Agenda 3

WORK REPORT

FY 2017- 2018

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)
&
REGIONAL RESOURCE CENTRE FOR NE STATES (RRC- NE)

CONTENTS

I. COMMUNITY PROCESSES /COMPREHENSIVE PRIMARY HEALTH CARE

Key Deliverables

1. Complete ASHA training in all four rounds of Module 6 &7 in all states except Uttar Pradesh.
2. Certification of at least 20,000 ASHAs in 15 states.
3. Strengthen support structures for Community Processes (CP) across all states.
4. Support states to operationalize Comprehensive Primary Health Care (CPHC) Services through 4000 Health & Wellness Centres.
5. Support roll out of Population Based Screening of Non-Communicable Diseases in 160districts.
6. Create mechanisms for strengthening action on social determinants of health and social accountability through capacity building of VHSNC and RKS including VISHWAS (Village based Initiative for Synergies in Health Water and Sanitation).
7. Undertake Implementation Research in selected areas of CPHC and CP.
8. Support states in strengthening community processes interventions under NUHM.

Deliverable 1: ASHA training

1.1: Completion of ASHA training of all four rounds of Module 6 &7 in all states except Uttar Pradesh
- Round 4 training for ASHAs is underway except UP, J&K, Haryana and Kerala.
- About 4.69 Lakh ASHAs (53.15% of the total selected ASHAs) been trained in Round 4 as on 1st January 2018.
- States of Chhattisgarh, Assam, Manipur, Mizoram, Sikkim and Tripura, and Punjab have completed training of about 1.24 Lakh (over 95% of in position ASHAs in these states) ASHAs in Round 4 of Module 6 &7.
- One batch each of Round 1 (25 trainers), Round 2 (21 trainers) and Round 3 (24 trainers) TOT of Module 6&7 conducted for 70 (total) state trainers from UP.
- One batch each of Round 3 TOT (14 trainers) and refresher TOT (26 trainers) of Module 6&7 conducted for 40 (total) state trainers from Bihar

1.2: Conduct training of state trainers in Participatory Learning and Action
- One batch of second round of PLA TOT conducted for 15 state trainers from Assam, Meghalaya, Jharkhand and Uttarakhand.

1.3: Completion of ASHA training in all three rounds of PLA in the states (as per state's readiness)
- Training of about 3400 ASHA Facilitators in second round of PLA is underway in Assam, Meghalaya, Jharkhand and Uttarakhand.

1.4: Build Cadre of state trainers in Non-Communicable Diseases.
- Will be planned in 2018-19 as per state's plan.

1.5: Completion of ASHA training in Non-Communicable Diseases in 109 districts proposed by states for Population based screening of Non-Communicable diseases in Phase 1

- Number of districts has increased from 109 to 158districts as per state's proposals.
- 33 State ASHA trainers trained from 19 states/UTs – (AP, Arunachal Pradesh, Bihar, Chandigarh, Daman & Diu, Gujarat, HP, J&K, Jharkhand, Karnataka, Kerala, Mizoram, Nagaland, Pondicherry, Rajasthan, Sikkim, Tamil Nadu, Telangana, Uttarakhand) increasing the total pool of trainers to 81.
- Facilitated one batch of TOT for 30 state trainers for ASHAs in Bihar
- Facilitated in finalizing the Bengali version of ASHA Module on NCD.ASHA Training underway in 33 states. 31,063 ASHAs have been trained in selected districts in 28 States and UTs.

1.6: Support training of ASHAs in Digital literacy based on state's proposals.

- Training could not be initiated in states due to change in scheme modalities. MoHFW has sought guidance from NDLM to resolve the issue.

1.7: Develop modules on control of communicable diseases as per targets defined in National Health Policy, on palliative care and early childhood development.

- Inputs provided to the Module on ECD being developed by MoHFW.
- Module on Communicable diseases will be developed in the year 2018-19 in consultation with Programme Divisions
- Module of palliative care to be developed after approval of Operational Guidelines for Comprehensive Primary Health Care.

1.8: Develop modules on COPD and conduct training of state trainers

- Module on COPD will be developed by August, 2018 and training will be initiated subsequently

1.9: Design health promotion material for ASHAs

- NPCDCS has developed health promotion material for ASHAs.

Deliverable 2: ASHA Certification

2.1: Support states in refresher training and certification of state trainers and inspection of state training sites in 20 states (as per state's readiness).

- Completed – Four batches of refresher training and certification workshop held for 94 trainers from HP, MP, Delhi, Uttarakhand, Chhattisgarh, Mizoram, Meghalaya, Nagaland and Manipur. Of which 71 trainers have been certified by NIOS and result is waited for remaining 23 trainers.
- Facilitated inspection visits to 21 training sites in 10 states. Out of which, 17 sites across 7 states were accredited by NIOS while 03 sites across 2 states i.e. Karnataka and Uttarakhand (result is awaited) and one site of Chhattisgarh did not get accredited.

2.2: Support states in refresher training and certification of district trainers and inspection of district training sites in 20 states (as per state's readiness)

- Facilitated eleven batches of district trainer's refresher training and certification workshop in UK, Assam, Karnataka, Gujarat, Madhya Pradesh, Jammu and Kashmir, Punjab, Maharashtra and Odisha – 267 district trainers accredited so far

- Facilitated inspection visits to 18 sites across fivestates(Arunachal Pradesh, Assam,Delhi, Jharkhand and Punjab) – all 18 sites have been accredited by NIOS

2.3: Certification of 20, 000 ASHAs across 15 states
- Facilitated eight batches of ASHAs refresher training and certification workshop in MP, Maharashtra, Karnataka and Punjab.
- About 2256 ASHA Facilitators and ASHAs took the theory examination of Phase-1 of the programme on 31st January across 9 states- Arunachal Pradesh, Assam, Delhi, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Sikkim and Tripura.

Deliverable 3: Strengthen support structures for Community Processes across all states

3.1: Capacity building of support structures of community processes to effectively support implementation of Community Processes.
- Workshop on addressing Inequities in health care access conducted with state planning teams from ten states for nearly 30 participants
- State level meeting conducted with teams of UP, Rajasthan and UK for CP interventions
- Supported training of about 60 DCMs and BCMs in Assam

3.2: Create a web-based portal for better reporting of key data related to Community Processes from all states
- Inputs given to finalize the CP data elements for integration with MoHFW HMIS.

3.3: Develop modules for training of ASHA facilitators for mentoring ASHAs in the new roles and conduct training of state trainers.
- Modules to be developed after finalization of the Operational guidelines of CPHC.

Deliverable 4: Strengthen Community Processes intervention under NUHM

4.1: Completion of training of ASHAs in Module 6 & 7 across all states.
- Seven states (Chhattisgarh, Madhya Pradesh, Odisha, Mizoram, Nagaland, Gujarat, Haryana and Punjab) have initiated training of ASHAs in Module 6 &7 while Delhi has completed training of all ASHAs in four rounds of Module 6 &7. About 48, 618 ASHAs trained in Induction Module (85% of in-position ASHAs) and 23,779 trained in Round 1 of module 6&7.

4.2: Develop modules for new roles of urban ASHAs by October 2017and Conduct training of state trainers
- Proposal of new roles for ASHAs in urban context discussed with MoHFW.
- Training modules to be developed in consultation with MoHFW after approval of Operational Guidelines for CPHC roll out in urban areas.
- Nodal Officer's workshop on NUHM-CP nodal officers held on October 4th – 5th, 2017

4.3: Support states in implementation of new incentives for urban ASHAs
- To be undertaken after approval of new incentives

4.4: Conduct training of state trainers on handbook for MAS members

- Ongoing based on requirement of states.
- Facilitated MAS TOT in Uttar Pradesh and Bihar for 80 state trainers.

4.5: Completion of training of MAS members in all states
- Ongoing

Deliverable 5: Operationalize Comprehensive Primary Health Care Services through Health & Wellness Centre

5.1: Develop guidance note for Team based incentives for SHC team
- Guidance note and monitoring strategy shared with states

5.2: Orientation of CPHC nodal officers from all states on operationalizing CPHC
- Workshop held on October 12th -13th, 2017
- Draft Operational Guidelines for CPHC submitted to MoHFW and shared with states for inputs. Guidelines will be finalized after the National workshop scheduled on May 1st and 2nd, 2018.
- Task forces constituted - To align incentive payments to improve provider performance for CPHC, To identify cost effective Interventions for addressing leading causes of DALYs, To develop architectural design/ IPHS for HWC and Point of Care Diagnostic Services under CPHC Recommendations of the task forces will be incorporated in the Operational Guidelines.
- Task forces also constituted for Relooking the role of Multi-Purpose Worker (F) in the context of Comprehensive Primary care and Mid-Level Health Providers career progression pathway

5.3: Design modules for Front line workers – ASHA/ MPW and AWW to strengthen AAA platform and for delivering CPHC services at HWC
- To be initiated after finalization of OGs for CPHC.

5.4: Develop essential health package for twelve services envisaged under CPHC

- Task Forces constituted to develop Service delivery framework for - Burns and Trauma, Oral health, ENT, Ophthalmology/ Eye Care, Palliative Care, Care of the elderly and Mental Health (and Epilepsy)
- Services packages will be finalized based on final recommendations of the task forces

5.5: Design risk assessment tools for Front line workers and Mid-level providers
- To be initiated after finalization of OGs for CPHC.

5.6: Support designing of Information Technology system for digital family folder and health cards by constituting a technical advisory committee
- Concept note with details of requirement of the IT system shared with MoHFW.
- Consultation held with states/ organizations to share existing models in May, 2017.
- Two batches of 130 state trainers from 25 states scheduled in first week of April, 2018
- NCD module of CPHC IT system to be launched on April 14th , 2018

5.8 Other activities – Coordinated the preparatory activities for the AYUSHMAN Bharat

launch
- Prepared road map for operationalizing HWCs in 2017-18 and 2018-19
- Visited eight aspirational districts for preliminary assessment – Shravasti, Palamu, Ranchi, Mewat, Rajnandgaon, Kanker, Narayanput, Chatra
- Supported state, district and block team for the launch on April 14th, 2018 in Bijapur, Chattisgarh - Training of ASHA, MPWs, MOs, RMAs and Staff Nurses; IT training of MPWs, RMAs, MO and district data teams; supported process of population enumeration and universal screening of NCDs.

5.9. Certificate Programme in Community Health (CPCH)
- Planned and conducted Orientation Workshop on Certificate Programme in Community Health for state Nodal Officers, Programme In-Charges, and Regional Directors from 15 states
- Analyzed external observers review reports, NHSRC, field visit reports, CRM findings and issues highlighted in Orientation Workshop to understand best practices and challenges in roll out of Certificate Programme to understand key learning and next steps for streamlining implementation of Bridge Programme
- Documentation of Programme updates for Bridge Programme for Certificate in Community Health
- Conducted first meeting of Technical Committee to review use of Unani Practitioners as Mid- Level Health Providers

Deliverable 6: Roll out of Universal Screening of Non-Communicable Diseases

6.1: Conduct training of state trainers for MPWs in Non-Communicable Diseases (NCD)
- One batch for TOT conducted for 17 state trainers for MPWs from 10 states/UTs (Nagaland, Meghalaya, Bihar, HP, Gujarat, Andaman and Nicobar, Daman and Diu, Rajasthan, U.P., Punjab), increasing the total pool to 75 state trainers.
- Two batches of TOT conducted for 65 state trainers for Staff nurses from 30 states.

6.2: Completion of MPW training in Non-Communicable Diseases in 160districts proposed by states for Universal screening of Non-Communicable diseases in Phase 1
- Underway – Training of 12,450 MPWs completed in 31states/UTs.

6.3: Review progress of phase 1 and plan for scaling of the Universal screening across states in consultation with states in Phase 2
- Discussed during the meeting with NCD nodal officers held on October 12th -13th, 2017
- Bimonthly updates compiled from states and submitted to MoHFW.
- About 31,063 ASHAs, 12450 MPWs, 937 Staff Nurses and 1717 Medical Officers trained across states and over 65 Lakh individuals screened across 17 states and 2 UTs

Deliverable 7: Strengthen VHSNC/RKS /MAS/ULB

7.1: Conduct training of state trainers and orientation of state nodal officers on 'VISHWAS' (Village based Initiative for Synergies in Health Water and Sanitation)
- Two batches conducted for 70 state trainers from 24 states and 3 UTs

7.2: Support states in rolling out 'VISHWAS' in a phase wise manner by November 2017

- Ongoing- Training to be initiated after translation of the module is completed in regional languages.
- Supported Arunachal Pradesh, Manipur, Assam, Meghalaya and Nagaland in conducting District ToT on VISHWAS for further roll out (Nov, 2017).

7.3: Conduct training of state trainers on handbook for RKS members
- Two batches of TOT conducted for 60 RKS state trainers

7.4: Support states in rolling out of training of RKS members in states.
- Orientation workshop conducted with State and District Programme Officials on RKS in Meghalaya.
- Facilitated the RKS workshop under NUHM at West Tripura District.
- Facilitated Review Meeting cum Workshop at Agartala on RKS, chaired by Hon'ble Health Minister, Tripura

7.5: Support states in rolling out of training VHSNC members.
- Ongoing.

Deliverable 8: Research and Evaluation

8.1: Create Innovation and Learning Centres for operational research on CPHC and CP
- Seven institutions shortlisted. Field appraisal scheduled in last week of April, 2018

8.2: Undertake assessment of career pathways for ASHAs – challenges and way forward
- Will be undertaken in 2018-19

8.3: Undertake evaluation of HBNC and other selected components of ASHA program
- Draft tools prepared and selection of districts completed. Evaluation will be completed in 2018-19

8.4: Conduct secondary data analysis of the budget approvals and expenditure pattern on ASHA and VHNSC
- Will be undertaken in 2018-19

Deliverable 9: Advocacy

9.1: Convene National ASHA Mentoring Group Meetings by August/ September 2017
- Meeting held on October 16th, 2017

9.2: Biannual ASHA update- including for ASHA and MAS in urban areas- July 2017 and December 2017
- ASHA Update July 2017 and draft ASHA Update for January 2018 being prepared

9.3: Document best practices related to CP and CPHC.
- Ongoing.
- Compiled best practices for the National Summit on best practices

9.4: Develop a network of organizations/individuals across states- local and regional to support CP and CPHC interventions.
- Ongoing

9.5: Develop/ update policy briefs and operational guidelines for CP and CPHC as per requirement
- Submitted draft policy to MOHFW for Handing over by ASHAs (approved in EPC)
- Submitted draft policy to MOHFW for Social Security Measures for ASHAs
- Submitted draft proposal to organize a National ASHA Sammelan to MoHFW

9.6: Completion and documentation of ASHA convention in NE states by December 2017
Document preparation on enhancement of Additional Performance Based Incentives for ASHAs- Tripura by August 2017
- Facilitated preparation and submission of documents to State Cabinet for enhancement of additional performance-based incentive from State Fund for Tripura.

Deliverable 10: Technical assistance, monitoring and supportive supervision

10.1: Conduct supportive supervision visits to states for CP and to document the process of roll out of Universal NCD screening and CPHC.
- Assessment of System Preparedness to roll out Universal Screening of NCDs completed in 15 states - Haryana, Maharashtra, Jharkhand, Chhattisgarh, Punjab, Assam, Manipur, Uttar Pradesh, Karnataka, Madhya Pradesh, Sikkim, Arunachal Pradesh, Tripura, Gujarat and Rajasthan

10.2: Organize State ASHA Nodal Officers Workshops at national level
- Workshop will be organized in July, 2018

10.3: Organize State NCD Nodal Officers Workshops at national level
- Meeting held on October 12th -13th, 2017

10.4: Organize State CPHC Nodal Officers Workshops at national level
  Meeting held on October 12th -13th, 2017

10.5: Support states in preparation of CP component of PIP 2018-19, and Review and comment on CP/PHC component of PIP 2017-18. Ongoing activity
- Ongoing.

Deliverable 11*: Establishment of National Knowledge Platform (NKP) to support research on Health Systems and Public Health Research.*

- Prepared list of research questions for NKP from the findings of ten Common Review Mission.
- Steering Committee meeting to be held in consultation with MoHFW.

II. HEALTH CARE FINANCING

Key Deliverables

1. Finalize Annual National Health Accounts Estimates Report including key indicators for states.
2. Complete Capacity Building of all State teams on State Health Accounts
3. Support the development of Health Financing Indicators for the country and States to measure progress towards National Health Policy (NHP) 2017 targets, Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).
4. Undertake analysis of policy and program expenditures under National Health Mission.
5. Document and review strategic purchasing of healthcare services and Public Private Partnerships in India
6. Undertake costing of healthcare services including primary healthcare essential packages in partnership with other institutions

Deliverable 1: National Health Accounts

1.1: Finalization of NHA estimates for India (FY 2014-15) report including state wise key indicators
- The NHA Estimates for India (FY 2014-15) report including states wise key indicators were finalized, approved and released by the MoHFW. The reports were disseminated to states and other stakeholders and uploaded on the MoHFW and NHSRC websites.

1.2: Capacity building workshop on State Health Accounts for 10 states that have not been trained in 2016-17
- Seven state teams were trained in this year, completing the SHA training for all states except the three Union Territories of Andaman, Lakshadweep and Dadra& Nagar Haveli.
- Orientation of the Economic Advisor and team at the Bureau of Planning, NHA cell, MOHFW in National Health Accounts, System of Health Accounts 2011, Health Accounts Production Tool undertaken
- Trained SHSRC Maharashtra in methodology for collecting and analysing Healthcare Expenditures of Urban Local Bodies leading to proposal for undertaking survey of NGO/Enterprises.

1.3: Technical support to states to produce State Health Accounts.
- Technical Support to Maharashtra to conduct State Health Accounts (SHA) is ongoing.
- Also providing support to conduct the survey on healthcare expenditures by Enterprises and NGOs in Maharashtra to feed into their SHA work.
- Technical support to Karnataka through SHSRC to initiate SHA work

1.4: Strengthen NHA methodologies and institutionalize data procurement by October 2017
- Held meetings with Controller General of Accounts (CGA) for institutionalization of data procurement of Union Ministries in electronic format. CGA has shared the data.

- For State wise data in electronic format, meeting was held with CAG and letters from MoHFW have been sent. The data is expected in FY 2018-19. The division is following up with CAG.
- A study on Health Expenditures by Urban Local Bodies in India for FY 2015-16 has been completed. Collection and analysis of expenditures on health care for the year 2015-16 by Urban Local Bodies in North Eastern States is underway.
- Initiated discussion with potential partners to conduct surveys on health expenditures by Enterprise/ Firms and NGOs for FY 2016-17 and FY2017-18. May commence the study in FY 2018-19. Prepared state wise list of NGOs working in Health sector in NE states.

1.5: Revise NHA guidelines for India by February 2018
- Guidelines have been revised and published in the NHA Estimates for India 2014-15 Report

1.6: Coordinate NHA Steering Committee and Expert Group Meetings.
- Expert Group meeting to finalize NHA 2014-15 estimates and sub group - out of pocket expenditures meeting was held in April 2017.
- Initiated work on NHA Estimates for India FY 2015-16, Procurement of data has commenced. Coordinated data collection from NHM, CGA. Using external consultants for conducting Health expenditures by ULBs survey, Private health insurance expenditures, expenditures by other union ministries and state departments on health.
- Participated in workshop in Karnataka organized by State Government and NITI Aayog – Sustainable Action for Transforming Human Capital.
- Revised ToR Health Care Financing for CRM 2017-18. Summarized the state findings and drafted the chapter on healthcare financing
- Orientation of new MDs and Principal Secretaries and SHSRCs on Health Accounts
- Participated in the Annual Meeting of the NHA Experts of OECD in Paris and presented on key methodological challenges in arriving at estimates according to healthcare financing schemes and other NHA classification categories.

Deliverable 2: Monitor Health Financing indicators

2.1: Finalize indicators and methodologies for SDG 3.8.2 (Financial Protection) for India and states in coordination with the Sub Group on SDG 3.8.2 by July 2018
- Indicators finalized and shared with MoHFW (CD-Stats)
- Indicators for FY 2009, 2010-11, 2011-12 using the NSSO Consumer Expenditure Survey data using the global standard methodology by WHO and World Bank were produced and cross checked with WHO published data.

2.2: Derive values for Health Financing indicators SDG 3.8.2(wherever data available) by August 2017
- State wise values for Health Financing indicator– catastrophic health expenditure have been derived for year 2014 using the data available from NSSO 71st Round Survey on Health and Morbidity.

2.3: Derive Union/State share in Government Health Expenditures and other indicators of relevance for SDGs, UHC and NHP 2017 targets.

- Developed a Brief and analysed NSSO health expenditure indicators in urban areas.
- Presented the NSSO Out of Pocket Expenditure (OOPE) analysis for Urban areas at NUHM Orientation workshop in May 2017
- Policy notes of Healthcare Financing in India drafted for MOHFW
- Developed a brief on India Healthcare Financing profile and challenges for WHO SEARO workshop.
- State wise analysis of NSSO Health Expenditures was shared with MoHFW and other divisions as per requests.
- Participated in working group meetings of the Health and Morbidity Survey 2017-18 (75th Round NSSO survey)
- Government Health Expenditure Report (2013-14) was released at the Good and Replicable Practices summit, Indore.
- Updated the Implementation framework for NHP 2017- Health Financing Related areas.
- Provided inputs for BRICS Joint Statistical Publication.
- Provided Inputs to Economic Survey 2017-18 for Budget Session

Deliverable 3: Analysis of National Health Mission Expenditures

3.1: Analyse NHM expenditures as per flexi pool/ areas of specific interest of NHSRC/MoHFW divisions.
- Union/State share in Government Health Expenditures especially for NHM expenditures derived and shared with MoHFW.
- Developed estimates of Government health expenditure on secondary care in FY 2014-15 under NHM
- Initiated work on ASHA related expenditures by National Health Mission.
- Completed RoP analysis of North Eastern States (except Assam) for the Regional level PIP workshop held at Imphal.

Deliverable 4: Strategic Purchasing of healthcare services in India

4.1: Identify, document and review strategic purchasing models in India for all levels of care by March 2018
- A study to develop a framework to define strategic purchasing in India and documenting some purchasing models is being undertaken. One case study on SuvarnaAarogya Suraksha Trust, Karnataka completed and the other models will be documented in FY 2018-19.

4.2: Catalogue and review information on financing public private partnerships in health by March 2018
- In partnership with CP, PHP divisions, HCF has undertaken an evaluation of ChikitsaSuvidhaAapkeDwar program in Uttarakhand.
- Member of the MoHFW working group on PPP for health facilities
- NERRC- Collected information on different programmes run through PPP mode, prepared proposal for evaluation of PPP run facilities of Meghalaya and submitted to state.

Deliverable 5: Costing of Health Services

5.1: Costing of primary healthcare essential packages in consultation with CP division, NHSRC and others, as required by December 2017

- Costing for the proposed ANM incentive Scheme for detecting high risk pregnancies as requested by MoHFW undertaken.
- Estimated costs of operating NTR Vaidya Seva health insurance scheme in the last 3 years completed.
- Estimates ofthe costs for delivering drugs for hypertension and diabetes at a Health and Wellness Centre undertaken.
- Finalized sampling size and methodology for team-based incentives for health workers (ANM/ASHA/AWW) and piloted the methodology and submitted final guidance note to states.

III. HEALTH CARE TECHNOLOGY

Key Deliverables

1. Develop draft technical documents to enable strategic procurement
2. Support states in implementation of technology intensive programs such Free Diagnostic Services Initiate, Biomedical Equipment Maintenance Program, PM National Dialysis Program, and undertake monitoring and assessment
3. Support Health Technology Assessment and uptake of Product innovations
4. Support implementation of Medical Device rules and National Pharmaceutical Pricing Authority.
5. Support Patient safety management through enabling compliance to Materiovigilance Program of India and Atomic Energy Regulatory Board (AERB)
6. Engage domestic manufacturers by collaborating with Directorate General (Supplies & Disposables), Department of Pharmaceuticals, Quality Council of India (QCI) and finalize Preferential Market Access Policy
7. Collaborate with Health Sector Skill Council and Indian Pharmacopeia Commission in framing National Operating Standards for training on Medical Devices and Materiovigilance respectively.
8. Partner with WHO as Collaborating Center in Health Technology policy including evaluation of innovative solutions/medical devices for low resource settings.

Deliverable 1: Develop draft Technical Documents for Strategic Procurement.

1.1 Standardization of Equipment costing.
- Completed Standardization of Equipment costing for over 1100 items: for Indian Public Health Standards (IPHS) Equipment, Maternal and Child Health (MCH) Equipment, Comprehensive Lactation Management Centre (CLMC), Ambulances, Central Sterile Supply Department (CSSD), and Operation Theatres (OTs).

1.2: Drafting of Request for Proposal, Manuals and specification for public health programs
- Developed Draft policy document on Peritoneal Dialysis and submitted to MOHFW
- Developed Requests for Proposals (RFP) on Solar Power at Primary Health Centres, Rental Reagents Model for Diagnostics Equipment and submitted to MOHFW.
- Completed drafting of Generic Technical Specifications for over 400 items related to IPHS MCH, CSSD, OT, BMMP, Solar Power at PHC and CLMC. Approval will be taken by Technical Committee of experts next year.

1.3   Medical Devices Condemnation Policy.
- First draft included in Bio Medical Equipment Maintenance and Management Programme (BMMP) technical manual.

1.4   Procurement Guidelines/Policy as per GFR 2017 for Medical Equipment for states that do not have any procurement guidelines/policy:
- Ongoing activity based on state requests.

- *1.5: Ongoing collaboration with Quality Council of India (QCI) for drafting of Indian Certification for Medical Devices (ICMED) Scheme specific standards.*
   Standards formulated and disseminated – implementation ongoing

Deliverable 2: Support states in implementation, evaluation and monitoring of Technology intensive programs

2.1: Finalization of Monitoring tools for programs completing one year and more:
- Finalized Monitoring Tools for Biomedical Equipment Maintenance and Management (BMMP), PM National Dialysis Program and Free Diagnostics Services Initiative (FDI).

2.2: Supporting states in roll of Technology Intensive Program:
- Supported six additional states in implementing BMMP- through Public Private Partnerships (PPP) (bringing to a total of 16 States through PPP and four states in house, with Tenders under progress in 11 states),
- Free Diagnostics Services Initiative
  - Laboratory:supported in five additional states (now implemented in eight states through PPP and in 21 States through Inhouse, with Tender in progress in two states),
  - CT Scan in seven additional states (has been implemented in 12 states through PPP,11 In house and Tender in progress in one state),
  - Teleradiology in four additional states (now implemented in seven states through PPP and Tender in progress in four states)
  - Dialysis in seven additional states (15 States though PPP, eight states in house and Tender in progress in eight states).
  - Field visits made in Arunachal Pradesh, Meghalaya, Nagaland, Tripura and Mizoram for monitoring implementation status of BMEP, Free diagnostic services and Dialysis programme.
  - Conducted two-day orientation cum review workshop on implementation status of Bio Medical Equipment Maintenance Programme, Free Diagnostic Services, Pradhan Mantri National Dialysis Programme and Licensing of X-Ray Machines as per AERB guidelines for 8 NE states in Guwahati.

2.3 Desk review of all the states completing 12 months of implementation of programm
- Review for FDI in 22 States and BMMP in 16 States completed

2.4: Field review of states completing 12 months of implementation of the program:
- Field review completed for Bihar- Teleradiology, Mizoram for BMMP, Haryana for Ambulances and Teleradiology in Tripura.
- Finalized the Terms Of Reference (ToR) for field review of Ambulance Services in Uttarakhand in partnership with PGIMER, Chandigarh

2.5 Prepared guidance document Telemedicine and Point of care device for comprehensive primary health care services – report submitted to MoHFW for review

Deliverable 3: Uptake of Product innovations and Health Technology assessment.

3.1: Rapid Assessment of the innovations uploaded on the portal.
- Assessed 33 Innovations uploaded on website, of which ten were shortlisted and seven selected. Five were chosen for presentations and two products were selected for poster presentation at the Best Practices Summit in Indore.

3.2: Healthcare ATM Evaluation post pilot.
- Evaluations of this product completed in Madhya Pradesh and Himachal Pradesh

3.3: Partnering with Inno Health towards uptake of Affordable Health Technology-
- Undertook rapid assessment for 27 products referred for Innohealth Summit

3.4: Health Technology Assessment
- Serve as technical hub for Department of Health Research's HTA-In for Breast Cancer Screening
- Initiated an HTA of Oxygen generation plants at various facilities.
- Conducting Health Technology Assessment (HTA) Fellowships- Completed 1-week HTA Fellowship program in partnership with PGIMER Chandigarh.

Deliverable 4: **Support in implementation of Medical Devices rules and support to National Pharmaceutical Pricing Authority (NPPA).**

4.1: Supporting National Accreditation Board for Testing and Calibration Laboratories(NABL) Guidelines towards establishment of medical devices testing laboratories
- Guidelines drafted and finalized by NABL for Medical Devices Testing Laboratories.

4.2: Supporting Drug Controller General of India -DCG(I), Central Drug Standards Control Organization (CDSCO), Ministry of Health and Family Welfare (MoHFW) in building adequate capacity for medical devices.
- Contributed to framing of medical device standards in collaboration with BIS.

4.3: Drafting Priority List of Medical Devices for notification.
- Under progress

4.4: Support to Department of Pharma on Medical Devices
- Completed Drafting List of Essential Medical Equipment as per IPHS List and Medical Devices Price Control orderand submitted to Department of Pharma.

4.5: Assisting NPPA in resolving pricing issues of Medical Device. –
- Ongoing

Deliverable 5: Support patient safety management through Materiovigilance and Atomic Energy Regulatory Board (AERB) Compliances.

- Drafted and Published AERB RFP and Conducted consultative meeting and disseminated guidelines to state
- Initiated AERB program in the State of Tripura, Assam and UP.
- Radiation Safety AwarenessWorkshops held in Delhi and Guwahati.
- AERB collaborated in the radiation safety awareness workshop in Delhi.
- Supporting Materiovigilance Program-Post Market Surveillance of Medical Devices

Deliverable 6: Engage with private domestic manufacturers

6.1**:** *Collaborating with Directorate General of Supplies and Disposals (DGS&D), for implementation of GeM. (Govt. e Market)*
- IPHS medical device specifications to be uploaded on Gem Portal, after finalizations

6.2: Collaborating with other departments to frame and implement Preferential Market Access policy for domestic manufacturers.
- Provided inputs to draft Preferential Market Access policy for domestic manufacturers which has been uploaded for public comment.

Deliverable 7: Collaborate with Health Sector Skill Councils and Indian Pharmacopoeia Commissions etc.

- Completed development of National Occupational Standards for Medical Equipment Technicians and Training for Materiovigilance programs.

Deliverable 8: WHO Collaboration Center Activities

- Preparing priority list of Medical Devices and evaluating innovative solutions for low resource settings for medical devices.
- 4th Global Medical Devices Forum (GMDF) finalized to be hosted in Delhi in Feb 2019. Evaluation report on Free Diagnostics Initiative (FDI) in Andhra Pradesh evaluated by WHO submitted.
- Deliberated on key learnings from the evaluation report.

IV.   HUMAN RESOURCES FOR HEALTH

Key Deliverables:

1. Create a cadre of 4000 Mid-Level Healthcare Providers (MLHPs) for Comprehensive Primary Health Care
2. Strengthen HRH recruitment process in the states
3. Address HRH issues under NUHM: Guidebook on enhancing performance of ANM and brochure highlighting the issues and mechanism for strengthening HRH under NUHM
4. Guidebook on Workforce Management: Guiding principles for management of NHM workforce
5. Conduct Training and Capacity building of states
6. Conduct Studies and Evaluations: (i) Study on retention strategies of health workforce in rural areas; (ii) Study on 'ASHA to ANM' in Chhattisgarh: Challenges and Opportunities; (iii) Study of Governance Structures for Nursing in select States
7. PIP Appraisal: HR appraisal and recommendation

Deliverable 1: Create a cadre of 4000 Mid-Level Healthcare Providers (MLHPs) for Comprehensive Primary Health Care

1.1 Develop and Implement strategies & activities to augment HRH at Health & Wellness Centers (HWC)
- Bridge Program for Nurses was introduced in 11 states in May 2017.
- Two orientation workshops were conducted for State Nodal Officers, Program Study centre in charges and Academic counsellors by IGNOU, MOHFW and NHSRC in New Delhi and Bangalore.
- Periodic updates on selection and enrolment of candidates were compiled and shared with MoHFW.
- Standard Operating Procedure (SOP) was drafted and tools for assessing implementation was finalized.
- Monitoring visits were conducted in seven states for identification of strengths and challenges. Key findings and recommendations were shared with the MOHFW.
- Supported the selection of candidates for the second batch and enrolment processes in five states, including North East.
- Developed a question bank in English and Hindi to support states in conducting entrance examinations to select candidates for the Bridge Program.
- Created a pool of independent external assessors to review the implementation of the Bridge Program. External review done in three states.
- Reviewed the budgetary approval for Bridge Program in the PIP for different states.
- Supported states in identifying and strengthening Program Study Centers (PSC) for the scale-up of the Bridge Program
- Drafted a proposal to identify and accredit additional PSCs outside the public health sector to enable further scale up.
- Supported MoHFW and IGNOU to develop a common program for both Nurses and Ayurveda Practitioners.

1.2: Develop Career Progression Pathways for Mid-Level Health Providers
- Career Progression Pathway for Mid-Level Health Providers drafted and submitted to the MoHFW.

1.3: Develop a guidebook to support the role of MPW (M) in Comprehensive Primary Healthcare with a focus on public health
- Drafted proposal for reviewing the 'Role of the MPW (M): existing number of MPW (M), their roles & responsibilities and training opportunities'.

1.4: Relooking at the roles and responsibilities of MPW (F) for the next decade
- HRH division participated in the task force committee formed by the Community Processes division, NHSRC on 'Relooking at the roles and responsibilities of MPW (F) for the next decade'

1.5: Task Force on Human Resources & Training for Comprehensive Primary Health Care
- Based on the inputs received from members of the taskforce, required revisions were made in the report. The final report was shared with all the committee members.

Deliverable 2: **Strengthen HRH recruitment process in the states**

2.1: Support States to adopt and implement initiatives to address staff shortages under NHM, including NUHM

- Support provided to the states of Uttar Pradesh and Uttarakhand in conducting recruitment under NHM
- Support provided to the states of Chhattisgarh and Himachal Pradesh in engaging nationally empanelled HR recruitment agencies.
- Supported the state of Assam in selection of committee to be engaged in recruitment process of various posts in the state.
- Prepared 'question papers' for knowledge test during recruitment of various cadre (including MOs (Allopathy), MO AYURVEDA, Pharmacist, Optometrist, etc.) for the state of Andhra Pradesh
- Revised and updated the EoI to invite applications for empanelment of HR recruitment agencies and shared it with MoHFW for approval.
- Support provided by the NE-RRC team towards timely recruitment of NHM consultants in the NE states.

Deliverable 3: **Address HRH issues under NUHM: Guidebook on enhancing performance of ANM and brochure highlighting the issues and mechanism for strengthening HRH under NUHM**

3.1: HRH under NUHM: Undertake situational analysis and develop recommendations for addressing HRH shortage
- Drafted a framework for reviewing factors influencing HRH shortages and workforce management under NUHM. State visits conducted (Karnataka, Assam, Odisha and UP).
- Different models under NUHM e.g. Health Kiosk in Punjab and MukhayaMantriShahariSwasthyaKaraykaram (MMSSK) in Chhattisgarh were reviewed (with PHA Division) and findings were shared with MoHFW.
- Prepared and disseminated a brochure highlighting the issues and mechanism for strengthening HRH under NUHM at the 4th Best Practice workshop in Indore.
- Contributed in drafting the guidebook for enhancing the performance of ANMs in urban areas.

Deliverable 4: **Guidebook on Workforce Management: Guiding principles for management of NHM workforce**

4.1: Guiding principles for NHM workforce management
- First draft of the operational manual highlighting the guiding principles for key workforce management was prepared. Comments and suggestions from states and MoHFW were incorporated. The revised draft was shared with MoHFW for approval.

4.2: Model Contract for appointment of HR and performance indicators of staff under NHM
- Model contract to streamline state HRH recruitments was developed and shared with the MoHFW
- Draft prototypes of performance indicators for key service providers were developed and shared internally for comments and suggestions

4.3: Integration between Directorate of Health Services and NHM
- Based on the terms of reference of the taskforce and the study report of five states, a note was prepared on '*Integration between Directorate of Health Services and NHM'* and shared with MoHFW.

4.4: Actively support states in the establishment of Public Health Cadre in 3 more states, if appropriate.
- Participated in core groups meetings for establishment of a Public Health Cadre in Chhattisgarh.
- Contributed to finalization of cabinet note prepared on the technical support provided to Himachal Pradesh for establishing Public Health Cadre.

Deliverable 5: **ConductTraining& Capacity Building of States**

5.1: Value based leadership training program
- Two monthly review sessions were organized at NHSRC to continue learning on Universal Human Values (UHV).
- Collaboration with the Resource team to develop a UHV unit for the Bridge Program in underway.
- A review of the module developed by the UHV team was conducted to examine its inclusion in the Bridge Course training program.

5.2: Comprehensive Integrated Training Plans for Health Functionaries rolled out in States
- Prepared comprehensive Integrated Training Plans for Counsellors and Laboratory Technicians and shared with MOHFW for approval.
- Provided technical and logistical support to TSA for conducting 'HRH boot camp' of 28 states/ UTs in two phases.

Deliverable 6: **ConductStudies and Evaluations**

6.1: Study on retention strategies of health workforce in rural areas
- Completed data analysis of all five states.
- Draft report submitted by study partners for all five states.

6.2: Study on 'ASHA to ANM' in Chhattisgarh: Challenges and Opportunities
- Report on ASHA to ANM in Chhattisgarh: Challenges and Opportunities' was finalised.

6.3: Study of Governance Structures for Nursing in select States
- Final report was printed and will be disseminated to all the relevant stakeholders in MoHFW and states.

Deliverable: 7 PIP Appraisal: HR appraisal and recommendation

7.1: Supporting states to align their proposals with the re-vamped budget sheet for FY 2018-19
- Inputs were provided to align the PIPs with accordance to the re-vamped budget sheet for FY 2018-19 for the state of: Sikkim, Mizoram, Manipur, Andhra Pradesh, Kerala, Tamil Nadu, Maharashtra, Nagaland, Assam, Himachal Pradesh, Telangana, Madhya Pradesh, Jammu & Kashmir, Bihar, Chhattisgarh, Rajasthan, Uttar Pradesh, Delhi, Haryana, Punjab, Jharkhand, West Bengal, Odisha, Uttarakhand, Gujarat, Meghalaya, Arunachal Pradesh, Dadar& Nagar Haveli and Tripura.

7.2 Support for making evidence-based decisions for the PIP
- Inputs on the issues related to HR and Program Management were provided to AS&MD and JS (Policy) for making evidence-based decisions for the state of: Sikkim, Mizoram, Manipur, Andhra Pradesh, Tamil Nadu, Kerala, Maharashtra, Assam, Nagaland, Himachal Pradesh, Madhya Pradesh, Bihar, Jammu & Kashmir and Chhattisgarh

7.3 Providing recommendations for approval of HR proposed by the states as per discussions in NPCC meetings
- Provided recommendations for approval of HR proposed by the states as per discussions in NPCC meetings for Sikkim, Manipur, Kerala, Andhra Pradesh, Tamil Nadu.

V. PUBLIC HEALTH ADMINISTRATION

Key deliverables:

1. Support to States in implementation of Maternal Death Review(MDR), Child Death Review (CDR)& Maternal Near Miss Review (MNM-R)
2. Supporting States in development of Model Health Districts, Aspirational districts and EGSA
3. Strengthening district hospitals for multi-speciality care & developing training hubs
4. Grievance redressal system and health helpline for Public Health Facilities
5. Software for supportive supervision
6. NUHM
7. Revision of IPHS norms
8. Comprehensive Primary Health Care
9. Comprehensive Lactation Management Centres (CLMC)
10. Legal Aspect of Public Health

Deliverable 1: Support to States in implementation of Maternal Death Review(MDR), Child Death Review (CDR)& Maternal Near Miss Review (MNM-R)

- Supported revision of MDR guidelines to MDSR guidelines
- Supported National and 4 regional dissemination workshops (in partnership with WHO).
- Roadmap including MDSR/ CDR prepared for 4 states. Handholding rest of the states in developing their roadmaps.
- Training plan for CDR submitted to MoHFW.

Deliverable 2: Supporting States in development of Model Health District

- Supporting 21 of states and 49 of districts(preparing action plans and follow ups.)
- 7 states: Bihar, Odisha, Maharashtra, Himachal Pradesh, UP, MP and Chattisgarh, scaled up the initiative
- 6 expert group meetings and 34 sub group meetings have been held for developing guidelines on OT, Emergency Department, HDU/ICU, CSSD/ Mechanized Laundry and Dietary Services.
- Guidelines on OT and dietary services approved by the ministry.
- Centres of excellence for MCH wings being developed at BHU, Varanasi and Elgin, Jabalpur.

Deliverable 3: Support to aspirational districts and EGSA

- Supported Bijapur, Gumla, Hazaribagh, East Singhbhum, West Singhbhum, Namsai, Aurangabad, Sonbhadra
- Conducted orientation meeting for all aspirational districts and MHD districts in UP, Maharashtra, Arunachal Pradesh, Jharkhand
- All block level officials oriented in Namsai, West Singhbhum, Gumla and Hazaribagh.

- Supported preparation of action plans in Namsai, West Singhbhum, Hazaribagh and Gumla.

Deliverable 4: Strengthening district hospitals for multi-speciality care & developing training hubs

- Guidelines developed and printed
- Handholding support being provided to 47 District Hospitals.
- DNB initiated in 43 districts in 12 states.

Deliverable 5: Grievance redressal system and health helpline for Public Health Facilities.

- Guidelines printed
- Supporting implementation of help desk and Call centres in 14 states.
- Medical Algorithm developed for health helpline.

Deliverable 6: Software for supportive supervision

- Software developed and piloted in 4 states
- Live demo presented to Health Secretary
- Recommendations being incorporated in the software before scale up.

Deliverable 7: NUHM

- Following NUHM guidelines completed, printed and disseminated
  - Orientation module on NUHM for Planners, Implementers and partners
  - Booklet on presentations for Orientation partners
  - Guidebook for ANM in urban Areas
  - Capacity development of all Stake holders under NUHM
  - Vulnerability mapping guidelines
  - Guidelines for defining UPHC services in urban areas
- Study on Health Kiosks in Punjab and Swasthya Suvidha Kendra in Chhattisgarh: Reports submitted to Ministry and States
- Monitoring visits to understand NUHM implementation conducted in 9 States. Reports disseminated to States for taking relevant corrective actions
- Conceptualizing and supporting orientation on NUHM implementation in 11 States
- Supported NIHFW and MoHFW in conducting national Workshop for initiating the Capacity development exercise under NUHM
- Capacity development of State officials on NUHM done for 5 states
- Capacity development workshop for all districts and cities conducted in Jharkhand and all 8 NE states.

Deliverable 8: Revision of IPHS norms

- First expert group meeting conducted under chairpersonship of JS (Policy).
- Services to be delivered at various levels drafted and sent for experts' comments.

Deliverable 9: Comprehensive Primary Health Care

- Organized 2 expert group meetings each and 8 sub group meetings for 4 task forces i.e. Oral health, Mental Health, Emergency Medical Services and architectural design of Health and Wellness centres.
- Developed and submitted first draft of operational guidelines on Oral health, Mental Health, Epilepsy & Dementia, Emergency Medical Services
- Layout plan for HWCs shared with NITI Aayog and PMO
- Provided legal inputs on operational guidelines for palliative care

Deliverable 10: Comprehensive Lactation Management Centres (CLMC)

- Supported MoHFW in developing the Guidelines on Comprehensive Lactation Management Centres (CLMC)
- The guidelines were printed and disseminated to all the states.
- Preliminary work on the legal framework initiated
- Various acts and rules analyzed and draft prepared to stop commercialization of Donated Human Milk (DHM) for approval of Ministry as an interim measure.

Deliverable 11: Clinical Establishments Act (CEA)

- Supported state of Jharkhand, Kerala and Tamil Nadu on CEA plan
- Till now 16 states and UTs have either adapted or adopted CEA.

Deliverable 12: Medico Legal Protocols

- The Division organised a National Consultation on Ministry's Sexual Violence Protocol and Kerala's Sexual Assault Protocol.

Deliverable 13: NDHAI/ DISHA

- Supported Ministry in revising the Draft on National Digital Health Authority of India (NDHAI) Act.

Others

- HR analysis of medical colleges in Delhi and Bihar.
- Implementation support to Bihar for RCH portal
- Study on AIIMS Transformation project for OPD.
- Organized Knowledge Partnership meeting with all AIIMS and other centres of excellence.
- Contributed and framed various GoI guidelines for health Systems Strengthening i.e.
  - National Ambulance Services,
  - Mortuary,
  - Blood Storage Units,
  - Hearse Vans,
  - Air ambulance,
  - Referral protocols for maternal health

- Supported states in developing various proposals on DH strengthening, various trainings, border district strategies, study on PPP models.
- CRM visit, Parliament questions, VIP references
- PIP proposals examined and technical comments given for all states.

VI.   PUBLIC HEALTH PLANNING

Key Deliverables

1. Review of submissions on National Health Innovation Portal and support states to undertake replication of Best Practices and Innovations presented at the National summit.
2. Strengthen and support State Health System Resource Centers (SHSRCs).
3. Facilitate Decentralized Health Planning Process in the states and appraise PIP proposals.
4. Support states for National Health Mission implementation.
5. Strengthen the role of medical colleges in the National Health mission.
6. Facilitate 11th Common Review Mission in terms of revision of TORs, stakeholder orientation, preparation and dissemination of National report, and follow-up on recommendations.
7. Undertake research studies and program evaluations as per State government(s) request/MoHFW and disseminate the findings for use by the respective States
8. Tribal Health/ Other Secretariat Function

Deliverable 1: Review of submissions on National Health Innovation Portal and support states to undertake replication of Best Practices and Innovations presented at the National summit.

1.1   Review, assessment and scoring of innovations submitted on National Healthcare Innovation Portal
- Regular update on innovations submitted on National Healthcare Innovation Portal and sharing the thematic innovations with the concerned divisions in NHSRC for further action.
- Scoring criteria has been revised and scoring completed for the 29 practices.

1.2   Organizing the dissemination workshops and state visits for identified best practices /innovations in healthcare
- Conducted one day National Workshop on Best practices and Innovation on January 9, 2018 for 14 State Government representatives, SHSRCs, Civil Society Organizations, Corporate Sector and Development Partners.
- Conducted and documented a two-day exposure visit for five states to Rajasthan to study the Health & Wellness centre model piloted by WISH foundation.

1.3   Support scaling up of identified innovations through integrated field evaluations
- Undertook PIP/ROP analysis of the last 4 years, to assess uptake of innovations
- Of the 307 innovations uploaded, 10% find place in PIP and 18 best practices were approved for four consecutive years
- Ten innovations presented at Indore selected for integrated field evaluations to be undertaken.

1.4   Organizing National Best Practice Summit.
- Facilitated and provided technical inputs to the National summit on Good and replicable practices and Innovations in Public healthcare systems held at Indore, Madhya Pradesh on July 6-8, 2017 (Oral Presentations - 46; Poster Presentations -50).
- Completed a publication titled '**Unlocking New Ideas'** which included brief descriptions of the projects presented and discussed at the Summit.
- Supporting states to identify and upload the best practices and innovations.

Deliverable 2: Strengthen existing State Health System Resource Centers (SHSRCs) and facilitate setting up of new SHSRCs.

2.1   Provide technical support to strengthen SHSRCs.
- 3 States (Rajasthan, Telangana and Tamil Nadu) have got sanctions for establishing the SHSRC at state level. Technical support has been provided to Telangana in drafting the work plan and ToR for approved human resource in making the SHSRC functional.
- Maharashtra SHSRC has been supported to expedite recruitment process and carry out preparation of health plan in district through participatory planning process.
- Review meeting with all SHSRCs held in October 11, 2017 to orient teams on new initiatives under NHM, including Primary Health Care and Universal Screening of NCDs.

Deliverable 3: Decentralized Health Planning Process and PIP Appraisals

3.1   Strengthening the process of decentralized planning at State level and below preferably in Model Health Districts selected by PHA division (Maharashtra, Karnataka, Rajasthan, UP)
- Three Year ROP Analysis of Health Action Plan process for all states
- Focus on three states to initiate DPHP - Maharashtra, Karnataka, and Rajasthan.
- Active Facilitation of capacity building and orientation of State and District level functionaries on District Health Planning (Facilitation in collaboration with SHSRC) at Pune on July 15, 2017.
- Facilitated state/ SHSRC to conduct a state-level meeting for initiating City Health Planning
- Capacity building workshops of States on decentralized planning (Maharashtra, Karnataka, Rajasthan) 2 workshops in 2017

3.2   Appraisal of State Programme Implementation Plans (PIPs).
- Provided technical inputs on PIPs of all States/UTs
- Prepared the secondary data (Approvals and expenditure) analysis for National Dialysis Program, EMRI, Untied funds, telemedicine, innovations, research grants, diagnostic.
- State wise update over last four years, along, with information on whether any such research has formed basis of any PIP proposal in subsequent years. B.14 Innovations , B.20 Research, Studies and Analysis, P.8.2 Research Studies, F1.3.h Operational Research, H.14 Research, Studies and Consultancy, 3.2.3 & M l.3.4 Baseline Endline surveys, Research Studies, O.2.7 Research and Surveillance

Deliverable 4: Support states for National Health Mission implementation.

4.1 Update on Status of NHM Implementation through Quarterly Monitoring and Supportive Supervision and feedback to the states.
- During April to September 2017, 10 program monitoring visits, including visits by NERRC, have been conducted and reports submitted.
- Follow-up letters on these visits indicating critical areas to be addressed have been sent to States from the office of AS&MD
- RRCNE Consultants were deputed as National Monitors for Mission IndraDhanush
- Intensive Diarrhea Control Fortnight (IDCF) monitoring in Manipur, Nagaland, Tripura and Meghalaya
- Monitoring activities under National De-worming Day to Assam, Manipur, Mizoram and Tripura.
- Assessment of Boat Clinic in Assam.
- Review of role of CHO as a Mid-Level Health Provider at Health and Wellness Centre.
- Assessment of High Home delivery pocket in two districts of Meghalaya and one district of Nagaland.
- Review Visit to aspirational districts of Korba, Mahasamund, Kanker of Chhattisgarh

4.2 Orientation of state NHM leadership
- Three Workshops conducted on orientation to National Health Mission programmes and schemes for newly appointed PS/MDs of the states.

4.3 Information Management System
- The new templates have been developed. Data entry on new elements is yet to start from States, hence these will be utilized after entries are received from States.
- Analysis of Key Performance Indicators for all 35 States/UTs were prepared and shared with States in June 2017
- For year 2017-18, State profile for all states will be prepared based on Survey (NFHS SRS, NSSO, RSOC, RHS), Census, HMIS and GBD data – April 2018
- Prepared User Manual to help users efficiently and effectively in tracking data from different sources like HMIS, NFHS4, DLHS, AHS SRS and Census.
- Prepared Trend Analysis for 10 years of NHM based on HMIS data

4.4 Establish DALY as a method of prioritizing program interventions- ongoing process
- State wise Analysis of GBD data completed and Health issues related to EAG states has been provide to states.

4.5 Develop Integrated health information architecture in collaboration with the Ministry
- Fact sheets of all states prepared using NFHS 4, SRS and Statistical Report (RGI) and circulated.

- Health issues arising out of NFHS 4 for High Focus States completed and circulated.
- Health issues of North eastern states – prepared and circulated

4.6   NERRC- Ranking of States based on health outcomes by NITI Aayog
- Orientation of States and co-ordination for data uploading in the NITI Aayog Health Portal
- Prepared information on 14 indicators for NE states regarding "Performance of Health Outcomes" and shared with all NE states.
- OrientedallNEstatesregardinguploadingof14 indicators in the NITI AayogHealth Portal throughSkype.
- Uploaded information on NITI Aayog health portal for all NE states

4.7   Workshop on data validation
- Conducted workshop on validation of uploaded data collaboration with NITI Aayog representative and IPE Global officials at RRC

Deliverable 5: **National Urban Health Mission (NUHM)**

5.1   Support Involvement of Medical Colleges in NUHM
- Organized Five Regional workshops on "Role of Medical Colleges to strengthen initiatives under NUHM", with participation from 101 medical colleges.
- Developed Plan of Action to implement recommendations from the National workshop (held in 2016), and a roadmap for involving medical colleges under NUHM and expanding the scope of Urban Health Training Centres to provide primary health care and serve as mentor to the state for NUHM.

Deliverable 6: Common Review Mission

6.1   CRM to be taken on annual basis with responsibility of report writing and dissemination in Oct-Dec 2017
- 11th CRM was completed in the November 3rd to 10th 2017. National report has been finalized and submitted to Ministry.
- Trend analysis of findings under the ToRs of CRM reports and recommending course correction for future CRMs April-June 2018

Deliverable 7: Studies and Evaluations: *Undertake research studies on developing priorities in NHM and Health Systems (as per request of MoHFW, State Govts)*

7.1   Evaluations undertaken
- Evaluation of the 100 Hospital initiative by Punjab Government.
- Rapid assessment of 104 medical helpline of Punjab has been completed and report is ready for submission to state.
- Gender Audit of JSY scheme
- Evaluation of impact of Long lasting insecticide nets in NE states (ongoing)
- Evaluation of Telemedicine in Tripura
- Evaluation of ChikitsaSevaAapkeDwaar- Uttarakhand, supported by HCF and CP
- Assessment of System Readiness of Health & Wellness Centres- Jharkhand

- Supported CP/CPHC team in undertaking System Readiness assessment for Population Based Screening in Gujarat, Manipur, Meghalaya, Madhya Pradesh
- Central Internal Evaluation - RNTCP- Uttarakhand
- Presented paper on Good and Replicable and Innovative practices in NUHM in the National Urban Health Conference held on Feb 2018 at IIHMR Delhi.
- Conducted Data analysis of IEC study of Arunachal Pradesh
- Undertook gap analysis and data triangulation forNE states using secondary data based on NFHS4, SRS and HMIS data to enable planning

7.2   *Conference and workshops*
- Presentation on: Information needs for Universal Health Care in PGI Chandigarh Workshop on "Designing Patient Centric Health Information Systems in Resource Constrained Settings"
- Economic evidence in the development of Standard Treatment Guidelines in India, at School of Public health at PGI Chandigarh
- Preparation for PMNCH Workshop- Shortlisting of best practices for PMNCH summit, Follow-up with the states for submission of proposals, Prepare PMNCH proposals in prescribed format and submission to ministry
- Submitted five abstracts to Health Systems Global 2018.
- Attended National consultation workshop on telemedicine
- Attended the World kidney day – panel discussion IIC
- As AITSE panel at AIIMS
- Centre for Disease Dynamics Economics &Policy at India Habitat Centre
- Deliberation on developing community engagement plan for HIV/TB/malaria
- Nutricon 2018

Deliverable 8: Tribal Health/ Other Secretariat Function

8.1   *Tribal Health Report*
- PHP serves as a Secretariat for the Task Force on Tribal Health.
- Organized Task Force meeting to finalize the Tribal Health Report
- Finalized in Dec 2017 after comments received from chairman of the Expert Group on Tribal Health. Printing of the report, before it is tabled to MoHFW.
- A sign-off meeting was held in March 2017, and the finalized report awaits clearance from the MoHFW, before the dissemination meeting.

8.2   *Support to MoHFW in developing guidelines on SDGs, Health in All Policies (HiAP), and follow up on NHP Framework of Implementation in June-December 2017*
- Develop the reporting format on follow up on NHP Framework of Implementation and submitted to MoHFW

8.3   *Taskforce for comprehensive primary Health care*
- Meeting conducted, and First draft submitted for palliative care operational guidelines

- Finalized the draft IEC matrix for operational guidelines on mental health in consultation with MoHFW and attended the workshop at NIMHANS Bangalore

- Prepared the Burns and Trauma First line draft with PHA division for operational guidelines

VII- QUALITY IMPROVEMENT

Key Deliverables

1. Scale-up of the Quality Assurance Programme by building capacity of the states for institutionalizing the programme
2. Support for Kayakalp Initiative for continuation and scale-up in the States & UTs
3. Support for 'SwachhSwasthSarvatra' initiative in the States & UTs
4. Quality Assurance Programme at Urban Health Facilities
5. Development of "Gunak" (Mobile app) for collation of Quality Scores
6. Finalization of Technical Documents
7. Development of selected Standard Treatment Guidelines (STG) and support for development of Institutional framework for STGs
8. Accreditation of NQAS trainings by International Society for Quality in Healthcare
9. Improving 'Quality of care' around birth – 'LaQshya' Initiative
10. Support for development of 'Operational Guidelines for Comprehensive Primary Healthcare'.

Deliverable 1: Scale up of Quality Assurance

1.1: To impart QA and Kayakalp trainings as per need of the states and NHM ROP approvals.
- In the previous FY (2017-18), 85 batches of trainings have been imparted across States/ UTs for supporting implementation of the National Quality Assurance Standards (NQAS).
- A pool of 3012 Internal Quality Assessors in the country have been created for assessment of health facilities on NQAS, Kayakalp&LaQshya tools.

1.2: Facilitate external assessment through training & empanelment of external assessors
- One batch of External Assessors training was conducted from 15th to 19th January 2018, and 36 participants qualified the final examination and have been empanelled. Presently pool of NQAS Assessors stands at 234.

1.3: Partnership with leading academic institutions for capacity building.
- Partnered with institutions – Developed collaborative programmes with TISS, PHFI & ASCI for training and creating a pool of Quality professionals in the States & UTs for accelerated implementation of the QA programme.
- First batch of NHSRC-TISS Health Quality Programme was successfully completed in the year 2016-17. In the next academic year (2017-18), out of 41 participants 26 participants are working in the Public Health System.
- Short-term training module (6-days) has been developed in collaboration with PHFI & AHPI. First Batch of the course has been successfully completed.
- A MOU was signed with Administrative Staff College of India Hyderabad (ASCI) for training of Hospital Managers and Medical Superintendents of those health facilities, which were performing well, but were not able to attain the NQAS certification. First batch training was held in Dec 2017. Subsequently trainings of two more batches were completed in Jan & Feb 2018.

1.4: To undertake specialized trainings

- Undertook specialized thematic training in states – Medical Records (Meghalaya), Quality Tools and Methods (West Bengal), Patient Safety, Documentation, Infection control & Biomedical waste management.

1.5: Follow up assessments (of those health facilities, which are Quality certified with conditionality)
- Conducted field visits to health facilities for implementation support
- Supported the States and Health Facilities for closure of those gaps, which were certified with conditionality.
- A total of 91 health facilities (DHs-38, SDH/CHCs – 7, PHCs-46) were Quality certified to NQAS Standards in the FY 2017-18.
- NERRC- Supportive Mentoring Visit to state level NQAS certified facilities – Ganesh Das Hospital at East Khasi Hill district, Nartiang PHC at West Jaintia Hill district and Umden PHC at Ri-Bhoi District to provide input for minimizing the identified
- Supported state of Meghalaya in conducting NQAS Assessment of DH Ganesh Das Hospital, PHC Nartiang and PHC UmdenShillong. Besides providing orientation of the QA programme, the hospital staff were trained on measurement of outcome indicators in each department. The identified gaps were shared with the Joint Director and Medical Superintended of the hospital. Also, the MD and QI Nodal Officer were briefed after the visit
- Supported NHM Tripura in conducting NQAS Assessment of SDH Belonia and DH Gomti. SDH Belonica later got NQAS Certification. Supported the assessment team in preparation of time bound gap action plan and preparation of SOP as per NQAS checklist. Major identified gaps were shared to MS and deputy MS of the hospital. Also, the MD and QI Nodal Officer were briefed after the visit.
- Supported in national certification of Belonia SDH & state certification of Gomati DH, Tripura in assessment and report preparation.
- Visited Assam, Chhattisgarh, D&N, Goa, Himachal Pradesh, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Nagaland, Odisha, Punjab, Rajasthan, Tripura & Uttar Pradesh and supported NQAS certification.

1.6: NUHM - Assessment of 80% of Urban Health Facilities in 20 States/UTs/ULBs
- Assessment of 940 U-PHCs & U-CHCs in 17 States has been completed for meeting the Disbursement linked indicators (DLI) under ADB support to NUHM

1.7: IT enabled platform for NQAS, Kayakalp&LaQshya Assessment
- **Gunak'** mobile app launched on 06th July 2017 has been updated for Kayakalp and LaQshya.

*1.8: **Publications:***
a) Standard Treatment Guidelines for 12 disease conditions were released during Kayakalp Felicitation Workshop.
b) STG development Methodology Guidebook for STG released.
c) 'LaQshya' Guidelines
d) Revised Kayakalp Guidelines.
e) Kayakalp Implementation Guidelines.
f) Kayakalp Coffee Table book.
g) SSS (Swachh, Swastha, Sarvatra) revised Guidelines.

h) Handbook on Hospital Planning (Two Volumes) under Finalization.
i) Manual on Clinical Audit under finalization.

1.9: Workshops and Conventions:

a) National Quality Convention held on 20th – 21st April 2018
b) Kayakalp Felicitation workshop in 19th April 2018

Deliverable 2: Scale-up of Kayakalp Program

2.1: Mentoring Support to DHs, SDH/CHC & PHC
- Ongoing- Training support to the states

2.2: Support for assessment of Central Govt. Institutions
- Inputs for revision of Kayakalp in r/o Central Government Health Institutions
- Supported in finalizing methods, indicators and declaration of Awards

2.3: Extension of Kayakalp to Urban Health Facilities
- Completed

2.4: Extension of 'SwachhSwasthSarvatra' to Urban Areas Dec 2017
- Draft scheme submitted to Ministry of Housing & Urban Affairs through MoHFW and their comments received. Revised scheme submitted to NUHM MoHFW

Deliverable 3: Strengthening of Laboratory Services at DH level

*3.1***:** *Finalization & Dissemination of scheme*
- Support to NACO in development of scheme for NQAS Certification of DH Laboratories.

Deliverable 4: Support for Standard Treatment Guideline (STG) taskforce

4.1: Consultation on Developing Institutional Framework for Standard Treatment Guidelines by December 2017
- STGs for 12 Disease conditions have been developed and released.

4.2: Methodology Guidebook for STG development released on 19th April 2018

Deliverable 5: Recognition by International Society for Quality in Healthcare (ISQua)

5.1: Accreditation of NQAS & training programme
- NQAS standards are accredited by International Society for Quality in Health Care (ISQua)
- Process of accreditation of Quality training has already begun
- Comments of ISQua received were addressed and submitted to IsQua.

Deliverable 6: Shift from 'Quality Assurance' to Quality Improvement

6.1 It was suggested in the last GB meeting that besides assuring about the Quality, the standards and framework should also include Quality Improvement component

- In the existing framework, there are four explicit Quality Standards pertaining to

improvement process.

- Measurement system for the Quality Standards, as applicable in Labour Room and Maternity OT has been revised by an expert group, constituted by JS (RCH). LaQshya Assessment would take place on the revised check-list.
- For revision of other check-lists, expert group are being formed.

Deliverable 7: Improving 'Quality of care' around birth – 'LaQshya' Initiative

- LaQshya Guidelines released and disseminated.
- Supported conduct of 'LaQshya Orientation Workshop' in States and UTs.

Deliverable 8: Support for developing 'Operational Guidelines for Comprehensive Primary Healthcare'.

Operational guidelines for Primary Healthcare in Eye and ENT completed and submitted.

VIII- ADMINISTRATION

1-GENERAL ADMINISTRATION AND IT

Key Deliverables

1. Expansion of Office space
2. Maintenance of Office & Infrastructure:
3. Asset management:
4. Security services through outsourced and emergency response:
5. Executing Tendering process.
6. Procurement of goods and work orders.
7. Plan for Updating Computer Hardware

Deliverable1: Expansion of Office space

1.1: Expansion of office on 1ˢᵗ floor of Existing office
- The CPWD Selected M/s Satpal Malik as L-1 by open tendering process. The progress of work is monitored by External Consultant (Infrastructure) in addition to JE/AE/EE of CPWD. The prefabrication work has completed. The vertical work has been completed with GI framework and gypsum sheet wall roofing is also completed, process of selection of interior designer is completed and AR Vishal Agarwal selected. Electrical fittings evaluated by EE CPWD.

Deliverable 2: Maintenance of Office & Infrastructure:

2.1: Housekeeping services
- The tender for housekeeping services were floated and L-1 M/s Rakshak Securitas Pvt. Ltd. were selected and have been outsourced w.e.f. 01.08.2017. 4 outsourced housekeeping staff is provided by Vendor. The office is well maintained. The housekeeping services are streamlined.

2.2: Maintenance of one DG Set & maintenance of Centralized A.C. (2 nos. AHU and A.C ducting)
- For maintenance of DG Set & Centralized A.C. (2 nos. AHU and A.C ducting) a comprehensive annual maintenance contract has been awarded and it is well maintained.

2.3: Hiring of networking printers
- One networking printer has been hired for printing and photocopying. This is well maintained and working properly

Deliverable 3: Asset management

3.1: Annual Stock for NHSRC
- Annual stock taking was done for stock check of entire office assets and recommended for disposal of obsolete assets held in NHSRC. The stock taking committee has been approved and they will start action by 01.04.2017 and completed in May 2017, concerned items auctioned then after.

Deliverable 4: Security services through outsourced and emergency response:

4.1: Security services for NHSRC April – November 2017
- M/s Mi2C security services were selected for outsourcing security arrangement. There is one guard post (consisting of three guard.) for round the clock and posted at the premises and post are maintained well.
- Fire Drill was held in the month of September 2017.
- Fire warning System serviced

Deliverable 5: Executing Tendering process

5.1: Tendering process for printing April – November 2017
- Printers were empanelled through open tendering process for printing for publications. The empanelled printer has been given the offer.

5.2: Tendering process for Design and layout for printing
- Printers for empanelling through open tendering process for Design and Layout for publications was floated in October 2017, however due to inadequate response received, it was again floated and opened on 08/12/17.

Deliverable 6: Procurement of goods and work order

6.1: Procurement of goods
- Consumable items including furniture are being purchased through market survey are purchased below Rs.2, 50,000/-. Exceeding this it is being purchased as per GFR rules from open market.

Deliverable 7: Administration matter at RRC-NE

7.1: Tendering at RRC-NE
Tendering process of the followings was completed.
- Hiring of Vehicle.
- Supply of Stationery Items
- Hiring of Security Services
- Hiring of Generator

7.2: Agreements April, 2017
Finalization of lease agreement with Assam Council of Medical Registration for rental of office premise for branch at RRCNE.

7.3: Annual Stock Taking
Annual Stock Taking was completed in May 2017. Condemnable assets worth Rs.6387/- were written off.

7.4: Fire Drill & Installation of Fire safety
- Fire Drill at RRC, NE office premise was completed during June, 2017.
- Fire alarm system had been installed during November, 2017

7.5: CCTV Camera
CCTV Camera had been installed at RRC, NE office premise in September 2017.

7.6: Insurance
Insurance of office equipment and furniture were done were done at NHSRC and RRCNE.

Deliverable 8- IT at NHSRC and RRCNE

8.1: Up gradation of Internet Service
- The up gradation of Internet Services were done by installation of 24U rack, new cables & IO ports, Load balancer, Wi-Fi extender and switches as required.
- EPABX system has been up graded for better communication system at NHSRC.
- Various portals have been upgraded and newly developed as;

  o NICSI empanelled agency has been shortlisted with the help of NICSI and NIC.
  o NHSRC Website developed and security audited application hosted to NIC cloud server (Shifted from Private cloud to government cloud servers) and its Domain registration is under process (till the time old domain name is being used)
  o HRMIS application has been developed and its security audit has been completed and Hosted on M/s RailTel Corporation of India's Data Centre.
  o QI web Portal has been developed and security audit has been completed and it is launched.
  o Gunak (QI application) a mobile application has been developed and Hosted on M/s RailTel Corporation of India Data Centre.

8.2: Renewal of IT Services
- Tally software was duly renewed.
- CAMC contract awarded to new service provider
- Antivirus services renewed
- Firewall license renewed
- Internet services renewed
- Exchange mail services renewed
- E-office created in the name of ED NHSRC for implementing file tracking and logging.
- Systems (Desktops/Laptops) upgradation under process

8.3: Maintenance of RRC, NE Website
- RRC-NE website now migrated to Hyderabad NIC cloud with the help of IT Manager RRC-NE.

2   HUMAN RESOURCE (HR)

Deliverable1. Recruitment & Selection:
- HR Section has ssuccessfully filled 74 vacancies in MOHFW (56), NHSRC (16) & RRC-NE (02) and the recruitment is underway for 35 Vacancies for MOHFW (24), NHSRC (09) & RRC-NE (02).
- Successfully completed Campus Recruitment process for NHSRC.
- Induction sessions of new joiners & Training of Administrative staff have been undertaken.

Deliverable2. Performance Management:
- Mid-Year Review & Annual Performance Appraisal Exercise at NHSRC & RRC-NE have been successfully conducted.

Deliverable3. Contract Management:
- HR Section has been managing the contracts of 200+ Personnel working in MOHFW, NHSRC & RRC-NE.

Deliverable4. RTI Management:
- Several RTI replies has been sent in Stipulated time.

Deliverable5. Submission of Reports:
- Reports and correspondences have been submitted to MoHFW in stipulated time frame.
- Data have been submitted to MoHFW as and when required, for onward submission to Ministry of Finance and PMO.

Deliverable6. HRMIS
- Supervision and analysis of step by step development of HRMIS

NERRC

Deliverable1. Manpower Position
1.1 Total sanctioned positions: 36
Technical (in position) : 20 (3 released on 31st March'18)
Admin (in position)   : 07
Vacant   : 9 (3 more vacant on their release on 31st March'18) (out of this, recruitment process of 1 position(Sr. Consultant-PH) is in process) *-As on 31st March'18*

Deliverable 2. Recruitment
2.1 Recruitment of Senior Consultant-Public Health and Consultant- HRH completed. The interview was conducted on 20th Dec'17 and note sheet of selection sent to NHSRC, Delhi office for final approval. However, the selected candidate of the Sr. Consultant-PH didn't join. Consultant-HRH joined in February'18. The position of Consultant-QI was re advertised . *- April'17 to December'17*
2.2 Recruitment for the position of Consultant-QI started and interview conducted on 30th January'18 *- January'18*

2.3 New Consultant-HRH joined on 22ⁿᵈ Feb'18 and orientation given to her accordingly. - *February'18*

2.4 New Consultant-QI joined on 1ˢᵗ March'18 and orientation given accordingly. - *March'18*

Deliverable 3. Attendance

3.1 Attendance of RRC, NE is being maintained through Bio Matric System. At present the status of timely presence in office is more than 98%. Attendance of State Consultants is being reviewed through the monthly Activity Sheets submitted by them. - *April'17 to March'18*

Deliverable 4. Leave Record

4.1 Leave Records are maintained as per NHSRC guidelines. - *April'17 to March'18*

3 ACCOUNTS

Key Deliverables

1. Annual Audit of accounts
   - Audit of annual accounts & statement submission to the Chairperson and members of GB.
   - Filing of Income Tax for the Assessment year 2017-18
   - Submission of Annual Report/Audited Accounts of NHSRC to COPLOT
2. Annual Budget
3. Support to AGCA, NPMU
4. Refund of unspent funds, received from NHM Jharkhand for recruitment expenses
5. Statutory compliances
6. Grant in Aid
7. Others

Deliverable1: Annual audit of accounts

1.*1: Audit of annual accounts & statement submission to the Chairperson and members of the GB and concerned divisions of MoHFW- June-2017*
   - Accounts for the financial year 2016-17 were audited. The accounts of RRC NE for the financial year 2016-17 were incorporated into NHSRC's accounts based on the audited accounts statement of RRC NE. The consolidated audited accounts statement along with Utilization Certificate was submitted to the Governing Body in its meeting held on 04th July 2017.

1.2: Filing of Income Tax return for the Assessment year 2017-18 Oct-2017
   - Filing of Income Tax return for the assessment year 2017-18 has been completed.

1.3: Submission of Annual Report/ Audited Accounts of NHSRC to COPLOT Oct-2017
   - The Audited statement of accounts for the financial year 2016-17 is submitted to MoHFW for laying on table of both the Houses of Parliament.

Deliverable 2: Annual Budget

2.1: Preparation of Annual Budget for FY 2017-18 May-2017
   - Budget estimate for the financial year 2017-18 was produced before the 13th GB on 04th July 2017. The budget was approved by GB.

2.2: Review of Utilization pattern vs program budget Every Quarter
   - Quarterly utilization pattern provided to all program divisions in comparison of budget vs actual. Submitted for all four quarters of FY 2017-18.

- As a ready reference: Provisional SOE: Total Expenditure incurred Rs. 35.50 crores as on 31st March: out of which Rs. 23.70 crores for NHSRC and Rs. 11.80 crores for NPMU, RBSK and AGCA activities.

Deliverable 3: Support to AGCA, NPMU

3.1: AGCA funding support Every Quarter
- As per directions of MoHFW, funding support provided by NHSRC to Population Foundation of India, B-28, Qutab Institutional Area, New Delhi for undertaking activities for Community Action for Health to be carried out by AGCA. Earmark funds provided by MoHFW for this activity.
- AGCA Account records for Ist quarter from April to June 17 for F.Y. 2017-18 were reconciled and release the amount to AGCA after approval received from MoHFW
- AGCA Account records for IInd quarter from July to September 17 for F.Y. 2017-18 were reconciled and release the amount to AGCA after approval received from MoHFW.
- AGCA Account records for IIIrd quarter from October to December 17 for F.Y. 2017-18 were received and after reconciliation send to MoHFW for final vetting. Once received from MoHFW we will release the same.

3.2: NPMU support Monthly
- Expenditure and administrative support is being provided to the consultants working under various programs i.e. NPMU, RCH, RSBY, RBSK, etc., towards their monthly fee, travel and other related cost. For this additional fund requirement NHSRC present the same in EC which was held on 09.01.2018, over and above the NHSRC budget.

Deliverable 4: Refund of unspent funds received from NHM Jharkhand for recruitment expenses – As requested by JRHMS

- Sum of Rs 103.00 lakhs was received from Jharkhand Rural Health Mission Society (JRHMS) for the expenses on recruitment of various positions for the NHM state. The balance amount is to be refunded to JRHMS when requested.
- The 1st phase of recruitment has been completed. As now no further work is scheduled therefore they request to return the unspent balance. We have initiated the process for refund of JRHM unspent amount after submission of final SOE and approvals. Now NHSRC has refunded the unspent fund to JRHM.

Deliverable 5: Statutory compliances

5.1: Quarterly TDS return Every Quarter
- Quarterly TDS return for 1st Qtr. (April-17 to June-17), 2nd Qtr. (July-17 to Sep-17) and 3rdQtr (Oct-17 to Dec-17) has been filed periodically.

Deliverable 6: Funds

6.1: Grants in Aid Follow-up Periodically Recurring

- The approved budget for NHSRC is Rs. 33.67 crores and tentative budget for additional supportive projects is Rs. 14.84 crores. Total budget Rs. 48.51 crores, for NHSRC annual expenditure and the consultants working under various divisions of MOH&FW and channelizing funds for AGCA respectively.
- GIA of Rs. 75.00 lakh for National Knowledge Platform (NKP) is approved and release order has been issued from MoHFW, however after continuous follow up NHSRC got the same.

Deliverable 7: Others

7.1: Audit replies to IAHQ Ongoing
- Audit replies on tabular form and submitted to MoHFW on 16th June 2017. (Internal Audit conducted by IAHQ, MoHFW from 24-08-15 to 02-09-15)
- After taking various approvals in 13th GB, also submitted an update to support the audit replies as current procedural status.
- Copy of NHSRC Bye laws, rules and inception papers has been submitted to IAHQ in Nov-17, as required in discussion with Accounts officer.
- Same was submitted by IAHQ division to DCA.

7.2: PFMS Implementation Ongoing
- As per the PFMS requirement, registered all staff in PFMS as vendor for process of their monthly fee and administrative cost.
- Requested MoHFW for PFMS training of remaining two accounts personnel.
- Implemented partial PFMS as parallel run.
- NIL cash transactions from April-2017 onward.

7.3 Statutory Audit for the FY 2017-18- Ongoing

- New Chartered Accountant firm M/s Bansal Agarwal and Co has been appointed as statutory auditor for the FY 2017-18.
- An introduction briefing meeting was conducted with the new appointed auditor to explain about the organization working system.
- M/s Bansal Agarwal and Co has been completed the audit till April to Dec-2017.

7.4 Infrastructure (Construction of semi-permanent structure on first floor) - Ongoing
- Total approved budget was 208.6 lakh, however till now NHSRC has been spent Rs. 80.64 lakh in FY 2017-18 (Rs. 77.00 lakh were spent in FY 2016-17)
- Balance of budget will be paid to CPWD and Internal renovation, wiring and Furniture & Fixtures.

NERRC

Deliverable 1. Statutory Audit

1.1 The statutory Audit of RRC, NE was completed by M/S SASD & Co. Chartered Accountants and the Audit Report was duly submitted to NHSRC, Delhi. - *May, 2017*

Deliverable2. Internal Audit

2.1 The Internal Audit of RRC, NE was done by NHSRC during June'17 and the internal audit of NHSRC, Delhi was done by RRC, NE during July'17 and subsequently reports shared. *- June'17 and July'17*

Deliverable3.   New travel claim formats

3.1 The new travel claims formats as shared by NHSRC, Delhi office was implemented at RRC, NE. *- September,2017*

Deliverable4.   Submission of expense statement

4.1   Statement of expenditure of RRC, NE is being shared with NHSRC on monthly basis and fund requests are being made accordingly. *- April'17 to March'18*

Deliverable5.   Preparation of budget of programmatic activities

5.1 Regularly prepared budget of various activities undertaken by the programme divisions of RRC, NE.- *April'17 to March'18*

Deliverable6.   Audit of studies and other activities

6.1 The spot check of UNICEF related activities was done on 21st December'17. The audit of the expense of the study IEC/BCC Assessment of Arunachal Pradesh also completed on 21st December'17.   *- December'17.*