2012-2013

NHSRC

Work Report (April 2012 to March 2013)

Contents

SECTION A: WORK REPORT OF NATIONAL HEALTH SYSTEMS RES

NOTE ON MAIN DELIVERABLES

I. COMMUNITY PROCESSES

Deliverable	Activities and Outputs
Support to states to roll out Modules 6 and 7 in states.	• State training teams in place in all states- trained at national training sites, by • District (ASHA) trainers trained in all states except in Haryana and some districts of UP. • ASHA training Round 1 completed in all states except Haryana, UP, J&K, and Delhi. Round 2 ongoing and nearing completion in rest • ASHA training up to Round 3 completed in NE (Except Assam) and Uttarakhand. • Strengthening ASHA interventions through attending programme reviews and monitoring visits to field. • Sample of training of district trainers and training of state trainers visited by NHSRC teams for quality assessment and accreditation of the latter. • Organized meeting of nodal officers and state and national level trainers in four regions to review state progress towards ASHA and VHSNC programme and understand readiness for ASHA certification. • Training of Trainers for improving reporting on performance monitoring systems. • Conducting orientation meetings for state ASHA resource teams in Uttar Pradesh and Haryana, and developing state specific strategies for scaling up and expediting ASHA training in both states.
Put performance monitoring in place to improve programme outcomes	• Ongoing monthly monitoring on the following parameters - 1. Selection and Recruitment. 2. Training. 3. Status of Support structures. 4. Status of drug kit distribution. • Six monthly updates published of above information: July 2012 and January 2013, (Includes state level evaluation data, expenditure patterns, and best practices from states). • Performance monitoring initiated in most states. Output based monitoring performance monitoring indicators standardized and its use initiated in all states. State and District ASHA support personnel training to ASHA facilitators in performance monitoring as per guidelines is underway. Priority on high focus districts.
Dynamic ASHA data-base established in all states.	All states have some form of database in place. Support is being provided to states to comply with guidelines with regard to this.
Continuing Concurrent Evaluation - 6 sample states per year.	Concurrent evaluation has been commissioned /underway in Punjab, Delhi, Gujarat, Haryana, and Maharashtra, The evaluation has not yet been commissioned in J and K – search is underway for a local agency with the expertise and credibility to undertake the

Deliverable	Activities and Outputs
	evaluation. (earlier 11 states have been evaluated)
Special efforts to measure and improve outreach to the last 30%- the most marginalized.	Reaching the Unreached- brochure printed and disseminated to the states. Being included in ASHA and ASHA facilitator training programmes.
Support Strategy Development - a. Supervision b. Payments- regularity c. Turnover- selection, training d. Institutionalization. Strengthened Training structures and systems: accredited trainers, e. ASHA certification (at least assessment after every round of training and retraining of those that don't perform to standard),Also Increasing Career Opportunities for ASHAs	a.1. Facilitator guide printed and disseminated. States with facilitators are in the process of training ASHA facilitators. a.2.ASHA guidelines and note on support structures discussed in state nodal officers meetings, revised and submitted to MoHFW b. ASHA incentive note submitted to MoHFW c. ASHA induction module revised and resubmitted to MoHFW d. Assisting states to develop and stabilize state, district and sub-district training sites. Most states have stable sites at state and district level – but not below. e. ASHA certification proposal developed in collaboration with NIOS. NIOS has submitted its budgetary requirements. Submitted to MOHFW. Work with states to encourage ASHAs entry into equivalency programmes and then onto ANM and nursing education
Develop strategies to improve ASHAs interpersonal communication skills for behavior change at individual; family and community level, including provision of appropriate AV aids.	Communication kit disseminated to all states. Working with UNICEF to strengthen training in interpersonal communication and social mobilization skills of ASHA through strengthening capacity of district and sub district training agencies. This will serve as valuable input to the first level certification process planned for ASHA.
Grievance Redressal System in place	Selected states have instituted grievance Redressal systems. Follow up underway to ensure that this is in accordance with guidelines
Support to Menstrual Hygiene Scheme	Menstrual hygiene scheme evaluation completed in J and K, Kerala, Rajasthan, Orissa and Assam. In Analysis and Report writing stage.

Deliverable	Activities and Outputs
	Complete by March end.
Formative research to identify state specific needs Pilots to test approaches, develop standards and guidelines	• Working with Kerala to develop a plan for training ASHA in NCD and palliative care. • Pilot in two Haryana districts to strengthen VHSNCs to address social determinants. Draft proposal to be discussed. • Developed a set of FAQs on ASHA programme for use through mobile telephony and enabling continuing training programme. • Implementation research proposal for strengthening VHNSC approved for W.H.O funding in collaboration with PHFI.
NGO interventions under NRHM	NGO consultation meeting held- Nov.2012, and revised NGO guidelines developed for review by constituted committee, and draft guidelines submitted to MOHFW.
Improving VHSNC strengthening (as elaborated in EC)	• Conducted VHSNC assessment in Madhya Pradesh to test methodology: formal VHSNC studies will be commissioned in March-April. • Consultation meeting for VHSNC guidelines held. Draft VHSNC guidelines submitted to MOHFW
Community Monitoring / Civil Society involvement	• Attending and contributing to AGCA meetings.

II. PUBLIC HEALTH PLANNING

Deliverables	Activities and Outputs
Implementation/ Monitoring Support to NRHM	• Integrated and Independent Monitoring visits were conducted to at least 10 states each quarter. Besides on the spot problem solving, the findings were shared with relevant district/state officials for corrective measures. Reports of monitoring visits undertaken were submitted to the MoHFW. • Played a pivotal role in the 6th CRM. Actively contributed towards collation, synthesis and publication of the state report in each of the 15 states and in final synthesis, reviews and feedbacks, and publication of report. • Conducted rigorous monitoring of all components of JSSK as part of ongoing visits since PHP division is the focal point for monitoring of JSSK across the country. The information collected was synthesized and presented in 3 detailed reports covering up to 27 states. All 3 monitoring reports have been submitted to AS&MD • Follow up on implementation of integrated monitoring reports and CRM recommendations with the states. All 8 NE states and about 12 other states are intensely followed up as of third quarter. Would expand to all states- in this quarter.
Support to State and District PIP planning Process.	• Provided technical support and guidance to State programme officers, planning team and consultants in the **development of State PIPs and DHAPs**. Following states were visited: 1. West Bengal, 2. Jharkhand, 3.M.P 4. Maharashtra 5. UP 6. Bihar 7. Rajasthan 8. Chhattisgarh. These teams maintained regular contacts with the states to facilitate the development of quality district and state health plans. • Appraisal and review of state PIPs (ongoing), participation and inputs on the specific thematic areas during Video Conferences and NPCC meetings. Each consultant is assigned 2 or 3 states- for which they provide appraisal and follow up support upto the process of sanction.
Build the institutional capacity in states for improved district health planning.	• Conducted a thorough three day orientation workshop (30 January- 1st February) to build the capacity of newly recruited and old SHSRC consultants. 19 participants from 6 states Haryana, Kerala, Karnataka, Jharkhand, Odisha and Maharashtra attended this training workshop. The participant feedback rated the training of very high standards, and relevant to their needs. This training would help them to develop better DHAPs and contribute more efficiently and effectively. • MoHFW consultants based at Nirman Bhawan were trained on public health planning during a weeklong workshop (7th to 11th Jan 2013) held at NHSRC. Maternal health, Child health, Family planning, statistics and account divisions of MoHFW were also

	involved in imparting this training • Coordinated a week long orientation and capacity building workshop for new NRHM Mission Directors of seven states (Nov 2012)
Other Support to Policy and Strategy Development	• Replies to parliamentary queries in a number of general areas regarding public health systems. • Developed framework for supportive supervision and monitoring checklists for Sub centres, PHCs, CHCs. Costing tool for provision of funds to states under supportive supervision was devised as well • Conducted rapid assessment of the PPP proposal for outsourcing diagnostic services in Chhattisgarh and submitted detailed report • Developed methodology for identification of High Focus districts in coordination with MoHFW and TNMSA. • Discussion notes and policy backgrounders on a number of topics
Studies and Evaluations.	• Studies in the process of initiation. Proposals were finalised and partners identified in some areas. Other details with the work plan.

III. HUMAN RESOURCES FOR HEALTH

<table>
<tr><th>Deliverables</th><th>Activities and Outputs</th></tr>
<tr><td>Assist States in developing Comprehensive data on Human Resources for Health for both immediate workforce management and for long term HR policy</td><td>

Developed Public Health Workforce Status Report for the following States: An important tool for District and State Planning Process
<table>
<tr><td>1. Jharkhand</td><td>2. Rajasthan</td></tr>
<tr><td>3. Chhattisgarh</td><td>4. Haryana</td></tr>
<tr><td>5. Himachal Pradesh</td><td>6. Assam</td></tr>
<tr><td>7. Uttar Pradesh</td><td>8. Manipur</td></tr>
<tr><td>9. Bihar</td><td>10. Tripura</td></tr>
<tr><td>11. Madhya Pradesh</td><td>12. Nagaland</td></tr>
<tr><td>13. Tamil Nadu</td><td>14. Meghalaya</td></tr>
<tr><td>15. Andhra Pradesh</td><td>16. Arunachal Pradesh</td></tr>
<tr><td>17. Uttarakhand</td><td>18. Karnataka</td></tr>
<tr><td>19. Punjab</td><td>20. Gujarat</td></tr>
<tr><td>21. Maharashtra</td><td>22. Odisha</td></tr>
</table>

These reports details critical issues concerning Public Health Workforce in the states including situational analysis of a) generation of care providers, b) availability and vacancies; c) policies on recruitment, deployment and career progression; d) training and capacity building; e) HR information system and workforce management. They help state in planning and NHSRC in focusing support.
Human Resource Management Information System (HR-MIS): studied the existing HR Information System (HRIS) in Jharkhand and Bihar for ensuring “real-time” information on health human resource in the state. Taking forward Human Resource Management Information System in NE states initially – held a HR-MIS sensitization cum experience sharing workshop at Guwahati for the NE States
Report on Gaps between Public Health Infrastructure and human resource requirements based on Census 2011 as per revised IPHS norms and current availability of health facilities and health care providers and projected needs.
Developed database on Medical Colleges and Nursing Institutes and Seats: An updated state-wise database on the recognized institutes, including those in private sector along with the disaggregated distribution of seats in these institutes

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Support to State PIP planning Process.	▪ Appraisal and review of the human resources section of the state PIPs 2013-14 (ongoing). ▪ So far comments on the HR section of 18 SPIPs have been submitted to the Ministry
Studies on Recruitment and retention of skilled HRH in rural, remote and difficult areas	▪ *Evaluation of Chhattisgarh Rural Medical Corp (CRMC)* (work under progress) ▪ *"Causative Analysis for better dispersion of Skilled Health Professionals in Rural and Remote Areas"* (work under progress) ▪ *"Assessment of Compulsory Rural Service schemes for Retention of Doctors in Remote Areas of India"* (work under progress)
Towards building a mid-level cadre of health care professionals with appropriate skills and attitudes to take primary care professionals closer to people	▪ Part of Govt. of India / MCI Committee on the *Bachelor of Rural Health Care Program (BRHC)* - developing core competencies and course curriculum including Field Posting schedules for the community health stream of the three-year course ▪ Project Proposals submitted to the Government of India: *"Community Health Officer Proposal for Mid-Level Care Provider at Sub Center"* - To select, train and deploy a mid-level care provider in the sub-center who is able to provide public health services and primary health care at the village level and complement the RCH services provided by the first health worker - the ANM ▪ A research study entitled *"Role of Rural Health Practitioners for augmenting the public health system in Assam"* (work under progress): To assess the role of RHPs in strengthening Sub Center Service Delivery in the High Focus Districts of Assam ▪ *However, nothing substantial has been done towards developing customized training programs and modules for up-gradation of skills for specific staff cadres*
Programme Management Strengthening: Monitoring of Performance of Human Resources for Health including training outcomes and Post-Training Follow-up. Building Institutional Capacity for training supervision in High Focus States and Districts	▪ Concept note developed on *"District and State Program Management Units: Structure, Function and Performance Management"* –This includes note on SIHFW and SHSRC development. After discussions note on block and sub-block management has also been developed. ▪ Analyze the structure and functioning of the State district & block program management units in different states; assess performance against described role for each category of staff, assess current system of performance management for program management staff and develop a framework for performance management. ▪ Note on managing partnerships was prepared and submitted-which is revised. Strategic Partnerships with MOUs with a number of players are one of the strategies for monitoring and hand-holding high focus districts ▪ *No follow-up could be done on the proposal for "Strengthening Training Capacity in District Training Centers and ANM Training*

	Centers in High Focus Districts" which was submitted to the Ministry during 2011-12.
Assist the MoHFW in developing concept note on creating a Public Health Cadre for planning & managing public health care programs	▪ Part of the Govt. of India Task Force on Public Health Cadre and Public Health Act: Contributed actively to *"Approach Paper on Public Health Cadre"*. PHFI team leads this activity and its report has been submitted to the Ministry.

IV. QUALITY IMPROVEMENT

<table>
<tr><th>Deliverable</th><th>Activities and Outputs</th></tr>
<tr><td>NHSRC would in consultations with other stakeholders develop a road map for establishing QMS in all District Hospitals and all functional 24x7 facilities (Delivery point) (8th EC dated 16th Aug 2012)</td><td>• After consultation with MH, FP & Child Health Divisions of MoHFW. Road-map for establishing QMS was submitted to MoHFW. Based on the comments received from the Ministry, revised proposal has been re-submitted.
• Simple and user-friendly SOP templates for 24 Core processes of Hospitals (12 Clinical and 12 Administrative) have been developed and are ready to print. State can directly adapt them with some customization as per their needs and requirements.</td></tr>
<tr><td>Responding to requirement of MoHFW, GOI</td><td>• In March 2013, ‘Base-line’ Assessment of nine health facilities in Malda & 24 Parganas (North) districts in West Bengal (SDH Basirhat, Municipal Hospital Basirhat, SDH Chanchal, RH Manikchak, BPHC Kaliachak, PHC Sujapur, RH Harishchandrapur, RH Ratua & BPHC Gazole) was undertaken on advice of MoHFW.</td></tr>
<tr><td>Building State Capacity</td><td>• A five-day training workshop on Quality Management System was conducted for members of State Quality Assurance Cell. Members from Bihar, Maharashtra, NERRC, Karnataka, Jharkhand, and Odisha underwent the training
• Capacity building of State Quality Committee and District Quality Committee has been undertaken regularly. During last one year following trainings have been conducted (mainly in last 6 months)-
<table>
<tr><th>State</th><th>Location</th><th>Date</th></tr>
<tr><td rowspan="4">Bihar</td><td>Banka</td><td>19th September 2012</td></tr>
<tr><td>Patna (SHSB)</td><td>16th October 2012</td></tr>
<tr><td>Vaishali</td><td>17th October 2012</td></tr>
<tr><td>Patna</td><td>07th Feb 2013</td></tr>
<tr><td>Maharashtra</td><td>Pune</td><td>24th – 26th April 2012</td></tr>
<tr><td>West Bengal</td><td>Kolkata</td><td>12th May 2012</td></tr>
<tr><td rowspan="2">Tamilnadu</td><td>Chennai</td><td>20th -21st April 2012</td></tr>
<tr><td>Chennai</td><td>6th – 8th March 2013</td></tr>
<tr><td rowspan="2">Andhra Pradesh</td><td>Hyderabad</td><td>5th-7th July 2012</td></tr>
<tr><td>Hyderabad</td><td>8th-10th January 2013</td></tr>
<tr><td>Gujarat</td><td>Gandhi Nagar</td><td>16th-18th January 2013</td></tr>
<tr><td rowspan="2">Madhya Pradesh</td><td>Indore</td><td>11th – 12th March 2013</td></tr>
<tr><td>Jabalpur</td><td>18th – 19th March 2013</td></tr>
<tr><td rowspan="3"></td><td>Guwahati</td><td>17th December 2012</td></tr>
<tr><td>Guwahati</td><td>28th December 2012</td></tr>
<tr><td>Guwahati</td><td>31st December 2012</td></tr>
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<tr><td></td><td>
<table>
<tr><td rowspan="3">North East</td><td>Guwahati</td><td>7th January 2013</td></tr>
<tr><td>Guwahati</td><td>5th March 2013</td></tr>
<tr><td>Guwahati</td><td>13th March 2013</td></tr>
</table>
.In addition, during the current year, the division has conducted more than 50 onsite trainings during the facility visits.
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<tr><td>Establishing Quality Management System through capacity building of State and district Quality Assurance Cells. (7th GB)</td><td>

Responded to need of State Quality Cell Bihar for self-implementation of Quality Assurance at District Hospitals. Initially Sadar Hospital Banka has been taken by the state for the initiative.
Supporting State Health Society Bihar's efforts in ensuring minimum quality standards at SNCUs. Initially SNCU at DH Vaishali is under the programme. Subsequently, the programme would be rolled out at other SNCUs as soon as these are operational.
Assisting State Quality Cell Karnataka with QA programme at 38 health facilities
Govt of MP & MPTAST for organising TOT on 'Quality Management System & Hospital Infection Control'.
Has prepared a user-friendly infection control manual for Karnataka state- that could be used with wider application.
Also working on a 'tool-book' for implementing Quality Assurance Programme, which is kind of 'self to do' guidelines. The tool book has been field tested at the facilities in Karnataka. Now it is ready for the publication.

</td></tr>
<tr><td>Responding to State's request for NABL Quality Assurance Programme for laboratory service</td><td>NABL Assessor Training Programme from 12th Feb to 15th Feb 2013, in response to request from Rajasthan MSC and from Bihar SHS,</td></tr>
<tr><td>Building capacity of RKS</td><td>

State level training for RKS members have been conducted in Odisha, Bihar. Draft "RKS Training Manual" is ready and would be circulated to MoHFW and other stakeholders for inputs.
But work on this dimension has been slow

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Status of Pre- 2012 Quality Improvement Projects –

	State	Facilities certified	On-going
1.	A. P.	DH – 02	
2.	Bihar	DH – 07, SDH – 01, PHC – 05	Follow-up audit of 08 facilities, which failed in the first audit ,is in progress
3.	Chhattisgarh	DH – 04, CHC - 04	
4.	Haryana	CHC – 01	
5.	Jharkhand	DH – 04	
6.	Karnataka		On-going : 38 facilities
7.	M. P.	DH – 01	
8.	Maharashtra		DH – 31, SDH – 96, PHC - 120 'As-is' study & 'Gap-analysis' have been completed
9.	Odisha	DH – 01	On-going at 08 DH
10.	Punjab		On-going 05 DH & 05 SDH
11.	Rajasthan	DH – 01	
12.	T N	PHC – 48	On-going 90 facilities
13.	U P	DH – 01	
14.	U K	DH – 01	
15.	W B	DH – 08	
16.	NE States	DH – 08	

V. HEALTHCARE TECHNOLOGIES; HEALTH CARE FINANCING

Deliverables	Activities and Outputs
Free, Essential Drugs in public health System	Have developed and presented background note and policy draft and advocacy support documents for this purpose.
Compulsory licensing for essential drugs-	The team participates in and provides technical support to standing committee for identification of drugs requiring compulsory licensing. Research on clinical and market demand/pricing findings were undertaken and information regularly submitted to appropriate authorities.
Sector Innovation Council	Final Report submitted. Shared with NInC also.
	As follow up to sector innovation council report taking forward innovations in priority areas – proposal for grand challenge to be considered.
Costing & Cost effectiveness	Costing of ASHA kit and assessment of drug dispensing practice of ASHAs in the light of Drugs and Cosmetics Act
Medical Devices	Status report on Medical Devices Markets in India
Studies	• Review of RSBY-CHIS, government financed health insurance

	scheme in Kerala. The implementation of the scheme was studied in three districts in Kerala viz. Trivandrum, Ernakulum, and Wayanad. Report completed. Understanding extent of social protection, inclusion and exclusion in the scheme, scheme uitlisation by public sector and for public health priorities and constraints therein. • Evaluation of ERS in Punjab and Kerala- Ongoing • Developing a tool kit for quick robust out of pocket expenditures estimation at district and state level- to use as a programme guidance and planning tool. In three states and one city. Expert committee of Dr Devadasan, Dr GirijaVaidyanathan, MitaChaudhury, VR Muralidharan, PM Kulkarni, and GautamChakravorthy, guiding the programme. • State budget tracking studies: To understand the size, distribution composition and growth of government expenditure at the state level- both quantity and pattern of state and central health expenditures. Ongoing for 4 non high focus and four high focus and perhaps four NE states- Andhra Pradesh, Karnataka, Kerala, Tamil Nadu , Jammu & Kashmir, Bihar and Uttar Pradesh. NHSRC is using the standardized tool (developed by NHSRC in 2010) for state health budgets analysis to track state health expenditures.

VI. PUBLIC HEALTH ADMINISTRATION

Deliverable	Activities and Outputs
Implementation of Maternal Death Review	• MDR state workshop at Jharkhand and Gujarat & divisional workshops in Bihar. • Participation as resource persons in National workshop on 'Near Miss Review' at New Delhi • Review visits to States (Bihar, UP, Haryana, Maharashtra) • Building guidelines on "near miss review" and piloting. Output: MDR established and happening in most states.
Support to Clinical Establishments Act, 2010	• Resource person for various workshops under CEA – travelling to states to explain and promote adoption. • Participated in meeting of National Council under CEA • Participation in Sub-committee on Regulation constituted under National Advisory Council • Output: Rules notified, over 14 states have agreed to implement this act for their state.
Civil Registration	• Gap analysis – and flow issues in Bihar; have begun work on digitization of birth and death reporting and its connectivity to health data center. AWWs and MOICs trained to act as registrars. Studied gaps in Odisha and Uttarakhand also. But work and progress has been limited.
Support to Improved quality and skills in RCH care. – with and for maternal health division.	• Participation in Development of guidelines on "Quality Improvement of Perinatal Care through Mentoring" for Public Health Institutions in Rajasthan • Participation in development of guidelines for 'Mother and Baby Friendly Hospitals' • Technical support to establishment of Skills lab in Bihar by DP support Participation in core group formed for development of QA guidelines – presentations made on draft guidelines in Safe Motherhood Conclave at Jaipur • Participation in State QA Committee meetings at Bihar, UP and Jharkhand : 16 mobile mentors in place at Bihar across 8 districts with Care-India support
Family Medicine Programme	• First batch of NRHM sponsored candidates completed the course. Earlier NHSRC had facilitated development of curriculum and selection of medical officers for the NRHM supported and CMC Vellore run PGDFM programme • National consultation on Family Medicine scheduled in April 2013 Facilitated development of syllabus for PGDFM programme
Public Health Act	Helped develop another approach paper for 'Public Health Act' and consultations with states are scheduled.
Publications	Part of Expert group under MoHFW who developed guidelines for Skills lab and MNH Toolkit

VII. HEALTH INFORMATICS

Deliverables	Activities & Outputs
Helping integration of fragmented vertical IT Systems in Public Health.	• Completed a **detailed study of IT systems in Public Health Use.** Basis for development of input papers for both working groups of PC and of our understanding of what are the gaps. • **Meta Data & Data Standards (MDDS)**: NHSRC is functioning as secretariat for the MDDS Committee constituted by MoHFW. NHSRC is helping the committee on following tasks- o Identify & define Interoperability solutions for existing and proposed aggregate number reporting and Patient-Based tracking systems- at all levels: semantic, technical and organizational. o Develop Data Dictionary for Indian Public Health - Existing public health terminology in India to be mapped to standard terminology and medical coding standards such as WHO ICD, CPT, and SNOMED. o Reporting units Mapping - Reporting units needs to be mapped across the Center and the states for purpose of data analytic to support public health decision-making. Attempt to map administrative working hierarchy e.g. Village, Tehsil, Block, District - with center and state public health reporting hierarchy e.g. Village, Sub-Center, CHC, PHC, District. NHSRC will complete these tasks in 6 month period and submit the report to the MDDS Committee.
Helping States in technical issues and building capacity among program managers to design user friendly IT systems in health care.	• *Human Resource Information System*: with Intra-health International, contributed towards development of indicators for HR management in state of Bihar and Jharkhand and in implementing iHRIS systems. • NHSRC in collaboration with RRC conducted a sensitization cum experience sharing workshop on Human Resource Information Systems with the NE States in Guwahati. Five states (Tamil Nadu, Karnataka, Bihar, Assam, Odisha) demonstrated their HR Information Systems. The workshop ended with documentation of standard HR-MIS output requirements. • HMIS team is actively helping Statistics Division of MoHFW in rationalization of HMIS forms. Inputs on inclusion/exclusion of program specific data elements were submitted to the MoHFW. In addition NHSRC has also submitted draft District Head Quarter Report Format. • HMIS team actively helped MCTS division of ministry to finalize sub centre register and is currently working on finalization of Standard Operating Procedures (SOPs) for the use of register by the service providers. • NHSRC helped *Haryana State Health Society* in 'Integration of various Reporting Forms, Rationalization of Data Elements as well as Development of Standard Data Definitions and Guidelines for data collection and reporting from facilities.' • HMIS Division has contributed towards development of M&E System for '*Emergency patient transport system*', a policy note submitted to the MoHFW. • HMIS Division has contributed towards development of Indicator based performance assessment system, developed as part of the District

	Magistrate Handbook on NRHM. • '*Software Requirement Specification study'* was conducted for name based tracking software NRC & SNCU in *Odisha.*
Improving Use of Information at local level through establishment of protocols, feedback reports, and dissemination of data analysis tools.	• NHSRC helped Odisha State HMIS Division in establishment of Error Management Protocols for HMIS Data. • HMIS Fellows in 11 States have conducted data review and use of information workshops in collaboration with State HMIS Team. After completing one year terms- next batch of 11 HMIS fellows recruited and deployed. Two former fellows have joined as MOHFW consultants. • Integrated HMIS performance assessment visits conducted in Maharashtra, HP Punjab, Jharkhand, Bihar, Tamil Nadu and Uttarakhand.
	• Excel-based data analysis tool customized to state needs was disseminated to HMIS Officers in Maharashtra, Karnataka, Kerala, Chhattisgarh, West Bengal, Delhi (one District) and Bihar.
	• Annual district data analysis (FY 2011-12) has been completed for all States. Soft copy of analysis has been shared with the respective states. • Quarterly district data analysis for first three quarters of FY 2012-13 has been completed for all States. • Quarterly progress report on 19 Indicators for all States & Districts was completed and disseminated to States and one copy submitted to MoHFW. • Maternal Health HMIS Data Analysis conducted for High Focus Non-NE States and Non High Focus Large States for 2011-12. • To validate and compare HMIS data with AHS, a comparative study for five States was conducted. (Bihar, Odisha, Jharkhand, Chhattisgarh, Rajasthan.) • Analysis to project number of public health facilities required as per current population norm is also done across all States. Division has also conducted data analysis and compiled other information for desk review for various divisions.
Build capacity of various HMIS users through trainings.	• NHSRC conducted a two day workshop on *Facility Data Quality Assessment* in Feb 2013 in collaboration with WHO Geneva & HISP India. Nine States (Haryana, Odisha, Kerala, J&K, MP, Uttarakhand, Bihar, Punjab, and Maharashtra) have participated in the workshop and shred their data quality issues. WHO team shared global experiences on data quality improvements for aggregate number reporting systems. • NHSRC conducted a one day workshop on 'Measuring Progress towards Universal Health Coverage' in March 2013 in collaboration with WHO Geneva and with National experts and participation from 10 States. Various experts have presented their views and discussion on measurement challenges was conducted. • NHSRC helped *SHSRC Haryana* in setting-up of HMIS Division. In addition the Division has also helped *UP NRHM* for recruitment of the HMIS Division Staff for State Program Management Unit. • Haryana: A five day training program was conducted by the NHSRC on Data Definitions, Data Quality, Indicators and Use of Information. A total of 25 District M&E Officers were trained during the workshop in December 2012. In addition a two day workshop was conducted at

	District level for the Service Providers and Information Assistants on Data Definitions and use of state HMIS application. A total of 400 people were trained in this workshop. • Odisha: A three day workshop was organized for Data Managers on use of GIS for Health Analysis. A total of 30 Data Managers from Districts and 6 Officers from State Health Society were trained on the use of Geographic Information System. • NHSRC conducted one day Use of Information Workshop with District M&E Officer in Punjab. 35 people participated in this training program. • Chhattisgarh: NHSRC participated as resource person in a five day workshop to identify District Master Trainers at Raipur. • Bihar- 38 District HMIS Resource Persons were trained on Data quality issues identification and troubleshooting. • Madhya Pradesh- One day HMIS orientation workshop for Program Managers done in Gwalior District. • Uttar Pradesh- NHSRC participated on the workshop conducted on Use of Information for District Planning conducted in Agra (UP) for 8 districts of Agra & Aligarh Division.

WORK IMPLEMENTED BY ADMIN DIV

UP Recruitment:

On request of Mission Director, NRHM, UP, NHSRC conducted the recruitment of 88 Positions of SPMU (State Program Management Unit) and 104 Positions DPMU (District Program Management Unit). The recruitments were in two phases i.e Phase-1: SPMU Positions and Phase-2: DPMU Positions. Out of the 88 DPMU Positions, 63 positions were filled and out of 104 SPMU Positions, 94 Positions were filled. The results have been submitted to MD, NRHM, UP. An HR agency (Randstad India Limited) was empanelled through Tendering process for these recruitments. An advance Payment of Rs. 14,34,192 was received by NHSRC from NRHM, UP against a Total Actual Expenditure of Rs. 16,87,073 for SPMU Recruitments. The Advance Payment of Rs. Rs. 1895026 (75% of the Total Estimated Cost Rs. 25,26,701) of DPMU Recruitments is awaited from NRHM, UP. The Final SOE (Statement Of Expenditure) shall be submitted to NRHM, UP on 8th April 2013.

Jharkhand Recruitment:

NHSRC has received a request from Mission Director, NRHM, Jharkhand for the Recruitment of 689 Positions. NHSRC has accepted the request and shall commence the recruitment process tentatively from 25th April 2013.

State Trainers for ASHA Training – UP

A request has been received from MD NRHM UP to recruit 80 ASHA Trainers. The advertisement was published in National & Regional News Papers and the last date for receiving application was 4th March 2013. The interviews are tentatively schedule in the last week of April 2013.

National AEFI Surveillance Program

A request letter no T-13011/08/2012-CC&V dated 28th March 2013 has been received from Deputy Commissioner (UIP) for recruitment of 04 AEFI Consultants with Secretarial Assistance for National AEFI Surveillance Program.

SECTION B: WORK REPORT OF REGIONAL RESOURCE CENTRE FOR NORTH EAST STATES

WORK REPORT OF RRC-NE
FOR THE FINANCIAL YEAR 2012-13 (August'12 – Februray'13)

BACKGROUND

Regional Resource Centre for NE States has been set up in November 2005 by the Ministry of Health & Family Welfare, Govt. of India. It has been working with the eight States of the North East to strengthen the health care needs in the states focusing on the short, medium and long run and plan for providing the missing technical and managerial capacity. NRHM being the flagship programme of Ministry of Health & Family Welfare, the RRC-NE assist the states to develop capacities in planning, implementation and monitoring the health activities under National Rural Health Mission.
Efforts have being made during last few years to provide technical and managerial assistance as required for smooth implementation of NRHM activities in the states through our expert from RRC and State Facilitators located in the states.

A. PUBLIC HEALTH PLANNING

The Implementation Framework of National Rural Health Mission envisaged preparation of State Program Implementation Plan (SPIP) based on the Integrated District Health Action Plans (DHAP) and Block Health Action Plans (BHAP).
Much of the work of Regional Resource Centre for North Eastern States (RRC NES) has been directed towards facilitating the planning process in districts and in states for qualitative and effective planning. RRC-NE has been focusing on capacity building of the District and State Planning teams.

Thematic Areas

- Build the institutional capacity in states for improved district health planning.
- Support to State and District PIP planning Process.
- Implementation/ Monitoring Support to NRHM
- Other Support to Policy and Strategy Development

Key Achievements

- Capacity Building of State and District Health Planners and Managers
- Induction Training of newly inducted Managers.
- Technical assistance in preparation SPIPs and DHAPs for the NE States
- Facilitating in analyzing the output indicators of the NE States and supporting them in proper implementation.

Work Report

- Capacity Building workshop for newly recruited State/District Programme Managers of Arunachal Pradesh and Manipur was conducted at Guwahati, Assam.
- Capacity Building workshop for State/District/Sub-divisional Programme Managers of Tripura was conducted at Tripura.
- Training of Medical Officers and Programme Management Unit Staff of HF districts of Assam for SC & PHC quality monitoring.
- Organized Regional level meeting on planning process for preparation of State/District Health Action Plan 2013-14 for NE states to apprise the planning team of the NE states on the revised PIP guideline. Facilitators were arranged from GoI.
- Each of the NE states were visited twice from December'12 to Januray'13 to provided technical support and guidance to State and District Planning Team in the development of State PIPs and DHAPs.
- Participated in the DHAP appraisal in the states of Nagaland, Meghalaya, Tripura, Sikkim and Manipur.
- Preparation of the observations on State PIPs of NE states.
- Supportive Supervision visits were conducted in all the 8 NE States. Besides on the spot problem solving, the findings were shared with district/state officials for corrective measures. Reports of visits undertaken were shared with the Mission Director of the State and MoHFW.
- Integrated Supportive supervisory visit to Assam and Nagaland with GoI officials. Observations shared with State and MoHFW.
- Periodic assessment and analysis of achievements of the State as per the set monitorable indicators done.
- Was a part of the 6th CRM team for 2 states – Punjab and West Bengal. Also contributed in preparation of the State report.
- Information on the status of implementation of JSSK in NE states collected, complied and shared with NHSRC.
- Evaluation of health facilities in Tripura for service delivery under process
- Evaluation of health facilities in Meghalaya for service delivery under process.
- Evaluation of service delivery in PPP Tea Garden Hospitals under process
- Prepared a standard Essential Drug List for all categories of health facilities (DH/CHC/PHC/SC) and shared with all the NE States.
- Reviewed the MTP training programme of Assam. Revised guideline on comprehensive abortion care (GoI) and strategies for effective implementation of comprehensive abortion care shared with the state.
- The review meeting of State Health Society of Assam and Meghalaya was attended and inputs were shared on NRHM activities for effective implementation.

B. COMMUNITY PROCESS

Under the National Rural Health Mission (NRHM), "communitization" as a cornerstone of its strategy for architectural correction. Key areas of communitization includes - the ASHA and her support network at block, district and state levels, the Village Health, Sanitation and Nutrition Committee (VHSNC) and village health planning. It also includes community monitoring, untied funds to the Sub Center and the VHSC to leverage their functions as avenues for public participation in monitoring and decision making and strengthening of the Rogi Kalyan Samitis as avenue for promoting public participation in facility management.

Thematic Areas

- Facilitating in rolling out of ASHA training program at State / District / Block / Facility / ASHA.
- Assessment and Evaluation of ASHA Program.
- Regular Supportive Supervision of the ASHA program and Post-training follow-up support.
- Capacity building of district, block level community mobilizers
- Assessment of the functioning of VHSNC and Rogi Kalyan Samitis

Key Achievements and Work Report

- Facilitated the State and District level ASHA Trainers Training (Round 2) for Module 6th and 7th in NE states.
- Supportive Supervisory visits to ASHA level training (1st round- Module 6 & 7) in Assam and (2nd round Module 6 & 7) in NE states. The report prepared and shared with the State.
- Supported the state of Meghalaya in organizing review meeting of District Community processes Coordinators (DCPCs) and Block Programme Managers at Shillong.
- Orientation Training programme of District Community Mobilizers for Arunachal Pradesh and Nagaland was conducted.
- Regular follow up and submission of report on progress of ASHA programme
- Organized Regional level Review meeting of ASHA Programme Managers and State Trainers in Guwahati supported by NHSRC.
- ASHA Evaluation completed in Nagaland and the final report shared with the State.
- Assessment of RKS in three states (Meghalaya, Manipur and Tripura) completed and final report shared with the state.
- Assessment of VHSNC in three states (Meghalaya, Manipur and Tripura) completed and final report shared with the state.
- Assessment of best SC in Assam for service delivery under process.

- Assessment of best ASHAs in each district of Assam under process.
- Assessment of VHSNC in Assam under process.

C. HMIS AND RESEARCH STUDIES

Under NRHM facility based reporting system with usable data elements has given an opportunity to use the information locally and to use the data for planning and corrective action.

Thematic Areas

- Maintenance of Record Keeping & Timely proper reporting
- Facility based Data uploading in HMIS web portal.
- Capacity building of the different level of Data Managers
- Finding the correlation between different indicators to improve data quality
- Use of information for planning & program management
- Analysis & Review of the data to improve data quality and necessary feedback to the NE States
- Conducted different surveys
- Frequent field visit at different level of facilities to improve the reporting system

Key Achievements and Work Report

- District wise analysis of HMIS report for FY 2011-12 and shared with the respective states.
- District wise analysis of HMIS report for 2012-13 (up to 3rd quarter) and census report done to facilitate SPIP/DHAP planning and shared with the respective states.
- Periodic review of HMIS data during state / district visit and suggestive correction where ever required.
- Facilitated the training on improvement of data quality for District and Block Data Managers on HMIS in Manipur and Arunachal Pradesh.
- Conducted the training programme on quality issues of the Health facility level data entry in Sikkim and Meghalaya
- Training on MCTS in Meghalaya (Tura and Shillong) conducted.
- MNGO evaluation study report of Arunachal Pradesh and Tripura completed and shared the report with the state.
- MNGO evaluation of Sikkim completed and draft report shared with the state.
- Coverage Evaluation Survey (2011-12) on Maternal and Child Health for Assam completed and report shared with the State.

- JSY evaluation study done in Meghalaya with support from UNFPA. The report submitted to UNFPA.
- Field survey on Coverage Evaluation Survey (2012-13) on Maternal and Child Health for Assam completed and analysis of data under process.
- Coverage Evaluation Survey on Maternal and Child Health in Nagaland started.
- Estimation of IMR and MMR in Nagaland started.

D. QUALITY IMPROVEMENT

Thematic Areas

- Support to State for Quality improvement
- Capacity Building

Key Achievements and Work Report

- Supportive supervisory visit to IGM Hospital, Agartala, Churachandpur District Hospital, Manipur and MMC Hospital, Guwahati.
- Provided support to 8 nos. of ISO 9001:2008 certified hospitals and facilitated 2nd surveillance audit.
- Assessment of District Hospitals in Assam for quality service under process.
- A 5 days Hospital management training programme was conducted by RRC-NE for 27 districts of Assam. 228 participants (from 25 districts) have already been trained.

APPENDIX 1: PUBLICATIONS BY NHSRC (2012 -2013)

BOOKS:

1. NRHM in the Eleventh Five Year Plan
2. Sixth Common Review Mission Report
3. Evaluation Studies of NRHM:
4. ASHA Update July 2012
5. ASHA Update January 2013
6. Reaching the Unreached – English edition
7. Reaching the Unreached – Hindi edition
8. Notes on ASHA Trainers Part II – English
9. Notes on ASHA Trainers Part II – Hindi
10. Notes on ASHA Trainers Part I (Reprint)
11. Handbook for ASHA Facilitators – English edition
12. Handbook for ASHA Facilitators – Hindi edition
13. ASHA Module for Uttar Pradesh
14. Quality Management in Public Health Facilities – An Implementation Handbook (Reprint)
15. NHSRC – An Introduction: (Brochure)
16. Publicly Financed Emergency Response Services.
17. Skill Lab Operational Guidelines for RMNCH.
18. SAM Guidelines
19. IYCF Guidelines

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APPENDIX 2: GUIDELINES:

S.no	Topic (at different levels of approval and implementation)
1	Guidelines for the ASHA Programme.
2	Guidelines for the ASHA Support Structure
3	Guidelines for NGO involvement in NRHM
5	Handbook for ASHA Facilitators
6	Reaching the Unreached
7	Guidelines for VHSNC
8	Induction Module for ASHAs
9	Health Technology Assessment fellowship course curriculum development
10	Tool kit to estimate the household healthcare utilization and healthcare expenditures in a district
11	Assessment Framework for District Magistrate Handbook
12	ToRs to undertake calibration of hospital equipment (Bihar, Jharkhand, Odisha, Punjab & West Bengal)
13	TORs for State Quality Assurance Committee (SQAC) (Chhattisgarh, Odisha & West Bengal)
14	Guidelines for calculating requirement of consumables for managing Biomedical Waste at Public Health Facilities in the States Bihar, Jharkhand, Haryana & MP.
15	Work Book for Gap-analysis & QMS implementation in Karnataka
16	Guidelines for Strengthening State and District Management Structures for NRHM implementation on delegation of responsibilities, administrative and financial, norms and processes for support and supervision, reporting relationships, and performance appraisal indicators,
17	Skill labs for Health: Operational Guidelines

APPENDIX 3: ASSESSMENTS, STUDIES AND EVALUATIONS

S.No	Title
1.	Report on Fund utilization for ASHA Programme in High Focus States
2.	Menstrual Hygiene Scheme evaluation in Assam, J &K, Kerala, Orissa and Rajasthan
3.	Evaluation of the ASHA Programme in Madhya Pradesh, Uttar Pradesh and Uttarakhand
4.	Field trial for VHSNC evaluation in Sehore , Madhya Pradesh
5.	Health Technology Assessment of Mobile Eye Surgical Care Cost effectiveness evaluation of Eye surgical care
6.	Study of Civil Registration System in Odisha and Uttarakhand to analyse current reporting process, document gaps and improve use of information for District Planning.
7.	District HMIS Assessment : Conducted in 67 districts of 23 States.
8.	Public Health IT Systems Study of 9 major Public Health IT Systems: Issues and Challenges,
9.	Telemedicine Implementation - Issues & Challenges study for Tele-ophthalmology and Tele-oncology implementation in Tripura & Kerala
10.	Fixed Norms In Diverse Contexts of Sub-Centers: A Compilation of Case Studies from Seven States to document the emerging patterns of sub-centers for considering a differential HRH policy.
11.	Human Resource Management Information System (HR-MIS) Study in Jharkhand and Bihar for ensuring "real-time" information on health human resource in the state
12.	Study of Chhattisgarh's Rural Medical Corps (CRMC)
13.	Public Health Workforce Status Reports in 22 States : situational analysis of provider generation, availability and vacancies, recruitment, deployment and career progression policies, training and capacity building; HR information system and workforce management
14.	Provider Incentives for Rural Area Service in Himachal Pradesh
15.	Determinants of Patient Satisfaction in Public Hospitals and remedial measures
16.	Assessment of infrastructure gap and future requirement in NE with ref to geography and population norms for National Advisory Council Meeting
17.	Assessment of HR gap, availability of Medical & paramedical training institute, and future requirement in NE as per IPHS norms for the National Advisory Council Meeting
18.	Mother NGO evaluation Report, Arunachal Pradesh, Tripura, Sikkim,
19.	Community Perception on Health issues, services and Health seeking behavior in Tripura

APPENDIX 4: PEER REVIEWED ARTICLES

1. Program evaluation of the Janani Suraksha Yojana; BMC Proceedings 2012 6(Suppl 5):O15: Rajani R. Ved, Thiagarajan Sundararaman, Garima Gupta, Geetha Rana.

2. Determinants of functionality and effectiveness of community health workers: results from evaluation of ASHA program in eight Indian states; BMC Proceedings 2012, 6(Suppl 5):O30: Thiagarajan Sundararaman, Rajani R. Ved, Garima Gupta, M Samatha

3. Shifting the discourse on safe motherhood from conditional cash transfers to entitlements, Garima Gupta, Rajani R. Ved, Geetha Rana, Mithun Som

4. Location and vocation: why some government doctors stay on in rural Chhattisgarh, India; Kabir Sheikh, Babita Rajkumari, Kamlesh Jain, Krishna Rao, Pratibha Patanwar, Garima Gupta, K.R. Antony, T. Sundararaman

5. Local production of Medical Devices and improved access- a WHO report, Jitender Sharma

6. Public Financing under NRHM, Gautam Chakraborty, Arun Nair, Tushar Mokashi

7. Business models of public private partnership in publicly-financed emergency response services: T.Sundararaman, Arun Nair, Tushar Mokashi and Gautam Chakraborty

8. Public Private Partnership in Meghalaya: Dilip Singh Mairembam, Rajani R. Ved, Tushar Mokashi

9. Fixed Day Health Services Model: T.Sundararaman,Arun B.Nair,Tushar Mokashi, Gautam Chakraborty

10. Determinants of Health Management Information Systems Performance: Lessons from a District Level Assessment, Amit Mishra, Itisha Vasisht, Alia Kauser, T Sundararaman, Dilip Singh Mairembam; BMC Proceedings 2012 6(Suppl 5):O15

11. Designing an Information Technology System in Public Health: Observations from India: T Sundararaman, Pankaj Gupta, Amit Mishra, Itisha Vasisht, Alia Kauser, Dilip Singh Mairembam, BMC Proceedings 2012 6(Suppl 5):O15

12. "Does literacy influence maternal healthcare utilization in a rural setting?", Sandhya Ahuja, National Institute of Health, MD, USA, 2012

13. Public Private Partnership in Meghalaya: Delivering Healthcare in Difficult-to-Access Tribal Areas: Dilip Singh Mairembam, Suchitra Lisam,

Rajani Ved, Jhimly Barua, Prankul Goel, Roli Srivastava, Tushar Mokashi, BMC Proceedings 2012 6(Suppl 5):O15

14. How many is not enough? Human Resource Gaps against Requirements for Health Sub-centers (HSC) Multiple case studies in 7 states for addressing diverse contents of HSC for change in Human Resources policy": Suchitra Lisam, Dilip Singh Mairembam, Prankul Goel, Roli Srivastava, T. Sundararaman: Compendium of Abstracts published by ICRM, NHRM, Rajagiri College of Social Sciences, Kochi, 2012

15. Planning process under NRHM-achievements challenges for better implementation: Jhimly Baruah, Ritu Priya, Anuradha Jain BMC proceedings 2012 ,6 (suppl 5); 07

16. Defining the difficult public health facilities for policy reform to fill up Rural vacancies': Jhimly Baruah, B.M. Prasad , Anuradha Jain, BMC Proceedings 2012 , 6 (Suppl) : 014

17. Of the Relationship Between Population and Development: Need to Stop Vilifying the People', Vikas Bajpai , Journal of Health Management, 2012; 14(3): 329-340.

18. Rashtriya Swasthya Beema Yojna – A Public Health Perspective', Vikas Bajpai , Indian Journal of Social Work, 2012; Vol. 73(2): 265-286

19. Determinants of Patient Satisfaction in Public Hospitals & their remediabilities Nikhil Prakash, Parminder Gautam, J.N. Srivastava, BMC Proceedings 2012 6(Suppl 5):P5.

20. Improving Access through Quality Improvement in Patient Satisfaction at Public Hospitals of Bihar ; Nikhil Prakash, J. N. Srivastava, Parminder Gautam, British Medical Journal Quality Reports, 2012

APPENDIX 5: POLICY BRIEFS, TECHNICAL REVIEWS AND RESPONSES

S No	Topic
1	Policy Note on Streamlining ASHA Incentive
2	Certification of ASHA
3	Note on Organizing Publicly Financed ERS -PTS under NRHM
4	Note on Mobile Medical Units for Mission Steering Group
5	Note on ASHA Kit Cost and Drugs and Cosmetics Act exemption
6	The second sub -centre health worker/ multipurpose worker/ Public Health Assistant
7	Mandatory one year Rural Internship - Program Design
8	Approach Paper on Public Health Cadre
9	Bachelor of Rural Health Care Program (BRHC)
10	The Community Health Officer Proposal for a Mid-Level care Provider at the Sub Center/ Revised Proposal
11	Building Partnerships for strengthening Public Health Management capacity of States
12	Family Planning; Strategies to overcome social and operational barriers
13	Roadmap for strengthening supportive supervision at block and district levels, with costing and budget allocation Norms for supportive supervision and Checklists
14	Scheme for Strengthening District Hospital and creation of District Hospital Knowledge Centres.
15	Policy note on Quality Assurance in Public Hospitals.
16	Discussion Note on Regulatory Structures for Working Group of NAC
17	Legal framework on health in India
18	National Rural Health Mission - Framework for implementation
19	A National Scheme for Free Care In all Public Hospitals.- Enhancing the Social Protection Function of Public Health Services

20	Management of Knowledge resource to NAC for flagship programs
21	ASHA Support Matrix: monthly compilation of state progress for High Focus and NE states and Quarterly for Non High focus states
22	Abstract review and Compilation of best practices in CP and Community Monitoring for MOHFW document on 'success stories under NRHM'
23	Review of the Note on convergence and Role delineation for Frontline workers
24	Strengthening Community Action under NRHM
25	Indo US collaborative research proposal on role of ASHA in improving nutrition status of women with AIDS
26	Presentation for NAC working group On ASHA, Community Action and Universal Health coverage
27	Technical input on Pregna Model for use by ASHAs to promote IUCD insertions
28	Operational guidelines and training manual for Weekly Iron and Folic Acid (WIFS)
29	Choice of Antibiotics for HBNC
30	Note on the Panchayat's role in NRHM with ref to Framework for Implementation
31	Convergence of Health and Drinking Water and Sanitation Interventions and role of ASHA
32	SMS Based factoids for ASHA
33	Review of WHO's Regional strategy for UHC
34	Review and inputs for HBNC monitoring software development to UNICEF and NIPI
35	Inputs to MoHFW for skill building of Front line workers for NAC meeting
36	Policy Note on Government Financed Health Insurance Schemes in India
37	Policy Note on Inequities in Health Care in India
38	Compulsory Licensing
39	Note on Recommendations from FICCI to stimulate the Indian Healthcare Industry
40	Note on integration of routine reporting systems in Haryana
41	Note of MCTS Register & Standard Operating Protocols
42	Indicator-Based Output reports from HR-MIS

43	Software Requirement study for NRC & SNCU in Odisha
44	Error Management Protocols for HMIS
45	Monitoring & Evaluation System for Emergency Patient Transport system
46	Web-Portal Data analysis tool-kit
47	Data Analysis: Key Performance Indicator Analysis (19 Indicators) for all Districts & States 2012-13, Mortality Analysis of AHS States , Maternal & Child Health and District HMIS Data Analysis 2011-12
48	Note for Rationalisation of Data Elements in National HMIS
49	Support for 2nd ANM in West Bengal under NRHM
50	ATR for the 54th Report of the Standing Committee on Demand for Grants : Summary of NRHM, Best Practices & Innovations and Key Challenges
51	Response to the “Proposal to manage HR Shortage issue especially in HTR/ Difficult Areas in almost all States”
52	Input for NAC Working Group on Skill Development
53	Criteria for Selection of the High Focus Districts for UHC pilots
54	Comments on Draft Biomedical Waste Rules 2011
55	Comments on Proposal for Developing a Primary Care Model for UHC in Kerala
56	Response on MoHFW Office Memorandum dated 31st May 2012 on BMW recommendation
57	Response on the study "Review of the Hospital Accreditation Process and its Impact on Service Delivery
58	Technical Report on 'Baseline Assessment' of Nine Health Facilities in State of West Bengal
59	Technical Report on 'Baseline Assessment' of SNCU at Sadar Hospital Vaishali

APPENDIX -6: INPUTS FOR RESPONSES TO PARLIAMENTARY QUESTIONS

Issues	*Number of Questions*
Common Review Mission/NRHM evaluations	4
NRHM Implementation Status	5
Community Processes/Gender	17
Human Resources for Health	8
Infrastructure	1
Cost of care	4
Free health care	6
Universal Health Coverage	6
Emergency Response Systems	1
Urban Health	1
Ministry of Health and Family Welfare	1
e- health	1
National Health Bill	1
Millennium Development Goals	1

Appendix -7 :List of technical and administrative committees where NHSRC consultants have served. (to be circulated later)

Appendix -8- List of conferences and workshops organized.

Appendix- 9. Conferences- international, national attended.

Frontiers in Public Health- Lecture Series. (jointly with NIHFW)			
Date of Lecture	**Theme of the Lecture**	**Name of the speaker**	**Name of Organization/Designation**
July, 2012	The Emerging Discipline of Health Technology Assessment	Dr. Kalipso Chalkidou	Director NICE International(United Kingdom)
September 2012	Mental Health for All-by All: Experiments with Organizing Community Level care for Mental Health in India.	Dr. Vikram Patel	*FMedSci*, International Mental Health and Wellcome Trust Senior Research Fellow in Clinical Science, Centre for Global Mental Health, London School of Hygiene and Tropical Medicine
October 2012	Child Sex Ratio in India and its Implementation for Programme Managers	Dr. Saraswati Raju	Centre for Studies for Regional Development, School of Social Science, Jawahar Lal Nehru University(JNU), New Delhi.
December 2012	The Challenge and Promise of Innovation in Strategic Health Communication	Dr. Sanjeev Kumar	Team Leader-Communication PATH Catalyst for Global Health
January 2013	The Epidemiology basis for Designing Disease Control Programs"	Dr. Jayaprakash Muliyil	Director (Retired.) Head Of Department, Social & Preventive Medicine, Christian Medical College, Vellore.
February 2013	Issues in Accreditation and Regulation - Lessons from Australia and Indonesia	Dr. Krishna Hort	Deputy Director, Head Health Systems Strengthening Unit, Nossal Institute for Global Health, University of Melbourne
March 2013	Universal Health Care: The Measurement of progress and its role in the post 2015 development agenda.	Dr. Ties Boerma.	Director, Department of Health Statistics and Informatics, World Health Organization
April 2013	Ethical Issues in Public Health Research & Policy	Dr. Richard Cash	Emeritus Professor, Harvard School of Public Health, and Advisor Global Health,

			Public Health Foundation of India.
May 2013	Millennium Development Goals- past, present and future	Dr. Sanjiv Kumar	Senior Public Health Consultant and Adjunct Professor- Leadership, Global Health & Program Management, INCLEN Institute of Global Health New Delhi