



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय
MINISTRY OF
**HEALTH AND
FAMILY WELFARE**
सत्यमेव जयते



REPORT ON **REGIONAL WORKSHOPS**

2024

REPORT ON REGIONAL WORKSHOPS

2024



जगत प्रकाश नड्डा
JAGAT PRAKASH NADDA



सत्यमेव जयते



Foreword

मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार
Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India

It is with great pleasure and a sense of pride that the Ministry of Health & Family Welfare presents this compendium of the four regional workshops held in Meghalaya, Jammu & Kashmir, Andhra Pradesh, and Rajasthan. These workshops have been instrumental in fostering dialogue, sharing best practices, and strengthening the implementation of Comprehensive Primary Health Care (CPHC) across the country.

Healthcare is the cornerstone of a progressive nation, and the relentless efforts of our states and Union Territories continue to drive impactful reforms in service delivery, infrastructure, quality of care, and human resource capacity. Through these workshops, the state representatives, health officials, and experts deliberated on critical areas such as expanding the range of services at Ayushman Arogya Mandirs, integrating PMJAY linkages for continuum of care, strengthening drug and diagnostic supply chains, and leveraging digital tools for efficient healthcare management.

This report captures the key insights, challenges, field visit observations, and innovations discussed during the workshops. It highlights the progress made and the opportunities ahead, including the strengthening of the rollout of newer packages and achieving NQAS certification for all the 1.76 lakh Ayushman Arogya Mandirs and secondary healthcare facilities. The commitment of all stakeholders toward achieving these goals reaffirms our vision of a robust, accessible, and patient-centred healthcare system.

I extend my appreciation to all the key policy makers, state governments, healthcare providers, and program implementers who contributed to these workshops. Your dedication, expertise, and commitment to public health are invaluable. I am confident that the lessons and strategies documented here will inspire further advancements and help shape the future of healthcare in India.

I trust this report serves as a catalyst for transformative action, igniting new ideas and strengthening our collective resolve to push the boundaries of what is possible in healthcare. Together, let us build a stronger, more resilient health system, where the lessons and best practices from our states inspire innovation, drive progress, and bring us closer to achieving 'Health for All'.


(Jagat Prakash Nadra)



प्रतापराव जाधव
PRATAPRAO JADHAV



सत्यमेव जयते



राज्य मंत्री (स्वतंत्र प्रभार)
आयुष मंत्रालय
व
राज्य मंत्री
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार
MINISTER OF STATE
(INDEPENDENT CHARGE) OF
MINISTRY OF AYUSH AND
MINISTER OF STATE OF
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA

Foreword

The National Health Policy of 2017 articulated a clear vision for the achievement of Universal Health Coverage, emphasising a transition from selective primary care to comprehensive, assured care, with robust linkages with referral hospitals.

The universal health coverage calls for seamless coordination between primary, secondary and tertiary health systems to ensure continuum of care and address the needs of the most marginalised groups.

These four regional national health mission workshops held in Shillong, Srinagar, Vijayawada and Jodhpur explored strategies to improve the quality and assurance of healthcare delivery through both the Ayushman Arogya Mandirs and the secondary healthcare facilities with linkages to tertiary healthcare when required. The report of these regional workshops is intended to assist states and districts in translating the policy intent into effective practice.

The state-specific models presented during the workshops reflect the diverse approaches tailored to local needs, while reinforcing a collective commitment to Universal Health Coverage. The discussions during the workshops focused on key areas such as the expansion of service delivery, quality and patient safety, capacity building of human resources, and the strengthening of infrastructure, supplies, and logistics. The deliberations in these workshops have provided valuable insights into addressing these health system building blocks and scaling best practices across states.

This comprehensive report will further bolster each state's resolve to meet the targets outlined in the National Health Policy of 2017, as well as the Sustainable Development Goals. I firmly believe that it will also inspire state and district teams to approach the ambitious objectives of the National Health Policy with renewed vigour and commitment.

I am confident that the shared learnings and the spirit of collaboration demonstrated in these workshops will further accelerate our progress towards accessible, affordable, and quality healthcare for all and realising the dream of healthy and prosperous Bharat.



अनुप्रिया पटेल
ANUPRIYA PATEL



राज्य मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार

MINISTER OF STATE
HEALTH & FAMILY WELFARE
AND CHEMICALS & FERTILIZERS
GOVERNMENT OF INDIA

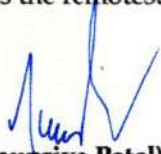
Message



The Ease of Living framework assesses the well-being of citizens and aims to improve liveability. It focuses on three pillars: quality of life, economic ability, and sustainability. To enhance the ease of living index, the health sector plays a crucial role in improving access, affordability, and quality of healthcare services. India stands at the threshold of transformation, with health being a pivotal pillar in its journey toward becoming a 'Viksit Bharat by 2047'. Health is not just a reflection of development; it is the foundation, driving community well-being, economic productivity, and social progress. As our Hon'ble Prime Minister has aptly said, "Healthy India is the foundation for a Developed India."

The Ministry of Health & Family Welfare is driving towards a 'Healthy India' by 2047, aligning with the vision of a Developed India. Guided by the Antyodaya principles, we are committed to Universal Health Coverage, ensuring no one is left behind. The four regional workshops held in Meghalaya, Jammu & Kashmir, Andhra Pradesh, and Rajasthan, engaging all States and UTs, have yielded a comprehensive report that details discussions on infrastructure, human resources, drugs & diagnosis, technology, and financing, along with identification of good practices at various levels spanning Ayushman Arogya Mandirs to district hospitals. The report serves as a vital roadmap for strengthening healthcare services nationwide.

I extend my sincere congratulations to the dedicated teams at the Ministry of Health & Family Welfare, State Governments, and the NHSRC for their diligent work in producing this comprehensive report. This document is not merely a collection of observations, but a vital tool for transformative action. I strongly urge all States and Union Territories to actively utilize the report's insights to strengthen their health systems. By implementing the recommendations, we can ensure that quality healthcare reaches the remotest corners and underserved communities, truly benefiting those at the last mile.


(Anupriya Patel)

February 25, 2025
New Delhi



पुण्य सलिला श्रीवास्तव, भा.प्र.से.
सचिव

PUNYA SALILA SRIVASTAVA, IAS
Secretary



सत्यमेव जयते



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

The National Health Mission (NHM) has been instrumental in strengthening India's healthcare system by ensuring accessible, affordable, and quality healthcare services for all. In alignment with the goals of the National Health Policy 2017 and Sustainable Development Goals (SDGs), the Government of India has undertaken several reforms to enhance access, improve quality, and reduce financial hardship in healthcare delivery.

To further this mission, regional workshops were organized in Meghalaya, Srinagar, Vijayawada and Jodhpur to facilitate discussions on the implementation of NHM programs. These workshops served as a vital platform for cross-learning, knowledge sharing, and collaborative problem-solving, bringing together health officials, policymakers, and other key stakeholders. The discussions focused on strengthening Comprehensive Primary Health Care (CPHC), improving human resources for health, ensuring quality and patient safety, and leveraging digital health interventions under Ayushman Bharat. The diversity of experiences and perspectives shared during these sessions has enriched our collective understanding of the evolving needs of the healthcare system.

A key objective of these workshops was to assess implementation challenges and identify enablers for accelerating progress towards NHM targets. The interactive sessions highlighted the importance of evidence-based strategies, governance frameworks, and community-driven approaches to improve healthcare delivery. The sessions also underscored the significance of expanding Ayushman Aarogya Mandirs (AAMs), enhancing free drugs and diagnostics services, and streamlining health system processes to ensure better outcomes at all levels.

The insights gathered from these deliberations will inform future policy decisions and programmatic refinements, enabling states to adopt tailored solutions for healthcare strengthening. The Government of India remains committed to working closely with States to address implementation gaps and support innovations that enhance service delivery efficiency and equity.

I appreciate the contribution of all participants who actively engaged in these workshops and made it a success. Their dedication to improve public healthcare is commendable, and I am confident that the learnings from these workshops will drive meaningful progress towards achieving universal health coverage and better health outcomes for all.

Date : 25.02.2025
Place : New Delhi

Punya Salila
(Punya Salila Srivastava)

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



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FOREWORD

The National Health Mission (NHM) has been at the forefront of India's efforts to strengthen healthcare delivery, ensuring equitable access to quality services across states and union territories. A crucial part of this ongoing effort is fostering collaboration and shared learning, which was the central objective of the regional workshops conducted in Meghalaya, Srinagar, Vijayawada, and Jodhpur. These workshops served as pivotal forums for states and union territories to review the progress of NHM programmes, share best practices, and deliberate on challenges and solutions to further enhance healthcare delivery.

Each regional workshop brought together key stakeholders who engaged in discussions structured around critical themes such as Comprehensive Primary Health Care, Quality & Patient Safety, Human Resources for Health, Free Drugs & Diagnostics, Infrastructural Reforms, and Digital Health Interventions. The deliberations generated key insights on strengthening comprehensive primary healthcare services through Ayushman Arogya Mandirs, developing skilled and motivated human resources, enhancing access to essential drugs and diagnostics and streamlining digital portals to facilitate service delivery. A strong emphasis was also placed on ensuring adherence to Indian Public Health Standards and improving the quality certification of healthcare facilities under the National Quality Assurance Standards. The field visits to health facilities were a highlight of the workshop and provided valuable first-hand perspectives into the implementation of NHM programmes. The observations and discussions from these visits paved the way for actionable recommendations that will guide states and union territories in addressing challenges. The visits also emphasised the importance of community engagement and cross-sectoral collaborations to make meaningful improvements in service delivery.

As we move towards a resilient, responsive, and people-centric healthcare system in India, these deliberations will serve as a cornerstone for policy-making and programmatic interventions. The key takeaways highlighted in this report will facilitate the scaling up of innovative practices and translating the discussions into tangible improvements on the ground. I extend my heartfelt gratitude to representatives from all States/UTs and other key stakeholders who contributed their experiences and expertise to these workshops. Our shared commitment to strengthening healthcare systems will undoubtedly drive progress toward universal health coverage and a healthier future for all.

Dated: the Feb, 2025


(Aradhana Patnaik)



सौरभ जैन, भा.प्र.से.
संयुक्त सचिव

SAURABH JAIN, IAS
JOINT SECRETARY



सत्यमेव जयते

भारत सरकार
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Government of India
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Foreword

MoHFW in pursuit of achieving excellence in healthcare service delivery reached out to the States/UTs by organising four regional level workshops with the objective to highlight the focus areas of intervention leading to improved health outcome. The workshop also provided a platform for sharing the best practices adopted by the States/UTs and devise action plans to strengthen the existing health system interventions.

In this regard, the key focus areas were to strengthen the quality of service delivery and roll out the 12 CP-CPHC packages effectively at the Ayushman Aarogya Mandirs - Sub Health Centres and Primary Healthcare Centres. Availability of drugs & diagnostics, achieving NQAS certification, availability of human resource as per IPHS, community participation, strengthening supply chain management were few of the thrust areas discussed during the workshops.

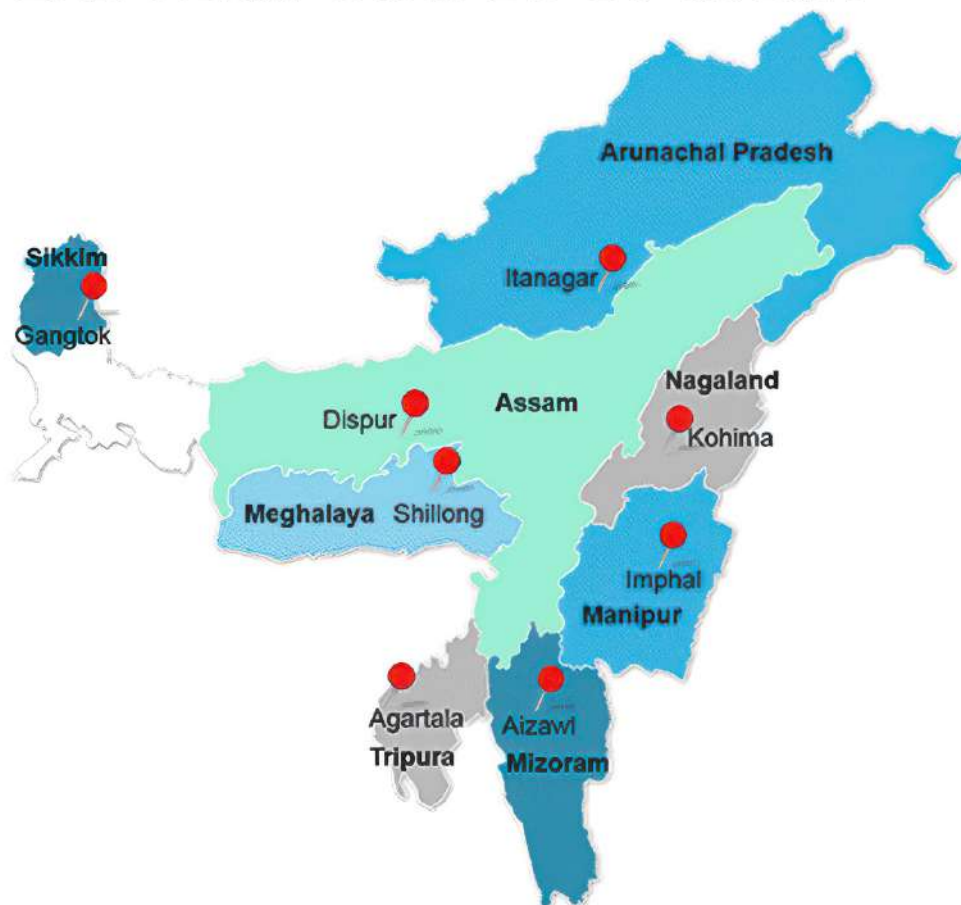
Field visits by the workshop participants to various health facilities to understand the programme implementation challenges and brain storming sessions was helpful to consolidate the learnings and identify gaps and chalk out the strategy for way forward. Technical sessions by the experts and sharing of state best practices helped in cross-learning and would eventually lead to improved health outcome and strengthening of the programme implementation by the States/UTs.

The compiled report for all four regional workshops would be very useful for States/ UTs to get a ready reference for enhanced cross learning and knowledge sharing.

I congratulate the teams for their active participation and look forward to enhanced service delivery, utilizing these learnings.


(Saurabh Jain)

NORTH EASTERN STATES OF INDIA



1st REGIONAL WORKSHOP NORTH EASTERN REGION

3rd May 2024 – 4th May 2024
Venue: Shillong, Meghalaya

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First Regional Workshop - North Eastern Region

Overview

Ministry of Health & Family Welfare, Government of India, in collaboration with the Department of Health & Family Welfare, Government of Meghalaya organized a two-day regional Workshop for North-Eastern Region on 3rd and 4th May 2024 under the chairmanship of Shri Apurva Chandra, Secretary (H&FW), Government of India.

Objective of the workshop

To understand the challenges in implementation of various national health programmes under NHM and further support the participating States to devise action plan to strengthen existing interventions. Additionally, the workshop also aim to explore the best practices for cross learning and recommend a way forward, especially under the following key priority areas:

- Service Delivery in CPHC: Expanded range of services with an integrative approach, Continuum of care with PMJAY linkages, Wellness & health promotion, Quality of drugs and diagnostics.
- Quality & Patient Safety across healthcare facilities
- Human Resources for Health: Availability & capacity building, Community participation
- Infrastructure, Supplies & Logistics: Including CCB/IPHL/BPHU & Information Technology

The meeting was attended by representatives from eight North Eastern states: Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura. Participants included Principal Secretaries (Health), MDs of NHM, and State Nodal Officers for Community Processes (CP), Comprehensive Primary Health Care (CPHC), Quality, and other divisions.

Day 1 (3rd May 2024)

Shri Sampath Kumar, Principal Secretary, Government of Meghalaya, welcomed all the dignitaries from MoHFW, team of NHSRC and distinguished guests from all the participating States.





Ms. Aradhana Patnaik, AS&MD, Ministry of Health & Family Welfare, Government of India, welcomed the participants and highlighted significant strides under NHM over the last decade, including improvements in healthcare infrastructure, accessibility to essential drugs, diagnostics, and service delivery, closer to communities. She identified areas for further enhancement, such as compliance with IPHS standards, adherence to the Essential Medicines List (EML), and strengthening the Drugs and

Vaccine Distribution Management System (DVDMS). Future opportunities included NQAS certification of Ayushman Arogya Mandirs, training on the ODK toolkit, expanded healthcare packages, and strengthening mental health services like Telemanas

Shri Apurva Chandra, Secretary (H&FW), Government of India, highlighted the unique healthcare challenges in the North-East, including scattered populations and remote villages, during his address. He commended the health workforce for their efforts and assured continued government support. Drawing inspiration from Malkangiri, Odisha, he suggested replicating its successful practices in the North-East. He proposed quarterly NHM meetings for improved coordination and follow-ups with states. Notable initiatives included an increased NHM budget from ₹32,000 crore to ₹40,000 crore, the importance of telemedicine, the U-Win app for streamlined data collection, and strengthened chronic disease care in partnership with the National Health Authority.



Technical sessions by Participants from MoHFW/States

The flow of the session was designed such as, first a presentation on key priority area by MoHFW, followed by best practices by states were presented related to that topic.

Presentation-1: Ayushman Arogya Mandir: Making Comprehensive Primary Healthcare a Reality, Sh. Harsh Mangla, IAS, Director, NHM-I, MoHFW, GoI



The National Health Policy emphasizes shifting to Comprehensive Primary Health Care through Ayushman Arogya Mandirs (HWCs), with 1.72 lakh facilities operational and a goal to increase state health spending to over 8% of their budgets. Priorities include quality care close to homes, expanded services beyond reproductive and child health, and leveraging PM-ABHIM and Ayushman Bharat Digital Mission (ABDM) for data integration and care continuity. States are urged to address HR rationalization, improve training for

healthcare workers, especially in the Northeast, and focus on NCD services like mental health and Tele-MANAS. Accurate reporting on AAM and drug availability remains critical.

Presentation-2: Making Comprehensive Primary Health Care a reality Continuum of Care, Shri Kiran Kumar Dinkarrao Gitte, Principal Secretary, Health & Family Welfare, Government of Tripura

Ayushman Arogya Mandir (AAM) centers are implementing expanded healthcare packages with leadership training for CHOs, supported by CPHC Strengthening Committees at state and district levels. A CPHC Report Card monitors monthly performance. Supply Chain Management Information Systems are linked to PHCs for efficiency, and sub-centre AAMs are connected to higher-level facilities for emergencies and ambulance services. Tele-Manas supports psychiatric care via telemedicine, while 100% AAM centers are linked to PMJAY and NFDI, addressing operational challenges in remote areas.



Presentation-3: Joining hands with Community for delivery of Health Care Services at HWCs/ AAMs in Nagaland, Shri V. Kezo, Principal Secretary, Health & Family Welfare, Government of Nagaland



Community engagement is strengthened through sensitization of Village Health Councils (VHCs) on Comprehensive Primary Health Care (CPHC), fostering community-led innovations like infrastructure enhancements, cleanliness drives, and targeted health campaigns. VHCs contribute through funds and commodities to improve Health and Wellness Centers (HWCs). Mobilizing Civil Society Organizations (CSOs), Self-Help Groups (SHGs), and leveraging church platforms further

enhance participation. In Nagaland, a recognition and reward system motivates Community Health Officers (CHOs) to improve service delivery and performance.

Presentation-4: Indian Public Health Standards: 2022, Dr. K. Madan Gopal, Advisor- PHA, NHSRC

The IPHS 2022 framework emphasizes services, human resources, infrastructure, and patient-friendly facilities to strengthen healthcare delivery. States are encouraged to evaluate their health institutions' compliance with IPHS standards using an ODK tool, developed collaboratively by the Ministry of Health and Family Welfare (MoHFW), NHSRC, and NITI Aayog. This initiative aims to standardize healthcare quality, ensure infrastructure adequacy, and improve patient experiences across the country.



Presentation-5: Quality and Patient Safety in Strengthening of Health System: Experiences & Future Directions, Dr. J N Srivastava, Advisor-QPS, NHSRC



The presentation highlighted the importance of utilizing data from Mera Aspatal, HMIS, and other portals to enhance healthcare delivery and monitoring. Emphasis was placed on conducting state-level internal assessments of facilities to accelerate evaluations, particularly for initiatives like Kayakalp, LaQshya, and MusQan. These efforts aim to ensure quality standards, improve service delivery, and streamline the assessment process to achieve better healthcare outcomes across facilities.

Presentation-6: Swasthya Sewa Utsav-An Initiative of Government of Assam, Dr M S Lakshmipriya,, MD NHM, Assam

The presentation emphasized the Swasthya Seva Utsav initiative to upgrade healthcare facilities to IPHS standards. It highlighted the state's efforts in recognizing excellence by rewarding the best-performing districts, with 11 out of 20 health institutions successfully meeting IPHS benchmarks, showcasing significant progress in improving healthcare infrastructure and service delivery.



Presentation-7: ASHA Incentives-Mechanism and Timelines, Dr. Neha Garg, IRS, Director, NHM-II, MoHFW



The presentation highlighted ASHA incentives, encompassing both monetary and non-monetary rewards. It addressed state-specific challenges in the timely disbursement of funds and payments to ASHAs. Meghalaya's good practice of digitizing the payment process was showcased as an effective model for ensuring efficiency and transparency in incentive distribution.

Presentation-8: Strengthening Healthcare in Meghalaya, Sh. Sampath Kumar, Principal Secretary, Health & Family Welfare, Government of Meghalaya



The presentation highlighted the state's systemic interventions for health with a lifecycle approach through schemes like Rescue mission for maternal & child deaths, Chief Minister's Safe Motherhood Scheme facilitating institutional deliveries, Malnutrition reduction mission, Early childhood development Mission & Meghalaya Programme for Adolescent wellbeing, empowerment and resilience. The Village Health Councils (VHC) are community level health institutions headed by Village headman and elected members from villages,

with a provision of annual funds for utilization as per local needs. A total 6700 VHC serve as a platform for demand generation for healthcare, discuss health problems & local solutions, highlight gaps & needs in delivery of service and implement health infrastructure projects.

Presentation-9: Centralize ASHA incentive payment-Arunachal Pradesh: An effort to motivate ASHA for optimum output, Shri Marge Sora, Mission Director, NHM, Government of Arunachal Pradesh

The presentation highlighted the implementation of a Direct Benefit Transfer (DBT) system for ASHA incentives, ensuring payments are directly deposited into their bank accounts. ASHAs receive a performance-based incentive of ₹2000 from the state government, with an additional ₹1000 top-up introduced in 2023 to further support their efforts.



Presentation 10 - Going Beyond Numbers: Human Resources for Health, Ms. Mona Gupta, Advisor HRH, NHSRC



The presentation highlighted key challenges in healthcare HR availability, including domicile requirements, language barriers, and slow recruitment processes. Accessibility issues arise from geographical distribution and rural-urban divides, while cultural awareness and community preferences impact acceptability. Quality improvement strategies focus on skill testing, capacity building, and supportive supervision.

Presentation 11 - Public Health Cadre & HR Incentive, Dr Anusha Lama, PDHS cum MD, National Health Mission, Sikkim Health & family welfare, Sikkim



The presentation highlighted the approval of a new specialist cadre (GDMOs) through the Sikkim Public Service Commission, with provisions for lateral entry for specialists and super specialists. To address HR gaps, incentives, including performance-based rewards for super specialists, were introduced to attract and retain medical professionals in hard-to-reach areas.

Presentation 12 - Free Drugs Service Initiative a 'Game Changer' in health care, Dr. G B Singh, Advisor, CP-CPHC, NHSRC

The presentation highlighted efforts to reduce out-of-pocket expenses (OOPE) through initiatives like the Free Drug Service and DVDMS for procurement and supply chain improvements, along with drug warehouse construction. Challenges include discrepancies in Essential Drug Lists (EDL), delayed supply, and poor implementation. Proposed solutions include integrating LMIS with DVDMS and improving delivery systems.



Presentation 13 - Free Diagnostic Service Initiative: Shaping the Future of Healthcare, Dr. Ranjan Kumar Chaudhary, Advisor, Healthcare Technology, NHSRC



The presentation highlighted that states like Assam, Tripura, and Nagaland have adopted hybrid models to strengthen laboratory services, while others procure consumables centrally. Challenges include terrain difficulties, lack of public-private partnership (PPP) support, and shortages of lab technicians, which impact the efficiency and accessibility of laboratory services.

Presentation 14 - Infrastructural reforms under PM-ABHIM: Strengthening critical care & surveillance to establish resilient health systems (CCB/ IPHL/ BPHU), Dr. Kaustabh Giri, IRS, Deputy Secretary (NHM IV)



The presentation highlighted that PM-ABHIM focuses on infrastructure development with a total outlay of ₹64,180 crores. The initiative targets the construction of health centers, public health units, laboratories, and critical care blocks to strengthen healthcare infrastructure and improve service delivery across the country.

Presentation 15 - Best practice presentation Manipur on PMABHIM, Shri Hungyo Worshang, Special Secretary, Health & family welfare, Manipur

The presentation highlighted the State's remarkable progress under PMABHIM through the in-house Engineering Cell of Dept. of HFW and involvement of local communities in planning and implementation. The State has already completed the construction of 17 building less subcentres and works for 5 IPHL, 1 CCB and 38 building less subcentres are under progress. The State is rigorously monitoring the progress through a well-established Program Management Unit (PMU) with team of a program manager, an assistant engineer and IT and finance constants.



State action plans and their Best Practices

States	Action Plans	Best Practices
Tripura	Key highlights include health promotion through JAS advocacy, high CHO attrition rates, and challenges with retirement policy and ASHA incentives.	Tripura was awarded runner-up in NQAS certification (2022) among small states and won the Arogya Manthan 2023 award for highest Public Hospital Service Utilization. A monthly CPHC report card ensures accountability.
Arunachal Pradesh	Key highlights included community outreach by SHGs & NGOs and training healthcare functionaries on IT applications for improved service delivery.	The state is implementing public-private partnerships and selective outsourcing for drug and diagnostic services, while identifying gaps in the non-operationalization of health and wellness centers.
Manipur	Key highlights included regular supportive supervision through field visits, meetings, and monitoring to ensure effective implementation.	Best practices under PM-ABHIM include establishing an Engineering Cell for civil works, a Program Management Unit for monitoring, and ensuring regular supportive supervision through field visits and meetings.
Assam	Key highlights included state-specific healthcare staff recruitment policies, specialist cadre formation, and drug procurement through Assam Medical Service Corporation (AMSCS).	The state organizes monthly yoga sessions at AAMs in collaboration with NAM, plans a remote troubleshooting mechanism to minimize offline records, and supports frontline workers with internet connections.
Sikkim	Key highlights included initiating state-specific EDL based on disease patterns and conducting lifestyle modification awareness activities at SC-AAM.	Sikkim approved a new specialist cadre (GDMOs) with lateral entry for specialists. Home-based care is provided to elderly due to terrain challenges, along with lifestyle modification awareness through yoga at SHC HWC.
Mizoram	Key highlights included ongoing infrastructure upgrades for AAM, establishment of teleconsultation hubs, and active engagement of assessors for quality and patient safety.	State-specific guidelines for Expanded Service Packages were developed in local languages. ECHO platform is used for training, while diagnostic services are in-house. Training and capacity building for LTs include equipment demonstrations.
Nagaland	Key highlights included incentivizing teleconsultation for doctors, leveraging churches for health promotion, and collaborating with DoHFW for equipment management.	Nagaland achieved the lowest IMR at 3 per 1000 live births, leads in malaria elimination by 2030, and ranks 4th among small states for eliminating TB by 2025.
Meghalaya	Key highlights included creating a trainer pool for ANM/ASHA, standardizing protocols, gap assessments, IT-based applications, and best practices in registration and audits under DGHM.	A new process for ASHA fund transfers was implemented via PFMS system linkage. HRH availability at Ayushman Arogya Mandir is 92%, with community participation and JAS functionality at 96%.

Brainstorming sessions

The presentations were followed by the brainstorming sessions in group on the following identified priority areas:

- Service Delivery in CPHC: Expanded range of services – Integrative approach; Continuum of Care with PMJAY linkages; Wellness & Health Promotion, Drugs and Diagnostics
- Quality & Patient Safety across health care facilities
- Human Resources for Health – availability & capacity building – including Community Participation
- Infrastructure and Supplies & logistics: Including CCB/IPHL/BPHU & Information Technology



Day 2 (4th May 2024)

Field visits

Field visits were conducted to various health facilities of Meghalaya in total eight teams. The teams were divided as per the identified topics of the panel discussions and accordingly two teams each visited AAM-SHC & PHC as well as CHC for understanding CPHC services; an AAM-SHC, CHC, UPHC & MCH wing for quality of healthcare facilities, two SHCs, PHC & IPHL under PMABHIM and SHC, PHC, CHC and DH to observe the human resource policies and community involvement. The details of teams and facilities visited is placed at Annexure 1.

The AS&MD (NHM), MoHFW also visited three health facilities namely SHC Mawngap, CHC Mawphlang and CHC Sohra. She observed all the major activities at the facility and interacted with the staff to understand the challenges. It was suggested that the focus should be on regular screening of NCDs for all individuals above 30 years and further followed up for treatment adherence, also to work towards health promotion for reductions in NCDs and their risk factors. The primary healthcare facilities should expand the range of services with incremental delivery of all expanded packages of services. She also advised that Community Health Centres should now act as first referral centres for all the 12 packages of health. The CHCs to aim at increasing the number of surgeries, and not only limit to pregnancy related emergencies.



Mawngap SHC, East Khasi Hills



CHC Sohra, East Khasi Hills

Mawtawar SHC, East Khasi Hills



Mawtawar SHC, East Khasi Hills

Panel discussions

The field visits were followed by panel discussion & sharing of experience based on key findings during the field visit. The challenges and relevant solutions were provided to improve the service delivery at the healthcare centres.

Panel 1: Service Delivery in CPHC: Expanded range of services – Integrative approach; Continuum of Care with PMJAY linkages, Wellness & Health Promotion, Drugs and Diagnostics:

Team 1 and 2 emphasized the crucial role played by the Village Health Councils in Meghalaya for both healthcare demand and delivery. Based on the experiences shared by all State teams, areas for improvement under comprehensive primary health care identified by primarily includes the roll out of expanded services, capacity building, availability of drugs & diagnostics, continuum of care & IT solutions. The lack of integration among various national health programme was highlighted as the one of the major implementation challenge and integrated care approach for delivering expanded services was suggested as a crucial strategy for quality service delivery including comprehensive training using simplified training modules, integration of portals, SoPs for drug indenting, strengthening in-house diagnostics, rational utilization of teleconsultation etc.

Panel 2: Quality & Patient Safety across health care facilities

Team 3 and 4 visited Maternal & Child Hospital which has LaQshya certified OT and the quality team and staff were well-aware of the NQAS mandates. The Sohra CHC has well maintained infrastructure with motivated staff, while Lumparing UPHC had well maintained NCD registers. The presentation highlighted the importance of analysis of the patient feedback of Mera Aspatal system for service improvement in all the States. The key areas of improvement suggested were training & involvement of staff, regular reviews, availability of checklist, virtual certification of AAM, strengthening of GUNAK (Good Universal Health Coverage and Quality), utilization of NQAS certification, creating awareness about claiming PMJAY incentives etc. Further, the availability of drugs as per EML, training for staff for Safe Birth and Safe Surgical Checklist, drug inventory management and other quality checklists may be ensured across all the States.

Panel 3: HRH and Community Participation

The teams highlighted the major challenges of human resources across all the States i.e. shortage (no regular recruitment system), availability & retention (lack of posting & transfer policy, specialist unavailability, inability to compete with private sector), funding & governance (delayed fund releases) and service delivery (lack of role clarity). The possible solutions include separate recruitment board (similar to Meghalaya), specialist cadre, career progression pathway for CHO, district residential program (Manipur), pool of specialist for hard-to-reach areas, monetary/non-monetary incentives, use of eHRMS etc.

Besides the availability of human resources, communities should be empowered to take the ownership of health. Village Health Council of Meghalaya has taken up the responsibility of construction of AAM, while 'Meira Paibi', women's group in Manipur, are actively engaged in health promotion. Engaging school health ambassadors, tradition healers and traditional birth attendant, reward/recognition for community group, Jan sanwad (social audit) etc. have been suggested for improved community participation. Further, incentives for ASHA also needs improvement in north-eastern States to keep them motivated.

Panel 4: Infrastructure and Supplies & logistics: Including CCB/IPHL/BPHU & Information Technology including ABDM

The team acknowledged the community ownership for construction of Sub-health centres under PMABHIM in Meghalaya. Some of the infrastructure challenges identified across all the north-eastern States include high cost of construction, difficulty in land availability/acquisition, lack of coordination between various departments- engineering, health, electricity & water etc. It was suggested that different rate norms may be established for NE States, robust monitoring of health projects through dedicated PMU and planning/coordination between various departments would be effective in the progress of PMABHIM scheme.

The challenges in supplies and logistics in difficult terrains of north-eastern may be improved with a strengthened supply chain system integrated with DVDMS for uniformity in reporting. Further, consumption based forecasting practices to be adopted and the staff to be trained in supply chain management.

The challenges for IT system identified across all the States were data duplication due to multiple portals, manual data entries in multiple registers, internet connectivity, unavailability of content in local languages etc. It was suggested that IT portal may be simplified with single login and may be customized as per local needs. Also, validation of data, patient feedback system and data driven decision making to be encouraged.

Action points

The future course of action were discussed in brief by AS&MD-MoHFW, Principal Secretary-H&FW, Meghalaya and Executive Director-NHSRC. The discussions during the workshop led to the cross learning among the States and highlighted following action points for achievement of the desired outcomes



A. Actions at the level of MoHFW

- Unified online application for payment of incentives to ASHA
- Phasing out of multiple reporting registers
- Integration of the various health portal with single sign-in options
- Strengthening of FRU for continuum of care
- Simplification of the training manuals and operational guideline for AAM

B. Actions at the level of State health department

i. Service Delivery in Comprehensive Primary Health Care (CPHC):

- Expedite EPS training for AAM team and update the status in Sashakt portal
- Expedite the roll out all 12 services at all operational AAM and report the progress in AAM portal
- Strengthen the continuum of care by linking primary, secondary, and tertiary levels
- Strengthening of FRU to serve as referral centres for AAM
- Regular organization the monthly Ayushman Arogya Shivar at AAM - SHC/PHC and CHC with provision of specialist services
- Uptake of DVDMS till the SHC level

ii. Quality and Patient Safety:

- Expedite the NQAS certification to achieve the goal to certify 50% facilities by December 2025 and 100% facilities by December 2026
- Implement state-level internal assessments using tools like ODK for compliance with IPHS

iii. Human Resources for Health (HRH):

- Address workforce shortages through establishment of recruitment boards
- Creation of Public Health management cadre (PHMC) as per State's HR policies
- Ensuring specialist services through fixed day clinics, deployment of specialist according to pre-planned schedule/micro-plan

iv. Infrastructure, Supplies, and Logistics:

- Prioritize the completion of civil works and functionality of BPHU, DIPHL, CCB, Rural & Urban

AAM approved under PMABHIM, expediting the process of tender and issue of work order

- Improve supply chain systems for drugs and diagnostics by optimal utilization of DVDMS and consumption based forecasting/indenting
- Integration of State specific LMIS with DVDMS
- Identification of the hard to reach areas of the State and devising targeted strategies like teleconsultation and hybrid services

v. Community Engagement and Innovation:

- State to prioritize training and empowering Village Health Councils for community-driven healthcare improvements, promoting community ownership of health facilities (similar to Meghalaya) and cleanliness initiatives in the community
- Strengthen collaborations and enhance awareness campaigns using SHGs and civil society organizations for intersectoral convergence

vi. Monitoring and Evaluation:

- Use HMIS and Mera Aspatal data for monitoring and enhancing healthcare services
- Schedule quarterly NHM review meetings at State for better coordination and solution identification
- Conduct regular assessments of healthcare facilities using dashboards and report cards
- Reward top-performing districts and facilities to foster a competitive spirit

Way Forward

The experiences shared by the participating States and the learning from the field visits presented significant innovative & replicable strategies to overcome the challenges in the implementation and further these initiatives may be sustained through adherence to SoPs, capacity building, continuous monitoring and evaluation, technology use for healthcare monitoring, training and service delivery, addressing healthcare disparities in remote areas with targeted strategies and promote sustainable funding and policy backing for healthcare system improvements.

Shri Sampath Kumar, Principal Secretary (health), Govt. of Meghalaya expressed gratitude to all participants, particularly acknowledging the leadership of AS & MD(NHM), MoHFW, team of MoHFW & NHRSC and state teams for their presence and contributions to the workshop. He highlighted the value of feedback and collaborative learning, emphasizing the importance of addressing challenges in healthcare delivery, especially in the Northeast.

Ms Aradhana Patnaik, AS & MD (NHM), MoHFW concluded that the workshop acted as a platform for knowledge exchange, underscoring the workshop's goal of sharing best practices and collaboratively finding immediate solutions to common issues through peer learning. She stated that the workshop provided enriching experience to participants from various north-eastern states & the Ministry and expressed gratitude to the participants for their contribution in making the workshop a great success.

She recommended the adoption of a "time to care" approach, which prioritizes accessibility and effective service delivery, particularly in the north-eastern region. The critical role of strong community-facility linkages was also emphasized, citing the success of Panchayati Raj Institutions as a model. Furthermore, flexibility in service delivery, such as scheduling specialist visits based on local needs, was highlighted as a key consideration. The importance of efficient resource allocation and planning, driven by actual caseloads and community needs, to ensure the effective delivery of healthcare services was also stressed upon. Strengthening healthcare infrastructure and enhancing

the training of medical personnel were identified as essential priorities for improving healthcare outcomes across the region.

Moreover, the workshop also provided insights to improve guidelines and processes at the national level, imbibing the learning from the States' experiences.

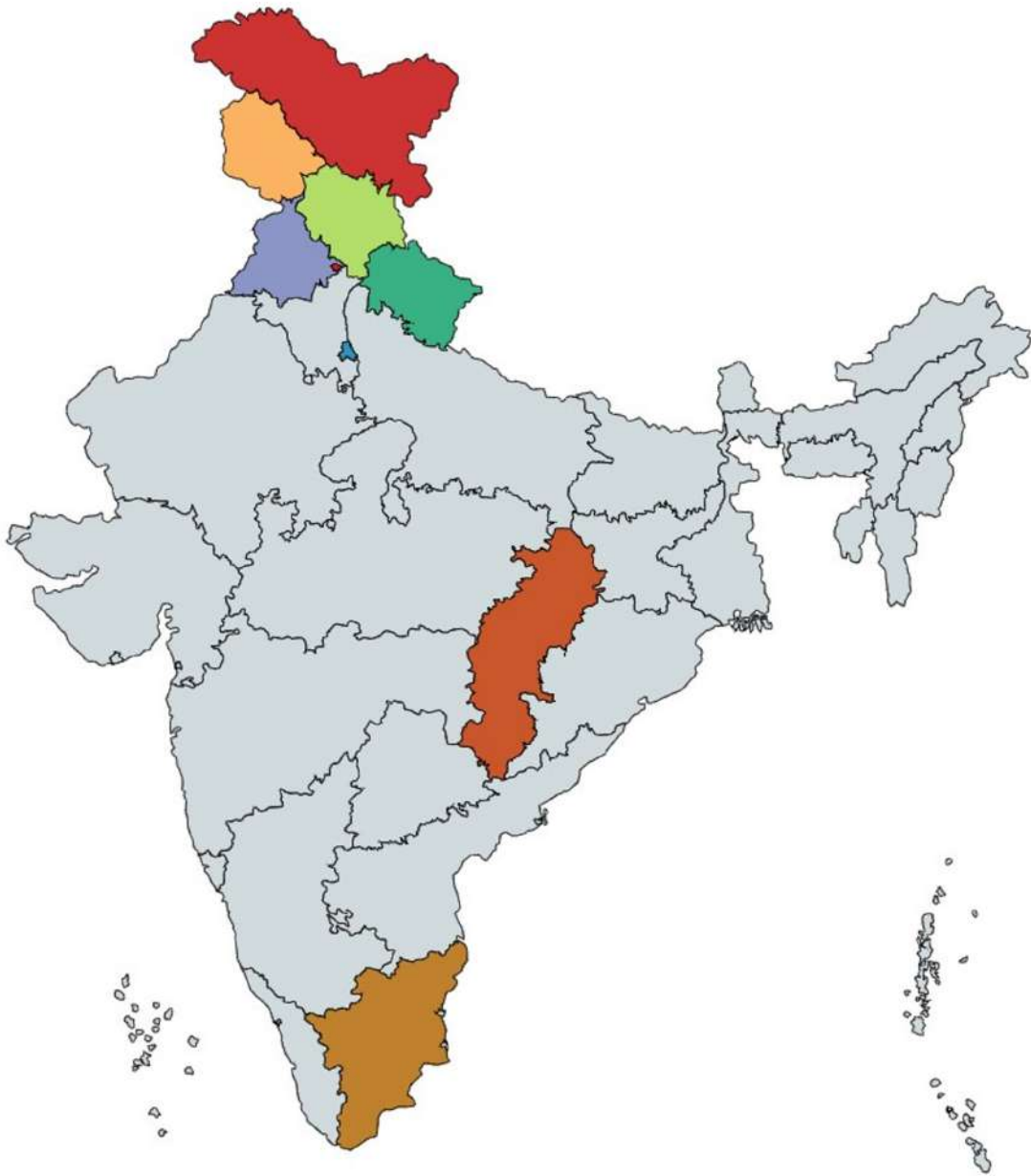
The workshop concluded with a commitment to regular conferences and ongoing collaboration, with a focus on implementing recommendations and improving healthcare outcomes.

The workshop ended with a vote of thanks to the participants and to the Meghalaya Health Department for hosting the event.



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						11. Dagyir Esse (AR)	Shri. David Syiemiong
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					7. Dr Sweta Roy	11. Dr. Namita H Subba(SK)	Ms. Manisha – (WISH)
						12. Dr. Jubilee Wahengbam (MN)	Mr. Nathan Lyngdoh (HR)
						13. Dr. Micky Laishram (MN)	Shri. Skhemkupar Rynjah
							Shri. Ehrang Nongbri, MMDSL
							Mrs.Dupphi Lyngdoh



2nd REGIONAL WORKSHOP

16th May 2024 – 17th May 2024
Venue: Srinagar, Jammu and Kashmir

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Second Regional Workshop

Overview

Ministry of Health & Family Welfare, Government of India, in collaboration with the Department of Health & Family Welfare, Government of Jammu and Kashmir organized a two-day Workshop on 16th and 17th May 2024 under the chairmanship of Shri Apurva Chandra, Secretary (H&FW), Government of India.

Objective of the workshop

To understand the challenges in implementation of various national health programmes under NHM and further support the participating States to devise action plan to strengthen existing interventions. Additionally, the workshop also aim to explore the best practices for cross learning and recommend a way forward, especially under the following key priority areas:

- Service Delivery in CPHC: Expanded range of services with an integrative approach, Continuum of care with PMJAY linkages, Wellness & health promotion, Quality of drugs and diagnostics.
- Quality & Patient Safety across healthcare facilities
- Integrated Public Health Standards
- Human Resources for Health: Availability & capacity building, Community participation
- Free drugs and Diagnostics
- Infrastructure, Supplies & Logistics: Including CCB/IPHL/BPHU & Information Technology

The meeting was attended by representatives from nine states: Chandigarh, Chhattisgarh, Delhi, Himachal Pradesh, Jammu and Kashmir, Ladakh, Tamil Nadu, Uttarakhand and Punjab.

Participants included Principal Secretaries (Health), MDs of NHM, and State Nodal Officers for Community Processes (CP), Comprehensive Primary Health Care (CPHC), Quality, and other divisions.

Day 1 (16th May 2024)

Field visits

Field visits were conducted to various health facilities of Srinagar in total six teams. The teams were divided each team visited AAM-SHC & PHC, CHC, SDH and DH and Skill lab identified by state team. The details of teams and facilities visited is placed at Annexure 1.

The AS&MD (NHM), MoHFW also visited Ogmuna, and found that more than 100 registers were maintained by Staff for the compliance of NQAS certification. AS & MD, suggested to withdraw unused registers. 12 expanded package of services have been implemented in SHC. Well maintained botanical garden was praised AS & MD. All type of cancer NCD screening was available at the facility. Branding was observed as per the GoI guidelines. Physiotherapy and emergency corner was established as innovation.



SHC-AAM Ogmuna



DH, Ganderbal



Skill Lab, Baramulla

Brainstorming sessions

The field visit was followed by the brainstorming sessions in group on the following identified priority areas:

- Quality & Patient Safety across health care facilities
- Human Resources for Health including Community Participation
- Infrastructure, Supplies & logistics: Including CCB/IPHL/BPHU & Information Technology
- Service Delivery in CPHC: Expanded range of services – Integrative approach; Wellness &
- Health Promotion, Drugs and Diagnostics



Day 2 (17th May 2024)

Dr Syed Abid Rasheed Shah, Secretary (Health and Medical Education), Government of Jammu and Kashmir, welcomed all the dignitaries from MoHFW, team of NHSRC and distinguished guests from all the participating States.



Ms. Aradhana Patnaik, AS&MD, Ministry of Health & Family Welfare, Government of India, welcomed the participants and reflecting on the remarkable progress achieved under the National Health Mission (NHM) over the past decade. AS & MD shed light on progress made by the country under Ayushman Arogya Mandirs and other national health mission program. She also appreciated the achievement in maternal mortality, child health and overall reduction in OOPE. She highlighted advancements in healthcare infrastructure, access to essential medicines, diagnostics, and service delivery at the community level. She also outlined key areas for improvement, including compliance with Indian Public Health Standards (IPHS), adherence to the Essential Medicines List (EML),

and enhancing the Drug and Diagnostics Supply Chain Management System (DVDMS). Looking ahead, she emphasized opportunities such as attaining NQAS certification for Ayushman Arogya Mandirs, training on the ODK toolkit, expanding healthcare service packages, and strengthening mental health initiatives, including the Telemanas program.

Shri Apurva Chandra, Secretary (H&FW), Government of India, addressed the unique healthcare challenges in the North, such as dispersed populations and remote villages. He shared his previous experience of Kashmir and appreciated the positive changes that occurred in Jammu and Kashmir over the period of last 2 decades. He praised the health workforce for their dedication and reaffirmed the government's commitment to support their efforts. He reiterated the key initiatives, including the increase in NHM funding from ₹32,000 crore to ₹40,000 crore, the promotion of telemedicine, the introduction of the U-Win app for efficient data

collection, and the strengthening of chronic disease care through collaboration with the National Health Authority. Secretary (HFW) has also shared Status of implementation of action points that emerged during the 3rd National Conference of Chief Secretaries. As on May, 2024, 34.52

Crore Ayushman Cards have been created. To ensure effective drug delivery supply chain management through implementation of DVDMS (Drugs and Vaccines Distribution Management System) till primary level. As on May, 2024, more than 1.62 lakh health facilities have been mapped in DVDMS. As, on date 10586 facilities are NQAS certified. 4.82 Crore beneficiaries have been registered on U-WIN portal and more than 15.98 crore vaccine doses have been recorded.



Technical Sessions by Participants from MoHFW/States

The flow of the session was designed such as, first a presentation on key priority area by MoHFW, followed by best practices by states were presented related to that topic.

Presentation-1 Integration of Portals- IT levers for health, Mr Abhishek Srivastava, Advisor-IT, NHSRC



The presentation highlights: The Importance of portals to beneficiaries, functionaries, and administrators, Data Insights and comparison from the participating State from various national Portals such as NCD Portal, ABDM, Nikshay, RCH etc., Benefits of having central portals in decision making, Benefits of ABDM in long run. The presentation also highlighted the plan of aggregator platform. The presentation ends with Expectations of MoHFW in case of timely and regular data capture, handholding support, collaboration and communication.

Presentation-2: Ayushman Arogya Mandir: Making Comprehensive Primary Healthcare a Reality, Sh. Harsh Mangla, IAS, Director, NHM-I, MoHFW, GoI



The National Health Policy emphasizes shifting to Comprehensive Primary Health Care through Ayushman Arogya Mandirs (HWCs), with 1.72 lakh facilities operational and a goal to increase state health spending to over 8% of their budgets. Priorities include Expand Access and Participation through operationalization of Ayushman Arogya Mandir and availability of all facilities at AAM. Recruitment of HRH at AAM, training of AAM team in expanded package of services, availability of drugs and diagnostics at all AAM, Fixed day specialists services at AAMs and CHC level through institutionalization of monthly melas (Ayushman Arogya Shivir). Completion of training on EPS of AAM team has been emphasized

Presentation-3: Making Comprehensive Primary Health Care a reality, Mission Director NHM, Shri Jagdish Sonkar, Health & Family Welfare, Government of Chhattisgarh

The presentation highlights comprehensive primary healthcare with innovative initiatives such as cascade training for Community Health Officers (CHOs) and a digitized incentive payment system (PLP). Collaborating with NIMHANS under Project TORRENT, they offer mental health screening and treatment, achieving significant reach. Urban AAMs excel with specialized services like physiotherapy, vision care, and chemotherapy. Elderly-focused Siyan Jatan Clinics and water sanitation measures enhance patient-centric care. Digital integration streamlines processes, ensuring efficiency and timely payments. The state has received accolades like the Keshav Desiraju award for its rapid mental health service expansion, reflecting its commitment to holistic healthcare improvements.



Presentation-4: Indian Public Health Standards: 2022, Dr. K. Madan Gopal, Advisor- PHA, NHSRC



The IPHS 2022 framework emphasizes services, human resources, infrastructure, and patient-friendly facilities to strengthen healthcare delivery. States are encouraged to evaluate their health institutions' compliance with IPHS standards using an ODK tool, developed collaboratively by the Ministry of Health and Family Welfare (MoHFW), NHSRC, and NITI Aayog. This initiative aims to standardize healthcare quality, ensure infrastructure adequacy, and improve patient experiences across the country.

Presentation-5: Making Health facilities IPHS 2022 compliant, Shri Nazeem Zai Khan, Mission Director- NHM, UT of Jammu and Kashmir

A uniform benchmark to assess the functionality of public health facilities & to ensure delivery of assured quality health care services. Revised Indian Public Health Standards (IPHS) for all levels of health facilities were released by MoHFW, GoI on 16th April, 2022. In the same year, NHM J&K took an initiative for conducting gap assessment of public health facilities as per IPHS 2022 using ODK tool developed with technical support of Norway India Partnership Initiative (NIPI). Jammu and Kashmir has become 1st State/ UT in the country to have evidence-based planning and budgeting for all the future proposals. NHM J&K got Semi-Finalist SKOCH Order of Merit 2023 for conducting gap assessment of public health facilities using IPHS ODK Tool. IPHS ODK tool qualified as a best practice in Global Digital Health Forum 2023.



Presentation-6: Quality and Patient Safety in Strengthening of Health System: Experiences & Future Directions, Dr. J N Srivastava, Advisor-QPS, NHSRC



Advisor QPS started his presentation by giving overview of NQAS and its areas of requirement for adherence of NQAS standards such as services areas, Patient rights, inputs, Clinical services, support services, infection control, quality indicator and outcome. The presentation underscored the significance of leveraging data to improve service delivery and monitoring. A key focus was on conducting state-level internal assessments to expedite facility evaluations according to certification criteria. These assessments are designed to uphold quality standards, enhance the efficiency of service delivery, and refine the overall evaluation process.

By streamlining these efforts, the initiatives aim to ensure comprehensive improvements across healthcare facilities, fostering better health outcomes and higher patient satisfaction. This approach integrates data-driven insights and systematic assessments to achieve sustained quality enhancement in healthcare services statewide. The current status of NQAS certification was highlighted in the presentation.

Presentation-7: Quality and Patient Safety in Strengthening of Health Systems- Experience and Future Directions for the State of Tamil Nadu, Tmt. Shilpa Prabhakar Satish, MD NHM, Tamil Nadu

Tamil Nadu integrates a multi-tiered Quality Assurance framework encompassing state to facility levels, ensuring universal health coverage and improving healthcare quality. Achievements include a maternal mortality ratio (MMR) of 54/lakh, surpassing national figures. Comprehensive training programs for over 50 cadres utilize TMIS software for effective capacity building. Standard Treatment Guidelines (STGs) and seamless digital health integration via PHR and HMIS bolster care coordination. Initiatives like the "Clean Hospital Campaign" and customized case sheets enhance hygiene and patient safety. Digital platforms evaluate facility standards, fostering accountability. Tamil Nadu exemplifies systemic innovation to ensure affordable, equitable, and patient-centric healthcare.



Presentation-8: ASHA Incentives-Mechanism and Timelines, Dr. Neha Garg, IRS, Director, NHM-II, MoHFW



The presentation highlighted ASHA incentives, encompassing both monetary and non-monetary rewards. It addressed state-specific challenges in the timely disbursement of funds and payments to ASHAs. Various portals for ASHA payment have been implemented in the state of Chhattisgarh, Delhi, Meghalaya, Haryana, Bihar, Jharkhand were showcased as an effective model for ensuring efficiency and transparency in incentive distribution.

Presentation-9 ASHA Incentives- Mechanism and Timelines, Shri Danish Ashraf, Mission Director-NHM, Delhi

Delhi's Urban ASHA program, launched in 2008, covers 50% of the population with 6,461 ASHAs addressing urban healthcare challenges. Performance-based incentives are structured across core, activity-specific, and national health programs, with payments managed via an online portal. Mentoring committees and grievance redressal mechanisms enhance accountability. ASHAs are pivotal in promoting institutional deliveries, immunizations, and maternal health, earning monthly incentives averaging ₹9,433.

Innovations like the ASHA MIS portal ensure transparency, while the program also proposes new incentives for disease



management and expanded roles in mental health and school health initiatives. Delhi demonstrates a robust urban healthcare model focused on performance and community engagement.

Presentation-10: Going Beyond Numbers- Human Resource for Health, Ms. Mona Gupta, Advisor HRH, NHSRC



The presentation outlined significant challenges in healthcare HR availability, including restrictions due to domicile requirements, language barriers, and lengthy recruitment processes. Accessibility is hindered by uneven geographical distribution and disparities between rural and urban areas. Additionally, cultural awareness and alignment with community preferences play a crucial role in determining the acceptability of healthcare services. To address these issues, strategies for improving quality focus on comprehensive skill assessments, capacity-building initiatives, and ensuring effective supportive supervision. These efforts aim to enhance the competence and responsiveness of healthcare professionals, bridging gaps in service delivery and meeting the diverse needs of populations across various settings.

Presentation 11 - Going Beyond Numbers: Human Resources for Health, Best Practice by UT of Ladakh, Dr. Motup Dorje, Mission Director-NHM, UT of Ladakh

The Union Territory of Ladakh revolutionized healthcare post-2019 through the “You Quote, We Pay” policy, attracting doctors and specialists to remote areas. Addressing a 95% vacancy rate for medical officers, the policy successfully filled the majority of positions, boosting healthcare delivery in Leh and Kargil. Strategic deployment under the National Health Mission ensured improved services, with 97% paramedical and 90% program management roles staffed in 2023-24. While gaps in regular recruitment remain, interim measures under NHM have bridged these challenges. This transformation highlights innovative recruitment, elevating healthcare access and quality in one of India’s most geographically challenging regions.



Presentation 12 – Free Drugs Initiative a “Game Changer” in healthcare, Dr. G B Singh, Advisor, CP-CPHC, NHSRC



The presentation emphasized efforts to minimize out-of-pocket expenses (OOPE) through initiatives such as the Free Drug Service and the Drug and Vaccine Distribution Management System (DVDMS) to streamline procurement and supply chain processes, supported by constructing drug warehouses. Key challenges include inconsistencies in Essential Drug Lists (EDL), delays in supply chains, and inadequate implementation of systems. Proposed solutions focus on integrating the Logistics Management Information System (LMIS) with DVDMS to enhance tracking and efficiency, alongside strengthening delivery mechanisms to ensure timely and reliable distribution of essential medicines. These measures aim to improve accessibility, optimize resource use, and reduce financial burdens on patients.

Presentation 13 - Free Diagnostics Service Initiative: Shaping the future of Healthcare, Dr. Ranjan Kumar Chaudhary, Advisor, Healthcare Technology, NHSRC

The presentation highlighted innovative approaches to enhance laboratory services which have adopted hybrid models combining public and private resources. Other states rely on centralized procurement for consumables to streamline operations. Despite these efforts, several challenges persist. Difficult terrains pose logistical hurdles, complicating the transportation of samples and equipment. The limited presence of public-private partnerships (PPP) restricts access to additional expertise and infrastructure. Furthermore, a shortage of skilled laboratory technicians hampers the capacity to provide timely and efficient diagnostic services, ultimately affecting the accessibility and quality of healthcare, especially in remote areas.



Presentation 14 - Infrastructural reforms under PM-ABHIM: Strengthening critical care & surveillance to establish resilient health systems (CCB/ IPHL/ BPHU), Dr. Kaustabh Giri, IRS, Deputy Secretary (NHM IV)



The presentation emphasized that the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a landmark initiative aimed at transforming India's healthcare landscape through infrastructure development. With a substantial budget allocation of ₹64,180 crores, the mission focuses on constructing and upgrading facilities across various levels of healthcare. Key components include establishing health and wellness centers to improve primary care, public health units for better disease prevention and control, advanced laboratories to enhance diagnostic capabilities, and

critical care blocks to provide specialized treatment in hospitals. These measures collectively aim to strengthen the healthcare system, enhance service delivery, and ensure equitable access nationwide.

Presentation 15 - Best practice presentation Manipur on Ayushman Arogya Mandir- Dr. Suman Singh, Mission Director-NHM, UT of Chandigarh

Chandigarh's "Ayushman Arogya Mandir" (UAAM) initiative aims to strengthen healthcare infrastructure under the PM Ayushman Bharat Health Infrastructure Mission. Fifteen operational centers provide free medicines, diagnostics, teleconsultation, yoga sessions, and health camps. IT advancements like the DVDMS and e-Hospital systems enhance efficiency, while open gyms and illuminated screens promote wellness and health education. Challenges like space constraints and staff shortages are addressed by repurposing abandoned buildings and strengthening program management. With achievements such as surpassing targets for wellness sessions and teleconsultations, this initiative demonstrates a robust model for accessible, preventive, and promotive healthcare in urban settings.



Presentation 16- Accelerating TB Detection with Artificial Intelligence, Dr. Abhinav Trikha, Mission Director, NHM, Government of Punjab



The presentation highlights an initiative that leverages artificial intelligence (AI) to enhance tuberculosis (TB) detection under the National TB Elimination Program. AI-powered chest X-ray screening, in collaboration with QureAI, improves diagnostic yield, reduces diagnosis time from days to hours, and minimizes missed cases. With 95% sensitivity and 80% specificity, the technology is comparable to expert radiologists, addressing challenges like the low radiologist-to-patient ratio. Implemented as a pilot at six sites, the initiative processed 7,586 X-rays, identifying presumptive TB cases efficiently. This scalable intervention is a game-changer in resource-limited settings, ensuring timely diagnosis and treatment while strengthening the fight against TB in Punjab.

Presentation 17- Best practices in NTEP, State of Himachal Pradesh, Dr. Gopal Beri, Director of Health Services, Himachal Pradesh

Himachal Pradesh's National Tuberculosis Elimination Program (NTEP) highlights robust infrastructure, including CBNAAT and TrueNAAT labs, and innovative practices like Mukhyamantri Kshayrog Nivaran Yojna for financial aid, free diagnostic scans, and nutritional support. Statespecific strategies include intensive indoor TB screening, engagement with chemists for H1 drug reporting, and differentiated TB care with riskbased patient management. Public awareness is amplified through ACSM initiatives like self-help group involvement and IEC materials on food packets. Technological innovations, such as drones for drug delivery in remote areas, and community-based forums ensure multisectoral collaboration, advancing the state's mission of a TB-free Himachal.



Panel discussions

The field visits were followed by panel discussion & sharing of experience based on key findings during the field visit. The challenges and relevant solutions were provided to improve the service delivery at the healthcare centres.

Group presentations

Group Presentation 1: Service delivery in Comprehensive Primary Health Care (CPHC)

This presentation explores enhancing CPHC services, focusing on training, free drug and diagnostic services, referral pathways, telemedicine, and digitization. Key challenges include maintaining drug supply chains, integrating expanded services like geriatrics and emergency care, and reducing manual record-keeping. Solutions involve state-specific training, leveraging technology like e-Sanjeevani, using hybrid diagnostic models, and linking mental health services. Examples from states like Tamil Nadu and Chhattisgarh showcase best practices. Performance-based incentives and digitized records aim to ensure efficient, accessible, and high-quality healthcare delivery.

Group Presentation 2: Quality and Patient Safety

This presentation, "Quality & Patient Safety," highlights key practices and challenges in healthcare quality improvement across states, emphasizing statutory compliance, human resource constraints, and inter-departmental coordination. It addresses gaps in the implementation of the Ministry of Health and Family Welfare (MoHFW) and National Health Systems Resource Centre (NHSRC) standards, such as checklist customization, timely assessment results, and incentives. The presentation identifies challenges related to IPHS standards, including functional tools, facility layouts, and staffing discrepancies. Proposed solutions include capacity building, filling HR vacancies, customizing tools for sub-100-bedded facilities, and standardizing formats to enhance implementation and assessment processes.

Group Presentation 3: HRH and Community participation

The presentation on Human Resources for Health (HRH) and Community Participation identified key challenges, including HR shortages, irrational deployment, attrition in difficult areas, lack of career progression, and unclear policies. Solutions proposed included state-specific HR guidelines, attractive salary packages with incentives for difficult postings, transparent recruitment, and expanded training for medical officers. Enhancing service delivery through tailored job descriptions and leveraging final-year DNB students for specialist roles was emphasized. Governance improvements included fostering inter-agency collaboration and long-term planning for contractual staff. Community engagement focused on utilizing Jan Arogya Samitis (JAS), regular meetings, and recognizing community efforts to sustain participation.

Group Presentation 4: Infrastructure, supplies, logistics including CCB/IPHL/BPHU & Information Technology

The presentation on Infrastructure, Supplies, Logistics, and Information Technology outlined key challenges and solutions in healthcare delivery. Infrastructure challenges included the need for region-specific designs, community ownership, and renovation of aging facilities. Solutions proposed included cluster tendering, land acquisition provisions, and partnerships with private hospitals under PPP models. IT and teleconsultation improvements focused on enhancing internet connectivity, adopting innovative practices like Telemanas, and providing teleconsultation incentives. For supply chain and logistics, the presentation emphasized the need for standardized procurement,

decentralized demand-based purchasing, and strengthened governance to reduce wastage and ensure availability. Collaborative and localized approaches were highlighted throughout.

Action points

The future course of action were discussed in brief by AS&MD-MoHFW, Principal Secretary, Government of Punjab and Executive Director-NHSRC. The discussions during the workshop led to the cross learning among the States and highlighted following action points for achievement of the desired outcomes

A. Actions at the level of MoHFW

- Unified online application for payment of incentives to ASHA
- Phasing out of multiple reporting registers
- Integration of various IT portals with single sign-in options
- Quality Curriculum be part of Medical Education
- Virtual NQAS certification of healthcare facilities

B. Actions at the level of State health department

i. Service Delivery in Comprehensive Primary Health Care (CPHC):

- Implementation of DVDMS till Primary level
- Roll out all 12 expanded packages of services at all operational AAM and report the progress in AAM portal
- Strengthening of hub and spoke model for teleconsultation
- Ensure continuum of care by establishing strong upward referral linkages and downward referral follow-up
- Organization the monthly Ayushman Arogya Shivar at AAM - with provision of specialist services
- Timely disbursement of funds to districts and monthly payment of Performance linked payment

ii. Indian Public Health Standards:

- Completion of training of IPHS ODK toolkit for all States/UTs by end of May,2024
- Self-assessments of District Hospitals using ODK tools for IPHS compliance by June 2024
- Prepare plan to address the gap identify by ODK tool.

iii. National Quality Assurance Standards:

- Completion of NQAS baseline assessment of health facilities
- Plan and prioritise various quality certification – Kayakalp, LaQshya, MusQan and SUMAN

iv. Human Resources for Health (HRH):

- Rationalization of Human Resource for Health
- Top-up for regular cadre human resource catering hard to reach area
- Creation of regular posts as per IPHS 2022 guidelines
- Deployment of specialists according to pre-planned schedule

v. Free Drugs and Diagnostics service Initiative:

- Ensure uniform supply of essential medicines, need based local procurement of medicines
- Establishment of Centralised rate contract for essential medicines
- Strengthening of In-house diagnostic facilities
- Establish sample transportation system –linkages with CHC & DH

Way Forward

The workshop served as an important platform for participating States to exchange experiences and insights from field visits, showcasing innovative and adaptable strategies to address implementation challenges. Ensuring the sustainability of these initiatives requires a strong focus on adherence to Standard Operating Procedures (SoPs), capacity building, continuous monitoring and evaluation, leveraging technology for healthcare service delivery, targeted approaches to reduce healthcare disparities in remote areas, and securing consistent financial and policy support for health system improvements..

Ms. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW, highlighted the significance of the workshop in fostering knowledge sharing, encouraging best practices, and enabling collaborative problem-solving through peer engagement. She also highlighted the importance of a flexible service delivery mechanism, such as scheduling specialist visits based on local needs, along with strategic resource planning to align with community healthcare demands. Strengthening healthcare infrastructure and enhancing medical staff training were identified as key priorities for improving health outcomes in the region.

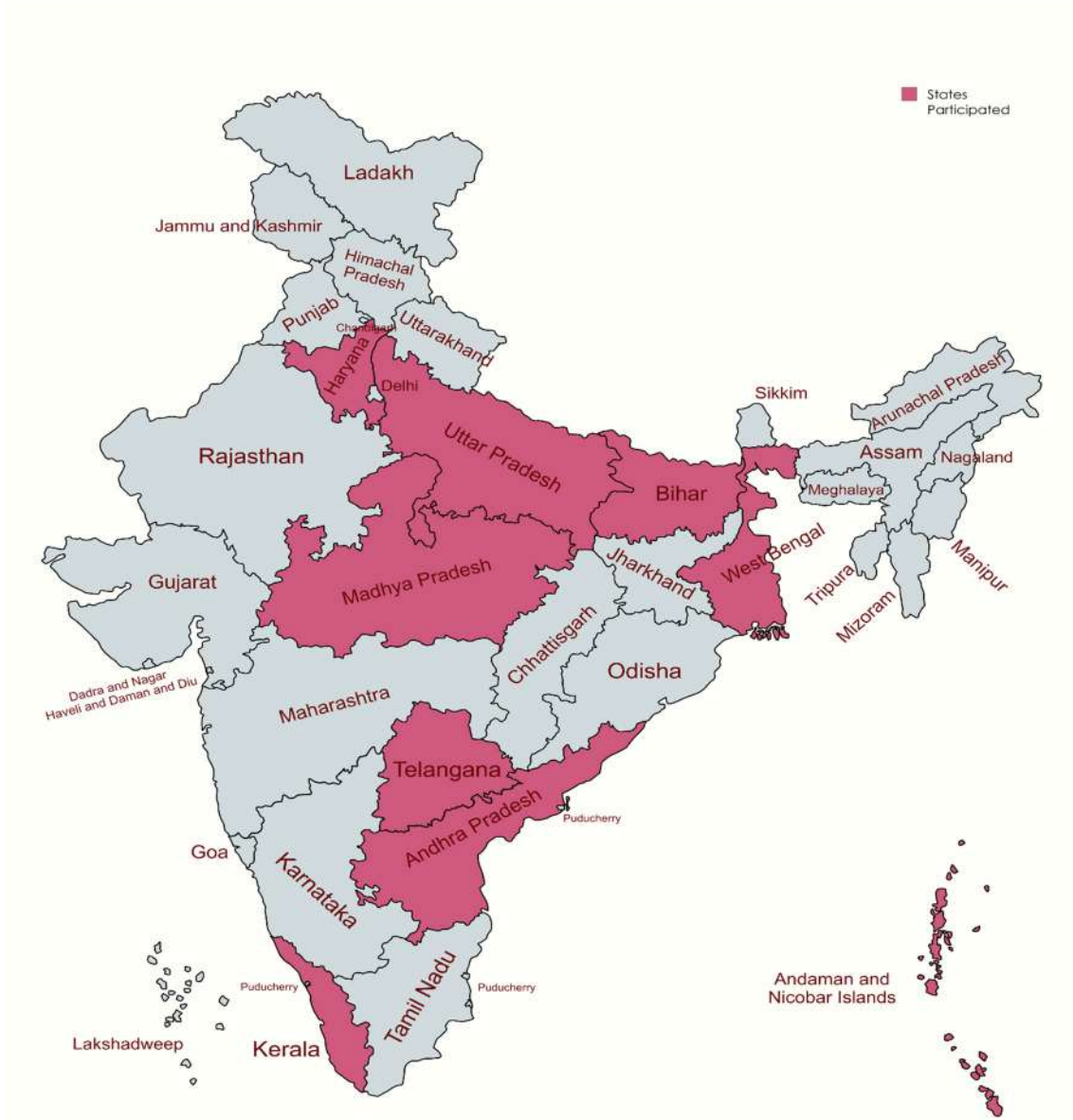
The workshop also provided valuable recommendations for refining national guidelines and enhancing implementation strategies by incorporating lessons learned from different States. It concluded with a commitment to continued collaboration and regular follow-ups to ensure effective execution of the recommendations. The event wrapped up with a vote of thanks to all participants, with special recognition given to the UT of Jammu and Kashmir Health Department for successfully hosting the workshop.

Annexure - I

Team	Name of Health facility	Name of District	Senior MoHFW/State Officials:	Designation
Team 1	JLNM Hospital Srinagar	Srinagar	Maj. Gen. (Prof) Atul Kotwal,	ED NHSRC
			Dr Saroj Kumar (MoHFW Nodal)	Director NHM III
			Dr.Suman Singh	MD NHM, Chandigarh
			Ms. Chitwan	Ass. Director
			Dr Gopal Chauhan,	SPO NCD, Himachal Pradesh
			Miss Stanzin Angmo	State Consultant, CPHC,Ladakh
			Dr. G. Krishnaleela	Joint Director, Tamil-nadu
			Dr. Pankaj Kumar Singh	Officer Incharge HRH, Uttarakhand
			Dr. Rajesh Bhaskar	SPO PM-ABHIM, Punjab
			Dr. Mani	SPM Delhi
			Dr. Deepika Sharma,	Lead Consultant
			Ms. Stella Grace,	Jr. Consultant
Team 2	DH Ganderbal SC Korag, Ganderbal	Ganderbal	Ms. Neha Garg (MoHFW Nodal)	Director (NHM-II)
			Shri Jagdish Sonkar	MD-NHM, Chhattisgarh
			Dr Mona Gupta	Advisor, NHSRC
			Ms. Deepika Sharma	SSO, MoHFW
			Ms Ankita Tiwari	State Consultant BP, CG
			Mr Mohit	State MIS Expert, DL
			Dr Gopal Beri	Dy Mission Director, HP
			Mr. Stanzin Gyalaks	State Programme Officer (SPO), NHM, Ladakh
			Dr. Sidhdharth Theagarajan	Senior Consultant, TN
			Dr. Nidhi Nigam	Sr. Consultant
			Mr Divya Prakash	Senior Consultant
			Mr Herratdeep Singh	Consultant
Team 3	SDH Bijbehara	Anantnag	Dr. Abhinav Trikha	MD-NHM, Punjab
			Shri. Kaustubh S. Giri (MoHFW Nodal)	DS NHM-IV, MoHFW
			Dr J N Srivastava	Advisor, NHSRC
			Shri Anand Sahu	SPM, Chhattisgarh
			Dr Manoj	SPO DSHM, Delhi

Team	Name of Health facility	Name of District	Senior MoHFW/State Officials:	Designation
Team 3	SDH Bijbehara	Anantnag	Dr Hiten banyal	SPO IDSP, HP
			Ms Chhemet Lamo	SPO, NCD , Ladakh
			Dr. B. Shanthi	Deputy Director, TN
			Dr. Fareeduzaffar	Officer incharge - CPHC, UK
			Dr. Abhishek	Sr. Consultant
			Dr. Balu Natha Mote	Senior Consultant
Team 4	SHC Ogmuna, Skill Lab	Baramulla	Shri. Harsh Mangla (MoHFW Nodal)	Director (NHM-I)
			Tmt. Shilpa Prabhakar Satish	Mission Director NHM
			Dr Ranjan Choudhury	Advisor
			Ms Deepti Bhatt	State Quality Officer, Delhi
			Dr. Syed Mustansir Ul Hassnain	SNO, (NQAS), Ladakh
			Dr. R.K. Singh	Director NHM, UK
			Dr. Shwetambri Cheema	Programme Officer- QA, Chandigarh
			Dr. Narendra Sinha	State Consultant AAM,CG
			Mr. Anjaney Sahi	Lead Consultant
			Dr. Adil Shafie	Sr. Consultant
			Dr Udita Joshi	Consultant
			Team 5	CHC Patan
Dr. Gurinder Bir Singh (MoHFW Nodal)	Advisor			
Dr Raj Prabha Moktan	Director RRC-NE			
Dr Abhyuday Tiwari	OSD, Chhattisgarh			
Thiru. Palani Kumar. T	State Programme Manager, TN			
Dr. Sunita Tamta	Director DGHS,UK			
Dr. Mahendra Kumar Maurya	SPM, UK			
Mr Alok	Logistic and Procure- ment Consultant, Delhi			
Dr. Priti Thawre	SPO-FDSI, Punjab			
Dr. Neha Dumka	Lead Consultant			
Dr. Amitava Acharyya	Consultant			

Team	Name of Health facility	Name of District	Senior MoHFW/State Officials:	Designation
Team 6	PHC Wayun	Pulwama	Dr. Motup Dorje	MD-NHM, Ladakh
			Dr. R.K. Singh	Director NHM, UK
			Dr K Madan Gopal (MoHFW Nodal)	Advisor
			Mr. A Srivastava	Advisor
			Dr Vikram Sharma	State Consultant quality, CG
			Mr. Mayank Mahajan	Manager IT-NHM, Chandigarh
			Dr. Javed Qureshi	SPM Chattisgarh
			Mr. Yugesh Kumar Rai	CP(SPM), Punjab
			Ms. Shilpy Malra	Sr. Consultant
			Ms. Khushbu Chauhan	Consultant
		Mr. Shahid Ali warsi	Consultant	



3rd REGIONAL WORKSHOP

15th July 2024 - 16th July 2024
Venue: Vijayawada

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Third Regional Workshop

Overview

Ministry of Health & Family Welfare, Government of India, in collaboration with the Department of Health & Family Welfare, Government of Andhra Pradesh organized the 3rd batch of two-day regional Workshop on 15th and 16th July, 2024 under the chairmanship of Shri Apurva Chandra, Secretary (H&FW), Government of India.

Objective of the workshop

To understand the challenges in implementation of various national health programmes under NHM and further support the participating States to devise action plan to strengthen existing interventions. Additionally, the workshop also aimed to explore the best practices for cross learning and recommended a way forward, especially under the following key priority areas:

- Service Delivery in CPHC: Expanded range of services with an integrative approach, Continuum of care with PMJAY linkages, Wellness & health promotion, Quality of drugs and diagnostics
- Quality & Patient Safety across healthcare facilities
- Human Resources for Health: Availability & capacity building, Community participation
- Infrastructure, Supplies & Logistics: Including CCB/IPHL/BPHU & Information Technology

The workshop was attended by representatives from nine States/UTs namely Telangana, Andhra Pradesh, Madhya Pradesh, Uttar Pradesh, Bihar, Haryana, West Bengal, Kerala and UT of Andaman and Nicobar Islands. Participants included Special Chief Secretaries (Health), Principal Secretaries (Health), MDs of NHM, and State Nodal Officers for Community Processes (CP), Comprehensive Primary Health Care (CPHC), Quality, and other divisions.

Day 1 (15th July 2024)

The inaugural session began with the lighting of the lamp, followed by welcome address by **Sri M.T. Krishna Babu, Special Chief Secretary (Health), Andhra Pradesh**. **Ms. Aradhana Patnaik, Additional Secretary and Mission Director, Ministry of Health & Family Welfare, Government of India**, welcomed the participants and set the context of the workshop. She appreciated the participating states for their commendable efforts in implementing NHM programs with such dedication. She acknowledged the remarkable progress achieved under NHM over the past decade, emphasizing milestones such as advancements in maternal and child health, significant reductions in out-of-pocket expenditure (OOPE), and strides in healthcare infrastructure, service delivery, and access to essential medicines and diagnostics at the community level.





Ms. Patnaik highlighted the need for states to prioritize attainment of NQAS certification for all healthcare facilities, stressing that quality is now the cornerstone of healthcare delivery. She urged states to rigorously pursue this goal, as it is instrumental in enhancing trust and outcomes in healthcare services.

She highlighted the future opportunities to further strengthen the health system, including the adoption of the ODK toolkit, expansion of healthcare service packages, and intensification of mental health initiatives through programs like Tele

MANAS. She also emphasized critical areas for improvement, such as ensuring compliance with IPHS, strict adherence to the EML, and bolstering DVDMS.

Shri Apurva Chandra, Secretary (H&FW), Government of India, highlighted the unique healthcare challenges faced by the northern and southern participating states, especially the dispersed populations and remote villages. He commended the healthcare workforce for their unwavering commitment and reaffirmed the government's dedication to supporting their efforts. Furthermore, he outlined strategies to improve the implementation of the Ayushman Arogya Mandir, Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and optimize the use of health grants from the 15th Finance Commission. He also emphasized on tackling issues related to healthcare technology, workforce management, and quality assurance and patient safety, particularly on enhancing healthcare access and outcomes in rural and tribal areas.



Technical sessions by Participants from MoHFW/States

The flow of the session was designed such as, first a presentation on key priority area by MoHFW, followed by best practices by states were presented related to that topic.

Presentation 1: Ayushman Arogya Mandir: Making Comprehensive Primary Healthcare a Reality, Sh. Harsh Mangla, IAS, Director, NHM-I, MoHFW, GoI

The National Health Policy emphasizes shifting to Comprehensive Primary Health Care through Ayushman Arogya Mandirs (HWCs), with 1.72 lakh facilities operational and a goal to increase state health spending to over 8% of their budgets. The presentation highlighted the key reforms to be undertaken under Comprehensive Primary Health Care including Infrastructural reform, expanded service delivery, expanded HR- CHO and multi skilling, expanded drugs and diagnostics, continuum



of care-Telehealth, robust IT system etc. Good Practices observed in States/ UTs were also presented like Family Doctor Program and Arogya Asara Program in Andhra Pradesh, good utilization of DVDMS in Uttar Pradesh, State specific Teleconsultation portal “Swasthya Ingit” in West Bengal, etc. States are urged to address HR rationalization, training on expanded packages and improving quality of AAM team trainings, NQAS certification of all facilities, integration of Portals and enhanced monitoring of service availability. Accurate reporting on AAM and drug availability remains critical.

Presentation 2: Family Doctor Services at Ayushman Arogya Mandirs, Sri. M.T. Krishna Babu, IAS, Special Chief Secretary, Health, Medical & Family Welfare, Government of Andhra Pradesh

Family Doctor Program is a novel initiative to render primary health care services at the door-step in rural areas through dedicated family doctor and to promote preventive healthcare. Under the Program, out of the two MOs placed at AAM-PHC, one MO stationed at PHC provides OPD services and the second MO visits mapped village health clinics in MMU. MOs visit VHC/AAMs twice a month as per fixed schedule. Family Doctor refers patients requiring treatment to empanelled network hospitals under Dr NTR Vaidya Seva/ AB-PMJAY.



The medical services assured under the Program include General OP at Village Secretariat, NCD management, Ante natal care and post-natal care, Anganwadi & school visits, Anaemia monitoring & management, home visits to bed ridden patients and monitoring of village sanitation. The presentation highlighted the impact of Family Doctor Program including creation of population based NCD registry, improved periodic ANC/PNC care, early Identification of diseases, prompt initiation of protocol-based treatment, high treatment compliance rate and increase in disease control rate.

Presentation 3: Integrated Approach to NCD and Palliative Care, Sh. Jeevan Babu, IAS, MD NHM, Kerala



Non-Communicable Diseases (NCDs) represent a significant challenge to community health, with a profound impact on both morbidity and mortality. Ayushman Arogya Mandirs play a pivotal role in the early detection, treatment, and management of NCDs, offering a continuum of care that is both accessible and affordable. The synergy between NCD management and palliative care services in Ayushman Arogya Mandirs in Kerala exemplify a holistic approach to healthcare, underscoring the importance of patient-centered care and the enhancement of quality of life.

Presentation 4: Quality and Patient Safety in Strengthening of Health System: Experiences & Future Directions, Dr. J N Srivastava, Advisor-QPS, NHSRC

The presentation highlighted the importance of utilizing data from Mera Aspatal, HMIS, and other portals to enhance healthcare delivery and monitoring. The current status of NQAS Certification, utilization of HR against NQAS Certification, and requirement of NQAS Assessors across States/UTs was presented. Challenges include delay in HR recruitment; inadequate Internal NQAS Assessors; PHC, CHC and SDH getting upgraded without commensurate increase in infrastructure, HR, Equipment, etc. Emphasis laid on conducting state-level internal assessments of facilities to accelerate evaluations, particularly for initiatives like Kayakalp, LaQshya and MusQan. These efforts aim to ensure quality standards, improve service delivery, and streamline the assessment process to achieve better healthcare outcomes across facilities.



Presentation 5: Indian Public Health Standards: 2022, Dr. K. Madan Gopal, Advisor- PHA, NHSRC



The presentation highlighted the Indian Public Health Standards (IPHS) 2022, emphasizing a target-based, outcome-oriented approach to ensure high-quality health services. States/UTs were briefed regarding the IPHS 2022 objectives, components, compliance criteria across domains such as Infrastructure, Human Resources, Drugs, Diagnostics, Services and Governance, and IPHS Dashboard. The number of assessments conducted and IPHS Compliance % across States/UTs were also presented. Strategies to improve facility compliance were outlined, with specific milestones aiming for 100% compliance by 2029.

States/UTs were encouraged to evaluate their health institutions' compliance with IPHS standards using an ODK tool, developed collaboratively by the Ministry of Health and Family Welfare (MoHFW), NHSRC, and NITI Aayog. This initiative aims to standardize healthcare quality, ensure infrastructure adequacy, and improve patient experiences across the country.

Presentation 6: Quality Assurance Program for AAMs, Sh. Narayan Swaroop Nigam, Principal Secretary, Health & Family Welfare, Government of West Bengal

The presentation highlighted State's efforts to ensure improvement in the quality assurance program by hand holding and virtual training of all AAM staff by state mentors on regular interval, preparation of NQAS orientation and guideline YouTube video in local language for all the field level workers, preparation of a staff interview manual book for staff of different tier facilities, trainings of PGT for all medical colleges, pharmacists and lab technicians of facilities, preparation of Antibiotic policy and guideline at state level, periodic movement of state nodal officer and state consultants for handholding support to different districts, etc.



Presentation 7: Behavioral training for hospital staff, Sh. Partha Sarthi Sen Sharma, Principal Secretary, Health & Family Welfare, Government of Uttar Pradesh



The presentation highlighted State's initiative to ensure dignified healthcare services for all by providing respectful patient centric care, establishing a conducive environment and increasing motivation and well being of staff. Strategies included identifying critical touchpoints where behaviour plays a pivotal role, Capacity building of facility staff, Facility leaders as trainers and mentors for accountability, acknowledging and appreciating the contribution of support staff at facility level.

Presentation 8: Leveraging IT Technology for Systematic Reporting and Review, Ms. Priyanka Das, MD NHM, Madhya Pradesh

Integrated Dashboard creates a unified data lake integrating all NHM Programs, enables cross-program data triangulation for enhanced accuracy and insights, facilitates rapid reviews and decision-making with streamlined access, and ensures easy accessibility and usability of health program data for stakeholders like Collector & CEO-ZP. Leveraging IT Technology helps in combining data from multiple sources into a centralized repository, making it easier to access real-time data and analyze, helps in identifying trends and patterns in the data, helps department to eliminate data silos and keep data consistently updated and synchronized, and helps District Collector, CEO-ZP and district/block health officials for better monitoring and review.



Presentation 9: Bihar Health Application Visionary Yojana for All (BHAVYA) – Bihar State Health System digitalization, Sh. Suharsha Bhagat, Executive Director, NHM Bihar



BHAVYA Yojana was officially launched by the Hon. Chief Minister of Bihar on 21st October 2022. It is ABDM enabled, state-wide digital health rollout with M1, M2 and M3 integration facility. All the 38 Districts have been onboarded on BHAVYA with 1.27 lakh+ OPD registration per day and 49,000+ professionals have been trained so far. It has Hospital Information Management System (HIMS), Smart Mobile App for Health Workers and Citizen Portal, Electronic Health Record (EHR)/Health locker, Integration with Bihar State and GoI Health applications, Performance Management and Rating system, Command-and-Control Centre (CCC) and Centralized BHAVYA Helpdesk.

Presentation 10: eKavach-A Population Register Based Digital Tool for Integrating Multiple Health Services, Dr. Pinki Jowel, MD NHM, Uttar Pradesh

The presentation highlighted eKavach, a Comprehensive Primary Healthcare Application with the initiatives including one time Population enumeration database with family and members, workflow based system for FLWs, single source of truth for Individuals Longitudinal Health Records, ABHA saturated enumeration for Health Record linkage, Due list to facilitate FLWs and track community level assured services delivery and Integration of digital health systems for Population Register & Interlinkages.



Presentation 11 : TB Initiatives, Dr. Avijit Roy, Deputy Director (Health), Andaman and Nicobar Islands



Eliminating Tuberculosis is a challenge that requires a multifaceted approach ranging from Early detection and diagnosis, Effective treatment to Prevention. The presentation emphasized upon the initiatives being undertaken by the UT for TB prevention including IEC materials used in spreading awareness among school children and TB screening camps at difficult-to-reach areas. Promotive aspects including out-of-home campaign (hoardings in public places and display in hospitals and schools), awareness programs at workplaces and Nikshay Mitras. Curative aspects including TB Preventive Therapy through DOTS and TB Screening for Tribal Community. Capacity building aspects including continuous knowledge updates through monthly ECHO sessions.

Presentation 12: Deployment of Active Case Finding with dCXR+AI in Community Settings: Learnings from Haryana, Dr. Paramvir Singh, PO-HWC, NHM Haryana

The presentation highlighted the state's initiative of strengthening Active Case Finding (ACF) by introducing Ultraportable X-rays. Deployment of a high-sensitive Ultraportable X-ray tool along with high throughput interpretation (CAD) and subsequent linkage to Microbiological testing can significantly reduce delays in diagnostics and pre-treatment loss to follow-up. The implementation model, Community mobilization methods, beneficiary workflow and key implementation learnings were presented. Active Case Finding intervention utilises a 'Camp Approach'. Intensive & targeted community mobilisation is conducted 2 days prior to each camp using 2 methods – Direct and Indirect mobilization methods. Beneficiary visits the camp to get NCD testing along with a systematic verbal screening followed by X-ray test and sputum sample submission. The X-ray image is integrated with Artificial Intelligence for suggestive interpretation by radiologists through teleradiology and generate reports.



Presentation 13: Human Resources for Health, Ms. Mona Gupta, Advisor HRH, NHSRC



The presentation highlighted critical challenges in healthcare human resources availability, including restrictions imposed by domicile requirements, language barriers, and slow recruitment processes. Accessibility is further compromised by the uneven geographical distribution of personnel and disparities between rural and urban regions. Moreover, cultural sensitivity and alignment with community preferences significantly influence the acceptability of healthcare services. To address these issues, strategies to enhance quality emphasize on comprehensive skill assessments, robust capacity-building initiatives, and effective supportive

supervision. These measures aim to strengthen the competence and responsiveness of healthcare professionals, bridging service delivery gaps and meeting the diverse needs of populations across varied contexts.

Presentation 14: Zero Vacancy Policy in Health Human Resources, Sri. M.T. Krishna Babu, IAS, Special Chief Secretary, Health, Medical & Family Welfare, Government of Andhra Pradesh

The presentation highlighted the state's initiative to improve the retention of human resources in health. Many strategies have been institutionalized to ensure zero vacancy in the state including rationalization of health facilities, rationalization of human resources in health sector, recruit and retain policy, services offered at secondary health institutions, and human resource vacancy (%).



Presentation 15 : Free Diagnostic Service Initiative: Shaping the Future of Healthcare, Dr. Ranjan Kumar Chaudhary, Advisor, Healthcare Technology, NHSRC



The presentation highlighted innovative approaches to enhance laboratory services, states like Madhya Pradesh has adopted hybrid model combining public and private resources while all other states are procuring consumables centrally. Several challenges persist including terrain difficulties posing logistical hurdles, complicating the transportation of samples and equipment. The limited presence of public-private partnerships (PPP) restricts access to additional expertise and infrastructure. Furthermore, shortage of skilled laboratory technicians hampers the capacity to provide timely and efficient diagnostic services, ultimately affecting the accessibility and quality of healthcare, especially in remote areas.

Presentation 16 : Free Drugs Service Initiative a 'Game Changer' in health care, Dr. G B Singh, Advisor, CP-CPHC, NHSRC

The presentation underscored efforts to reduce out-of-pocket expenses (OOPE) through initiatives like the Free Drug Service and the Drug and Vaccine Distribution Management System (DVDMS) for streamlining procurement and supply chain operations, supported by the establishment of drug warehouses. However, challenges persist, including inconsistencies in Essential Drug Lists (EDL), supply chain delays, and suboptimal system implementation. Proposed solutions focus on integrating the Logistics Management Information System (LMIS) with DVDMS to enhance tracking and operational efficiency, while reinforcing delivery mechanisms to ensure the timely and reliable distribution of essential medicines. These measures aim to improve accessibility, optimize resource utilization, and alleviate financial burdens on patients.



Presentation 17: Convergence of T-Diagnostic Services with Vertical Programmes/Initiatives, Sri R.V. Karnan, MD NHM, Telangana

Telangana Diagnostics was launched in 2018 with an intention to provide free and quality diagnostic services to the poor and needy patients of Telangana. One Central Lab has been established for Blood tests and 20 Mini hubs for Radiology services (19 functional) in GHMC area and 32 District Pathological and Radiological Hubs (30 functional) for providing 134 Pathological tests and 5 radiology services. The presentation highlighted the impact of Telangana Diagnostics so far: 1.01 Cr beneficiaries benefitted, 1.9 Cr Samples Collected, 18.10 Cr Pathology and 8.19 Lakh Radiology tests processed, and 1100 Cr estimated savings in Out-of-pocket Expenditure.

The presentation highlighted the support provided by T-Diagnostics Hubs to several vertical



programs and initiatives in terms of pathological and radiology tests along with generation of electronic health records. The key benefits of convergence include optimal utilisation of available resources, avoidance of equipment duplication and maintenance burden, avoidance of duplication of expenditure for diagnostics in various programmes, easy accessible digital reports by beneficiaries and easier planning and implementation of vertical programmes and initiatives.

Presentation 18: Infrastructural reforms under PM-ABHIM: Strengthening critical care & surveillance to establish resilient health systems (CCB/IPHL/BPHU), Dr. Kaustubh Giri, IRS, Deputy Secretary (NHM IV)

The presentation emphasized that PM-ABHIM aims at transforming India's healthcare landscape through infrastructure development with a substantial budget allocation of Rs. 64,180 crores. Key components of the mission include establishing health and wellness centres, public health units advanced laboratories to enhance diagnostic capabilities, and critical care blocks. These measures collectively aim to strengthen the healthcare system, enhancing service delivery and ensuring equitable access nationwide.



State action plans and their Best Practices

States/UT	Action Plans	Best Practices
Andhra Pradesh	<p>i) Key highlights include enhanced access to primary health services in rural areas, improved health seeking behavior, effective management of anaemia among PW and adolescents, free drugs and diagnostics and reduced travel to health facilities by patients.</p> <p>ii) Key strategies include rationalization of health facilities, rationalization of human resources in health sector, recruit and retain policy, services offered at secondary health institutions, and human resource vacancy (%).</p>	<p>i) The state is implementing Family Doctor Programme to render primary health care services at door-step in rural areas through dedicated family doctor and to promote preventive healthcare.</p> <p>ii) The state is also implementing a zero vacancy policy in health human resources</p>
Kerala	Key highlights include team-based management of NCDs at SHC level, categorization of the community based on the severity of the chronic illness and regular follow up visits and support to patients.	The state is implementing an integrated approach to NCD and Palliative Care at AAM-SHC level.
West Bengal	Key highlights include hand holding support and virtual training of all AAM staff by state mentors on regular intervals, preparation of staff interview manual book and Antibiotic policy and guideline at State level, and trainings of PGT for all medical colleges, pharmacists and lab technicians of facilities.	The state highlighted its good practices for ensuring certifications under the Quality Assurance Program.
Uttar Pradesh	<p>i) Key Strategies include identifying critical touchpoints where behaviour plays a pivotal role, capacity building of facility staff, Facility leaders as trainers and mentors for accountability, acknowledging and appreciating the contribution of support staff at facility level.</p> <p>ii) The application includes a one-time Population enumeration database, workflow based system for FLWs, single source of truth for individuals longitudinal health records, ABHA saturated enumeration, due list to facilitate FLWs and integration of digital health systems.</p>	<p>i) State's initiative to ensure dignified healthcare services for all by providing respectful patient centric care, establishing a conducive environment, improving overall health outcome of patients and increasing motivation and well-being of staff.</p> <p>ii) eKavach is a Population Register based digital tool for integrating multiple health services. Its impact include geography based line list of symptomatic individuals and positive patients for early detection, management and follow up, accurate microplanning, common due list across applications and due list based services for follow up and monitoring.</p>

States/UT	Action Plans	Best Practices
Madhya Pradesh	Leveraging IT Technology helps in combining data from multiple sources into a centralized repository, making it easier to access real-time data, identifying data trends and patterns, updating and synchronizing data consistently, and helps District/Block officials for better monitoring and review.	Integrated Dashboard creates a unified data lake integrating all NHM Programs, enables cross-program data triangulation for enhanced accuracy and insights, facilitates rapid reviews and decision-making with streamlined access, and ensures easy accessibility.
Bihar	The application has Hospital Information Management System (HIMS), Smart Mobile App for health workers and Citizen Portal, Electronic Health Record (EHR)/Health locker, integration with Bihar State and Gol health applications, Performance Management and Rating system, Command-and-Control Centre (CCC) and Centralized BHAVYA Helpdesk.	Bihar Health Application Visionary Yojana for All (BHAVYA) was officially launched by the Hon. Chief Minister of Bihar on 21st October 2022. All the 38 Districts have been onboarded on BHAVYA with a coverage of 12+Cr population, 1.27lakh+ OPD registration per day and 49,000+ professionals trained so far.
Andaman & Nicobar Islands	Eliminating Tuberculosis is a complex challenge that requires a multifaceted approach- early detection and diagnosis, effective treatment, and prevention.	Best Practice include the UT's initiatives for TB prevention (school IEC materials and screening camps at difficult-to-reach areas), Promotive aspects (out-of-home campaign, workplace awareness programs and Nikshay Mitras), Curative aspects (TB Preventive Therapy and TB Screening for Tribal Community) and Capacity building aspects (continuous knowledge updates through monthly ECHO sessions).
Haryana	Key highlights include strengthening Active Case Finding by introducing Ultraportable X-rays which can significantly reduce delays in diagnostics and pre-treatment loss to follow-up.	Best Practice include the state's initiative of strengthening Active Case Finding by deployment of a high-sensitive Ultraportable X-ray tool along with high throughput interpretation (CAD) and subsequent linkage to Microbiological testing.
Telangana	T-Diagnostics Hubs provide support to several vertical programs and initiatives in terms of pathological and radiology tests along with generation of electronic health records.	Telangana Diagnostics was launched in 2018 to provide free and quality diagnostic services to the poor and needy patients of Telangana. One Central Lab has been established for Blood tests and 20 Mini hubs for Radiology services and 32 District Pathological and Radiological Hubs.

Brainstorming sessions

The presentations were followed by brainstorming sessions in groups on the following identified priority areas:

- Service Delivery in CPHC: Expanded range of services – Integrative approach; Continuum of Care with PMJAY linkages; Wellness & Health Promotion, Drugs and Diagnostics
- Quality & Patient Safety across health care facilities
- Human Resources for Health – availability & capacity building – including Community Participation
- Infrastructure and Supplies & logistics: Including CCB/IPHL/BPHU & Information Technology



Day 2 (16th July 2024)

Field visits

Field visits were conducted to various health facilities of Vijayawada. The members were arranged into four teams. The teams were divided as per the identified topics of the panel discussions and accordingly teams visited AAM-SHCs, AAM-PHCs, AAM-UPHC, CHC, Area Hospital as well as DH. Each team visited two facilities. The details of facilities visited by the teams is placed at Annexure.

The AS&MD (NHM), MoHFW also visited four health facilities namely Village Health Clinic Godavarru, PHC Chebrolu, UPHC Drivers Colony and DH Tenali, Guntur District. She observed all the major activities at the facility and interacted with the staff to understand their challenges. It was suggested that the primary healthcare facilities should expand the range of services with incremental delivery of all expanded packages of services. She emphasized on the regular screening of NCDs for all individuals above 30 years and further followed up for treatment adherence, also to work towards health promotion for reduction in NCDs and their risk factors. She also advised that Community Health Centres should now act as first referral centres for all the 12 packages of health. The CHCs to aim at increasing the number of surgeries, and not only limit to pregnancy related emergencies.



Village Health Clinic, Godavarru village,
Chabrol Mandal



AAM-PHC Chebrolu, Guntur District



District Hospital Tenali, Guntur District



AAM-PHC Kondapalli



CHC Ponnuru



Area Hospital Nuzvid



AAM-PHC Uppuluru

Panel Discussions

The field visits were followed by panel discussion and sharing of experience based on key findings during the field visit. The challenges and relevant solutions were provided to improve the service delivery at the healthcare centres.

Panel 1: Common Challenges and Solutions towards Strengthening Primary Healthcare and Quality and Patient Safety

Team 1 visited AAM- Sub Centre Gollapudi-2 and AAM-PHC Kondapalli. The presentation highlighted key challenges discussed including the completion of IPHS self-assessments, gap analysis, HR inadequacy, space requirements, and availability of diagnostics and drugs as per IPHS EML and Diagnostic List. Recommendations included capacity building, prioritizing facilities with compliance issues, creating a state-level medical recruitment board, aligning state and national medicine lists, and scaling up NQAS targets.

Additional challenges such as biomedical waste disposal in AAM-SC, high deferral rates in national assessments, demotivation among deferred facilities, excessive documentation, and lack of trained assessors were also addressed with specific recommendations to improve the overall healthcare quality and patient safety.

Panel 2: HRH and Community Participation

Team 2 visited AAM-UPHC HB Colony and Area Hospital Nuzvid. The presentation highlighted issues like lack of sanctioned posts and slow process of creating new ones, Irregular recruitment drives, once in every few years in most states, low retention of Specialists and unavailability of superspecialists, difficult for organizing training of huge number of HRH, non-availability of MOs in urban areas for making UHWCs functional, Non-availability/ low retention of CHOs, lack of career progression etc. Recommendations included Creation of adequate posts as per IPHS- separate recruitment board for HRH, District Residential Program- engaging PG students, pooling of incentives, provision for hard-to-reach areas/ tribal areas, understanding of reasons for non-retention as context differs, creation of cadres and ensuring posting of specialized nurses in respective units, redesigning the paramedical courses (both diploma and degree), Regional training centers for regular trainings, etc.

Panel 3: Service Delivery in Comprehensive Primary Health Care

Team 3 visited AAM- Sub Centre Vanukuru-1 and AAM-PHC Uppuluru. The presentation focused on the challenges identified by the team members with their probable solutions across different domains of service delivery. Challenges included Attrition and Career progression of CHOs, the dying cadre of MPW (Male), Promotion avenues for different cadres, Supervision of CHOs, Expanded packages without reducing emphasis on core activities, mental, neurological and substance abuse package roll out, referral system strengthening, teleconsultation quality, etc. Solutions included early recruitment of CHOs and MOs, strengthening of SHSRCs and SIHFWs, MOs at AAM-PHCs to monitoring of AAM-SHCs by MOs at AAM-PHCs, Scale-up of CHO mentoring program by using NQAS certified CHOs as mentors, CHOs and ANMs working as a team, dedicated staff for teleconsultation, etc.

Panel 4: Infrastructure, Supplies, Logistics & Information Technology including ABDM and Integration of Portals

Team 4 visited DH Tenali and CHC Ponnuru. The presentation highlighted the challenges in infrastructure development, supply chain and logistics, and IT portals integration within healthcare. It covers issues such as budget discrepancies, space limitations, inaccurate demand forecasting, and data duplication. Proposed solutions include developing maintenance plans, enhancing inventory systems, integrating IT portals, and utilizing real-time data for informed decision-making. Best practices such as selective inventory control, maintaining buffer stock, and implementing universal applications like e-OPD are also discussed. The presentation stresses the importance of stakeholder collaboration and innovative approaches to optimize logistics and IT integration for more efficient healthcare delivery.

Action points

The future course of action was briefed by AS&MD, MoHFW. The discussions during the workshop led to the cross learning among the States and highlighted following action points for achievement of the desired outcomes.

A. Actions at the level of MoHFW

- Unified online application for payment of incentives to ASHA
- Phasing out of multiple reporting registers
- Integration of the various health portals with single sign-in option. This will reduce the burden on service providers and improve data management efficiency.
- Strengthening of FRU for continuum of care
- Simplification of the training manuals and operational guideline for AAM
- Revision in Community-Based Assessment Checklist (CBAC) for including Tele MANAS helpline number.
- Development of a structured career progression and retention policy for CHOs. Also, the CHO mentorship program may be expanded by utilizing CHOs certified under the National Quality Assurance Standards (NQAS) as mentors. Successful state-level mentoring models can be promoted and scaled.
- Need to revitalize the role of Male Multi-Purpose Workers (MPWs) to strengthen community health services.
- Revisiting the operational guidelines for Ayushman Arogya Mandir (AAMs) to station CHOs at the centres. Community-based care should primarily be handled by ANMs, ensuring that CHOs are available at the centres. This will help maintain trust in the community.
- The TeleMANAS mental health support system should be integrated into all relevant training modules, including the Comprehensive Primary Health Care (CPHC) guidelines, for generating community awareness.
- Introduction of a new, more effective training method for healthcare staff, more effective than the cascade mode of training.
- The Emergency care package should focus on stabilizing patients and providing timely referrals, rather than comprehensive emergency management at the primary level.

B. Actions at the level of State health department

- i. Service Delivery in Comprehensive Primary Health Care (CPHC):
 - Expedite EPS training for AAM team and update the status in Sashakt Portal.
 - Expedite the roll out all 12 services at all operational AAM and report the progress in AAM Portal.
 - Strengthen the continuum of care by linking primary, secondary, and tertiary levels.
 - Strengthening of FRU to serve as referral centres for AAM. Referral centres should be mapped based on available services, with private facilities empanelled under Ayushman Bharat also included in the referral system.
 - Regular organization of the monthly Ayushman Arogya Shivar at AAM- SHC/PHC and CHC with provision of specialist services.
 - State Health Systems Resource Centers (SHSRCs) and State Institutes of Health & Family Welfare

(SIHFWs) should be strengthened to enhance their capacity in supporting health programs.

- Uptake of DVDMS till the SHC level
- ii. Quality and Patient Safety:
- Expedite the NQAS certification to achieve the goal to certify 50% facilities by December 2025 and 100% facilities by December 2026
 - Implement state-level internal assessments using tools like ODK for compliance with IPHS
- iii. Human Resources for Health (HRH):
- Address workforce shortages through establishment of recruitment boards
 - Creation of Public Health management cadre (PHMC) as per State's HR policies
 - Ensuring specialist services through fixed day clinics, deployment of specialist according to pre-planned schedule/micro-plan
- iv. Infrastructure, Supplies, and Logistics:
- Prioritize the completion of civil works and functionality of BPHU, DIPHL, CCB, Rural & Urban AAM approved under PMABHIM, expediting the process of tender and issue of work order
 - Improve supply chain systems for drugs and diagnostics by optimal utilization of DVDMS and consumption based forecasting/indenting
 - Integration of State specific LMIS with DVDMS
 - Identification of the hard to reach areas of the State and devising targeted strategies like teleconsultation and hybrid services
- v. Community Engagement and Innovation:
- State to prioritize training and empowering Village Health Councils for community-driven healthcare improvements, promoting community ownership of health facilities (similar to Meghalaya) and cleanliness initiatives in the community
 - Strengthen collaborations and enhance awareness campaigns using SHGs and civil society organizations for intersectoral convergence.
- vi. Monitoring and Evaluation:
- Use HMIS and Mera Aspatal data for monitoring and enhancing healthcare services
 - Schedule quarterly NHM review meetings at State for better coordination and solution identification
 - Conduct regular assessments of healthcare facilities using dashboards and report cards
 - Reward top-performing districts and facilities to foster a competitive spirit.

Way Forward

The experiences shared by the participating States/UT and the learnings from the field visits presented significant innovative & replicable strategies to overcome the challenges in the implementation and further these initiatives may be sustained through adherence to SoPs, capacity building, continuous monitoring and evaluation, technology use for healthcare monitoring, training and service delivery, addressing healthcare disparities in remote areas with targeted strategies and promote sustainable funding and policy backing for healthcare system improvements.

- Sh. Ganapathi Rao, Chief Administrative Officer, Andhra Pradesh expressed gratitude to all

participants, particularly acknowledging the leadership of AS & MD(NHM), MoHFW, team of MoHFW & NHSRC and state teams for their presence and contributions to the workshop. He highlighted the value of feedback and collaborative learning, emphasizing the importance of addressing challenges in healthcare delivery.

- Ms. Aradhana Patnaik, AS & MD (NHM), MoHFW concluded that the workshop acted as a platform for knowledge exchange, underscoring the workshop's goal of sharing best practices and collaboratively finding immediate solutions to common issues through peer learning. She stated that the workshop provided enriching experience to participants from various States/UT & the Ministry and expressed gratitude to the participants for their contribution in making the workshop a great success.
- She highlighted the importance of efficient resource allocation and planning, driven by actual case load and community needs, to ensure the effective delivery of healthcare services. Strengthening healthcare infrastructure and enhancing the training of medical personnels were identified as essential priorities for improving healthcare outcomes across the States/UT.
- Moreover, the workshop also provided insights to improve guidelines and processes at the national level, imbibing the learning from the States' experiences.
- The workshop concluded with a commitment to organizing regular conferences and ongoing collaboration, with a focus on implementing recommendations and improving healthcare outcomes. The workshop ended with a vote of thanks to the participants and to Andhra Pradesh Health Department for hosting the event.

Annexure - I

Details of facilities visited by the Teams during Field visit	
Name of Health facility 1	Name of Health facility 2
Team 1	
AAM- Sub Centre Gollapudi-2	AAM-PHC Kondapalli
Team 2	
iAAM- UPHC HB Colony	Area Hospital Nuzvid
Team 3	
AAM- Sub Centre Vanukuru-1	AAM-PHC Uppuluru
Team 4	
DH Tenali	CHC Ponnuru



4th REGIONAL WORKSHOP

04th September 2024 - 05th September 2024
Venue: Jodhpur, Rajasthan

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Fourth Regional Workshop - Rajasthan

Overview

Ministry of Health & Family Welfare, Government of India, in collaboration with the Department of Health & Family Welfare, Government of Rajasthan organized 04th batch of two-day regional Workshop under the chairmanship of AS&MD, National Health Mission, Government of India.

States/UTs participated:

The Meeting was attended by representatives from 10 States/ UTs from DD&DNH, Goa, Gujarat, Rajasthan, Jharkhand, Karnataka, Lakshadweep, Maharashtra, Odisha and Puducherry.

Participants included Principal Secretaries (Health), MDs of NHM, and State Nodal Officers for Community Processes (CP), Comprehensive Primary Health Care (CPHC), Quality, Urban Health and other divisions.

Objective of the workshop

- Service Delivery in CPHC: Expanded range of services with an integrative approach, Continuum of care with PMJAY linkages, Wellness & health promotion, Quality of drugs and diagnostics.
- Quality & Patient Safety across healthcare facilities
- Human Resources for Health: Availability & capacity building, Community participation
- Infrastructure, Supplies & Logistics: Including CCB/IPHL/BPHU & Information Technology

Day 1 (04th September 2024)

Introductory session

Dr. Jitendra Kumar Soni, MD-NHM Rajasthan, welcomed all the Dignitaries of MOHFW, NHSRC, participating States/ UTs and Rajasthan team at Fourth Regional Conference, Jodhpur Rajasthan.





Ms Shubhra Singh, Additional Chief Secretary of Health & Family Welfare, Government of Rajasthan, welcomed all the dignitaries from MoHFW, team of NHSRC and distinguished guests from all the participating States. ACS highlighted the distinct healthcare challenges faced in northern regions, particularly the scattered populations and remote villages. She commended the health workforce for their dedication and emphasized the government's commitment to strengthening their efforts. Additionally, she outlined strategies to enhance the implementation of the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and maximize the impact of the 15th Finance

Commission's health grants. The introductory session also focused on addressing challenges related to healthcare technology, workforce management, and patient safety, with a special emphasis on improving healthcare access and outcomes in rural and tribal areas.

Ms. Aradhana Patnaik, Additional Secretary and Mission Director at the Ministry of Health & Family Welfare, Government of India, addressed the participants, reflecting on the remarkable progress achieved under the National Health Mission (NHM) over the past decade. She highlighted advancements in healthcare infrastructure, access to essential medicines, diagnostics, and service delivery at the community level. She also outlined key areas for improvement, including compliance with Indian Public Health Standards (IPHS), adherence to the Essential Medicines List (EML), and enhancing the Drug and Diagnostics Supply Chain Management System (DVDMS). Looking ahead, she emphasized opportunities such as attaining NQAS certification for Ayushman Arogya Mandirs, training on the ODK toolkit, expanding healthcare service packages, and strengthening mental health initiatives, including the Tele-Manas program.



Technical sessions by Participants from MoHFW/States

Each Technical Session was presented on the Key priority area by MoHFW followed by the best practices by States/UTs related to that topic

Presentation-1. Comprehensive Primary Healthcare through Ayushman Arogya Mandir: Strengthening expanded package of services. Sh. Harsh Mangla, IAS, Director, NHM-I, Government of India



The presentation was focused on the progress of Comprehensive Primary Healthcare (CPHC) through Ayushman Arogya Mandir (AAM) across the states/ UTs. Key discussions included field visit observations by teams from MoHFW and NHSRC to 18 states, covering 40 districts and 222 AAM facilities. The objectives were to assess the functionality of AAM in delivering healthcare, identify service delivery enablers and barriers, and evaluate community perspectives and ASHA payment mechanisms. Notable challenges highlighted were human resource shortages, poor training quality, limited service-rollout, equipment deficiencies, and weak referral systems. Recommendations included enhancing infrastructure, integrating IT systems, improving drug supply

chains, expanding cancer screening, and strengthening teleconsultation services and community engagement for holistic healthcare delivery.

Presentation-2. Strengthening Expanded Package of Services under CPHC-UHC, Dr. Naveen Bhat, IAS, MD-NHM, Karnataka

Karnataka has operationalized 94.49% of its targeted AAMs, delivering 12 Expanded Package of Services (EPS) under CPHC. The Ashakirana program provides free eye screenings, spectacles, and surgeries with IT-enabled monitoring. Mental health services under DMHP empower CHOs to manage CMD, SMD, and substance use disorders, with improved KAP scores post-training. Elderly and palliative care include home-based visits, awareness activities, and health camps. Between May and July 2024, PHC grading improved, doubling Grade A facilities while reducing Grade D. Focus continues on upgrading Grades B and C through targeted resources and policy utilization.



Presentation-3. Best Practices under Comprehensive Primary Health Care through AAMs, Dr. Mohanrao Dessai, Chief Medical Officer, NCD Cell, Government of Goa, Directorate of Health Services.

Goa's healthcare initiatives showcase community-driven models under Comprehensive Primary Health Care. The National Programme for Palliative Care includes adult and pediatric care through



outpatient and home-based services, with over 11,000 patient interactions since January 2023. The integration of palliative care with compassionate community projects and additional therapies like art and movement are noteworthy. Goa also excels in diabetes management through the Changing Diabetes Barometer Project, with 15 community diabetes centers counseling over 2.56 lakh patients. Innovations include a Digital Diabetes Registry, insulin pump distribution, and the incorporation of SGLT-2 inhibitors in state protocols. Additionally, the STEMI Goa Project ensures timely cardiac care with tele-ECG-enabled diagnoses and thrombolysis within the golden hour, significantly reducing morbidity. The Swasth Mahila Swasth Goa project focuses on breast cancer screening using iBreast technology, having screened over 1.15 lakh women by July 2024.

Presentation-4. National Quality Assurance Standards: Experiences & Future Direction and IPHS, Dr. J N Srivastava, Advisor QPS, NHSRC

The presentation underscored the progress and future strategies for achieving National Quality Assurance Standards (NQAS) certification across public healthcare facilities. Updates highlighted that several states, including Gujarat, Karnataka, Maharashtra, and Odisha, are on track to achieve significant milestones in NQAS certification by 2026. Key challenges discussed included the shortage of qualified assessors, gaps in physical infrastructure, and the need for enhanced training and utilization of state-level resources. The action plan emphasized scaling up internal assessors, integrating virtual certification processes, and collaborating with academic institutions for sustainable quality assurance. States were advised to define monthly targets, utilize existing human resources, and ensure timely field visits to accelerate certification.



Presentation-5. Indian Public Health Standards 2022, Dr. Madan Gopal, Advisor PHA, NHSRC



The presentation highlighted the evolution of the Indian Public Health Standards over the years covering various components such as service provision, infrastructure, human resource, drugs, diagnostics equipment, accountability, clinical governance and Monitoring & certification. The objectives highlighted the uniform benchmark for high quality services, minimum assured (essential) and achievable (desirables) services, facilitate monitoring and supervision, provide guidance and tool and to achieve and maintain the acceptable standard of quality

Presentation-6: Jharkhand, NQAS innovation, Dr. Ranjit Prasad, SNO QA, NUHM, Data MIS and IT, Technical Advisor to to Director in Chief, Health Services, Jharkhand

The Sadar Hospital, Ranchi, has undergone significant quality improvements as part of the NQAS certification journey. Upgrades include modernizing infrastructure such as pharmacies, kitchens, and wards, and adding facilities like automatic roti makers, playgrounds, and waste management systems. Awareness initiatives, wall paintings, and safety enhancements like railings and separated toilets were introduced. Training programs for staff focus on quality management, cleanliness, and emergency preparedness, with onsite mentoring by the State Quality Team. Innovative practices include repurposing waste materials and leveraging limited resources for operational efficiency. Regular review meetings ensure consistent progress toward achieving and maintaining quality standards.



Presentation-7: Excellence in every corner under NQAS, Dadar & Nagar Haveli and Daman & Diu, Dr. Tapan Desai, State Programme Officer, QA, UT of D&D and D&H



The UT of Dadra and Nagar Haveli & Daman and Diu (DD&DNH) has achieved 80% NQAS certification for its healthcare facilities, meeting the target set for December 2025. Key initiatives to enhance facility standards include adopting green building practices, establishing herbal gardens, integrating AYUSH services, promoting community engagement, and upgrading IT infrastructure. The UT has also strengthened community health platforms like the Jan Arogya Samiti and Village Health, Sanitation, and Nutrition Committees (VHSNCs) to reinforce comprehensive primary healthcare delivery.

Presentation-8. Integration of Portals: Demonstrations Mr. Abhishek Shrivastava, Advisor IT, NHSRC

The presentation highlighted the integration of various health portals to streamline data management, improve service delivery, and enhance monitoring and evaluation. Key discussions included the need to consolidate multiple digital platforms to reduce duplication of efforts, ensure real-time data availability, and improve interoperability across healthcare systems. Challenges identified were data discrepancies, lack of standardized formats, and limited user training. The action plan emphasized developing a unified platform, enhancing data security protocols, providing capacity-building sessions for users, and leveraging technology to support evidence-based decision-making for better healthcare outcomes.



Presentation-9: Integration of Portals in UT of Puducherry, Dr. R. Duraismy – Programme Officer, NP-NCD



The Union Territory of Puducherry integrates multiple Government of India health portals, including U-WIN, RBSK, AB PMJAY, and others. It focuses on creating unique health records (ABHA) for residents to streamline healthcare from birth to old age. Key initiatives include registering newborns in the U-WIN portal and integrating private facilities into the digital health network. A priority campaign, CHANDRAYAAN, along with Ayushman Bhavah, has facilitated the creation of over 11.2 lakh ABHA IDs (80% coverage). Digital platforms like E-Hospital are being expanded to all public health facilities. Special practices involve transforming PHCs into “Ayushman Arogya Mandirs,” offering specialty e-consultations through e-Sanjeevani, and implementing comprehensive digital infrastructure. The target is 100% saturation in public health record digitization by December 2024, ensuring universal healthcare coverage in the UT.

Presentation-10: Integration of Applications & ABDM, Dr. Arun Garg, Additional Mission Director, NHM, Rajasthan

Rajasthan is integrating 35+ NHM applications through IHMS 2.0 and ABDM to streamline data management and improve efficiency. Key achievements include the bulk upload of 24,000 HPR professionals and 12,000 HFR facilities, with the state ranked 3rd in HFR and 5th in HPR. IHMS 2.0 provides centralized EHR, teleconsultation, device integration, and quality assurance. Challenges include delays in application integration, limited monitoring for ABHA creation, and private sector adoption. Outreach initiatives such as “ABHA Banao Digital Ho Jao” and workshops with stakeholders are being conducted to enhance adoption.



Presentation-11: Human Resources for Health: Going beyond numbers Ms. Mona Gupta, Advisor HRH, NHSRC



The presentation outlined significant challenges in healthcare HR availability, including restrictions due to domicile requirements, language barriers, and lengthy recruitment processes. Accessibility is hindered by uneven geographical distribution and disparities between rural and urban areas. Additionally, cultural awareness and alignment with community preferences play a crucial role in determining the acceptability of healthcare services. To address these issues, strategies for improving quality focus on comprehensive skill assessments, capacity-building initiatives, and ensuring effective supportive supervision. These efforts aim

to enhance the competence and responsiveness of healthcare professionals, bridging gaps in service delivery and meeting the diverse needs of populations across various settings.

Presentation-12: Attendance Cross Verification Management System (ACVMS), Sh. Vidyanand Sharma Pankaj, Joint Secretary Health GoJ

The presentation provides an overview of the **Attendance Cross Verification Management System (ACVMS)**, a centralized solution designed to manage and verify attendance, particularly for medical officers in Jharkhand. It ensures accuracy, reduces absenteeism, and provides a centralized platform for monitoring attendance across districts. Currently operational in Jharkhand, managing 892 medical officers across 24 districts, leading to a 50% improvement in attendance accuracy and a 20% reduction in absenteeism. The dashboard provides summary of Attendance percentages, Agent call data, last 30 days attendance summary, Top 5 districts with highest present and absent percentages, district-wise percentage graphs. The system has significantly improved attendance management and reduced absenteeism among medical officers in Jharkhand.



Presentation-13: Strengthening Human Resource for Health (HRH) of CPHC at AAM-Odisha, Dr. Brunda D, IAS, Mission Director, National Health Mission, Odisha



During the presentation it was highlighted that, Odisha operationalized 5,028 Ayushman Aarogya Mandirs (AAMs) by March 2022, deploying Community Health Officers (CHOs) from a trained nursing cadre on a five-year rotational basis. To address training delays with IGNOU, the state introduced a 4-month Certificate Program in Community Health (CPCH) under the Odisha Nursing & Midwifery Examination Board (ONMEB), alongside leadership training, skill development programs, and a Decision Support System for CHOs. HR reforms, including career incentives, study leave, and exposure programs, have been implemented to motivate and retain CHOs. Key outcomes include 4,400 CHOs trained, 1,000 undergoing training, and robust monitoring by state

officials and Jhpiego. Emphasis is placed on filling MBBS posts and recognizing high-performing teams at the district and state levels to further strengthen healthcare delivery.

Presentation-14: Free Drugs Service Initiative a 'Game Changer' in health care, Dr. G B Singh, Advisor, CP-CPHC, NHSRC

The presentation emphasized efforts to minimize out-of-pocket expenses (OOPE) through initiatives such as the Free Drug Service and the Drug and Vaccine Distribution Management System (DVDMS) to streamline procurement and supply chain processes, supported by constructing drug warehouses. Key challenges include inconsistencies in Essential Drug Lists (EDL), delays in supply chains, and inadequate implementation of systems. Proposed solutions focus on integrating the Logistics Management Information System (LMIS) with DVDMS to enhance tracking and efficiency, alongside strengthening delivery mechanisms to ensure timely and reliable distribution of essential medicines. These measures aim to improve accessibility, optimize resource use, and reduce financial burdens on patients.



Presentation-15: Free Diagnostic Service Initiative: Shaping the Future of Healthcare, Dr. Ranjan Kumar Chaudhary, Advisor, Healthcare Technology, NHSRC



The presentation highlighted innovative approaches to enhance laboratory services, which have adopted hybrid models combining public and private resources. Other states rely on centralized procurement for consumables to streamline operations. Despite these efforts, several challenges persist. Difficult terrains pose logistical hurdles, complicating the transportation of samples and equipment. The limited presence of public-private partnerships (PPP) restricts access to additional expertise and infrastructure. Furthermore, a shortage of skilled laboratory technicians hampers the capacity to provide timely and efficient diagnostic services, ultimately affecting the accessibility and quality of healthcare, especially in remote areas.

Presentation-16: Free Lab Diagnostic Services Initiative Maharashtra,

Maharashtra's Free Diagnostics Services initiative employs a mixed in-house and outsourcing model to enhance lab service delivery across 3,400+ facilities. The hub-and-spoke model features 148 state-of-the-art labs with seven NABL-accredited centers. Annually, over 449 lakh lab tests are conducted, supported by digital systems for sample tracking, inventory management, and automated reporting.



Patients benefit from high-quality, cost-effective diagnostics, including advanced tests at district hospitals. Quality control, regular training, and a robust IT framework ensure reliability and accessibility. The program also demonstrates significant cost savings through a per-sample rate model compared to CGHS rates.

Presentation-17: 'Day care Dialysis & Chemotherapy-Superspecialist services at the doorstep', Dr. Remya Mohan, IAS - Mission Director, National Health Mission, Gujarat.

Gujarat's healthcare highlights include the expansive dialysis program under the "One Nation One Dialysis" initiative, with 270 units providing free dialysis to over 4.7 lakh patients annually, ensuring accessibility within a 30-km radius. The Day Care Chemotherapy Centers, operational in 35 locations, deliver same-day cancer treatment, serving over 64,000 patients by July 2024. This reduces inpatient care burdens and patient costs while ensuring closer monitoring. Gujarat's Institute of Kidney Diseases and Research Centre also excels in transplantation, having performed over 7,000 kidney and 600 liver transplants. These programs emphasize efficient use of infrastructure, patient-centric care, and scalable models for chronic and critical healthcare delivery.



Presentation-18; TB culture test at end of CP (continuation Phase) treatment, to determine Outcome of treatment, Dr. Gaurish Ganjekar, Medical Officer, NTEP, Goa



Best practices implemented by the National Tuberculosis Elimination Program (NTEP) in Goa State, focusing on the use of TB culture tests at the end of the Continuation Phase (CP) to determine treatment outcomes. Goa is the first state in India to offer End CP Culture for all pulmonary drug-sensitive TB (DS-TB) cases since May 2023. The practice aims to ensure accurate treatment outcomes by using TB culture tests, which are more reliable than sputum smear microscopy. At the end of treatment, patients provide two sputum samples: one for culture (in a Falcon tube) and one for smear microscopy. Negative culture confirms the patient is cured, while positive culture indicates treatment failure. Patients with positive cultures undergo first-line LPA

(Line Probe Assay) to determine drug resistance and are started on appropriate DS/DR TB treatment. Without culture tests, these patients might have been wrongly marked as cured, leading to potential relapse and community spread. This practice ensures confirmed cure, reduces TB spread, and supports India's goal of TB elimination by 2025.

Presentation-19: Infrastructural reforms under PM-ABHIM: Strengthening critical care & surveillance to establish resilient health systems (CCB/ IPHL/ BPHU), Dr. Kaustubh S Giri, IRS, Deputy Secretary, NHM IV, Government of India

The presentation emphasized that the brief introduction about Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and physical progress so far. With a substantial budget allocation of ₹64,180 crores, the mission focuses on constructing and upgrading facilities across various levels of healthcare. Key components include establishing Ayushman Arogya Mandir (AAM) to improve primary care, public health units for better disease prevention and control, advanced laboratories to enhance diagnostic capabilities, and critical care blocks to provide specialized treatment in hospitals. The states/ UTs were advised to achieve the set targets within the given timeline.



Presentation-20: Performance based Comparative Analysis of the States, Dr. Neha Garg, IRS, Director NHM-II, Government of India



The Presentation emphasized on the comparative analysis of the performance of States/UTs in the health sector in alignment with National Health Priorities which includes ANC registration in first trimester, Institutional deliveries, Anemia Mukt Bharat, Full Immunization Coverage, Population screened for NCDs, Presumptive TB examination rate, 12 expanded package of services, NQAS certified public health facilities and Facilities assessed for IPHS Standards.

Brainstorming sessions

The presentations were followed by the brainstorming sessions in group on the following identified priority areas: Here group works on Common challenges & solutions towards strengthening of primary health care and Quality & Patient safety.

- Service Delivery in CPHC: Expanded range of services – Integrative approach; Continuum of Care with PMJAY linkages; Wellness & Health Promotion, Drugs and Diagnostics
- NQAS and IPHS
- Human Resources for Health – availability & capacity building – including Community Participation
- Infrastructure, Supplies & logistics, Information Technology including ABDM and Integrations of Portals.



Day 2 (05th September 2024)

Field visits

Group presentations on field visits

Group presentation 1: Service Delivery in Comprehensive Primary Health Care (CPHC)

This presentation highlighted strategies to strengthen Comprehensive Primary Healthcare (CPHC) through Ayushman Arogya Mandirs (AAMs). Key focus areas include HR capacity building, improved supply chain management, leveraging IT for teleconsultations, and holistic healthcare approaches. The presentation stresses the integration of wellness activities, inter-departmental convergence, and showcasing best practices to create competitive performance among healthcare facilities. Emphasis is placed on regular training, ranking systems, and new initiatives like elderly care and palliative care to improve overall healthcare quality and access.

Group presentation 2: NQAS & IPHS

This group presentation highlighted implementing the Indian Public Health Standards (IPHS) and addressing barriers to achieving the National Quality Assurance Standards (NQAS) certification. Challenges in healthcare delivery and quality improvement are discussed alongside field observations at Ayushman Arogya Mandirs and other healthcare facilities in Rajasthan. Key insights include gaps in infrastructure and service delivery, with proposed strategies to align healthcare services with IPHS. The presentation highlights efforts to standardize and improve quality through community-driven initiatives and government policies.

Group presentation 3: HRH and Community participation

This group presentation outlined Human Resources for Health (HRH) and community participation in healthcare. It discusses challenges such as posting in difficult areas, salary delays, high attrition rates, and recruitment gaps. Proposed solutions include incentives for difficult postings, structured career pathways, timely salary disbursement, and improved training systems. Community mobilization strategies, such as performance recognition for ASHAs and leveraging local governance structures, are also emphasized. Best practices from states like Jharkhand and Odisha are showcased, demonstrating innovative approaches to HR management and community engagement.



Group presentation 4: Infrastructure, Supplies, Logistics & Information Technology and Integration of Portal

This group presentation outlined challenges in infrastructure development, supply chain management, and IT portal integration in healthcare. Issues like budget mismatches, space constraints, poor demand forecasting, online intending based on requirement, prescription preference, and data duplication are discussed. Solutions include creating maintenance plans, strengthening selective inventory control systems, realtime tracking and recording of consumption of drugs, integrating IT portals, strengthening DVDMS and leveraging real-time data for decision-making. Best practices such as selective inventory control, buffer stock availability, and universal applications like e-OPD are highlighted. The presentation emphasizes collaboration among stakeholders and innovative approaches to streamline logistics and IT integration for efficient healthcare delivery.

Action points

A. Actions at the level of MoHFW

- Introduction of a streamlined digital system for seamless payment of incentives to ASHAs.
- **Consolidation of Reporting Mechanisms:** Phasing out redundant reporting registers to reduce duplication of entry of reporting data.
- Harmonization of various health portals under a unified login system for ease of access.
- **Enhancement of First Referral Units (FRUs):** Strengthening FRUs to ensure a seamless continuum of care.
- Revising and streamlining training materials and guidelines for Accredited Social Health Activists (ASHAs) to make it user-friendly

B. Actions at the level of State health department

- i. Service Delivery in Comprehensive Primary Health Care (CPHC):
 - **Accelerate EPS Training for AAM Teams and Update Sashakt Portal:** Prioritize and expedite EPS training for AAM teams while ensuring timely updates of training status on the Sashakt portal.
 - **Fast-Track Rollout of All 12 Services at Operational AAMs:** Ensure the full implementation of all 12 services across operational AAMs and monitor progress through the AAM portal.
 - **Enhance Continuum of Care:** Strengthen linkages between primary, secondary, and tertiary healthcare levels to ensure seamless care delivery.
 - **Reinforce FRUs as Referral Hubs for AAMs:** Upgrade First Referral Units (FRUs) to effectively serve as referral centers for AAMs.
 - **Regular Monthly Ayushman Arogya Shivirs at AAM-SHC/PHC/CHC:** Organize monthly health camps at AAM-SHCs, PHCs, and CHCs with specialist services to improve access to healthcare.
 - **Expand DVDMS Implementation to SHC Level:** Ensure the adoption of the DVDMS (Drug and Vaccine Distribution Management System) up to the Sub-Health Center (SHC) level.
 - **Boost Community Engagement and Capacity Building:** Increase focus on community involvement by leveraging platforms like MAS, VHSNC, and JAS to strengthen Comprehensive Primary Health Care (CPHC) and build the capacity of community members.

ii. Quality and Patient Safety:

- **Complete NQAS Assessments as per Targets:** Ensure NQAS assessments are conducted for all levels of health facilities in line with the targets set during the review meetings in July 2024.
- **Accelerate NQAS Certification:** Expedite efforts to achieve the target of certifying 50% of healthcare facilities under NQAS by December 2025 and 100% by December 2026.
- **Conduct State-Level Internal Assessments:** Implement regular internal assessments at the state level using tools like ODK to ensure compliance with IPHS (Indian Public Health Standards).

iii. Human Resources for Health (HRH):

- **Optimize Human Resource Deployment and Capacity Building:** Ensure rational deployment and skill enhancement of Human Resources for Health (HRH). Provide training on expanded service packages and improve the quality of training for the AAM team, including Medical Officers (MOs), Community Health Officers (CHOs), Staff Nurses, ANMs, MPWs, and ASHAs.
- **Address Workforce Gaps:** Establish recruitment boards to tackle workforce shortages and ensure adequate staffing across health facilities.
- **Develop a Public Health Management Cadre (PHMC):** Create a dedicated Public Health Management Cadre in alignment with the state's HR policies to strengthen public health systems.
- **Ensure Access to Specialist Services:** Facilitate specialist services through fixed-day clinics and systematic deployment of specialists based on pre-planned schedules or micro-plans.
- Systematic ASHA payment mechanism for timely incentive disbursement

iv. Infrastructure, Supplies, and Logistics:

- **Expedite Infrastructure Development:** Prioritize the completion of civil works and ensure the functionality of BPHUs, DIPHLs, CCBs, and Rural & Urban AAMs approved under PMABHIM. Accelerate the tendering process and issuance of work orders to meet timelines.
- **Strengthen Supply Chain Systems:** Optimize the supply chain for drugs and diagnostics by leveraging the Drug and Vaccine Distribution Management System (DVDMS) and adopting consumption-based forecasting and indenting.
- **Integrate State-Specific LMIS with DVDMS:** Ensure seamless integration of the State's Logistics Management Information System (LMIS) with DVDMS for improved efficiency and transparency.
- **Target Hard-to-Reach Areas:** Identify hard-to-reach regions in the state and implement targeted strategies, such as teleconsultation and mobile health services, to ensure equitable access to healthcare.
- **Ensure Compliance with IPHS 2022 Standards:** Achieve 100% compliance of AAMs with the Indian Public Health Standards (IPHS) 2022 to guarantee quality and patient safety across all facilities.
- **Allocate Building Maintenance Budget under NHM:** Ensure the availability of dedicated funds under the National Health Mission (NHM) for the regular maintenance and upkeep of healthcare facilities.

v. Community Engagement and Innovation:

- **Strengthen Collaborations and Awareness Campaigns:** Enhance partnerships with Self-Help Groups (SHGs) and civil society organizations to drive inter-sectoral convergence and amplify awareness initiatives.

vi. Monitoring and Evaluation:

- **Leverage Health Databases for Improved Planning:** Ensure optimal utilization of health databases

to support data-driven decision-making and strategic planning.

- **Conduct Quarterly NHM Review Meetings at State Level:** Schedule regular NHM review meetings to enhance coordination, identify challenges, and devise effective solutions.
- **Regular Assessments Using Dashboards and Report Cards:** Implement consistent evaluations of healthcare facilities through dashboards and report cards to monitor performance and progress.
- **Incentivize Top Performers:** Recognize and reward top-performing districts and facilities to encourage healthy competition and motivate continuous improvement.

Way Forward for Strengthening Healthcare Delivery at the State Level

During the end of the session AS&MD appreciated the experiences shared by participating States, along with insights from field visits. She highlighted innovative and replicable strategies to address implementation challenges. Sustaining these initiatives requires adherence to standard operating procedures (SoPs), ongoing capacity building, continuous monitoring and evaluation, leveraging technology for healthcare tracking, training, and service delivery, implementing targeted strategies to reduce healthcare disparities in remote areas, and ensuring sustainable funding and policy support for healthcare system enhancements.

To achieve the outlined objectives and ensure the effective implementation of healthcare initiatives, the following actionable steps are proposed, organized into clear focus areas:

1. **Human Resource Management:** Ensuring the availability of high-quality, compassionate, and well-behaved healthcare staff is critical for effective service delivery. States must prioritize filling vacancies through innovative models tailored to local needs. Continuous capacity building through regular refresher courses and decentralized training programs is essential. Establishing regional training institutes can further enhance the skills of healthcare workers, ensuring they are equipped to meet the evolving demands of the healthcare system.
2. **Drugs and Diagnostics:** Effective implementation of the Drug and Vaccine Distribution Management System (DVDMS) up to the sub-centre level is crucial for ensuring the availability of essential drugs and diagnostics. States should link their specific portals with DVDMS to streamline supply chain management and ensure at least three months of drug availability. Compliance with the National Essential Drug List (EDL) is mandatory, with flexibility to revise it based on local requirements. States are encouraged to expand diagnostic services as per their specific needs to improve healthcare accessibility.
3. **IPHS and NQAS Certification:** Facility assessments for Indian Public Health Standards (IPHS) and National Quality Assurance Standards (NQAS) must be expedited to ensure compliance. The release of the third instalment of funds is contingent upon meeting these standards. States should include IPHS compliance proposals in their State Program Implementation Plans (SPIP). Regular training of assessors and balanced marking during NQAS assessments are essential. State assessment teams should aim to certify facilities nationally within three months of state certification. Infrastructure gaps, including land issues, should be resolved before submitting proposals to the Government of India (GoI). Functional IPHL and BPHU facilities must be operationalized promptly, with DVDMS integration prioritized.
4. **Operational Efficiency:** Reducing the reliance on excessive registers at healthcare facilities can streamline operations and improve efficiency. Integration of various healthcare portals at the GoI level is necessary to ensure seamless data flow and coordination. States must actively participate in this integration process to enhance overall system functionality.

- 5. ABHA ID Implementation:** The use of ABHA ID should be promoted across all healthcare facilities to ensure a unified identification system. Facility-specific IDs should be discontinued, and ABHA IDs should be integrated into all Gol portals. This will facilitate better patient tracking, data management, and service delivery, ultimately improving the overall healthcare experience for patients.

At the end of the workshop, **Dr. Arun Garg, Additional Mission Director, Rajasthan**, extend his heartfelt gratitude to the Additional Secretary & Mission Director for providing Rajasthan with the opportunity to host this significant event. He also sincerely thank all the participants who have travelled from various parts of the country to joined and contributed to the success of the workshop.

Key Takeaways:

- **Compliance with identified priority areas** will directly have impact on fund allocation.
- States are encouraged to **share best practices and collaborate** to find solutions.
- Focus on **HR quality, drug and diagnostic availability, IPHS/NQAS compliance, infrastructure development, register management, portal integration, and ABHA ID adoption** will drive improvements.





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