

National Health Systems Resource Centre

Work Report 2013-14

Inclusive of NE-RRC report

Contents

WORK REPORT OF NATIONAL HEALTH SYSTEMS RESOURCE CENTRE

I.	COMMUNITY PROCESSES.....	2
II.	QUALITY IMPROVEMENT.....	6
III.	HUMAN RESOURCES FOR HEALTH	8
IV.	HEALTH INFORMATICS.....	11
V.	HEALTHCARE TECHNOLOGY.....	14
VI.	HEALTHCARE FINANCING.....	15
VII.	PUBLIC HEALTH ADMINISTRATION.....	16
VIII.	PUBLIC HEALTH PLANNING	19

NOTE ON MAIN DELIVERABLES

I. COMMUNITY PROCESSES

Deliverable 1: Support structures in all states in place and oriented to their functions (ASHA support, regular payments, performance monitoring) at ASHA, block, district and state levels

- Three regional Nodal Officer Programme Review workshops and Trainer Conventions held in March 2013 served as basis for prioritizing activities. Key highlights that emerged from the meetings was the need to undertake training for existing and newly recruited support staff in the “content” of ASHA training and for enabling supportive supervision, and to undertake refresher training of ASHA.
- Programme monitoring visits were undertaken for the states of Madhya Pradesh, Uttar Pradesh, Haryana, Rajasthan, Orissa, West Bengal, Gujarat, Jharkhand, Bihar, West Bengal, Gujarat and Karnataka. Findings were used to plan activities such as review meetings with the state leadership, orientation and training meetings for ASHA support teams, and expanding the trainer pool by organizing additional training programmes for state trainers.
- Two review workshops for nodal officers of Community processes, one for officers from all UTs, High Focus and Non High focus states and second for North Eastern States were held between July 31st to Aug 1st, 2013 and November 29th and 30th, 2013 respectively. These workshops served as a platform for sharing and learning between states and center.
- Review and Training workshop of District Nodal officers/ Trainers on supportive supervision and training in performance monitoring systems, using Handbook for ASHA Facilitators in the states of Haryana, Bihar, Odisha, Gujarat, Uttar Pradesh, Rajasthan, Karnataka and Madhya Pradesh
- Feedback to the MOHFW and inputs on proposals for Community Processes component of Project Implementation Plans (PIP) for NRHM and NUHM.
- Training of officers from Directorates of Health Services, State Programme Managements Units, and State Health Systems Resource Centres in community processes as part of NHSRC organized workshops on “Leadership and Management for strengthening of Public Health Systems”.
- Orientation of the newly designated nodal officers for VHSNC, CP and ASHA Training from Rajasthan was conducted.
- Inputs provided to states of Karnataka and UP for finalization of the ASHA diary.

Deliverable 2: Completion of 4 rounds of training in Modules 6 & 7 in all but 3 states- two rounds

at least in these three also

- Support provided to state teams to expedite training of ASHA in Modules 6 and 7. All states have begun training in Module 6 and 7, with the majority of states having completed Round 1 training of ASHA, and are in the midst of training ASHA in Round 2. Only UP is yet to begin Round 2 training.
- Refresher training of ASHAs after completion of Round 3 training is underway in Uttarakhand and Jharkhand.
- Agenda for Round 3 training of ASHA trainers finalized in consultation with state nodal officers and first batch of Round 3 TOT for trainers from states of Punjab, Gujarat, Uttarakhand, Jharkhand, and Delhi conducted from March 3rd -7th, 2014.
- Support provided to four batches of Round 2 TOT in Jammu and Kashmir in the month of March, 2014
- Round 1 TOT for state trainers from UP, Bihar, J & K, and MP is underway at the National training site (March 24th– April 10th, 2014)

Deliverable 3: ASHA Performance monitoring reports provided quarterly:

- NHSRC reviewed and provided feedback on Performance monitoring reports from fifteen states. Other states are yet to begin submitting reports. NHSRC also prepares a quarterly matrix with data obtained from states on a range of parameters. However states are yet to establish a regular reporting mechanism for ASHA performance monitoring.

Deliverable 4: ASHA Certification:

- The revised budget for ASHA certification was approved by EPC and MOU between NHSRC and NIOS is being finalized.
- Budgeting norms for certification have been shared with states and states are expected to propose the certification of district trainers, sites and ASHAs in the PIP for FY 2014-15.

Deliverable 5: Module on gender based violence for the ASHA:

- Module “Mobilizing for action on violence against women” developed based in consultation with a sub committee made up of state nodal officers from Chhattisgarh, Uttarakhand, Madhya Pradesh, Jharkhand and Delhi and MOHFW
- Orientation workshop on the trainer notes and handbook for ASHAs conducted for National Trainers and trainers from North Eastern states in November, 2013.

- Training of Trainers from states of Punjab, Gujarat, Uttarakhand, Jharkhand, and Delhi was conducted as part of first batch of Round 3 TOT

Deliverable 6: Develop national and state cadre of trainers for VHSNC

- Training strategy for training the VHSNC members finalized and Module for training the VHSNC members and trainers developed.

Deliverable: 7: VHSNC undertake village health planning and yield outcomes as planned (in at least five states):

- The revised guidelines for VHSNC were launched in 2013, and states are expected to restructure existing committees in line with the guidelines, particularly with reference to engagement of the PRI and enabling the role of member secretary for the ASHA,

Deliverable 8: Studies and evaluation:

- Rapid assessment for situation analysis on public health resources and systems in urban areas for effective planning and implementation of the NUHM was completed in four cities - Guwahati, Jorhat, Mumbai and Aligarh. Report was shared with the NUHM TRG members held on December 17th, 2014.
- Assessment of Mobile Kunji conducted in two districts of Bihar and report along with a technical comparison between the contents of Kunji and Module 6 & 7 shared with the MoHFW.
- Participated in Common Review Mission in states of Jharkhand and Nagaland.
- ASHA Evaluation in five states -Delhi, Gujarat, Haryana, Punjab, and Maharashtra completed and reports will be shared with states in the months of May- June, 14.
- ASHA evaluation in TN and J and K will commence in the month of May, 2014.

Deliverable 9: Six states: Three Community Health Innovation and Training Site

- States are not overtly keen to include this in their PIPs. One option would be to expedite the finalization of the NGO guidelines, and advocate with the states to award three sites through this mechanism.

Deliverable 10: Formative research: CHWs for NCDs: in TN, Kerala, and Sikkim:

- NHSRC has identified four areas for formative research, and will undertake research in TN, Chhattisgarh, Punjab and Sikkim.
- Formative Research protocol for ASHA's Role in NCD and Palliative Care developed -following the

discussions of consultation workshop held on October, 12th, 2013

Deliverable 11- Policy Inputs :

- *The guidelines for Community Processes were revised and released in July, 2013*
- *Participated in NUHM TRGs and developed the Guidelines for ASHA and Mahila Arogya Samiti in Urban Context.*
- *Provided technical briefs to MoHFW on the following agenda items of Mission Steering group –a) Restructuring budget norms for ASHA programme, b) Restructuring of ASHA incentives and c) ASHA certification*
- *Tool kit for election of Peer educators and Training strategy for Peer Educators developed and submitted to MoHFW.*
- *Revised HBNC guidelines in consultation with MoHFW and submitted for approval to MoHFW.*
- *National ASHA Mentoring group meeting was held on October 30th and 31st, 2013.*
- *Consultation to develop manual for Rogi Kalyan Samiti Members and revision of the RKS guidelines organized on March 14th, 2014.*

Other tasks:

1. Publications in this period: Guidelines for Community Processes, (English and Hindi) ASHA update-July 2013, Induction Module for Newly Recruited ASHA (English and Hindi),
2. Reports for Public Accounts Committee on District Vigilance Monitoring Committee, VSHNC fund utilization and ASHA attrition rate from 27 states submitted to MoHFW.
3. Developed - Handbook for ASHAs in Disaster Preparedness and facilitated conduction of two batches of Training of Trainers at state level in collaboration with Doctors for You, TISS and State ASHA resource Centre in Uttarakhand. All ASHAs and AFs (2283 ASHAs and 154 ASHA Facilitators) have been trained in the four disaster affected districts of UK. Training of ASHAs in remaining districts is underway
4. NGO guidelines finalized in consultation with drafting committee for NGO Guidelines and MoHFW
5. Reports of Menstrual Hygiene programme Field Study of Rajasthan, Assam, Orissa, Kerala and J&K finalized (last year's deliverable)
6. Provided inputs to the home based newborn care action plan as part of India New-born Action

Plan being developed jointly by GOI and WHO

7. Prepared food safety manual for workers in Mid Day Meal scheme at the request of Ministry of Human Resource Development.
8. Provided support to the state of Uttarakhand to evaluate NGOs involved in ASHA support.
9. Conducted rapid assessment of Rogi Sahayak Kendras conducted in West Bengal
10. Prepared a brief note on RSBY for orienting the ASHAs for MoHFW.
11. Status updates on – a) ASHA programme, b) Career opportunities for ASHAs, c) support structures for CP, d) grievance redressal, performance monitoring, e) CP programme issues from North Eastern states, submitted to MoHFW.

NE-RRC

Deliverable 1: Supporting state in imparting quality training to ASHA:

- Supported all NE states in imparting quality training of ASHAs, extending supportive supervision during training in all 8 NE states.
- Review and Training workshop of District Nodal officers / Trainers on supportive supervision and training in performance monitoring systems, using Handbook for ASHA Facilitators in the states of Tripura, Assam, Manipur, Sikkim, Mizoram, Arunachal Pradesh, Nagaland, Meghalaya.
- Regular supportive supervision visits are being undertaken in all NE States.
- Feedback to the MOHFW/NHSRC on CP component for Project Implementation Plans from North Eastern States.
- Consultant from RRC-NE was a part of National level 3rd round TOT held at NHSRC during March 2014
- Was a part of 7th CRM team to Bihar and also attended the dissemination held at Vigyan Bhawan, New Delhi.
- Participated and coordinated with NE states in identifying 2 members team for attending the RKS module development workshop held at NHSRC.
- Attended the National level ASHA Programme review Meeting at NHSRC, Delhi.

Deliverable 2: Completion of Module 6 & 7 training (all rounds) in all NE states except for Assam, where 3rd round will be completed during 2013-2014

- Facilitated in completion of ASHA training up to 2nd round of module 6 & 7 in all states except Assam.
- Facilitated and was a part of it in ToT for 3rd round of module 6 & 7 which was held from 25th to 28th November 2013 for all NE states

Deliverable 3: Strengthening the Support mechanism

- Support is being provided to all the NE states for strengthening the ASHA support structure of the concerned state. As a move towards this, supportive supervision was extended during the training of the ASHA support structure staffs in the states of Mizoram, Arunachal Pradesh, Nagaland, Manipur, and Tripura.
- States are also supported to streamline the ASHA Payment mechanism, preferably to introduce single window mechanism. Integrated notified revised order has been issued by the states of Tripura, Arunachal Pradesh.
- Facilitated the NE states in establishing ASHA grievance redressal mechanism as per the guideline issued by the MoHFW, Govt. Of India.

Deliverable 4: ASHA Performance monitoring reports provided quarterly:

- RRC-NE receives and provides feedback on Performance monitoring reports, which are submitted by the states quarterly. Regularity in submitting the report is still found as an issue. However, RRC-NE is working with the states to ensure timely report submission.
- ASHA review meeting for all 8 NE states held on 29th & 30th November 2013

Deliverable 5: Strengthen other area of community processes:

- In line with activities approved in the State ROP support is being provided to the state in rolling out various other activities under Community processes such as – VHSNC and its orientation/training, Community Monitoring
- Guidance was provided to Arunachal Pradesh and Tripura for scaling up the community monitoring activities in the state. The same will be done with other states too.

Deliverable 6: Documentation:

- States were supported in doing proper documentation of the best practices, which was shared in the workshop held at Srinagar.
- Preparation of “Progress made and Challenges Faced”- a bi-annual update of status of community processes especially ASHA Program in NE States.

Deliverable 7: District wise best ASHA selection and Best 03 SC selections in Assam:

- Extensive study was conducted in Assam to identify the district wise best ASHA from all 27 districts of Assam and 03 best sub centres from the state. This was done as per the request made by the Mission Director, NRHM, Assam. Both the reports are prepared and submitted to the Mission Director, NRHM, Assam

Deliverable 7: Other activities:

- Attended NPCC of all the NE states, which held at Nirman Bhavan, New Delhi.
- Compilation of ASHA matrix of all NE states every month and sharing it with NHSRC.
- Compilation of quarterly ASHA update and sharing it with NHSRC.
- Compilation of quarterly update of HBNC performances of states and sharing it with NHSRC.
- Sharing the quarterly report of ASHA performance monitoring of states with NHSRC.
- Attended Maternal Health review at Guwahati of all NE States.
- Compilation and submission of reports to NHSRC for Public Accounts Committee on District

Vigilance Monitoring Committee.

- Attended States ASHA Nodal Officers workshop held at NHSRC, New Delhi

II. QUALITY IMPROVEMENT

Deliverable 1: Development of Comprehensive Auditable Standards for Public Health Facilities, encompassing structure, process and outcome, and its measurement system:

- 'Operational Guidelines for Quality Assurance in Public Health Facilities' have been developed through consultative process involving Programme Divisions MoHFW, States, Academic Institutions, Development Partners, WHO, UNICEF, etc. The guidelines have been disseminated to the states on 25th Nov 2014 in a National Level workshop.
- The Quality Standards are organised around eight areas of concern – Service Delivery, Patient Right, Inputs, Support Services, Clinical Services, Infection Control, Quality Management, and Outcomes. Each area of concerns has Quality Standards, which is measured by Measuring Elements of the Quality Standard. There are 18 departmental check-lists, which would be filled-in to generate quality score of health facility.
- Scoring of District Hospitals has been planned to be undertaken in partnership with Reputed Academic Institutions. Partnership MoU with Tata Institute of Social Sciences Mumbai has been finalised for scoring of twenty district hospitals.
- State Quality Assurance Committees have been reconstituted and notified in the states of Gujarat, Odisha, Meghalaya, Uttar Pradesh, Andhra Pradesh. Other States are in the process of doing so.
- Two rounds of Trainings of Trainers on Quality Assurance conducted in West Bengal, Uttar Pradesh & Assam, and one round of training in Gujarat, Rajasthan, Odisha, Haryana, Tamilnadu and Delhi.
- Uttar Pradesh is being supported in adaptation of Quality Standards.
- Piloting of Quality Standards and its measurement system for Primary Health Centres is planned in the month April 2014.

Deliverable 2: Development of training modules for state and district quality assurance cell and awareness workshop for State and District Quality Assurance Committee Members

- Training modules, based on the recently launched 'Operational Guidelines' have been developed and field- tested.
- Training on the new module has been conducted in the States of Delhi, Haryana, Odisha, Uttar

Pradesh and 8 NE States.

Deliverable 3: Institutional Arrangement for the External Certification

- TORs for empanelment of External Assessors have been developed
- The Empanelment would be completed after cessation of 'Model code of conduct'

Deliverable 4: Infrastructure: planning support and follow up

- Compilation of availability of secondary care Public Hospital beds in the country has been completed.
- A Study 'To Assess States Capacity In Terms Of Infrastructure Planning, Designing, Construction and Maintenance and to identify Bottlenecks and Good Practices' is being undertaken in collaboration with Academy of Hospital Administration.

Deliverable 5: Guidelines for donations to Public Health Facilities

- Draft Guidelines has been developed and submitted to MoHFW.

Deliverable 6 & 7: Biomedical waste management and infection control: prioritise for quality improvement across states.

- Conducted ToTs on Biomedical waste Management and Infection Control in Madhya Pradesh (3 rounds covering 8 regions) and Karnataka (2 rounds).
- Supported Arunachal Pradesh on its IMEP proposal for setting up ETP and Incineration facilities by providing technical specification, feasibility, and cost effectiveness.
- Supported Karnataka in developing SOPs and check sheets for biomedical waste management. These would be used in implementation, monitoring, evaluation and scoring of public health facilities.
- Supported Karnataka in finalizing technical specifications for PPEs (Personal protective equipment -gloves, masks, goggles, gum boots, aprons, etc.)
- Draft of 'Infection Control Practices in Public Health Facilities' is ready. Work on illustrations is under process.
- A study on 'Point Prevalence of Hospital acquired infection and Biomedical Waste Management Practices in Secondary care public healthcare facilities in India' has already commenced.

Deliverable 8: Promotion of Quality Circles and Peer Review processes to improve Quality in Private Sector

- To be undertaken later this year.

Deliverable 9: Evaluation of Drugs & Logistics Procurement System in the country

- Evaluated Drugs & Logistics Procurement System in 12 States in the Country

Deliverable 10: Assessment of Prefabricated Subcentre in States of Madhya Pradesh & Maharashtra, as mandated by MoHFW in March 2014

- The assessment would commence in second week of April 2014.

Other tasks:

1. Conducted a study on “Value Stream Mapping at SNCU” and presented at AIIMS.
2. Conducted lecture series “Frontier in Public Health”.
3. Conducted two rounds of trainings on “Leadership and Management for strengthening Public Health System”.
4. Paper of “Improving Access through Quality Improvement in Patient Satisfaction at Public Hospital of Bihar” published in BMJ (British Medical Journal) and presented in ‘International Forum on Quality and Safety in Healthcare’ London 2013.
5. Following two papers have been accepted at ‘International Forum on Quality & Safety in Health-care 2014’ at Paris (France)
 - a. Developing & Implementing Quality Indicator at Secondary Care Hospitals in State of West Bengal (India)
 - b. Quality Improvement in Public Health with Limited Resources: Madhubani Model

NE-RRC

Deliverable 1: Training & Capacity Building of Programme managers & Medical officers of all NE states.

- Coordinated 5 days Hospital Management Training of Programme managers & Medical officers of districts- Karimganj & Hailakandi organized by RRC-NE.
- Orientation workshop on New Guideline on Quality Assurance in Public Health facilities for NE states was conducted by RRC-NE on 10th Jan 2014 in collaboration with NHSRC.

Deliverable 2: Providing support to the states on Quality part & Regular Supportive Supervisory Visit to NE states.

- Visited state office, NRHM, Naharlagun, Arunachal Pradesh to review IMEP status & submitted report on review of IMEP proposal of Arunachal Pradesh.
- Appraised quality and IMEP part of SPIP 2013-14 of Assam.
- Supportive supervisory visit to Melaghar SDH, Bishalgarh SDH & IGM Hospital, Tripura.
- Supportive supervisory visit to Naga Hospital authority, Kohima.
- Supportive Supervisory visit to Ganesh Das Hospital, Shillong.

Deliverable 3: Other activities:

- Prepared status report on CEmOC centres (District level & Block level) of NE states.
- Compiled bed strength status of Health facilities of NE States.
- Assessment of Housekeeping services (Outsourced to MAPUNA GP.) of Civil Hospitals of Assam – Prepared concept note, Visited Civil Hospitals for assessment and data collection.

III. Human Resources for Health

Deliverable 1: Public Health Workforce Management

- Continue work on improving Public Health Workforce Status in the States:
 - a) Developed Public Health Workforce Status Reports to document the HRH status, HRH distribution across districts, prevailing HR policies and rules (recruitment, transfer), HRH data management and program management structure etc. for the following States and Union Territory:
 1. Maharashtra
 2. Jharkhand
 3. Tamil Nadu
 4. Jammu & Kashmir
 5. Karnataka
 6. Uttar Pradesh
 7. Kerala
 8. Pondicherry
 9. Daman & Diu
 10. Dadar & Nagar Haveli
 - b) Take forward Human Resource Management Information System (HR-MIS), initially in the North East States:

Subsequent to the HR-MIS sensitization cum experience sharing workshop at Guwahati for the NE States, follow-up actions have been slow. Necessary support will be provided to the states for building their systems in the coming year

Deliverable 2: Recruitment and retention of skilled HRH in rural, remote and difficult areas

- Follow-up on retention strategies proposed in the State PIPs and its implementation, as approved under NRHM
- Compilation of various incentive packages approved by the National Program Coordination Committee (NPCC) in different states to retain health care providers in rural and remote areas

- Visits to Tamil Nadu and Karnataka for documenting the retention strategies which exist in the state, as against the approved packages for the year 2013-14
- Evaluation of Chhattisgarh Rural Medical Corp (CRMC)
 - a) Evaluation Study of CRMC completed. The report documents the CRMC scheme, process of implementation, strengths & weaknesses and provide recommendations for improvement of the scheme
- Study of regulatory measures for attraction and retention of medical doctors in rural areas of India is *in progress* in six states (Assam, Maharashtra, Tamil Nadu, Karnataka, Madhya Pradesh and Chhattisgarh) to document the nature, features and status of implementation of compulsory rural service bond and their impact in increasing availability and retention of doctors in the underserved areas.
- Exploratory visits to Punjab and Haryana to assess the Posting & Transfer policies and their contribution towards increasing availability of health care providers in difficult-to-access areas
- Build consensus, promote cross-learning, and provide assistance to states/center in designing/adapting/adopting packages
- Findings from the studies and tour reports are shared with the states during the Leadership and Management Workshops, which helps them design intervention strategies

Deliverable 3: Assistance to States on key problems areas of Contractual HR Policies - Contract Management, Performance Management etc.

- Draft Version of the HRH Operational Manual for Contractual NRHM Employees prepared, which captures different HRH components including policy framework, norms for recruitment of staff, contract policy, remuneration/benefits, transfer/posting rules, leave rules and framework for performance management etc.
- Developed discussion note on “Baseline Assessment of Competencies of Nursing Personnel” along with necessary tools, to increase the work productivity of nursing personnel.
- Assisted West Bengal in establishing a performance management system in the state (work in progress) - this includes appraisal systems for the program management staff as well as the various cadres of care providers

Deliverable 4: Mid-level cadre of health care professionals with appropriate skills and attitudes to take primary care professionals closer to people

- Study titled “Role of Rural Health Practitioners (RHP) for augmenting the public health system in Assam”
- RHP study in Assam completed - this study assesses the role of RHPs in strengthening Sub Center Service Delivery in the High Focus Districts of Assam
- Support to policy decision and roll out of Community Health Officer (CHO) Program

- Comparative Analysis of the existing GNM and proposed B.Sc (CH) curriculum on Public Health and Clinical Competencies for identification of key gaps
- Work on developing a 6-month bridge course (competencies and curriculum) for nurses is in progress - this will enable nurses who complete this course to be appointed as Community Health Officers (CHO) in sub centers

Other tasks:

1. Policy Note on “Better Planning of Work amongst Human Resources available in the Sub-Center Level” - Developed a Work Charter for ANMs posted at Sub Centers, for Optimal Work Organization both at SCs and in the Field - A Weekly Calendar with Detailed Mapping of Activities. A consultative workshop was also held with ANMs from the EAG states to deliberate and build consensus.
2. “Comprehensive Assessment of Health Workforce Education and Training in India” - this is part of the multi-centric study conducted in the South-East Asia Region in collaboration with the World Health Organization
3. Presentation titled “Educational Strategies to Improve Availability of Skilled Care Providers in Underserved Areas” at the National Advisory Council (NAC) Working Group Meeting and helped develop “Recommendations for Enhancing Skills & Service Delivery of Healthcare Workers”
4. Presentation titled “Human Resource Policy for an Urban Health Care Delivery System” at the Consultation for Drafting the Delhi State Urban Health Policy
5. Collated Best Practices on Human Resources for the “National Summit on Best Practices” held at Srinagar
6. Poster presentation at Global Public Health Conference (GPHCON) titled “Retention Schemes for Attraction and Retention of Health Workers in Chhattisgarh, India - Do They Work?”

IV. Health Informatics

Deliverable 1: Annual and Quarterly data analysis for district and state

- HMIS Annual analysis (2012 -13) - All states and districts of India
- HMIS Annual analysis (2012 – 13) - India across States
- HMIS Annual analysis (2012 – 13) - High focus Non NE & Non High Focus Large states
- HMIS Annual analysis (2012 – 13) - Causes of Infant Deaths – India & States
- HMIS Annual analysis (2012 – 13) - Causes of Maternal Deaths – India & States
- HMIS Annual analysis (2012 – 13) - Known Causes of Deaths – India & States
- HMIS Quarterly Analysis – KPIs - (Apr’13 to Jun’13) - All states & Districts of India
- HMIS Trend analysis for all states except UTs- 2008-09 to Apr'13-Dec'13
- Annual Health Survey - comparison on some selected Indicators for 2010-11 & 2011-12.
- Annual Health Survey - Mortality data Comparison - 2010-11 & 2012 – 13.
- Demographic Status of Scheduled Tribe Population (2011 census data) for all states.

Deliverable 2: Identification and development of protocols for HMIS data reporting.

- The HMIS Division participated in rationalisation of the National HMIS format. A set of recommendations were proposed from NHSRC for data elements rationalisation. These included removal of the redundant data elements, inclusion of new data elements for non-communicable disease programs and suggestion for improvement in data elements proposed under JSSK.
- HMIS Division extended technical support to Haryana State for implementation of single reporting system. The state team was supported for assessment of current reporting system, rationalization of data elements and for designing of primary registers to implement integrated single reporting system in the state.
- UP State was helped to formulate guidelines and protocols for data entry in HMIS Web Portal by BDAs/ data entry operators.

Deliverable 3: Helping states in identifying training needs and developing refresher training programs at district level.

- HMIS team along with fellows conducted training programs in following States- Maharashtra, UP, Bihar, Odisha, and Haryana.
- In UP- State level training to develop master trainers was conducted in last week of January 2014. A total of 142 participants including DPMs and AROs of all 75 districts participated in the training program. In addition district-level trainings were also conducted in Maunath Bhanjan District and Azamgarh district where a total of 70 participants were trained on data definitions, data quality issues, flow of information and on use of HMIS Web Portal.
- In Maharashtra- State and district level master trainers were trained on data definition and on troubleshooting data quality issues. A total of 140 participants participated in the training program. In addition district- Ward health officers and programme heads for MIS in Mumbai Corporations were trained on data definitions and criterion of reporting. Facility-wise HMIS data analysis training was conducted in Gadchiroli District for BPMs, ANMs & M&E Officer.
- In Haryana- District M&E officers, ANMs and LHVs were trained on data definitions.
- In Odisha- District M&E officers and Statistical Assistants were trained for HMIS data analysis and use of information.
- In Bihar- helped Bihar State in organising Data Demand & Use workshop with all directorates. In addition District M&E Officers, Data Entry Operators and Block Program Managers were trained on Data Analysis & Use in Jehanabad District.

Deliverable 4: Helping in establishment of Meta Data & Data Standards for Health (MDDS).

- The HMIS Division acted as Secretariat for the MDDS committee to develop metadata and data standards for health domain. The secretariat has started working on this assignment from July'2013 and with the support of two technical agencies has put together a set of Meta Data & Data Standards for health domain with a focus on open source standards. MDDS standards are broadly categorized into 39 entities. The MDDS standard output includes list of Data Elements & their metadata grouped in 39 entities and Code Directories and their metadata. The submission to the MDDS chair in the MoHFW was done on 17th of October and a major standards dissemination workshop with all stakeholders was organised in December 2013.

- The stakeholders were given time till 28th Feb’2013 to submit their feedback. The secretariat in consultation with the NIC team is in the process of incorporation of feedback in the MDDS.
- The MDDS team has also developed an XML-based integration framework using which Mother and Child Tracking System (MCTS) & National HMIS Web Portal can be integrated.
- The team has also helped C-DAC team for use of MDDS for their Drug Distribution System (e-Aushadhi). The MDDS compliant e-Aushadhi system is being implemented in states.
- As part of the MDDS work the team has mapped HMIS, MCTS, RNTCP & IDSP systems with MDDS Standards. Mapping of terminologies with standard codes (disease codes) is also been done for IDSP & RNTCP Systems.
- As part of interoperability the team has also defined reference architecture for integration of all prospective and current healthcare IT systems.

Deliverable 5: Development support to health informatics in new areas (HRIS, Hospital IS, Telemedicine, M-Health, EMRs etc) in states: To be taken up as part of MDDS roll-out from December 13.

- An assessment of Tele-radiology program in Assam was carried out by HMIS division on request of the MoHFW. The assessment identified crucial areas of improvement and made suggestions in this regard. The report was submitted to the MoHFW.

Deliverable 6: Bi-annual reports on HMIS performance in States based on the District HMIS Assessment Framework to further improve HMIS data quality

- HMIS Division has deployed 10 HMIS fellows in states for improving HMIS systems, troubleshooting data quality issues and improving use of information for district planning and decision making. The fellows in the State are actively helping to conduct data validation exercise at various levels.
- From April –Sept 2013 the fellows have conducted HMIS assessments in 32 Districts and 16 district HMIS issues and action taken reports were submitted to Statistics Division, MoHFW. In following Districts HMIS Data Quality Assessment was conducted.
 - UP – Unnav, Lucknow, Azamgarh, Mau, Barabanki, Gorakhpur, Kushinagar.
 - Maharashtra- Pune , Jalna, Aurangabad, Sholapur, Thane, Satara, Raigad, Dhule
 - Chhattisgarh- Bilaspur, Dhamtari, Mungeli ,Durg, Mahasamund, Raipur
 - West Bengal – Darjeeling , South 24 Paragnas, Paschim Medinipu, Coochbehar
 - Haryana – Ambala, Sonipat
 - Odisha – Nayaygarh, Puri, Bhadrak
 - Bihar- Vaishali & Jehanabad

Deliverable: 7: Feedback reports to be established from State to district and from district to block.

- In Odisha State feedback loop from state to district and from district to block established.
- HMIS Fellows are helping states to generate monthly analysis feedback reports from state to district in ten states.

Deliverable 8: Development and dissemination of data analysis tool and information use guidelines for use of data in district planning process.

- HMIS Fellows in the State have developed and shared data analysis tools as per state needs. These include – Reporting tool for identification of delivery point in Chhattisgarh, Intra-district comparison with estimated level of achievement in Bihar, Feedback report in Odisha, Score card methodology to give Ananadibai award to PHCs in Maharashtra.
- In Haryana HMIS data analysis for High Priority districts on 16 key indicators was conducted on request of the state.

HEALTHCARE TECHNOLOGY

Other tasks:

1. Division documented seven Health Care IT Systems best practices from States under NRHM for best practices workshop organised in Kashmir.
2. Technical support for implementation of Central Plan Scheme Monitoring System for ASHA Program and study of the ASHA –CPSMS payment system in Odisha State covering Puri and Cuttack district.
3. NRHM Joint Monitoring Visits were conducted in the State of Madhya Pradesh (Gwalior Division), Himachal Pradesh, Uttar Pradesh, and West Bengal.
4. Assessment of the Proposal for IT systems development for Supportive Supervision on behalf of MoHFW.
5. PIP appraisals for States.

V. HEALTHCARE TECHNOLOGY

Deliverable 1: Technical specifications:

- Technical specifications for SNCU equipment – two meetings of technical experts organized, work on all devices for SNCU conducted and submitted to MoHFW, subsequent to which rate contract process has been initiated.
- Technical specifications for ERS equipment- meetings of technical experts organized, work on all devices for ERS conducted and submitted to MoHFW for further vetting by DGHS
- Technical specifications for MMU and ASHA kit medical devices completed and submitted to MoHFW.
- Technical specifications RBSK medical devices completed and submitted to MoHFW.
- Support on formulation of technical specifications for cold chain equipment provided to MoHFW
- Support to MoHFW on ERS specification dialogue with stake holders.

Deliverable 2: Biomedical equipment maintenance model for districts:

- Evaluation study for bio-medical equipment maintenance model conducted.

- Draft Terms of Reference of bio-medical equipment maintenance model formulated.

Deliverable 3: Sector Innovation Council for Health:

- 2nd meeting of the SIC conducted and base line research conducted to identify areas of future course of work.
- Work on identifying and studying facilities for Medical device testing in India is ongoing. A total of 23 laboratories have been identified and visited. The mapping of various electrical safety, electromagnetic compatibility and biocompatibility standards for various medical devices procured via DG (S&D) for NHM has been completed for all devices for which specifications have been submitted.
- Innovators meets called in for identifying “ready for uptake” technologies such as non-invasive hemoglobiometer, low cost-glucometer, on-site urine culture/sensitivity device.
- Scoping exercise to identify problems and causes of shortage of Anti-snake venom in India completed and submitted to MoHFW.
- Support to ITSU (UIP) provided for assessment of cold chain technologies
- Support to UIP and UNICEF provided for uptake of indigenous cold chain technologies

Deliverable 4: Health technology Assessments/ reviews of technologies:

- Report on assessment of Non-pneumatic anti-shock garment conducted and submitted to MoHFW for uptake.
- Report on assessment of Swasthya Slate conducted and submitted to MoHFW.
- Report on assessment of “Receptol” conducted as required by MoHFW.
- Health Technology Assessments of technologies such as Mammography, Home dialysis, Role of Multimicronutrient in preventing low birth weight, iron fortification of drinking water conducted.

Deliverable 5: Access to drugs:

- Technical drug dossiers on 8 drugs prepared for MoHFW. Dossiers on Breast Cancer Drug- Trastuzumab and Ixabipelone and Leukemia drug – Dasatinib completed and duly submitted to MoHFW.
- States EDL list repository built mapping the scope of every state EDL available
- Comprehensive study of Schedule K drugs done and draft report of technical details submitted.

Deliverable 6: Capacity Building in Health Technology Management and Assessment (HTA)

- 2nd Fellowship on HTA in April 2013 and 3rd Fellowship on HTA in Oct 2013, conducted in collaboration with Health Technology Innovation Centre- IIT Madras. 52 and 47 candidates trained respectively, which included consultants from state health departments, Ministry of health, bio-medical engineers and researchers. A total of 19 projects on HTA have been selected and technical work is in progress.
- 1st and 2nd “hands-on” training programs of duration one week each on medical devices conducted in April 2013 and February 2014. This included devices of special neo-natal care/pediatric neo-natal care/respiratory care and engineers from state health societies, state

government run corporations as well as those applied from small nursing homes from 2 and 3 tier cities were trained.

VI. HEALTHCARE FINANCING

Deliverable 1: Public Health Expenditure Analysis For Policy Support

- Taking this work forward in 2013-14, the division undertook analysis of allocations for the period from 2009 to 2012 in select states.
- NHSRC revised the output indicators of the analysis as per requirement with the guidance of the Executive Director, NHSRC
- Conducted the analysis of public health expenditures in eight States - Karnataka, Kerala, Bihar, Uttar Pradesh, Himachal Pradesh, Chhattisgarh, Jharkhand and Andhra

Deliverable 2 Evaluation of Public Private Partnerships in healthcare financing and delivery:

- The division conducted an evaluation of Medical Emergency Response Services (ERS) in Kerala and of Punjab Health Systems Corporation (PHSC), and Punjab respectively

Deliverable 3 A review of Publicly Financed Health Insurance Schemes

- With requests from the Ministry of Health, reviewed the Rashtriya Swasthya Bima Yojana (RSBY) through a rigorous review of published literature and studies conducted on RSBY and available from the RSBY website

Deliverable 4 Estimating household out of pocket expenditure on health and level of catastrophic payments

- Developed a standardized, simple, statistically robust research methodology and analytical tool to study district level household healthcare utilization and healthcare expenditure and estimate out of pocket expenditure on health/level of catastrophic payments - with a degree of approximation relevant to policy making.
- The district level household healthcare utilization and healthcare expenditure survey was piloted in three districts, one each in Meghalaya, Jharkhand and Tamil Nadu.
- With requests from State Health Department of Punjab and Himachal Pradesh, currently the survey is being conducted in Nawansher and Shimla district respectively.

VII. PUBLIC HEALTH ADMINISTRATION

Deliverable 1. Death Reviews (Maternal, Child, Near – Miss): Support development of guidelines, and facilitating implementation at State level

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

- Maternal Death Review workshops have been held in States and trainings have been completed. States are reporting to centre on progress – review at district level yet to take off - also participated as resource

persons in the MDR Review workshops/meetings in UP and Bihar. Hindi translation of MDR guidelines done in Bihar.

Near Miss Reviews – guidelines developed and disseminated – states starts implementation

- Part of National level Expert committee on 'Near Miss Review' - final draft guidelines submitted to MoHFW

Child Death Review – guidelines developed and disseminated – states starts implementation

- Part of National level Expert committee on 'Child Death Review' – Organised National consultation on Child Death Review at New Delhi to finalize guidelines – draft is submitted to MoHFW for approval

Deliverable 2 Clinical Establishments Act, 2010: Support to MoHFW in the drafting of rules, State consultation and implementation of CEA in the States

- Participated in meetings of National Council under CEA
- Resource person for various workshops under CEA (e.g. in Kerala developed State rules which is submitted to state assembly via law department for adaption)
- NHDRA & National Council on CEA – participated in discussions on sub-committee on regulation for NAC report on same
- Submitted draft to the 1st sub-committee on CEA on Classification and Categorization of Clinical Establishments
- Participated in the meetings of the sub-committee (on Minimum Standards) under National Council

Deliverable 3 Instituting in-house Quality Improvement programmes in Public Health Institutions

- Part of expert committee which developed National Quality Assurance guidelines for Public Health Institutions – draft approved by AS & MD and guidelines disseminated in Nov. 2013
- Part of expert committee which developed Training Manual for Skills Lab for RMNCH+A services – operational guidelines disseminated and training manual finalized – received approval of AS & MD and guidelines disseminated in Nov. 2013
- Model Skills lab support is provided to centres like Nagpur, Bhopal, and Delhi (Jamia Hamdard)
- Facilitated FFHI Certification body formation in Bihar / Jharkhand – State QA team visits underwent in October 2013 in Bihar
- Participation as resource person in - Orientation meeting on Skills lab for Assam
- Participation in QA committee meetings at Bihar & UP

Deliverable 4 Family Medicine Programme – Supporting the NRHM sponsored PGDFM programme, and advocating for MD (Family Medicine and Surgery) programme

- Organised National consultation on Family Medicine in April 2013 as part of 1st National Conference on Family Medicine and Primary Care – report with recommendations released by Union Health Secretary in July, 2013
- Facilitated selection of medical officers for the NRHM supported and CMC Vellore run PGDFM programme – 1st batch graduated, 2nd batch course completed, convocation in April 2014 and 3rd and 4th batch – course ongoing

- Symposium held on converting the 2 year long PGDFM programme offered to in-service doctors (supported by NHM) in e-learning mode at CMC, Vellore

Deliverable 5 High Focus State support - District planning & Implementation support – with a special focus to Bihar

- Training of IAS probationary officers of Bihar cadre on NRHM FRU strengthening (divisional) workshops (3 batches) in Bihar
- DHAP compilation and preparation of SPIP Bihar 2013-14
- Session on NRHM at ICMR Chennai
- Supported development of financial guidelines for PIP in Bihar and also conducted trainings for district teams
- Facilitated preparation of district and block ROP in Bihar 2013-14
- NPCC support to all states on CEA

Deliverable 6 Civil Registration System – supporting states in implementation of CRS

Pilot started in Bihar

Various meetings held at Bihar in coordination with / by planning department;

- School based registration campaign started
- Birth registration through AWW (designating them as sub-registrars)
- Computerization of birth and death registration started
- Preparation of guidelines and training calendar for the School Birth Registration Campaign in Bihar

Deliverable 7 Drafting of the Public Health Act – model Act in place and atleast 2 states adopt/adapt the Act

- Approach paper on drafting of Public Health Act – approved by Ministry
- Signed MOU with National Law School, Bangalore for drafting of Public Health Act

Deliverable 8 Amendments to the Indian Nursing Council Act and governance issues in Nursing & Midwifery

- First meeting of the committee on Indian Nursing Council Act and governance issues in Nursing & Midwifery held in February 2014
- First meeting of core group for proposing amendments to the INC Act in March 2014

Publications in this period:

Part of Expert group under MoHFW which developed guidelines for;

Skills lab – Operational guidelines and Training manual, 14 RMNCH+A videos for Skills Lab training, Quality Assurance – Operational guidelines and Assessers guide (with QI team) for Public Health Institutions – released in November 2014

NHSRC initiatives

District Magistrates Handbook on NHM (draft under improvement), Job diary for Health professionals (in press)

Other tasks

1. Advocacy / Innovations / Initiatives
 - Preparation of draft Medico-legal protocol
 - Part of Expert group formed for development of national guidelines for Gestational diabetes screening and Ca. Cervix screening by VIA method
 - IV Iron Sucrose for management of Severe Anaemia
 - -Non-pneumatic Anti-shock Garment for management of PPH (also participated in NASG training in Bihar)
2. Workshops / meetings / seminars
 - Participated as resource person in QA workshop at Ahmedabad on 'Innovations in Quality assurance'
 - Participated as resource person in the expert group meeting on 'Key Interventions in Maternal Health' at J W Marriot, New Delhi
 - Participated in National Conference on Rabies at AIIMS Jodhpur as a resource person (also chaired one session).
 - Participated in National consultation on 'Tobacco use and its implications on health of women & children' organised by FMRI, WHO, MoHFW, ICMR & FOGSI
 - Participation as resource person in Innovation council meeting at Patna, Bihar
 - Participation as resource person in Innovation council meeting at Patna, Bihar

VIII. Public Health Planning

Deliverable 1: Quarterly Integrated Monitoring Report for all states- presented in first month of next quarter. Except in third quarter where CRM report plays this role. To help initiate and follow up on Monitoring Reports: CRM- November- December 2013- culmination- Jan 2014.

During the first 2 and 4th quarters of 2013-14, 33 integrated monitoring and supportive supervision visits were conducted across the states to review the health systems and programme implementation. Based on findings, detailed reports were submitted to the MoHFW as well as states, and necessary policy and programmatic actions were initiated. As a follow-up to these visits letters were drafted on key issues on the basis of the reports to be issued by AS&MD and further actions taken up by the division. The follow-up was also taken up on the reports submitted by NE-RRC for all NE States.

- Two detailed reports covering 20 states, on implementation progress in the *Janani Shishu Surksha Karyakram*, with a focus on reducing Out of Pocket expenditure were also submitted to MoHFW.
- The division led the coordination for the 7th CRM held in November 2013. The report has being synthesized from 14 states that were visited and the national report has been submitted to MoHFW.

Deliverable 2: Assist MOHFW in appraisal - sanction process for state health plans

- The division apprised the NRHM PIPs of all 35 states and UTs, and numerous supplementary proposals that followed, to facilitate rational and appropriate resource allocation to the states.
- The division also appraised the PIPs of newly launched NUHM programme for all the states to adhere to the suggested normative framework.
- The division is also providing operational, technical and policy support for the recently launched National Urban Health Mission (NUHM).

- PHP division is also taking a lead role in facilitating the National Technical Resource Group (TRG) to provide policy inputs to the NUHM and formed a secretariat that provided support to the work of TRG. The final TRG Report and Recommendations have been submitted to and accepted by the MoHFW.
- As a part of strategy formulation 32 big and small cities were visited from various States and reports submitted for inclusion in the final report.

Deliverable 3: Update on Success Stories, Best Practices, Innovations Problem –Solving - Culmination July 2013

- A National Summit on Best Practices and Innovations under NRHM was organized in Srinagar during July 3-5, 2013 to provide a platform to all the states to share their interventions made under NRHM that made a difference and enhanced cross learning.
- A compendium of best practices is being put together.
- Success stories of NRHM were also compiled and shared with MoHFW based on requests.

Deliverable 4: Build Capacity in SHSRCs or equivalent institutions and with their participation in districts to make district plans - that are both effective monitoring tools and strategic tools for progress towards 12th Plan goals/ UHC Model Plans in 30 districts

- For the roll out of Universal Health care/coverage, MoHFW has identified NHSRC as the secretariat, WHO as the technical partner and PHFI as the knowledge partner. The division is spearheading technical support for roll out of UHC pilots, results from which are expected to provide lessons for more comprehensive roll out of UHC in India. In this context the division has identified the median performing districts for each state where the pilots are recommended to be undertaken.
- UHC orientation workshops have been held in Kerala, Punjab, Chhattisgarh, Delhi, Gujarat, Odisha, West Bengal and Tripura. Remaining states will be taken up in second phase along with UHC planning exercise.
- District planning workshops were successfully conducted at Mallapuram in Kerala, Mandya in Karnataka and Nawanshaher in Punjab where district has performed an assessment of existing human resources and infrastructure vis-a-vis availability of service delivery. Sample district plan is to be available in April.
- Special intervention undertaken with the state of Jharkhand to initiate various partnerships for best practices across the country.
- The division has coordinated and conducted numerous training orientation and capacity building workshops for different levels of policy makers and programme managers. They include:
 - i. Training workshops for orientation of new Health Secretaries and MDs of NRHM from 17 states was conducted in September 2013. Another similar orientation programme on NHM conducted on March 2014 for nine states.
 - ii. Conducted capacity building workshop of officials from 18 Population Resource Centres (PRCs) across India, in district and state level NRHM monitoring and report writing.
 - iii. A two day Orientation Workshop for NUHM Nodal Officers from all 35 states was conducted to facilitate need based and efficient urban planning on the basis of NUHM PIP and Implementation Framework.
 - iv. Senior officials from 14 State Directorates and 14 State Programme Management Units were sensitized in strategic Leadership and management of health systems and programmes under NRHM.
 - v. A three day orientation workshop conducted for new NHM consultants who were appointed in MoHFW.

Deliverable 5: Studies and Evaluations of key NRHM components and initiatives: JSSK, Facility Based Child Care; RSBK, all key NRHM components - and as required and called upon to do so.

- The division has undertaken the following research studies:

- i. Rapid assessment of functionality and effectiveness of Sick Newborn Care Units in 2 states. The data collection is completed, analysis task is underway. This study is expected to be completed by April-may 2014.
- ii. Concurrent evaluation of *Janani Shishu Surksha karyakram* in 5 states. Data collection and analysis has been completed, draft report is being reviewed, and the final report is expected to be completed by April.
- iii. Study to assess impact of non health policies (such as *Nirmal Gram*) on health outcomes of populations in three states. Data collection is completed, analysis task is underway.

Deliverable 6: Support to MoHFW, Policy and RCH division on Guidelines, Data, information - responsive to requests

- PHP division has contributed towards development and publication of training manuals for Child Health division of MoHFW:
 - i. Facilitator Guide for Facility Based management of SAM
 - ii. Participant manual for facility Based management of SAM
- Contributed to the development of NUHM PIP guidelines.
- Conceptualization and preparation of Supportive Supervision Checklists and tools.
- Establishing criterions for identification of High Priority Districts across all states.
- Facilitated data analysis and identification of best performing states in various categories for National Summit on Best Practices and innovation.
- Comparative health systems report of different developed and developing countries.
- Two policy documents of major importance have also been submitted to MoHFW and are under review: They are Guidelines for Mobile Medical Units (MMU), and the Tribal Health policy. Also participated in the High Level Expert Committee on Tribal Health.
- PHP division conducted detailed desk and field reviews of PPP models proposed by states which served as important input for the MOHFW to make final decisions on supporting them - They include: a proposal to outsource 16 CHCs on PPP mode in Uttarakhand and Outsourcing of Diagnostic Services in Chhattisgarh.
- Division also provided technical responses to MoHFW on 7 parliament questions on the subjects of NRHM, NHM and UHC.
- Division participated in National Neonatal Health Action Group meetings.
- Attended the launch of maternal and child under-nutrition programme by Ministry of WCD
- Division actively participated in 2nd Joint Monitoring Mission for National Vector Borne Disease Control Programme and submitted the report.
- Division also facilitated about 25 publications of various divisions of NHSRC.

NE- RRC

Deliverable 1: Review Meeting with State Directorate and Programme Management Unit

- A review meeting was conducted on 30th and 31st May, 2013, in Guwahati under the Chairmanship of Additional Secretary and Mission Director, Govt. of India along with Officials from Govt. of India, Officials of UNICEF India Country Office and Technical Management Support Agency (TMSA) and Mission Director and Officials from Directorate of health and Programme Management Unit of all 8 NE states. The meeting reviewed the performance of 2012-13 and the deliverables as per RoP of 2013-14. The Officials were also briefed on RMNCH+A and regional launch of RMNCH+A was done.
- Review on meeting on Maternal Health was held in Guwahati on 23rd and 24th July 2013 along with the Officials of MoHFW and Directorate and PMU of all 8 NE states. The progress on Maternal Health

was reviewed along with activities to be taken up under RMNCH+A. JS (Policy), DC (MH), Director NE with all Mission Director of NE states participated in the review.

- Director, RRC-NE attended and contributed in a Zonal Review to assess various health indicators and deliverables under NRHM and Health and Family Welfare, Assam held in Cachar district for all three states of Barak Valley viz. Cachar, Karimganj and Hailakandi of Assam under the chairmanship of the Principal Secy. H&FW, GoA and MD, NRHM et al.
- Director, RRC-NE participated and contributed in detail performance indicator analysis under High Priority District (HPD) framework.
- Regional consultation for Call to Action for RMNCHA+ for 7 NE states was done on 5th and 6th November 2013 in Guwahati with UNICEF and State Nodal Officers.
- Director, RRC-NE participated in the Review of CTA/RMNCHA+ on 25th & 26th November 2013 in New Delhi.
- District level consultation for Nagaland for RMNCHA+ for HPD was held on 28th and 30th November'13 attended by Consultants from RRC-NE.
- Consultants from RRC-NE along with TRG members participated in field work in Guwahati and Jorhat for urban health.
- State and District level consultation for Call to Action for RMNCH+A was held for the states of Meghalaya, Manipur, Tripura, Mizoram, Nagaland and Arunachal Pradesh was held during Nov-Dec 2013.
- Facilitated the meeting on Universal Health Coverage for the state of Tripura.
- Orientation of the Consultants of RRC-NE on PIP 2014-17 was organized by MOHFW and subsequently RRC-NE consultants facilitated the PIP preparation process for 2014-2015 for the states of Assam, Meghalaya, Manipur, Mizoram, Nagaland and Tripura during Jan-Feb 2014.
- Management Training Programme was conducted for the District Program Managers and District Data Managers of Assam during March 2014. During the Training Programme, the District Community Mobilizers were also oriented one day on Community Mobilization.
- RRC-NE facilitated the meeting on Universal Health Coverage for the state of Tripura and Sikkim during Jan/Feb 2014. The meeting was chaired by Dr. T. Sundararaman.

Deliverable 2: Technical Support in NRHM Implementation and Supportive Supervision

- Comments on SPIP, Supplementary PIP of NRHM and NUHM PIP were prepared for all 8 NE states for NRHM (part-B). Also the NPCC meeting was attended by the Officials from RRC-NE.
- Supportive Supervisory is being carried out regularly. The report has been shared with Govt. of India and State Mission Director. The SPMU Officials were oriented on the new GoI monitoring. Following were the districts visited by RRC-NE during 2013-14

State	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	Districts	Districts	Districts	Districts
Arunachal Pradesh	<ul style="list-style-type: none"> • West Siang 	<ul style="list-style-type: none"> • Lower Subansiri. • East Kameng. • West Kameng. • West Siang 	<ul style="list-style-type: none"> • Anjaw • Lower Subansiri • West Kameng (with CRM) 	<ul style="list-style-type: none"> • Upper Subansiri • Lohit • Changlang • East Kameng

State	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	Districts	Districts	Districts	Districts
Assam	<ul style="list-style-type: none"> • Dhubri, • Nagaon, • Karimganj • Hailakandi • Cachar 	<ul style="list-style-type: none"> • Tinsukia. • Darrang • Cachar • Golaghat • Nagaon • Morigaon 	<ul style="list-style-type: none"> • Dhubri • Bongaigaon 	<ul style="list-style-type: none"> • Kokrajhar • Goalpara • Sonitpur • Nagaon • Barpeta • Morigaon • Darrang
Manipur		<ul style="list-style-type: none"> • Chandel. • Ukhrul 		<ul style="list-style-type: none"> • Bisnupur
Mizoram	<ul style="list-style-type: none"> • Mamit • Kolasib 	<ul style="list-style-type: none"> • Lunnglei • Lawngtlei 	<ul style="list-style-type: none"> • Lunglei 	
Meghalaya	<ul style="list-style-type: none"> • East Khasi Hills • Jaintia Hills. • West Khasi Hills 	<ul style="list-style-type: none"> • West Khasi Hills • Ribhoi 	<ul style="list-style-type: none"> • West Garo Hills • South Garo Hills • East Garo Hills 	<ul style="list-style-type: none"> • Jaintia Hills
Nagaland	<ul style="list-style-type: none"> • Wokha • Tuensang • Mukoksang • Dimapur • Mon 	<ul style="list-style-type: none"> • Kiphire • Dimapur • Phek • Wokha • Tuensang • Mukoksang • 	<ul style="list-style-type: none"> • Mon • Phek • Kiphre • Dimapur • Kohima 	<ul style="list-style-type: none"> • Mon
Sikkim	<ul style="list-style-type: none"> • West District 	<ul style="list-style-type: none"> • East District. • West District. • South District. • North District 		<ul style="list-style-type: none"> • East Sikkim
Tripura	<ul style="list-style-type: none"> • Khowai • Dholai • Sepajhila • Gomati • Unokoti • West 	<ul style="list-style-type: none"> • Dhalai • Unokoti 	<ul style="list-style-type: none"> • North 	<ul style="list-style-type: none"> • West Tripura

Deliverable 3: Other activities

- RRC-NE has been actively coordinating as the focal agency for roll out of RMNCH+A activities in 8 NE states of Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Sikkim and Tripura. In accordance with RMNCH+A, RRC-NE is participating and convening sensitization workshops for state partners.

- The district gap analysis in the HPDs of all the 6 NE states has been completed and the findings of the gap analysis have been shared with the respective states.
- Sensitization Workshop on Universal Health Coverage has been done in Tripura and Sikkim.
- RRC team along with expert from Guwahati Medical College, Guwahati visited Imkongliba Memorial District Hospital, Mokokchung, Nagaland for spot evaluation of proposal for setting up of MRI unit at 150 bedded in the hospital and report submitted to GoI.
- RRC team assessed logistic and procurement system of NE states and report submitted for the states of Tripura, Meghalaya and Manipur to NHSRC, New Delhi. For Assam, this activity was taken up by NHSRC, which was facilitated by RRC-NE.
- RRC-NE coordinated the four days Training on “Leadership and Management for Strengthening Public Health Systems” for NE states, conducted by NHSRC, New Delhi during Oct 2013.

HMIS Division

Deliverables 1: Review Meeting and Capacity Building

- During September, 2013 comprehensive review of the HMIS and MCTS was conducted with participation of SPMU officials from the 8 NE states and Officials from GoI deliberated during the discussion.

Deliverables 2: Monitoring and Analysis

- Undertaken regular supportive supervisory visits to all NE states for data quality improvement in the HMIS.
- State-wise comparative analysis of HMIS for the NE States was done for the year 2011-12 and 2012-13 and the report shared with States.
- Comparative and District wise fact sheet was prepared for all the 8 NE States for 1st, 2nd Quarter and 3rd quarter 2013-14, under the framework of RMNCH+A and the report shared with the States.
- State wise rankings of districts were prepared quarterwise for 1st, 2nd and 3rd quarters 2013-14 for all 8 NE states based on the 16 dash board indicators and reports shared to all states.

Deliverables 3: Other activities:

- Budget Tracking analysis of Tripura and Sikkim is being initiated. Preliminary report has been submitted to NHSRC.
- Was a part of 7th CRM team to Andhra Pradesh and also attended the dissemination held at Vigyan Bhawan, New Delhi.
-

EVALUATION & STUDIES at NE-RRC

The RRC-NE Team also has undertaken various research and surveys which are underlined below:

- As per RoP mandate, RRC-NE undertook vetting of construction feasibility of 5 new PHCs in Mizoram and vetting of procurement of equipments for CHCs of Assam.
- Impact Assessment Study of Mobile Medical Units in the State of Assam, Tripura and Sikkim and report submitted to MoHFW and State.

- Impact Assessment Study of Boat Clinics in the State of Assam and report submitted to MoHFW and State.
- Impact Assessment Study of the NRHM-PPP with Tea Gardens in the State of Assam and report submitted to MoHFW and State.
- Impact Assessment Study of the Outsourced House-keeping services in the Civil Hospitals in the State of Assam-was completed and report submitted to Mission Director, Assam.
- Immunization Survey in the State of Tripura (Khowai District) and report submitted to MoHFW and State.
- “Facility Assessment” for the State of Tripura and the report submitted to MoHFW and State.
- Study on Infant Mortality Rate and Maternal Mortality Ratio in the State of Nagaland and report submitted to MoHFW and State.
- Coverage Evaluation Study was carried out in the state of Nagaland and report submitted to the state.
- Assessment of ANM and GNM training schools of Assam completed and draft report submitted to state.
- Coverage Evaluation Survey for the State of Assam was completed and the report submitted to MoHFW and State.
- Assessment of VHSNC functioning study for Assam is completed and report submitted. The study was conducted by Population Research Centre of Gauhati University.
- Assessment of equipments of District Hospital and FRUs of Assam completed.
- The facility assessment survey of the Govt. health facilities in the state of Mizoram has been taken up by RRC-NE. RIMS, Imphal was identified as the agency for collecting the data. The data collection is completed and draft report is submitted to the state.
- The facility assessment survey of the Govt. health facilities in the state of Meghalaya has been taken up by RRC-NE. NEIGRIHMS, Shillong is identified as the agency for collecting the data. The data collection is completed and draft report on the high priority districts submitted to the state.

Study on OOPS to initiate Universal Health Coverage is being initiated in the state of Assam. Omeo Kumar Das Institute of Social Development has been identified as the nodal agency for carrying out the study. The same initiative has also been initiated in the state of Sikkim and Tripura.