



STATE HEALTH SYSTEMS RESOURCE CENTRE (SHSRC)

FRAMEWORK



2024

KNOWLEDGE MANAGEMENT DIVISION,
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)
MINISTRY OF HEALTH AND FAMILY WELFARE

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STATE HEALTH SYSTEMS
RESOURCE CENTRE
(SHSRC)

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अपूर्व चन्द्रा, भा.प्र.से.
सचिव
APURVA CHANDRA, IAS
Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



Foreword

Within India's diverse health landscape, each state presents unique demands and complexities, requiring tailored solutions and support structures. State Health Systems Resource Centers (SHSRCs) are crucial pillars, essential for reinforcing State Health Systems, enhancing their resilience, and strengthening their capacity to meet the evolving health needs of their populations.

SHSRCs function as hubs of technical expertise, supporting collaboration between State Health authorities, and relevant stakeholders across the levels. Their mandate extends beyond mere administration to encompass strategic planning, health financing, and capacity building, thus strengthening the foundation of the State's Health Systems.

In light of the aforementioned roles, I am delighted to present the Framework for State Health Systems Resource Centres (SHSRCs). This framework serves as a blueprint, providing States/UTs with a structured approach to establish, operationalize and strengthen SHSRCs with clarity and purpose. Importantly, the flexibility embedded within this framework empowers States/UTs to customize its implementation according to their unique health system needs and priorities.

I believe that this framework will guide the States/UTs in effective functioning of SHSRCs to provide technical support to State Health Systems. Lastly, I congratulate AS & MD (NHM), NHM team, and NHSRC in drafting this important guidance document.

Date : 12.06.2024
Place : New Delhi


(APURVA CHANDRA)



सत्यमेव जयते



आज़ादी का
अमृत महोत्सव



FOREWORD

Since its launch, NHM has evolved over the years and has become a major vehicle in driving the health programmes in India. State Health System Resource Centres (SHSRCs), established under National Health Mission (NHM) are playing a critical role in providing technical support to States and serving as a single window for consultancy support to States and Districts.

SHSRCs in their capacity as technical agencies to state health departments are playing a critical role in supporting the implementation of NHM strategies. Over the years SHSRCs have supported the states in various areas of the health system strengthening by being actively involved in Planning, Implementation and monitoring activities.

With evolving health systems and emerging public health challenges, the need for technical assistance is being increasingly felt by States/UTs. This framework marks a pivotal moment in our ongoing journey towards strengthening the SHSRCs as an 'institutional mechanism' for providing technical support to the States/UTs.

It will provide clear guidance to the States/UTs in establishing and strengthening SHSRCs with a strategic direction ensuring that our initiatives are both effective and responsive to the evolving technical assistance required by States/UTs. This framework represents a strategic foresight and provides comprehensive insights on organisational structure, functions, and roles of SHSRCs.

I am confident that this framework will go a long way in strengthening SHSRCs as strong technical public health institutions responding not only to existing and emerging health challenges but also guiding and shaping health policy.

(Aradhana Patnaik)



सत्यमेव जयते



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

SAURABH JAIN, IAS

JOINT SECRETARY

Tele : 23062870

E-mail : js.policy-mohfw@gov.in




Foreword

NHM has been instrumental in creating institutional capacities both at the National as well as at the State level for Health systems strengthening. State Health Systems Resource Centres (SHSRCs) are envisaged in the NHM framework as institutional mechanisms to provide technical assistance to State Health Systems in programme implementation and planning at the State level. With the evolving health systems and emerging needs for technical capacities at State and district level, SHSRCs serve as the nodal institutions providing overall support in Health Systems Strengthening.

National Health Policy, 2017, recognizes the critical role of implementation frameworks to provide roadmap and guidance in delivering programmes and policy commitments. Having a robust framework in place provides clear directions to implement the programmes and policies effectively.

The framework for SHSRCs has been developed to guide the States/UTs in establishing newer SHSRCs and strengthening the existing ones. It provides insights into the organisational structure, functions and roles undertaken by SHSRCs to strengthen the State Health System. This framework will bring uniformity in the structure and functioning of SHSRCs across the States/UTs with the flexibility to adopt it as per their State-specific contexts.

I hope that this framework would serve as a guiding document for States/UTs to plan and strengthen their in house institutional capacities for effective programme implementation.


(Saurabh Jain)



Maj Gen (Prof) Atul Kotwal, SM, VSM

MBBS, MD (PSM), PDF (Epidemiology),
FRCP Edin, FAMS, FIPHA, FIAPSM

Executive Director



National Health Systems Resource Centre

राष्ट्रीय स्वास्थ्य प्रणाली संसाधन केंद्र
Ministry of Health and Family Welfare
Government of India



Foreword

State Health Systems Resource Centres (SHSRC) have been instrumental in providing technical support to State Health Mission for overall programme Implementation and Health Systems Strengthening. Aligned with NHSRC's role as a technical support to MoHFW, focussing on problem identification, analysis and problem solving; SHSRCs are also expected to demonstrate similar actions at State/UT level.

With changing health dynamics, and needs of the health systems, the institutional structures within NHM also need to strengthen their capacities, as well as expand their scope to address the key priorities. NHSRC has been working closely with SHSRCs in respective states to not only help defining their priorities, but also in building their capacities as technical support agencies. The focus is also on establishing SHSRCs as hub for health systems research and evaluation, replicating the NHSRC's role in research activities at national level.

Routine interaction with SHSRCs indicated a need towards developing an institutional framework, which would guide them to strengthen their structure as well as functioning at respective States/UT. The framework highlights SHSRC as a technical assistance to NHM as well as hub for fostering partnerships and collaborations between relevant health systems stakeholders including academia and research institutions, working within respective states/UT.

We thank Senior leadership at MoHFW for their guidance, and states/UTs & SHSRC teams for their inputs, which led to development of this framework. We hope that this framework would serve as a strong foundation for organizational, operational and financial structure of SHSRCs, with flexibility to adaptation within state specific contexts and priorities.

Maj Gen (Prof) Atul Kotwal

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CHAPTER 1

BACKGROUND

1. National Health Mission (NHM) is both flexible and dynamic; and is intended to guide States towards ensuring achievement of Universal access to care through strengthening of Health Systems, institutions, and capabilities.¹
2. Implementation of National health initiatives requires governments to have strong coordination, management, and technical capacity at both National and sub-National levels. This is also reflected in the NHM framework for implementation 2012-17, under which, it is recommended to establish the State Health Systems Resource Centres (SHSRCs) in the States which will continue to play similar roles for the State as do their National counterpart for the Centre.
3. At the National level, National Health Systems Resource Centre (NHSRC) as a technical support to NHM has emerged as a key agency to support States and the Ministry of Health and Family Welfare (MoHFW). However, there have been changes in both the health scenario in the country as well as in National and global priorities and policies. NHSRC has timely responded to these changes and played a robust and critical role in improving the health outcomes in the country. SHSRCs, established with the similar objectives at the State level are expected to play a critical role in Health Systems Strengthening and replicating the deliverables in alignment with NHSRC.
4. The National and State Health Systems Resource Centres are envisaged as single window consultancy and technical support organisations in the NHM Framework, to strengthen and build capacity of the health system at the National and State levels respectively, focusing on problem identification, analysis and problem solving in the process of implementation.
5. NHM emphasizes on creation of SHSRCs to ensure knowledge management support for District planning, quality improvement systems, data analysis, building information systems and providing evidence-based support for decision making. SHSRCs are being strengthened with the necessary infrastructure and human

¹ NHM Framework for implementation, MoHFW, GoI

2 | SHSRC FRAMEWORK

resources in building context specific techniques to improve the State Health Systems and address health care issues as well as for effective financial management and programme delivery.

6. SHSRCs are expected to be engaged in evidence generation and knowledge management, to bring in new ideas, good practices, and innovations in the health sector into the States. Adequate financial resources, human resources with necessary technical knowledge, and administrative support are critical and essential components for the effective functioning of SHSRCs. In view of the changing health needs and priorities at the National and State level, the role of SHSRCs have been expanded to evolve and provide technical support including implementation and operational research to State NHM.
7. SHSRCs have been trying to keep abreast with the changes which have been complemented by enhanced financial allocations for these technical agencies across the States.
8. The framework is intended to support and guide States/UTs in establishing and for the effective functioning of SHSRCs to provide technical support to State Health Systems. The need for a framework was felt by existing and upcoming SHSRCs. States/UTs have the flexibility to adapt the framework as per their health systems context and State-specific priorities.

AREA OF OPERATION

Area of operation for SHSRCs shall be the whole of the State/UT in which SHSRC is established.

OBJECTIVES

The objectives and scope of State Health Systems Resource Centers would depend on the State's specific needs and priorities. However, some broad objectives that all SHSRCs may consider are as follows:

1. Strategic planning and development of the Health and Family Welfare sector in India particularly capacity development of related organisations at the State and District level with a view to promoting health sector reforms to facilitate planning, implementation, monitoring and evaluation of sectoral policies and programmes with reference to the National Health Mission.
2. Providing technical assistance and support to the National Health Mission and State health department in the planning, development, implementation, and evaluation of National health programs and policies.
3. Supporting Programme Implementation Planning (PIP) processes at State and District levels.



4. Capacity Building among public health professionals by providing necessary training, mentoring, and imparting skills for professional development.
5. Conducting research and evaluation to inform evidence-based decision-making in public health and disseminating research findings to stakeholders.
6. Supporting the development and implementation of health information systems and other tools for monitoring and evaluation of public health programs and policies.
7. Providing advocacy and communication support to promote public health priorities and raise awareness about public health issues.
8. Fostering partnerships and collaborations among public health institutions, including government agencies, NGOs, academic institutions, and community organisations.
9. Providing technical support in emergency and disaster response, including preparedness planning, response coordination, and recovery efforts.



CHAPTER 2

INSTITUTIONAL FRAMEWORK: ORGANISATIONAL STRUCTURE, GOVERNANCE & HUMAN RESOURCES

ORGANISATIONAL STRUCTURE

1. The organisational structure is of immense importance for a technical organisation, hence having an organisational structure aligned with the needs of the States and objectives of SHSRCs not only helps in strategy development and focused interventions but also enables the institution to function in its full capacity to deliver maximum outputs towards achieving overall health outcomes.
2. On the pattern of NHSRC at the National level, SHSRCs are expected to be established as autonomous bodies under the Societies Registration Act.
3. The organisation is to be led by a Full- time Executive Director in all the States/UTs.
4. All SHSRCs must have a centralized and formalized organisational structure. The SHSRCs may sign a Memorandum of Understanding (MoU) with the State Health Department that outlines the broad scope of work of SHSRCs.
5. SHSRCs shall have defined bye-laws, rules and regulations to govern the functioning of SHSRCs.

GOVERNANCE STRUCTURE

1. Governing Body (GB) will be the apex decision-making body of the SHSRCs. The Governing Body may consist of 17-25 members with ACS/Principal Secretary/ Secretary Health as the Chairperson and Executive Director SHSRC as Member Secretary of the Governing Body (GB).
2. The Executive Committee constituted by the Governing Body will be responsible for the day-to-day administration and control of expenditures acting on and taking decisions on behalf of the Governing Body. The Executive Committee can appoint sub- committees for the efficient functioning of SHSRCs.
3. The Governing Body meetings are to be held annually to discuss the policy framework

and review the functioning of SHSRCs whereas the Executive Committee should also meet annually or biannually as desired at the State level to discuss the regular functioning of SHSRCs.

GOVERNING BODY

The composition of members of Governing Body includes State officials from the health department including ACS/Principal Secretary/Secretary Health and Family Welfare, Health Commissioner/Mission Director-NHM, ED-NHSRC/ NHSRC Representative nominated by ED-NHSRC, member (Annexure-I), ED-SHSRC, experts from public health institutions, public health experts and representatives from civil society and non-governmental organisations. The composition of Governing Body is attached as Annexure-II.

FUNCTIONS OF GOVERNING BODY

Governing Body shall perform the following functions:

1. Approval/endorsement of the Annual State Action Plan for the NHM.
2. Consideration of proposals for institutional reforms in the H&FW sector.
3. Review of implementation of the Annual Action Plan and annual work report.
4. Inter-sectoral coordination to facilitate partnerships and synergies among different stakeholders.
5. Status of follow-up action on decisions of the State Health Mission.
6. Coordination with NGOs/Donors/other agencies/organisations to leverage resources and expertise.

Executive Committee : Executive Committee may have 7-14 members with the Commissioner Health as the Chairperson and Mission Director, NHM/ Officer Designated as Mission Director as Co-chair and ED SHSRC as the Member Secretary. The composition of Executive Committee is attached as Annexure-III.

FUNCTIONS OF EXECUTIVE COMMITTEE

It shall perform the following functions:

1. Detailed expenditure and implementation review.
2. Approval of proposals from Districts and other implementing agencies/District Action Plans.
3. Execution of the approved State Action Plan including release of funds for programs



at State level as per Annual Action Plan.

4. Finalization of working arrangements for intra-sectoral and inter-sectoral coordination.
5. Follow up action on decisions of the Governing Body.

HUMAN RESOURCES

1. The organisation must be led by an Executive Director. A full-time Executive Director is essential for providing the leadership and effective functioning of the SHSRC.
2. Below the Executive Director, the structure of staff may be classified broadly into three types: technical staff, administrative & support staff and accounts staff. The technical staff includes qualified staff with experience of working in the public health domain. Apart from the technical staff, SHSRCs also need to have administrative staff like Executive Assistants, Office Assistants, Coordinators, associates, and accounts staff (Account assistants) and support staff to support the effective functioning of SHSRCs.

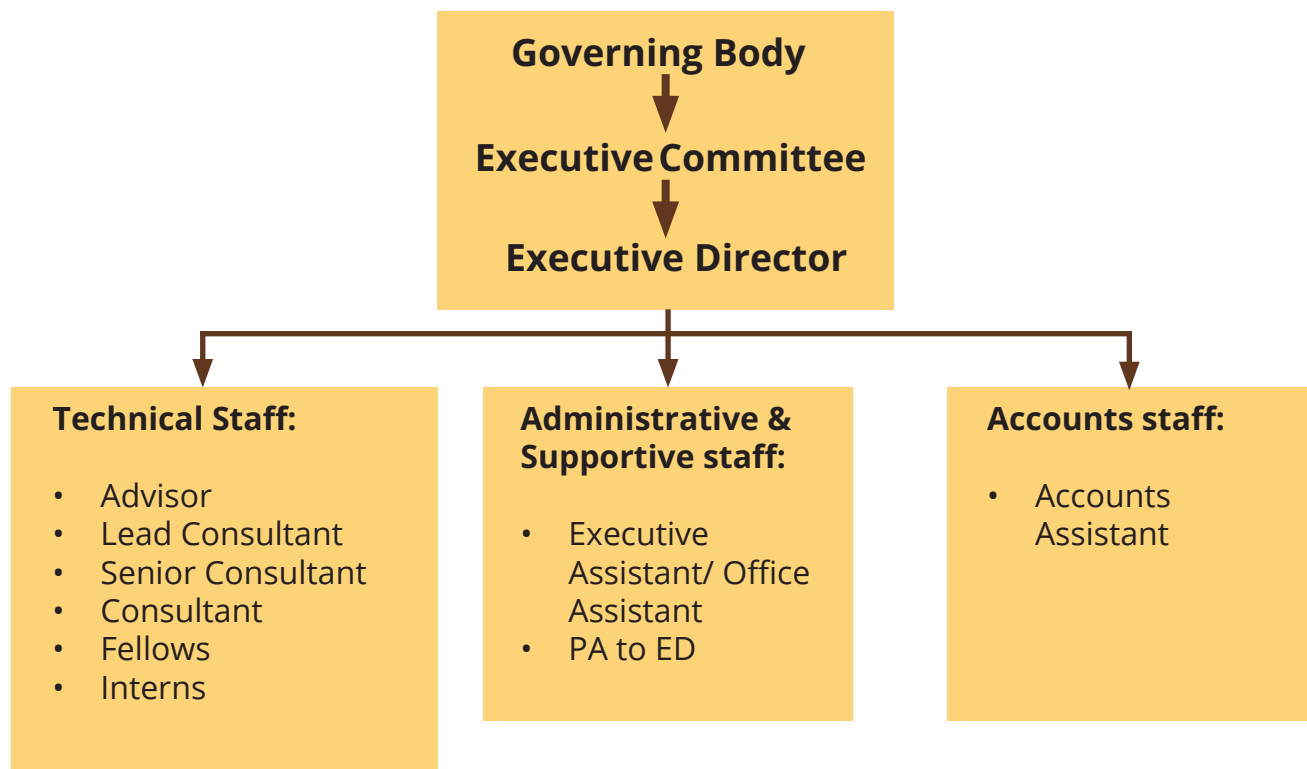


Figure 1 - Organogram showing Governance structure & Human Resources.



3. The technical staff of SHSRCs will be their strength and hence their qualifications, experience and expertise would be of immense importance for the SHSRCs to be able to position themselves as strong technical agencies to the States.
4. The technical staff essentially should be postgraduate in public health, health management, hospital administration or health administration. SHSRCs can hire Advisors, Lead/senior consultants, consultants, fellows & interns based on the practice areas like Community Processes, Comprehensive Primary Healthcare (CPHC), Quality and Patient Safety, Knowledge Management, Healthcare Technology, Human Resources for Health and Health Policy and Integrated Planning, Public Health Administration and Healthcare Financing.
5. SHSRCs can hire fellows for a period of one year and interns for a specified period based on their needs.
6. State Health Departments can also depute postgraduate students of community medicine at State Health Systems Resource Centre for a fixed period.
7. The Detailed TOR for various posts under SHSRCs is attached as Annexure-IV.



CHAPTER 3

FUNCTIONS OF SHSRC

The functioning of SHSRCs needs to be governed by their rules and regulations or defined bye-laws. These bye-laws should define the objectives, management, and meetings of the SHSRCs and can be amended and approved based on relevance by the Governing Body which is the highest authority.

An MoU may be signed between the respective SHSRCs and Health department to outline the broad scope of work for SHSRCs.

To achieve the above objectives, the society shall carry out the following functions:

1. To promote and support good governance in the health sector.
2. To support Programme implementation planning at State and District levels.
3. To support programme implementation through field level insights, identifying good practices from Health Systems Strengthening (HSS) domains spanning National Health Programmes under NHM.
4. To facilitate professional Human Resource Management in the Health & Family Welfare sector including Organisational Development and Behavior, Recruitment, Training, Performance Appraisal, Career Development, Succession Planning etc. of health sector personnel.
5. To Provide support for Capacity Development for achieving the health outcomes and objectives of government and non-government institutions and organisations at State, District and Sub-District levels.
6. Capacity building exercise to support skill building of human resources of health across National Health Programmes by building a network of State and District level trainers in the State.
7. To provide evidence-based insights on wider determinants of health outcomes for planning of the Health Sector at the State and District levels.
8. To develop frameworks for pro-poor innovations that reduce out of pocket expenditure and disease burden of poor households.
9. To facilitate partnerships between different stakeholders including the State and

local Governments.

10. To provide support for efficient implementation of National Health Mission at State, District and Sub District levels.
11. To develop a State-of-the-art monitoring and evaluation system based on the latest innovations and technology.
12. To facilitate and design systems for improving transparency, accountability, community participation and technological innovations in the Health & Family Welfare systems.
13. Supporting and undertaking health systems research including implementation research to ensure evidence generation as a regular activity for NHM programme evaluations and midcourse corrections if any.
14. To be the focal point for knowledge management, documentation and dissemination of knowledge and experiences as well as good practices in health systems at National and State level.
15. To provide policy advice to the State Governments including on matters specifically pertaining to the Health and Family Welfare sector.
16. To promote and undertake analytical work to continuously improve the planning, implementation, monitoring, and review of the health sector reforms.
17. To facilitate induction and development of new professional skills in the system including contracting and management of State consultants/ institutions to meet the needs of the sector.
18. To promote, facilitate and improve Programme Management at the State, District, Sub- District and Facility levels through adoption of IT based Management Information Systems and modern management practices in the areas of Personnel, Finance, and Materials (procurement and logistics).
19. To work in collaboration/partnerships with relevant stakeholders, public health organisations/institutions and medical colleges in the State to support State in research and capacity building activities.
20. To undertake any other function entrusted to it by the Governing Body or the Executive Committee.



CHAPTER 4

PRACTICE AREAS

The practice areas of SHSRCs should be closely aligned to NHSRC at the National level. However, it may vary based on the local context and State priorities as guided by the major health issues and challenges of the State.

The core aim of SHSRCs should be strengthening the health system of the State by providing effective technical assistance in planning and implementation, and policy prescriptions to the States.

The broad domain areas of work for all SHSRCs are shown in figure 2.



Figure 2 - Key Domain areas of Work for SHSRCs

These domain areas are broad encompassing the health systems and SHSRCs may identify the State specific health issues and challenges in their respective States to address the same.

SHSRCs are free to take up any other area of work and activities based on NHM priority and State requirements.

The priorities of SHSRCs should be to assist the State in achieving the National Health Policy 2017 goals and health related Sustainable Development Goals 2030. SHSRCs are expected to work in collaboration with respective divisions at NHSRC.

COMMUNITY PROCESSES

1. Supporting the ASHA programme and community-based platforms (VHSNC/MAS/JAS) in the State.
2. Development of the training modules and guidelines for the ASHAs/ASHA Facilitators.
3. Assessing their training needs and facilitate the capacity building of the Village Health Sanitation and Nutrition Committee (VHSNC), Mahila Arogya Samitis (MAS) and Jan Arogya Samitis (JAS).

COMPREHENSIVE PRIMARY HEALTHCARE (CPHC)

1. Support in operationalization of Ayushman Arogya Mandir (erstwhile HWCs), rollout of expanded package of services at Ayushman Arogya Mandir (AAM) in rural and urban areas.
2. Supporting the rollout/implementation of all packages of services within CPHC across AAM.
3. Streamlining the process of service delivery for expanded range of services and follow up care through upward & downward referrals.
4. Supportive supervision and assessment of functioning of Ayushman Arogya Mandir and quality accreditation of AAM.

CAPACITY DEVELOPMENT

1. Supporting the State government in building capacity through identifying skilled HR, assessing their training needs and skill development.
2. Designing the training courses and facilitating capacity building of the medical professionals such as Medical officers, nurses, and other allied health workers.



HEALTHCARE TECHNOLOGY & HEALTH IT SUPPORT

1. Supporting healthcare technology interventions through diagnostics and equipment management.
2. Supporting digital interventions in healthcare.
3. Health Information Systems Strengthening and maintenance support.
4. Undertake HMIS data gap analysis, improving quality of HMIS data.
5. Routine analysis of HMIS and other data sources and come up with action points for improving the programmatic outputs and outcomes.

RESEARCH

1. Evidence generation by undertaking research, studies and program evaluations.
2. Undertake field assessments, gap analysis, impact assessments of the healthcare programmes or interventions and identification of key priority areas or gaps or challenges and suggest possible solutions.
3. Conduct multi-centric research studies through collaboration between SHSRCs & NHSRC.

MONITORING AND EVALUATION

1. Critically analysing/evaluating the health care programmes and health insurance schemes.
2. Identifying gaps in implementation and suggesting changes for effective functioning.
3. Prepare monitoring checklist to review the performance of State and District nodal officers during the State review meetings.

HEALTHCARE FINANCING

1. SHSRCs can also draw up State Health Accounts for their respective States similar to what NHSRC does at the country level to draw up National Health Accounts.
2. Public Private Partnerships (PPP) contract managements and cost analysis & evaluating the cost effectiveness of the PPP models in their State.

QUALITY ASSURANCE

1. Supporting the State in implementing quality initiatives in health facilities like NQAS, Kayakalp, LaQshya, MusQan etc. and improving quality of health service delivery.



2. Provide technical support to facilities for implementing standard quality protocols.
3. Support in implementation of Indian Public Health Standards (IPHS), in all health facilities of the State.

PUBLIC HEALTH PLANNING AND PROGRAMME IMPLEMENTATION PLAN

1. Program implementation and management support.
2. Support for planning – PIP development at District and State levels.
3. Participate in the review meetings and programme committee meetings with the higher National and State level officials for finalizing the activities.

HUMAN RESOURCES IN HEALTH

1. Provide technical assistance for policy development in various dimensions of human resources for health.
2. Identify key gaps in human resources for health and undertake assessments of key gaps in human resources and suggest strategies for improvement.

GOVERNANCE

1. Identifying the key areas where policy level changes are required and support in making policies through evidence generation.

INNOVATIONS AND BEST PRACTICES

1. Identifying and supporting good practices and innovations and organising State level best practices and innovation workshops. Budget for this is available under PIP.
2. Undertake evaluation/ assessment of innovations and best practices as identified by State.

PARTNERSHIPS

1. Identify partners from the local institutions, NGOs, Civil Society Organisations for community-based monitoring of health programmes.



CHAPTER 5

FINANCING MECHANISM

1. In the National Health Mission framework, SHSRCs were envisaged to be set up with an annual corpus of One crore in large States and Fifty lakhs in smaller States/UTs for operationalizing new ideas and strengthening service delivery. Resources to be used for hiring resource persons and for field-based operational activities.
2. The revised financial allocations as per D.O. No. NHSRC/KMD/21-22/SHSRC/1006 dated 11th March 2022 is Rs. 2.50 crore per annum for bigger States and Rs. 1.00 Crore per annum for smaller States and UTs (NITI Aayog's/SRS Classification will be followed for categorisation of bigger & smaller States/UTs). (Annexure-V)
3. Funding to States shall be based on the approved PIP having the following Components: HR Cost & Other Operational Cost² (OOC) (Figure 3). SHSRCs may ensure that the HR cost of total approved budget is limited to within 60% of the overall budget of SHSRC. It may be lesser than 60%, based on State's need, but not to exceed ceiling of 60%. The remaining financial allocation is to be budgeted for technical support activities including research, and other operational costs for SHSRCs.
4. SHSRCs are mandated to carry out a range of activities like providing technical assistance, capacity building, undertaking research, monitoring, and evaluation.
5. SHSRCs will need to plan and propose the budget in the annual Programme Implementation Plan (PIP) of the State based on their need and planned activities. NHM PIP will be the single source of funding for SHSRCs.
6. The funds from the MoHFW shall be given to the State Health Society. SHSRC may open a bank account and the State Health Society shall transfer the approved budget for SHSRCs to their bank account.

² *Infrastructure repair, renovation & furniture, hiring vehicles for office and field visit travels, Organising Workshops & meetings, Website development and software subscriptions, Research studies including Health systems research & Implementation research, Office expenses including computers, Laptops, printers, stationery items, printing, electricity, and internet bills etc.*

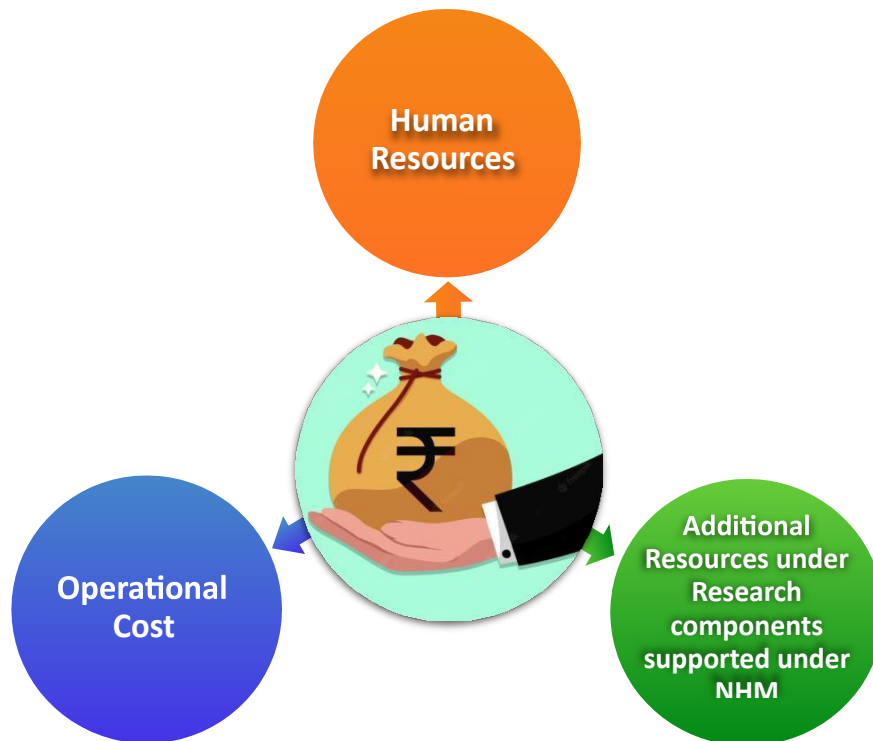


Figure 3 - Budget Components of SHSRCs

7. With the emerging challenges and health dynamics, the need for Health Systems Strengthening has emerged as a priority. Keeping this in view MoHFW has revised the financial allocations of the SHSRCs based on the recommendations of the Mission Steering Group (MSG) of NHM.
8. All existing SHSRCs can propose their budget in annual PIP as per these revised norms to adequately finance their activities.
9. Other States and UTs which may opt to establish SHSRCs in their State may also propose the budget according to the revised financial allocations. A proposal in this regard may be submitted in the annual PIP to MoHFW for appraisal and approval.
10. Budget for research studies can also be proposed under the program specific FMRs and Serial numbers under the budget head, Surveillance, Research, Review, and Evaluation (SRRE) in consultation with the concerned State programme division and officer.
11. Besides this SHSRCs can also plan research activities in collaboration and mobilise resources from other alternate sources wherever applicable. Being associated with policy making bodies in the State, operational cost of SHSRCs cannot be funded by any non-government organisation. In addition, for such additional resources, a formal approval may be sought from the appropriate authority.



CHAPTER 6

TRAINING AND CAPACITY BUILDING

As the resource centre functions with both technical and operational roles, capacity building measures are suggested to support the SHSRCs in generating and integrating knowledge which can then be used to inform decision-makers to help improve programmatic outcomes and sharing accountability in the successful implementation of National Health Programmes.

MAPPING THE CURRENT CAPACITY

Given the diversity and contextual differences between the States in India; and the SHSRCs currently functioning, reviving, or being established in various capacities, it is of prime importance to design a capacity-building framework conducive to State-specific needs.

Needs and context determine the capacity building strategies to be adopted and sustained for the SHSRCs, as the organisation is driven by defined deliverables and outcomes. The measures and expected outcomes need to be in alignment with their respective MoU and the key deliverables envisioned for each unit/work division within the organisation.

Long-term capacity building measures need to focus on supply-driven activities, whereas ad hoc measures would facilitate demand-driven activities.

SUGGESTED STRATEGIES FOR CAPACITY BUILDING

SHSRCs can plan their capacity building through human resource development, organisational development, and institutional framework development. It includes building technical capacities of SHSRCs across all health system domains such as Community Processes, HRH, Healthcare Technology, Quality and Patient Safety, Service Delivery, Health Information Systems etc. as well as the functional capacities which are relatively common across these domains, including planning, policy formulation, budgeting, strategy formulation and communications.

PROCESS OF CAPACITY BUILDING

Needs Assessment: Capacity gaps are identified by first defining the essential capacities at different levels for achievement of policy or organisational or programme goals and objectives.

Strategies and actions in capacity building are tailor-made for each situation on the basis of identification of capacity gaps. SHSRCs in its capacity as a technical support agency to State NHM would actively engage in need assessment activities to identify gaps which requires improvement.

Research - Capacity strengthening of State and District Program Managers/ Nodal Officers in conducting research activities relevant to National and State Health Priorities. It is also suggested to establish an ethics committee to review all research activities.

The following is a suggestive list of research domains for focused capacity building :

1. Health Systems Strengthening and policy
2. Health financing and economics
3. Epidemiology
4. Behavioural sciences and community participation
5. Social determinants of health and intersectionality
6. Health Technology
7. Research Ethics
8. Health Systems Research
9. Implementation Research



ROLE OF NHSRC IN SUPPORTING SHSRCs

National Health Systems Resource Centre will provide support to SHSRCs in the following areas:

1. Knowledge and resource hub- To facilitate access to knowledge resources and their mobilisation and management. NHSRC would also provide support in streamlining knowledge into decision-making processes.
2. Capacity development support through periodic meetings, workshops, and conferences.
3. Advocacy- To provide guidance and support the endeavours of SHSRCs at both National and State levels.
4. Facilitating communication between technical units and the State.
5. Support in organisational and institutional framework development in consultation with stakeholders at State level including Public Health and Academic Institutions.
6. Exposure visits or regional exchange visits- to facilitate cross-learning between the SHSRCs and share best practices.
7. To support in organizing, documenting, and disseminating activities undertaken by SHSRCs.

ANNEXURE - I



National Health Systems Resource Centre

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



Maj Gen (Prof) Atul Kotwal, SM, VSM
Executive Director

8th March, 2022

Dear *Ms. Sumit*,

Greetings from NHSRC!!

I extend my gratitude to all the State Health Systems Resource Centres (SHSRCs) for active participation and contribution in the “Quarterly Review Meeting” held virtually on 25th February 2022. SHSRCs play an important role in providing technical support to state and strengthening the health systems, thus acting as a catalyst in the continuous process of evolving and adapting to changing health needs.

Currently, SHSRCs are reported in fifteen states, with twelve as fully functional, two being revived and one being set up in the current financial year. In addition, two more states i.e. Andhra Pradesh and Meghalaya have now proposed SHSRC in ongoing PIPs; which signifies the contribution being made by SHSRC as a technical support unit and ‘think tank’ in respective states.

To ensure a uniform mechanism at state and national level, SHSRCs roles and mandate are to be in alignment with NHSRC. Referring to the NHSRC’s Bylaws (Annexure-1), SHSRC when functioning as an autonomous body is mandated to constitute a Governing Body for which ED-NHSRC is to be nominated as an Ex-officio member. SHSRCs when functioning under state may also revisit and revise their organizational structure to function autonomously and constitute Governing Body with similar norms. Till then, the existing committees i.e., Steering Committee or equivalent nomenclature may be reconstituted and ED-NHSRC may be added as an Ex-officio member. This will further enhance the collaboration between NHSRC and SHSRCs.

A status and action taken may please be shared with the undersigned.

For any clarifications/queries in this regard, you may contact following KMD team members-

- Dr Neha Dumka, Lead Consultant, KMD at Neha.Dumka@Nhsrcindia.org
- Dr Vineeta Sharma, Consultant, KMD at Vineeta.sharma@Nhsrcindia.org

Warm Regards

Sincerely,

Atul Kotwal
(Maj Gen (Prof) Atul Kotwal)



ANNEXURE - II

COMPOSITION OF GOVERNING BODY:

S. No.	Designation	Status in Governing Body
1.	ACS/Principal Secretary/Secretary, Health & Family Welfare	Chairperson
2.	Principal Secretary/Secretary, Health&FW (in case of separate secretaries in the States)	Member
3.	Executive Director, SHSRC	Member Secretary
4.	Executive Director, NHSRC/ NHSRC Representative nominated by ED-NHSRC	Member
5.	Commissioner/Mission Director, NHM/ Officer Designated as Mission Director	Member
6.	Director Health Services	Member
7.	Regional Directors, Health	Member
8.	DHS, Director AYUSH	Member
9.	Nominated non-official members: Four to six members (Public Health Professionals, NGO representatives/ representatives of Medical Associations)	Members



ANNEXURE - III

COMPOSITION OF EXECUTIVE COMMITTEE:

S. No.	Designation	Status in Executive Committee
1.	Commissioner Health	Chairperson
2.	Mission Director, NHM/ Officer Designated as Mission Director	Co-Chair
3.	Executive Director, SHSRC	Member Secretary
4.	Technical officers from NHM	Member
5.	Regional Directors, Health	Member
6.	Nominated non-official members: Four members (Public Health Professionals, NGO representatives/ representatives of Medical Associations)	Members



ANNEXURE - IV TERMS OF REFERENCES (SUGGESTIVE)

Designation	Roles and Responsibilities
Executive Director	<ul style="list-style-type: none"> • Overall role in supervision and guidance of SHSRC's technical and administrative functions and assume leadership role. • Facilitate preparation and appraisal of District and State health plans to reflect State and NHM priorities. • Regularly organising and facilitating Governing Body and Executive Committee meetings. • Lead SHSRC team to assist State in building capacities for technical assistance and decentralized programme management in public health. • Identify emerging challenges in health systems across various State contexts and develop strategies to address them. • Lead the SHSRC team in undertaking epidemiological and health systems research, coordinate, and design evaluation studies. • Lead the SHSRC team in undertaking rapid reviews and assessments to identify bottlenecks at District and sub District levels, identify cross Districts challenges and suggest solutions. • Lead the SHSRC team to identify best practices across State, and support in analyzing, documenting, and scaling up. • Lead the SHSRC team to work closely with programme and policy divisions in State Health Department to provide field-based evidence and implementation support. • Serve as the nodal for Health in all Policies related initiatives, best practices & innovations. • Mobilize technical assistance inputs for the State and District administration, including preparation of Terms of Reference, inviting proposals/applications, and facilitating recruitment/selection etc. • Assist in anticipating, planning strategies and engineering health sector reforms at State level. • Lead SHSRC team to undertake such other assignments, which may be assigned by from time to time by the State MD-NHM.
Educational Qualification	<ul style="list-style-type: none"> • MBBS with Post Graduate Medical or Public Health Qualification or MBA from an institution of repute with specialization in Health Management / Public Health Management / Master's in social & other Sciences / Public Policy / Public Administration with a minimum of 20-25 years of post-qualification work experience of which at least 10 years is in the areas of Public Health or Health Systems Strengthening, in a leadership position.



Designation	Roles and Responsibilities
Advisors	<ul style="list-style-type: none"> • Guide the SHSRC team to undertake situational analysis of key components of health sector and various health programmes at District and subdistrict level and contribute evidence to policy making. • Lead the preparation of policy proposals for organisational capacity building and reform, at the District and Sub-District levels, institutionalization of integrated planning and management, strengthening and streamlining of financial management systems, strengthening and streamlining of procurement and logistics, standardization of norms (services, staffing and infrastructure) at the primary and secondary levels. • Enable relevant policy and programme modifications based on field experience and learning and use of secondary data including an understanding of global thinking in these areas. • Work closely with ED, SHSRC to ensure that National programme priorities are included into State PIPs and followed up for implementation. • Lead the task of guideline development and support team to build capacity of State and District teams to navigate and use guidelines including adaptation as appropriate. • Lead the provision of technical support to the Districts required for the development, implementation, and monitoring of National Health Programmes. • Support research activities including secondary analysis on key programme components to improve programme implementation. • Undertake analysis of survey and programmatic data to identify trends in key primary and secondary health care outcomes and enable appropriate policy and programmatic modifications. • Build partnerships with research, academia and civil society agencies to undertake capacity building, research and advocacy for Health Systems Strengthening. • Support in building capacities of Districts in contextualising and implementing the guidelines/ policies developed. • Review and scale up initiatives and innovations to improve health sector preparedness and resilience. • Undertake other tasks which may be assigned from time to time by the Executive Director.
Educational Qualification/ Relevant Experience	<ul style="list-style-type: none"> • Post Graduate or higher qualification in Medicine and Public Health. • Minimum 15 years of post-qualification work experience in leading large scale programmes in the field of Public Health.



Designation	Roles and Responsibilities
Lead Consultant	<ul style="list-style-type: none"> • Manages overall operational and administrative aspects of the organisation. • Provide Leadership to the entire division's team and supports the Sr. Consultants & Consultants in their day-to day work activities. • Technical assistance for decentralized planning & strengthening health systems in the poor performing Districts. • Develop and update guidelines, TORs, templates, formats along with guidance document to State and Districts. • Prepare and organize quarterly review meetings, and workshops as and when required. Support in Situational Analysis on various aspects of the Health Sector and plan research proposals, rapid assessments & evaluation studies. • Facilitate development and implementation of the project and proposals/strategies derived from the situational analysis. • Review of reports based on agreed targets and progress made along with monthly dashboard related to Project indicators and share with State Health Department on a regular basis. • Building capacities at District and State level for making health plans and for review & improving the plans, using both epidemiological and HMIS inputs. • Ensure consolidation and dissemination of approved annual work plans along with budget to implementing entities and prepare quarterly progress report based on results framework. • Undertake periodic field visits to Districts to review programme implementation in the Districts and identify implementation challenges and support State in charting appropriate solutions. • Mobilizing technical assistance inputs for the State and District administration, including preparation of Terms of Reference (ToR), inviting proposals, applications etc. • Identify best practices and innovations within State and Districts and provide support in documenting and scaling up. • Undertake any other activities / tasks as assigned by the Executive Director or supervisors.
Educational Qualification/ Relevant Experience	<ul style="list-style-type: none"> • Medical/Dental/Health Science Graduate with Post Graduate qualification in Community Medicine/Public Health/Health Care Management. • At least 10 years of post-qualification experience out of which minimum 5 (Five) years relevant experience in the field of Health Systems Strengthening along with familiarity with relevant Government policies, strategies, functioning of National Health Mission and / or State Health & Family Welfare Societies' activities, experience in implementing and supporting health care programmes, working in the public health system in a leadership position and research would be desirable.



Designation	Roles and Responsibilities
Senior Consultant	<ul style="list-style-type: none"> • Understand the functional and technical requirements from the departments for implementation of programme and preparation of quality and standard concept document, design documents, process flow document, implementation framework, guidelines, protocol, and user manuals towards the requirements. • Responsible for technically assessing proposals which are to be submitted in the Programme Implementation Plan (PIP). • Contribute in writing programme specific operational guidelines; technical and policy briefs, training material, reports, case studies, monitoring checklists/protocols etc. • Undertake periodic field visits to Districts to review programme implementation, identify implementation challenges and support Districts in charting appropriate solutions or enable linkages with appropriate institutions at State level. • Provide technical inputs on thematic areas of Health Systems Strengthening. • Undertake analytical documentation of field review visits to inform improvements in implementation. • Identify best practices and innovations within State & Districts and support State to evaluate and develop these innovations and upload them on innovation portal for dissemination to other States/Districts. • Provide technical assistance for decentralized planning & strengthening health systems in the poor performing Districts. • Building capacities at District and State level for making health plans and for reviewing & improving the plans, using both epidemiological and HMIS inputs. • Analyse data from various sources as and when required for the NHM activities in the State - help develop tools to analyse various other databases such as HR, Finance, infrastructure etc. and generate evidence for informing policy and program implementation. • Assist in development of program monitoring protocols for various programs. • Develop monitoring tools for District planning. • Support processes of training and capacity building at State and District level on data analysis and on development & maintenance of HMIS. • Undertake other assignments, which may be assigned from time to time by the Reporting Authority.
Educational Qualification/ Relevant Experience	<ul style="list-style-type: none"> • A Medical Graduate (MBBS), Dental Graduate (BDS), AYUSH Graduate and B.Sc Nursing with Post Graduate Degree / Diploma in Preventive and Social Medicine, Public Health, Community Health or Community Nursing.



Designation	Roles and Responsibilities
Educational Qualification/ Relevant Experience	<ul style="list-style-type: none"> • At least 5-7 years of post-qualification work experience in Health Systems Strengthening, program planning or implementation. • Demonstrated experience in planning and strategy development with policy and / or demonstrated experience in operationalizing health programme at field level / working in strengthening District level health systems.
Consultant/ Junior Consultant	<ul style="list-style-type: none"> • To provide technical support for planning and implementation of the Programme in the State. • Support the team in the preparation of technical documents, including reviews on Health Systems interventions and social determinants of health, including policy briefs and reports. • Provide technical assistance to undertake research activities. • Support the State in designing and planning research proposals to strengthen health systems. • Support the reporting authority/ Division head in undertaking the process of identifying and partnering with selected institutions to undertake implementation research. • Ensure timely review of the projects to provide an update to the reporting authority/ Division head on a monthly basis. • Responsible for regular review of the projects with the partner institutions and provide inputs as required for revision and submission of reports. • Support in activities pertaining to data collection, collation, analysis, and report writing. • Undertake periodic field visits to Districts to review programme implementation, identify implementation challenges at State, District, and sub-District level. • Undertake analytical documentation of field review visits to provide feedback to the State and Districts. • Identify best practices and innovations within State and Districts and support in documentation. • Undertake review of literature and keep the team up to date on current trends in Health Systems Strengthening. • Provide periodic synopsis of progress in State using data and field findings as a means of technical support and programme oversight. Undertake other assignments, which may be assigned from time to time by the Reporting Authority/ Division head.
Educational Qualification/ Relevant Experience	<p>For Consultant</p> <ul style="list-style-type: none"> • A Medical Graduate (MBBS), Dental Graduate (BDS), AYUSH Graduate and B.Sc Nursing with Post Graduate Degree / Diploma in Preventive and Social Medicine, Public Health, Community Health or Community Nursing.



Designation	Roles and Responsibilities
Educational Qualification/ Relevant Experience	<ul style="list-style-type: none"> • A minimum of 2 (Two) years post qualification experience is essential for Medical Graduates (MBBS) and a minimum of 3 (Three) years post qualification experience is essential for non – MBBS (BDS, AYUSH & B.Sc Nursing) graduates in Public Health or in Planning and Implementation of service delivery. • Demonstrated experience in planning and strategy development with policy and / or demonstrated experience in operationalizing health programme at field level / working in strengthening District level health systems. <p>For Junior Consultant</p> <ul style="list-style-type: none"> • A Medical Graduate (MBBS), Dental Graduate (BDS), AYUSH Graduate and B.Sc Nursing with Post Graduate Degree / Diploma in Preventive and Social Medicine, Public Health, Community Health or Community Nursing. • A minimum of one year of post qualification work experience in Public Health or in Planning and Implementation of service delivery.
Fellow/Intern	<ul style="list-style-type: none"> • Support the SHSRC team in providing technical support in Health Systems Strengthening. • Assist SHSRC team in building capacity for use of information at District and sub-District levels as well as at State level. • Facilitating planning, organizing and conduct of capacity building of various officials at State, District, and sub-District level. • Provide assistance in conducting capacity building workshops and trainings of senior and mid-level programme managers of State and District. • Ensuring review of tools and registers, rationalization of data elements to align them with State and National level data requirements. • Undertake review of literature and keep the team up to date on current trends in Health Systems Strengthening. • Assist in activities pertaining to data collection, collation, analysis, and report writing. • Assist in undertaking field visits to Districts to review programme implementation, identify implementation challenges at State, District, and sub-District level. • Facilitate technical assistance in area of health informatics. • Other work as may be assigned by division head/team leader/ Executive Director.



Designation	Roles and Responsibilities
Educational Qualification	<ul style="list-style-type: none"> • A Medical Graduate (MBBS), Dental Graduate (BDS), AYUSH Graduate and B.Sc Nursing with Post Graduate Degree / Diploma in Preventive and Social Medicine, Public Health, Community Health or Community Nursing. • A minimum of zero to one year of post qualification work experience in Public Health or in Planning and Implementation of service delivery. • For Interns: Currently Pursuing Post graduate course in Public Health, Health Management and Hospital Administration.

Note: The ToRs are indicative and SHSRCs may modify as per their context.



ANNEXURE - V



विकास शील, भा.प्र.से.
Vikas Sheel, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D.O. No. NHSRC/KMD/21-22/SHSRC/1006
Dated the: 11TH March, 2022

Dear colleague,

As you are aware, the State Health Systems Resource Centre (SHSRC) is set up at the State level as an apex body for providing technical support to the National Health Mission. It undertakes implementation research, programme evaluation, support the development of health systems, expand knowledge and professional network and foster partnerships with development agencies. SHSRC serves as a "think tank" to bring new ideas, innovations, and good practices in health sector.

2. SHSRC is actively supporting the roll out of PM Ayushman Bharat – Health and Wellness Centres in both rural and urban areas and is involved in evidence generation on rising non-communicable disease burden while continuing their crucial work on existing challenges related to quality-of-care issues.

3. In view of the critical functions of SHSRC, adequate financial resources, human resources and administrative support are essential components for its effective functioning. It is observed that current financial allocation to SHSRC is insufficient to support their deliverables given the expanded scope of work.

4. Based on the recommendation made in 8th meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 19th December 2019, financial allocation to existing 12 SHSRCs has been revised with the approval of the competent authority. Revised financial allocation to SHSRCs through State specific Programme Implementation Plans is Rs.2.50 Crore per annum for bigger States and Rs.1.00 Crore per annum for the smaller States/UTs. For other States/UTs which may opt for establishment of SHSRCs in future, revised budget norms will be followed.

Warm regards

Yours sincerely,

(Vikas Sheel)

To,

Additional Chief Secretary/Principal Secretary/Secretary (Health) of all the States/UTs

Copy to:

- 1) Mission Director, NHM of all States/UTs
- 2) Sr. PPS to Secretary (Health & Family Welfare), GoI, MoHFW
- 3) SrPPS to Joint Secretary (Policy), GoI, MoHFW
- 4) ED, NHSRC
- 5) Director (NHM I/II/III/IV), MoHFW

स्वच्छ भारत - स्वस्थ भारत

Tele : 011-2306 3693, Telefax : 011-2306 3687, E-mail : sheelV@ias.nic.in











**NATIONAL HEALTH SYSTEMS RESOURCE CENTRE
MINISTRY OF HEALTH AND FAMILY WELFARE,
GOVERNMENT OF INDIA**

