

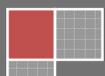
2014-15



National Health Systems Resource Centre (NHSRC)

Work Report

Incorporating the work report of Regional Resource Centre for NE States



Contents

1. COMMUNITY PROCESSES	1
2. HEALTHCARE FINANCING.....	10
3. HEALTH CARE TECHNOLOGIES	12
4. HUMAN RESOURCES FOR HEALTH	13
5. PUBLIC HEALTH ADMINISTRATION	16
6. QUALITY IMPROVEMENT	18
7. PUBLIC HEALTH PLANNING	162
8. HEALTH MANAGEMENT INFORMATICS SYSTEM	1225
9. OTHER ACTIVITIES OF REGIONAL RESOURCE CENTRE FOR NE STATES.....	28

1. COMMUNITY PROCESSES

Deliverable 1: Support the states to complete Round 4 of ASHA Modules 6 and 7 in states

Deliverable 1.1 Round 3 TOT

Trainers were trained for Round 3 in the states of Karnataka, Uttarakhand, Jharkhand, Punjab, Gujarat, Delhi, West Bengal, Odisha, Madhya Pradesh, Bihar and all NE states, including Assam. This represents the final Round of training for trainers in Modules 6 and 7, and includes the module on Mobilizing for action on Violence against Women. The challenge will be to get states to print copies of the module and step up the act of training to ensure that all district trainers are trained by March 2015.

One batch of round 1 TOT for trainers from Uttar Pradesh, Bihar, Rajasthan and Jammu & Kashmir completed in April 2014

Two batches of Round 2 TOT conducted for trainers from Round-II Training of Trainers conducted from Rajasthan, Haryana, Uttar Pradesh, Jammu and Kashmir, MP and Bihar.

Deliverable 1.2 District (ASHA) trainers trained in Round 3 all states except in Uttar Pradesh and Himachal Pradesh

District ASHA trainers training underway in several states; likely to be completed by July 2015.

Deliverable 1.3 ASHA training Round 4 completed in all states except UP and Himachal Pradesh

- Round 4 training for ASHA which represents the last round of training for ASHA in Modules 6 and 7, completed in Sikkim, and is underway in other NE states (except Meghalaya and Nagaland,). This is likely to be completed in smaller states above by May 2015. However unless states strengthen existing training systems this is unlikely to be completed in the larger states where training pace has slowed last fiscal year and the first two quarters of this year, partly on account of budget issues and partly because of trainer attrition.
- The slow progress in training across states has been attributed to delayed approvals received for FY 2014-15 which has affected the pace of states to roll out of Round 3 TOT and round 4 training of ASHAs.

Deliverable 1.4 supporting training by monitoring visits to district and sub district training sites

- NHSRC worked with UP and HP in the last quarter to adapt training strategy to their specific needs. Training of district trainers in Round 1 is expected to be completed by May 2016 in UP (only two batches remaining). Induction training of ASHAs is near completion in HP and refresher training of State trainers in module 6 & 7, Round 1 TOT of district trainers and Round 1 & 2 training of ASHAs is planned for FY 2015-16. . Field support and monitoring visits were undertaken to Rajasthan, Punjab, Uttar Pradesh, Orissa, Bihar, Sikkim, Jammu & Kashmir, Himachal Pradesh, Assam, Karnataka, Andhra Pradesh and Delhi and reports submitted to the MOHFW. The CP team is following up with the states for compliance.

Deliverable 1.5: Conducting orientation meetings for state ASHA resource teams in Uttar Pradesh and Himachal Pradesh, and developing state specific strategies for scaling up and expediting ASHA training in both states.

- Trained state trainers in UP in Round 1 and HP in Induction Module

Deliverable 2: Support the process of preparation for ASHA certification

Deliverable 2.1 Enabling states to maintain and update training database and evaluation scores

- The MOU between MoHFW, NHSRC and the NIOS was signed on July 21. The CP team is working with states to update databases and get ready for accreditation. NIOS is yet to appoint a team to oversee the process.

Deliverable 2.2 Consultative workshops for curriculum standardization

- Two Technical Advisory Group meetings for finalization of accreditation criteria and for curriculum standardization were held. Key decisions taken included setting criteria for sites and trainers, finalization of training curriculum of ASHA and space for state context;

Deliverable 2.3 Accreditation of national training sites and trainers

- Draft Supplementary guide ready, and circulated to members for input.

Deliverable 2.4 Accreditations of state training sites and trainers

- Accreditation guidelines finalized – process of accreditation to be initiated in May 2015, for those states that are ready.

Deliverable 2.5 Support NIOS in accreditation of district sites and trainers in three district each of five states and registration of ASHAs (500/district) in these states

- This activity could not be undertaken because NIOS did not have a team in place and there is no Director, Vocational Education in place. . (Project Steering Committee meeting was held in February 2015, and the CP team has been undertaking the tasks of issuing minutes, developing guidelines, etc., until NIOS develops the capacity to take this on.

Deliverable 3: Strengthening support systems and Performance Monitoring in states

Deliverable 3.1 Review meetings and capacity building of support structures at state and district levels

- Conducted meeting of state nodal officer at national level- serves as a platform of sharing and exposure to newer initiatives.

Deliverable 3.2 Workshops at national level in state clusters

State level workshops conducted in UP, MP and the NE states.

Deliverable 3.3 Special efforts to measure and improve outreach to the last 30% - the most marginalized

- This is an important focus area in all monitoring visits and workshops. Household allocation is a challenge, often compounded by poorly skilled and undermotivated support structures.

Deliverable 4: Creating linkages for improving career opportunities for ASHAs:

Deliverable 4.1 Assist states to plan for additional academic qualifications of ASHAs through linkages with other skill development program in health sectors

- Shared guidelines for ANM admissions between states and undertake regular follow up of this issue through advocacy. An important challenge here will be to ensure that ASHA who opt to join AN schools are actually given jobs when they graduate,. Also when ASHA leave for educational advancement, creating space for her when she returns is something that will need to be thought through.

Deliverable 5: Continuing Concurrent ASHA Evaluation:

Deliverable 5.1 ASHA Evaluation to be undertaken in Jammu & Kashmir and Tamil Nadu

- Planned for J& K in early October but now postponed on account of two episodes of floods and state election.

Evaluation of TN has been put on hold because the state is now in the process of selecting 10,000 additional ASHA. *Deliverable 5.2 Plan for large scale CP programme evaluation for FY 2015-16*

- Proposal is being drafted and first consultative workshop planned for June 2015.

Deliverable 6: Exploring technology based platforms to strengthen ASHA: *Deliverable 6.1: Support to develop, implement and assess technology based platforms to strengthen ASHA in knowledge and skills, support, job-aids to improve communication skills and interpersonal communication, and payments*

- Reviewed the content of Mobile Kunji and supported BBC media team to revise the content in accordance with ASHA training modules
- Secondary review on existing ICT tools at national and international level completed.
- Proposal has been expanded to include assessment of technology applied in each ICT tool and to also evaluate the existing ASHA soft wares.
- Assessment to complete by September – November 2015.

Deliverable 7: Formative research to identify state specific needs for community participation interventions

Deliverable 7.1 Work with the states of Kerala/Sikkim to develop a plan for training ASHA in NCD and palliative care

- Exploratory visit to Sikkim completed; state has agreed to undertake a formative research study in collaboration with FRCH, Pune; which will be funded through a collaboration with World Diabetes Federation.

Deliverable 7.2 Design pilots to test approaches, develop standards and guidelines

Draft modules prepared, but now will be revised to reflect the role of ASHA in comprehensive primary health care.

Deliverable 8: Supporting Peer Educator (PE) component of RKSK

- Issued EOI for training agencies: eight of fifteen agencies shortlisted
- Currently being managed by TST set up at NSHRC with support of UNFPA

Deliverable 9: Strengthening NGO interventions under NRHM

- NGO guidelines were finalized and disseminated to the states
- The eleventh EC took a decision that NGO support cell not be established this year, but would be done in the next fiscal year.

Deliverable 10: Support to states for strengthening VHSNC

- Developed and printed training modules for VHSNC members
- Working with Public Health Foundation of India (PHFI) through a WHO implementation research grant, to strengthen VHSNC in Alwar, Rajasthan. Objective is to assess effectiveness of institutions to improve health outcomes and for community action on health and to study implications for scaling up, using GOI guidelines and training material. NSHRC is partnering with Doosra Dashak, in Alwar who works closely with block and district levels. Early results are very encouraging (two field visits and one refresher training conducted)
- One workshop for National Resource Pool for VHSNCs to be held in early April

Deliverable 11: Strengthening Rogi Kalyan Samiti as avenues for public participation

Organized state consultation Worked closely with MoHFW to revise Guidelines for 'Rogi Kalyan Samitis' Worked with Ministry to revise the existing RKS guidelines. Pending approval.

Participate and contribute in AGCA meetings – Ongoing. Served as a resource person for national consultation of CAH. Reviewed AGCA proposal and also contributed in finalizing of CAH tools and manuals.

- National ASHA Mentoring Group Meetings- Meeting of national ASHA mentoring group held in August 2014 and a visioning workshop of NAMG members held in March, 2015.

Deliverable 12: Support Community Processes Component in NUHM

- Developed Vulnerability assessment tool for ASHA for inclusion in induction module
- ASHA Induction Module and for Mahila Arogya Samitis for urban areas development completed, printed and disseminated to states.
- Trainer notes for Induction Module for urban areas finalized
- Draft module for outreach in urban areas developed.
- Updated status of CP related progress in NUHM, to enable MoHFW to ask states to expedite the process of ASHA selection and training and MAS formation.

Others –

- Two batches of TOT for state trainers on Disaster response conducted in collaboration with DFY in J &K and Guwahati (for all Ne states)
- Finalized RBSK training content for ASHAs and submitted to RBSK team
- Revised Home Based Newborn Care operational Guidelines in collaboration with Child health division and printed English version of the guidelines
- Report on HBNC reporting process across states submitted to Child Health Division
- PIP support - Reviewed CP component of 30 state's main and supplementary PIPs in FY 2014-15, participated in most NPCC meetings, supported states in preparing PIPs FY 2015-16 and reviewed 25 PIPs till 31st March, 2015.

- Coordinated setting up and managing - MoHFW's pavilion at 34th India International Trade Fair (IITF) with the theme ASHA as change agent from Nov-14th -27th 2014.
- Worked with MoHFW on writing concept note and EFC note for National Health Assurance Mission
- Reviewed and revised the existing modules used by MCTFC to call ASHAs. Conducted training of about 80 MCTFC Callers on suggested changes in ASHA modules and also designed new modules for MCTFC. This is now being followed by a weekly visit to MCTFC center. Challenge - Suggested changes in the existing modules have only recently been made but new modules are yet to be incorporated
- PHC task force – Secretariat for PHC task force – First meeting held on Jan 12th 2015 , draft report of the committee circulated and second meeting planned for April 20th, 2015
- Participated in Consultative workshop on Health in Gram Panchayats & Revised draft of Booklet on Health in Gram Panchayats for MoPRI.
- Developed draft criteria for performance appraisal of CP support structures
- Revised the content of Module 7 by including use of amoxicillin by ASHAs and submitted to MoHFW
- Report on working conditions of ASHAs developed for Parliamentary committee
- Provided inputs on 'Guideline for Cleanliness in Public Hospitals' on the issues related to 'structures and upkeep of toilets'
- Worked with MoHFW on a concept note on National initiative for award for to best Hospital
- Conducted workshop on demonstration of Standard Operating Protocol (SOPs) developed by Public Financial Management Systems team for ASHA payments on 28th April.2014.

RRC-NE

- Conducted the induction level training of 64 Block Community Mobilizers, Assam during 2nd June to 7th June 2014 in two batches.
- Conducted 3rd round ASHA TOT for 6th and 7th module for NE States at Guwahati.
- Supported Meghalaya NHM in conducting training on Community Process for the Additional CM & HOs and District Community Processes Coordinators in 17th September 2014.
- Attended workshop on NUHM – ASHA at NHSRC, New Delhi.
- Attended curriculum finalization meeting of ASHA Certification at NHSRC on 2nd Sept 2014.
- Supported NHSRC–CP team at CINI, Kolkata in conducting the ASHA Round 3 ToT in July' 14.
- Visited Sikkim to attend state level meeting on "Role of ASHA / Community Health Workers in Diabetes Management", supported by NHSRC and Foundation of Medical Research, Mumbai.
- Coordinated with NE States and attended State ASHA Nodal Officers meeting at NHSRC.
- Updating reports on ASHA Matrix, Community Processes Update, ASHA Performance Monitoring and Home Based Newborn Care (HBNC) and sharing with NHSRC.
- Collection of video/ photographs on ASHA programme from states and shared with NHSRC for showcase during proposed India International trade fare.

Strengthening Community Action for Health under the National Health Mission

Update on activities undertaken by the Advisory Group on Community Action

(April 1, 2014 to March 31, 2015)

Key activities undertaken during the FY 2014-15 are as follows -

- 1. *National Consultation on Community Action for Health:*** The AGCA organized a *National Consultation on Community Action for Health* in October 2014 to share experiences from community action models and generate recommendations to strengthen and scale-up its implementation.
- 2. *Development of Resource materials on Community Action for Health:*** The following resource materials were developed to support roll-out of community action processes at state, district and block levels.
 - a. *Guidelines for Programme Managers and the User Manual on Community Action for Health*
 - b. National Documentary Film on Community Action for Health
 - c. Monograph on Community Action for Health
 - d. With NHSRC, supported the Ministry of Panchayati Raj in developing a *Handbook on Health for Gram Panchayat Representatives*
 - e. Supported NHSRC in developing the following national guidelines and manuals -
 - i. Guidelines for Rogi Kalyan Samitis (RKS)
 - ii. Training Manual for Mahila Arogya Samitis (MAS)
 - iii. Guidelines for outreach services under the National Urban Health Mission (NUHM)
 - f. Developed a set of Information Education and Communication (IEC) materials on Village Health Sanitation and Nutrition Committees (VHSNCs), Village Health Nutrition Days (VHNDs), Health Entitlements at Sub-Health Centre (SHC), Primary Health Centre (PHC) and Community Action for Health.
- 3.** The AGCA team provided the following technical support to 15 state NHM¹ teams and nodal organizations:
 - Organised visioning and planning exercises to develop the community action component of the State NHM Programme Implementation Plans for Punjab, Haryana, Gujarat, Meghalaya, Jharkhand, Madhya Pradesh, Arunachal Pradesh, Mizoram, Tripura, Kerala, Maharashtra, Delhi, Uttar Pradesh and Uttarakhand.
 - Facilitated detailed orientation of State NHM Nodal Officers and staff of implementation organizations in Uttar Pradesh, Punjab, Jharkhand, Madhya Pradesh, Meghalaya, Mizoram, West Bengal and Delhi.

Assam, Bihar, Delhi, Gujarat, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Madhya Pradesh, Maharashtra, Meghalaya, Mizoram, Odisha, Punjab, Sikkim and Uttar Pradesh

- Supported selection of implementing organizations in Assam and Uttar Pradesh
- Facilitated assessment of the functioning of VHSNCs and the RKS in three districts of Uttar Pradesh - Pilibhit, Sant Kabir Nagar and Hardoi.

2. HEALTHCARE FINANCING

Deliverable 1: Policy support to MoHFW and other Ministries

Health Care financing (HCF) division has provided policy inputs to MoHFW for the following:

- National Health Policy (Especially Sections on Health Financing)
- Health Assurance - Costing of health services to provide assured healthcare and concept not on health assurance.
- Developed formula for allocation of untied funds to public health facilities
- Working with MoHFW to provide Health Expenditure Data to WHO
- Concept/policy notes on fiscal space and efficiency in utilisation of funds and universal health care. Publication on UHC by HCF staff.
- Support for CRM activities, including drafting the financing chapter of CRM report.

Healthcare financing division was invited to MoSPI's Working Group created to modify the NSSO 71st Health Round questionnaire. HCF division provided Inputs As members of MoSPI's Working Group on the NSSO 71st Health Round questionnaire, HCF division provided Inputs on:

- Classification of diseases
- Consumer expenditure
- Overall questionnaire

Deliverable 2: Institutionalizing National Health Accounts (NHA): Creation of NHA Technical Secretariat (NHATS) at NHSRC

- Core Team for NHATS at NHSRC has been established.
- Prepared the Road Map for Institutionalization of NHA approved by MOHFW.
- Governance structure for Institutionalization of NHA in India was established
- TORs for members of Steering Committee and Expert Group were prepared, submitted and approved by MOHFW and were sent to individual members.
- Steering Committee and Expert Group have been formed. 2 expert group meetings have been held to discuss the roadmap, framework and way forward on standardisation of methodologies.
- In consultation with MOHFW, WHO was identified as the Technical Partner for training on Systems of Health Accounts 2011 (SHA 11). Five day training workshop on National Health Accounts was held in January 2015. The NHSRC team and 23 participants representing 11 States were trained in system of Health Accounts. NHSRC participated in a workshop on methodologies for disease specific accounts in Geneva.
- The work on development of India specific framework and standard methodologies and definitions has been initiated through formation of Sub Groups.

Deliverable 3: Assured Healthcare under NHM

A. Secretariat -Task force on costing of health services

- The 1st task force meeting was held and it was decided to work on the following areas:
 - Review of literature on current costs of health services in India

- To conduct relevant studies to arrive at current costs of health services at all levels of care and future costs with changes introduced for assured care.

B. Measuring progress towards UHC

- District level survey on household healthcare utilization and expenditure in Shimla, Himachal Pradesh.
- State Health Department of Punjab, Assam, Tripura (Through RRC-NE) requested NHSRC to provide technical support to PGI, Chandigarh for conducting the survey. PGI, Chandigarh and NE RRC staff was trained in UHC baseline survey methodology in 2014.

C. Transition of RSBY to MoHFW

- The division supports the ED, member of the core group instituted by the MoHFW through development of policy notes for the core group meetings and provides comments on notes prepared by other members.

D. Public Private Partnerships

- Model contract for contracting out primary healthcare centres to not for profit organizations - Working closely with the community processes division
- Evaluation of PPP model in Community Health Center, Raipur, Uttarakhand

Deliverable 4: Financing for Tribal Health in India

- Compilation of Public Expenditure allocated under tribal sub plan for health in 7 states (viz. Andhra Pradesh, Tamil Nadu, Gujarat, Orissa, Rajasthan, Himachal Pradesh and West Bengal) and centre
- Analysis of public expenditure data under TSP
- Analysis of public expenditure data (NHM-central allocation)
- Analysis of out of pocket expenditure by tribal populations on health in 11 states (viz. Andhra Pradesh, Tamil Nadu, Gujarat, Orissa, Rajasthan, Himachal Pradesh, West Bengal, Chhattisgarh, Madhya Pradesh, Jharkhand and Maharashtra) and North Eastern states together.
- Draft Report on policy, planning and financing for Tribal Health in India

Deliverable 5: Analysis of Public Expenditure on Health

- Compilation of data on Public Expenditure for health in 5 states (viz. Andhra Pradesh, Chhattisgarh, Jharkhand, Himachal Pradesh and Maharashtra), Analysis and Report with preliminary results (tabular format)

Deliverable 6: Technical support to RRC-NE

- UHC baseline survey in Assam and Tripura
- Compilation of data on Public Expenditure for health in 2 North Eastern states (viz. Sikkim and Tripura)

3. HEALTHCARE TECHNOLOGIES

Deliverable -1: Technical Specifications:

Formulation of specifications for devices of:

- Neo-natal & Pediatric Care Intensive Care Units
- Formulation of specifications for mannequins for skill laboratories
- District & CHC level Operation Theater
- Rashtriya Bal Suraksha Karyakram
- Laboratory & Radiology

Deliverable -2: Biomedical maintenance model:

- Organizing of meeting of state officials for finalization of concept report and RFP document for biomedical maintenance model for states
- Drafting of RFP document, submission to MoHFW for initiation of proposed work in respective PIPs
- Support to states initiation of biomedical equipment inventory mapping exercise and roll out of comprehensive maintenance program

Deliverable -3: Innovations uptake & Health Technology Assessment:

- Submission of technical dossiers and technical specifications for uptake of non-invasive glucometer, low cost glucometer, non-invasive bilirubinometer and Mobile laboratory technologies
- Initial assessment of non-invasive bilirubin meter and mobile laboratory system as potential innovations
- Assessment of eight technologies on request of Ministry
- Capacity building program for health technology assessments

Deliverable -4: Health Systems Support in area of medical technology

- Technical reports on establishment of medical devices testing laboratory
- Support to UIP-MoHFW for promotion and up-gradation of cold chain equipment to meet WHO-PQS standards
- Support to MoHFW & DCG(I) in drafting of “medical devices chapter” for the amendment of Drugs & Cosmetics Act

Deliverable -5: Free Diagnostic Scheme initiative:

- Expert consultations on Free Essential Diagnostics Initiative
- Formulation of guidelines for roll out of Free Essential Diagnostics Initiative

4. HUMAN RESOURCE FOR HEALTH

Deliverable 1: Strengthening Public Health Workforce in the states

Deliverable 1.1: Continue work on Public Health Workforce reports in the states.

- Conducted Public Health Workforce study in Himachal Pradesh and updated Workforce status report in Chhattisgarh. These reports have identified critical HRH gaps, workforce management issues and institutional structures that support future human resource requirements.

Deliverable 1.2: Take forward Human Resource Management Information System (HR-MIS) for ensuring “real-time” information on Health Human Resources in states.

- A set of standard functional requirements of Human Resource Management Information System developed after studying various existing HR-MIS systems (iHRIS Bihar, PMIS- Himachal Pradesh, training MIS-NIHFW) and submitted to MoHFW.
- Report on Himachal Pradesh HRMIS has been submitted to the state. A set of recommendations has been provided for further improvement of the system.

Deliverable 2: Support states on improving availability of Health Care Providers in Rural and Remote areas

Deliverable 2.1: Sharing and active advocacy on "Assessment of Compulsory Rural Service Schemes for Retention of Doctors in Remote Areas of India"

- Reports on Study of Regulatory Mechanism for retention of Doctors in Rural and Remote areas finalised for the following states, viz. Karnataka, Maharashtra, Assam, Chhattisgarh and Madhya Pradesh.

Deliverable 2.2: “Causative Analysis for better dispersion of Skilled Health Professionals in Rural and Remote Areas” to help formulate appropriate package of financial & non-financial incentives and disseminate to states

- Study Tools for analysing financial incentive schemes for retaining skilled health professionals in rural and remote areas has been prepared. The tools have been field tested. Partners have been shortlisted for conducting the study.

Deliverable 3: Governance & Policies related to Human Resources for Health

Deliverable 3.1: “Assessment of Posting and Transfer Policies” to study the nature/features

- Study conducted in Uttarakhand, Himachal Pradesh, Kerala, Maharashtra and Karnataka. Draft report has been prepared and shared with the partners, i.e. PHFI for perusal and inputs.
- Orientation of and field visits with NERRC team to roll out the study in NE states.

Deliverable 3.2: Analysing policies, reforms and governance structures for nursing in select states of India

- Study conducted in Chhattisgarh, Bihar, Kerala, West Bengal and Rajasthan. Draft report has been prepared and shared with the partner, i.e. PHFI for perusal and inputs.

Deliverable 3.3: Support states in establishment of Public Health cadre

- Concept note has been developed for: a) advocacy and sensitization of states for establishing Public Health Cadre; b) National consultation workshop for establishment of Public Health Cadre
- Visited Haryana for sensitization and advocacy for establishment of Public Health cadre.

Deliverable 3.4: Health care assurance

- Compilation of inputs and followup of the actions recommended by the Taskforce meeting on Healthcare Assurance for Primary Health Care

Deliverable 4: Workforce Management: Assistance to states on key problem areas of Contractual HR policies – Contract Management, Performance Management, etc.

Deliverable 4.1: Finalize the “HRH Operational Manual for Contractual NRHM Employees”- policy framework, norms for recruitment of staff, contract policy, remuneration/benefits, transfer/posting rules, leave rules and framework for performance management etc.

- The draft manual for management of Contractual employees under NHM has been shared with MoHFW for discussion.

Deliverable 4.2: Assist states in establishing performance management systems - this will include appraisal systems for the program management staff as well as the various cadres of care providers

- Performance management system developed for the Specialist cadre in Maharashtra has been studied, analysed and recommendations have been provided to state for further improvement.

Deliverable 4.3: Integration between Directorate of Health Services and National Health Mission

- Prepared a draft note on strengthening coordination between frontline fieldworkers, i.e. ANM, AWW and ASHAs.

Deliverable 5: Monitoring performance of Human Resources for Health including training outcomes and post-training follow-up:

Deliverable 5.1: Assessment of post-training utilization of MOs trained in EmOC and LSAS and FRUs operationalized by their intervention

- A study to assess the post-training utilisation of EmOC and LSAS trained medical officers is proposed for states of Rajasthan, Kerala, Haryana, Chhattisgarh, Odisha, Assam/Manipur.
- Study tools has been field tested and study partners have been shortlisted.

Deliverable 6: Work allocation and planning for better organization of work, for optimal output both at the health facility and outreach services

Deliverable 6.1: Continue work on “Better Planning of Work amongst Human Resources available in the sub-center level – MPW (F)”

- Guidebook for enhancing performance of MPW(F) has been released and being disseminated in states.

Deliverable 7: Establishing a mid-level cadre of health care professionals with appropriate skills and attitudes to take primary care

Deliverable 7.1: Dissemination of the study report on “Role of RHP for augmenting the public health system in Assam”

- Dissemination of the study report on “Role of RHP for augmenting the public health system” has been done in Hyderabad, Bhubaneswar and Lucknow.

Deliverable 7.2: Follow-up with states on the BSc (Community Health) Course and assist them in roll-out of the program

- Advocacy for establishing mid-level practitioners and starting BSc (Community Health) with the States in the coming quarters.

Deliverable 7.2: Develop a 6-month bridge course (competencies and curriculum) for Nurses & AYUSH Doctors which will train them to be deployed as Community Health Officers (CHO) in sub centers

- Bridge course for nurses has been finalised and submitted to MoHFW. A concept note submitted to JS for placing AYUSH practitioners, Dentists and Pharmacists as mid-level service providers.
- Meeting held with JS (P) for establishment of Bridge Course for Ayurveda doctors. IGNOU identified as partner for development and roll-out of the course while NHSRC would act as the Secretariat for the same.

Deliverable 8: Support in Recruitment processes

Deliverable 8.1: Supporting states in streamlining fair recruitment procedures of contractual staff under NHM

- Visited Uttar Pradesh, Jharkhand, Himachal Pradesh and Uttarakhand as observers to supported recruitment processes of various cadres
- SOP submitted to Ministry on streamlining HR recruitment in states.

Deliverable 8: Cross-cutting areas

- Participated in Common Review Mission to the states of Rajasthan and Tamil Nadu and Compiled the Human Resources for Health section of the 8th CRM Report.

Other important tasks undertaken (outside the deliverables)

- Assessed the implementation of HRH relevant conditionalities in five states.
- Provided inputs pertaining to Human Resources for Health for National Health Policy.
- Provided recommendations on the Postings and Transfers Act of Medical Officers being formulated by the state of Maharashtra.

5. PUBLIC HEALTH ADMINISTRATION

Deliverable 1. Death reviews (maternal, child, near – miss): support development of guidelines, and facilitate implementation at state level

Deliverable 1.1 MATERNAL DEATH REVIEWS – guidelines disseminated, trainings completed, reporting from periphery up to centre in place, Review happens at institutional and district level, state task force notified and meetings held

Achieved / In Process

- Supported MDR implementation in 3 HPDs of Bihar (Banka, Gaya, Purnea). 100% reporting achieved in Banka. 157/177 deaths (89%) were reviewed by BMDRCs in Gaya and Purnea. All the deaths reported were entered into MDR software of MoHFW (100%). Supported training of front line workers in partnership with UNICEF and BVHA using a booklet (3 delays and 5 danger signs and reporting) – Currently supporting State to take action based on the findings of MDR (e.g. Strengthening Blood Bank / Blood storage centre etc.)
- MDSR review under COIA Framework – proposal submitted to WHO – the proposed activity has components of MDR, CDR and CRS strengthening.

Deliverable 1.2 NEAR MISS REVIEWS – guidelines developed and disseminated – States start implementation

Achieved / In Process

- Part of National Level Expert committee on ‘Near Miss Review’ - final guidelines were printed - awaiting dissemination
- Supporting State implementation – as per GOI plan

Deliverable 1.3 CHILD DEATH REVIEW – guidelines developed and disseminated – states start implementation

Achieved /In Process

- Part of National level Expert committee on ‘Child Death Review’ – guidelines finalised, printed and disseminated
- Support to State implementation(e.g. State workshops in West Bengal, HP, Orissa)

DELIVERABLE 2. ESTABLISHING SKILLS LAB IN PUBLIC HEALTH INSTITUTIONS -
Operationalisation of National Training Centres (7 centres)

Achieved /In Process

- Supported in setting up and operationalization of 10 Skills Labs in 5 States (including 3 National Skills Labs in Delhi)
- Support to recruitment of trainers (as panel member in interviews) in 3 States (J&K, W.B, Assam)

DELIVERABLE 3. FAMILY MEDICINE PROGRAMME – *Supporting the NRHM sponsored PGDFM programme, and help states start MD (Family Medicine and Surgery) programme*

Achieved /In Process

- 3 Batches of PGDFM program completed till date, 4th batch ongoing
- Recommendations of National consultation on Family Medicine (held in April 2013) - discussed at South East Asia Regional Conference of Family Physician's in Chennai
- Manual on MD(FM) programme – planned to be developed as soon as MCI approved curriculum is released

DELIVERABLE 4. HIGH FOCUS STATE SUPPORT – Bihar - District planning & Implementation support

Achieved /In Process

- Support to State in DHAP compilation and preparation of SPIP Bihar 2014-15
- Facilitated preparation of district and block ROP in Bihar 2014-15
- MDR support (discussed under 1.1)

DELIVERABLE 5: SUPPORT TO MINISTRY / STATES IN THE AREA OF LEGAL FRAMEWORK OF HEALTHCARE

Deliverable 5.1. CLINICAL ESTABLISHMENTS ACT, 2010 - support to MoHFW in the drafting of rules, state consultation and implementation of CEA in the states

Achieved /In Process

- Participated in (4th, 5th & 6th) meetings of National Council under CEA
- Participated in the meetings of the sub-committee (on Minimum Standards) under National Council
- Technical support to MoHFW study on Implementation of CEA, undertaken by NIHFW

Deliverable 5.2. Drafting of the Public Health Act – model Act in place and atleast 2 states adopt/adapt the Act

Achieved /In Process

- Organised 2 National consultations (at Bangalore and Delhi) on draft PH Act
- Organised 1 day meeting on 'role of LSGs in Public Health Act'
- State consultation planned in June 2015
- Final draft by August 2015

Deliverable 5.3 Civil Registration System – supporting states in implementation of Birth and Deaths Act

State support started with Bihar. Coordinated and facilitated interdepartmental meeting on CRS. Various meetings held at Bihar in coordination with / by planning department and supported the following initiatives;

- School based registration campaign
- Birth registration through AWW (designating them as sub-registrars)
- Computerization of birth and death registration
- Preparation of guidelines and training calendar for the School Birth Registration Campaign in Bihar
- Study on best practices – planned in 2015-16

Deliverable 5.4. Support to MoHFW in effecting Amendments to the Indian Nursing Council Act and also address governance issues in Nursing & Midwifery

Achieved /In Process

- Participation in the meeting of the committee on in February 2014
- First set of recommendations by the core group on Indian Nursing Council Act and governance issues in Nursing & Midwifery submitted to MOHFW
- Drafting of INC (Amendment) Act after feedback from State

Deliverable 5.5 – development of Medico-legal protocol – development of protocol, printing and dissemination

Achieved /In Process

- Concept note on Medico-legal protocol developed
- Organised National consultation on Medico-legal protocol in March 2015

6) Others

- Development of Grievance redressal system for Public Health Institutions Developing district hospitals as knowledge centres
- Strengthening of District Hospitals and developing them as knowledge centres
- Legal Framework for service provision by Mid level providers (AYUSH Doctors)
- Course with DNB for General Duty Medical Officers (GDMOs)
- Software for Providing quality ANC during pregnancy with referral linkages

7) Common Review Mission:

Undertaken CRM visits to 3 States (W.B, Mizorm, U.P) as part of 8th CRM

8) Publications in this period:

- Operational Guidelines on Child Death Review – September 2014
- Operational Guidelines on Deworming in Pregnancy, December 2015
- Operational Guidelines on Maternal Near Miss – Review, December 2015

Awaiting dissemination (Syphilis screening during pregnancy, Calcium supplementation during Pregnancy & Lactation, Hypothyroidism during pregnancy, Diagnosis & Management of Gestational Diabetes Mellitus, Engaging General Surgeons for performing C-Sections)

Implementation support in North Eastern region in all programmes is undertaken by NERRC

6. QUALITY IMPROVEMENT

Deliverable 1: Development of Comprehensive Auditable Standards for PHCs & CHCs, encompassing structure, process and outcome, and its measurement system

- After launch of Quality Standards for District Hospitals in Nov 2013, a need was felt to have similar standards for Primary Health Centres (PHCs) and Community Health Centres (CHCs). After consultation with the programme divisions of the MoHFW, State Governments, and Academicians from reputed institutions, Development Partners and International agencies, the Quality standards for PHC & CHC and their Measurement system were developed. The Assessors' guidebooks for PHC and CHC were formally released by the Hon'ble HFM on 03rd Nov 2014.

Deliverable 2: Reconstitution of State & District Quality Assurance Committees & Units and capacity building of the states for scaling-up of the Quality Assurance Programme

- After the 'National Convention on Quality in Public Health' on 03rd & 04th Nov 2014, the States have become more aware of need of having a system of Quality Assurance at Public Health Facilities in the States. Following actions have been initiated in the states –
 - Reconstitution of State Quality Assurance Committee & District Quality Assurance Committees
 - Operationalisation of State Quality Assurance Unit & District Quality Assurance Units
 - Identification of Health Facilities for the Assessment in the current FY 2015 – 16
 - Customisation of QA measurement system as per state's need
 - Setting Targets for the QA certification
- Following trainings have been conducted for the State, Districts, DH& SDH teams
 - QA Awareness Trainings – One day orientation
 - Internal Assessors' Trg – Two day on assessment protocol & methodology
 - Service Providers Trg – Three day on Quality Improvement Activities at Facility level

Deliverable 3: Adaptation of Quality Assurance Standards and measurement system according to state specific requirement

- Uttar Pradesh, Odisha & Madhya Pradesh have been supported in customizing National Quality Assurance Standards as per requirement of the States.

Deliverable 4: Institutional Arrangement for the External Certification

- Formation of Central Quality Supervisory Committee (CQSC) is under process.
- First batch of 5-day External Assessors Training was conducted in Delhi from 09th to 13th December 2014. Out of 51 participants from 26 states and other organisations, 41 participants successfully passed the proficiency test, conducted on the last day of training

programme. Out of these successful participants, 31 participants meet the norms for the QA Assessor, as given in the QA Operational Guidelines. They have been empaneled as QA Assessors under the NHM.

- Another round of External Assessors' Training (approved under NHM PIP) was conducted in Trivandrum (Kerala) from 19th Jan to 23rd Jan 2015. Out of 46 participants from the state, 30 participants successfully passed the proficiency test and Twenty successful participants meet the norms for the QA Assessors. They have been empaneled as QA Assessors under the NHM.

Deliverable 5 - Measuring of performance of health care facilities

- A set of key performance indicators has been defined for each level of facilities. (30 for District Hospital, 25 CHC and 20 for PHC). These indicators measure performance of public health facilities in terms of productivity, efficiency, clinical care/ safety and service quality. Many states including Uttar Pradesh, West Bengal, Bihar and Odisha have already notified these indicators through enabling government order. The data elements for most of the KPIs have been included in HMIS reporting format. Remaining KPIs are under consideration of the 'Clearing House', which headed by Secretary HFW.

Deliverable 6: Strengthening biomedical waste management and infection control:

- After launch of 'Swachh Bharat Abhiyan', guidelines for Swachh Hospital have been developed. The implementation guidelines facilitate hospital cleanliness. Scientific management of Biomedical Waste forms an integral part of the cleanliness drive. It also strengthens cleanliness inside the hospital including patient care area as well as areas of support services such kitchen, laundry, ambulance, etc.
- In the QA training programmes, there is a separate session on the Biomedical Waste Management and infection control.

Deliverable 7: Development of Quality Management System for in AEFI reporting

- A subcommittee of quality Management system in AEFI reporting program have been constituted in chairmanship of ED NHSRC. First meeting of this committee was held in September 2014 attended by all nominated members. Framework for quality management system was discussed and road map was decided for time bound objectives of objectives. Process mapping and drafting of SOPs have been completed. Development of the Quality Standards is underway. Next meeting would be convened in May 2015.

Deliverable 8: Support to NACO for Lab for life project

- A request has been received from NACO for technical assistance of its 'Laboratory for Life' project, which is being supported by US CDC. One of the objectives of the project is to improve Quality in ten Laboratories, located in seven states.
- Support has been extended for development of Assessment tools for Medical College Hospitals Laboratories (Tools for DH Labs are already available)
- Training of Project team

Deliverable 9: External accreditation of National Quality Assurance Standards by an international body

- NHSRC has formally applied for accreditation of National Quality Assurance Standards to International Society for Quality in Healthcare (ISQua). The Standards are under evaluation of ISQua.

Deliverable 10: Certificate programme for quality in Public Health Facilities

- In collaboration with Tata Institute of Social Sciences Mumbai, a two-semester course in distant learning mode has been finalised. It is under examination at the MoHFW.

Deliverables 11: Development of Implementation Guidelines for Quality Assurance

- For developing SOPs for RMNCH+A services, a consultative meeting was jointly organised with PHA Division from 02nd Apr – 05th Apr 2015. In the meeting, experts from leading institutions such as AIIMS (Delhi & Patna), State Medical Colleges, and Specialists from District Hospitals worked to develop draft SOPs, which are under review.
- Handbook for Facility based quality assurance is under drafting stage.
- Manual for Patient Satisfaction Survey is under finalisation.
- Hospital Planning manual is under development (Vol I drafted and work on Vol II is in progress)
- Manual for the Emergency Services at Public Health facilities is under development

7. PUBLIC HEALTH PLANNING

Deliverable 1: State and District level Capacity Building in improved Public Health Planning

- Orientation of new State Health Secretaries and State Mission Directors was conducted for following 11 states- Rajasthan, Mizoram, Maharashtra, Karnataka, Chhattisgarh, Andhra Pradesh, UP, MP, Odisha, Uttarakhand and Assam.
- Annual state level planning facilitation visits conducted for PIP preparation (FY 2015-16) in 5 states.
- SHSRC strengthening: Preparatory meetings conducted with Rajasthan & UP to setup SHSRCs.
- Participated as observer from TSU in RKSK ToTs training program for ANMs and Counselors held in Dehradun and Delhi conducted by MoHFW.
- Preparatory work for NUHM capacity development: The team conducted NUHM Review and Orientation Workshops in Delhi, Gandhinagar and Kolkata. A total of 29 states participated in these workshops. Workshop was meant for dissemination of TRG recommendations and orientation of the state on the vulnerability mapping in addition to the review of work done under NUHM. .

NE RRC

- Orientation of Medical Officer's and ICTC Counsellor's on RMNCH+A in Meghalaya and Manipur and only ICTC Counsellor's in Mizoram
- Conducted 5 batches of Management Training Programme for SDM&HO and BPM, Assam; induction training of M&HO-I of Assam; ToT on Child Death Review (CDR) in Sikkim and Meghalaya.
- Organized the workshop on Family Planning 2020 for Assam and 5 NE states (Arunachal Pradesh, Manipur, Mizoram, Nagaland and Tripura) in collaboration with Ministry of Health and Family Welfare, GoI.
- Organised Workshop on Maternal Health of NE officials in collaboration with MoHFW, GoI.
- Conducted orientation on RKSK of NE states in collaboration with Ministry of Health and Family Welfare, Govt. of India.

Deliverable 2: Technical Support in implementation and Monitoring & Supportive Supervision

- PIP reviews - Apprised the NHM PIPs of all states including RKSK component.
- Monitoring and supportive supervision visits were conducted in nine states (Rajasthan, Odisha, Chhattisgarh, Jharkhand, HP, Maharashtra, Tamil Nadu, Kerala and Karnataka) to review progress on NHM implementation and visit reports submitted to MoHFW. In addition urban health program monitoring and supportive supervision visits conducted in Chandigarh and Tamil Nadu.
- Participated in RMNCH+A review workshop held in Odisha for eastern states.
- Technical assistance provided to Haryana on vulnerability mapping under NUHM.
- Guideline along with vulnerability assessment tool prepared and field tested in Delhi. The guidelines and tools for vulnerability assessment at slum level further simplified for use in the field
- Technical support provided to monitoring under Joint Monitoring Mission for Leprosy conducted by WHO.

- Held meeting with NIUA to look for collaboration for NUHM related tasks.
- Technical support unit for RKSK program established in NHSRC with financial support from UNFPA.

NE RRC

- Facilitated the SPIP and DHAP preparation for the year 2014-15 and 2015-16 for all the NE states.
- Comments on SPIP, Supplementary PIP of NHM 2014-15 and 2015-16 were prepared for all 8 NE states for NHM (part-B).
- Supportive Supervisory is being carried out regularly. The report has been shared with Govt. of India, NHSRC and State Mission Director. 49 districts across 8 NE states were visited by RRC-NE during 2014-15.
- Visited West Bengal, Punjab, Odisha and Uttar Pradesh as part of the CRM Team on November 2014.

Deliverable 3: Policy and strategy development

- National Health Policy: Provided input for preparation of Draft National Health Policy 2015 and conducted six regional consultation workshops in Guwahati Chennai, Lucknow-2 and Delhi-2 on draft NHP. Currently analyzing responses, feedback and comments received from various stakeholders on NHP. In consultations with MoHFW developing Framework of Implementation for NHP 2015.
- Provided inputs to task force on Assuring primary healthcare under NHM and developed report on providing assured set of primary health services at different levels.
- Tribal Health- Provided inputs to task force on Tribal Health set up by MoHFW and developed report on availability of human resources and infrastructure in tribal areas.
- Best Practices and Innovations- Supporting MoHFW for Second National Summit on Good and Replicable practices in Public Health. Best practices received from states are being screened for publication in the workshop.
- Supporting for development of Good Practices and Innovation Portal in Public Health. Draft concept note in this regard was submitted to MoHFW.
- Prepared a note on Training Strategy for different categories of health staff for operationalising NUHM. A note detailing role of UPHCs under NUHM and job responsibilities of public health manager to be posted at UPHCs submitted to MoHFW. Detailed note on capacity building of institute (Regional Medical College Institutes, Institutes of Management and Institute of Local Self Governance) for supporting NUHM implementation under ADB Project developed and submitted. Provided inputs to finalize guidelines of conducting special outreach sessions in urban slums.
- Participated in the national consultation meetings in MoHFW on Free Drugs Scheme and on Free Diagnostic Scheme
- Participated in Technical Expert Group Consultation on Harmonization of Child Health Training Packages
- Provided inputs on National Health Assurance Mission concept note.
- Notes on “*access to Primary Health Care*” prepared for union Health Minister to address all state health secretaries.
- Division responded to 22 Parliament Questions.

Deliverable 4: Evaluation and Studies:

- Concurrent assessment of functionality of SNCUs - the study report of Haryana and Maharashtra has been finalized.
- Study to assess impact of non-health sector policies and programmes on health of communities completed.
- Assessment of the impact of JSSK in five States on out of pocket expenditure for healthcare has been completed.
- These evaluations and studies were conducted in partnership with academic and research agencies including SHSRCs.

Others:

- Participated in four national conferences (National Workshop on Universal Health Coverage under NHM, National Conference on Urban Health,
- Publication support to other divisions of NHSRC.
- Participated in national consultation on TRIPS in Chennai organized by WHO

8. HEALTH MANAGEMENT INFORMATICS SYSTEMS

Deliverable 1: Finalizing the draft Metadata & Data Standards (MDDS) for Health Domain. Helping MoHFW with dissemination of MDDS to various stakeholders.

- MDDS report edited as per the feedback received from various stakeholders and submitted to the MDDS Committee.
- Sub-Committee on MDDS standards was support for review of standards and a report of the analysis with focus on integrating public health information systems was submitted.
- Mapping of MDDS data elements with MCTS data elements and Nikshay system data elements was conducted and submitted along with a note on how to upgrade current public health information system to upgrade to MDDS.
- Action taken report on EHR-MDDS joint committee meeting minutes submitted to the MDDS committee. The MDDS committee was supported filing replies to queries of various stakeholders related to MDDS.
- MDDS data elements have been shared with all states. Further discussions with states on usage of MDDS data elements are being conducted where state are planning new systems viz. Haryana, Kerala.

Deliverable 2: Development support to health informatics in new areas through feasibility studies, requirement analysis and assessments (HRIS, Hospital IS, M-Health, EMRs, Urban Health MIS etc) in states based on request.

- Standards functional requirements of Human Resources Information System for Health developed following review of key HRH systems in states and submitted to MoHFW.
- Maharashtra State is being supported for development of Performance Management Information System.
- Study of Himachal Pradesh HRMIS and suggestions for improvement submitted to the State.
- Functional assessment and review of the NRC tracking system conducted for MP State.
- Study to “Assess ASHA Payments through CPSMS” in Odisha State conducted.

Deliverable 3: Strengthening HMIS data analysis and dissemination for program planning and management.

- HMIS Quarterly Analysis on Key Performance Indicators (KPIs) for first quarter (Apr’ 14 to July’ 14) for all states done and disseminated.
- HMIS Annual analysis (2013 -14) - All India across States.
- HMIS Annual analysis (2013 -14) - All states and districts of India.
- HMIS Annual analysis (2013 -14) - Causes of Infant Deaths – India & States.
- HMIS Annual analysis (2013 -14) - Causes of Maternal Deaths – India & States.
- Population projection conducted for FY 2013-14.
- Updated Factsheets of State across Districts for 20 states using DLHS IV (2012-13) and 9 High focused states using AHS 2012-13.
- Comparison of Annual Health Survey with 2010-11, 2011-12 & 2012-13
- Tribal Health- HMIS data analysis along with analysis of infrastructure and human resource information in selected 90 Tribal Districts (with tribal population 50% or above of the total population) is under process.

Deliverable 4: Identification and development of protocols for HMIS data reporting, information flow, feedback, verification, and authentication in selected states (Bihar, Rajasthan, Haryana) for error management and for data quality improvement.

- HMIS Fellows actively helping State and districts with identification of data quality issues in addition to the issues related to collection, reporting and flow of information. District HMIS Assessment study was conducted in 23 districts of three states. A report of the existing HMIS issues in these districts was submitted to district and state. Routine follow-up is being done to solve local data quality issues. HMIS assessment was conducted in following districts.
 - **Rajasthan:** Dausa, Jaipur, Bikaner, Churu, Hanumangarh, Sriganaganagar, Bundi, Sikar, Jhunjhunu, Karauli, Tonk
 - **Haryana-** Sonipat, Mewat, Palwal, Jind, Gurgaon, Panchkula
 - **Bihar:** Patna, Begusarai, Khagaria, Bhojpur, Nalanda, Muzaffarpur.
 - **Maharashtra:** Data Quality issues report with respect to maternal and infant death reporting in HMIS across districts prepared and submitted to the state.
- Supported MCTS Division with development of Instruction Manual for RCH Register.
- Supported MoHFW with review and rationalisation of HMIS data elements. A list of data elements were submitted for inclusion in the format along with the list of data elements that can either be removed or be shifted to quarterly or annual form.
- A note and list of data elements and indicators for reporting from urban facilities through HMIS under National Urban health Mission was submitted to MoHFW.

Deliverable 5: Bi-annual reports on HMIS performance in selected states (Bihar, Rajasthan, Haryana) based on the District HMIS Assessment Framework to further improve HMIS data quality.

- HMIS issues report prepared for Haryana, Rajasthan and Bihar. The report highlights key HMIS issues in the State and the suggestions to overcome data quality barriers. A plan of action was developed and implanted in discussion with state for improving data quality.

Deliverable 6: Helping states in identifying training needs and developing and implementing need-based refresher training programs across states.

- HMIS Training Program organised for DPC (District Planning Coordinators), DCM (District community Mobilizer), BCM (Block Community Mobilizer), HM (Hospital Manager), BHM (Block Health Manager) of all 38 districts of Bihar. A total of 763 participants received training on HMIS forms and reporting, troubleshooting data quality issues, Analysis of HMIS data and use of information for decision making.
- Review and HMIS orientation training workshops organised in Rajasthan where M&E officers were oriented about data quality issues and how to solve them in addition to HMIS data analysis and use of information.
- HMIS Training Programs organised in Sonipat and Ambala Districts of Haryana where Information Assistants, MO, LHVs and District M&E team was oriented on HMIS Formats, Data Quality issues, data analysis and Use of Information. A total of 60 people trained during these training programs.
- Training on HMIS /MCTS at State level (6 states) for State and District Data Managers in all NE States.

Others:

- Operational Manual for Managing Contractual Human Resources under NHM.
- Developed Performance Appraisal System for ANMs as part of the Guidebook for Enhancing Performance of Multi-Purpose Worker (F).
- Operational plan for placing AYUSH practitioners as mid-level service providers under public health system.
- Inputs for National Health Policy for sections on HMIS, Statistics and Telemedicine. Analysis of National Health Policy 2015 responses is currently being done.

NE-RRC

- Preparation of State & District wise Quarterly/ Annually fact sheets and ranking of the districts up to block level of HPDs and sharing with the all NE states;
- Comprehensive review of the HMIS and MCTS for NE states;
- Supportive supervisory visits in all NE states for data quality improvement;
- Budget Tracking analysis of Tripura and Sikkim state;
- Data analysis & report generation for Different studies conducted by NE-RRC;
- Supported Arunachal Pradesh for state level HMIS data quality review workshop.
- Oriented the State and District Data Mangers of Sikkim on analysis of the 16 dash board indicators.
- Dissemination of DLHS-4 data for the NE states was held in collaboration with IIPS, Mumbai.
- Attended MCTS workshop for the District Data Managers and Block Data Managers for orientation on USSD services of MCTS portal organized by NHM, Assam in collaboration with GoI, Ministry of Health.

9. ADMINISTRATION

9.1. GENERAL ADMIN & IT SECTION

Deliverable 1: Maintenance of Office & Infrastructure:

Deliverable 1.1: - Housekeeping services

- Office space was well maintained with the available staff and additional working hands till February 2015.
- The housekeeping services have been outsourced w.e.f. 01.03.2015. The office is well maintained. The housekeeping services have been streamlined.
- Office Equipment & Office upkeep

Deliverable 1.2

- For maintenance of DG Set comprehensive annual maintenance contract have been awarded and it is well maintained.

Deliverable 1.3:

- For maintenance of Centralized A.C. (2 nos. A HU and A.C ducting) a comprehensive annual maintenance contract has been awarded and it is well maintained.
- Printing & Photocopying services

Deliverable 1.4

- One net working printer has been hired for printing and photocopying. This is well maintained and working properly.

Deliverable 1.5

- Additional workstation for recently selected consultants & fellows at NHSRC.
- 14 new workstations have been added in the office premises. They are functional and occupied.

Deliverable 2. Acquisition of transport / travel facilities for office staff.

- Tender was floated as per GFR rules for hiring of taxi services and vendor was selected as per rules. Separate vendors were selected for monthly hiring and daily requirement basis. Allocation of vehicle was done to the authorised personnel and for other staff on as per requirement basis for official purpose.
- The bill of taxi vendor is checked and verified for payment to the vendor.

Deliverable 3.

- Asset management:
- Annual stock taking was done for stock check of entire office assets and recommended for disposal of obsolete assets held in NHSRC. The procedure was completed in April 2014.

Deliverable 4:

- Security services through outsourced and emergency response:

Deliverable 4.1:

- M/s Mi2C security services were selected for outsourcing security arrangement. There is one guard post (consisting of three guard.) for round the clock and posted at the premises and post are maintained well.

Deliverable 4.2: Duty Officer on call on weekly basis to be operationalised:

- All Sr. Consultants and Consultants with long association with NSHRC pooled in for duty officer. The Duty Officer on call, on weekly basis has been affected from January 2015.

Deliverable 5. Executing Tendering process**Deliverable 5.1**

- Annual contract for courier services was finalized and awarded to M/s On Dot Courier services.

Deliverable 5.2

- Printers were empanelled through open tendering process for printing of books on rate contract.

Deliverable 6:

- Procurement of goods and work order.

Deliverable 6.1: Procurement of furnitures, stationery items:

- Consumable and Stationery items including furnitures available from Kendriya Bhandar are purchased below Rs.1,00,000/-. Exceeding this it is being purchased as per GFR rules from open market.

9.2 HUMAN RESOURCES

Deliverables 1: Recruitments for NHSRC, MOHFW & State Government.

A total of 145 vacancies were advertised for NHSRC, MOHFW & State Government. These were replacements and new positions.

- **NHSRC:** Total 36 (29 new & 7 replacements) positions were advertised to fill vacancies in various division of NHSRC. 23 positions were filled. Three vacancies have been put on hold.
- **MOHFW:** NHSRC was asked by MOHFW for recruitments of multiple posts for various divisions within the ministry. Total 20 (9 new & 11 replacements) posts were advertised 17 have been filled, the interviews are to be scheduled for the remaining 2 positions and one position has been put on hold,
- **State Recruitment:** NHSRC was requested by NHM UP for recruitment of SPMU, DPMU & ARC. Total 91 vacancies were advertised. The recruitment was successfully completed in December 2014. 74 vacancies were filled and 17 remained unfilled due to unavailability of suitable candidates.

Deliverables 2: HR Policy & Standard Operating Procedures.

- An initiative for the formation of HR Policies & Procedures has been taken to create clear and transparent rules & regulations and a platform to resolve issues for all the Consultants working with the Organization. The Policies & Procedures of HR sets forth personnel policy guidelines to assist Consultants with their responsibilities and to inform them about the working of the Organization. The HR policy is operational and is uploaded on website of NHSRC.
- As part of HR initiative, seven SOP's have been developed to provide step by step understanding of uniform processes, procedures and timelines for various functions / activities.

Deliverables 3: Annual Performance Appraisals

- The appraisals were successfully conducted of all personnel's working in NHSRC.

Deliverables 4: Installation of Bio Metric System

- A decision was taken in secretariat meeting of NHSRC held in November 2014 to install bio metric system in NHSRC. The bio metric attendance system was installed successfully in NHSRC in December 2014. The system is fully functional at NHSRC. HR division submits a data to Secretariat of NHSRC every month.

Deliverables 5: RTI Queries

- Replied to all RTI queries were met within the stipulated time and all appeals were responded.

Deliverables 6: Contract Management

Extended / terminated contracts as per the decision of the appropriate authority within the stipulated time.

Deliverables 7: DFID

Submitted annual budget to DFID for MOHFW consultants working under DFID support. Issued extension letter to all consultants. Ensured timely payments by DFID to NHSRC.

9.3 ACCOUNTS

Deliverable 1: Audit of annual accounts and submission:

Deliverable 1.1 Audit of annual accounts & statement submission to the Chairperson and members of the GB and concerned divisions of MoHFW:

- Accounts for the financial year 2013-14 were audited. The accounts of RRC NE for the financial year 2013-14 were incorporated into NHSRC's accounts based on the audited accounts statement of RRC NE. The consolidated audited accounts statement along with Utilisation Certificate was submitted to the Secretary, Health & Family Welfare and Chairperson and other members of the Governing Board in September 2014. The audited accounts statement for the financial year 2012-13 and 2013-14 were ratified by the GB held on 19th November 2014.

Deliverable 1.2 Annual update to the office of the Registrar of Societies:

- Updated list of members of the GB and minutes of the GB meeting for the year 2014-15 submitted to the Office of the Registrar of Societies.

Deliverable 1.3 Filing of Income Tax return for the Assessment year 2014-15:

- Income Tax return for the assessment year 2014-15 was filed in due time.

Deliverable 1.4 Laying of Annual Report/Audited Statement of Accounts of NHSRC on the both the Houses of Parliament:

- The Annual report and audited statement of accounts for the financial year 2014-15 (Hindi & English languages) were submitted to MoHFW for laying on the both the Houses of Parliament in due time.

Deliverable 1.5: Submission of Utilisation Certificate in respect of grant received for AEFI:

- Audited Utilisation Certificate for the expenditure incurred on AEFI project during the year 2013-14, was submitted to the Immunization division of MoHFW in September 2014.

Deliverable 2: Budget estimate for the financial year 2014-15:

- Budget estimate for the financial year 2014-15 was produced before the EC in July 2014. As per recommendations of EC, the budget was revised & produced before the GB in November 2014 and it was approved. It was informed by the EC that separate fund will be provided to

- NHSRC for the consultants under NPMU head, in addition to the funds for its annual work plan approved by the ministry.
- Fund request file was submitted to MoHFW for meeting expenditure under head NPMU. Release by ministry is awaited.
 - As per directions of MoHFW, funding support provided by NHSRC to Population Foundation of India, B-28, Qutub Institutional Area, New Delhi for undertaking activities for Community Action for Health to be carried out by AGCA. It has been informed by MoHFW that the funds will be separate from funding to NHSRC as per the annual work plan approved by the ministry.
 - In respect of RKSK project (funded by UNFPA), fund request for first quarter January to March 2015 was submitted and accordingly fund was received in time.

Deliverable 3: Reimbursement of recruitment expenses from NHM UP:

- The entire amount of expenditure incurred on recruitment process for NHM UP during year 2014-15 has been received. The account is fully settled.

Deliverable 4: Reimbursement of expenses on Planning Support project (funded by DFID):

- Expenditure incurred for the consultants working with MoHFW under planning support project funded by DFID till December 2014 has been received. Statement for the remaining period January to March 2015 is to be submitted for reimbursement.

Deliverable 5: Reimbursement from Child Health Division, MoHFW:

- The outstanding amount of module printing cost incurred for Child Health Division of MoHFW during year 2013-14 has been received. The account is fully settled.

Deliverable 6: Statutory deductions & payments for the financial year 2014-15:

- Statutory deductions (viz. tax deduction at source) were done as per applicable rules and deposited for the credit of Central Government account in due time.
- Quarterly TDS returns are filed in due time.

Deliverable 7: Guidance from MoHFW on Service Tax liability:

- MoHFW was requested to provide guidance on Service Tax liability arising on building rent being paid to NIHF and fees paid to the consultants - Suggestions are awaited.

RRC-NE

- Audited statement of account for the financial year 2013-14 was received.
- Audit observations on outstanding advances shown in the audited accounts statement for the year 2013-14 in respect of RRC-NE were informed to the GB held on 19th November 2014. It has been intimated by RRC NE that the advances are settled.
- Periodic financial statements have been received. Provisional statement of expenditure till 20th March 2015 is received.