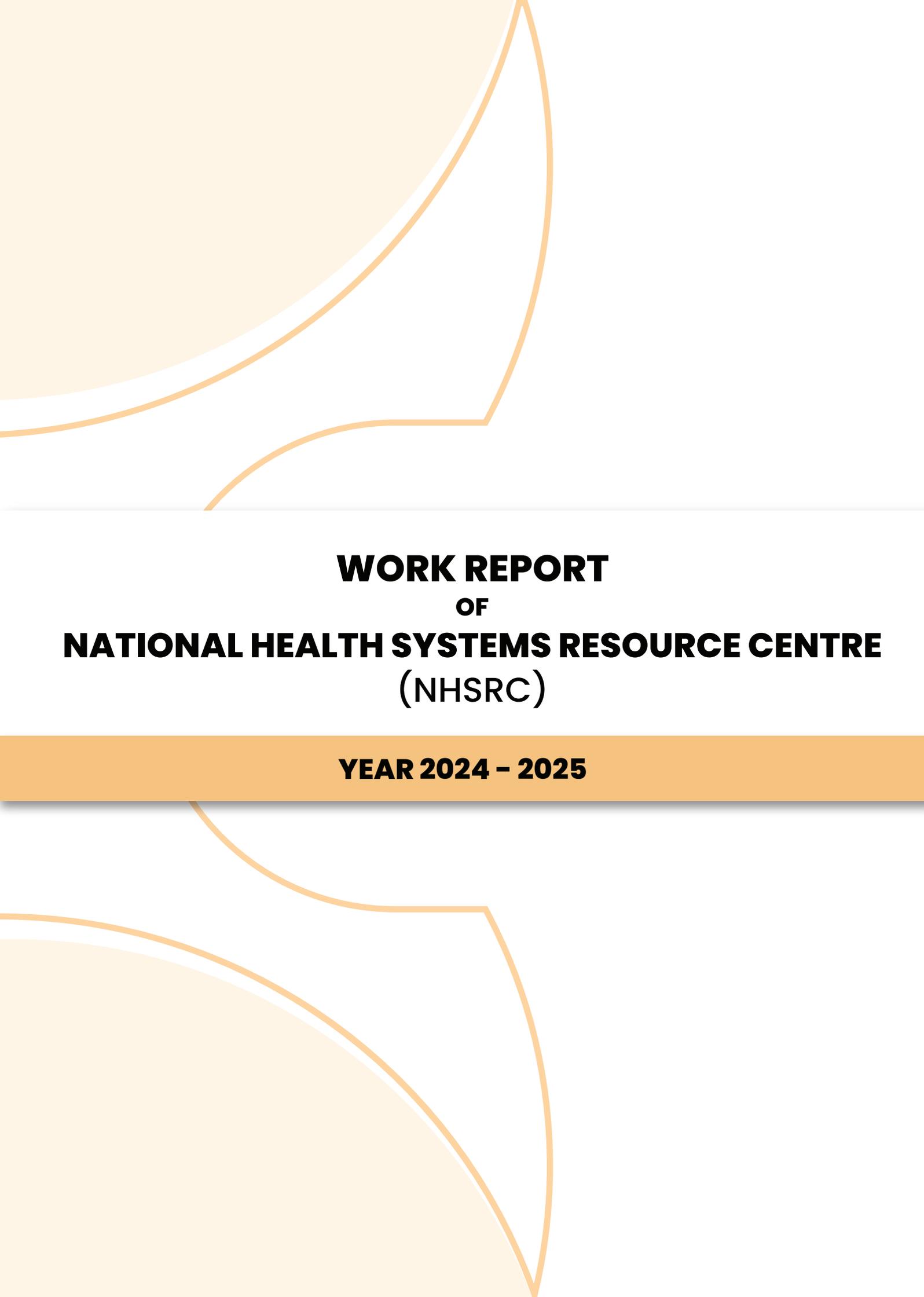


WORK REPORT OF NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)

YEAR 2024 – 2025



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



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

YEAR 2024 – 2025



Shri Jagat Prakash Nadda

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



Shri Prataprao Jadhav

Hon'ble Minister of State -
Ministry of Health & Family Welfare;
Minister of State (IC) - Ministry of Ayush



Smt. Anupriya Patel

Hon'ble Minister of State -
Ministry of Health & Family Welfare;
Minister of State - Ministry of Chemicals
& Fertilizers

AGENDA POINT 4

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

FY 2024-25

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

Key Deliverables

1. Support implementation and capacity building of Community Health Worker (ASHA/ASHA Facilitators) program across states/UT
2. Saturate the upgradation of Primary Health Care (PHC) facilities into Ayushman Arogya Mandirs based on IPHS Standards 2022 across all States and UTs.
3. Ensure continued capacity building of primary healthcare team across Ayushman Arogya Mandir.
4. Develop an integrated training mechanism for CPHC team members.
5. Support states and UTs to strengthen the role of community participation platforms i.e. VHSNC and MAS.
6. Support states and UTs for establishing Jan Arogya Samitis (JAS) across Ayushman Arogya Mandir in rural and urban areas.
7. Undertake training of States and UTs for the capacity building of PRI, SHGs, ULB.
8. Develop scalable models of Community Processes (CP) and Comprehensive Primary Health Care (CPHC) through partnership with innovation and learning centres and other institutions/ organizations.
9. Undertake Information Technology solutions for enabling clinical and public health decision making for PHC
10. Undertake research and rapid reviews for strengthening program and policies related to CP and CPHC

Team Composition

Position	Sanctioned	In Position	Vacant
Advisor	1	1	0
Lead Consultant	2	1	1
Senior Consultant	5	4	1
Consultant	14	11	3
Total	22	17	5

Areas of Work

CP-CPHC 01: Support implementation and capacity building of Community Health Worker (ASHA/ASHA Facilitators) program across states/UT

The community processes of National Health Mission intends to achieve the goal of increasing community engagement with the health system. ASHA 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.

Planning and Support to States

1.1 Planning and review of NHM PIP, FC-XV PIP, PM-ABHIM PIP

- ❖ Support States and UTs in planning activities under CP & CPHC programs
- ❖ Review of States/ UTs-NHM/PM-ABHIM and FC-XV PIPs

1.2 Supporting states on the revised strategy of ASHA certification

Facilitate at least 20-30% of ASHAs getting 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 was extended for a further period of 1 year on mutual agreement till 31st March 2025.

Number of ASHAs Registered 1,99,598*

Number of ASHAs Enrolled/ Appeared in Exam 1,80,692*

Number of ASHAs Certified 1,35,438*

(*Data as on 30th September 2024, Source: NIOS Portal)

- ❖ Currently 21 States and 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.

1.3 Guidelines/Modules

- ❖ Revised ASHA Induction Module – A Draft Induction module along with 6th and 7th modules have been submitted to Program Divisions for their inputs for the finalization. Also, HBNC and HBYC Guidelines in MoHFW is revising which will further incorporated in Induction, 6th and 7th Modules.
- ❖ Revised CP Guideline - A Draft submitted for approval. As per instructions, an addendum document needs to be formed in place of new guidelines which is in process.
- ❖ Module of ASHA facilitator/supervisor for Supportive Supervision – Draft of Module is under process.

1.4 Trainings

- ❖ As the draft of the Induction Module and Supportive Supervision Module is under process the trainings shall be conducted post finalization.

CP-CPHC 02: Saturate the upgradation of Primary Health Care (PHC) facilities into Ayushman Arogya Mandir based on IPHS Standards 2022 across all States and UTs

- ❖ As of 19th March 2025, a total of 1,76,753 primary healthcare facilities from urban and rural areas have been operationalized to Ayushman Arogya Mandir across the country.
- ❖ Regular meetings on the operationalization of Ayushman Arogya Mandirs with all States and UTs catalyzed the operationalization of Ayushman Arogya Mandir.
- ❖ Supported states and UTs in PIPs and handholding for sustain of roll-out of expanded packages of services.

Figure below depicts the year-wise progress and achievement of Ayushman Arogya Mandir (Source- AAM Portal).



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. As on 19th March 2025, a total of 1,39,022 CHOs are in position across the country (Source- AAM Portal).

Teleconsultations services facilitate the primary health care team at AAM to provide specialist services closer to the community and enable the delivery of uninterrupted services to the beneficiaries. As on 19th March 2025, a total of 344,751,966 patients availed teleconsultation services. (Source: CDAC)

2.1 Training of additional State Trainers in Expanded Service Packages (snapshot)

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 Ayushman Arogya Mandir Shivar

- ❖ Ayushman Arogya Shivar are conducted monthly at the level of Ayushman Arogya Mandir and CHC.
- ❖ Provision has been made of Rs. 5000/AAM/month for the conduction of Ayushman Arogya Shivar at SHC and PHC and Rs.10,000/CHC/Month for conduction of Shivar at CHC.
- ❖ Over 1,30,255 Ayushman Arogya Mandirs have organized 17,30,185 Ayushman Arogya Shivirs. (Source: AAM portal; till 19th March 2025)
- ❖ A total of 95,396,824 people (footfall) visited the Ayushman Arogya Shivirs at the Ayushman Arogya Mandirs. (Source: AAM portal; till 19th March 2025).

2.3 Supportive supervision visits to States and UTs

In the financial year 2024-25, CP-CPHC team visited 105 primary health care facilities in 10 states and UTs:

Regular field visits were undertaken by CP-CPHC team members in the following states:

- ❖ Rajasthan
- ❖ Uttarakhand
- ❖ Assam
- ❖ Bihar
- ❖ Andhra Pradesh
- ❖ DD & DNH
- ❖ Gujarat
- ❖ Ladakh
- ❖ Madhya Pradesh
- ❖ Uttar Pradesh

As part of the AAM Rapid Assessment in 18 states, CP-CPHC team members visited the following states - Uttar Pradesh, Rajasthan, Uttarakhand, Jammu & Kashmir and Gujarat state.

2.4 Viksit Bharat Sankalp Yatra (VBSY)

Viksit Bharat Sankalp Yatra (VBSY) launched on November 15, 2023, on Janjatiya Gaurav Divas, by India's Hon'ble Prime Minister, Shri Narendra Modi has been a game changer. As of January 2024, the Yatra has reported an impressive total of 1,73,108 health camps across 1,63,181 Gram Panchayats/Urban Local Bodies throughout India (source: VBSY MoHFW portal). These camps have witnessed a substantial footfall of more than 3.6 core for availing health services in the campaign. Other Health services such as screening for diabetes, hypertension and TB have also witnessed a significant trend of more than 1.65 crore for TB screening, more than more 1.48 crore for hypertension screening and 1.40 crore being screened for diabetes. Further, more than 19.26 lakh people have been screened for sickle cell ailments during VBSY. In addition to screenings, Yatra has also provided counselling on lifestyle changes to more than 1.57 crore individuals, aiming to prevent NCDs and 169 National, 660 State and 995 District level trainers trained under VBSY campaign.

CP-CPHC 03: Ensure continued capacity building of primary healthcare team members at the Ayushman Arogya Mandirs

- ❖ 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 CHO Mentoring project is aimed at providing high-quality, on-the-job training, mentoring, and supportive supervision for the CHO. This is aimed at improving the knowledge, skill & attitude of CHO and enhance the quality-of-service delivery at the Ayushman Arogya Mandir facilities.
- ❖ NHSRC supported States to identify State Mentors (SMs) based on eligibility criteria, identify CHOs to be assigned to each SM and to support mentorship by linking CHOs with SMs.
- ❖ The number of CHOs mentored through the first three batches are as below:
 - Batch 1 – A total of 69 State Mentors (SM) are certified and currently 47 SM are mentoring 2462 CHOs in the Extended Mentoring phase.
 - Batch 2 – A total of 122 State Mentors (SM) are certified and currently 117 SM mentoring 4395 CHOs.
 - Batch 3 - 202 State Mentors (SM) are certified and currently 190 SM are mentoring 6917 CHOs.
 - In addition, 54 State Mentors from Batch 1 and 2 are currently mentoring a second round of 1851 CHOs.
 - Batch 4- Nomination of State Mentors (SM) is under process

3.1 Training Monitoring Portal

- ❖ A training monitoring portal called ‘SASHAKT’ (Systematic Assessment of Health Care Provider’s Knowledge and Training) is being used by states to plan and conduct training and track the progress in terms of coverage
- ❖ Legacy training data entry has been enabled in SASHAKT portal from 01.01.2021 onwards.
- ❖ A mobile application has been developed for accessing e-modules for ASHAs and MPWs to ensure seamless user experience for enrolling and tracking training. The e-modules for CHOs are in progress and integration of these e-modules with Saksham portal is in progress.
- ❖ A module for registration, record of attendance, and downloading e-certificate for NTOTs, State ToTs and District level ToTs and other package trainings is developed in SASHAKT portal and draft uploaded in web Portal.
- ❖ 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 as a PDF format.
- ❖ Videos on palliative care are also available on web Portal as Palliative Skill Videos in training videos section which is linked with YouTube.
- ❖ A provision to generate and download an e-Certificate has been made on SASHAKT portal after completion of trainings
- ❖ A total of 34 States and UTs are using SASHAKT portal (except Delhi and West Bengal)
- ❖ Orientations for multiple States and UTs were conducted based on the request of States and UTs

3.2 Guidelines

- ❖ Revised CPHC Guideline - A Draft has been submitted for approval. As per instructions, an addendum document is being drafted

CP-CPHC 04: Develop an integrated training mechanism for CPHC team members

Training Modules

4.1 Development of e-Modules on the expanded package of services for Primary Health Care team

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 will be hosted on NIHFW LMIS on Saksham Portal

4.2 Development of Skill-based Videos

23 Skill videos in English and in Hindi on NCD, Oral, Emergency and ENT services are being developed. English videos have been developed and shared with Ministry for review and approval. In addition, Hindi videos are being prepared.

CP-CPHC 05: Support States and UTs to strengthen the role of community participation platforms i.e., VHSNC/MAS

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 is implemented 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 10.3 Lakh* ASHAs positioned across the country, with 9.42 Lakh in rural areas and 0.88 Lakh in urban areas and 44,173 ASHA Facilitators. As on date, 5,62,596* Village Health Sanitation and Nutrition Committees (VHSNC) and 98,101* Mahila Arogya Samities (MAS) are functional across the country. (*Data Source: ASHA Update MIS, as on 30th June 2024).

5.1 Additional Training of State Trainers - 180 State Trainers (04 batches) - 3 days Training

Three batches of VHSNC ToTs were conducted. A total of 76 participants from 17 States and UTs successfully assessed as State Trainer, now a total of 154 state trainers and 82 National trainers available across the country.

CP-CPHC 06: Support States and UTs for establishing Jan Arogya Samitis (JAS) across Ayushman Arogya Mandir in rural and urban areas

As on 19th March 2025, 1,39,573 (78.9%) JAS are constituted against 1,76,753 operationalized Ayushman Arogya Mandir across India and 1,76,710 primary healthcare team members are trained on JAS.

6.1 Additional Training of State Trainers - 180 State Trainers (04 batches) - 2 days training

Four 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.

CP-CPHC 07: Undertake training of State/UTs for the capacity building of PRI, SHGs, ULB

A draft letter proposed to be sent from Secretary Health to the secretaries of MoPR and MoRD has been shared with MoHFW requesting for integration of health module for PRIs into the regular trainings of PRIs.

- ❖ Training module of PRI: The facilitator & participant manuals for training PRIs on Health is developed & being finalized
- ❖ Training module of SHG: manual for training of SHGs is developed & being finalized
- ❖ Training module of ULB: The modules for conducting training of ULB developed & being finalized

After the finalization of all training guidelines, collaboration with states, NIRDPR for training shall be undertaken.

CP-CPHC 08: Develop scalable models of Community Processes (CP) and Comprehensive Primary Health Care (CPHC) through partnership with innovation and learning centres and other institutions/ organizations

A total of 5 CPHC- ILCs were operational.

- ❖ AIIMS-Delhi (Nuh, Haryana)
- ❖ PGIMER, Chandigarh (Haryana)
- ❖ Bhaikaka University (Dahod, Gujarat)
- ❖ Vivekananda Kendra Kanyakumari (Bokajan Block, Khatkhati, Assam).
- ❖ KHPT (Bengaluru and Mysuru - Karnataka)

8.1 AIIMS, Delhi

Functional area: Nuh, Haryana

MoU: 1 April 2021- 1 April 2023 (No cost extension till 30 September 2024)

- ❖ Orientation sessions, mentoring and capacity building of CPHC staff
- ❖ Revival and functioning of VHSNCs involving the primary healthcare team.
- ❖ Formation of Patient Support Groups (Diabetes and Hypertension)
- ❖ Development of community-based models for delivery of CPHC via assessment and supportive supervision visits
- ❖ Implementation of a structured weekly schedule for CHOs and know your population chart at Ayushman Arogya Mandirs
- ❖ Tele-mentoring CHOs through ECHO platform and training
- ❖ NQAS related support supervision and branding of facilities

8.2 PGIMER, Chandigarh

Functional area: Haryana

MoU duration: 29 March 2022- 29 March 2025

- ❖ Leadership and change management skills training for CHO, MPHW and Frontline workers
- ❖ Capacity building and handholding of CPHC staff
- ❖ Development of ready reckoner and resource materials for CPHC staff
- ❖ Team Huddle meetings
- ❖ NQAS related support supervision and handholding in support with District Quality Team: Quality tool training, CAPA analysis, Prescription Audit
- ❖ Formation of educator groups
- ❖ Handholding for revival and functioning of MAS/JAS
- ❖ Preparation of ASHA guidebook and training session conducted for the same
- ❖ Creation of MIS Dashboard
- ❖ Social and Behavior Change Communication activities facilitated by field functionaries

8.3 Bhaikaka University, Gujarat

Functional area: Dahod, Gujarat

MoU duration: 02 August 2021-02 August 2023

- ❖ Identification of suspected mental health patients through questionnaire and visiting these patients along with health team to confirm the status of disease and initiate treatment
- ❖ Leadership and change management skills training for CHO, MPHW and Frontline workers
- ❖ Behaviour Change Communication training for adherence to treatment for common NCDs and lifestyle modifications
- ❖ Use of PRA tools for needs assessment at Ayushman Arogya Mandir and its subsequent refresher training when required
- ❖ Adoption of Positive Deviance Model for Non-Communicable Diseases
- ❖ Integration of faith healers with the mainstream healthcare delivery model
- ❖ Facilitation of Ayushman Arogya Mandirs with AYUSH
- ❖ Team Huddle meetings
- ❖ Formation of Patient Support Groups

8.4 Vivekananda Kendra Kanyakumari, Assam

Functional Area: Bokajan Block, Khatkhati

MoU duration: 18 February 2022- 18 February 2025

- ❖ Creation of Patient Support Groups (Diabetes and hypertension)
- ❖ Capacity building of CPHC staff at AAMs
- ❖ Training of CHOs on Primary eye care
- ❖ Facilitation and orientation on JAS guidelines
- ❖ Development of ANC, NCD and VHSNC checklists
- ❖ Development of herbal gardens at Ayushman Arogya Mandirs

8.5 KHPT, Karnataka

Functional Area: Bengaluru and Mysuru

MoU duration: 11 October 2022- 11 October 2025

- ❖ Communication and Behaviour Change Communication activities to influence health-seeking behaviour in improving demand for CPHC services
- ❖ Capacity building of Child Health Ambassadors to serve as health agents within their community
- ❖ Community campaigns for overall awareness of available CPHC services and mobilization
- ❖ Ward committee formation and capacity building
- ❖ Stakeholder, community and expert consultations workshops-MAS
- ❖ Mapping of vulnerable population
- ❖ SBCC activities through field functionaries

CP-CPHC 09: Undertake Information Technology solutions for enabling clinical and public health decision making for PHC

Support development and implementation of Ayushman Arogya Mandir Portal 2.0/ Application 2.0 in FY 2024-25

The following newer features are developed on AAM portal/application:

- ❖ Provision for reporting individuals managed and referred under the expanded package of services.
- ❖ Inclusion of reporting for JAS untied funds in the service delivery reporting format.
- ❖ Reporting format for health has been revised to align with the requirements of Ayushman Arogya Shivar, incorporating new data elements.
- ❖ A dedicated planning module was also developed to manage events related to the Ayushman Arogya Shivar.
- ❖ The user interface of the mobile application has been redesigned to enhance the user experience. Additionally, new features for reporting and dashboard visualization of reports have been made available.
- ❖ Entries and report download of new facilities such as AYUSH-AAM and U-AAM have been enabled on Ayushman Arogya Mandir Portal.
- ❖ An upgraded version of the facility image upload feature with GPS coordinates for Ayushman Arogya Mandir branding has been implemented.
- ❖ Design and development of the Ayushman Arogya Mandir Portal 2.0 are currently in the agency selection phase.

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

- ❖ Online orientation of all States and UTs on newer features of AAM portal conducted on 8th November 2024 in which more than 4000 participants joined, including CHOs, SNOs and District Officers.

9.2 Support development and operationalization of NP-NCD application inclusive of all 12 packages of services

- ❖ Changes in NP-NCD portal's dashboard for improved monitoring of indicators

9.3 Development and implementation SASHAKT Application in FY 2024-25

- ❖ For facility Profile Staff management - Developed a module within the MO/CHO login for managing posted staff at Ayushman Arogya Mandir on both the web portal and mobile application
- ❖ Duplicate Record Merging - Create a module to merge duplicate records of healthcare functionaries.
- ❖ Data Migration Required for ToT Trainers - The SASHAKT portal was updated to enable ToT training planning, requiring automated migration of trained trainer data to the trainers' list for package-wise status reporting.
- ❖ Monthly Report Formatting prepared for training being generated as per Ministry requirement.
- ❖ Block-wise data capturing initiated in SASHAKT Portal for participant

9.4 Orientation on SASHAKT Portal utilization to State & UT

- ❖ Four Batches of online training being conducted for all States in month of June (2 batches on 25th June and 8th July 2024 (Morning and evening session)
- ❖ Separate online meeting conducted on SASHAKT portal with state and District Nodals including CHOs of State Gujarat on 20th July 2024
- ❖ Similarly for Odisha also separate meeting was conducted on 12th November 2024
- ❖ Consultative meeting on SASHAKT Portal with Odisha Team on Bulk data capturing on portal, previous sessions
- ❖ As of now, a total of 240 participants from 34 States and UTs (except Delhi and West Bengal) are trained for using SASHAKT portal.

CP-CPHC 10: Undertake research and rapid reviews for strengthening program and policies related to CP and CPHC

10.1 Completed studies:

- ❖ Factors influencing performance motivation of ASHAs, the Community Health Volunteers of India - A Mixed Method Study.
- ❖ Ayushman Arogya Mandir: Paving the path to Universal Health Coverage in India
- ❖ Community Platforms: Empowering communities through Jan Arogya Samitis in six states. Manuscript ready for submission. (This study involves the previously proposed study: Process evaluation national level scale-up of capacity building of JAS in rural and urban areas as one of the objectives)
- ❖ Ayushman Bhav Health Melas: A campaign to Saturate Health care to Everyone

10.2 Ongoing:

- ❖ Assessment of KAP of CHOs in undertaking the Public Health role including Health Promotion and Disease Prevention and Surveillance
- ❖ To explore the role of various digital platforms for IEC on CPHC
- ❖ To explore the chronological progress of primary healthcare in India
- ❖ Traditional and Complementary Medicine: Mapping the Global and Indian scenario

- ❖ Exploring The Role of Comprehensive Primary Healthcare Via Primary Level Health Care Service Providers in Addressing Stillbirths Under Ayushman Bharat Program: A Case-Control Study.
- ❖ The Burden of Acute Simple Illnesses and Preparedness of Ayushman Arogya Mandir Primary Healthcare Delivery System: A Cross-Sectional Study
- ❖ To analyze demographics trend in the country and examine global best practices in demographic management policies.
- ❖ Concurrent Evaluation of National Sickle Cell Anaemia Elimination Mission (NSCAEM)
- ❖ Assessment of CHO Mentoring Project.
- ❖ To analyze the shift in utilization of service delivery from secondary to primary healthcare by AAM health facilities.

Note: The following two studies proposed in the workplan are not taken up because NITI Aayog has been working on these.

1. Piloting of Integrated Approach to primary health care
2. Implementation challenges & way forward – newer packages of service

CP-CPHC 11: Miscellaneous Activities

11.1 Other Guidelines/ Modules

- ❖ Guidance note Restructuring of ASHA incentives based on outputs and outcome is being prepared.
- ❖ Handbook for ASHA on Air pollution was developed and submitted for approval
- ❖ Annual ASHA Update FY 2023-2024 was developed and submitted for approval
- ❖ Handbook on Legal Aids for Acid Attack Survivors for primary healthcare team in collaboration with ED Sectt and PHA div.

11.2 Events: Participation in various events

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

1. Vibrant Village Programme Leh, Ladakh (6th to 8th June 2024)
2. 16th CRM Visit to Assam, Madhya Pradesh, Bihar, Gujarat, Chhattisgarh, Uttar Pradesh, Odisha, and Haryana
3. Attended the ‘Dissemination Workshop on Guidelines on Equipment Maintenance, Calibration, and Testing’
4. Attended Regional NHM workshops in Meghalaya, Jammu & Kashmir, Rajasthan and Andhra Pradesh.
5. Attended ECHO India-CPHC Project Partner Launch Training Event, New Delhi
6. Attended Regional Review Meeting for Northeastern States, Meghalaya
7. Participated in ‘ICMR Brainstorming workshop for Sickle Cell Disease Research’, New Delhi
8. Participated in ‘Implementation research on integration of mental health with NCDs, ICMR’
9. Organised National Workshop of State Nodal Officers on Strengthening CPHC, NHSRC
10. Attended online ‘Dissemination meeting on ICMR Registry of Contraceptive Users and Research Areas’

11. Participated in the World Mental Health Day 2024 workshop
12. Attended 'National ToT Workshop on MNS Service Pilot at AAM', New Delhi
13. Participated in 'National ToT on National Sickle Cell Anemia Elimination Mission', Bhopal
14. Attended online workshop on 'Dissemination Meeting on ICMR Registry of Levo-Ormeloxifene (Centchroman) & PPIUCD Contraceptive Users and Newer Areas of Research in Hybrid Mode'
15. Attended workshop on 'Advancing HIV Services in India through Primary Healthcare: A Path towards Universal Health Coverage', Hyderabad
16. Attended National Workshop on Kilkari and Mobile Academy (KMA), New Delhi
17. Attended online workshop on 'Dissemination and National Consultation meeting on the Identification of Markers and Research Priorities in Pre-Eclampsia'
18. Attended panel discussion at the India Rural Colloquy 2024, India International Centre, Delhi
19. Attended 'National Conference on Universal Access to Healthcare: Digital Solutions', New Delhi
20. Facilitated the Sickle Cell Anemia Mission Stall at IITF, Delhi
21. Attended the launch of 100 Days TB Campaign, Jaipur
22. Attended 'PM Janjatiya Unnat Gram Abhiyan', Delhi
23. Attended and presented AAM Portal at 'National Workshop cum training of state nodal officers for Strengthening CPHC Services', NHSRC, New Delhi
24. Attended and presented at the 'Regional Review cum Workshop for CPHC Priority Districts of NE States', RRCNE, Assam
25. Facilitated 'Orientation on E-modules', Madhya Pradesh
26. Attended and presented at 'iGOT Workshop under Mission Karmayogi', NIHFW
27. Attended Workshop on AI Solution Evaluation, USAID Office
28. Attended 'National Conference on Universal Access to Healthcare: Digital Solutions organized by SANKALA foundation, New Delhi
29. Attended 'National workshop on Kilkari and Mobile Academy with launch of KMA' in Karnataka, Goa, and DD&DNH
30. Attended Dissemination workshop on 'Scalable Transdiagnostic Early Assessment of Mental Health (STREAM)' organized by Sangath, New Delhi
31. Participated in Uttarakhand AAM assessment
32. Attended 'RRCNE CP-CPHC Strengthening Workshop', Guwahati
33. Attended National Tribal Health Conclave, New Delhi
34. Attended launch of 'Viksit Bharat Sankalp Yatra for health', New Delhi
35. Attended 'World Patient Safety Day' event organized by QPS division, NHSRC, New Delhi
36. Attended 'Results dissemination workshop on engagement of communities in health' organized by TRI, New Delhi
37. Attended 'Northeast Regional Workshop on HMIS and Launch of Kilkari Programme', in Guwahati

11.3 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 has grown via organic engagements since inception. Twitter has 16,009 followers; Facebook has 8,856 followers and Instagram has 4,956 followers (as of 31st January 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, topical days using various formats such as carousel posts, reels, GIF, data led, static posts etc. Posts are published in English as well as Hindi.

11.3.1 Training of State / UT officials and CHOs on Social Media content creation and documentation of best practices & success stories

1. A social media training was conducted on 27th and 28th June 2024 in virtual mode by CP-CPHC division of NHSRC, Delhi in collaboration with Organic by MSL Team. It was structured to occur in two batches each day: one for state and district officials and the other for CHOs.
2. The first batch of State & district officials was conducted on 27/6/24 comprising 134 participants from 17 States and UTs and the second batch was conducted on 28/6/24 comprising 139 participants from 19 States /UTs.
3. The first batch of CHOs was conducted on 27/6/24 comprising of 158 participants from 17 States and UTs and the second batch was conducted on 28/6/24 comprising 96 participants from 19 States and UTs.

11.3.2 Prepared manuscript on – ‘Social media as a catalyst for Health Behaviour Change: From Traditional IEC to Digital SBCC in the era of Ayushman Bharat’

11.3.3 Prepared social media booklet capturing success stories from 6 States and UTs.

11.4 Integration of AYUSH in Comprehensive Primary Health Care

A comprehensive proposal has been developed to establish standardized referral pathways for integrating AYUSH systems with allopathic care under the Ayushman Arogya Mandir (AAM) initiative. This proposal focuses on creating seamless cross-referral mechanisms to ensure coordinated, integrated care for chronic conditions by leveraging the strengths and addressing the limitations of both AYUSH and allopathy. The proposed pathways aim to enhance continuity of treatment and bridging existing knowledge gaps through capacity-building initiatives for healthcare providers.

A meeting was conducted with Ministry of Ayush and Modules to be designed, and it will be shared with NHM shortly as meeting was held in December 2024. As daily yoga sessions and AYUSH services covering 12 expanded packages are conducted at AAMs, with developed modules on maternal health, child health, cancer, NCDs, adolescent health, and therapeutic areas like TB, PCOS, and diabetes, along with nutrition modules for Poshan Abhiyan.

11.5 National Sickle Cell Anemia Elimination Mission

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

11.5.1 Key deliverables accomplished:

- ❖ Supported Revision of Standard Treatment Guidelines for Sickle Cell Disease
- ❖ Facilitated National TOT on National Sickle Cell Anemia Elimination Mission at Bhopal
- ❖ Participated in Tribal Health Conclave
- ❖ Provided technical inputs on -

- Inclusion of Hydroxyurea for SCD patients
- Intellectual property rights of sickle cell genetic cards
- Use of DBS in HPLC method of screening
- ❖ Costing norms for haemoglobinopathies and other blood cell proposals
- ❖ Training norms for primary healthcare team on SCD
- ❖ IEC materials for IITF
- ❖ Sickle Cell Disease Research at ICMR Brainstorming workshop
- ❖ Developed draft design on SCD card
- ❖ Guidelines for sickle cell patients undergoing Bone Marrow Transplant under CSR scheme of Coal India
- ❖ Parliamentary questions

11.6 Workshops

11.6.1 National Level Training cum Workshop of State Nodal Officers on strengthening of CPHC

Aligned with our vision of a Developed India by 2047, a five-year plan has been formulated to strengthen the healthcare system. This plan focuses on providing accessible and high-quality healthcare services to all citizens through Ayushman Arogya Mandirs (AAMs), ensuring equitable care regardless of financial capacity.

To achieve the vision of *Viksit Bharat@2047*, it is crucial to ensure the availability of adequately trained Human Resources for Health (HRH), uninterrupted and consistent supply of medicines and diagnostics, effective use of technology, teleconsultation for specialist consultations, and interdepartmental collaboration through the formation of Jan Arogya Samitis (JAS). Additionally, expanded service packages are being rolled out. More than 1.76 lakh Ayushman Arogya Mandirs are operational across the country, with over 70% offering expanded service packages, thereby delivering comprehensive primary healthcare services. To further enhance and sustain these efforts, the NHSRC is organizing a series of three-day workshop-cum-training sessions for all States and Union Territories.

These workshops aim to assist States and UTs in developing effective training plans and addressing challenges in implementation. Conducted in five phases, the training covers all 12 service packages, with participation from 34 States in five batches of workshops. A total of 176 state participants were oriented on expanded packages of services by respective program divisions.

As part of these sessions, participants prepared and presented their recruitment and training plans through group activities. The compiled reports and detailed presentations were shared with the States for follow-up actions. States are advised to revisit existing gaps and formulate action plans to address them. These efforts aim to further strengthen comprehensive primary healthcare services through Ayushman Arogya Mandirs.

National Level Workshop for State Nodal Officers on Strengthening Comprehensive Primary Health Care (CPHC) aimed to enhance the implementation of Ayushman Arogya Mandirs (AAM) by addressing key aspects of human resources and service delivery was conducted at New Delhi in NHSRC Office. The primary objectives were to guide States and Union Territories (UTs) in conducting a thorough gap analysis of human resources at AAMs and formulating effective recruitment and training plans for their next 5 years. The

workshop also focused on addressing state-specific challenges in service delivery and ensuring the smooth rollout of the expanded service package.

- **Batch 1 (18th–20th July 2024):** Andhra Pradesh, Telangana, Tamil Nadu, Kerala, West Bengal, Puducherry
- **Batch 2 (31st July–2nd August 2024):** Uttarakhand, Lakshadweep, Daman & Diu, Dadra & Nagar Haveli, Andaman & Nicobar Islands, Goa, Odisha, Haryana, Delhi, Chandigarh
- **Batch 3 (12th–14th August 2024):** Chhattisgarh, Maharashtra, Gujarat, Punjab, Himachal Pradesh, Jammu & Kashmir, Ladakh
- **Batch 4 (28th–30th August 2024):** Uttar Pradesh, Bihar, Madhya Pradesh, Karnataka, Rajasthan, Jharkhand
- **Batch 5 (3rd–5th September 2024):** Assam, Sikkim, Nagaland, Manipur, Mizoram, Arunachal Pradesh, Meghalaya, Tripura.

11.6.2 NAMG Meeting

The National ASHA Mentoring Group (NAMG) was established by the Ministry of Health and Family Welfare in 2005 to function as a technical and advisory body for the ASHA Programme, providing guidance and support to the Central and State Governments in the implementation, mentoring, and monitoring of the initiative. The National Health Systems Resource Centre (NHSRC) serves as the NAMG’s secretariat.

The NAMG comprises experts and practitioners in Community Health and social sector from various fields, including government officials, NGOs, training and research institutions, academia, and medical colleges. The Ministry periodically updates the membership based on the need and requirement, the most recent reconstitution was completed in March 2022, again the member list has been revised and a draft note for the reconstitution and scheduling of upcoming NAMG meeting have been submitted for approval which is tentatively scheduled in April’ 2025.

11.6.3 Primary Healthcare Advisory Group Meeting

This group was not constituted as an existing group of experts that were involved in suggesting revisions in the CPHC Guidelines was already in place.

11.6.4 Social recognition of Best performing Community Platforms

A Draft criterion for social recognition of Best performing Community Platforms was prepared and under finalization.

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

KHPT was engaged to provide inputs on the PRI and SHG modules on health.

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:

S No	Position	Sanctioned	In-position	Vacant
1	Advisor	1	0	1
2	Lead Consultant	0	1*	0
3	Sr Consultant	2	1	1
4	Consultant	3	1	2
Total		7	3	3

*In lieu of Adv

Areas of Work

HCF 01: Finalization of National Health Account Estimates in 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 reports of NHA 2020-21 and 2021-22 in September 2024. The team is currently preparing the NHA 2022-23 estimates.

HCF 02: State Health Accounts

Work on the preparation of State Health Accounts reports of 15 states for FY 2021-22 is ongoing.

HCF 03: 16th Finance Commission Studies

The HCF division has been undertaking five studies related to healthcare financing as per the request of the 16th Finance Commission (16th FC). The concept note for the studies was prepared and shared with MoHFW on 19th November 2024. The 16th FC approved the concept note of the studies on 8th January, and the team has to submit the final reports by 25th April 2025. The studies being conducted by the division for the 16th FC are:

1. Impact of Government Health Expenditure on Out-of-Pocket Expenditure.
2. Impact of Government Expenditure on Infant Mortality Rate.
3. Scenario Analysis of Government Health Expenditure.
4. Role of Private Healthcare- Coverage and Utilisation of Private Health Services in India.
5. International Experience- Cross-Country Learning for the Indian Health System through the Lens of Health Financing.

HCF 04: Report on AYUSH Utilisation

The HCF team has prepared a draft report exploring the utilisation pattern for AYUSH services using the recently released NSS 79th round AYUSH data.

HCF 05: Activity Based Costing and Management Exercise

The division is currently undertaking an Activity Based Costing and Management (ABC/M) exercise for HIV, TB, NCD, Mental Health, and VBD services in the selected states with USAID and Avenir Health. A meeting was held for a discussion on concept note partners, USAID and Avenir Health. The draft concept note along with the draft MoU and NDA, prepared after the meeting, was shared with USAID and Avenir Health. Both parties are yet to get back to the division regarding the concept note, MoU and the NDA.

III. HEALTH CARE TECHNOLOGY (HCT)

Key Deliverables

1. Prepare operational/ guidance notes.
2. Prepare technical specifications for medical devices.
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. Use of Drone in Healthcare
8. Oxygen Asset management
9. Undertake assessment of Product Innovations and Health Technology Assessment (HTA).
10. Support Inter-Departmental / Inter-Ministerial technical activities related to medical devices.
11. Collaborating with WHO, DPs and other institutes in activities related to health technology management in public health.
12. Training and capacity building of States/UTs
13. Miscellaneous Activities

Team Composition

Position	Sanctioned	In-position	Vacant
Advisor	01	01	00
Lead Consultant	01	01	00
Senior Consultant	04	02	02
Consultant	07	05	02
Total	13	09	04

HCT 01: Prepare operational/ guidance notes

- ❖ Prepared guidance document on equipment maintenance, calibration and testing were developed and disseminated to States/UTs by MoHFW.
- ❖ The division is in the process of
 - Developing a guidance document on use of energy efficient medical devices at public health facilities

- Developing a guidance document for assisting the program officers on rational procurement of lab reagents and consumables at public health facilities
- Developing a guidance document on National Sample Transport model for providing an expanded basket of laboratory tests closer to the community
- Developing ToRs for Biomedical engineers to be placed at the public health facilities
- Preparing a guidance document on strengthening the AERB compliance in in-house mode of public health facilities

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

- ❖ Developed and updated technical specifications of medical equipment (facility and category-wise) for NICU, PICU and NRC medical equipment
- ❖ Developed technical specifications for POCT Sickle Cell with support from MoHFW.
- ❖ Review of the NHSRC equipment costing database is in progress
- ❖ The division is preparing technical specifications for assistive technology devices based on the list of devices approved by ICMR

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

- ❖ Prepared Guidelines on Equipment Maintenance, Calibration & Testing for States/UTs
- ❖ Organized a National Workshop on Dissemination of Revised Guidelines on Equipment Maintenance, Calibration & Testing on 22nd October 2024 for States/UTs.
- ❖ Guided States/UTs (Rajasthan, Karnataka, Ladakh, Telangana, Uttarakhand) for smooth transition for the second term of engaging the service provider under BMMP.
- ❖ Developed medical equipment kit for service delivery of 12 CP-CPHC packages for CHO, ANM, ASHA and MO.
- ❖ Effectiveness study of different models of implementing BMMP by States/regions. (PPP and In-house) is in process.
- ❖ Pilot study on implementation of emerging new technology like Artificial Intelligence / Internet of Things (IoT) in medical devices under public health facilities is ongoing.

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

- ❖ Completed study on the best models of 'Sample Transport System' under FDSI in 04 States/UTs with support from WHO Country Office and IIHMR-Jaipur.
- ❖ Study on % compliance of health facility in quality assurance and quality control related activity at PHC/CHC/DH level of care- activity has been dropped as quality division looks after the quality assurance part.
- ❖ Filed visits to states/UT for assessment of program implementation in primary health care setting is carried out on a regular basis to assess the program implementation and guide States/UTs for improvement.
- ❖ Developed diagnostic module in the DVDMS portal with guidance from MoHFW and CDAC Noida. Field testing is in progress with 4 States (Gujarat, Bihar, Assam and Punjab).
- ❖ Supporting States to roll out FDI Teleradiology & CT Scan services by understanding their mode of program implementation and suggesting new and innovative models
- ❖ In process of promoting teleradiology services in in-house mode through a module developed by NIC.

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

- ❖ Developed model RFP document based on the ‘Quality and Cost-Based Selection (QCBS) methodology for selection of a suitable service provider in the PPP mode under PMNDP
- ❖ Conducted National workshop on dissemination of revised Hemodialysis bid document and PMNDP portal for States/UTs on 15th October 2024 at NHSRC, New Delhi.
- ❖ Prepared dialysis facility evaluation excel based toolkit for the assessment of dialysis centers under PMNDP.
- ❖ Developed reference costing as per PIP matrix involved in key activities for scaling/implementation of dialysis services under PMNDP, the same has been added to be operational guidelines of Hemodialysis services.
- ❖ Strengthened PMNDP portal by addition of analytics and performance assessment module for capturing the clinical and monitoring parameters of dialysis patients.
- ❖ Facilitated signing of the Tripartite MoU between FICF, Indian Oil Corporation and NE states for deployment & installation of Hemodialysis Machines under PMNDP for NE States at RRC-NE on 25th of November 2025.
- ❖ Supported States/UTs in expansion and scaling up dialysis services. (New Centre operational in 05 districts).
- ❖ Completed virtual training on the various modules of PMNDP portal. Trained 4000 NHM officials.
- ❖ Developed operational guidelines for Peritoneal dialysis under PMNDP - to fix a meeting with JS(P) to discuss it further post MTR

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

- ❖ National Workshop on strengthening AERB compliance for States/UTs on 22nd October 2024. Guided States/UTs on improving AERB compliance in public health facilities.
- ❖ Facilitated and provided technical support for the conduct of radiation safety & safe use of X-ray related equipment for the state of West Bengal on 7-8th August 2024. (400 radiographers were trained)

HCT 07: Use of drone in healthcare

- ❖ Developed guidance document on implementation of drone technology in healthcare, approved by MoHFW and disseminated to States/UTs.
- ❖ Completed study on cost effectiveness analysis for use of drone technology in supplementing medical logistics in the state of Meghalaya.
- ❖ Facilitated PMSSY in piloting use of drone technology at 11 tertiary care health facilities (AIIMS/INIs). Included in 100 days action plan. Launched by Hon’ble PM on 29th October 2024

HCT 08: Oxygen Asset Management

- ❖ Developed operational guidelines on Oxygen asset management and submitted to MoHFW for approval.

- ❖ Developed model tender document for engaging service provider in PPP mode for CAMC/AMC of PSA plants - **Submitted to MoHFW for approval** via file no. 3175555
- ❖ Supported State of Rajasthan in finalization of RFP for CAMC/AMC of PSA plants.

HCT 09: Undertake assessment of Product Innovations and Health Technology Assessment (HTA)

- ❖ Conducted HTA of various Rapid diagnostic kits for the diagnosis of Sickle Cell Anaemia and other POC devices.
- ❖ Meeting held with various innovators for understanding the latest technology or devices like (i-breast, Niramai thermalyx, non-invasive digital hemoglobinometer, handheld X-ray, CSIR-DBS, etc)
- ❖ Supported DHR and Medtech Mitra for providing technical inputs and participating in HTA workshop as resource person.

HCT 10: Support Inter-Departmental / Inter-Ministerial technical activities related to medical devices

- ❖ Provided technical support to Materiovigilance Program, BIS and NCCVMRC in matters related to Medical Devices.

MvPI

- ❖ Technical inputs provided for the 'Partner's Meetings- medical device adverse events' organized by IPC
- ❖ Participated as expert in the training program organized by IPC on MvPI for awareness generation among the medical device monitoring centers

BIS

- ❖ Participated and provided technical inputs Medical Equipment and Hospital Planning Department (MHD) sectional committee meetings
- ❖ Provided technical inputs in the BIS meetings for equipment standards
- ❖ Provided technical inputs ISO/BIS ballots

HCT 11: Collaborating with WHO in activities related to health technology management in public health.

- ❖ Studied the best models of In-Vitro Diagnostics (IVDs) and Tele-radiology at Primary Healthcare Setting with WHO-SEARO in States of Tamil Nadu, Odisha, Telangana and Chhattisgarh
- ❖ Conducting workshop of health workers on AMR - one health diagnostic stewardship activity was dropped and may be considered in later years once the diagnostic availability is streamlined in all States/UTs
- ❖ Developed video on best diagnostic models of sample transportation and teleradiology for dissemination to WHO-SEARO member countries with approval of MoHFW
- ❖ Developed technical guidance document on medical oxygen ecosystem management with USAID-RISE – **awaiting MoHFW approval**

HCT 12: Training and Capacity Building in States/UTs

- ❖ Held virtual meetings with states/UTs for training and handholding on HCT related programs
- ❖ Held workshop on equipment management and inventory control to all State nodal officers of States/UTs
- ❖ Supported development partner (JHPIEGO- Empower School of Health) in developing 14 training videos for lab technicians on orientation and safe use of lab diagnostic equipment. The finalization of videos is in process.

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

Key Deliverables

1. Support States in strengthening and professionalizing HRH management and filling up the vacancies in NHM (both service delivery and Program management) across all pools and programs.
2. Monitor HRH and its performance through State reports/ HRMIS/HMIS as applicable.
3. Support Capacity building of HRH especially in program management
4. Document and share HRH data analysis and evidence for better planning and performance
5. Support simplification of the planning process, PIPs and its monitoring
6. Support NUHM in strengthening HRH practices. NUHM is 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. N	Position	Sanctioned	In-position	Vacant
1.	Advisor	1	1	0
2.	Lead Consultant	2	1	1
3.	Senior Consultant	4	2	2
4.	Consultant	8	6	2
Total		15	10	5

Areas of work

HRH 01: Planning Support and Advocacy

1.1 Support Aspirational districts, Aspirational blocks and Vibrant Villages in strengthening the HAPs/BHAPs and Village Health Plan and their implementation

Based on the visit to Jagdishpur (aspirational block) in FY 2023-24, the team compiled a set of recommendations for the State highlighting priority areas. The team also supported the state in reviewing the action plan for the seven key performance indicators under the Aspirational Block Programme. Based on the visit, a letter from MoHFW dated 31 July 2024 was sent to the Mission Director Bihar highlighting the key issues that the state would need to address.

Vibrant Villages Programmes: The team also visited the Korzok in Leh District and Mangan and Passingdang blocks in North Sikkim District under the Vibrant Villages Programmes. Following the visit, the state team of Sikkim was briefed on the condition of healthcare facilities, the availability of drugs and diagnostics, and the key challenges related to HRH, along with possible measures the state can implement to address these issues. A report was submitted to MoHFW with key challenges and recommendations for the State.

SRM Jharkhand: The state of Jharkhand is set to initiate the State Review Mission (SRM). At the state's request, a one-day orientation session was conducted in Jharkhand to brief the teams about the objective of SRM and process to be followed. During the mid-term review meeting, the AS&MD emphasized the need for all programme divisions to orient the SRM team of Jharkhand and instructed HRH-HPIP team to conduct the orientation. An online orientation was organized on 3rd and 4th February 2025 where all the programme divisions of NHSRC and MoHFW provided necessary guidance and clarity on the programme objectives and the key areas to assess during the visit.

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

To simplify the PIP process for the States and UTs the team conducted an orientation meeting with States/UTs to discuss and guide them on Programme Management costing for the PIP in July 2024. The aim of the meeting was to help the States/ UTs develop a clearer understanding on which activities are included in Programme Management cost, which would help the State teams plan better. The SPMs and planning teams from all states/UTs participated in the meeting.

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

The HRH-HPIP team has also been coordinating with MoHFW 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 24-25) and final (FY 23-24)

The final assessment of key conditionalities of FY 2023-24 was carried out and shared with MoHFW. A meeting was held with the AS&MD to brief her on the process followed for assessing conditionalities along with the results. The AS&MD also suggested the team to revisit the indicators for FY 2024-25 and FY 2025-26 and suggest necessary changes.

HRH 02: Providing Technical Assistance in HRH

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

The HRH team has been supporting the seven EHSDP states (Uttar Pradesh, Punjab, Kerala, Tamil Nadu, Odisha, Meghalaya and Andhra Pradesh) in developing state specific HRH Strategy. This is also part of the Disbursement Linked Indicator (DLI) under the World Bank-supported India's Enhanced Health Service Delivery Programme (EHSDP).

After the national level workshop on development of the HRH strategy, four states conducted and shared their situational analysis. The team reviewed the draft situational analyses shared by the State. Based on the review of the situational analysis, the team identified Punjab and Uttar Pradesh to support in the development of the HRH Strategy. The HRH Strategy for these two states are being developed.

2.2 Monitor through State reports, HRMIS (where available)/HMIS.

The status of HRH as per the ROP key deliverables are monitored regularly. 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, and progress reports are submitted to MoHFW.

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

- ❖ The team reviewed the status of HRH and provided regular feedback to the states with high vacancy on the recruitment of posts under NHM and creation of posts under regular cadre. Regular visits to the states are being conducted to assess the HRH status and follow-up on the recruitments and help the states strengthen the HRH management practices.
- ❖ The HRH-HPIP team visited the state of Jharkhand in June 2024 and conducted a field visit to Ayushman Arogya Mandirs in Hazaribagh and Ramgarh districts. This was followed by a State Dissemination Meeting and discussion on HRH and integrated planning. Discussions were held with the Mission Director, NHM Jharkhand and the meeting was attended by the DHS, Programme Nodal Officer and state consultants.
- ❖ **State HR Policy:** A comprehensive review of the draft 'Human Resource (HR) Policies and Procedures under the National Health Mission for the State of Jharkhand' developed by the state was carried out. Detailed feedback on the draft policy was shared with the state. In response to the inputs received, the state of Jharkhand has constituted a committee who has been tasked with revising the policy based on the inputs provided.
- ❖ **Note on EPF:** In NHM, EPF is recommended for those drawing salary \leq Rs.15000 per month as of 1st April 2015 and any other staff hired at Rs.15,000 or less after 1st April 2015 as mandated by the Employee Provident Fund and Miscellaneous Provisions Act, 1952. In recent past many States have asked about the EPF provisions and if it could be given to all NHM employees. In the 3rd Regional review meeting conducted in Vijayawada, EPF for all staff under NHM was also discussed. A note in this regard including the including the financial implications has been submitted to MoHFW.
- ❖ **Suggestive Structure for Nursing Cadre and Career Path for CHO:** A note on suggested structure for Nursing cadre along with suggested career path for CHO was prepared and shared with ED NHSRC and MoHFW.

2.4 Analyse HR data and update the State wise report of HR Infographics 23-24

The State wise HRH Infographics for 2023-24 has been finalized and uploaded on the NHSRC website. The team is in the process of drafting the HRH Infographics for 2024-25.

HRH 03: Research and Assessments

3.1 Assessment of Program Management Units and their suggested reorganization for the State of Uttar Pradesh

The National Programme Coordination Committee (NPCC) for FY 2024-26 has recommended that the state of Uttar Pradesh restructure its Programme Management Units (PMUs). State had sought support of the HRH division of NHSRC in this regard.

The team completed a secondary review of the programme management unit at the State and District level as well as their ToRs. The data collection tools for the qualitative data collection were finalized. A preliminary visit was conducted in one of the districts (Meerut) of the State.

During the visit, the team interacted with officials at divisional, district, and block level PMUs. The discussions focused on understanding the current roles, functions, and evolving needs of these PMUs. Interactions were held with key administrative and programme management officials to assess their functions and reporting structures. The team plans to visit and collect data from 2 to 3 other districts in different divisions of the State and the State Programme Management Unit.

3.2 Finalization and dissemination of Time and Motion Study of Primary Healthcare team

- ❖ The Time and Motion study was conducted with the objective of understanding how the expansion of services has impacted the time and work distribution amongst all the HRH of an AAM-Sub Health Centre. The data collection and analysis has been completed for all three states.
- ❖ The findings from the study have been disseminated to AS & MD, NHM, JS (Policy), ED NHSRC, Director NHM and other officials of MoHFW for further policy-level decisions.

3.3 HRH Audit in states

- ❖ Uttar Pradesh: HRH audit was completed for Uttar Pradesh in Feb- March FY 2023-24. The report was finalized, and the findings were disseminated to Mission Director NHM, Uttar Pradesh and AS & MD, NHM, JS (Policy), ED NHSRC, Director NHM and other officials of MoHFW. A letter from AS&MD including the audit report was shared by with the State.
- ❖ Jammu and Kashmir: An HRH audit was requested by Jammu & Kashmir. The team subsequently conducted the audit in the UT in October- November 2024 and the report is being prepared.
- ❖ Jharkhand: HRH Audit was also requested by the state of Jharkhand. The data collection for the audit has been conducted in last week of January. The report is under preparation.

3.4 Monitor NHM MIS and HDI HRH data and effects of streamlining carried out

Based on the gap assessment conducted by the HRH-HPIP team in the NHM MIS, a Standard Operating Process (SOP) for preparing NHM MIS report was developed. A meeting was held in May 2024 to orient the States and UTs on NHM-MIS reporting, address the discrepancies found on the NHM MIS platform and resolve the queries related to reporting. The participants included HRH Nodal Officer and the Monitoring and Evaluation Nodal Officers. This has led to improvement in the reporting.

3.5 Study on engagement of Data Entry Operators

The tools for the study on Data Entry Operators have been drafted and are in the process of being finalization. The data collection is expected to commence in March 2025.

HRH 04: Capacity Building

4.1 State Level Workshops for HRH strategy and planning for priority and PMABHIM State

World Bank had organised a knowledge exchange forum on HRH through Dept. of External Affairs wherein all the EHSDP states participated and presented the progress on HRH

strategies made so far. Advisor HRH was nominated by MoHFW to attend and contribute to the meeting.

4.2 Induction Training for CMHO and DS on Program Management

A one-day orientation workshop on NHM Planning and Finance was organized for the NHM Ladakh Team. The training was attended by the CMHOs, SPMU, DPMU (Leh and Kargil) and BPMU staff from Ladakh. The training was designed with the objective of allowing participants to develop a basic understanding of Planning, Finance and Human Resources for Health in NHM.

4.3 Soft skill training for Nurses and Nursing Leaders

As nurses are widely considered the backbone of our health system, their interaction with patients significantly impacts their satisfaction and overall service acceptability. Feedback collected through the MERA Aspataal has highlighted staff behaviour as a key reason for patient dissatisfaction. In collaboration with IIPH Gandhinagar, the HRH-HPIP division piloted a 3-day soft skills training for nurses and nursing leaders. Nurses including CHOs from AAM-SCs, CHCs, DHs, Maternity hospitals, etc. across 5 states in India - Assam, Odisha, Madhya Pradesh, Maharashtra and Gujarat - participated in this training.

4.4 HRH Bootcamp for all HRH nodal officers

The fourth edition of the HRH Boot Camp was organized between September and October 2024 in two batches. The boot camp saw participation from 26 states and 5 union territories, including HRH Nodal Officers, both from the regular cadre as well as the NHM.

The themes were chosen to prepare the HRH teams for future challenges, covering critical sessions like situational analysis, problem identification, and forecasting. Topics such as HRH monitoring, performance appraisal, and staff welfare were also covered, ensuring that managers are equipped with the tools and strategies necessary to foster a supportive and effective work environment. The training methodology included a combination of case studies, interactive exercises, team activities, role plays and presentations to strengthen participant engagement and learning outcomes.

HRH 05: Partnerships

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

- ❖ The team collaborated with NIHFW and PGI on various trainings related to HRH and planning.
- ❖ The team has an ongoing partnership with IIPH- Gandhinagar for capacity building of HRH on various topics such as soft skills.
- ❖ The team developing the training module based on the pilot MO induction trainings conducted by NHSRC.

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

Collaborated with NE-RRC on the two days Regional Review cum Orientation Workshop for North-Eastern States on Financial & Programme Management.

Regular induction/ orientation session of newly recruited NHM and NHSRC staff are conducted by HRH-HPIP team in coordination with Admin Team of NHSRC.

HRH 06: Other Technical support

6.1 State-based support for HR or planning-related needs, documentation of good practices

As part of the regional workshops conducted for all 36 states and UTs, the team delivered presentations on HRH to support the States in HRH availability and management. The team also documents the good and replicable practices in HRH and action points.

6.2 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.

The HRH-HPIP team has been part of / provide inputs on:

- ❖ Human Resources for Cancer Daycare Centre and Radiation Therapy Units
- ❖ Note on Doctors, Nurses and paramedics required as per IPHS 2022
- ❖ Note on Expanded availability and improving the quality of healthcare workforce
- ❖ The team was also part of AAM Rapid Assessment (Telangana, Uttar Pradesh, Chhattisgarh), Regional Review Workshops, Manthan Shivir, CRM
- ❖ Revision of PIP Monitoring checklist for PRCs - schedule for DH, CHC and district profile
- ❖ Inputs on data definitions of HR format of HMIS, Major gaps in HRH reported in HDI and suggested HRH tables for the HDI report.
- ❖ Inputs on HRH and planning section of the Training Module developed by NP-NCD division for NCD Nodal Officers and Medical Officers
- ❖ Inputs for revision of the IPHS 2022 guidelines
- ❖ Inputs on the NUHM framework document
- ❖ Assessing and scoring HRH Best Practices submitted by the state in the Innovation Portal

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	Position	Sanctioned	In-position	Vacant
1	ADVISOR	1	1	0
2	Lead Consultant	1	0	1
3	Senior Consultant	2	0	2
4	Consultant	3	0	3
Total		7	1	6

Areas of work

ITD 01 : Policy Support and Advocacy

1.1 Guidance, policy support, field evaluations

- ❖ Concept note on Integration of NHM Applications
- ❖ Concept note on Feasibility of integration and tech matrix
- ❖ Proposal building and MoU
- ❖ Field IT Report compilation from various states
- ❖ Provide inputs to Ministry on various IT related areas involving varied stakeholders
- ❖ PIP & SPIP inputs on IT budgets proposals from States
- ❖ CRM visit, Presentation and review reports
- ❖ Review of Program portals – RBSK, e-Sanjeevani, Saksham, various State portals,
- ❖ Prepare technology document for various national health portals under NHM

- ❖ Field visits to States, regional conferences, rapid visits, campaign visits & VVP program visits
- ❖ Participation in various Forums, conferences and workshop as ministry representative.

ITD 02: Capacity Building

2.1 Enhancing capacity from technology perspective

- ❖ Recruiting & Managing NHSRC IT Division team towards capacity building of NHM
- ❖ Strengthening NCD Team in taking over Development work from existing Partner
- ❖ Engage / Collaborate with partners to enhance capacity from IT perspective
- ❖ Guidance to states on Information Technology-related initiatives, IT manpower, Projects and rationalization of existing central portals and State portals.

2.2 Enhancing the efficiency of the NHM initiatives through IT Solutions for states (Completed)

- ❖ Support to states in aligning and strengthening the IT Solutions
- ❖ Migration of Applications.
- ❖ Support in implementation of ABHA ID
- ❖ State support to onboarding to central IT solutions (Odisha, Manipur)
- ❖ Integrations with various national health application and portals
- ❖ Interfacing of NCD, AAM applications and portals with NHA ABDM
- ❖ Development on Integrator prototype for various health applications.
 - Prototyping with 2 health programs
 - Demonstration in Regional Conference
 - Discussions with States over state specific integrator applications
 - Evaluation of Integrator platforms at national & State level
 - Consultation with Partners & Stakeholders, review of Partner models for integrator.
- ❖ Integration with ABDM for ABHA creation and verification

ITD 03: Service Delivery

3.1 National NCD Application

- ❖ Review functional and technical requirements of Application and Infrastructure and mobilize teams towards completion of the same.
- ❖ State specific support over Portal/Application/Infra Apps.
- ❖ CDSS revival and rollout (including Trainings)
- ❖ Complete KT from the existing partner including source code, APIs and other related digital tools, documentations.
- ❖ Support to new partner in terms of Scope of Services, MoU & hiring.
- ❖ Cloud Infrastructure support
- ❖ M3 integration ABDM
- ❖ NCD integrations
- ❖ Enhance consumption of application statewide
- ❖ Migration support to state based applications.
- ❖ SSO and API publishing (dropped due to Partner exit)

- ❖ WA messages push (Dropped in the NCD Monthly meeting owing to financial impact and scalability)

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

- ❖ Planning and support towards Phase 2 activities completion for SaQsham.
- ❖ Support the program division (CU) of NHSRC to bridge the technical (IT related) gap between their team and development team (CDAC) by actively getting involved in all the technical discussions related to development of SaQsham and Gunak portal and mobile application respectively
- ❖ Discussion with third party vendor for migration of data for 2000+ facilities from their existing system to SaQsham database
- ❖ Participate in the finalization of requirement for development of 2nd version of SaQsham with the name SaQsham 2.0
- ❖ Technical support towards states
- ❖ Collaboration with the development partner for integrations
- ❖ Guidance on Security Testing & vulnerability fixations
- ❖ Technical guidance towards MeraAspataal
- ❖ Architecture of MeraAspataal on revised criteria and Programmatic inputs.
- ❖ Coordination with program division Centre for Health Informatics (CHI) and NIC for discussion on the suggested changes and upgradations in Mera Aspataal portal and Mobile Application
- ❖ Discussion and suggestions to incorporate new platform like WhatsApp for feedback collection
- ❖ Supporting the existing team in feasibility to migrate the server from NIC to NHA/Other vendors
- ❖ DVDMS integration(stalled due to partner exit, will be taken up by CDAC)

3.3 IT Solutions for CPHC to support operationalization and quality comprehensive primary health care service delivery (Completed)

- ❖ Develop the EoI for AAM 2.0 from functional and technical perspective and drive architecture and development towards delivery.
- ❖ Management & Maintenance of AAM Portal
- ❖ Management & Maintenance of Sashakt portal.
- ❖ Development of 7 expanded package in the service delivery & its Reporting on the AAM web portal
- ❖ Development of API for integration of AAM portal with Gati Shakti portal
- ❖ Development of the Ayushman Arogya Shivar module & its Reporting on the AAM web portal
- ❖ Development of API for integration of AAM portal Facility incharge data with Sashakt portal
- ❖ Development of API for display of Ayushman Arogya Shivar planned and reported events on the Ayushman Shivar portal
- ❖ Implementation of security audit recommendations on both the AAM web portal and mobile application
- ❖ Development of JAS Financial module & its Reporting on the AAM web portal

- ❖ Coordination with NHM Finance for finalization of the JAS Financial module and reporting format
- ❖ Assessment of features and feasibility of implementations , conditionality resolutions.
- ❖ Integrations of AAM portal with other national portals (NCD, Prayas, TB etal).
- ❖ Shashakt Revamp & enhancements
- ❖ Knowledge transfer from the previous vendor
- ❖ Creation of staging and live environment, Application & Database server setup with SSL implementation
- ❖ Coordination with different states for resolving their queries , Training of the state and other level users for the smooth operationalization of the portal
- ❖ Discussion with NIHFW team for integration with Saksham LMIS.
- ❖ Discussion with NIOS team for integration with NIOS. Accordingly incorporate changes in the system for integration
- ❖ Facility Profile Management
- ❖ Dashboard Monthly Training Status Bar Graph
- ❖ Data Migration for ToT Trainers
- ❖ Resolve discrepancy in cumulative Reports - Proper testing of sashakt portal on required

3.4 Reporting

- ❖ State-wise and package-wise number of all invalid training where the healthcare functionary is trained, but the training is not mapped with their cadre.
- ❖ Details of healthcare functionaries by cadre, changed by state and district user.
- ❖ Number of training on which healthcare functionaries were trained in the same packages multiple times.”
- ❖ Alignment of input field and error messages in the functionary registration page on the mobile device
- ❖ Resolved training plan issue when selecting online mode
- ❖ Add Delete and Edit button for first step register users
- ❖ ABHA Verification if previously login from other Mobile number in sashakt portal/application
- ❖ Participant wise report name showing health functionary wise report Name changed to same showing outside
- ❖ Issue in downloaded Participant list resolved

3.5 IT Solutions for Program & Product innovations

- ❖ Maintenance & Management if National Health Innovation Portal.
- ❖ Release and upgrades to relevant portals and applications (NCD, Sashakt, AAM & MMU)
- ❖ Conceptualization, designing, development, testing, training, launch, of HSR mobile application for Field Investigators and web portal/dashboard for Lab, Co and Principal Investigator.
- ❖ e-Sanjeevani - Review of the data fields shown, creation of the KPIs to incorporate new fields to enhance the monitoring and supervision of the program.
- ❖ Conceptualization, consultation with various stakeholders, analysis of information, implementation of framework for integration, designing and updation of wireframe, demonstration to MoHFW.

ITD 04: Strengthening

4.1 Strengthening digital health ecosystem

- ❖ Collaboration with other Ministry and bodies to integrate IT systems and thus reflect upon the digital health ecosystem grossly.
- ❖ Adoption of new Technology areas and implementation in the existing for future readiness.
- ❖ Assessment of State based IT Solutions for various Health Programs, review of its integration possibilities and suggestions on improvements.

4.2 Support to Ministry

- ❖ Time to time support to Ministry for works related to technology, administration guidance
- ❖ System support to Saturation schemes
- ❖ Any event or campaign capture platform creation, rollout and support.
- ❖ Technical review & inputs for Ministry applications.

ITD 05: IT Governance

5.1 Risk Management

- ❖ Guidelines for Data management and security
- ❖ Security Audits for various portals
- ❖ Security review of the applications
- ❖ Compliance framework for NHM IT Applications.
- ❖ Implementing Security policies for Program based IT solutions

Work Other than Key areas of Work

- ❖ Development & delivery of **VBSY Application** for VBSY Campaign, seamless support to end users in Rural & Urban setting. Interfacing with Agri Ministry Portal for seamless sync through APIs
- ❖ **CHC Shivir Portal**, development and delivery with seamless reporting, support and Training to State users.
- ❖ Design, Development, Delivery & Training of the **HSR Project Application** (Web & Mobile based).
- ❖ **Transition of NCD Portal** (Complete migration including Source Codes, Tools, Technology, Documentation) from Existing Partner.
- ❖ **Integrations with PM GatiShakti** for MMU portal, MoTA Interface, AAM Portal & Dharti Aaba Janjatiya Gram Utkarsh Abhiyan.
- ❖ Aggregator Application Development
 - Design, development and Testing – Completed integration for Non Communicable Disease & Sickle Cell Disease Program Application.
 - Discussion with different programs to understand the requirements
 - Feasibility study with states to check the uptake status
 - Study and identification of common fields in the programs
 - Development of the phase 1 wireframe
 - Creation of aggregator architecture

- Showcasing the wireframe to MoHFW officials to seek approval and guidance
- Communication with different programs like NCD and SCD for API requirement and regular meetings
- Closely work with NCD team to get the APIs
- Creation of UI design for phase 1
- Implementation of NCD APIs (Login, Screening of hypertension and Diabetes, entry and view)
- Implementation of SCD APIs (Login, Screening and confirmatory test, entry and view)
- Creation of DB structure
- Setup of staging application, DB server setup
- Backend development

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.

S. No	Designation	Sanctioned	In-Position	Vacant
1	Advisor	0	1	1
2.	Lead Consultant	1	0	1
3.	Senior Consultant	4	0	4
4.	Consultant	5	4	9
Total		11	5	16

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.

The IR HSS framework, developed to streamline processes and provide guidance on key components of the platform, is being used by states, UTs, and relevant stakeholders. Approved by MoHFW, it continues to serve as a key resource for guiding implementation and decision-making. The document is available on the NHSRC official website.

1.2 Progress under second round of IR HSS

The IR HSS platform’s empanelment process for second round had resulted in the selection of seven research studies focusing on key areas such as ASHA workload, CHO performance, digital technology adoption in healthcare, free diagnostic initiatives, and treatment adherence. NHSRC had played an essential role in providing technical inputs, facilitating state-level engagement, and supporting data collection, which began in March 2023.

By July 2024, draft reports were received from AMS, IIHMR-B, IIHMR-D, IIHMR-J, and PHRN. The CHO study by IIHMR-B and the treatment adherence study by PHRN were finalized, while revisions were underway for the remaining reports. Additionally, IIHMR-B’s CHO assessment tool was being validated and incorporated into IIHMR-J’s study, with NHSRC offering continuous support at all stages of the study.

As of February 2025, final reports have been received for six out of the seven studies. NHSRC has contributed to finalizing these reports by providing technical feedback and ensuring scientific rigor. Four research studies, one each from PHRN and IIHMR-B, and two from IIHMR-D have also been presented to MoHFW, where their findings, policy recommendations, and implications were discussed in the meeting being chaired by AS&MD, NHM. Action points for these studies are currently being drafted and shared. The two remaining studies awaiting presentation to MoHFW are the ASHA workload study by AMS and the free diagnostic initiatives (FDI) study by IIHMR-J.

The last pending study is the CHO study by IIHMR-J, conducted in collaboration with IIHMR-B for support and supervision. Data collection has been completed, and analysis is underway. Once finalized, the report will be promptly drafted and submitted. NHSRC continues to facilitate this collaboration, providing technical guidance at each stage.

The current status of the studies is outlined in the table below:

S No.	Study name	Institute	Current status
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	Final report shared. To be presented to MoHFW
2	360-degree assessment of the ability and quality of Community Health Officers for management of common health conditions	IIHMR-B	Final report shared. Presentation made to MoHFW

3	Reasons for ambulatory care patients at secondary and tertiary hospitals bypassing primary health centres in rural India	IIHMR-D	Final report shared. Presentation made to MoHFW
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-D	Final report shared. Presentation made to MoHFW
5	Assessment on quality of care among Community Health Officers (CHOs) for managing common health conditions seen at primary care settings in India	IIHMR-J	Currently in the stage of data analysis
6	Study on assessment of effectiveness of free diagnostic initiatives (FDI) in reducing out-of-pocket expenditure	IIHMR-J	Final report shared. To be presented to MoHFW
7	A study to determine the factors affecting treatment adherence for hypertension and diabetes in different contexts	PHRN	Final report shared. Presentation made to MoHFW

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.

In addition, Scientific review Committee (SRC) has also been constituted to review the research proposals for the scientific soundness prior to ethical review of the proposed study.

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

In FY 2024-25, Scientific Review Committee (SRC) meeting was held on 30th November 2024 (Hybrid mode) to review the study proposals. A total of seven study proposals submitted to the 'SRC' were reviewed and discussed for scientific soundness. 5 proposals were recommended by the committee. An IEC Meeting to review the proposals for ethical review and approval is scheduled in first week of April 2025.

1.5 Studies and Evaluation

- a. Undertake Comparative Assessment of various models of Mobile Medical Units in collaboration with AIIMS, New Delhi
The study was finalized and initiated under first round of IRHSS. 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 approved report has been published in the IR-HSS domain of NHSRC's website for wider dissemination.
- b. Undertake assessment of Out-of-Pocket Expenditure on Medicines in collaboration with PGIMER, Chandigarh
Study completed and reported formally approved by MoHFW. The approved report has been published in the IR-HSS domain of NHSRC's website for wider dissemination.
- c. Undertake Evaluation of mainstreaming AYUSH, in collaboration with AIIMS Bhubaneswar
The study was undertaken in first round of IR HSS. Study has been completed. A meeting at MoHFW was held under the chairpersonship of AS&MD, NHM, MoHFW on 23rd August 2024 – where the findings and recommendations of the study were shared and discussed with JS-AYUSH and JS-Medical Education.
Also detailed reports with key action points were shared with Ministry of AYUSH through OM dated 23rd Sept 2024. The approved report has been published in the IR-HSS domain of NHSRC's website for wider dissemination.
- d. Undertake study on role of ASHAs in clinical decision support system, in collaboration with AIIMS, New Delhi
The study was undertaken in first round of IR HSS. Study has been completed. The findings were presented in a meeting on April 19, 2024, chaired by AS&MD, NHM MoHFW. The approved report has been published in the IR-HSS domain of NHSRC's website for wider dissemination.
- e. Evaluation of Pradhan Mantri Ujjwala Yojana (PMUY) in six states of India
Study completed and reported formally approved by MoHFW. The approved report has been published in the IR-HSS domain of NHSRC's website for wider dissemination.
- f. 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 study tools were pilot tested in Ghaziabad district (Uttar Pradesh), Followed by training of the field investigators, which was undertaken at NHSRC in April 2024. Data collection, analysis and report writing has been completed. Finalisation of stat- specific and National Report is ongoing.

g. 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. The research budget was approved in September 2024. Assessment tools are being prepared for the pilot visits.

h. NCD CoC assessment

NHSRC in partnership with WHO is undertaking collaborative Implementation Research (IR) project on “Improving continuum of care and people centered integrated NCD care delivery”, to be taken up across selected districts in five Indian states viz. Chhattisgarh, Madhya Pradesh, Meghalaya, Odisha and Rajasthan. State level workshops were undertaken for all five states, followed by a dipstick study undertaken in early 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. Field visits have been undertaken by NHSRC in Chhattisgarh and Rajasthan in July 2024, to understand the field implementation and identify the key areas of action.

A joint meeting was undertaken under chairpersonship of AS&MD, NHM, MoHFW and NHSRC to project implementation and field findings in September 2024

As another step, CDSS integration has been planned for NCD CoC study districts for which meetings were held in August 2024 to understand the interventions and plan next steps. These meetings had representation from NHSRC (KMD & IT div), WHO India and AIIMS Delhi teams. This was followed by virtual meetings conducted with CDSS Team in October 2024 to provide demo of the NCD Portal by the AIIMS-CDSS team.

As a next step, a meeting (virtual) Meeting was conducted on 27th December 2024 for all NCD State Nodal Officers of respective NCD CoC states to orient them on the CDSS integration.

Training of the end users i.e., Medical Officers at PHC and CHC level and designated NCD District Nodal Officers is planned in the month of March 2025. Training for two states

have been completed; while rest is being planned based on availability of NCD nodal officers, who are also busy with NCD screening campaign at present.

- i. A Review of ‘Health Systems Research’ for Strengthening Future Knowledge Management, Planning and Policy in India: Mapping State of the Art from Global to Local Division collaborated with JNU to undertake a knowledge mapping exercise of various approaches to and streams within the field of Health Systems Research (HSR). The research project was undertaken in three phases: (i) development of a framework to categorise the HSR based on their diverse conceptual and methodological approaches using existing literature; (ii) consultation with health systems research and experts for inputs; and (iii) finalizing the HSR framework to suit the Indian context. The project was completed in November 2024. The report has been finalized and HSR framework has been developed for wider dissemination.

HSR Webinar:

As part of the webinar series titled “Inter-Disciplinary Public Health in the 21st Century: Bridging the Science and Social Science Dimensions”, JNU, in collaboration with NHSRC, organized a webinar on the theme “Paradigms in Health Systems Research and Policy Studies”. During the session, the findings from the Dialogic Health Systems Research Framework developed through a knowledge mapping exercise conducted jointly by JNU and KMD NHSRC, were shared with the participants.

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. 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 study was presented to MoHFW and approved. Based on the findings, key action points have been drafted and submitted to MoHFW. The report is being designed for web version to be uploaded on NHSRC website for wider dissemination.
- 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. Data collection and analysis for the States have been completed. A draft report has been prepared.

- 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 The study has been completed, and the findings were presented to MoHFW in a meeting chaired by AS&MD, NHM, MoHFW.

- e. Assessing the prevalence of sleep deprivation and its impact on cognitive functions among school-going adolescents in Delhi.

NHSRC has collaborated with Sir Ganga Ram Hospital, New Delhi to undertake this study for which the data was collected from 1,521 adolescents across government, government-aided, and private schools, using standardised tools such as the Pittsburgh Sleep Quality Index (PSQI), Montreal Cognitive Assessment (MoCA), Patient Health Questionnaire (PHQ-9), and Adolescent Sleep Hygiene Scale (ASHS). Data collection, analysis and report writing has been completed. Finalisation of the report is currently in progress.

2.2 Capacity Building in research

The Research Methodology Workshop on Data Management and Analysis (R) was jointly organized by NHSRC and Sir Ganga Ram Hospital (SGRH) in New Delhi on October 25-26, 2024. Bringing together over 70 participants from SHSRCs, states, UTs, and SGRH, the workshop focused on bridging the gap between research and actionable healthcare insights, highlighting the power of data-driven decision-making.

Building on this momentum, another two-day workshop on SPSS was held on February 7-8, 2025, featuring practical applications, hands-on exercises with real-world datasets, and interpretation of SPSS outputs, equipping participants with essential statistical analysis skills.

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.

Division participated in webinar organized by NHSRC to honour Jan Jatiya Gaurav Diwas, commemorating the 150th birth anniversary of Bhagwan Birsa Munda, celebrating his profound impact on tribal communities and explore the relevance of his teachings for social empowerment and sustainable development today.

Division is collaborating with AIIMS Bibinagar for conducting a study on tribal communities to understand the “Patterns of Chronic Diseases and its association with selected health outcomes among vulnerable Tribal Population in India”. The research proposal has been developed and MOU signing between NHSRC and AIIMS Bibinagar is under process.

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.

6.2 Undertake data analysis and summary documentation.

Division also reviewed CRM reports to prepare a documentation on findings, where required.

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. The Dialogic Health Systems Research Framework (DHSRF): A tool for facilitating self-criticality, researcher interactions and knowledge management in Health Systems Research & Policy Studies (under review)
- ii. 360-Degree Assessment of the Ability and Quality of Community Health Officers for Management (360QACHO) – Development and Validation of the Tool (under review)
- iii. Should Communities Be Recognized as a Core Building Block of Health Systems? A Narrative Review of Global Evidence (under review)

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

16th CRM across 19 states/UT has been completed; and National report has been disseminated during National summit held in Puri, Odisha on 28th Feb -1st March 2025. CRM visits were undertaken in November 2024. 19 States/UTs covered in CRM included Arunachal Pradesh, Assam, Chhattisgarh, Bihar, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Maharashtra, Madhya Pradesh, Mizoram, Odisha, Rajasthan, Tripura, Uttarakhand, Uttar Pradesh & West Bengal. Presentation of key findings has been made to AS&MD by respective Team Leaders in February 2025.

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.

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

The National Innovation Summit was organized at Puri, Odisha on 28th Feb – 1st March 2025. A total of 13 presentations were made, and 32 posters were presented during the summit. The e-coffee table book was launched by HFM during the event.

The innovation portal in last financial year was 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 were identified. Additionally, 7 practices received by mail after closure of portal. Total 144 Practices were shared with respective programme Divisions for further technical evaluation and scoring. The finalized practices were presented during the National summit.

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

The operational guidelines for State Innovation Hub have been approved and disseminated to all States/UTs. The guidelines have been uploaded on the NHSRC website for wider dissemination.

KMD 11: State Health Systems Resource Centre(s)

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

Supporting SHSRC strengthening

SHSRC framework has been developed and approved by MoHFW and shared with states/UT on 15th May 2024. Framework for SHSRCs has been printed and hard copies disseminated to all states/UTs/SHSRCs. Also, the framework is uploaded on the NHSRC official website. As mandated by MoHFW, there is a need to expedite the SHSRC establishment in UP and Bihar. DO letters were shared with UP & Bihar for the same on 7th August 2024 and follow up is being done for it. In addition, visit to UP was also made for advocacy for SHSRC establishment.

Division has made visits to SHSRC Telangana & Haryana on 24th September 2024 and 27th December 2024 respectively to review the progress and provide technical support for functioning and overall activities being undertaken towards health systems strengthening in the state.

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

The division actively participated in the MoHFW event commemorating the second anniversary of Tele MANAS on World Mental Health Day, October 10, 2024, under the theme “It is Time to Prioritize Mental Health at the Workplace.” Division also provided inputs for Mental health workflows being developed for CHOs. Additionally, KMD remains engaged in review meetings, offering ongoing support as needed.

Due to HR constraints – division’s engagement in Tele MANAS related activities and visits was limited.

OTHERS:

a. Manthan Shivir

Division supported Manthan Shivir related activities – held on 4th and 11th January 2025 at Vigyan Bhawan, New Delhi. Division was actively involved in tasks pertaining to overall documentation, talking points, presentations and developing action points as per the agenda items for both the days.

b. NCD Conference

Division was actively involved in organizing the NCD conference held in Hyderabad in January 2025. This included overall workshop activities, directly coordination with state (Telangana) team, as well as coordination with the experts for respective sessions.

c. Regional workshops

Division was actively involved in developing the concept and overall agenda for the four regional workshops being organized across the regions between May – September 2024. This also included compilation of the practices that were presented by states during the workshops.

d. AAM assessment

MoHFW mandated an assessment of Ayushman Arogya Mandir across 19 states in April 2024; which was led by a senior official from MoHFW/NHSRC with a team from

MoHFW/NHSRC. The division was involved in drafting the tools, analysing the data and preparing a report, which was presented to MoHFW with defined action point to strengthen the AAM across the country.

e. HMIS 2.0 Workshop

A team from KMD participated in a two-day *Regional Workshop on Health Management Information Systems (HMIS) and the launch of the Kilkari and Mobile Academy programs in Arunachal Pradesh, Manipur, Mizoram, and Nagaland* on 23rd and 24th January 2025. The team engaged in interactive training sessions covering an overview of HMIS, updates to HMIS formats, and data quality challenges in the northeastern states. Additionally, the northeastern states shared presentations on best practices and budget utilization for HMIS, offering valuable insights into implementation strengths and challenges.

f. 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, IIMR Jaipur, IIMR Bangalore, Public Health Foundation of India (PHFI), 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.

g. Population Research Centres (PRC)

The division provides technical support to the PRCs by providing inputs to the studies they undertake. Divisional representatives participated in 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.

Division participated in a two-day Programme Management Unit (PMU) meeting of PRCs held in Pune on 22-23 August 2024 and provided technical feedback on the research proposals presented by PRCs

In line with the recommendation of Secretary HFW and AS&MD, NHM, KMD worked for revising the existing PIP Monitoring checklists for undertaking Field Monitoring of primary level facilities by the PRCs.

PIP Monitoring checklists were finalized in consultation with the MoHFW.

The Division held two (virtual) meetings with all PRCs in November 2024 and January 2025 to orient them to the revised tools and methodology for NHM field monitoring.

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

Division provided inputs and supported in finalizing the World Bank’s EHSDP project deliverables. Division has provided status update on DLIs pertaining to operational research and annual knowledge exchange event for FY 24-25 – which is achieved.

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, 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	Position	Sanctioned	In-position	Vacant
1	Advisor	1	1	Nil
2	Lead Consultant	2	1	1
3	Senior Consultant	7	6	1
4	Consultant	13	12	1
5	Secretarial Assistant	1	1	Nil
Total		24	21	3

Areas of Work

PHA 01 Secondary Care Strengthening

DHs, SDHs, CHCs, and FRUs must be strengthened and prioritized to operationalize critical care services as per IPHS to reduce out-of-pocket expenditure. Functional secondary care public healthcare facilities will reduce the patient load on tertiary care and provide high-

quality specialist care closer to the community. The Division supports States/UTs in operationalizing secondary care facilities to provide multi-specialist care and as a knowledge and training hub for doctors, nurses, and paramedical staff.

1.1 District Hospital Strengthening

District hospitals are the hub of secondary care services provision in India, with a hospital in each district. Cases requiring specialist care are referred from a primary health centre to a community health centre or a district hospital. Therefore, DH strengthening has been emphasised as part of the Division's activities.

These District hospitals were assessed for IPHS compliance, and **695 out of 714** district hospitals (as per HDI) were assessed as of **February 1, 2025**. The analysis indicates that only **4%** of assessed facilities are **IPHS compliant**, while **49%** of the facilities scored below **50%** compliance. The Division supports the states in increasing their level of IPHS compliance and strengthening the healthcare delivery services at the district level.

The States run DNB (Diplomate of National Board) and DRP (District Residency Programme) programs to facilitate multi-specialist services at the district level. Provided that there is limited empirical evidence on the impact of DNB courses on service delivery in District Hospitals, a Study was conducted to compare the performance of DHs running DNB programs with those that do not. A consolidated list of proposed new seats in the Mid-Term Review (MTR) is being prepared. The finalised report highlights that district hospitals offering DNB courses perform significantly better than those without such programs. Hence, the states are currently supporting the initiation of DNB programs in DHs. A state-wise mapping exercise has been conducted to scale up this initiative and identify potential expansion areas. A position paper on "Gap Analysis in District Hospitals for Training of DNB Candidates" is under process.

The District Residency Programme (DRP) was launched in 2020 by the National Medical Commission (NMC) and is mandatory for all postgraduate medical students admitted from 2021 onwards. Before completing their tenure, this program requires a three-month rotational posting for all postgraduate medical residents- regardless of whether they belong to government, private, or medical colleges. The program was designed with a "work while learning" approach to expose residents to community-level healthcare challenges, help them understand ground-level health issues, and develop problem-solving skills in resource-limited settings.

A study is currently being conducted to evaluate the implementation of the DRP in District Hospitals. Field visits to Tamil Nadu and Assam have already been completed.

District hospitals have been pivotal in implementing the Pradhan Mantri Jan Arogya Yojana (PMJAY), with incentives under the scheme significantly expanding services and strengthening infrastructure. These improvements have increased service availability and accessibility at the district hospital level. Recognising the need for a deeper understanding of PMJAY's role in shaping healthcare delivery, the Division has initiated a study to evaluate its impact on service utilisation and infrastructure upgrades in District Hospitals.

The study also explores healthcare providers' perspectives on how the scheme has influenced service delivery. As part of this effort, a pilot phase has been conducted in two District

Hospitals in Chhattisgarh. Preliminary findings suggest a rise in patient admissions and improved service provision. However, further analysis is required to assess the long-term implications. Data collection is ongoing to provide a more comprehensive evaluation of PMJAY's impact.

The draft report has been prepared on –"Assessing Adherence to Fire Safety Norms in Secondary Healthcare Facilities in India", and the final report is in progress.

Community Health Centre Strengthening

Community Health Centres (CHCs) are crucial in ensuring access to healthcare, particularly for vulnerable and underserved populations. As the only facilities at the block level providing specialist care, CHCs must be fully equipped to deliver essential First Referral Unit (FRU) services, including emergency care.

With the launch of the Ayushman Bharat program, the scope of services has expanded to a comprehensive package of 12 healthcare services in primary healthcare facilities, now known as Ayushman Arogya Mandirs (AAMs). These CHCs are to be strengthened and equip them to provide specialist care. A proposal for CHC strengthening is currently being submitted. Additionally, a proposal to upgrade 30-bedded Non FRUs to 50-bedded FRUs has been submitted to the 16th Finance Commission for consideration.

A Directive Order (DO) letter, dated January 28, 2025, was sent to States, emphasizing the importance of strengthening CHCs. The letter provides strategic guidance on:

- ❖ Conducting baseline gap assessments,
- ❖ Addressing identified gaps,
- ❖ Ensuring a continuum of care for the 12 essential healthcare packages and
- ❖ Implementing regular monitoring mechanisms to track progress.

Additionally, the focus on CHC strengthening was reiterated in Manthan Shivir.

Currently, 5,933 CHCs (93%) out of 6,359, as per HDI data, have completed baseline IPHS gap assessments nationwide. However, only 223 CHCs (4% of assessed facilities) are IPHS compliant.

Also, a concept note has been prepared on revising the First Referral Units (FRUs) Operational Guidelines (2004) to better address the needs of the healthcare system at the secondary care level, particularly in CHCs and their referral linkages with AAM centres. An expert working group has been proposed to be established to revise FRU guidelines, and it is under submission and approval.

1.2 Strengthening of Maternal and Child Health Services

NHM envisages providing assured and high-quality institutional delivery, admission, and care of high-risk pregnancies (and those requiring C-sections), which is facilitated through functional MCH wings and Skill Labs, following technical guidelines such as the Surakshit Matritva Aashwasan (SUMAN) guidelines. NHSRC supports the Ministry and State/UT governments in establishing selected Centers of Excellence (CoEs) for maternal and child healthcare.

Key Initiatives:

- ❖ Ongoing support is provided to States/UTs in establishing MCH wings.
- ❖ A concept note on the SNCU Training Assessment has been prepared and shared for further deliberations.
- ❖ The Division has supported Facility-Based Newborn Care (FBNC) Operational Guidelines, including capacity building for FBNC staff.
- ❖ Support has also been extended for the Midwifery-Led Care Unit (MLCU) guidelines released by MoHFW.
- ❖ A concept note has been prepared on the Assessment of Training Skill Labs at the secondary healthcare level, as well as a revision of existing guidelines. Preliminary site visits were conducted at Lady Hardinge Medical College (LHMC), New Delhi, TNAI, Noida, and ESIC Hospital, Faridabad, to analyse the functioning of Skill Labs.

Research and Studies:

The Division conducted National-Level Maternal and Newborn Health (MNH) Exemplar Studies to examine critical drivers of maternal Health in collaboration with the University of Manitoba. The National Dissemination of the MNH Exemplar National Report was held on August 23, 2023, in the presence of Dr. V.K. Paul, Hon'ble Member, NITI Aayog, and other dignitaries from MoHFW.

Additionally, six state-specific reports have been prepared. Under the directive of GB, state-level dissemination events were conducted in the following states:

- ❖ Madhya Pradesh: July 5, 2024
- ❖ Maharashtra: September 27, 2024
- ❖ Tamil Nadu: January 8, 2025

The dissemination workshops for the remaining three states, i.e. Rajasthan, Uttar Pradesh & Odisha, are scheduled in the upcoming months.

A study on implementing the Maternal Death Surveillance and Response (MDSR) system is underway. Further details are available in the Governance section of the report.

1.3 Revision of CEmONC/ LSAS /BEmONC curriculum

Despite a significant reduction in maternal mortality, India still contributes 12% to global maternal deaths, largely due to gaps in comprehensive obstetric care and a shortage of specialists. To address this, short-term training programs like CEmONC and LSAS were launched to equip medical professionals with the necessary skills to manage obstetric emergencies and improve maternal and newborn healthcare. In line with the continuous efforts, NHSRC, with support from the MH Division, has revised the CEmONC and LSAS curriculums in technical collaboration with KGMU, Lucknow. The revised curriculums of BEmONC, CEmONC & LSAS underwent several rounds of expert reviews, including MH Division, before being submitted to the Ministry for approval.

- ❖ The Ministry has approved the 2024 revised CEmONC and LSAS curriculums, along with the Facilitator Guidebook. The materials have been printed, and a soft copy is available on the NHSRC website.

- ❖ The draft BEmONC curriculum is currently under submission for approval.

The revised training guidelines enhanced the quality of obstetric care by renaming the training from Emergency Obstetric Care (EmOC) to Comprehensive Emergency Obstetric and Newborn Care (CEmONC), highlighting the importance of post-birth care. The duration of training was increased from 16 to 24 weeks for CEmONC and from 18 to 24 weeks for LSAS, with both theoretical and practical components now conducted at medical colleges, followed by hands-on training at district hospitals. The curriculum was updated to focus on skills practice through videos, mannequins, case studies, and real-life experience with consultants, incorporating the latest evidence-based practices. Additionally, selection criteria for training sites were established, ensuring facilities were SUMAN notified and LaQshya certified while also aligning CEmONC guidelines with national training standards.

The report on Dipstick study to assess the effectiveness of CemONC and LSAS training programs on maternal and newborn outcomes is finalized. Position paper on Strengthening Emergency Obstetric Care Services in India: Evolution of (CEmONC) and (LSAS) training and beyond completed and is under submission.

1.4 Guidelines for Secondary Care

The National Health Mission (NHM) has taken significant steps to enhance emergency care at both Primary and Secondary care levels. The Operational and Technical Guidelines for Emergency Medical Services at District Hospitals were developed to provide comprehensive protocols for managing common emergency conditions. These guidelines are designed to assist doctors at the District Hospital (DH) and Sub-District Hospital (SDH) levels while also addressing infrastructure planning, layout design, and capacity building of healthcare personnel.

Additionally, support for the orientation and capacity building of service providers in emergency and critical care is continuously provided to States/UTs upon request.

The SAKSHAM (Stimulating Advanced Knowledge for Sustainable Health Management) Portal, developed under the Ministry of Health & Family Welfare (MoHFW), provides an online Learning Management Information System (LMIS) that facilitates nationwide medical education and training for healthcare professionals. To support the implementation of the Operational and Technical Guidelines for Emergency Care Services, e-learning modules and instructional videos for 29 emergency care algorithms have been created by the Division. These resources will be uploaded to the SAKSHAM portal to enhance accessibility and support medical officers at the district hospital level.

1.5 Emergency and Critical Care Curriculum

To strengthen Emergency and Critical Care (EmCrit) services at secondary care level facilities, Operational Guidelines have been developed for establishing Emergency Departments at District Hospitals (DH) and Critical Care Blocks. A structured curriculum has been proposed for enhancing the skills and knowledge of medical officers posted at DHs and equivalent facilities.

As per the directions of the Secretary of Health & Family Welfare (H&FW), an expert group was constituted under the Chairpersonship of the Chief, AIIMS-JPNATC, to develop a comprehensive, competency-based curriculum. This curriculum follows the CEmONC/LSAS model and emphasises skill-based, hands-on training over traditional classroom-based teaching.

Key Updates:

- ❖ Four expert group meetings have been held to finalise the curriculum, with the most recent meeting conducted on September 18, 2024.
- ❖ Based on these deliberations, the Emergency and Critical Care (EmCrit) Curriculum & Operational Guidelines 2025 (Draft) have been finalised and are under submission (January 2025).

PHA 02: Indian Public Health Standards (IPHS) 2022

To meet evolving healthcare needs, the Ministry of Health & Family Welfare (MoHFW) revised the Indian Public Health Standards (IPHS) guidelines in 2022 (originally formulated in 2007 and revised in 2012). Unlike previous infrastructure-focused versions, IPHS 2022 follows an outcome-driven model, aiming to establish minimum essential standards across all public healthcare facilities.

For the first time, IPHS 2022 has incorporated digital health tools to enable real-time tracking of compliance status through immediate report generation. The Division is actively working towards ensuring full IPHS compliance across all public health facilities nationwide to achieve 100% compliance by 2029.

Digital Monitoring & Capacity Building for IPHS Compliance

The digital tool kit has been developed to help states quickly identify gaps and receive targeted support to achieve the required standards. A digital tool developed by MoHFW has been shared with States / UTs to facilitate gap assessment of healthcare facilities. The Division conducted orientation and re-orientation workshops for all 36 States/UTs using the Digital Tool Kit to ensure effective implementation. Fifty-two virtual orientation sessions were held, equipping healthcare officials with the necessary knowledge to conduct assessments and track compliance progress.

On June 28, 2024, the Honourable Health Minister of India launched the IPHS Dashboard- a data-driven governance tool. The dashboard strengthens the digital monitoring framework, serving as a centralised platform to track state and UT progress toward IPHS compliance.

IPHS Dashboard offers the following key features:

- ❖ Real-time updates to enable transparent and effective oversight.
- ❖ Data-driven insights for informed decision-making and timely corrective actions.

Weekly assessment reports are continuously being shared with States/UTs, providing updates on compliance status. These reports help motivate states to ensure the timely completion of assessments and address identified gaps.

Current IPHS Compliance Status (As of February 2025)

IPHS compliance refers to healthcare facilities meeting and adhering to 80 per cent or more of the norms set by the Indian Public Health Standards (IPHS) 2022. This compliance plays a critical role in improving access to healthcare services across public health facilities by ensuring proper planning and the establishment of a continuum of care with assured referral linkages. It also guarantees the availability of essential services such as surgical and critical care, diagnostics, and medications, including blood, which helps reduce out-of-pocket expenditures for patients. Furthermore, IPHS compliance enhances the quality of services through a robust accountability framework, aligning with the goals outlined in the National Health Policy (NHP) and the Sustainable Development Goals (SDGs) by contributing towards Universal Health Coverage. Adherence to these standards is mandated within the conditionality framework of the National Health Mission (NHM), reinforcing their importance in strengthening the healthcare system. The states have conducted the following assessments, and reporting is provided:

- ❖ Baseline assessments have been conducted for 93% of total Public Health Facilities.
- ❖ 15% of facilities are fully IPHS compliant (scoring above 80%).
- ❖ 54% of facilities score above 50%, categorised as “Progressive Facilities”.
- ❖ States leading in IPHS compliance (above 50% of facilities scoring >50%):
 - Andhra Pradesh, Sikkim, Tamil Nadu, Telangana, and Tripura.
- ❖ States with lower compliance (over 25% of facilities scoring below 25%):
 - Uttarakhand, Uttar Pradesh, and Bihar.

Statewide Data Validation & Compliance Planning

Statewide Data validation has been conducted across 14 States/UTs: Andhra Pradesh, Assam, Bihar, Chandigarh, Goa, Gujarat, Jharkhand, Maharashtra, Punjab, Rajasthan, Uttarakhand, Uttar Pradesh, Tamil Nadu and Telangana

Additionally, IPHS compliance planning meetings have been held for:

- ❖ Chandigarh
- ❖ Goa
- ❖ Maharashtra
- ❖ Uttar Pradesh
- ❖ Tamil Nadu

Continuous efforts are being put in to improve the IPHS Dashboard in collaboration with NIC & NIPI, ensuring that real-time data is leveraged for better decision-making and effective governance; the focus will broaden and cover the following aspects:

- ❖ Encouraging low-compliance states to undertake targeted interventions.
 - ❖ Strengthening digital health initiatives to optimise compliance tracking and facility assessments.
 - ❖ Expanding training and capacity-building programs for healthcare professionals.

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 India by improving socio-economic indicators, including Health & nutrition, education, infrastructure, and overall quality of life.

The Aspirational Blocks Programme (ABP) was launched on January 7, 2023, by NITI Aayog, identifying 500 blocks across 27 states and 4 Union Territories for focused, rapid development.

Similarly, the Vibrant Villages Programme (VVP) was approved on February 15, 2023, as a Centrally Sponsored Scheme to drive the comprehensive development of identified villages along India's northern border. These villages are located in the districts of Arunachal Pradesh, Himachal Pradesh, Sikkim, Uttarakhand, and the Union Territory of Ladakh.

- ❖ The Division supported preparing the Block Health Action Plan Primer, a key strategic document to guide healthcare planning in aspirational blocks.
- ❖ Technical assistance is being provided to Aspirational Block Asmoli, District Sambhal, Uttar Pradesh, for its holistic development across various sectors, including healthcare.
- ❖ The division supports the tribal areas in the states/UTs for the implementation of Sickle Cell Elimination mission through PIPs.
- ❖ Under the Vibrant Villages Programme, the division reviews and provides inputs on proposals submitted by states and Union Territories.
- ❖ A comprehensive IPHS gap assessment has been conducted across all Aspirational Districts and Blocks to evaluate the existing healthcare infrastructure, human resources, service delivery, and availability of essential equipment. As per the latest status of IPHS, The assessment of 112 aspirational districts revealed 24,255 healthcare facilities. Among them, 12,884 facilities scored below 50%, while 6,787 facilities fell within the 50-69% range. Additionally, 1,907 facilities achieved scores between 70-79%, and 2,677 facilities were found to be more than 80% compliant. Only 11% of the facilities meet IPHS standards, and an additional 3,386 facilities need to be upgraded to achieve over 80% compliance by 2026.

PHA 04: Public Health Management Cadre

The mandate for drafting the principles and guidelines on the Public Health Management Cadre (PHMC) originated from the National Health Policy (NHP) 2017 and the resolutions of the 13th, 14th, and 15th CCHF meetings, where the Hon'ble Health Ministers of all States resolved to constitute PHMC in their respective States/UTs by March 2024 to achieve the goal of "Health for All."

The Division actively engages in continuous handholding and follow-up with all States and Union Territories (UTs). The division has developed a suggestive structure for nursing cadre which has been submitted to the Ministry for further review.

As part of the data collection process for position paper on PHMC, the concept note has been prepared and the mapping exercise of the existing structures in the States/UTs is under process.

In response to requests from various states, the Division has conducted orientation meetings and provided technical support for the establishment of the Public Health Management Cadre in:

- ❖ Goa on 26th September 2024
- ❖ Maharashtra on 27th September 2024
- ❖ Tamil Nadu on January 8, 2025

Upcoming meetings are planned for Andhra Pradesh, Telangana, Sikkim, and Mizoram states.

State-wise Status of PHMC

Status of Activities	States
A draft of the Task Force Report/ Structural Framework has been formulated.	Kerala, Chhattisgarh, Jharkhand, Punjab, Andhra Pradesh, Assam, Tripura, Meghalaya, Himachal Pradesh, Sikkim Arunachal Pradesh,
Expert committees/ Task Force have been formed.	Karnataka, Telangana, Haryana, Nagaland, Jammu & Kashmir, Jharkhand, Bihar, Rajasthan,
The committee has not been formed/filed under submission for approval.	Delhi, Chandigarh, Uttarakhand, Daman & Diu, Puducherry, Goa, Uttar Pradesh, Manipur, Gujarat, Mizoram, Andaman & Nicobar Islands, Ladakh, Lakshadweep,
Provisions are already available in the existing structure.	Maharashtra, Odisha, West Bengal and Tamil Nadu
The State is in the process of filling the existing vacancies under various cadres. Recruitment for posts in the Public Health Cadre has already been initiated.	Madhya Pradesh

PHA 05: Public Health Governance

Accountable governance within health systems remains a challenge in the public sector. Strengthening mechanisms for accountability and health system risk management is crucial. There is also a need to enhance the promulgation and implementation of public health laws. The Division is strengthening public health governance through a comprehensive health system approach.

5.1 Maternal Death Surveillance Review & Child Death Review

The Division supported the development of the Maternal Death Surveillance and Response (MDSR) guidelines in 2010 and its revision in 2017. Implementation support is provided upon state requests. A study on the implementation of MDSR is underway, with the pilot tools tested in Haryana. Data collection has been completed, and report writing is in progress. Reporting

of maternal deaths and reviews at the district and state levels have gained momentum. Some states have initiated actions based on the findings, while others have reported issues with the MDSR software. Kerala and Tamil Nadu stand out as the only states conducting confidential reviews of maternal deaths.

5.2 Strengthening Civil Registration System, data management and reporting:

Inputs were provided to revise the Health System Strengthening Indicators for HMIS 2.0, including indicators related to Indian Public Health Standards, secondary care facilities as knowledge hubs, emergency medical care, and more. Additionally, the indicators for public health facilities' infrastructure format were updated.

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. The division supports States/UTs in improving governance by sharing evidence-based data from IPHS digital toolkit.

5.4 Assured Emergency & Referral System

The Ministry of Health and Family Welfare introduced the National Ambulance Services (NAS) in 2012 under the National Health Mission (NHM), which has since become an integral part of the Indian healthcare system, playing a crucial role in connecting patients to healthcare facilities. The Division is currently working on the following aspects:

- ❖ Providing technical support to States/UTs through PIP/S-PIP for the operationalisation and strengthening of National Ambulance Services (ALS, BLS, PTV, Bike and boat ambulances).
- ❖ Drafted and shared guidelines on the 'Operationalization of Neonatal and Infant Ambulances' with the Ministry.
- ❖ Drafted National Ambulance Services (NAS) guidelines in line with the revised Mission Steering Group (MSG) norms (costing norms for ALS, BLS and PTVs) of NHM, which have been submitted to the Ministry. These guidelines were reviewed with the Joint Secretary (Policy) and the NHM-III Director, and the recommended revisions have been incorporated. The draft guidelines are now being resubmitted for approval.
- ❖ Developed and submitted a proposal for 'Strengthening Existing Referral Services under the National Health Mission' for consideration.
- ❖ Drafted and submitted an agenda note on the 'Revision of Ambulance Population Norms and Operational Cost Structures to Enhance Emergency Medical Services (EMS)' to be presented before the Empowered Programme Committee (EPC) and the Mission Steering Group (MSG) of the National Health Mission.
- ❖ Developed a study protocol on 'Understanding and Evaluating the Performance of National Ambulance Services across High-Focus and Non-High-Focus States in India.' The process of finalising study tools and sites is ongoing, with study implementation expected to begin in February 2025.
- ❖ In response to feedback from the Ministry of Health and Family Welfare (MoHFW) and requests for assistance from States, a sample Request for Proposal (RFP) for National

Ambulance Services (NAS) has been developed and incorporated into the draft NAS guidelines.

5.5 Strengthening outreach through Mobile Medical Units (MMUs)

Under the National Health Mission (NHM), Mobile Medical Units (MMUs) are a crucial strategy for providing healthcare access to people in remote, underserved, and difficult-to-reach areas. The Division plays a significant role in reviewing state proposals in their Program Implementation Plans (PIPs) and offering the necessary support to ensure these services reach the targeted populations.

A key initiative the Division supports is the PM-JANMAN program, which focuses on delivering MMU services to tribal areas. This initiative has recently been expanded under the Pradhan Mantri Janjatiya Unnat Gram Abhiyan (PM-JUGA)/Dhartiya Janjatiya Gram Utkarsh Abhiyan (PM-JUGA). The Division was actively involved in organising the launch event for PM-JUGA and continues to provide technical assistance for the operationalisation of MMUs in the respective states.

A draft of the revised Operational Guidelines for MMUs has been prepared and submitted. The guidelines include inputs from various stakeholders, such as adding a Sample Service Level Agreement. The finalised guidelines are now ready for submission.

At the request of MoHFW, the Division also developed a study protocol to evaluate the PM-JANMAN program. The study tools have been finalised, and discussions with states are ongoing to determine the study sites, focusing on areas with a higher proportion of Particularly Vulnerable Tribal Groups (PVTG) populations. Fieldwork for the evaluation is scheduled to begin in February, and the results will provide crucial insights for mid-course corrections, helping to improve program implementation and better serve the PVTG population.

5.6 Support for e-Supportive supervision (eSS)

Since other stakeholders were already engaged in similar activities, the division decided not to pursue this initiative further.

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

The Grievance Redressal System (GRS) initiative aims to improve the accessibility and effectiveness of grievance handling across the country, aiming to enhance the quality of healthcare services and ensure timely delivery to the public.

The Division has been instrumental in assisting states in establishing robust Grievance Redressal Systems. 31 out of 36 states/UTs have successfully set up 104/102 GRS call centres to address health service-related concerns. Additionally, help desks have been established in 18 states/UTs to facilitate grievance resolution further.

Several states have also developed web portals for grievance registration, with some integrated into Chief Ministers' portals that cover all departments, including Health.

The Division continues to play a key role in supporting these efforts, and a comprehensive report on the implementation status across all states is currently under development to track progress and identify areas for further improvement.

PHA 06 National Urban Health Mission (NUHM)

The Ministry launched a National Urban Health Mission (NUHM) to address the health concerns of the urban poor population. The Division supports the Ministry of Health and Family Welfare (MoHFW) in developing urban health policies, framing and revising NUHM guidelines, strengthening health systems, planning health initiatives for urban areas, capacity building of states and Urban Local Bodies (ULBs) and their service providers, and assessing the implementation status of the Urban Health Mission.

The revised National Urban Health Framework has been submitted to the Ministry after an extensive collaborative process involving the Ministry and various divisions of NHSRC. The draft framework, developed through multiple internal meetings and three national-level consultations with states, development partners, and Urban Local Bodies (ULBs) under the guidance of MoHFW during 2022-2023, was posted on the NHSRC website for 3-4 months following the National Urban Health Conclave on September 22, 2023. Inputs were received from states and PATH, and a meeting with the Hon'ble Member of NITI Aayog in January 2024 further informed the revision process. Following this meeting, the draft was resubmitted to the NUHM Division for further JS (P) feedback. Subsequent discussions, chaired by JS (P) on November 13, 2024, and with the NUHM Division on December 19, 2024, focused on finalising the framework. After incorporating inputs from JS Policy, the NUHM Division, NHSRC & RRCNE teams, and PATH, the final draft was resubmitted on January 7, 2025. This final draft will now be sent to MoHUA for their comments and suggestions.

The Division has participated in field visits organized by the NUHM Division to various states/UTs, including Andhra Pradesh, Rajasthan, Gujarat, Meghalaya and Uttar Pradesh, to assess the feasibility of implementing the revised NUHM framework.

The Division provides technical support to states in planning and operationalising urban health facilities. Key officials in these municipal corporations have been oriented on the City Health Action Plan (CHAP) and Ward Health Action Plan (WHAP). Significant disparities mark urban Health; therefore, the City Health Action Plan (CHAP) has been developed to address the unique health challenges urban areas in India face. Urban populations are rapidly growing, resulting in diverse healthcare needs, including the dual burden of communicable and non-communicable diseases, inadequate primary healthcare infrastructure, and significant disparities in access to healthcare among vulnerable populations such as slum dwellers and migrant workers. The City Health Action Plan, tailored to the specific needs of each city, includes an assessment of the current health situation and provides a strategic roadmap to address these disparities effectively.

Assessments of public health systems in Brihanmumbai Municipal Corporation (BMC), Greater Chennai Corporation (GCC), Bruhat Bengaluru Mahanagara Palike – Bengaluru (BBMP), and Pimpri-Chinchwad Municipal Corporation-Pune (PCMC) has been conducted. Visits to Pune and Chennai corporations' offices, bureaus, ward offices, and all levels of health facilities were undertaken to understand the gaps in functioning and service delivery challenges. Technical inputs are being provided to address these challenges, plan services according to IPHS 2022, and develop a roadmap for urban Health. Draft City Health Plans for PCMC and GCC have been shared with the respective municipal corporations, and support is being provided in their finalisation. An MoU with BMC Mumbai is being processed to strengthen the public health system in Mumbai.

The Division has initiated discussions with Mira Bhayandar Municipal Corporation (MBMC) in Mumbai to create a City Health Action Plan. Based on the CHAP for cities, the Division is developing an Urban Health Index, modelled after the NITI Health Index, to integrate multiple dimensions of urban Health into a single, comprehensive measure.

The Division conducted online orientation workshops for urban officials from all states/UTs and PCMC on using a digital tool to assess IPHS gaps in urban healthcare facilities. A Compendium of Urban Health Initiatives has also been developed, compiling various models and initiatives from across states and Union Territories to achieve universal health coverage for urban populations.

The Division is actively conducting research studies to enhance urban health systems.

- ❖ An observational study on Mohalla Clinics in Delhi was undertaken to assess the services and operational effectiveness of these clinics. A report is currently being prepared. The study, conducted across 21 Mohalla Clinics in all 11 districts of Delhi, focused on clinics' operational status and accessibility to residents within their communities.
- ❖ As part of the Manthan Shivir, the Division has provided a roadmap for urban Health for the next five years and inputs on upgrading UPHCs to Polyclinics. During the UHC webinar, the Division also contributed to discussions on achieving UHC in urban settings.
- ❖ An exploratory study assessing public health managers in selected urban primary health facilities in India was conducted, and the report has been submitted. A critique of state-led Urban Primary Health Care Models of Service Delivery in India is being prepared. Additionally, the Division has submitted a draft proposal for approval for studying the healthcare delivery system of Mohalla Clinics under the Government of National Capital Territory of Delhi (GNCTD).
- ❖ Field visits have been conducted to observe best practices in Karnataka at the Ayushmati and Namma Clinic.

The Division also undertakes PIP appraisals of proposals under the NUHM.

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 examples of the areas the Division supports. As such, the Division supports the MoHFW in its formulation and implementation.

7.1 National Public Health Bill

The Division supported the development of the National Health Bill 2009. From 2012 onwards, the Division has been working on the Public Health Bill, revised several times. The latest version was presented on 3rd April 2024 to the then Secretary of Health and Family Welfare (HFW), with the participation of the DGHS and officials from the Public Health (PH) Division of the MoHFW. The inputs provided by the team have been duly incorporated, and the amended Bill has been submitted to the PH Division on 16th July 2024 for further necessary action.

7.2 Clinical Establishment Act

The Division provides support to States/UTs that are at various stages of adopting and adapting the CEA through PIPs/SPIPs.

7.3 Comprehensive Lactation Management Bill

At the request of the MoHFW, the Division drafted a legal framework to (a) regulate the process of donor selection, consent, screening, testing, processing, storage, and dispensing of Donated Human Milk (DHM) and (b) prohibit the commercialisation of DHM. The Division developed and revised the drafts based on input from MoHFW.

The updated draft was submitted for approval. Since then, several meetings have been held with the CH Division, and based on the feedback provided by JS (RCH), the draft has been revised again. It is currently pending submission with the CH Division. Following the development of the GOI Guidelines on Comprehensive Lactation Management Centres, MoHFW requested the Division draft a Bill to curtail unethical practices associated with donating Donated Human Milk. The latest revision of the draft has been submitted to the Ministry on 7th March 2024.

7.4 Guidelines on Medico-Legal Protocol

Medico-legal cases (MLCs) are integral to medical practice. They are frequently encountered by medical officers (MOs) in civilian and armed forces settings. Given the increasing occurrence of MLCs and their significant responsibility, medical professionals must handle these cases with proper documentation and in accordance with the law to avoid legal complications and ensure that the Next of Kin (NOK) receive their entitled benefits. However, despite the substantial MLCs handled by public health medical facilities, doctors often remain unfamiliar with legal procedures and guidelines. This lack of awareness can cause apprehension, preventing them from fulfilling their legal duties effectively. Although the necessary legal provisions, rules, regulations, and forms are available, a compiled national resource is lacking for easy reference. Therefore, the Division has developed a handbook on protocols applicable to various **ML Cases** applicable to Medical Officers based on legislation and judgments. The draft has been submitted to DoHFW and DGHS for further consideration and action.

7.5 Module on Legal Aids for Acid Attack Victims

In response to the Ministry's request, The Division has developed a comprehensive training module for healthcare providers, including ASHAs, ANMs, Staff Nurses, and Social Health Workers on legal aids available for acid attack victims, in close coordination with the CP-CPHC Division and ED Secretariat. This module focuses on the legal and financial support available to acid attack victims, aiming to equip healthcare providers with the knowledge needed to assist victims effectively.

PHA 08: National Level Monitors

Comprehensive health infrastructure planning, according to the Indian Public Health Standards (IPHS), requires high technical expertise. Still, the capacity for such planning varies across states. To address this, the Ministry of Health and Family Welfare (MOHFW), through

the National Health Systems Resource Centre (NHSRC), decided to empanel architects and engineers as National Level Monitors (NLMs) to oversee and review health-related infrastructure projects.

The NLMs are responsible for visiting states and union territories (UTs) and submitting reports, findings, and observations on the progress of infrastructure work supported by the Government of India. They will also monitor and evaluate progress against expected outcomes. The Division facilitates the visits of the NLMs to districts to ensure the effective implementation of these projects.

The Request for Proposals (RFP) was finalised per the approved Terms of Reference (TOR). NHSRC circulated an Expression of Interest (EOI), and six applications were received. After thorough scrutiny, three NLMs were empanelled. An orientation visit to the state of Rajasthan was conducted in which the facilities under NHM, XV FC & PM-ABHIM were visited. Mainly, six healthcare facilities were assessed for construction quality and progress during this visit. A report was subsequently prepared and submitted to the Ministry. The next round of visits is scheduled for February and March 2025.

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

PM-ABHIM was launched by the Honourable Prime Minister on October 25, 2021, with an allocation of approximately Rs. 64,180 crores over six years to create and enhance public healthcare infrastructure across India. Additionally, the Fifteenth Finance Commission (FC-XV) has recommended grants of Rs. 70,051 crores through local governments for specific health sector components, facilitating the strengthening of health systems at rural and urban grassroots levels.

The Division is actively implementing the XV-FC and PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). It works closely with states to support the operationalisation of Integrated Public Health Labs (IPHLs) and Block Public Health Units (BPHUs), aligning these initiatives with the mission's objectives. Operational guidelines for XV-FC, PM-ABHIM, IPHL, and CCB were drafted to ensure smooth functioning, followed by assessments and support for several states to establish these healthcare units.

The Division has conducted five regional orientation workshops and state workshops to build technical capacity. In collaboration with the CDC, model IPHLs and BPHUs have been successfully established in Hazaribagh (Jharkhand), Namchi (Sikkim), and Nanded (Maharashtra). Further technical support, in collaboration with Jhpiego, is being provided to establish and operationalise IPHL and BPHU in the Jhunjhunu (Nawalgarh) and Pratapgarh districts of Rajasthan.

The guidelines on Critical Care Blocks have been prepared and available on NHSRC website. Operational guidelines for BPHU have been drafted and are awaiting Ministry approval, along with an implementation manual for civil work, electrical layouts, and furniture. In partnership with the National Institute of Public Finance and Policy (NIPFP), the Division is conducting a study to assess the effectiveness of the Fifteenth Finance Commission Health Grant in select states. This study has already been completed in Odisha, Madhya Pradesh, and Uttar Pradesh.

Additionally, the Division has developed an IPHL model and instructional videos on BPHU and IPHL for exhibitions and demonstrations. A training program for capacity building of lab technicians on IPHL was also conducted in Madhya Pradesh.

PHA 10: Miscellaneous

C19 RM Funds: The Division has developed a proposal for laboratory strengthening under the COVID-19 Response Mechanism (C19 RM) funding, which the Global Fund approved. A total of Rs 90.4 Cr has been approved for this proposal. The Division has developed equipment specifications and submitted them to the Ministry for procurement. The Division has signed an MoU with the Centre for Development of Advanced Computing (CDAC) to implement the LMIS (Laboratory Management Information System) module in states. Through C19 RM funding, the Division is involved in the development, implementation, and training of the LMIS module while also providing support to the PM-ABHIM division of the Ministry of Health & Family Welfare (MOHFW) for procurement of equipment for IPHL (Integrated Public Health Laboratories). Furthermore, the Division is actively coordinating with the National Institute of Health and Family Welfare (NIHFW) to facilitate seamless training for LMIS under the C19 RM funding.

Manthan Shivir: The Division contributed in a two-day Manthan Shivir aimed at enabling a deep dive into various healthcare themes, focused on developing a comprehensive and innovative roadmap for healthcare, inspired by the vision of the Prime Minister's #ViksitBharat@2047. The event featured dynamic discussions and debates on transformative themes to reform and energise India's healthcare sector.

Viksit Bharat @2047: The Division has drafted and submitted proposals for strengthening secondary healthcare, including Community Health Centres (CHCs) and District Hospitals (DHs), upgrading Urban Primary Health Centres (UPHCs), and ensuring IPHS compliance in public health facilities. Additional provisions for referral transport and the expansion of Mobile Medical Units (MMUs) in hard-to-reach areas have been included to enhance accessibility. These initiatives align with the vision of a strong and healthy nation under Viksit Bharat. The Division also participated in the working group to formulate mid- and long-term targets under the Viksit Bharat goals.

Partnership and Collaborations: The Division is actively engaged in multiple collaborations to advance research and technical support in key public health areas. In partnership with the University of Manitoba (UOM), it is conducting studies on Urban Health Analysis and Equity Analysis in the country, with state clusters identified and qualitative data collection underway. Additionally, the Division is working with IHAT on demographic research, with an interim report on India's demographic landscape already prepared. With SAMRIDH (IPE), the Division is contributing to research on climate change and health, along with other shared areas of interest. Furthermore, in collaboration with Jhpiego, it is supporting the operationalization of Integrated Public Health Laboratories (IPHL) and Block Public Health Units (BPHU) in Rajasthan, reinforcing healthcare infrastructure in the state.

PGDPHM Study: An evaluation of the Post Graduate Diploma in Public Health Management (PGDPHM) was done to gain a comprehensive understanding and examine various aspects of the program with an intent to contribute to further enhancement of the program. The program has been effective in providing health professionals with the expertise and skills required for public health management. It does, however, confront difficulties such as declining enrolment, inadequate accreditation, delayed nominations, and limited opportunities for

career progression. These challenges can be addressed by making required alterations in the programme to meet the training needs of in-service officers, aligning it with the development and restructuring of the Public Health Management Cadre. The program will continue to be essential in producing qualified public health leaders and promoting public health management in the nation by putting the recommended changes into practice.

Oral Health: Technical support is being extended to develop the National Oral Health Policy, led by the Oral Health Division of the NCDC.

One Health/Climate Change: Attended the National Consultation Workshop focused on developing guidelines for the Integrated Community Engagement Program for One Health. Contributed by providing valuable inputs to enhance the draft guidelines. Provided technical insights and recommendations to support formulating the National Adaptation Plan on Climate Change, ensuring alignment with current climate resilience strategies. Participated in the ABCD- Author-Book-Climate-Dialogue seminar, engaging in meaningful discussions on climate change, knowledge dissemination, and policy insights driven by literature on climate-related themes. Technical inputs were provided on the Training module for Medical Officers and Frontline workers on the Impact of climate change on vector-borne diseases.

Inputs on Ministry Documents: The Division has provided inputs and comments on various documents from the Ministry covering different subject matters and responded to RTI applications, Lok Sabha and Rajya Sabha Parliamentary Questions, and questions for the standing committees. The Division has also furnished data requirements for state visits of the Hon'ble Health and Family Welfare Minister (HFM) and the visit of the Joint Secretary (P) to various states/UTs.

IPHS Stall at IITF Bharat Mandapam: The Division set up a stall dedicated to IPHS at the 43rd edition of the India International Trade Fair (IITF), held from November 14-27, 2024, at Pragati Maidan, New Delhi. The stall displayed a model of a CHC along with IPHS guidelines, aiming to spread awareness about the essential facilities that should be present in public healthcare facilities.

IPHS Dashboard Launch Event: The division organized launch of the IPHS (Indian Public Health Standards) dashboard at Vigyan Bhawan and participated in exhibition showcasing the launch video and IPHS compliant facility model.

Purvodaya Scheme: The Purvodaya scheme, an initiative by the government of India, aims to enhance living standards and stimulate economic growth in the eastern regions of the country, specifically targeting Bihar, Jharkhand, West Bengal, Odisha, and Andhra Pradesh. The program focuses on improving healthcare access in these regions by allocating funds based on specific local needs. The Public Health Administration (PHA) division has developed a comprehensive Health Plan to prioritise the saturation of healthcare services at different levels, ensuring universal access to quality care. This Purvodaya Health Plan represents a holistic and scalable framework for achieving universal health coverage and nutrition security in one of India's most underserved regions.

Research Proposal on Contractual HR Challenges: The Division has developed a research proposal on "Towards a Sustainable Health Workforce: Implementation Research on Contractual HR Challenges in India." The study was presented to the Scientific Review Committee and has been recommended. The comments and suggestions from the SRC have

been incorporated, and the study has been forwarded to the Institutional Ethics Committee for review.

CGFHI Study- The research aims to comprehensively assess the performance of Central Government Funded Health Institutions (CGFHIs) in India, with a concept note prepared and a pilot study conducted at RML Hospital, New Delhi.

Gender Sensitisation Workshop: In collaboration with IHAT, the PHA division conducted a two-day workshop on “Integrating Gender Equity in Health Systems: Bridging Gaps Across Public Health Domains” on January 30-31, 2025. The workshop aimed to sensitise NHSRC staff on gender and intersectionality, explore their impact on health inequities, and integrate gender-sensitive approaches into policies and practices.

Comparative Study of AIIMS Institutes: The government has established new All India Institutes of Medical Sciences (AIIMS) nationwide to strengthen tertiary healthcare services. To assess how these newly established AIIMS institutions compare to AIIMS, New Delhi, the Division has conceptualised a study titled “Comparative Study of Functionality, Infrastructure, and Service Delivery between AIIMS New Delhi and the New AIIMS Institutes in India.” A proposal for this study has been put forth.

16th Finance Commission: The Division developed an initial draft proposal through an extensive internal exercise. Following this, inputs were solicited from all states, and the Division thoroughly analysed them to refine the proposals. A comprehensive presentation was prepared and presented under the chairmanship of JS (Policy), incorporating the feedback received. The revised presentation was submitted for further consideration. The Division actively provided inputs for finalising proposals to be presented to the 16th Finance Commission (FC).

Expenditure Finance Committee (EFC): The Division drafted and submitted proposals concerning the upgrading of 25% of healthcare facilities to be IPHS compliant, strengthening ambulance services, enhancing Mobile Medical Unit (MMU) services, and other related healthcare improvements.

Population Policy Position Paper: The Division has developed a position paper on the Population Policy, which outlines the desirable course of action. Key recommendations include the reactivation of the Population Council to address demographic challenges and enhance population-related strategies effectively.

Demography trends and population estimates: The Division has developed a draft paper on demographic estimates and trends.

Draft RFP of Karnataka for 108 ambulance services: The Division helped the State of Karnataka to develop a standard RFP for procuring services under the National Ambulance services.

The final report of the study- “Assessment of Health Service Delivery in **Tea Garden Hospital of Assam** functioning in PPP with NHM” has been prepared and submitted for further review.

Elderly Care Program: The division has contributed and drafted a position paper on Senior Care Reforms in India- Reimagining the Senior Care Paradigm which has been released by

NITI Aayog. The division also participated in the development of knowledge products around senior care in a workshop organized by NITI Aayog in Shillong. It has also given inputs for strategic paper being developed by NHRC.

PHA 11: Research work

- Review Article on Empowering India’s fight against cervical cancer: Harnessing routine HPV immunisation by Sudip Bhattacharya, Suneela Garg, K Madan Gopal, Published in 2025, Journal of Family Medicine and Primary Care. https://journals.lww.com/jfmpc/fulltext/2025/01000/empowering_india_s_fight_against_cervical_cancer_.5.aspx
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- More than Just Leafy Greens: Expanding the ICMR-NIN Guidelines for a Healthier, Productive Future, by Dr K Madan Gopal, Prof Dr Suneela Garg and Dr KS Uplabdh Gopal, published in 2024, Journal of the Epidemiological Foundation of India. <https://efi.org.in/journal/index.php/JEFI/article/view/53>
- Addressing Non-Communicable Diseases: Unveiling “Collateral Damage” and Pursuing Solutions at the Grassroots by Sudip Bhattacharya, Dr K Madan Gopal, Prof Dr Suneela Garg and Dr KS Uplabdh Gopal, published in 2024, Journal of the Epidemiological Foundation of India. <https://efi.org.in/journal/index.php/JEFI/article/view/13>
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- “Somebody help me... I’m Stayin’ Alive.” Putting Into Context the Burgeoning of Sudden Cardiac Deaths.). “International Journal for Multidisciplinary Research (IJFMR). (<https://www.ijfmr.com/research-paper.php?id=6169>)
- Understanding Implementation issues in Maternal Death Surveillance and Response: A Protocol for Process Reviewing the High Burden States of India: Implementation Issues in MDSR in India <https://ijhsir.ahsas-pgichd.org/index.php/ijhsir/article/view/186/169>
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- From GRAP to green dreams: How Delhi plans to chart a path to year-round clean air: November 2023: <https://www.firstpost.com/opinion/from-grap-to-green-dreams-how-delhi-plans-to-chart-a-path-to-year-round-clean-air-13393962.html>

- Advancing the one health approach through the integration of Ayush systems: Opportunities and way forward: October 2023: Journal of Family Medicine and Primary Care. DOI: [10.4103/jfmpr.2023.192](https://doi.org/10.4103/jfmpr.2023.192)
- Navigating the Future: policies and prospects shaping the Medtech and IVD industry. December 2023 https://www.medicalbuyer.co.in/med_ezine/#p=90
- Navigating India's bioeconomy: Analysing the BioE3 policy, innovation and emerging challenges DOI: <https://doi.org/10.30574/wjarr.2024.24.3.4012>
- Digital solutions in the Healthcare system' December 2023. <https://innohealthmagazine.com/volumes/volume-8/v8-i1/>
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- Revolutionizing Indian Healthcare: The BPHU Initiative under PM-ABHIM and XV-FC <https://ijpsm.co.in/index.php/ijpsm/article/view/41>
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- Laboratory Management Information Systems in India: Challenges, Opportunities, and the Path Forward <https://doi.org/10.36948/ijfmr.2025.v07i01.35178>
- Position Paper - Guardianships of People with Disabilities in India <https://doi.org/10.36948/ijfmr.2024.v06i06.33988>

VII. QUALITY & PATIENT SAFETY (QPS)

1. Support to the States/UTs and health facilities in the implementation of NQAS, LaQshya, MusQan and Kayakalp.
2. Kayakalp: Dissemination of Revised Kayakalp Tool and providing implementation support in States/UTs.
3. Patient Safety: Supporting the States/UTs in assessments of the health facilities on the “SaQushal”- Patient Safety Assessment Tool.
4. Mera Aspataal: Revamping of Mera Aspataal Portal to meet the requirements of NQAS, LaQshya & MusQan certification and also creating a patient-friendly ambience in collaboration with the CHI.
5. Newer interventions: Development of Guidelines for HAI Surveillance
6. Workshops and Studies
7. Others
 - 7.1. Publishing of bi-annual updates on Quality i.e., Quality Darpan
 - 7.2. Online lecture series on Standard Treatment Guidelines
 - 7.3. Standardization of Case sheet formats for Primary and Secondary care facilities as model case sheets
 - 7.4. Approval for WHO- Collaborating Centre for Patient Safety
 - 7.5. Support for maintaining ISO 9001:2015 certified status of NHSRC and RRC-NE

Key Deliverables - Certification Unit

1. Facilitate the conduct of National level assessments of Health facilities under the NQAS, LaQshya & MusQan.
 - 1.1 Conduct of National level assessments of health facilities under the NQAS, LaQshya & MusQan.
 - 1.2 Conduct of National level Virtual assessments at Ayushman Arogya Mandir – Sub Centre.
 - 1.3 Conduct of National Level assessments of Integrated Public Health Labs (IPHL).
 - 1.4 Surprise assessment of 10% of certified facilities.
2. Expand the pool of empanelled external assessors and strengthening of certification process.
 - 2.1 Increase the pool of NQAS empaneled external assessors.
 - 2.2 Creating a Pool of Ayushman Assessors: State Internal Assessors undergo three days of training (exclusively for NQAS assessment of Ayushman Arogya Mandir).
 - 2.3 Capacity Building of existing Assessors.
 - 2.4 Hand-holding support to newly empanelled external Assessors.
 - 2.5 Implement Assessors’ ranking parameters.
3. Strengthening of NQAS assessment tools
 - 3.1 NQAS certification of Indian Public Health Laboratory (IPHL)
 - 3.2 Updation of District Hospitals assessment tool based on revised IPHS and revised guidelines of National Health Programmes.
 - 3.3 Updation of CHC assessment tool based on revised IPHS and National Health Program Guidelines.
 - 3.4 Updation of Ayushman Arogya Mandir– PHC and UPHC assessment tool based on the revised service delivery guidelines.
4. Strengthening of IT initiatives under NQAS

- 4.1 Re-certification and surveillance assessment.
- 4.2 Feedback System.
- 4.3 Improvement in the functioning of SaQsham portal (IT-enabled system for Quality certification portal).
- 4.4 Maintenance of Interim Software.
- 4.5 Revamping of Gunak platform
5. ISQua accreditation
 - 5.1 ISQua accreditation of Certification Unit
 - 5.2 Maintaining ISQua accreditation of National Quality Assurance Standards, and Surveyor Training Program.
6. Workshops/events
 - 6.1 Felicitation of National Quality Certified Facilities.
 - 6.2 Assessors Meet for experience sharing and best practices.
7. Printing
 - 7.1 Printing of new Guidebooks and reprinting of existing Guidebooks.
 - 7.2 Printing of Certificates and dispatch, etc.
8. Others-
 - 8.1 Rapid assessment of the non-certified District Hospitals to achieve NQAS Certification.

Key Deliverables- Free Drug Service Initiative (FDSI) Support

1. Supporting states in the implementation of FDSI
 - 1.1 Support the states in strengthening of Procurement and Supply Chain System.
 - 1.2 Development of Medicine Storage Guidelines and Dissemination.
 - 1.3 Revision of Drug Procurement Assessment Tool.
 - 1.4 Support to DVDMS.
 - 1.5 Development of guidelines to ensure quality, timely accessibility, and periodic updating of essential medicines.
2. Analysis of IPHS EML medicines for better budgeting, procurement planning, and inventory control.
3. Conduct of National Workshop on FDSI & strengthening supply chain management.

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	04	02	02

4.	Consultant	08	08	0
Total /filled positions		14	12	02
Certification Unit (Deputed from QPS Division)				
1.	Lead Consultant	01	01	0
2.	Senior Consultant	03	02	01
3.	Consultant	10	08	02
Total/ filled positions		14	11	03
Drug Cell (Support for FDSI) – Deputed from QPS				
1.	Senior Consultant	01	00	01
2.	Consultant	02	02	00
Total/ filled positions		03	02	01

**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 of NQAS

1.1 Capacity building of state teams as per need –

- ❖ The team continues to undertake the mentoring & supportive 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, Gujarat, West Bengal, Puducherry, Chandigarh, Delhi, Chhattisgarh, etc. to facilitate the implementation of the National Quality Assurance Programme.
- ❖ Training sessions have been conducted to meet state-specific requirements to enhance the pool of internal assessors and enhance the capacity of quality teams & implementer in the states. In FY 2024-25 and till 15th January 2025, 68 batches of training (cumulative total – 715) have been conducted, comprising National External assessors training, state-level assessors training, Service Provider Training (SPT), etc. Over the past year, more than 2168 State-level Internal Assessors have been added to the pool to support the implementation of NQAS, bringing the current pool of state-level NQAS internal assessors to 8243.
- ❖ Collaboration with TISS Mumbai for a 2-semester Post Graduate Diploma in Healthcare Quality Management has continued. A total of 208 consultants and state

directorates officials have completed the programme.

1.2 Capacity building of BMHOs/BMOs/ other equivalent

functionaries working in the Aspirational Blocks to accelerate the NQAS certification: With the help of the NHSRC/State teams, a total of 26 different trainings have been conducted in States/UTs. These trainings included BMHOs, BMOs, Aspirational Block functionaries, etc.

1.3 Capacity building of ULBs

One batch of training was conducted in Gujarat (19th to 21st Dec 24) including the participants from Ahmedabad Municipal Corporation. However, few of the states have conducted the exclusive training under the NUHM i.e., Bihar, Maharashtra, Delhi, Chandigarh, etc.

1.4. Development of Implementation Guidelines & Resource Material –

- ❖ **Fire Safety Manual:** The guidance document providing minimum essential requirements for primary healthcare facility has been drafted to ensure for fire safety preparedness. The document has been completed and its release is scheduled in March 2025.
- ❖ **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 first draft has been developed and planned to be released in April 2025.
- ❖ **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). The Manual has already been developed and circulated.
- ❖ **Partnership with the SIHFWs/SHSRCs and Academic Institutions:** It is an ongoing activity.

QPS 02: Support for LaQshya implementation

2.1. Revision of LaQshya tools:

The NQAS of DH is updated along with the LaQshya standards. The updated NQAS-DH-2024 has been circulated. The development of assessment tools are under process.

2.2 Piloting of tools: Following completion of the assessment tools, it will be piloted.

2.3. Capacity building: Ongoing activity

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

- 3.1 Capacity Building for State/Facility Teams: Continuous support is given to healthcare organizations to ensure that MusQan is implemented successfully.
- 3.2 Field Visits: The team conducted field visits to various states, aiming to comprehend the challenges faced by healthcare facilities and provided guidance and support as needed.

QPS 04: Kayakalp implementation support in State/UTs

4.1. On June 28, 2024, the revised Kayakalp Scheme tools were released after, incorporating the following additional features as outlined below:

- ❖ Water, Sanitation, Hygiene, Management (WASH) components
- ❖ Patient convenience including steps for menstrual hygiene
- ❖ Updation as per BMW 2016 and its subsequent amendments.
- ❖ Revision of Eco-friendly theme as per National Program for the Climate change and its impact.

4.2 Virtual orientation on Revised Kayakalp Scheme and Tools conducted on 6th August 2024 for all States and UTs. ToT on Revised Kayakalp guidelines have also been conducted in the states of Andhra Pradesh, Andaman & Nicobar, Assam, Bihar, Chandigarh, DNH & DD, Gujarat, Haryana, Karnataka, Kerala, Nagaland, Odisha, Punjab, Tripura, etc. in physical mode.

4.3 Revision of Kayakalp implementation guidebook is under process. Comments were received from the different stakeholders. After incorporation of all the inputs/ suggestion, revised edition is likely to be released by March 2025.

4.4 Status:

In FY 2023-24, 32,780 facilities in 34 States and UTs have been incentivized under the Kayakalp scheme, including 75 facilities for best Eco-friendly health facilities. For FY 2024-25, 6672 facilities in three States/UTs have been declared as 'Kayakalp' facilities.

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

5.1. On September 18, 2024, MoHFW has celebrated World Patient Safety Day, focused on theme of "Improving Diagnosis for Patient Safety" with the slogan "Get it Right, Make it Safe!"

5.2. Diagnostic errors present a serious risk to patient outcomes and cause delays which are either under recognized or hamper effective treatment. This year's theme would go a long way in strengthening the process of diagnostic error prevention.

5.3. During patient safety event a coffee table e-book was released. Patient Safety pledge was taken by all the participants joined physically and online.

5.4. Report highlighting the activities of the world patient safety day was prepared and uploaded on NHSRC website. It summarized the key note address by eminent dignitaries and pointers on the technical sessions chaired by various experts in the field.

5.5. A Report titled "Improving Patient Safety in District Hospitals of India: A Compilation of Annual Self-Assessment Using SaQushal Framework" was created after collating and analyzing the data received from DH or equivalent healthcare facilities in the country. The report highlighted the overall picture of the participating facilities and reflected the overall status of patient safety in participating institutions. A comparative analysis of two years showed a remarkable increase in the number of facilities assessed along with improvement in the median scores attained by facilities.

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

6.1 Revamping of Mera Aspataal:

- ❖ On March 1, 2024, a review meeting was conducted to understand the challenges and progress of Mera Aspataal. In this meeting, actionable strategies were identified for the effective operationalization of existing portal and development of Mera Aspataal

2.0, highlighting the importance of advancing patient feedback mechanisms and integrating them seamlessly with healthcare services.

- ❖ The questionnaires for inpatient (IPD) and outpatient (OPD) services have been revised, and a new questionnaire for Ayushman Arogya Mandir-Sub Health Centre (AAM-SHC) has also been approved by the Ministry of Health and Family Welfare (MoHFW). To broaden accessibility, the questionnaires have been audio translated into 16 regional languages, ensuring inclusivity and greater reach across diverse linguistic communities.
- ❖ Currently, 34 States and Union Territories are onboard, and 11,701 facilities are integrated with the portal.
- ❖ **Challenges**

1. Implementation of Multi-Factor Authentication (MFA) in Mera Aspataal
Centre for Health Informatics (CHI) has implemented Multi-Factor Authentication (MFA) on the live portal <https://admin-meraaspataal.nhp.gov.in/>. This security enhancement resulted in changes to user credentials, causing temporary access issues for users. CHI has requested NHSRC to verify each user on the Mera Aspataal portal, post that only user can utilize the Mera Aspataal Portal. However, NHSRC has indicated that it may not be feasible to provide this authorization to each user, as the organization does not directly interact with healthcare facilities.

Under NQAS, SaQsham portal has been developed for the digitization of certification process, in this portal the authority for user verification and approval are delegated to district and state-level functionaries, with the State team's authorization being handled specifically by the QPS team. A similar decentralized approach could be implemented for the Mera Aspataal portal to streamline user verification and enhance operational efficiency.

2. Server space for hosting of Mera Aspataal

For the staging and production of Mera Aspataal, dedicated server space is essential. This ensures a stable environment for testing, development, and deployments, supporting seamless operations including functionality. CHI has requested server space for the staging and production of Mera Aspataal.

A file addressing the challenges has been submitted to the Ministry for their review and guidance. It file is currently under consideration by the MoHFW.

QPS 07: Newer interventions

7.1 Development of guidelines for Surveillance of Hospital Acquired Infection in Public Health Facilities:

- ❖ NHSRC has signed a MOU with ICMR and AIIMS, New Delhi in February 2024 to work together in areas of HAI Reporting and AMR Prevention in Primary and Secondary care Public Health Facilities for the development of guidelines & capacity building.
- ❖ Draft version of “Technical Guidelines for HAI Surveillance and Reporting at District Level Health Facilities” is developed with support of AIIMS & ICMR and reviewed by an expert group consisting of microbiologists and state representatives, along with experts representing NCDC, ICMR and AIIMS New Delhi on 19th December 2024.
- ❖ The consultation with the different stakeholders is ongoing to review the guidelines and subsequently implementation these guidelines in 36 District Hospitals across 12

states as a pilot initiative. This implementation stage will consist of capacity building and hand holding of these select district hospitals by the NHSRC, ICMR and AIIMS teams.

QPS 08: Workshops and Studies

8.1 National level workshop to support the States/UTs in the implementation of NQAS in the Aspirational Blocks:

- ❖ Regional review meetings were held and during review meetings, accelerating NQAS certification was on the agenda.
- ❖ Additionally, in July 2024(4th, 5th & 8th July 24) and December 2024(9th, 10th, 12th & 17th Dec 24), virtual meetings were conducted for all States & UTs, aligning it with the Hon'ble Prime Minister's vision of achieving quality certification for all healthcare facilities by December 2026. Fruitful discussions were held regarding the challenges and support needed from the NHSRC for NQAS certification.
- ❖ It included the agenda of accelerating NQAS certification in Aspirational Blocks as well.

8.2 Regional Workshop in States/UTs to accelerate the NQAS certification in Aspirational Blocks:

An orientation workshop was held in Guwahati for all the north eastern states.

8.3 Consultative workshop with ICMR and AIIMS:

Consultative and national level orientation for HAI surveillance is scheduled in March 2025.

8.4 Study:

- ❖ Identification of enablers and barriers in NQAS certification: The draft concept note for the proposal has been prepared, and the first round of review has been completed.
- ❖ Analysis of Kayakalp Scheme implementation & sustainability in Public Healthcare Facilities of Indian State/UTs: The draft manuscript for the paper is ready. Two round of review has been completed, and the feedback has been incorporated. The revised paper has been submitted for a third review.
- ❖ Assessment of Public Health Facilities for patient safety activities using the SaQushal tool: The SaQushal paper has completed and final journals are being explored for publishing the paper.

QPS 09: Others

9.1. Quality Darpan

- ❖ Quality Darpan is a biannual update on National Quality Assurance Standards and its related domain under the Quality & Patient Safety Division in that timeframe. It provides the progress of the NQAS, LaQshya, MusQan and Kayakalp in all the states/UTs. Vol V No. 1 is uploaded on the NHSRC website and shared with States/UTs. The team is working on the next version, Vol V No. 2 and planned to be released in April 2025.

9.2 Online lecture series on STG:

- ❖ 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, from September 2022.
- ❖ Since then, two series have been successfully completed. Around 2600 participants have received the e-certificates for their participation in the last 2 series.
- ❖ With the increased demand from the professionals of the primary healthcare facilities, it was decided to continue with the third series and also include lectures on primary healthcare along with secondary/tertiary healthcare. This series is planned to be continued for two more years.
- ❖ In this series, two sessions have already been completed and around 300 participants have received the e-certificates for their participation.

9.3 Standardization of case sheets, and formats

Standardized medical records including OPD and IPD case records will ensure continuity of care for patients and enable the clinicians to have better decision making based on established initial assessments and re-assessments protocols. The revised case sheet for Primary Healthcare Facilities have been drafted and ready for piloting. Team is working on the case sheet of Secondary Healthcare Facilities

9.4 WHO Collaborating Centre for Patient Safety

Quality & Patient Safety Division has been designated as WHO Collaborating Centre in June 2024. The activities will be undertaken as per the approved TOR.

9.5 Maintenance of ISO certification

- ❖ In 2024, Internal Audit of RRCNE and NHSRC has already been conducted in the months of May 2024 and July 2024 respectively.
- ❖ The division supported the re-certification audit in the month of November 2024 at NHSRC and in the month of December 2024 at RRC-NE.

Additional activities:

1. Development of “Implementation Guidebook of Solid Waste Management in Health Care Facilities”:

- ❖ The HCFs are managing their infectious waste as per BMW Rules 2016. However, there is no such resource materials available for management of the noninfectious waste. In India, the noninfectious waste is being managed according to SWM Rules, 2016. Draft SWM Rules, 2024 has been notified & expected to be applicable from 1st October 2025. According to this new rule the HCFs have been categorized as bulk waste generators because any of following criterion (i) buildings with floor area of 20,000 sq. or above (ii) water consumption of 5000 litres per day (iii) solid waste generation of 100 kg per day.
- ❖ The major obligations of HCFs as bulk waste generators is envisaged like registration on central portal as Extended Bulk Waste Generator Responsibility (EBWGR), onsite processing of organic waste as far as possible and transfer of non-biodegradable waste to authorize entity only.

- ❖ For effective implementation and strengthening the existing practices of non-infectious waste management in HCFs, NHSRC has prepared this implementation guidebook to cater the need of HCFs. Subsequently, Expert Group was constituted for review of draft report. First meeting of the expert group was held on 18th December 2024 at NHSRC, Delhi.
- ❖ Draft of the Implementation guidebook of SWM in HCFs shall be shared in the public domain for valuable inputs of different stakeholders.

Certification Unit

CU 01: Strengthen the National level assessment of Health facilities under NQAS, LaQshya and MusQan

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

National level Quality assessments of public health facilities have been conducted under the National Quality Assurance Standards (NQAS), LaQshya and MusQan. Since 2016, considerable progress has been made in Quality certification. The cumulative assessment status is given below:

Program Name	Assessment Conducted (Cumulative)	Facilities Certified	Assessment Conducted (FY 24-25)*
NQAS	9550	7898	4216
Surprise Assessment	216		74
Rapid Assessments of Non-Certified DHs	358	Not Applicable	358
Recertification Assessment under NQAS	0		107
LaQshya (LR)	1368	1119	140
LaQshya (MOT)	1053	813	128
Recertification LaQshya (LR)	0		20
Recertification LaQshya (MOT)	0		20
MusQan	181	170	17
CLMC	2	2	1
NQAS for AEFI Surveillance	1	1	1
TOTAL	12729		5082

*As on 15th January 2025

The financial year wise progress as on 15th January 2025 is given in table below:

Financial Year wise progress (NQAS) -

FY	National	State	Cumulative Total
2016-17	10	-	10
2017-18	52	-	62
2018-19	151	-	213
2019-20	404	910	617
2020-21	189	2746	806
2021-22	637	-	1443
2022-23	818	2283	4544
2023-24	1970	3778	8009
2024-25*	3667	15197	23095

1.2 Conduct of national level virtual assessments at Ayushman Arogya Mandir – Sub Centre:

S.No.	State/UT	Applications received	Facilities assessed	Facilities Certified	Assessments scheduled
1	Andhra Pradesh	270	181	145	89
2	Assam	15	8	8	7
3	Chhattisgarh	191	85	53	106
4	DD and DNH	28	27	28	1
5	Goa	3	3	0	0
6	Gujarat	55	37	27	18
7	Haryana	68	36	28	32
8	Himachal Pradesh	2	0	0	2
9	Jammu & Kashmir	5	3	3	2
10	Jharkhand	18	6	1	12
11	Karnataka	37	10	6	27
12	Kerala	1	1	1	0
13	Madhya Pradesh	208	37	26	171
14	Meghalaya	5	3	0	2
15	Odisha	138	87	78	51
16	Punjab	34	14	10	20
17	Rajasthan	12	8	7	4
18	Tamil Nadu	2	0	0	2
19	Telangana	56	20	9	36
20	Tripura	40	17	10	23
21	Uttar Pradesh	724	216	153	508
22	Uttarakhand	14	7	6	7
23	West Bengal	658	359	310	299
Total		2584	1165	909	1419

- ❖ 184 applications received for the virtual certification have been converted for physical assessments and healthcare facilities were assessed till 15th January 2025.

1.3 Conduct of National level assessment of Integrated Public Health Labs (IPHL):

- ❖ National Quality Assurance Standards for Integrated Public Health Laboratories (IPHL) were launched on 28th June 2024.
- ❖ National level dissemination of NQAS for IPHL for all the States/UTs was conducted for all the states/UTs on 2nd August 2024.

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

Surprise assessments of seventy-four (74) healthcare facilities have been conducted till 15 January 2025. Of these, the results of 24 facilities have been declared, in which 75% (18 facilities) maintained the achieved quality standards, 12.5% (3 facilities) showed slight deviations from Quality standards, and 12.5% (3 facilities) were unable to sustain the quality standards.

CU 02: Strengthen the pool of empanelled external assessors and process strengthening

2.1 Increase the pool of NQAS empanelled external assessors:

- ❖ A pool of 1,585 external assessors has been created through 39 batches of External Assessor Training (EAT) conducted as on 15th January 2025.
- ❖ 40th batch of training has been conducted from 13th to 18th January 2025, result is under process.
- ❖ Two (02) batches of External Assessors training are proposed in the month of February and March 2025.

2.2 Creating a pool of Ayushman Assessor training for NQAS Internal Assessors:

- ❖ Three batches of Ayushman Assessors Training have been conducted in till 15th January 2025, and a total of 170 Assessors are empanelled exclusively for conducting the assessments of Ayushman Arogya Mandir – Sub Health Centres (AAM-SHCs).
- ❖ One batch for Ayushman Assessors training is scheduled in the month of February 2025.

2.3 Capacity Building of existing pool of Assessors:

Refresher Training –

- ❖ A total of 13 batches of Refresher Training have already been conducted for existing NQAS assessors till 15th January 2025.

2.4 Hand-holding support to newly empanelled external assessors:

- ❖ Induction Training – All the newly empanelled assessors have to undergo mandatory induction training in virtual mode. This training includes the awareness on the Code of Conduct which is required to be followed during the assessment along with detailed orientation on the Assessor Module of SaQsham Portal. A total of twenty batches of

induction training have been conducted till 15th January 2025 in which seven (07) batches of empanelled assessors are oriented in the current financial year.

- ❖ Observership Assessment of Newly empanelled Assessors – Newly empanelled Assessors with minimum experience of public health systems were deputed for conducting observership assessment. 17 assessors have been deputed for undertaking observership assessment till 15th January 2025.

2.5 Assessors Ranking:

Criteria for assessor ranking have been discussed with members of the NQAS Appeal Committee held on 29th October 2024. Draft concept note is under preparation.

CU 03: Strengthening of NQAS assessment tools

3.1 NQAS for Integrated Public Health Laboratories (IPHL)

National Quality Assurance Standards for Integrated Public Health Laboratories (IPHL) were launched on 28th January 24, 2025.

3.2 Updation of District Hospital Standards

National Quality Assurance Standards for District Hospitals were updated and approved in 2024. These standards will be implemented from March 2025 for assessments.

3.3 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 revised. The updated assessment tool is under preparation.

3.4 Updation of AAM-PHC/AAM-UPHC assessment tools based on revised mandates:

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. Based on the inputs of experts, standards and measurable elements have been revised. The updated assessment tool for these facilities is under preparation.

Customization of NQAS as per state requirements –

- ❖ States and UTs have projected requirements of undertaking modifications in the NQAS checklist (as per their scope of services) for meeting the target of NQAS certification during the regional review meetings and virtual meetings.
- ❖ Further to it, the request for customization of 30 assessment tools under NQAS have been received from 20 states.
- ❖ A total of 9 customization for NQAS has been completed and 7 are pending for review. 14 requests for customization is still pending at state level.

CU 04: Strengthening of IT Initiative under NQAS

4.1 Recertification and Surveillance mechanism:

- ❖ Module for Recertification of health facilities has been included in SaQsham portal from 20th November 2024.
- ❖ Module for Surveillance assessment is under development on the portal and will be incorporated by March 2025.

4.2 Assessors Ranking:

The process will be incorporated into the SaQsham portal after the approval of the draft criteria for Assessors' ranking.

4.3 Feedback System:

- For each assessment, feedback is gathered from all the stakeholders, namely, the facility, Co assessors and the Certification Unit consultant. System for assessment wise feedback is implemented onto the SaQsham portal.
- NHSRC also gathers feedback from assessors and facilities on the standards and measurement system annually and for the Certification Unit on quarterly basis for improving the process of assessment. This module is under development on the portal.

4.4 Improvement in functioning of SQsham portal

4.5 Interim Software maintenance–

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.

4.6 Revamping of GUNAK Application

GUNAK Application is still under the process of upgradation.

CU 05: ISQua accreditation

5.1 ISQua Accreditation of Certification Unit:

The Certification Unit, NHSRC has underwent the assessment for ISQua accreditation against the guidelines and standards for External Evaluation Organization from February 26 to March 1, 2024.

We are happy to inform that the Certification Unit, NHSRC has been granted ISQua accreditation for External Evaluation Organization for a period of four years, from June 2024 to June 2028.

5.2 Maintaining the existing accreditation of National Quality Assurance Standards, Certification Unit and Surveyor Training Program

- ❖ In continuation of maintaining the ISQua accreditation of the National Quality Assurance Standards, the re accreditation process was completed in the month of December 2024. The process included the submission of the self-assessment report against the requirement of the ISQua standards followed by the desktop survey by ISQua Surveyors. The recommendations received were incorporated and Factual

Accuracy review was again done by the ISQua. Now ISQua has given accreditation for a period of four years, till Feb 2029.

- ❖ ISQua accreditation of the Surveyor training program is in continuation and the second progress report based on the recommendation received has been submitted to ISQua in month of January 2025

CU 06: Workshops/Event

6.1 Felicitation

National level Quality convention and Felicitation of NQAS certified facilities is proposed in May 2025.

6.2 National level NQAS Assessor Meet:

The National level meet of empanelled NQAS Assessors was held on 13th and 14th February 2025.

CU 07: Others

7.1 Rapid Assessment of non-certified District level hospitals –

To identify and address challenges faced by non-certified public healthcare facilities, rapid assessments of non-certified District Hospitals have been initiated in May 2024. A team of a NQAS External Assessor and State's Internal Assessors undertook two-day assessments using a rapid NQAS assessment checklist.

Rapid assessments were conducted in 358 District Hospitals (254 in first phase and 104 in 2nd phase). Reports are prepared and shared with states and facilities. Eight department in 305 District Hospitals have been found in the state of readiness for NQAS certification.

District Hospitals of UTs (Andaman and Nicobar Islands, Ladakh, Lakshadweep and Puducherry) has been visited by QPS team and were handheld during the visit.

'Free Drug Service Initiative' (FDSI)

1.1 Support the states in strengthening of Procurement and Supply Chain System

Support is being provided to six states (Bihar, Chhattisgarh, Jammu & Kashmir, Madhya Pradesh, Sikkim, and Uttar Pradesh) to strengthen their procurement and supply chain systems. The 'As-Is' assessment report has been received, and the road map has been finalized, and finding have been shared with the respective states.

1.2 Development of Medicine Storage Guidelines and Dissemination

Guidelines for storage practices at drug warehouses and healthcare facilities are being developed to ensure standardized and efficient management of medicines. Draft is under finalization.

1.3 Drug Procurement Assessment Tool

The Procurement and distribution assessment tool, initially developed in 2017, has been recently updated. The revised tool aims to provide a comprehensive framework for evaluating

procurement processes, distribution efficiency, and overall supply chain performance in public health systems.

Field testing of the updated tool was conducted in Gujarat and Uttar Pradesh to assess its practicality and identify areas for further improvement. According to the field findings, the tool has been revised and submitted to the Ministry for approval.

1.4 Support to DVDMS

Technical support is being provided to the CDAC team to strengthen the DVDMS Central Dashboard. Existing modules & generated reports are reviewed, and a dashboard to track the availability and supply chain status of IPHS medicines is developed. Modules for facility-wise stock availability, quality control, medicine usage trends, and drug expiry management for IPHS medicines are under testing. Monitoring of NCD medicines is also incorporated under IPHS dashboard.

This feature will help in tracking the following Key Performance Indicators (KPIs):

Financial Year	Sl. No.	KPI
2024-25	1	Availability of 80% of IPHS medicines
	2	Availability of 90% of NCD medicines
2025-26	1	Availability of 90% of IPHS medicines
	2	Availability of 100% of NCD medicines

2.1 Revision/ Updation of essential medicines

- A. **IPHS EML Revision:** Revision of the Essential Medicines List (EML) for Primary Health Care Facilities (SHC AAM and PHC/UPHC- AAM) has been completed and submitted to the Ministry. The Experts Consultation Committee meeting for revising the EML for Community Health Centres (CHC) was conducted on 17th December 2024 and the revised draft EML for CHC will be submitted to the Ministry in February 2025. It is proposed to conduct the consultation committee meeting of experts pertaining to revision of EML for Sub-District Hospitals (SDH) and District Hospitals (DH) level facilities.
- B. **Revision of Essential Drugs List (EDL) of States/ UTs:** The revised IPHS EML will be shared with the states/ UTs for their feedback.

2.2 Field Visit

A field visit was conducted in the state of Uttarakhand to review procurement and supply chain management practices, quality assurance mechanisms, warehousing practices, warehouse infrastructure, and the implementation status of DVDMS. Key challenges were identified, and proposed corrective measures will be submitted to the Ministry.

2.3 National workshop on FDSI & strengthening supply chain management

A national workshop on FDSI is proposed to be held after the revision of the IPHS EML in next financial year. States/UTs will be oriented on ideal procurement and supply chain practices.

VIII. ADMINISTRATION

Team Composition

<u>Sanctioned Posts</u>	<u>Sanctioned Position</u>	<u>In Position (vacancy)</u>
PAO	1	1
Senior Consultant (HRM/FM/ITM/Administration)	6	5
Consultant	13	12
IT Executive	1	1
Assistant	10	9
Total filled positions	31	28
Positions to be filled		3

VIII A: General Administration

Key Deliverable

1. Hiring of Additional Workspace in NDC Basement NIHFV for NHSRC.

- (a) After completion of NDC Basement work, the facility is completely functional. 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/- has been refunded by CPWD. Provisioning of support on daily basis, streamlining of outsourced manpower and security both physical and fire safety is being ensured.
- (b) Due to continuous expansion of the role and charter of NHSRC and keeping pace of NHM/MoHFW and release of additional HR, the strength of HR has increased over the years. Keeping in view the current status of workstations in NHSRC main and NDC Basement, additional requirement for allocation of 60-70 workstations has been projected with MoHFW.

2. Maintenance of Office & Infrastructure.

Renewal of all contracts/ fresh tender for:

- (a) Total 20 CMC/AMC of equipment and other services of NHSRC was successfully completed. This includes fresh tendering for 11 services.
- (b) Rehearsal of fire safety measures for all NHSRC staff has been carried out on 04 Nov 2024.
- (c) Annual Stock Taking of Fixed and IT Assets was held in April 2024 followed by Insurance of office assets against fire and burglary. The process for the FY 2024-25 is in progress and will be completed by April 2025. Insurance of office assets will be done thereafter.

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 60 RTIs were 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 supports the division to ensure the successful conduct of the ISO Audit, which was held in December 2024 and successfully completed.

7. Management of Events.

- a) The total of 74 Nos of event has been undertaken:-
 - i. MoHFW - 12 (including RCH & RBSK).
 - ii. NHSRC - 62 (including 06 NQAS EAT)
- b) The coordination of the launch event for the Action Plan for Viksit Bharat 2047 was carried out at Vigyan Bhawan on 28/06/2024. This event marked a significant milestone in the country's journey towards achieving the vision of a developed India by 2047.
- c) Coordination of Signature event of MoHFW i.e., 16th Common Review Mission (CRM) on 18th November 2024 at Dr. Ambedkar International Centre (DAIC), New Delhi.
- d) Coordination and logistic support were provided for NPCC meetings of MoHFW at NHSRC, ensuring smooth operations throughout January and February 2025..
- e) Coordination of Special Event of MoHFW i.e., arrangement of logistics for the Event organized by the Ministry of Health and Family Welfare (MoHFW) for the 72 special guests and their spouses invited to witness the Independence Day celebrations on 15th August 2024 at Lal Quila includes comprehensive support. This involves the arrangement of comfortable accommodation for all guests, along with transportation for their arrival, travel to the event venue, and departure. Additionally, special arrangements were made for the felicitation of the guests, ensuring they receive appropriate recognition. Liaison Officers (LOs) were designated for both reception and departure to facilitate smooth access to the event and related venues. Furthermore, a guided tour of prominent places of interest in Delhi was also organized, providing the guests with a memorable and enriching experience during their stay.
- f) Coordination of Special Event of MoHFW i.e., arrangement of logistics for the Event organized by the Ministry of Health and Family Welfare (MoHFW) for the 250 special guests and their spouses invited to witness the Republic Day celebrations on 26th January 2025 at Kartavaya Path includes comprehensive support. This involves the arrangement of comfortable accommodation for all guests, along with transportation for their arrival, travel to the event venue, and departure. Additionally, special arrangements were made for the felicitation of the guests, ensuring they receive appropriate recognition. Liaison Officers (LOs) were designated for both reception and departure to facilitate smooth access to the event and related venues. Furthermore,

a guided tour of prominent places of interest in Delhi was also organized, providing the guests with a memorable and enriching experience during their stay.

- g) Coordination of celebrating International Yoga Day, Swachh Bharat.
- h) In the course of these events, end-to-end support has been provided. This included:-
 - i. Organization of venue for holding the event.
 - ii. Provisioning of manpower to ensure smooth conduct.
 - iii. Ensuring accommodation for all the participants in empaneled facilities.
 - iv. Ensuring availability of transport fleet for daily movement plus movement for specific purposes.
 - v. Ensure provisioning of catering services to participants attending the events.

8. Document Maintenance

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

9. Travel Support

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

- a) In the financial year 2024-25, total 1867 tickets were booked this includes 191 tickets booked for the 16th Common Review Mission 2024.
- b) Certain short notice requirement have also been catered for.
- c) Timely payment and clearance of dues to Ashoka Tours & Travels has also been ensured.

10. 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, also optimization of the available space.
- b) Refurbishment of flooring.
- c) Upgradation of common facilities.

11. 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.

12. Security.

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

13. Updation of Byelaws.

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

14. Updation of SoP's.

Regular updation of Standard Operating Procedures (SoPs) ensures that processes remain relevant and efficient in response to evolving business needs.

15. Management of 40 MoUs.

Effective management of Memorandums of Understanding (MoUs) for clear terms, smooth collaboration, and mutual understanding between parties.

16. Management of External Consultants.

The management of external consultants includes seamless onboarding, timely fee payments, and smooth handling of contract extensions to support divisions effectively.

17. IIDM Study.

Assistance provided in successful completion of IIDM Study of HRH-HPIP.

VIII B : Human Resource

NHSRC

Key Deliverable

1. Recruitment

(Regular Contracts)

- ❖ Total Positions advertised: 71
- ❖ Total Positions filled: 32
- ❖ Total Positions for which recruitment process is underway: 39

(Short Term)

- ❖ Total Positions advertised: 12
- ❖ Total Positions filled: 6

(Campus Recruitment)

Interns & Fellows

- ❖ Total Number of Universities Visited (Online/ Offline): 09
- ❖ Total Intern and Fellows filled: 22
- ❖ Total Intern and Fellows for which the recruitment process is underway: 12

RRC-NE

- ❖ Total Positions advertised: 4
- ❖ Total Positions filled: 0
- ❖ Total Positions for which recruitment process is underway: 1

MOHFW

NPMU

- ❖ Total Positions advertised: 23
- ❖ Total Positions filled: 6
- ❖ Total Positions for which the recruitment process is underway: 17
- ❖ Total Vacancies for which recruitment process is underway: 22

Non-NPMU

- ❖ Total Positions advertised: 66
- ❖ Total Positions filled: 12
- ❖ Total Positions for which recruitment process is underway: 54
- ❖ Total Vacancies for which recruitment process is underway: 107 (in which 97-NCDC Positions)

2. Contract Management

Efficiently managing contracts of **128** Personnel (Regular Contract), **06** Short-term Consultants, and **32** Fellows in NHSRC. **134** Personnel in NPMU.

3. HR Induction

- ❖ A total of **4** sessions were conducted from April 2024 till date and 1 is scheduled for March 2025.
- ❖ A total of **60** Personnel of NHSRC and MOHFW attended the induction sessions.

4. Probation

- ❖ A total of **80 (49+31)** NHSRC and MoHF&W personnel were put under probation as per policy on probation.
- ❖ A total **34** probation were confirmed of NHSRC, Three (3) left during their probation period and 13 consultants are still within their probation period.”

5. Annual Performance Appraisal

- ❖ Successfully concluded the Annual Performance Appraisal exercise of NHSRC, RRC-NE & MOHFW.
- ❖ A total of **264 (104+26+134)** Personnel of NHSRC, RRC-NE & MOHFW were appraised.

6. Standard Operating Procedures, Policies, Forms, etc

- ❖ The HR policy has been updated and uploaded to the NHSRC website after receiving the necessary approvals.
- ❖ The Summer Intern SOP has been prepared, and the link has been uploaded on the website for hiring interns.
- ❖ The Office Council Committee Register has been maintained and updated on a monthly basis.
- ❖ The grievance box is opened monthly at both the NHSRC main office and the NDC office, with the data being recorded in the Office Council register.

7. Training & Development

- ❖ A total of 12 diverse training programs have been successfully organized for NHSRC and RRC-NE personnel, including Technical and Administrative Assistants as well as Secretarial Executives.
- ❖ These training sessions covered a wide range of topics, from behavioral skills to technical skills, with 207 participants attending these programs.
- ❖ Additionally, two more training programs are currently in progress.

The details of the training conducted are given below:

Training Calendar for the Financial Year (2024-2025)						
For Administrative Staff and Secretarial Executive						
S. No	Training Course	From	Mode of Training	Date	Remarks	Strength
1	RTI & Office Procedures	SIERD	Online	5 June 2024 to 6 June 2024	Completed	16
2	Right to Information Act	NAHRD	Online	23 Jan 2025 to 24 Jan 2025	Completed	10
3	Government e-Marketplace (GeM)	NAHRD	Online	03 Dec,24 To 4 Dec,24	Completed	11
4	Office Procedure	SIERD	Offline	14,15 & 16 Oct 2024	Completed	20
Senior Consultants and Publication Consultant						
S. No	Training Course	From	Mode of Training	Date	Remarks	Strength
1	Conflict Management	IIHMR - Delhi	Offline	23 Sept ,24 To 24 Sept ,24	Completed	25
2	Leadership Skill	SIERD	Offline	14,15 & 16 Oct 2024	Completed	20
3	Presentation Skill	SIERD	Offline	14,15 & 16 Oct 2024	Completed	20
4	Digital News gathering, Storytelling and quality content Social Media	Reuters Digital Journalism	Online	Nov-24	Completed	5
For All Personnel						
S. No	Training Course	From	Mode of Training	Date	Remarks	Strength
1	Gender Sensitization	ISTM	Online	22nd July to 23rd July	Completed	16

2	Organizational Behavior	IIHMR - Delhi	Offline	23 Sept ,24 To 24 Sept ,24	Completed	25
3	M.S. Excel	Dr.Brajesh Prasad	Offline	1 Week of March 2025	In Process	
4	Cyber Hygiene & Security	NAHRD	Online	23.July 2024 to 24 July 2024	Completed	11
5	Use of Artificial Intelligence at workplace	Growth School, Bangalore	Offline	4th July 2024	Completed	23
6	Prevention of Sexual Harassment of Women at Work Place	NAHRD	Online	3 Dec 2024 to 4 Dec 2024	Completed	15

Furthermore, approximately 270 consultants have been enrolled on the IGOT platform and encouraged to participate in online training sessions available on the platform.

8. Group Mediclaim Insurance Policy

A total of **203** personnel from NHSRC, RRC-NE, and MoHFW are covered under this policy. A monthly mechanism has been implemented to ensure timely additions and deletions of personnel as they join or leave the organization. Additionally, an orientation PPT outlining the policy details has been shared with employees to enhance their understanding and awareness of the benefits and procedures.

9. Group Accidental Insurance

Managing Group Accidental Insurance of **186** personnel working at NHSRC & RRC-NE.

10. Attendance & Leave Management

In 2024, the implementation of Leave Management Software was proposed, and as of 1st January 2025, leave records from all NHSRC and MoHFW divisions are now maintained in the system. Monthly observations are shared with the Accounts section for payroll purposes, and appropriate deductions are made when consultants exceed their entitled leave.

11. Maternity leave

As per Govt of India – The Maternity Benefit (Amendment) Act, 2017 - Implemented the maternity leave policy in NHSRC & MOHFW (NPMU). Extended the maternity benefit to the **02** female consultants in NHSRC and **05** in MOHFW.

12. Inputs for RTI & Appeals

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

13. Submission of Reports

- a) Multiple reports and correspondences were submitted to NHSRC and MoHFW within the stipulated timeframe. Additionally, inputs were submitted to MoHFW in response to Parliament questions regarding MoHFW consultants.
- b) Two specific report have been submitted to MoHFW on monthly basis:
 - ❖ Periodic review of central government employees under Fundamental Rule (FR) 56 (j)/(i),
 - ❖ Information on vacancies across hospitals, institutes, autonomous bodies, statutory bodies, PSUs, and other organizations under the Ministry of Health & Family Welfare, Government of India, and more. Data related to MoHFW consultants on NHSRC contracts.

14. Support to RRC-NE

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

15. Issuance of ID Cards & Creation of Personal Files

A total of **106** ID cards have been issued to Personnel working in NHSRC and 134 MOHFW. A total of **82** personal files have been created of NHSRC & MOHFW Personnel.

16. Employee Satisfaction Survey:

- a) Employee Satisfaction Survey has been conducted in the month of December 2023. A total of 53 responses have been received and the report has been submitted.
- b) Employee Satisfaction survey for 2024:2025 are underway. All the points will be given to secretariat for deliberation.

17. Automation of Leave Management Software:

The Leave Management System Software has been successfully developed and went live starting from January 1st, 2025. The implementation of this system has led to the following benefits:

- ❖ **Reduced Gaps in Leave Tracking:** Streamlined processes for better tracking and management of employee leave records.
- ❖ **Paper Savings:** Significant reduction in paper usage, contributing to a eco-friendlier and more efficient workplace.
- ❖ **Generation of Multiple Reports:** The system allows for the automatic generation of various reports, improving data accessibility and analysis.
- ❖ **Integration of Reports for Monthly Fee Release:** Seamless integration of leave-related reports, facilitating the timely release of monthly fees.

18. Automation of Performance Management Software:

At NHSRC, the automation of Performance Management Software is currently underway. This software is being developed in-house by the IT team. Progress is regularly reviewed through presentations to monitor and ensure alignment with organizational requirements. The beta version is in progress, and the finalization of the software is actively being worked on to enhance its functionality and usability.

VIII C: Accounts

Key Deliverable

1. Budget

- (c) Budget Approval: Approval for the Budget of FY 2024-25 was progressed on a timely basis and the same was released and approved in GB.
- (c) Release of Tranches: The tranches for FY 24-25 were coordinated and systematically undertaken.
- (c) Monitoring: The budget is monitored on a monthly, quarterly, and Half-yearly basis. The SOE (Statement of Expenditure) is produced in front of the NHSRC Secretariate monthly, and reappropriation between divisions is carried out quarterly and half-yearly.

2. Audit

The audit of the financial Year 2024-25 was carried out every quarter through a CAG empanelled auditor. The auditor was onboarded through a competitive process as per GFR.

3. COPILOT

Based on the audit report of the FY. 23-24 was complied with the work report and the review report.

- (c) Review Statement
- (c) Work report NHSRC & RRC-NE.
- (c) Audited financial statement.

Coplot to be produced as a report to be placed before the Parliament. This will done on time by providing a draft coplot report in September 24 and final reports in November 24.

4. Finance Policy Implementation

Implementation of guidelines of Ministry of Finance with regards to various policies with regards to EMD, PG, factoring in of same in MoUs/ Agreements of all divisions of NHSRC.

5. Fee Management of NHSRC & NHM

- (c) For NHSRC: 122 personnel. Appx. 18.24 Cr.
- (c) For NHM: 136 personnel. Appx. 20.58 Cr.
- (c) Timely processing of Consultancy fees of all NHSRC personnel (NHSRC+NPMU). Successfully implemented Payroll processing software for automated fee slip generation.

6. Travel Management

Detailed monitoring of all travel claims and air travel booking. Formulation of internal SOPs for this monitoring. While processing payment, it has been ensured that laid down guidelines and SOPs are adhered to.

- (c) Travel-Related Claims of NHSRC & NPMU: 1500 Claims 4.52 Cr. Appx.

- (c) Detailed coordination with Ashoka Tour & Travel to ensure that Air Tickets Bookings, cancellations, and credit notes are properly managed.
- (c) Claims of External consultants/participants of meeting & workshop.

7. **Statutory Compliances**

- (c) Ensuring deduction on all payments as per the rules is being made. This includes TDS on Fees, MOUs payments, and vendor payments.
- (c) Filing of TDS & GST returns through the auditors on a monthly and quarterly basis.
- (c) 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.

- (c) One account for NHSRC payments.
- (c) Two accounts for NIHMANS Payments & Tax Payments.
- (c) 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 - 0.30 Cr, Deposited in Bharat Kosh Account – Rs. 0.30 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. **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.
Tender vetting of financials.

12. **Financial support to RRC-NE**

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

13. **Financial support to RCC Dibrugarh**

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

14. **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.

15. **Training & Skill Upgradation**

Financial training of all team personnel to include awareness of the latest rules and regulations and financial policies.

16. Management of accounts in consonance with GFR and manual of procurement.

17. Monitoring of Performance Guarantee, Bank Guarantee & Earnest Money Deposit. Release of the same on a timely basis and the receipt of new ones.

18. A detailed tracker is maintained regarding payment of vendors & honorariums & PG etc.

19. 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.)

20. Upgradation of the financial team by onboarding suitable candidates and supporting NHM Finance and other divisions by offering interviews for various positions in NHM Finance.

21. RTI: Timely response to RTI for the financial aspects of RTI.

22. Management of Funds for specific studies such as iodine study funds received from CBHI.

23. Management of Funds under Tele-Manas Scheme (NIMHANS).

24. Financial support for IT Division: Financial support and payments for the BSNL Cloud server for the NCD portal AB- AAM servers.

25. PM ABHIM handling.

- a. Opening of CSNA Ac
- b. Funds received from States and MOHFW.
- c. Allocation of Limits in PFMS to all States/UTs as per directions of MOHFW.
- d. Transfer of interest received in CSNA ac to holding ac and from holding a/c to Bharat Kosh
- e. Report to MOHFW on a monthly basis.

26. Financial and manpower support to 16th National Common Review Mission. By booking tickets along with administration team and payment of the claims of CRM attendees.

VIII D : IT

Key Deliverables

1. Website/Microsite/Webapp Support:

S. No.	Portal Name	Work/Support
1.	NHSRC Website	(a) Maintenance of the NHSRC website for smooth functioning. (b) Content update on the website under various divisions. (c) Creation of category and sub-category as and when required by divisions. (d) SSL certificate renewal (e) Security Audit (f) Server hosting (g) Server monitoring
	QPS Portal	
	Research Submission Portal-SARAL	
	HR Recruitment Portal	
	NGO Darpan and NHSRC Payroll	
	CCHFW	
	Leave Software	
2.	Ayushman Bhav Portal	(a) Maintenance of the NHSRC website for smooth functioning. (b) Content update on the website under various divisions. (c) Creation of category and sub-category as and when required by divisions. (d) SSL certificate renewal (e) Security Audit (f) Server hosting (g) Server monitoring

2. Implementation & Technical Support for Leave management software

The Agency has developed the application as per agreement, the same was tested internally and was shown in All Staff meetings in Dec 2024. After approval, it was made Live on 01st January 2025. Technical support to all staff and HR is being provided.

3. Email Gateway Service

Email Gateway service was procured for the Recruitment portal and Leave Management Software for sending notifications to concerns.

4. IT Services

- The IT Section manages 42 different types of contracts. All contracts are renewed/retendered in a timely manner.
- 11 Contracts out of 42 were retendered in F.Y. 2024-25 in the conscience of GFR rule.

5. **IT Support to Division**

- a) Support in Scheduling meetings
- b) Technical Support in organizing meetings
- c) Support in Microsoft 365 (outlook, OneDrive, SharePoint & Teams)
- d) Support in routine work
- e) Support in E-Office
- f) Ensure working of telephone extension
- g) Support in Network drive access
- h) Technical support in Internet access
- i) Desktop hardware support

6. **Procurement of Goods & Services**

- a) **In Buyer Capacity:** Procurement of goods and services as per GFR 2017 through GeM. More than **400 procurements** have done through GeM in Year 2024.
- 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.

7. **IT Support in the recruitment process**

- a) Seamless IT support to all/HR online interviewing processes. A total of 134 interviews were conducted where IT has provided the requisite support.
- b) Development of Question Paper on Google Forms for written test. A total of 15 question papers were prepared on Google Forms for the written test.
- c) Coordination with the vendor to organize online written tests.

8. **Support to IT division**

- a) Procurement and installation of SSL certificates for the websites managed by the IT division.
- b) Security audit for all the websites
- c) Hosting server procurement and technical support

9. **Cybersecurity Policy update**

The following Policies have been included in the NHSRC Cybersecurity Policy

- a) Use of Social Media
- b) Bring your Own Device

10. **Hiring of Agency for Online Test Software For QPS**

An agency has been hired for the QPS to conduct online tests for External accessors or any other participants.

11. **IT Support in NHSRC Event/Workshop/Training**

- a) IT support in all external meetings, workshops, training, and events organized by all divisions.

- b) IT and AV Support in all internal meetings, workshops, trainings, and events organized by all divisions. A total of 70 events/workshops/ trainings were conducted where the IT team has provided requisite support.

12. Support in Hiring manpower for NCD Project

Being the IT division's new unit in NHSRC, necessary technical support was provided in onboarding Manpower for the NCD project.

13. E-waste disposal

Disposal of written-off IT Assets as per GOI guidelines.

14. Storage Server

Procurement of Network-attached storage server for storing organizational data. Sharing of data between all the users for smooth work.

15. 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

16. VC setup for all Advisor and Section Heads of NHSRC

Video conferencing setup was installed in all Advisors & section heads of NHSRC for smooth communication with various stakeholders.

17. Staff satisfaction Survey

Provided support to HR in conducting Staff Satisfaction Survey.

18. Procurement of IT Asset for MoHFW

Regular procurement of IT hardware and consumables for NHM as & when asked for and being provided.

19. **WhatsApp Service** was purchased for the SaQsham portal to send real-time updates regarding registration, upcoming training events and OTP.

20. Renewal and creation of NIC IDs

- a) Months of Renewal of NIC Email IDs and E-Office accounts were done in September, and another 6 months of renewal are in process.
- b) Creation of NIC IDs and E-Office IDs are being done as and when required.

21. Support in Iodine Study

- a) Procurement of Assets from GeM
- b) Technical support to Filed investigator

VIII E : Publication

Key Deliverables

1. Support for Events

Supported and facilitated Divisions in organising **approximately 80 events** fulfilling their requirements of designing, layouting and printing of IEC material, including books, brochures, leaflets, standees, banners, posters, certificates, ID cards, mementos, preparation of models, animation, illustrations, audio-visuals, 2D & 3D animations etc. Supported in successfully organising following 4 signature events as well -

- a) **Viksit Bharat 2024** –
 - i. Coordination with CP-CPHC, QPS and PHA division for designing of IPHL standees, NQAS Standees, QPS Brochures, NQAS Certificates, IPHS Brochures, Banner & Standee, IPHL Posters, Standee, Direction Standee, Selfie Booth etc.
 - ii. In-house production of a part of the video for IPHS Dashboard Inauguration.
 - iii. Video shoot and edit of Virtual Certification launch video by the Agency.
 - iv. Printing of IPHS Guidebooks, Kayakalp Guidelines, Quality Improvement in District Hospitals, Brochures, handouts, Standee etc.
- b) **India International Trade Fair (IITF) 2024** –
 - i. Coordinated with 3 Divisions, Agencies and Ministry to facilitate the stall allocation to NHSRC under NHM and logistics, entry passes and other arrangement during IITF 2024.
 - ii. Designed and coordinated the printing of books, brochures, handouts, standees, posters etc for the NHSRC stall at IITF 2024.
 - iii. English to Hindi Translation of brochures and handouts for the event.
- c) **International Conference of Drugs Regulatory Authority (ICDRA) Exhibition 2024 at Yashobhoomi, Dwarka** –
 - i. Coordinated with the concerned Agency of ICDRA for allotment of information kiosk/stall to Divisions and facilitated logistics.
 - ii. Coordinated with divisions (PHA, QPS, and CP-CPH) for designing of wall posters and other IEC material for the exhibition.
 - iii. Conducted pre-event visit to Yashobhumi and to review the display of all IEC material.
- d) **16th National Workshop on Common Review Mission (2024) -**
 - i. Designed ID cards, banners, standee, backdrops etc for the event.
 - ii. Coordinated with the Agency for branding of the venue.
 - iii. Facilitated the procurement of customized pens.
 - iv. Printed the ToRs for the event.
 - v. Supported the KM Division and the Organisation in other works assigned.
- e) **International Day of Yoga 2025**
 - i. Coordinated for T-shirts & Mats with MoHFW and Ministry of AYUSH.
 - ii. Provided support to arrange logistics for organising IDY event at NHSRC including mattresses, standee and banner.

- iii. Designed creatives for IDY including standee, banner and social media post on the event.

2. Assist in creation of Audio-visuals, 2D/3D Animations and Translations for Divisions and Ministry

- a) **Production of video on achievements of NHM**
 - i. Coordinated with the Agency, ED Secretariat and Division for production of short video on achievements of NHM.
 - ii. Supported in exploring, shortlisting and finalizing raw/existing shots for the video as per the approved script.
- b) **Production of video on India's health journey for World Health Assembly**
 - i. Coordinated with Agency, Ministry and ED Secretariate for production of movie on India's health journey through Ayushman Bharat Mission.
 - ii. Supported in exploring, shortlisting and finalizing shots as per approved script.
- c) **Production of video on NHM in Northeast for Rising Northeast Summit**
 - i. Coordinated with Agency, Ministry and ED Secretariat for production of movie on transforming lives of people in Northeastern region.
 - ii. Supported in exploring, shortlisting and finalising shots as per approved script.
- d) **Audio Translation of Mera Aspataal Questionnaire:**
 - i. Coordinated with the Agency and the Division for translation of Mera Aspataal Questionnaire in 22 Indian Languages.
 - ii. Coordinated with the Agency and the Division for Audio production of the translated Questionnaire in 16 Indian Languages.
- e) **Production on 03 videos on Ayushman Arogya Mandir –**
 - i. Coordinated with the Agency and Division for scripts, shoot, production and editing of the short movie on AAM.
 - ii. Facilitated the process of payment to the Agency for carrying out the production work.
- f) **Production of 34 videos on Training –**
 - i. Total 22 videos have been produced so far and the payment of the same has also been released to the Agency. The work for 12 videos is under process.
 - ii. Continuous tracking of the project's status.
 - iii. Coordination with the Agency and the Division for timely completion of the work.

3. Designing and Printing requirements for NHSRC

- (b) **Designing** – Completed over **650** projects; including designing from scratch, generating numerous options as per the suggestions by the division concerned, translations, formatting, editing, power point presentation, infographics and more.
- (b) **Printing** – Facilitated and coordinated the printing of more than **50,500** publications and books in a year. Additionally, thousands of brochures, handouts and leaflets etc have been printed by the Agencies in a year. The printing work also includes standees, banners, posters, certificates, ID cards, selfie booth etc for various events.

4. Streamlining the work of Publication Section

To provide the abovementioned support, 02 Interns/Fellows/External Consultants are being onboarded on yearly basis as per authorisation, thereby reducing dependency on

external agencies related to creative work. It has reduced obligatory delay in getting inputs resulting in significant cost cutting.

5. License of Software

Ensuring Procurement of Designing Software i.e. Canva Premium, Freepik and Adobe Creative Suit required to be used in all designing work for inhouse designers. This has been major cost saving instrument as it has equipped the Publication team with Unlimited Premium templates, 100 Million plus photos, videos, graphics, audios, 20 plus AI tools to boost creativity and 1 TB Cloud Storage.

6. Contract extension and fresh onboarding of empanelled agencies/professionals

In consonance with General Financial Rules (GFR), onboarded Agencies for the year 2024-25 for fulfilling requirements of 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.

7. Meeting MOHFW urgent requirements

- a) Printing of IEC material, posters, brochures, handouts, books and standees for IITF 2024.
- b) Translations of brochures and handouts in Hindi for IITF 2024.
- c) Getting publications printed and available in shortest of time span.
- d) Also took care of RBSK events' material requirement.

8. Social Media outreach & coverage to all important National Days

- a) To amplify NHSRC' reach and engagement, premium version of X has been procured. The purchase of the premium version has expanded reach and visibility to a wider audience, streamlined content sharing processes, fostered more effective monitoring of the posts.
- b) Designing, Creation and Management of Social Media posts of NHSRC which 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.

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

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. Power Point presentations, infographics and other work as required by the organisation

- a) Lay outting and designing of various miscellaneous documents as per directions received.
- b) Preparing power point presentations.
- c) Creating infographics on data received from Divisions
- d) Other urgent work assigned by the organization.

12. Database Management

- i. Open files, financial records, publication work, purchase order, performance security/Bank Guarantee/DD/FD etc. of empanelled agencies etc are being maintained as a back up.

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

FY 2024-25

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

Key Deliverables:

1. Operationalisation of Ayushman Arogya Mandir (AAM), saturation of CPHC expanded services, trained Primary Health Care Team, ensured Continuum of Care by providing holistic technical support to the NE states.
2. Active community participation platforms (Rural& Urban) with intersectoral convergence for action on social and environmental determinants of health, build accountability, community responsibility and ownership especially at AAM level.
3. Community Process and Comprehensive Primary Health Care (CPHC) road map / plan of action by organizing regular Review cum Workshop with all the 8 NE states
4. Upgradation/ sharing of knowledge of CHOs/ MLHPs by conducting the CHO/MLHP conference with the best performing CHOs from the NE States.
5. Research/Review/Studies to understand the training quality as well as the capacity building requirement of Primary Health Care Team and the outcome.
6. Implementation status of planned activities as per RoP 2024-26 of the NE States by conducting regular programmatic reviews and supportive supervisory visits to the states.
7. Updated AAM data base through population enumeration and empanelment and analysis for review and policy decisions.
8. Digitally empowered health care facilities, robust IT system for referral/specialist consultation/ through teleconsultation, reporting and monitoring platforms.

Team Composition

Sanctioned Posts	In Position	Vacancy
Director RRC-NE* (1)	01	0
Senior Consultant (1)	01	0
Consultant (3)	03	0
Total filled positions	05	0
Positions to be filled	Nil	

* Note: The position of Director RRC-NE oversees all the divisions.

Areas of Work

Planning Processes

- ❖ Activity wise RoP analysis (CP-CPHC activities) for developing Annual Plan of Action - Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura for FY 2024-25.
- ❖ Appraised supplementary PIP for FY 2024-25- Manipur, Meghalaya, Mizoram, Sikkim, Nagaland and Tripura.
- ❖ Prepared Key Deliverables and Talking Points for Mid Term Review 2024-25- Assam, Manipur, Mizoram, Sikkim, Meghalaya.

Meetings/Workshops/Trainings

Conducted/Facilitated:

- ❖ Capacity Building Workshop on Community Process (CP)-Comprehensive Primary Health Care (CPHC) for State Nodal Officers & District Nodal Officers under Aspirational Block Program (ABP) and Vibrant Village Program (VVP)- July 2024 in Guwahati.
- ❖ Conducted Regional Review cum Workshop on CPHC for Priority Districts of NE States with SNOs and DNOs- January 2025 in Guwahati.
- ❖ Virtually presented findings and recommendations of “Rapid Assessment of Ayushman Arogya Mandir (AAM) in Mizoram, Sikkim & Tripura” to Joint Secretary Policy (JSP), ED NHSRC and Director NHM-I, MoHFW, GOI on 17th October 2024.
- ❖ Facilitated ASHA Refresher Training (District ToT) as Resource Faculty in Aizawl, Mizoram on 14th & 15th May 2024 at Aizawl, Mizoram.
- ❖ Facilitated State ToT VHSNC (Virtual) as resource faculty for Sikkim on 2nd & 3rd July 2024.
- ❖ Facilitated District Training on Eat Right Toolkit as Resource Faculty, in Tura, Meghalaya on 25th & 26th September 2024.
- ❖ Facilitated State ToT on VHSNC for district Trainers as Resource Faculty, in Nahalagun, Arunachal Pradesh on 5th & 6th November 2024.
- ❖ Facilitated District ToT, RKS in Agartala, Tripura as Resource Faculties on 18th-20th December 2024
- ❖ Participated and presented key observations of the Rapid Assessment of Ayushman Arogya Mandir held in various states, including Nagaland at NIHFW, Delhi- 23rd April 2024
- ❖ Facilitated i-ECHO orientation organized by i-ECHO. Coordinated with i-ECHO team for signing i-ECHO acknowledgement with RRC-NE.
- ❖ Online meeting with ILC, Bokajan, Karbi Anglong chaired by Director, RRC-NE. Discussion held on various topics of research studies/assessments planned by ILC on 16th August & 26th July 2024.
- ❖ Planned for CHO Conference for all NE States, however dates are yet to be finalized.
- ❖ Support as resource person to conduct refresher TOT on HBNC & HBYC in Tripura for District Training of Trainers (TOT) (03 Batches) in Feb 2025.

Meeting/ Workshop Attended:

- ❖ Participated in the Regional-level Review meeting for NE states for Health System Strengthening at Shillong, Meghalaya in May 2024.
- ❖ Participated Health Management Conclave at NEDFI (North-Eastern Development Finance Corporation Ltd) Guwahati organized by Indian Chamber of Commerce ON 23rd June 2024.
- ❖ Coordinated with state Nodal Officers for online Capacity Building training on social media Skills for State and District Officials organized by NHSRC on 27th June 2024.
- ❖ Online training session on “Leveraging AI for Enhanced Productivity” (July), “Leadership Skills, Presentation Skills and Office Procedures” in October 2024.
- ❖ Participated in “Advanced Qualitative Data Analysis Workshop” along with Consultant of HMIS, PHP and QPS, RRC-NE organized by IIPHS at Shillong on 24th & 25th July 2024.
- ❖ Meeting with Northeastern Council (NEC) on existing & future prospect of collaboration among NEC, NE states and RRC-NE on 24th August 2024 at Shillong, Meghalaya.

- ❖ Participated in three (03) day Workshop on Research Analysis along with Consultant KMD, RRC-NE organized by Population Council in India Habitat Centre, New Delhi on 26th -28th August 2024.
- ❖ Participated in national workshop cum training on CPHC for State Nodal Officer for NE states at NHSRC, New Delhi on 9th to 13th September 2024.
- ❖ Coordinated with NE states and attended online training organized by NHSRC on Sashakt Portal for NE states on 3rd September 2024.
- ❖ Participated in online Meeting on “Ayushman Shivar” chaired by AS&MD, NHM, MoHFW, GoI. Coordinated with NE states to attend the same on 23rd September 2024.
- ❖ Coordinated with NE States for online Orientation meeting on AAM portal (on virtual platform) organized by CP-CPHC division, NHSRC on 8th November 2024.

Documentation & Report Writing

- ❖ Compiled the following reports and submitted:
 - a. Aspirational Block visit – Sikkim.
 - b. Northeast Regional Capacity Building Workshop on CP-CPHC for State Nodal Officers (SNO) & District Nodal Officer (DNO) under ABP (Aspirational Block Program) & VVP (Vibrant Village Program).
 - c. ABDM workshop held in Ziro, Arunachal Pradesh.
 - d. Findings of Rapid Review and Documentation of operationalization of AAM in Mizoram, Sikkim, and Tripura.
 - e. Regional review cum workshop on CPHC for priority districts of NE States.
- ❖ Coordinated and prepared all Social Media contents for all the divisions of RRC-NE.
- ❖ CP-CPHC data for Annual Report of Department of Health & Family Welfare, Govt. of India for the year 2023-24.
- ❖ ASHA status update for NE States for publication of Annual ASHA update 2024.
- ❖ Documentation of best practices on:
 - a. Centralized ASHA Incentive Payment System, an effort to motivate ASHAs for optimum output - Arunachal Pradesh.
 - b. ASHA FIRST Payment Application – Meghalaya.
 - c. Village Health Councils, local innovation for community ownership and action on health and nutrition – Meghalaya.
 - d. Strengthening health care delivery through effective community participation – Nagaland.
- ❖ Prepared a Six-months training calendar for CPHC Expanded Packages in consultation with NE states and submitted to CP-CPHC division NHSRC.
- ❖ Verification of approvals for UHWC and UPHC under NHM, XV FC, and PMABHIM. Submitted to CP-CPHC Division, NHSRC.
- ❖ Drafted case study on Breast Cancer Survivor for nomination in “Mann Ki Baat” for the state of Tripura.
- ❖ Coordinated with various institutes of NE (NEIGRIHMS, RIMS, AIIMS Guwahati, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur) for creation of regional training hubs for CPHC Expanded Packages Training.

Supportive Supervision Visit

- ❖ Rapid Assessment of Ayushman Arogya Mandirs (AAM) in Nagaland along with team of NHSRC.
- ❖ Visited Vibrant Villages of Lower Dibang Valley district and Kurung Kumey district, Arunachal Pradesh under Vibrant Village Program (VVP) and accordingly submitted report.
- ❖ Visited Health Facilities under Aspirational Block of Chakung Chumbong, Arithong Chongrang, Namchi, Sikkim along with team of QPS, RRC-NE.
- ❖ Visited ILC, Bokajan and Ayushman Arogya Mandir (AAM) in the district of Karbi Anglong and Nagaon with the team of NHSRC.
- ❖ Visited Ayushman Arogya Mandir (AAM) under Aspirational Block, West Karbi Anglong, Assam.
- ❖ Visited AAM of Meghalaya (East Khasi Hills and Ri-Bhoi Aspirational District), Assam (Darrang & Dima Hasao District) and Arunachal Pradesh (Shi-Yomi & Lower Siang district)
- ❖ Visited Morigaon and Nagaon District of Assam along with team of CP-CPHC, NHSRC.
- ❖ Common Review Mission (CRM), Uttarakhand.

Studies/ Evaluations

- ❖ Report of Study on “Rapid review cum documentation of functionality status of Ayushman Arogya Mandir in Mizoram, Sikkim and Tripura”.
- ❖ Initiated preparation of draft Concept Note and Questionnaire for “Rapid Review to understand the training status as well as the capacity building requirement of Primary Healthcare Team (MO, SN, CHO, ANM, MPW, ASHA)”
- ❖ Initiated data compilation and analysis of Rapid Assessment of AAM through Supportive Supervision (Arunachal Pradesh, Assam, Meghalaya and Nagaland).

Others

Documents appraised and provided input on:

- ❖ Coordinated with NE states for CHO Mentoring by State Mentors and link of State Mentors with CHOs in collaboration with CP-CPHC Division, NHSRC.
- ❖ Support NE States for NIOS certification of ASHAs, a total of 14,975 ASHAs have been certified by NIOS till date.
- ❖ Documents appraised and provided input on various technical documents of MoHFW, articles etc.
- ❖ Drafted document for state specific honorarium for ASHAs on expanded role and responsibilities (above the programmatic incentives of MoHFW, GoI)- as requested by the state of Sikkim.
- ❖ Providing inputs on Study report, ILC, Bokajan, Karbi Anglong, Assam

II. HEALTHCARE TECHNOLOGY (HCT)

Key Deliverables:

1. Provide technical inputs to State in preparing achievable plan under different programmes supported by HCT division. Support to MoHFW/NHSRC in appraisal of State Program Implementation Plans (PIP).
2. Orient the State counterparts regarding new programs & review the status of currently implemented programs under HCT division.
3. Implementation plan for Free Diagnostic Laboratory Services with focus on hhouse mode in North-Eastern States.
4. Support in implementation of Block Public Health Laboratory under Block Public Health Unit and Integrated Public Health Laboratory in North-Eastern States under 15th FC & PM- ABHIM.
5. Conduct mentoring visits to NE states and follow up on actions taken in the states/districts and submission of visit/feedback reports to NHSRC/ respective states/ MoHFW. Provide feedback and technical assistance to States for better outcomes.
6. Evaluation of Bio Medical Equipment Maintenance & Management Programme (BMMP) in two States (Arunachal Pradesh & Sikkim).
7. Evaluation of Free Diagnostic Service (Lab) in four States (Arunachal Pradesh, Manipur, Sikkim & Tripura) and technical support to strengthening the In-House Model” in all NE States.
8. Follow-up of AERB compliance in NE states.
9. Other activities as assigned Director RRC-NE / NHSRC/ MoHFW

Team Composition

Sanctioned Posts	In Position	Vacancy
Senior Consultant (1)	01	00
Consultant (1)	00	01
Total filled positions	1	
Positions to be filled		01

Areas of Work

Planning Processes

- ❖ Support is being provided to NE states in the planning process for different programmatic activities of HCT Division under National Health Mission including 15th FC Health sector Grant & PM-AB Health Infrastructure Mission in 2024-25.
- ❖ Appraised State PIP & Supplementary PIP under NHM and comments shared with NHSRC for further submission to MoHFW, Govt. of India.
- ❖ Supported state of Assam, Nagaland, Sikkim and Tripura in the planning process for implementation of laboratory diagnostic services at different levels of health facilities under

15th FC & PM-ABHIM. Desk review of FDSI has been done for these States to plan for enhancement of number of diagnostic tests as per FDSI guidance document.

- ❖ Appraised and provided comments on PM-DevINE, NESIDS (MoDoNER), NEC, etc. proposals for NE States for onward submission.
- ❖ Facilitated expansions of dialysis centers by add-on Dialysis Machine in the NE states in coordination with Fairfax India under PMNDP.

Meetings/Workshops/Trainings

- ❖ Facilitated to conduct consultative meetings on strengthening of In-House diagnostic services under chairpersonship of Mission Director NHM, Tripura in presence of Member Secretary, NHM Tripura and State Nodal Officer of FDSI, XV FC, DPHL and DPM of all districts on 10th July at Agartala, **Tripura**.
- ❖ Conducted One-day training on strengthening of In-House diagnostic services under Free Diagnostic Services Initiative (FDSI) for State Level Officials & Laboratory technicians of:
 - a. Nagaland on 26th July 2024 at Kohima, Nagaland in collaboration with NHM **Nagaland**,
 - b. Mizoram on 3rd & 4th October 2024 (Two batches) at Aizwal, Mizoram in collaboration with NHM **Mizoram**,
 - c. **Sikkim** on 17th & 18th December 2024 (Two batches) at Gangtok, Sikkim in collaboration with NHM **Sikkim**
- ❖ Organized Tripartite MoU Signing ceremony for deployment of Haemodialysis Machine in NE States between (i) Indian Oil Corporation Limited, (ii) Fairfax India Charitable Trust and (iii) NHM, H&FW department of NE States on 25th November at Guwahati Assam.

Meetings / Workshop participated

- ❖ Participated in the tender committee meeting at NHM Assam to support in finalizing AERB tender document (13th June 2024) and the finalization of SoP for Inter laboratory comparison (4th June 2024), Finalization of IPHL & BPHL Checklist (21st June 2024), BMMP review meeting (10th July 2024 & 27th November), EC meeting of Assam on (20th July 2024), BMMP review meeting on 27th November at NHM Assam.
- ❖ Participated in the BMMP Tender finalization meeting on 24th April at Imphal, Manipur.
- ❖ Discussion with Managing Director, Assam Medical Service Corporation Limited (AMSCCL) regarding feasibility study of MRI machines in 5 Medical Colleges of Assam (29th June 2024).
- ❖ Participated Meeting on LMIS at Itanagar, Arunachal Pradesh on 17th July 2024.
- ❖ Participated in an online meeting on Dialysis Demand and other Challenges Under PMNDP organized by NHSRC 22nd July 2024.
- ❖ Participated in the IPHL NQAS workshop by NHSRC QPS Division on 2nd August 2024.
- ❖ Participated in the PMNDP review meeting organized by MoHFW & NHSRC on 2nd September (Online) and 15th October at NHSRC.
- ❖ Participated in the BMMP & AERB workshop organized by MoHFW & NHSRC on 22nd October at NHSRC.
- ❖ Participated in Conflict Management Workshop organized by NHSRC during 23rd & 24th October 2024.

- ❖ Participated in the FDSI, BMMP & AERB meeting for finalization of procurement of diagnostic equipment, asset value for BMMP and technical bid evaluation of AERB respectively on 28th October at NHM Assam.

Documentation, Evaluation & Supportive Supervision Visits

- ❖ Assessment of the implementation of Pradhan Mantri National Dialysis Program and Free Diagnostic services initiative in the identified health facilities in North Garo Hills, Meghalaya completed during April to May 2024.
- ❖ Biomedical Equipment Management and Maintenance Programme and Free Diagnostic services of Tripura evaluation completed, and report submitted during March to April 2024.
- ❖ Assessment of BMMP and FDSI for the State of Sikkim in Namchi and Geyzing districts are completed, and report shared in July 2024.
- ❖ Evaluation of BMMP in Arunachal Pradesh is going on, preliminary activities like desk review, tool development have been completed.
- ❖ Evaluation of Free Diagnostic services in Manipur is on progress. Support is being provided to the State for conducting gap analysis.
- ❖ Visited the states of Arunachal Pradesh (May 2024) & Nagaland (July 2024) to support the State NHM team in strengthening Free Diagnostic Services including IPHL& BPHL, BMMP, PMNDP, and XV-FC. Tour report shared with the State.
- ❖ Evaluation of CT Scan Services in Chirang, Kokrajhar, Baksa, Darang and Udalguri districts in Assam; report prepared & shared during August to September 2024.
- ❖ Rapid assessment of the PMNDP and AERB compliance of X-ray machines in identified health facilities in Namsai district, Arunachal Pradesh November 2024.
- ❖ Assessment of urban health facilities of Gangtok and Pradhan Mantri National Dialysis Programme in STNM Hospital in December 2024.
- ❖ Scoring of HCT programme specific Good and Replicable practices from Assam and Meghalaya (August 2024).
- ❖ Analysis on age wise distribution and survival status of the dialysis patients' status for NE States & report shared (November 2024).
- ❖ Updated the State Profile of HCT division supported programmes of all NE States as on when required.
- ❖ Inputs on the different documents as instructed by NHSRC / MoHFW e.g Lok Sabha / Rajya Sabha questions, guidelines, research proposal etc.
- ❖ Technical support is being provided to NE States for strengthening in-house laboratory services by desk review of FDSI programme, support conducting gap analysis, categorizing types of equipment required at different levels of health facilities, field visit & consultation with different stakeholders, conducting training for laboratory technicians etc.
- ❖ Support is being provided to the States for using renewable sources of energy based medical devices as the installation of solar power in health facilities is going on.

Technical Specification of Equipment

- ❖ Compiled rate contracts of the reagents and consumables for the laboratory from different state medical corporations.

III. PUBLIC HEALTH PLANNING AND EVIDENCE

Key Deliverables:

1. State Program Implementation Plans: To provide specific technical assistance as directed / sought by MoHFW, NHSRC and State NHM / State Health Departments, related to the proposals / activities submitted by the Eight North-East (NE) States in their Annual State Programme Implementation Plans. In accordance with their specific ToRs, evaluate and assess thematic areas under NHM, and provide recommendations for modalities for implementation, mid-course adjustments and resource intensification strategies based on needs and resource envelopes. To enhance the overall health and nutrition indicators, assist the NE States in creating District Health Action Plans (DHAP) through decentralized planning, multi-sectoral engagement, and convergence of operations with aligned line departments. To undertake monitoring, assessment and evaluation activities as stated per the conditionalities of the RoPs for activities under NHM for the NE States. Also, as a member of NPCC, facilitate in finalizing the RoPs of the respective NE States.
2. Studies and Evaluations: To assess the effectiveness (acceptability, accessibility and affordability vis-à-vis the community being served), coverage and quality of programmes and interventions implemented under NHM. The division will conduct implementational research and rapid assessments / service utilization studies of activities / interventions implemented through NHM. The division will also assess the effectiveness / coverage of activities of NHM in the NE States carried out in partnerships with technical agencies / development partners and in collaboration / coordination with line departments for convergence of activities.
3. Health System Strengthening: Periodical gap analysis of the health systems of the States / Districts considering all vital components like infrastructure, human resources, coverage and as well as delivery / utilization of services based on the principles and guidelines of the IPHS 2022 & DHAP. And based on the evidence gathered from field findings and data triangulation develop action plans for the State / Districts with well-defined short-term, midterm and long-term goals for improvement in delivery / utilization of services. The Division is also supporting the Aspirational Districts along with the newly launched Aspirational Block Programme in the NE States to improve their performance in Health and Nutrition Indicators in coordination with MoHFW, NITI Aayog and Northeastern Council under MoDoNER. The division is supporting the Vibrant Village Programme operational in 13 districts of the States of Arunachal Pradesh & Sikkim to improve the Health & Nutrition Indicators.
4. Human Resources for Health: 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. Conduct regular field visits for monitoring and supportive supervision for rational HR deployment and overall programme management. Support in implementation of Public Health Management Cadre (PHMC) in the

NE States. To analyze data from various sources such as HMIS, RHS, NFHS, NITI Aayog, State HR data etc. to prepare reports and share the same with NHSRC / MoHFW / States to initiate corrective measures. Support the NE States in recruitment process for various cadres under NHM and monitor vacancy status regularly for follow up actions.

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. To support the implementation of various services of NUHM in NE States through development of partnerships with medical colleges, development partners and other sectors for technical and implementation support to improve the quality, outreach, and utilization of services.
6. Health Management Information System: 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 HMIS report. Triangulate data from other available sources such as NFHS, SRS, RHS, CPHC Portal etc. and reflect trend on specified indicators related to health and nutrition to provide comparative analysis. In addition, RRC-NE, PHP & E Division will also organize Regional Review and Orientation Workshops on HMIS 2.0 for the NE states.
7. Comprehensive Primary Health Care: Operationalization of the Twelve Expanded Package of Services through Comprehensive Primary Health Care in the Ayushman Arogya Mandirs (AAMs) of the NE States and support in mid-level healthcare provider's selection / training / capacity building. Support the NE States in developing roadmaps for AAMs functionalization and periodic supportive supervision visits to identified AAMs to identify barriers to service delivery / utilization hampering among others the continuum of care / referral approach and introduce measures for course corrections.
8. Knowledge Management Division: The Knowledge Management Division (KMD) of RRC-NE under the guidance of the parent KMD Division in NHSRC works in various thematic areas under NHM to address the needs of the public healthcare delivery system in all 8 NE States by undertaking Implementation Research (IR) / Rapid Assessments to support the Programme Implementation of NHM and collating the evidence and knowledge from the field for publication in peer review journals and dissemination of the findings among the stakeholders. As per the identified research priorities for the 8 NE States and the NHM-IR committee, the division undertakes implementation research for Health Systems Strengthening (HSS) in the following five core areas:

- i. Service Delivery.
- ii. Community Processes.
- iii. Human Resources for Health.
- iv. Urban Primary Healthcare.
- v. Health Care Technology.

9. National Level Monitor Activities: National level monitor for programmes / activities in Health Systems Strengthening, Vertical Health Programmes and CRM visits to States.

Team Composition

Sanctioned Posts	In Position	Vacancy
Lead Consultant* (1)	01	00
Senior Consultant (1)	01	00
Consultant (6)	05	01
Total filled positions	07	
Positions to be filled		1

* Note: 1 Lead Consultant RRC-NE position is sanctioned for both Public Health Planning and Evidence and Healthcare Technology Division

Areas of Work

Programme Implementation Plans (PIP)/ ECRPs

- ❖ Provided and submitted inputs on Northeastern states supplementary PIPs of FY 2024-26 for PHP&E, KMD and HRH divisions. Also participated in the Mid-term reviews of NHM organized by MoHFW, GoI.

Proposals under other Ministries / NESIDS /Departments

- ❖ Provided inputs / comments on the revised proposal for “Establishment of 400 bedded Teaching Hospital of Medical College at Kohima” under JICA ODA Loan.
- ❖ Provided inputs / comments on Detailed Project Reports for the selected project under PM DevINE, ‘Providing Super Specialty and Assured Specialty Healthcare in Remote and Hill Districts in Manipur’.
- ❖ Provided inputs / comments on the proposal for ‘Construction of Government Medical College at Sichey, East Sikkim for Annual Intake of 100 Students’ under PM DevINE.
- ❖ Provided inputs / comments on the proposal for the ‘Construction of Nursing Hostel at District Hospital, Yingkiang, Upper Siang District, Arunachal Pradesh’ under funding from North-Eastern Council (NEC).
- ❖ Provided inputs / comments on the proposal for ‘50 Bedded Hospital at District HQ Peren (Rs.50 cr.), Nagaland’ under PM-DevINE.
- ❖ Provided inputs / comments on the establishment of a 100-bed Khowai District Hospital in Khowai, Tripura under NESIDS-OTRI Scheme, Ministry of DoNER.

- ❖ Provided input on various proposals for the state of Mizoram, including the construction of a 100-bed District Hospital in Serchhip, an Urban Primary Health Centre in Chawlhnum, Aizawl, a 50-bed Hospital Complex in Kulikawn, Aizawl, and a 50-bed Psychiatry Block at Kulikawn Hospital, Aizawl. These proposals were under funding from NESIDS and shared with NHSRC for further consideration.
- ❖ Provided inputs for the updated Northeast Chapter for the Annual report 2023-24 & 2024-25 of MoHFW, GoI.

Report Writing/ Report Updates

- ❖ Regarding the FC-XVI, the division prepared proposals detailing the additional funding requirements for the eight Northeastern states to meet the Government of India's commitments under various National Health Mission (NHM) health initiatives. The proposals specifically focused on the need to address funding gaps / supplementing the NHM resource envelope to ensure effective implementation of these health initiatives in the region.
- ❖ Prepared and submitted the records of proceedings for the Regional Review cum Orientation Workshop conducted for Northeastern States on Financial and Programmatic Management under the National Health Mission (NHM).
- ❖ Prepared and submitted a brief report on the regularization process of NHM staff in Manipur, detailing the steps and procedures followed, along with the State Governor's orders for regularizing NHM Program Management and Service Delivery Staff, including ANMs, Staff Nurses, and Medical Officers. The report was also shared with the state of Sikkim, as requested by the Mission Director, NHM Sikkim, to provide insights into the regularization process for similar staffing positions.
- ❖ Developed the draft 'Vision Document' tailored to the specific context of the Northeastern region, aligned with the national vision of 'VIKSIT BHARAT 2047.' The draft was shared with the National Health Systems Resource Centre (NHSRC) for review and further input, aiming to drive health and development initiatives in the Northeast.
- ❖ Evaluated the Good & Replicable Practices of Northeastern states for FY 24-25 and calculated the scoring, and submitted the findings as requested by the KMD of NHSRC.

Workshops/ Meetings Organized

- ❖ Organized a two-day virtual consultative meeting with NHM Programme Management Unit staff and State DoH&FW, Nodal Officers from all Northeastern states, followed by a physical workshop on 5th and 6th December 2024 titled 'Regional Review cum Orientation Workshop for Northeastern States on Financial & Programme Management under the National Health Mission' in collaboration with MoHFW and NHSRC. As per the Work Plan of FY 2024-25 the division proposed for the 2nd Regional Level Workshop on Public Health Management Cadre under NHM and the Regional Level Technical Support Workshop to Address the Challenges / Roadblocks related to Human Resource Deployment & Programme Management in NE States. However, keeping in consideration the commonality of the thematic areas, these workshops were combined with the Regional Review cum Orientation Workshop for Northeastern States on Financial & Programme Management under the National Health Mission' which was held in collaboration with the HRH & HPIP division of NHSRC and FMG, NHM, MoHFW.

- ❖ RRC-NE hosted a consultative meeting with the Hon'ble Health Minister and senior health officials of Arunachal Pradesh at RRC-NE, where the Director of RRC-NE presented an orientation on the roles and activities of RRC-NE, focusing on NHM program commitments for the state of Arunachal Pradesh.
- ❖ Organized two-day workshop on 'Regional Workshop on HMIS Portal and Launch of Kilkari Program in Arunachal Pradesh, Manipur, Mizoram and Nagaland' on 23rd & 24th January 2025. Also Supported NE states in conducting state / district level trainings on updated service delivery, Infrastructure & HR format of HMIS 2.0 portal.
- ❖ The Review cum Supportive Mentoring Workshop for NUHM 2.0 framework for the NE States was proposed in the Work Plan of FY 2024-25, however as the NUHM Framework 2.0 is yet to be officially released, the workshop is deferred till a time when the same will be available.
- ❖ Aspirational Block & Vibrant Village Review Meeting cum Technical Support Workshop was proposed in the Work Plan of FY 2024-25, but due to engagements in state requested (unplanned) activities of evaluations / assessments / field visits, an appropriate timeline for the workshop could not be planned in FY 2024-25. Hence the workshop has been proposed to be conducted in the 1st quarter of 2025-26 and hence included in the Work Plan of FY 2025-26.

Supportive Supervision Field Visits

- ❖ Field visits to the Aspirational Blocks and Vibrant Villages of the Northeastern region. These included Pongchou Block in Longding district, Arunachal Pradesh; Amri Block in West Karbi Anglong district, Assam; Mandia Block in Barpeta district, Assam; Ngopa Block in Saitual district, Mizoram; Umling Block in Ri Bhoi district, Meghalaya; and the villages of Chanli and Yuma in Lower Dibang Valley district, Arunachal Pradesh, under the Vibrant Village Program.
- ❖ Field visit to the Districts of Dibrugarh and Tinsukia of Assam State jointly with PHA Division of NHSRC for assessment (3rd Phase) of service delivery among the selected PPP run Tea Garden Hospitals. Primary data collection has been completed and inputs from PHP&E Division, RRC-NE have been shared with PHA division for final report.
- ❖ Visit undertaken in Nagaland Institute of Medical Science and Research (NIMSR), Naga Hospital Authority Kohima (NHAK) and Seikhezou UPHC AAM as part of supportive supervision to the state of Nagaland.
- ❖ Field visit for data collection for the ongoing the study on "Investigating the Decreasing Trend of Maternal and Child Deaths in the State of Assam."
- ❖ Regular field visits for technical support to States / Districts of the NE States to provide technical support based on RoP Allocations/key deliverables.
- ❖ Regular Supportive supervision and monitoring at the field level to access real-time operationalization of AAMs including follow up and support to NE states on IT application rollout and verification for NCDs.
- ❖ Visits for the 16th Common Review Mission (CRM), to the states of Assam, Chhattisgarh, and the UT of Jammu & Kashmir.

- ❖ Regular Supportive supervision to the NE States in strengthening Data Quality and Data Validation in HMIS 2.0.

Studies/ Evaluations

- ❖ Conducted the study on the ‘prevalence of hypertension and diabetes mellitus and their association with probable risk factors among individuals aged 15 and above in Sikkim’. Initial data collection process was completed in the month of November 2024. Initial data analysis for the qualitative & quantitative part and the report writing for the study is ongoing.
- ❖ Initial process of the concept note and development of data tools for the study “Assessing the Impact of Service Delivery of MPWs (Male and Female) in the States of Assam and Tripura: A Comparative Cross-Sectional Study.” Additionally, conducted preliminary descriptive data analysis on the deployment of Male and Female MPWs at Sub-Centres, focusing on six health indicators sourced from HMIS and the AAM Portal. However, the data collection process will be undertaken in March 2025.
- ❖ The first phase of data collection has been completed for the state requested study on ‘Investigating the Decreasing Trend of Maternal and Child Deaths in the State of Assam.’ in the Dibrugarh district of Assam. The study aims to assess the factors contributing to the decline in maternal and child mortality rates in Assam’.
- ❖ Conducted assessment of Integrated SARATHI 104 Health Information Helpline service of NHM Assam as per state request.
- ❖ Division coordinated with NHM, Tripura to conduct a Cross-Sectional Study – ‘Socio-demographic factors contributing towards a high percentage of teenage pregnancies for Tripura’ which included the preparation of concept note and discussion on data collection tools / methodology. However, later it was informed by the NHM, Tripura that they had engaged ICMR for the study.
- ❖ The Division is coordinating with NHM / DoH&FW, Assam to conduct a study on outmigration of patients for tertiary level healthcare and exploration of the root cause for the same including assessment of selected tertiary level public healthcare facilities in the State. The study will be carried forward as a continued activity to FY 2025-26 and will be conducted in collaboration with the NHM / DoH&FW of Assam.

Data analysis

- ❖ Prepared state and district wise Annual Comparative Factsheets of 8 NE states for the FY 23-24 with FY 22-23 (the data for FY 23-24 was frozen on 10th August,2024).
- ❖ Also prepared quarterly State and District wise comparative analysis & Health Factsheets of 8 NE States for the 1st, 2nd & 3rd Quarter of FY 2024-25 based on HMIS and NFHS-5 data.
- ❖ Quarterly analysis on key human resources in health, based on IPHS 2022 from the available facilities of HDI 2022-23 report for the Northeastern States
- ❖ Completed five-year trend analysis (FY 2018-19 to 2023-24) of the NHM resource envelope and its allocations for human resources remuneration, incentives, and training based on NHM ROP approvals for the state of Arunachal Pradesh, Assam, Mizoram, and Tripura.

- ❖ Provided inputs on refinement of HMIS 2.0 service delivery, infrastructure & HR formats for the year 2024-25 and shared with NHSRC.
- ❖ Quarterly desk review on the status of the deployment of Human Resources in Health (both regular and contractual) as per IPHS 2022 guidelines for the NE states: an ongoing activity.

Workshops/Meetings attended

- ❖ Attended dissemination meeting on findings of Rapid Assessment of Ayushman Arogya Mandirs for 18 states in Delhi on 23rd of April 2024. Also attended the debriefing meeting on the findings of the Rapid Assessment of Ayushman Arogya Mandirs for 18 states under the chairpersonship of Secretary Health, MoHFW, GoI on 30th April 2024.
- ❖ Participated in Health System Strengthening Regional Level Review meetings for NE states at Shillong, Meghalaya on 3rd & 4th May & at Srinagar (for North zone states) on 16th & 17th May 2024 organized by MoHFW.
- ❖ Attended the plenary session on ‘RASTA: Enhancing Evidence- Based Program Implementation in North-East India’ as a panel member organized by Population Council Consulting in New Delhi.
- ❖ Attended Indian Chamber of Commerce (ICC) Healthcare Management Conclave at NEDFI, Guwahati
- ❖ Attended a consultative meeting with Northeast Council (NEC) under MDoNER on health-related activities of NEC in the NE states.
- ❖ Participated in the Stakeholders virtual consultative meeting organised by Ministry of DoNER on Integration of Industry 4.0 in health care sector for NE Region of India.
- ❖ Presented on “Health Situation in Northeast: Health System Challenges, Out of Pocket Expenses and Government Initiatives” at the Workshop: “Right to Health and Access to Medicines and Treatments” organized by Third World Network India and TISS Guwahati.
- ❖ “North-East Priorities and UNICEF’s Support Continuum” review meeting of all the NE states except Assam organized by UNICEF.
- ❖ Presented in the National Conference of Epidemiology Foundation of India, EFICON-2024 conducted in KGMU, Lucknow UP on 29th-30th Nov 24 on the topic “One Health Approach to Strengthen Health System”.
- ❖ National Ayushman Bharat Digital Mission Conclave at Ziro, Arunachal Pradesh.
- ❖ Participated in the plenary session on ‘Unpacking sexual and reproductive health landscape in the Northeastern states’ conducted by USAID at NeDFI House, Guwahati, Assam.

Others

- ❖ Provided technical support for the orientation of Civil Services Officers of Arunachal Pradesh on the National Health Programs of India and submitted to the Mission Director, NHM Arunachal Pradesh.
- ❖ Attended a meeting under the chairmanship of Executive Director of NHM, Assam for the tender process of 108 NHM Ambulance Services.
- ❖ Participated as a panel member in the interview process for various positions under NHM, Assam.
- ❖ Provided inputs on various documents/Parliamentary questions/proposals shared by MoHFW and NHSRC.

IV. QUALITY & PATIENT SAFETY (QPS)

Key Deliverables:

1. Implementation of the proposals/activities as per ROP approval through technical assistance to the states.
2. Implementation status and progress of Quality and Patient Safety program by conducting Regional Review Meetings and continuous monitoring of the NE states .
3. NQAS certification of health facilities including public health facilities of Aspirational Districts/Aspirational Blocks of NE states by supportive supervisory visits to states and reviews.
4. Quality Health care facilities through scaling up of Certification of Health facilities for NQAS/LaQshya/ MusQan in the NE states.
5. Systematic Implementation of quality management through interventions (SaQsham portal and SaQushal-A Patient Safety Self-assessment tool kit)
6. Quality management system in health facilities by creation of a pool of NQAS assessors by Capacity Building Workshops/ Trainings and refresher training of existing Internal assessors.
7. Strengthening of Kayakalp/Swachh Swasth Sarvatra implementation through active support and guidance.
8. Research /Studies /Data analysis in Quality in NE states
9. Other activities as required from NHSRC/MoHFW

Team Compositions

Sanctioned Posts	In Position	Vacancy
Senior Consultant (1)	0	01
Consultant (3)	03	00
Total filled positions	03	
Positions to be filled		01

Areas of Work

Planning Processes

- ❖ Appraised Supplementary PIP for Quality and Patient Safety (NQAS/ LaQshya/ MusQan/ Kayakalp), Free Drug Service Initiative and blood disorders related drugs proposals submitted by NE states and shared the final Comments to NHSRC for further submission to MoHFW, Govt. of India. (Dec 2024 – Jan 2025)
- ❖ Prepared & shared QPS inputs, state progress, key deliverables for the mid-term review of the NE states (Jan-Feb 2025)

Meeting/Workshop/Training

Conducted Workshop/Training:

- ❖ Conducted 01-day online SaQsham portal training for the facility staff of targeted health facilities and district QA consultants of Sikkim (April 2024).

- ❖ Conducted 01-day online orientation on NQAP for Tripura state Nodal Officer (July 2024).
- ❖ Conducted 2-day online Orientation Training on NQAS for CHOs/MLHPs in 41 Aspirational Blocks in NE States (July 2024).
- ❖ Conducted 03-day regional level Internal Assessor cum Service Provider Training for Block Medical Officers of 41 Aspirational Blocks of 8 North Eastern States (September 2024).
- ❖ Conducted two batches of 06-day External Assessor training on National Quality Assurance Standards, Guwahati and pre-EAT online NQAS sensitization sessions for state nominated candidates of External Assessor Training (October 2024 & February 2025).

Facilitated Meeting/Workshop/Training as Resource person:

- ❖ Facilitated Quarterly Regional Online Meetings on ROP approved activities, state road map for FY 2024-25 and state strategy for achieving the NQAS targets for NE States conducted by RRC-NE & NHSRC (April, July & December 2024).
- ❖ Facilitated as resource person in 01-day State level NQAS sensitization training of the State & District level QA Nodal Officers and Assistant Hospital Administrators (AHA), Tripura (June 2024).
- ❖ Facilitated as resource person in technical sessions in the 36th External Assessor Training and 3-day NQAS Ayushman Arogya Assessor training, conducted by NHSRC (May & June 2024).
- ❖ Facilitated as resource person in 3-day state level Internal Assessor cum Service Provider Trainings, organized by NHM Assam, Meghalaya and Tripura. (August 2024- January 25).
- ❖ Facilitated as resource person in 01-day state level ToT on Revised Kayakalp Guidelines & NQAS for IPHL in Assam (2 batches), Tripura and Nagaland (August – September 2024).
- ❖ Facilitated as resource person in 1-day Orientation Training on NQAS and Kayakalp under NUHM, organized by NHM, Assam (November 2024).
- ❖ Facilitated as resource person in 01-day state level ToT on BMW management & IPC practices during 3-day ToT on “*Patient care and attitude to patient & improvement of in-hospital management*” under the Assam Health System Strengthening Project organized by AHIDMS, Govt. of Assam (December 2024).
- ❖ Facilitated as resource person in 02 batches of 01-day state level NQAS sensitization training CHOs as Resource person, organized by State QA team, Tripura (January 2025).
- ❖ Facilitated as resource person in technical session on NQAS implementation at Ayushman Arogya Mandir in the poor performing districts of the NE states during the Regional CPHC workshop (January 2025).

Participated Meetings/Workshop/Training:

- ❖ Participated Quarterly Regional Online Meetings on ROP approved activities, state road map for FY 2024-25 and state strategy for achieving the NQAS targets for NE States conducted by RRC-NE & NHSRC (April, July & December 2024).
- ❖ Participated in SQAC Meetings of Meghalaya and Nagaland (April - June 2024).

Documentation & Report Writing & Supportive Supervision Visits

Document Appraisal:

- ❖ Appraisal of documents of 308 Health facilities (1-DH, 2-CHC, 7-UPHC, 39-PHCs, 259-AAM-SC) of the NE states submitted for the NQAS National assessment through SaQsham portal.
- ❖ Appraisal of documents of 17 Health facilities (4-DH, 1-SDH, 12-CHC) for LaQshya and 4 Health facilities for MusQan National assessment submitted through SaQsham portal.
- ❖ Appraisal of various documents, reports, Lok Sabha & Rajya Sabha question etc., and inputs provided.

Report writing:

- ❖ Prepared & shared the Report of 02-day NQAS Orientation Training for CHOs/MLHPs in Aspirational Block to MD, NHM, of NE States. (September 24).
- ❖ Prepared report of 3 batches of Internal Assessor cum Service Provider Training Report of Assam, Tripura, and Meghalaya (August 2024- January 2025).
- ❖ Prepared report of Internal Assessor cum Service Provider Training for Medical Officer of Aspirational Block (October 2024).
- ❖ Prepared report of 2 batches of 6th Regional External Assessors' Training (April 2024) and 7th Regional External Assessor Training (December 2024).
- ❖ Prepared Supportive supervision visit report under Aspirational Block Program of Nagaland (Thonoknyu Aspirational Block) Sikkim (Arithang Chongrang, Namchi & Chumbung Chakung Aspirational blocks), Arunachal (Pongchou Aspirational Block) & Assam (Tamulpur Aspirational Block) (June 2004 - January 2025).
- ❖ Prepared Supportive supervision visits report of PHC Kanchanmala (June 2024), AAM-SC Twichinbari, and IGM Tripura (February 2025).

Supportive Supervision Visits:

- ❖ Supportive Supervision visit to health facilities in 03 Aspirational Blocks (Arithang Chongrang, Namchi & Chumbung Chakung) in Sikkim (May 2024), Pongchou Aspirational Block in Arunachal Pradesh (July 2024) and Tamulpur Aspirational Block in Assam (January 2025).
- ❖ Supportive supervision visits to health facilities of Tripura, PHC Kanchanmala, (June 2024) AAM-SC Twichinbari, and IGM Tripura (January 2025) to provide handholding support for implementation of NQAS & MusQan.
- ❖ Visited 03 District Hospitals of Assam (Morigaon DH, Tularam Bafna DH & Sonapur DH) for Kayakalp External assessment (December 2024).

Others

- ❖ Monthly update of state QA related progress, NQAS/LaQshya/MusQan National & State certification & State Profile for NE states.
- ❖ Monthly update status of Kayakalp Assessment of FY 2024-25 & Kayakalp result of FY 2023-24 declaration and shared the compiled report with NHSRC along with external and peer assessment checklists.

- ❖ Prepared the budget requirement for the NQAS implementation, certification and incentives in the NE states and shared the required details for the XVI FC proposal.
- ❖ Technical evaluation of the Good and Replicable Practices submitted by Mizoram and Assam. (September 24)
- ❖ Facilitated the RRC-NE ISO Internal Audit during (May & Aug 2024) and ISO external audit (December 2024).
- ❖ Shared QPS status update of NQAS, LaQshya, MusQan & Kayakalp to be included in the Annual Report of the Dept of Health & family Welfare for the year 2023-24 & 2024-25.
- ❖ Prepared a policy review paper on “Expanding the scope of Health data: challenges in regulation & privacy in digital age” for IPHACON 2025. (December 2024).
- ❖ Inputs on translation of Mera Aspataal questionnaire in regional languages (Manipuri, Bengali, Nepali, Khasi & Assamese) in coordination with NE states.
- ❖ Active Internal Assessors in Meghalaya, Nagaland, and Tripura are identified and their details are compiled. Online refresher training will be scheduled upon receiving assessor details from the remaining NE states.
- ❖ Prepared research proposal for assessing the impact of NQAS certification on the uptake of healthcare services/patient safety culture in primary healthcare facilities.
- ❖ Follow up with NE states for various activities (World patient safety week collaborative activities, SaQushal self-assessment, Viksit Bharat launch event nomination, Ayushman Accessors Training (AAT) nomination & Photos & short videos of facility staff and beneficiary from NQAS certified facilities in the state etc.

V. ADMINISTRATION

1. General Administration

Key Deliverables

1. Fire drill conducted during 19th April 2024
2. Water testing for RRC, NE office building was done during July 2024.
3. Insurance of office equipment, furniture and other assets were renewed during June 2024 (with National Insurance Company).
4. Annual Stock Taking duly completed.
5. Quarterly Vendor Evaluation completed.
6. Rent Agreement extended for the office building.
7. Extension of empanelment of printing agency (M/S Maa Manasha Printers) as well as empanelment of PA System Provider completed.
8. AMC for various maintenance works of office equipment completed (Water purifier.
9. The following major purchases/works were done during April 2024 to December 2024:
10. Desktop computers (3 no's)
11. Co2 Fire Extinguisher (1 no)
12. Spiral Binding Machine (1 no)
13. Brass Lamp for workshop inauguration ceremony (1no)
14. Godrej Chairs (15 nos)
15. 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.
16. Regular administrative activities. (Maintenance of office records and documents, receipt and disbursement of office communications, office security, uninterrupted power supply, logistics arrangements etc).
17. Soft Skill Training completed on 16th January 2025.
18. Observed Republic Day, Independence Day, World AIDS Day and World Yoga Day.

2. Human Resource

Key Deliverable

1. Completion of Annual Performance Appraisal for 2023-24. Increments were disbursed as per gradings.
2. Recruitment & joining formality & orientation completed for the following positions:
 - a) Consultant- Quality & Patient Safety (joined on 13th June'24)
 - b) Consultant- Public Health Planning & Evidence (joined on 9th July'24)
 - c) Consultant- Knowledge Management Division (joined on 17th July'24)
3. Campus interview for Fellows-CP completed from Indian Institute of Public Health, Shillong (joined on 1st August'24).
4. ToR of 7 nos of Fellows for the year 2024-25 prepared and shared with NHSRC for campus interview. Fellow for 4 (four) divisions completed by NHSRC.
5. Regular HR Works (Maintenance of attendance records, leave records, issue of NOCs and consultancy fees certificates etc.).

3. Finance

Key Deliverables

1. Annual audit for FY 2023-24 completed by CAG empaneled auditor M/S S.K.Beria & Co. Audit report duly shared with NHSRC for compilation.
2. Routine Monthly Bank Reconciliation Exercise in addition to the regular financial activities (payments, preparation of SOEs, TDS, GST payment etc.).
3. Checked budget for various programmatic events being organized by RRC, NE.
4. Financial Report of RRC-NE.
5. Oversee financial statement submitted by Regional Collaborative Centre, Dibrugarh.

4. IT

Key Deliverables

1. Re-designing of RRC-NE Website completed. New RRC-NE Website <https://www.RRC-NEs.in> published. Regular updates being done on the website.
2. Tally software backup in cloud completed.
3. Ensure uninterrupted internet connection in RRC-NE office premises.
4. Facilitated in all virtual workshops/trainings conducted/attended by RRC, NE.
5. Facilitated the online interview process and written test conducted by RRC, NE.
6. Maintenance of conference facility.
7. Regular IT Works including trouble shooting, assisting programme divisions in various IT related works etc.

Details of Training attended by RRC-NE personnel (conducted by NHSRC HR Division)

Sl.	Subject	Date of Training	Mode of Training
1.	IGOT mandatory courses	During January, 2024	Online
2.	RTI	5 th & 6 th June, 2024	Online
3.	Gender Sensitization	22 nd to 23 rd July, 2024	Online
4.	Cyber Hygiene & Security	23 rd & 24 th July, 2024	Online
5.	Advance Qualitative Data Analysis	24 th to 25 th July, 2024	Held in Shillong (offline)
6.	Conflict Management & Organizational Behavior	23 rd to 24 th September, 2024	IIHMR, Delhi
7.	IGOT Karmayogi mandatory courses	October-November, 2024	Online
8.	Artificial Intelligence	4 th July, 2024	Online
9.	Leadership and Presentation Skills of Office Procedure	14 th to 16 th October, 2024	Online

10.	Applied Health Economics and Health Systems	4 th November 2024 to March, 2025	Online
11.	GeM	3 rd to 4 th December, 2024	online
12.	POSH (Prevention of Sexual harassment of Women at Workplace)	3 rd December, 2024	Online
13.	RTI	23 rd to 24 th January 2025	Online