

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)

NEW DELHI

Byelaws

The NHSRC has been registered with the Registrar of Societies. The Memorandum of Association lays down the rules and regulations by which the functioning of the Society shall be determined. In exercise of the powers conferred by clauses 5.4.1 and 5.4.2 of Article 5.4 of Rule 5 of these Rules and Regulations in the Memorandum of Association of National Health Systems Resource Centre (NHSRC) and all other powers enabling it in this behalf, the Governing Body of the Society hereby approves the following operational guidelines for guiding day-to-day functioning of the Society. **These byelaws are in line with the General Financial Rules 2005 of the Government of India.**

1. Short Title, Commencement and Application.

1.1 These rules and Operational Guidelines shall be called “The Byelaws of the NHSRC, 2007”.

1.2 These Byelaws shall be deemed to have come into force with effect from the date of their adoption by the Governing Body of the Society.

1.3 The Regional Resource Centre for the North Eastern States (RRC-NE), Guwahati, established in the year 2005 with the Hindustan Latex Family Planning and Promotion Trust acting as the intermediary agency, shall be deemed to have become a branch of the NHSRC with effect from 01.05.2007, the date of the adoption of these Byelaws by the Governing Body of the Society and, accordingly, its functioning shall also be governed in accordance with the provisions made in these Byelaws.

2. Definitions.

2.1 In the interpretation of these Byelaws, the following expressions shall have the following meaning unless inconsistent with subject or context:-

- a. “Centre” means the National Health Systems Resource Centre (the NHSRC) which expression shall (a) always include its headquarters and branch offices and (b) may be used interchangeably with the term “Society” defined below.
- b. “Chairperson” means the Chairperson of the Governing Body of the NHSRC, who is the Secretary, Ministry of Health & Family Welfare, Govt. of India.
- c. “Development Partners” means all bilateral and multilateral agencies supporting the Health and Family Welfare sector in India by way of providing Loans, Grants-in-Aid

and/ or Technical Assistance and having entered into specific agreements for the purpose with the Government of India.

- d. “Executive Committee” means the Executive Committee of the National Health Systems Resource Centre.
- e. “Executive Director” means Executive Director of NHSRC.
- f. “Governing Body” means the Governing Body of the NHSRC.
- g. “Member” means a Member of the Governing Body of the National Health System Resource Centre.
- h. “Member-Secretary” means the Executive Director of the National Health Systems Resource Centre.
- i. “NRHM” means the National Rural Health Mission launched by the Government of India in April, 2005.
- j. “NHM” means the National Health Mission launched by Government of India in April, 2013 by subsuming the NRHM and NUHM.
- k. “RRC-NE” means the Regional Resource Centre for the North-Eastern States, established in the year 2005 with the Hindustan Latex Family Planning and Promotion Trust acting as the intermediary agency, which shall have become a branch of the NHSRC with effect from 01.05.2007, the date of the adoption of these Operational Guidelines by the Governing Body of the Society.
- l. “Rules” means the Rules & Regulations of the NHSRC registered along with the Memorandum of Association and as may be amended by the Governing Body of the Society from time to time.
- m. “Secretariat” means the Secretariat of the National Health Systems Resource Centre and is made up of seven Advisors and the Principal Administrative Officers and is chaired by the Executive Director.
- n. “Society” means the National Health Systems Resource Centre (including its branches) which expression may be used interchangeably with the term “Centre” defined above.
- o. “Standing Finance Committee” means the Standing Finance Committee of the NHSRC constituted in accordance with the Rules.
- p. “Vice-Chairperson” means the Vice-Chairperson of the Governing Body of the NHSRC, who is the Additional Secretary, Health & Family Welfare, Govt. of India and the Mission Director, National Rural Health Mission.
- q. “Unit” means a functional unit of the NHSRC Secretariat.

3 NHSRC Staff composition.

3.1 The Secretariat: The Executive Director, Advisors and PAO together would be the Secretariat of the body as envisaged under the rules. Subject matter experts may be invited to Secretariat meetings as deemed necessary and after approval of the secretariat.

3.2 The hierarchy of posts in the NHSRC would be – Executive Director followed by Advisors / PAO constitute the first & **second** level, **thereafter** the level of **Lead** & Senior Consultants. These are the three management levels. A **fourth** level of Consultants/ Junior Consultants would assist on specific tasks or projects.

3.3 The NHSRC would, in concomitance with its current work plan, begin with seven Advisors. The number of Advisors would be defined by the work on hand and the funds made available for the same. Further expansion would be with the approval of the Executive Committee. An Advisor would usually head a team or unit comprising of Lead Consultants, Senior Consultants and as many Consultants, Fellows as is required.

3.4 Lead Consultants would be needed at the approximate ratio of one or two per Advisor and Sr Consultant at the appx ratio of 2 to 4 per Lead Consultants. Many of them would be able to move after a couple of years to take on leadership roles in states, having got mentored by the Secretariat over here. The LCs and Senior Consultants would have their headquarters located where it is most convenient for their assignment.

3.5 Consultants could be fresh graduates also where there is an exceptional candidate available. But most would have two or three years of experience at least. A total of 89 such consultants are currently sanctioned. This is other than the 7 advisors, 7 LCs and 19 senior consultants. Further increases would be made with the approval of EC. Research Assistants, Fellows and Interns are not included in this. ED in consultation with the secretariat also has the discretion to change Senior Consultant positions into Consultant positions and the powers to allot these positions within the various divisions.

3.6 One of the Secretariat members is the Principal Administrative Officer who shall report to the Executive Director. S/he will be assisted by a HR Manager, an IT Manager, a Finance

Manager and suitable number of Administrative, IT and accounts staff. IT manager will assist the NHSRC office in establishing a LAN and developing the website and providing back up support to all other units of the NHSRC.

3.7 Posts of PAO, IT, Financial and HR manager would be advertised and selected. Those wanting to come on deputation from within the ministry can also apply.

3.8 The Executive Director shall be assisted by a Secretary, **Senior Consultant / Consultant/Fellow** and Administration Assistant.

3.9 Further, the NHSRC shall also have a pool of support staff consisting of One Driver, Four Support Staff and seven Secretarial Staff who are pooled to support the Seven Advisors and approximately 19 Senior Consultants and the Administration. Other support services like local transport, security, sanitation, canteen, etc shall ideally be outsourced.

3.10 In addition to this, for specific projects with funds provided as a grant, project staff could be recruited. These could be at the same levels as earlier described or at **four** levels below this- research assistants, fellows and interns. Their scales of pay and designations would also conform to the **four** levels of Advisor, **Lead Consultant**, Senior Consultant and Consultant and three levels below this for Research Assistants / Junior Consultant, Fellows and Interns. **An upper ceiling limit of 121 Consultants at Delhi Office shall be adhered to and amended as and when required with approval of ED.**

4. Reporting and working arrangements: Recruitments and Appointments

4.1 The Executive Director reports to the Executive Committee, which is chaired by the Mission Director, NHM. The Advisors report to the Executive Director. In addition, the Secretariat collectively will report to the Executive Committee. The PAO also reports to the Executive Director. The LCs, Senior Consultants and Consultants report to their respective Advisors, though for some tasks they could have independent charge of their own work and report directly to the Executive Director. The Administration, HR, IT and Finance section staff shall report to the PAO.

4.2 Work allocation amongst the Advisors, LC's and Senior Consultants would be done by the Advisors / Secretariat under the leadership of the Executive Director and this would be periodically reviewed, discussed and ratified or modified by the Executive Committee where needed.

4.3 The Secretariat would meet as often as necessary, but not less than once a month for reviewing progress and planning the work. The Executive Director would convene the meetings with the PAO providing the secretarial support.

4.4 Programme Committees/Task Forces: For each specific task or deliverable- the Executive Director in consultation with the Secretariat would constitute programme committees or functional units. These programme units would report to the Executive Director and to the Executive Committee. The programme committee would be convened by a Secretariat member or the PAO. This programme unit or task force would have LCs, Senior Consultants and Consultants plus technical assistants from the development partners or other technical assistance agencies who may be given to the NHSRC as an in-kind contribution.

4.5 Some technical assistance experts who are working with development partners may be made available to the NHSRC, for specific tasks. Such "In kind"- technical assistance experts would be able to contribute through the mechanisms of the programme committees/task forces. They would not be seen as part of the staff of the NHSRC or as part of its administrative and governance mechanisms. They could be provided task-based assistance in terms of HR and office arrangements.

4.6 All posts except that of Advisors and PAO shall be finalized by a panel appointed by the Executive Director. The panel would have a chairperson and at least two/three more members, of which at least one/two should be subject experts in that domain. The panels would be specific for the posts. Assistance may be sought for placing advertisements widely, and for short listing a number of candidates for the final interview with the panel.

4.7 For Advisors and PAO, the Selection Panel will have ED and two EC members or their nominees on the panel. This could also be in form of a Search Committee. Such a Search Committee will have at least ED and two more persons and is constituted by the AS&MD,

NHM. The Search Committee is empowered to communicate with consultants working in various institutions here and abroad and negotiate with the consultants individually and with their institutions to spare their services to the NHSRC for a period of three years. Selection of consultants through the Search Committee process would be approved by the Executive Committee before they are appointed.

4.8 All other appointments shall be finalized by a panel headed by the PAO and two members chosen by the Executive Director/Secretariat.

4.9 All appointments would be contractual and made for the contract /deputation period as determined by the Governing Body.

4.10 Recruitment Policy

i. Non-Discrimination.

In order to provide equal opportunities to all, Recruitment and Selection decisions at NHSRC are based on merit, qualifications and abilities. The NHSRC does not discriminate in opportunities or practices because of race, color, religion, sex, age or disability. This policy governs all aspects including selection, job assignment, compensation, discipline, termination, and access to benefits and training. Consultants with questions or concerns about discrimination in the workplace are encouraged to bring these issues to the attention of their Superior, or the Management. Anyone found to be engaging in unlawful discrimination will be subject to disciplinary action, including termination of contract.

ii. Recruitment.

Recruitment of all technical positions is made on an open and fair basis. In accordance with the need of the divisions, the vacancy is advertised via News Paper and/or websites of NHSRC (National Health Systems Resources Centre) or/and Job Portals.

iii. Campus Recruitment

As a part of its commitment to strengthening the public health system under NRHM, one vital role NHSRC plays is in the area of induction of public health skills through provision of apprenticeship opportunities. As part of this approach, NHSRC will conduct campus recruitments to identify and bring in suitable candidates.

iv. Application

NHSRC relies upon the accuracy of information contained in the Consultancy Application / Resume and the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in exclusion of the individual from further consideration or, if the person has been hired, termination of consultancy contract.

v. Travel Allowance (TA) For Applicants

Two tier A/c train fares are to be paid to candidates appearing for the posts of Advisor interviews, LC and Senior Consultant, in NHSRC. Candidates for all other positions will be paid three tier AC train fare. This can be relaxed in specific instances at the discretion of the Executive Director. The only incidental expense admissible is the travel cost from the railway station / airport to the site of the interview and back, according to NHSRC norms.

vi. Internal Movement

A Consultant may be transferred, assigned or deputed from one division, location or branch to another existing now or in the future either full time or for a specific assignment. S/he may also be required to undertake additional duties apart from the normal duties of the post to which s/he is appointed. A Consultant could request a transfer from one working place to another. Such internal movement shall be guided by the Secretariat.

vii. Renewal / Extension of Contract

A Consultant's contract may be renewed / extended, subject to performance of her/his duties as recommended by her/his Division head. This is followed by a performance analysis of the Consultant by members of the Approval Committee for the said purpose based on:

(1) Annual Appraisal Report

The Current / Applicable Annual Appraisal Report is taken into account.

(2) Contract Renewal Report (for the purposes of extension)

To be furnished by the Advisor of the respective division to the Executive Director (through PAO).

5. Compensation Package.

5.1 In order to ensure that the NHSRC is able to attract the best talent, the NHSRC shall offer suitable compensation, where the consultancy fee or compensation package is decided based on the principle of parity with AIIMS faculty/ NITI AYOJ/ any other organisation with a role similar to NHSRC. The exact Pay bands that this shall translate into for each level of posts is decided by the Ministry and conveyed to the Executive Director by the AS&MD. Within this Pay band the exact fixation of Fees based on consideration of Last Pay drawn, Qualifications, Market Availability, Experience etc will be decided by Executive Director.

5.2 In case the Executive Director or for any advisors or consultants or administrative staff is on foreign service/deputation from the government sector the compensation package may be decided as per Government rules in this regard. It may also be as per the rules of NHSRC for compensation package at the corresponding level.

5.3 The compensation package shall be subject to revision on an annual basis based on performance. These increment rates will be decided in the course of Secretariat deliberations every year. Usually it would be 2.5%, 5%, 7.5% and with very good performance upto 15% to 20 % with approval of ED. If it goes above this, it would be done with permission of the chairperson of the executive committee. Validation of exceptional performance will be required to be provided by the Head of the Division

5.4 Remuneration of the full time support staff positions in the NHSRC shall be fixed through negotiation, taking into account qualifications, past work experience and remuneration received in the last employment and market rates and shall be paid a consolidated Monthly Consultancy Fee. The procedure as laid down in GFR 2005 shall be strictly followed.

5.5 PAO, HR Manager, **Finance** Managers and any administrative staff over a salary of **70,000 or as revised in future** will be **engaged** on the same terms as any of the technical consultants- which is a technical consultancy fee based on reasonable market rates against a deliverable. The Advisors' grade would be applicable to PAO. Senior consultants grade will be applicable to HR, Finance and IT Manager. For administrative staff below Rs **70,000** different norms could apply.

5.6 Administrative support staff with compensation package below Rs 70,000 and secretarial staff would be appointed as contract **Staff / Personnel** and be eligible for benefits as mandatory under the rules governing contractual employees.

6. Branch office(s) of the Society.

6.1 The NHSRC may establish its branch office(s) in one or more locations as may be determined by the Governing Body of the Society.

6.2 The Regional Resource Centre for the North-Eastern States (RRC-NE), established in the year 2005 with the Hindustan Latex Family Planning and Promotion Trust acting as the intermediary agency, shall become a branch of the NHSRC with effect from the date of the adoption of these Operational Guidelines by the Governing Body of the Society.

6.3 The branch offices of the NHSRC shall be as may be determined by the Executive Committee of the Society provided that:

- a) the Director of the branch offices of the NHSRC shall be deemed to enjoy the same compensation package and status as an Advisor of the NHSRC Secretariat, New Delhi;
- b) the Director of each branch office shall enjoy the same operational freedom vis-à-vis the NHSRC headquarters, New Delhi as is available to the latter vis-à-vis the MOHFW;
- c) the administrative functions hitherto performed by the Hindustan Latex Family Planning and Promotion Trust in relation of RRC-NE such as making of advances for covering office expenses, recruitment / retention of experts / state facilitators / staff and payment of their Monthly Consultancy Fee and deduction of taxes etc. shall stand taken over by the NHSRC with effect from the date of the adoption of these Byelaws by the Governing Body of the Society;
- d) the staffing pattern and the compensation package and the working arrangements for each branch shall be made by the Executive Director in consultation with the Joint Secretary and existing staff of these branches and then approved by the Executive Committee.
- e) All the rules of this society including on all HR issues shall apply to the staff in the branch offices.
- f) the official stationery of RRC-NE shall show it to be seen as a branch of the NHSRC.

6.4 The functioning of the RRC-NE shall be subject to additional provisions as set out in appendix -II. Similar additional provisions may be made in respect of future branch(es) of the NHSRC with the approval of the Executive Committee. In all other matters, the RRC-NE and other branch(es) of the NHSRC, including leave, working hours and holidays, office procedures,

performance appraisal, training and capacity development and TA/DA rules for experts /staff etc. shall be subject to the provisions made in these Operational Guidelines.

7. Undertaking Projects and Tasks:

7.1 Tasks/programmes/projects/studies would be taken up only if they are needed for meeting public health goals and in conformity with the society's objectives.

7.2 The NHSRC will have five sources of being assigned tasks.

a) Tasks/programmes/projects/studies identified by the Governing Body, its Executive Committee or its Secretariat or the Executive Director as necessary for the achievements of the objectives of the Society. To achieve these tasks or conduct such programmes, the NHSRC may write up project proposals for grants from various agencies or use its own annual grant from the Ministry of Health and Family Welfare. Such project proposals get approved in the Secretariat and if above Rs 30 lakhs cost, gets ratified in the Executive Committee. A process of peer review with two or three domain experts being consulted would inform the decision. Intramural funds could also be used for these tasks/studies.

b) Task/programmes/projects/studies that are undertaken as a response to request from any department or para-statal body of the central or state government. While considering these requests the proposal would be examined for feasibility, for priority level with relation to its own work plan and for capacity of the organisation to manage these projects or tasks. The effort would be to ensure that all requests of the Mission Director NRHM and chairperson of the Executive Committee or of the Governing Body or requests routed through them are given priority and executed either with in house capacity or by contracting arrangements. Where possible, direct requests from states and even from districts for technical assistance could be responded to, especially where the NHSRC considers it useful for developing its own skills and experience base. Whether these projects/studies are done with its annual grant from the ministry (intra-mural) or with external grants would be decided on a case to case basis. The Secretariat would take the decision and if the value of a grant being received is above Rs 25 lakhs it would get approved in the Executive Committee as well.

c) Task/programmes/projects/studies that are undertaken as a response to request from any UN agency – WHO, UNICEF, UNFPA, UNIFEM, UNDP etc. While considering these requests the feasibility and priority level with relation to its own work plan and capacity of the organisation to manage these projects or tasks would be the main

consideration. Most of these would be done with the support of project specific grants. The Secretariat would take the decision and if the value of a grant is above Rs 25 lakhs it would get approved in the Executive Committee as well.

d) Task/programmes/projects/studies that are undertaken as a response to request from any bilateral aid agency /development partner along with project grants and for any funding sourced from outside the country.- would need prior approval of the Mission Director of NRHM. Even if a task is primarily requested by a state government or health related institution and the bilateral aid agency is only providing grant in aid support, prior approval of the Mission Director would be required, if the funds are being given to or routed through the NHSRC.

e) Tasks could also be undertaken with funding from nongovernmental agencies and corporate funding agencies from within the country provided they conform to the objectives of the NHSRC and are feasible and within its annual priorities. The Secretariat would take the decision and if the value of a grant being received is above Rs 25 lakhs it would get approved in the Executive Committee as well.

7.3 In the month of March, the Society's Annual work plan and tentative budget would be prepared and approved by the Governing Body. The Governing Body would also approve the annual work report. Once the annual work plan is approved by the Governing Body, the — budget would be finalised in consultation with funding sources. The detailed ~~budget~~ would then be approved by the Executive Committee and this would guide expenditure for the rest of the year.

7.4 Tasks/Programmes/Projects/Studies undertaken by the NHSRC would be executed in one of Five ways:

- a) Fully by its own full time staff and project staff hired specifically for the project. Where needed consultants could be contracted in to implement the programme.
- b) Contracted out to individual or institutional consultants following the process for procurement of services described in annexure II.
- c) By NHSRC facilitating a suitable institution at the state or national level to undertake the task/project by helping them projectise it, find the funds for the project and guiding them during its implementation.
- d) by NHSRC becoming part of a networked multi-institute programme for achieving a specific objective, where different partner institutes are supported by different funding

sources- but the work is coordinated by NHSRC to reach the well defined objective. The NHSRC could lead or be one of the partners in such a network.

e) by NHSRC setting up a task force where there are some in house staff working in the task force and some consultants drawing salaries from the development partners, but working full time or part time in the task force and other working costs shared as agreed upon.

7.5 In each of the five options above, the NHSRC would have to deploy some of its Advisors and/or staff members to guide the programme and learn from it. Even in the second option of contracting out, it would be important that there is a NHSRC input into the programme and NHSRC learning from the programme which is recorded in its institutional memory and made available for future reference. Since the number of tasks that need to be done are large and in house capacity would never be able to meet all of it, and since the objectives of NHSRC includes strengthening other institutions at the national and state level, the most preferred options would be the third and fourth options, with NHSRC only deploying adequate staff and undertaking the expenses needed to facilitate, guide and support these institutions.

7.6 In addition to these options, the NHSRC is also charged with collecting information from all programmes and studies done independently of the NHSRC or even of the ministry of health and family welfare, but which are of relevance to achieving public health goals and analysing these and ensuring that this information informs policy and strategy level decision making. NHSRC would evolve in house capacities for being able to perform this function.

8 Accounting standards and delegation of administrative and financial powers

8.1 The NHSRC and its branch(es) shall maintain their accounts using a standard double-entry accounting software.

8.2 The NHSRC and its branch(es) shall also create and maintain an asset register listing all items of purchase which are not of consumable nature.

8.3 The authorized signatories for the bank account of the Society maintained by the NSHRC headquarters, New Delhi, shall include the Executive Director, the Principal Administrative Officer and the Finance Officer/Finance Manager. For the RRC-NE and other branch(es), the authorised signatories will include the Director of the RRC and two other persons as may be

identified by the Director of the RRC concerned in consultation with Executive Director, NHSRC.

8.4 Authorization for incurring expenditure for the regular items such as payment of monthly remuneration to experts /staff, payment of statutory deductions / contributions (viz. tax deduction at source), payment of rent, monthly payment for out-sourced services (e.g. security guard) etc. shall rest with the Principal Administrative Officer in case of NHSRC Secretariat, New Delhi and the Director concerned in case of RRC-NE and other branch(es) of the NHSRC.

8.5 Authorization for incurring expenditure on other recurring / non-recurring items, where needed, shall be delegated by the Executive Director to the Principal Administrative Officer or Finance Manager/Officer or the Director concerned in case of RRC-NE and other branch(es) of the NHSRC. Financial powers of ED will be 30 lakhs per transaction (Office Order No 01/11/221 dated 06 Nov 2021). That of PAO will be 50,000 per transaction, Dir RRC (NE) 5,00,000 per transaction (Office order No 04/09/2021 dated 27 Sep 2021 and Advisors 20,000 per transaction.

8.6 Authorization for incurring expenditure not covered in clauses 8.4 and 8.5 above shall rest with the Executive Director.

9 Recruitment of Individual/ Institutional Consultants and Agencies and procurement of consultancy services and goods

9.1. The recruitment of individual or institutional consultants or agencies for carrying out specific tasks or studies against written terms of reference shall be done in accordance with annexure I of these Operational Guidelines. These are in complete conformity with the GFR of the government of India. After a year of experience these could be reviewed.

9.2. Procurement of goods will also be done as per GFR rules.

10. Leave rules.

10.1 Consultants (which is used to denote all technical staff) have considerable flexibility in work timings and days as per their Assignment / Task Framework. The respective Heads / Advisors are to ensure that the conduct of work and its execution allows for sufficient freedom for work. On an average 22.5 days of working per month is available and required for each Consultant

- b) Work allotment is avoided on Saturdays, Sundays and Gazetted Holidays
- c) Consultant has flexible timings provided work is delivered on time

Job deliverables within time frames are to be fixed.

Deriving from the 22.5 days of working principle, work allocation and assignments must be given such that a maximum of 30 days leave in a calendar year may be considered for each consultant to cater for personal needs including medical and other family or personal reasons. Maternity leave to lady consultants will be applicable as per defined GoI norms from time to time. In case the Consultant wishes to undertake any Assignment on remunerative basis with Organisation other than NHSRC, prior permission needs to be taken from the ED.

10.2 Proportionate reductions in Consultancy Fee Payment: In addition, the experts / staff of the NHSRC headquarters and its branch offices may avail of proportionate reduction in consultancy fee (in exceptional circumstances). This could include consultancies where the consultancy is deemed to be of value to building the skills and work experience of the concerned staff member. This can be sanctioned after recording reasons in writing by:

- The concerned Director in case of experts / staff in a branch office
- Executive Director in respect of staff of NHSRC headquarters, New Delhi and Director of a Branch office, and
- Chairperson of the Executive Committee in case of Executive Director.

Permission for attending workshops / seminars and other programmes for skill development or improving qualifications would be sanctioned as part of the assignment if it is needed for the assignment. If not, proportionate reductions in consultancy fee would apply.

11 Training and capability development

11.1 Full time staff of the Society and its branches shall be encouraged to take up skill development courses and even correspondence courses which further their employment prospects, enhance their skills, and build up the capabilities of the NHSRC. In cases of immediately relevant skills and qualifications, the Executive Director, with the concurrence of the Chairperson of the Executive Committee, may provide various degrees of subsidy to such members of the NHSRC Secretariat, New Delhi. ED for all staff in New Delhi and the concerned Director [of a branch office] with the concurrence of Executive Director in the case of experts /

staff in a branch office. This is not an automatic right but shall be seen as an incentive to improving skills and performance and rewarding good performance.

12 Working Hours and Holidays.

12.1 The working hours of the NHSRC Secretariat, New Delhi (Core Group) as well as those of its branches will be the same as observed by the Ministry of Health and Family Welfare, Government of India. Other than those deployed on routine / regular duties, at the discretion of the reporting officers, concerned staff members can have considerable flexibility in work timings provided they are in a framework where they have individually assigned time bound deliverables that they are able to fulfil. Overtime would as a rule not be admissible except for certain non management categories of support staff.

12.2 The NHSRC Secretariat, New Delhi and branch(es) of the Society shall remain closed on all national and other holidays declared as such by Government of India.

13 Travel within India

The NHSRC & its branch(es) shall follow the existing government rules/norms in respect of TA/DA Reimbursements.

A. Local Travel for official work (Travel within the limits of NCR)

- i. Mode of local conveyance and payments thereof are as under:

The NHSRC & its branch(es) shall follow the existing government rules/norms in respect of TA/DA Reimbursements.

B. Local Travel for official work (Travel within the limits of NCR)

- ii. Mode of local conveyance and payments thereof are as under:

Positions	Approved Mode of Conveyance
Executive Director	Office Vehicle / Maruti Ciaz or equivalent
Advisors / Director - RRC-NE / PAO / Lead Consultant/ Sr. Consultants	AC Dzire or equivalent
Consultants	Suitable hatchback category
State Facilitators / Research Associates	Suitable taxi

Positions	Approved Mode of Conveyance
Fellow / Intern	Public Bus / Metro/Auto

- iii. When own/hired transport is used, payment/reimbursement would be on actual or as per the approved rates by the Ministry of Transport, NCR Delhi.

C. Outstation Travel (Domestic)

I. Reimbursement of Accommodation & Per Diem (Domestic Travel):

Positions	Reimbursement for Accommodation/per day	Per diem*
Executive Director / Advisor / Director – RRC-NE / PAO	uptoRs7,500/-	Rs900/-
Lead Consultant	uptoRs6,000/-	Rs900/-
Sr. Consultants	uptoRs5,000/-	Rs900/-
Consultants / State Facilitators	uptoRs4,500/-	Rs700/-
Research Associates	uptoRs2,250/-	Rs600/-
Fellow	uptoRs2,250/-	Rs600/-
Intern	uptoRs1,000/-	Rs600/-

II. Reimbursement of Mode of Journey (Domestic Travel):

– By Air

Positions	Approved class
Executive Director	Business class
Advisors/ Director RRC/ PAO	Economy class
Lead Consultant/Sr. Consultants	Economy class
Consultants	Economy class
State Facilitators / Research Associates	Economy class

– **By Rail**

Positions	Approved class
ED / Advisor / Director - RRC-NE/PAO	1AC
Lead Consultant / Sr. Consultants	1AC
Consultants	2AC
State Facilitators / Research Associates	2AC
Fellow / Intern	3AC

– **By Road**

Position	Approved class
ED / Advisor / Director - RRC-NE/PAO	AC bus/ AC taxi
Lead Consultant / Sr. Consultants	AC bus/ AC taxi
Consultants	AC bus/ AC taxi
State Facilitators / Research Associates	AC bus/ non AC taxi
Fellow	AC bus/ non AC taxi
Intern	Public bus/ shared taxi

14 Travel outside India.

14.1 Travel of NHSRC experts / any staff of the NHSRC (including its branch offices) outside India on official assignments / conferences, shall require prior approval of the Chairperson, Executive Committee, where the funds are drawn from the NHSRC's budget or from any of the development partners which are international bilateral funding agencies. For other categories of foreign travel, (e.g. where funds for travel are provided by conference organisers) the permission of the Executive Director would be required. For the Executive Director's travel, the Chairman, Executive Committee would sanction such visits.

14.2 Travelling and subsistence allowance of NHSRC experts / staff involving travel outside India shall be regulated in accordance with the rules / procedures of the sponsoring agency, if

any, and may include the MoHFW and/or a Development Partner or any other organization which may offer to sponsor the NHSRC experts / staff for attending a meeting / seminar / workshop / training course outside India.

14.3 In all other cases, the actual expenses involved shall be reimbursed on the basis of bills / receipts / vouchers provided that the reimbursement of air-ticket shall be limited to travel by economy class.

15. Annual Performance Appraisal.

15.1 The Secretariat of the Society shall develop and adopt written procedures for carrying out an annual performance appraisal (APA) for each of its full-time expert /staff, including its branch offices. The first appraisal would be after **completion of 90 days from the joining date but not later than 31st December of each year** and normally be undertaken in the month of **March**. An increase in consultancy fee as a performance incentive may be considered on the basis of Annual Appraisal Report or for any Special Achievement / Contribution, if felt necessary. Fee hike cannot be claimed as a right.

15.2 The APA instruments are: Self appraisal by the person concerned.

- Followed by Appraisal by the Advisor / **Reporting Head and thereafter as Reviewer which can be ED NHSRC/PAO NHSRC as appropriate.**
- Final rating (taking into account self-appraisal, Appraiser Rating & Reviewers Rating) by the Executive Director in case of Advisers in the NHSRC headquarters and PAO, the PAO in respect of **Admin personnel** & support staff and the concerned Director in respect of Personnel / staff in the branch offices.
- For advisors, the ED will be the Appraiser and Joint Secretary (Policy), MOHFW will be the Reviewer. The ED does the final annual appraisal and rating.

15.3 The APA instruments shall also be applicable to the Executive Director and may consist of :

- Self-appraisal.
- Peer appraisal by at least 2 government / non governmental members of the Executive Committee appointed by the chairperson executive committee.

- Final rating by the Chairperson, Executive Committee, taking into account self-appraisal and peer appraisal.

15.4. The appraisal shall classify each expert/staff into any of the following three categories:

- Exceeded Expectation on assignment: Outstanding ‘A’
- Met all expectations on assignment.: **Good – ‘B’**
- Met most but not all expectations on assignment: Satisfactory -further improvement desired – ‘C’
- Met only some or none of the expectations, expectations on assignment. Not satisfactory – ‘D’

15.5 A person scoring a “Not satisfactory” on any occasion shall be liable to be relieved by giving a notice of 3 months. Those who are in the other categories would become eligible for incentives which need not necessarily be financial. Exact incentives would be decided by Secretariat, year to year prior to appraisals. As a Guiding Rule, incentives will be in the form of annual increments commensurate with grading/performance. There may be a separate increment for exceptional performance which is “Above Outstanding”.

16. Office Procedure and Organisation of Work.

16.1 The PAO, together with the other members of the Secretariat shall develop and adopt requisite office procedures for governing the day-to-day functioning of the NHSRC such as accounting procedures, procurement procedures, procedures governing leave / absence of the NHSRC experts / staff and formats payments, receipts / refunds / advances / TA/DA claims etc. These shall be approved by the Executive Director and compiled into an office manual of the Society and shall be adopted by the NHSRC headquarters and its branch offices.

16.2 **Sexual Harassment :** The NHSRC believes in a positive work environment centred on its values and requires the effort of all to create a culture where Consultants can work together without fear of sexual harassment. It is the intention of the Organization to take all necessary actions required to prevent, correct and if necessary, discipline behaviour which violates this policy. To redress complaints of sexual harassment, a Complaint Committee to be formed. The Committee will comprise of:

- One Advisor.
- PAO.
- One Senior Consultants.

- One independent woman representative from outside.
- One Senior Woman Official from MOHFW.

17. Publications of the NHSRC headquarters and its branch offices.

17.1 The NHSRC headquarters and its branch offices will adopt a system of publishing its Annual Work Report after it has been approved by the Governing Body to share its work with all concerned stakeholders.

17.2 The NHSRC may also develop, encourage or undertake any other publications as are needed to further its objectives. For rationalisation of the distribution and use of these publications, these can be priced publications where it is so required.

17.3 All publications of the NHSRC shall also be placed on its website.

Appendix-I

To the Bye-laws of National Health Systems Resource Centre

Provisions governing procurement of goods and services by the NHSRC headquarters and its branch offices

1 Preamble.

1.1 Procurement of goods by the NHSRC and its branch offices shall be limited to the goods required for their own day-to-day use such as office equipment, furniture, furnishing and stationery etc.

1.2 The NHSRC and its branch offices shall generally not undertake procurement of goods on behalf of others but may procure services of institutional / individual experts to assist the MoHFW and State Governments to strengthen, re-structure, re-organize any procurement of systems and procedures.

2 Procurement of goods.

2.1 Vehicle can be procured against DGS&D rate contract and/or from any authorised showroom in the city of location [Delhi /New Delhi for NHSRC headquarters and concerned State capital in case of the branch offices].

2.2 For all other items, limited tender enquiry procedure (in consonance with GFR 2017) and procurement through GeM portal will be resorted to. Ruling of DoE/ MoF will be adhered to in letter and spirit.

2.3 Purchase of office equipment and furniture against company advertisements and/or special offers, including buy-back offers, shall be a valid procedure provided that (a) copies of relevant advertisements / promotional offers are retained till the audit for the relevant financial year has been completed and (b) prior written authorisation has been obtained from the Executive Director or the Director of the branch office, as the case may be.

2.4 At least 1-year comprehensive warranty should always be included as a requirement while seeking quotations for the procurement of office equipment.

2.5 Direct purchase from the Kendriya Bhandar and other similar agencies approved by the Government of India shall be a valid procedure.

3. Procurement of services.

3.1 The NHSRC and its branch offices may engage consultants to provide consulting and/or technical assistance services to the MoHFW and/or State Governments. A consultant may be an individual or a legal entity registered under the Societies Act, the Trusts Act or the Companies Act. The latter category may be collectively called as the “institutional expert”.

3.2 Procurement of services shall only be from the “institutional experts” whenever the estimated cost of services proposed to be procured are likely to be above Rs. 10.00 lakh (per case).

3.3 Engagement of individual consultants involving a sum of up to Rs. 5 lakh per assignment and institutional experts involving a sum of up to Rs 15.00 lakh may be done by the concerned branch office of the NHSRC, provided that the terms of reference for the assignment have been got endorsed by the NHSRC headquarters. All other procurements shall be done by the NHSRC Headquarters.

3.4 In the process of procurement of services – individual and institutional, the GFR rules – paragraphs 163 to 177 shall apply: These are quoted below (*substituting “NHSRC” for Ministry/Department in the text of the rules*):

“**Rule 163:** NHSRC may hire external professionals consultancy firms or consultants (referred to as consultants hereafter) for a specific job, which is well defined in terms of content and time frame for its completion or outsource certain services.

Rule 165. Engagement of consultants may be resorted to in situations requiring high quality of services for which the concerned Ministry /Department does not have the requisite expertise. Approval of the competent authority (in this case the Executive Committee, with the member secretary acting on its behalf) should be obtained before engaging consultant.

Rule 166: NHSRC should prepare in simple and concise language the requirement, objectives, and the scope of the assignment. The eligibility and pre-qualification criteria to be met by the consultants should also be clearly identified at this stage.

Rule 167: Estimating reasonable expenditure: NHSRC to engage consultant(s) should estimate reasonable expenditure for the same by ascertaining the prevalent market conditions and consulting other organisations engaged in similar activities.

Rule 168: i) where the estimated cost of the work or service is upto Rs 25 lakhs, preparation of a long list of potential consultants may be done on the basis of formal or informal enquiries from other departments or ministries or organisations involved in similar activities, chambers of commerce and industry, association of consultancy firms etc.

ii) Where the estimated cost of the work or service is above Rs 25 lakhs, in addition to i) above, an enquiry for seeking “expression of interest” from consultants should be published in at least one national daily and the Ministry’s website. The website address should also be given in the advertisements. Enquiry for seeking Expression of Interest should include in brief, the broad scope of work or service, inputs to be provided by the Ministry or Department, eligibility and the pre-qualification criteria to be met by the consultants and consultants past experience in similar work or service. The consultants may also be asked to send their comments on the objectives and scope of the work or service projected in the enquiry. Adequate time should be allowed for getting responses from interested consultants.

Rule 169: Short listing of consultants – On the basis of responses received from the interested parties as per Rule 168 above, consultants meeting the requirements should be short-listed for further consideration. The number of short listed consultants should not be less than three.

Rule 170: Preparation of TOR. The TOR should include

- i. Precise statement of objectives,
- ii. Outline of tasks to be carried out;

- iii. Schedule for completion of tasks
- iv. Support on inputs to be provided by the Ministry or Department to facilitate the consultancy.
- v. The final outputs that will be required of the Consultant.

Rule 171: Preparation of RFP (Request for Proposal). RFP is a document to be used by NHSRC for obtaining offers from the consultants for the required work/service. The RFP should be issued to the short listed consultants to seek their technical and financial proposals. The RFP should contain:

- i. A letter of invitation.
- ii. Information to consultants regarding the procedure for submission of the proposal.
- iii. Terms of reference.
- iv. Eligibility and pre-qualification criteria in case the same has not be ascertained through enquiry for expression of interest.
- v. List of key positions whose CV and experience should be evaluated.
- vi. Bid evaluation criteria and selection procedure.
- vii. Standard formats for technical and financial proposal.
- viii. Proposed contract terms.
- ix. Procedure proposed to be followed for mid term review of the progress of the work and review of the final draft report.

Rule 172: Receipt and opening of proposals: Proposals should ordinarily be asked for from consultants in ‘two bid’ system with technical and financial bids sealed separately. The bidder should put these two sealed envelopes in a bigger envelope duly sealed and submit the same to NHSRC by the specified date and time at the specified place. On receipt, the technical proposals should be opened first by the NHSRC at the specified date, time, place.

Rule 173: Late bids, i.e. bids received after the specified date and time of receipt , should not be considered.

Rule 174: Evaluation of technical bids- Technical bids should be analysed and evaluated by a consultancy evaluation committee (CEC) constituted by the NHSRC. The CEC shall

record in detail the reasons for acceptance or rejection of the technical proposals analysed and evaluated by it.

Rule 175: Evaluation of financial bids of the technically qualified bidders- NHSRC shall open the financial bids of only those bidders who have been declared technically qualified by the Consultancy Evaluation Committee as per rule 174 above for further analysis or evaluation and ranking and selecting the successful bidder for placement of the consultancy contract.

Rule 176: Consultancy by nomination: Under some special circumstances it may become necessary to select a particular consultant where adequate justification is available for such single source selection in the context of the over all interest of the Ministry or Department. Full justification for single source selection should be recorded in the file and approval of the competent authority obtained before resorting to such single source selection.

Rule 177: Monitoring the contract: The NHCRC should be involved throughout in the conduct of consultancy , preferably by taking a task force approach and continuously monitoring the performance of the consultant(s) so that the output of the consultancy is in line with the NHSRC objectives.”

4. Outsourcing of support services.

4.1 The NHSRC and its branch offices may outsource support services such as security, local travel, photocopying and printing of publications etc. This shall be done using the same GFR Rules (178 to 185) which provide for standard limited tender enquiry mechanism based on identification of at least 6 potential providers up to a limit of Rs 10 lakhs and tender enquiry above this amount.

To the Byelaws of National Health Systems Resource Centre

Special provisions governing the functioning of the Regional Resource Centre for the North Eastern States.

A Location

The RRC-NE is located at Krivi Square (first floor) House No. 57, Jawahar Nagar Opposite Assam Administrative staff College, Khanapara, Guwahati-781022.

B Mandate for the RRC-NE

The Regional Resource Centre for the NE States (RRC-NE) has been established to provide technical assistance to the NE States. It will work with the States to identify core areas to be focussed in the short, medium and long run and plan for providing the missing technical and managerial capacity. Towards this end, the tasks that the RRC-NE will include the following:

- To produce Situational Analysis on various aspects of the Health Sector and prepare policy proposals based on the situational analysis undertaken and/or specific studies undertaken. Key subject area include:
 - a) organizational re-structuring the health system at the State, District and sub-district levels (including creation of integrated societies at State and District levels and autonomous societies for management of hospitals),
 - b) institutionalization of integrated planning and management,
 - c) taking stock of availability of finances to each of the State and strengthening and streamlining of financial management systems,
 - d) devolution of financial and administrative powers,
 - e) strengthening and streamlining of procurement and logistics ,
 - f) standardization of norms (services, staffing and infrastructure) at the primary and secondary levels,
 - g) strengthening and streamlining of health management information systems (HMIS) and M&E as per GoI guidelines, integration of disease surveillance within the HMIS, and
 - h) development of drug policy,
 - i) Advise on intersectoral convergence

- Facilitate implementation of the proposals derived from the situational analysis.
- Facilitate implementation of National Rural health Mission including finalization of the community based health initiatives/programme, development of social mobilization campaign for community involvement and Behaviour Change Communication (BCC) strategy.
- Facilitate preparation of Village, District and State health plans.
- Coordination and logistics of the training programmes including assisting in the development of training modules for the implementation of NHRM.
- Facilitate development of the institutional mechanisms for local planning and community participation, including training and orientation of PRIs and other local government structures (e.g. autonomous councils).
- Undertake studies on the health problems of the tribal people of north eastern region
- Facilitate mainstreaming of the tribal medicine systems
- Assist the States in establishing (a) Integrated District Health and Family Welfare Societies; (b) autonomous hospital management societies and (c) Programme Management Units for the State and District societies

In addition to the above, the resource centre may also be required, from time to time, to:

- conduct workshops and meetings as may be necessary on behalf of Government of India, for effective operationalisation of NRHM in the NE Region,
- develop Terms of Reference (ToRs) for engaging individuals and/or institutions for short-term or long term assignments by any of the NE States, or in the region as may be needed from time to time.
- perform such other task as may be assigned to it from time to time, either by Government of India or by the Government of any of the NE States.

The Staffing pattern and terms of reference for approved positions, and its annual work plan and budget would all be finalised after an appraisal visit in May-June and placed before the executive committee for its approval.

Annexure- 1**NHSRC Consultancy Positions.**

TECHNICAL				
S. No.	Position Category	Sanctioned	Budgeted	Existing
1	Executive Director	1	1	1
2	Advisors*	5	5	5
3	Lead Consultant	7	7	2
4	Sr Consultant	16	16	12
5	Consultant	60	60	47
6	Research Assistant	Within the Sanctioned strength of NHSRC		
7	Fellows	As per Secretariat Policy of NHSRC		
* Two positions of Advisor converted to Lead Consultant				
	TOTAL	89	89	79
ADMINISTRATIVE				
	PAO	1	1	1
	HR Manager	1	1	1
	Finance Manager	1	1	1
	IT Manager	1	1	1
	Consultant in Administration (HR, Accounts, Admin & IT)	11	11	8
	Assistant in Administration (HR, Accounts, Admin, IT & Secretarial Assistant)	18	18	17
	TOTAL	33	33	29

Grand total (less ED - 121)

Advisors: Head a division. Selected by EC. Hold independent charge and can report directly to officer in MOHFW- also attract assignments, design and assess programmes, present their work and contribute to policy on behalf of NHSRC.

Lead Consultant: Head a team of senior consultants and consultants, work under advisors and support them, be capable of independently implementing *a programme*. Represent NHSRC in select forums/ for specific tasks. Tracking and following up of all Divisional deliverables and their analysis, prepare annual work plan and provide technical assistance to undertake research activities.

Senior Consultants: Usually under an advisor- but could be independently in charge of a division or group. Can independently implement *a programme*, and present their work. Limitations in design, critical appraisal. Not mandatory to attract assignment. Could report to officer or represent in meetings on behalf of NHSRC for specific tasks.

Consultants: Reporting to an advisor, or a senior consultant. Can independently implement *a task*- may require guidance and support the first time around. Does not represent NHSRC except where specifically authorized to do so. Reports to MOHFW go through advisor, senior consultants.

Research Assistants: support consultants of any of the three levels on specific tasks. Not independent functionary. Usually short three or six month assignments- could have a longer term as a transition arrangement- to being absorbed by the state, or centre. Two data entry operators are however kept on long term basis at this rate- because at any time there is some such requirement in place.

Fellows: Usually post graduates. Partly builds their skills and then when they are absorbed into state, expands the capacity of the state. Mandatory one-year term- after which however good they have to go. Some-time given a three-month extension. Almost always located in states.

Interns: As part of project work, or immediately after submission while waiting for degree. Gives them work experience. Gives us an extra consultant. Some work on a no compensation basis, but often a minimal stipend on UGC stipend rates for doctoral students is considered. Never more than a three-month period.