training of CHOs on CPHC expanded packages services in Sikkim.

CP-CPHC 03 - Documentation & Report Writing:

1. Documented case studies (under CPHC intervention) for booklet on “AB-AAM-Success stories from the field” from Meghalaya, and Mizoram.
2. Coordinated with NE states and updated the Annual ASHA Matrix and followed-up for ASHA best practices and photographs.
3. Coordinated with State Nodal Officer, CPHC, NE states and collated pictures, testimonials of beneficiaries for the AAM compendium (AB-AAM) to be published by CP-CPHC division NHSRC.
4. Drafted and shared detailed report on field visit to Dahod district as part of exposure visit to Innovation & Learning Centre (ILC), Bhai Kaka University, Gujarat.
5. Compiled and shared the report of Regional Review of Community Processes for NE States.

6. Finalized Op-ed titled: "Comprehensive Primary Health Care through Ayushman Bharat Ayushman Arogya Mandir (AB-AAMs) in North-Eastern Region – A paradigm shift from selective to universal care" and "Health care facility in North-East."
Appraised and provided inputs on "Methodology note shared by IPSI Team for estimating CPHC performance measurement index" and shared onwards.
7. Analyzed the impact of TBI/PBI in terms of service delivery for the States of Meghalaya, Mizoram and Nagaland.
8. Coordinated with the states of Meghalaya & Tripura for testimonials of ASHAs required for the annual ASHA update and shared with the CP division, NHSRC.
9. Prepared and submitted abstract on findings of the documentation of the study 'Implementation of Community Action for Health (CAH) in Arunachal Pradesh.'
10. Completed report of visit to ILC (Innovation & Learning Centre), Bokajan, Karbi Anglong and shared with NHSRC, NHM, Assam and ILC, Bokajan.
11. Finalized report of supportive supervision visit at the AAMs & AYUSH AAMs in the states of Assam (Chirang & Sonitpur district) and Arunachal Pradesh (West Kameng & Lower Sobansiri district) and shared with the Mission Directors, NHM of respective states.
12. Finalized report of the State Training of Trainers of VHSNC for the NE states conducted on 5th-6th October 2023 and shared with the Mission Directors, NHM of the respective states.
13. Analyzed data of AB-AAM portal and HMIS portal for comparison of commonalities and discrepancies.
14. Extracted and compiled data of screening of HTN and DM for the North-Eastern states of 21 Aspirational Blocks.

CP-CPHC 04 - Supportive Supervision visit:

1. Visit to Meghalaya with World Bank Team for Enhanced Health Service Delivery Program (EHSDP).
2. Visited ILC Bokajan, Karbi Anglong for the functionality assessment of AAMs which are supported by ILC.
3. Visited SHC-AAMs and AYUSH-AAMs in Chirang and Sonitpur District, Assam.
4. Oriented the staff of ILC, Bokajan, Karbi Anglong, Assam on CPHC overview and discussed the tentative five-year action plan. Visited all the health facilities adopted by ILC, Bokajan.
5. Visited the districts of West Kameng & Lower Sobansiri of Arunachal Pradesh for supportive supervision. Visited SHC-AAM and Ayush AAMs. West Kameng- 04 SHC-AAM & 02 Ayush-AAM, Lower Sobansiri- 2 Ayush- AAM and 9 SHC-AAM.
6. Supervision visit (as observer) in Tripura for TMS (Time Motion Study) conducted by the HRH division, NHSRC.
7. Visited Meghalaya and Mizoram for collection of best practices on Ayushman Arogya Mandir.

CP-CPHC 05 - Studies/ Evaluations:

1. Visited the state of Meghalaya with HCT division and facilitated the Elixir Study conducted by NHSRC.

2. Completed analysis of the Effectiveness on PBI & TBI for the states of Meghalaya, Mizoram and Nagaland and submitted to the Director RRC NE.
3. Data collection and data analysis completed for the 'Rapid Review cum documentation on the functionality of Ayushman Arogya Mandir (AAM)' for Mizoram, Sikkim & Tripura.
4. Translation (from Bengali to English) of Answer of IDI (In depth Interview) for study on 'Teleconsultation Services' conducted in the states of West Bengal by Knowledge Management Division (KMD), NHSRC.

CP-CPHC 06 - Others:

1. Facilitated linking the CHOs with State Mentor for NE States.
2. Orientation meeting with the Mission Director, Arunachal Pradesh on ROP at RRC-NE.
3. Conducted ISO internal Audit
4. Provided support for Ayushman Arogya Mandir day celebration.
5. Provided support through participation as panel for recruitments under NHM Assam.
6. Coordinated with all the states for the World Yoga Day celebration.
7. Social Media content for various activities under -HCT, CP-CPHC, QPS and PHP&E and shared with NHSRC.
8. Co-ordinated with NE states for Ayushman Bhava portal related activities.
9. Appraised/shared inputs and comments on various documents and articles.

II. HEALTH CARE TECHNOLOGY (HCT)

Key Deliverables:

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

Team Composition

Sanctioned Posts	In Position	Vacancy
Advisor	NA	NA
Senior Consultant	01	0
Consultant	01	0
Total filled positions	02	0
Positions to be filled	Nil	

Areas of Work

HCT 01 - 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.

HCT 02 - Meetings/Workshops/Trainings

Workshop Conducted:

1. Conducted one day review cum workshop on Free Diagnostic Services for NE states on 2nd February 2024 at Guwahati.
2. Conducted Review cum Workshop on Biomedical Equipment & Maintenance Programme (BMMP) & Atomic Energy Regulatory Board (AERB) compliance in two batches for NE States on 20th February 2024 and 22nd February 2024 at Guwahati.
3. Facilitated to conduct workshop on radiation safety for compliance to AERB at Agartala, Tripura in coordination with NHSRC & AERB Center, Kolkata.
4. Facilitated the State of Nagaland in conducting orientation on 15th FC for newly nominated Nodal Officers at Kohima.
5. Facilitated the re-orientation workshop on preparation of District Health Action Plan and State Programme Implementation Plan (SPIP) for FY 2024-25 and FY 2025-26 at Gangtok, Sikkim.
6. Facilitated to conduct State level workshop on AERB at Itanagar, Arunachal Pradesh on 8th February 2024. Team from RRC-NE also participated as Resource Person along with Radiation Safety Officer from Assam cancer Care Institute, Guwahati Medical College.
7. Conducted training of healthcare professionals and staff at Dhalai District Hospital to strengthen in-house diagnostic capabilities and Integrated Public Health Laboratories (IPHL) 13th March 2024.

Workshop participated:

1. Participated in training on preparation of MoU, tender document at NHSRC, New Delhi.
2. Discussed with MD, NHM Meghalaya about increasing the targets for National Quality Assurance Standard (NQAS) certification of the health facilities, implementation status of Bio Medical Equipment Maintenance & Management (BMMP), strengthening of diagnostic services through utilization of fund under 15th FC and PM-ABHIM.
3. Participated as Resource Person in training of field investigator for conducting NFHS 6 in Guwahati organized by IIPS & IQVIA, at NIRD (National Institute of Rural Development) as Resource Person on “Preparing Health Action in convergence with PRI members”; one day orientation workshop on Strengthening In-House Laboratory Services and Expansion of Range of Tests in public health facilities in state of Assam as resource person
4. Supported the state of Nagaland in planning for the AERB compliance.
5. Attended PMNDP workshop, “One Nation - One Dialysis, An Introspection” and one day National Workshop on BMMP and AERB Compliance Program conducted by NHSRC in Delhi..
6. Participated in the NHM General Body meeting in Assam on 6th June 2023 and NFHS-5 Data Analysis conducted by PFI at Guwahati.
7. Participated as resource person for the session on “Health Infrastructure and Set Ups to address the health needs of women & children under National Health Mission” on January 25, 2024, organized by NIPCCD on 74th Job Training Course for Supervisors.
8. Participated in Review meeting of BMMP on 14th February 2024 at Kohima Nagaland.

9. Participated orientation meeting of BMMP with new service provider "AOV", on 1st February 2024 at NHM Assam.
10. In addition to the above, participated various meetings, workshop, training organized by State, NHSRC, RRC-NE, NIPCCD, NIRD etc.

HCT 03 - Documentation, Evaluation & Supportive Supervision Visits:

1. Evaluation of BEMMP & Laboratory services (Arunachal Pradesh), BMMP in **Nagaland & Mizoram**.
2. Assessed PMNDP and FDSI in the districts of Kolasib and Champhai, **Mizoram**.
3. Evaluation of Biomedical Equipment Maintenance & Management Programme (BMMP) and Free Diagnostic Services (FDSI) has been conducted in the state of Tripura.
4. **Assessment on Elixir handsfree** tele device in 2 HWC-SCs under Byrnihat PHC in Ribhoi district of Meghalaya has been conducted with CP-CPHC Division, NHSRC. Draft report has been shared with NHSRC.
5. Assessment of the **status of LMO tanks** under ECRP-II in 9 districts of Assam viz. Baksa, Bongaigaon, Biswanath, Chirang, Darrang, Goalpara, Hojai, Morigaon, Nagaon had been conducted.
6. Assessment of the HCT division programmes in the health facilities of Ribhoi, West Jaintia & East Khasi Hills districts of Meghalaya; Dimapur and Kohima districts of Nagaland; Gomati & Sipahijela districts of Tripura.
7. Assessment of HCT division intervention programmes in Health Facilities of Chirang & Sonitpur district Assam, Lower Subansiri district of Arunachal Pradesh with CP-CPHC team of RRC-NE.
8. Assessed implementation status of PMNDP and Free Diagnostic services in Tuensang District Hospital of Nagaland.
9. Supported finalization of Tender Document on Laboratory Management Information System (Assam), PMNDP (Tripura) and AERB (Assam).
10. 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.
11. Updated information on Health System Status for Annual Report of MoHFW.
12. Support to prepare SoP for 'Inter Laboratory Comparisons and repeat test methodology' where EQAS is not available, for NHM Assam.

HCT 04 - Technical Specification of Equipment:

1. Prepared costing of Selected Medical equipment of OT, General Laboratory, and ICU after analyzing the compiled cost from different state medical corporations.

III. PUBLIC HEALTH PLANNING & EVIDENCE (INCLUDING HUMAN RESOURCE IN HEALTH AND KNOWLEDGE MANAGEMENT DIVISION) (PHP&E)

Key Deliverables:

1. Support to NE states in planning processes and NHSRC in appraising the State PIPs for FY 2024-26.
2. 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 and as well as delivery/utilization of services based on the principles and guidelines of the **IPHS 2022 & DHAP** and through secondary analysis using HMIS / State NHM data.
3. Support to NHSRC/MoHFW in appraising the State proposals for various schemes/plans viz. Northeastern Special Infrastructure Development Scheme (NESIDS), MoDoNER, Other Line Departments etc.
4. Support to the identified Aspirational Districts, Aspirational Blocks and Vibrant Villages of NE States under collaborative initiatives of MoHFW, NITI Aayog and DoNER to improve the performance in Health & Nutrition.
5. National Urban Health Mission: To improve the implementation of the Services under the National Urban Health Mission through collaboration and leveraging medical colleges, developmental partners, line department platforms and local bodies in urban areas for coordinated interventions on improving the NUHM activities and outreach in the NE States.
6. Capacity enhancement of State / District Officials of the NE States through Workshops / Review cum Technical Support Meetings.
7. To produce quarterly and annual state-specific Key Performance Indicators reports and highlight the identified issues which require special attention and accordingly support the NE States to plan course correction measures. Preparation of Quarterly / Bi-annual / Annual Comparative State / District wise Fact Sheets on Key Performance Indicators of all the NE States based on the HMIS report. Triangulate data from other available sources such as NFHS, SRS, RHS, CPHC Portal etc. and reflect trends on specified indicators related to health and nutrition to provide a comparative analysis.
8. Evaluation/assessment of the effectiveness (acceptability, accessibility and affordability vis-à-vis the community being served), coverage and quality of programs implemented under NHM and identify the enablers and barriers towards effective implementation as per work plan or as directed by MoHFW or as requested by the State.
9. Generation of scientific papers / review articles from program evaluation/assessment reports for publishing in peer-reviewed journals and subsequently generate evidence for informing stakeholders under NHM to facilitate evidence-based policymaking and mid-course corrections.
10. Supportive Supervisory visits for providing handholding support to the NE states and help in programmatic activities related to NHM.
11. Rapid Assessment and technical support in the implementation of PHMC reforms in collaboration with NHSRC for NE States.

12. To monitor the status of Human Resources for Health (HRH) in NHM in the NE states periodically to facilitate implementation of HR requirements as per IPHS 2022 and other HRH-related directives of NHM, MoHFW.

Team Composition

Sanctioned Posts	In Position	Vacancy
Advisor	NA	NA
Lead Consultant	01	0
Senior Consultant	01	0
Consultant	05	1
Total filled positions	07	1
Positions to be filled	1	

Areas of Work

PHP&E 01 - State Program Implementation Plan (SPIP) of NHM of the NE States:

1. Submitted Inputs on Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura and Sikkim Pre NPCC and Post NPCC NHM-SPIP for PHP&E, KMD and HRH divisions.

PHP&E 02 - Proposal under other Ministries / NESIDS /Department:

1. Provided Inputs on various Proposals/Projects from MoH&FW / Questions from Parliament /Other Ministries/ MDoNER / PM-DevINE /JICA/ PMJVK / NE State proposals pertaining to Health.

PHP&E 03 - Report Writing / Report Updates:

1. Prepared the draft ToR on formation of Public Health Management Cadre (PHMC) in collaboration with PHA Division, NHSRC and communicated to 8 NE States to emphasize on constitution of 'State Task Force Committee for Cadre Reforms'.
2. Submitted the Records of the Discussions of the briefing / debriefing meetings on Public Health Management Cadre Reforms for the NE States.
3. Submitted the field visit report to the concerned NE States on the Rapid Assessment of Health Facilities / District and Block Administrative Units to understand the process of human resources for health deployment, structures in place for career progression and the implementation of Public Health Cadre Reforms in NE States.
4. Formulated draft concept note and framework on upcoming study on High Teenage pregnancy in Tripura and associated socio demographic factors and shared with the state of Tripura.

12. Participated in the Workshop on “Statistical Approaches to the Analysis of Pandemics” organized by IIPH Shillong on 15 June 2023, in Shillong, Meghalaya.
13. Panelist in the “Vartalap: An Interactive Session on the Development & Progress in Health, Economics and Environment Sectors in the Nine Years of Functioning of the Present Central Government” organized by Press Information Bureau, Ministry of Information and Broadcasting at Guwahati on 26th June 2023.
14. Participated in workshop on 'Improving Continuum of Care and Integrated People Centric NCD Service Delivery' organized by WHO in collaboration with MoHFW and NHSRC.
15. Attended by Director RRCNE, the HRH Strategy Workshop on Key Priorities and Disbursement Linked Indicators (DLIs) for Enhanced Health Service Delivery Program (EHSDP) / PM-ABHIM at IIM, Ahmedabad.
16. Attended online Health System Research Workshop on “Strengthening Future Knowledge Management, Planning and Policy in India: Mapping State of the Art from Global to Local.”
17. Panelist on development of improvement plan for effective vaccine management in NE states organized by UNICEF.
18. Attended Technical Workshop on Introduction to Statistical Data Analysis using ‘R’ Software organized by IIPH, Shillong on 7th & 8th December 2023.
19. Attended National Orientation Workshop on Aspirational Blocks Programme organized by NHSRC on 21st- 22nd December 2023 at New Delhi.
20. Attended implementation of ‘SUPRAJA’ meeting with Director AYUSH and National AYUSH Mission, Assam.
21. Attended Assam State AEFI committee meeting & causality assessment of suspected AEFI cases following Routine Immunization as a member of the committee.
22. Attended National Workshop on HMIS and RCH Portal organized by Statistics division, MoH&FW on 22nd and 23rd February, 2024 at Vigyan Bhawan, New Delhi.
23. Attended Meeting under the chairman ship of MD, NHM Tripura to discuss on the proposed study related to High Teenage Pregnancy in Tripura on 4th March 2024
24. Attended and participated in a meeting with Additional Secretary cum Mission Director (AS&MD), NHM, GoI, MoHFW – on topics of betterment of health scenarios in North East India.
25. Attended workshop – Nursing cadre reform in India under Project ASSIST funded and organized by World Bank in Guwahati.
26. Meeting with UNICEF North East division on the activities under taken in collaboration with RRC NE and on the Annual Plan for FY 2024-25.

PHP&E 09 - Miscellaneous:

1. Conducted online interviews for the position of Consultant, PHP & E and Consultant, KMD at RRC-NE.
2. Supported and participated in recruitment related activities under NHM Assam.

IV. QUALITY & PATIENT SAFETY (QPS)

Key Deliverables:

1. NQAS/LaQshya/MusQan Certifications: Mentoring visit to the NE States for NQAS, LaQshya and MusQan Certification of the Health facilities for National/State Certification.
2. Appraisal of State PIPs for Quality and patient safety & Free Drug Service Initiative.
3. Ayushman Arogya mandir (Health and Wellness Centre-Sub Centre): Supported states in scaling up NQAS certification of Ayushman Arogya mandir Sub Centre.
4. Support states for improvement in indicators under Aspirational Block programme.
5. Document appraisal of Health facilities applied for National assessments.
6. Strengthening of Kayakalp Implementation.
7. Support to states in implementation of SaQsham Portal.
8. Mera Aspataal integration, implementation & review.
9. Conduct State Action plan and review meeting.
10. Conduct training, workshop, and capacity building activities.
11. Miscellaneous.
 - a. Facilitated ISO 9001:2015 Internal Audit of RRC-NE.
 - b. Other activities entrusted by MoHFW, NHSRC, Director RRCNE and requested by the State.
 - c. Appraisal of Documents for inputs.

Team Composition

Sanctioned Posts	In Position	Vacancy
Advisor	NA	NA
Lead Consultant	0	1
Senior Consultant	0	1
Consultant	03	0
Total filled positions	03	2
Positions to be filled	2	

Areas of Work

QPS 01 - Planning Processes:

1. Appraised the Quality Assurance, Free Drug Service Initiatives (FDSI), blood disorder (Haemophilia) section in SPIP of all 8 NE states and shared the QPS comments to NHSRC.
2. Appraised and Provided inputs on Post NPCC SPIPs.
3. Prepared state wise key deliverables excel sheets from RoP with NE States and follow up with State QA team to collate update status.

QPS 02 - Meeting/Workshop/Training

1. Conducted 3 batches of 5.5-day **External Assessors' Training** on NQAS at IIBM, Guwahati in the month of April, August 2023 & March 2024. & NQAS sensitization sessions through online mode for all the State Nominee of NQAS External Assessor Trainings.
2. Conducted 01-day Orientation on **NQAS for District Officials** and facility Staff of BPGH Pasighat, CHC Ruksin, PHC Bilat, HWC-SC Silluk & HWC-SC Bedang in East Siang District, Arunachal Pradesh
3. Conducted online **Regional Review** Meeting on QA related activities for all 08 NE States
4. Participated as a resource person the "Need Based Skill Enhancement Training" for Empaneled External Assessors conducted via online mode (February 2024).
5. Participated as a resource person on the workshop of Comprehensive Primary Healthcare for State & District Nodal Officer- Ayushman Arogya Mandir on (January 2024).
6. Participated as a resource person in 3 batches of One-day Regional Review cum Workshop on Free Diagnostic Services in NE States and Review workshop for BMMP & AERB compliance for NE states at Guwahati (February 2024).
7. Participated as resource person in the Expert Group Consultation Meeting on finalization of NQAS checklist for CHC, HWC PHC & HWC-U-PHC (February 2024).

QPS 03 - Facilitate State level Training/Orientation workshop/Meetings:

1. Facilitated the 01-day Online State Orientation Training on **SaQsham portals** to Assam, Arunachal Pradesh, Meghalaya, Manipur, Mizoram, Nagaland, and Tripura.
2. Facilitated as resource person 1-day **NUHM review cum NQAS sensitization** workshop, NHM, Tripura (June 2024).
3. Facilitated 06 batches of 03-day state level **Internal Assessor cum Service Provider Training** as resource person in Arunachal Pradesh (August 2023), Assam (December 2023), Meghalaya (May & September 2023), Mizoram (September 2023), Sikkim (March 2024).
4. Facilitated 02-day **Internal Assessor** training as resource person in Odisha (September 2023).
5. Facilitated 02-day State level **IMEP** Orientation as resource person, NHM Assam at GMCH, Guwahati (October 2023).
6. Participated in **GB Meeting** at NHM Tripura (October 2023).
7. Facilitated the 02-day **NQAS sensitization Workshop for CHOs**, Tripura (December 2023)
8. Participated as Resource Person in various batches of 5 days **Modular Induction Training** on Integrated Service delivery as per NACP-V organized by ASACS (February 2024).
9. Participated as a resource person on One day Training on **Patient Safety**, Assam (February 2024).
10. Participated in State Quality Assurance Committee (**SQAC**) meeting of Assam & Meghalaya.

QPS 04 - Supportive Supervision Visits:

1. Supportive supervision visits to Health facilities in East Siang & West Siang districts, Arunachal Pradesh for providing handholding support to for **NQAS** and **Kayakalp** implementation (July & August 2023).
2. Supportive supervision visits to health facilities in the **Aspirational blocks** of Nagaland (November 2023), Meghalaya (December 2023), & Mizoram (March 2024).
3. Supportive supervision visits to Chandel & Kamjong, Manipur under **Viksit Bharat Sankalp Yatra** during 4th -7th January 2024.
4. Field Visit to Majuli DH, Assam for **Kayakalp External Assessment** during 22nd -24th January 2024

QPS 05 - Document Appraisals & Report Writing

Report Writing:

1. Report of 4th, 5th & 6th Regional Level 5.5 days External Assessor Training (**EAT**) on NQAS (April, August 2023 & March 2024).
2. Reports 03-day State Level Internal Assessor cum Service providers Training (**IA cum SPT**) under NQAP held in Arunachal Pradesh, Meghalaya, Mizoram, Assam, Sikkim.
3. Report of 02-day State Level Internal Assessor (IA) Training under NQAP held in Odisha (September 2023).
4. Report of 02-Day State Level training on NQAS sensitization training held in Tripura during 28th -29th December 2023.
5. Report of ISO Internal Audit of RRCNE (August 2023).
6. Report on Supportive Supervision field Visits to Aspirational Blocks in Nagaland (Noklak & Zunheboto), Meghalaya (Amlarem and Rasubelpara), Mizoram (Lungsen).
7. Report on Supportive Supervision field Visits of Arunachal Pradesh & Manipur.

Appraisal of Applications /Documents:

1. Document Appraisal of 118 health facilities of North-East States for NQAS & LaQshya National Assessment.
2. Appraised SPIP and Post NPCC documents from 8 NE states and provided Inputs for Quality Assurance & Free drug initiatives.
3. Provided inputs on draft NQAS Standards & ME for PHC-HWC And CHC & shared with NHSRC, Fire safety Audit Primer draft for DH, CHC, PHC & UPHC, Sectoral Module for Aspirational Block Programme-Health Sector, BPHU Guidelines, North-East Start-Up & Entrepreneurs Conclave, others.

QPS 06 - Others:

1. Conduct & Facilitate ISO Internal Audit of RRCNE.
2. Prepared Draft Guidance Note and checklist for Fire Safety Measures in Public Health Facilities fire & Safety audit for primary level health facilities and shared with QPS team NHSRC for finalization.
3. Follow up of activities under Viksit Bharat Sankalp Yatra with Arunachal Pradesh (East Kameng, Tamang & Lower Subansiri), Manipur and Meghalaya

4. Compiled & shared the data of Kayakalp Award Winning Facilities (Photos, Success stories & Testimonials) from all 08 NE States for the FY 2022-23.
5. Follow up with NE states for the Status of Kayakalp Assessment of FY 2023-24 and Compilation of Peer and External Assessment checklist of Health facilities.
6. Participated as panelist for interview for the position of Addl. Consultant -Maternal Health, NHM, Assam (June 2023), District Quality Consultant under NHM Assam (Sept 2023), Consultant QPS (February 2024).
7. Prepare state wise details of NQAS targets, RoP approvals, NQAS certifications, Expired certifications and Application received till date.
8. Prepared & updated State Profiles of all NE states on the status of QA program implementation and progress periodically.
9. Follow up with IT helpdesk team, New Delhi for resolution of NE states issues regarding SaQsham portal.
10. Follow up with all state QA team of all NE states for the submission of the details, Photographs of the activities conducted during 'Swachhata Pakhwada' and patient safety day during 'Seva Saptah' organized during Sept 2023, and prepared the compiled report.

V. WORK REPORT [RRC, NE ADMINISTRATION]

Areas of Work

1. General Administration:

- i) Fire drill conducted during 11th July 2023
- ii) Water testing for RRC- NE office building was done during August 2023.
- iii) Insurance of office equipment, furniture and other assets were renewed during June 2023 (with National Insurance Company).
- iv) Annual Stock Taking duly completed.
- v) Rent Agreement extended for the office building.
- vi) Tendering process completed for the following:
 - a) Car Hiring Agency
 - b) Security Service Provider
 - c) Generator Set Provider
- vii) Extension of empanelment of printing agency (M/S Maa Manasha Printers) as well as empanelment of PA System Provider completed.
- viii) AMC for various maintenance works of office equipment completed (Water purifier.
- ix) The following major purchases/works were done during April 2023 to December 2023:
 - a) Fire Alarm Control Panel.
 - b) Biometric Machine
 - c) Storage in Admin & accounts.
 - d) Provisioning of sitting space for newly joined Lead Consultant.
- x) 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.
- xi) 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:

- i) Completion of Annual Performance Appraisal for 2022-23. Increments disbursed as per gradings.
- ii) Recruitment completed for the following positions:
 - a) Two Lead Consultant positions.
 - b) Consultant- Quality & Patient Safety.
 - c) Senior Consultant- PHP & E.
- iii) Campus interview for Fellows for each division completed.
- iv) Regular HR Works (Maintenance of attendance records, leave records, issue of NOCs and consultancy fees certificates etc.).

3. Finance:

- i) Annual audit for FY 2022-23 completed by CAG empaneled auditor M/S S.K. Beria & Co. Audit report duly shared with NHSRC for compilation.

- ii) Quarterly audit for FY 2023-24 completed.
- iii) Routine Monthly Bank Reconciliation Exercise in addition to the regular financial activities (payments, preparation of SOEs, TDS, GST payment etc.).
- iv) Checked budget for various programmatic events being organized by RRC, NE.
- v) Financial Report of RRC-NE.
- vi) Oversee financial statement submitted by Regional Collaborative Centre, Dibrugarh.

4. IT:

- i) Regular updation of RRC- NE Website www.rrcnes.gov.in.
- ii) Facilitated in all virtual workshops/trainings conducted/attended by RRC- NE.
- iii) Facilitated the online interview process and written test conducted by RRC- NE.
- iv) Maintenance of conference facility.
- v) Regular IT Works including maintenance of internet connectivity, troubleshooting etc.