



NHSRC provides technical support to the Ministry of Health & Family Welfare, Government of India, on policy issues and development of strategy, through assistance and capacity building to states.

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE

WORK REPORT 2020-21

Including report of RRC-NE



**Work Report of**  
**National Health Systems Resource Centre (NHSRC)**

**FY 2020-21**

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**National Health Systems Resource Centre (NHSRC)**  
**Annual work report 2020-21**

**Progress of work of the National Health Systems Resource Centre (NHSRC), New Delhi for the financial year 2020-21.**

The National Health Systems Resource Centre (NHSRC) was registered on 8<sup>th</sup> December, 2006 as an autonomous society under the Societies Registration Act XXI of 1860. It is mandated to provide technical support to the Ministry of Health & Family Welfare, Government of India on policy issues and development of strategy, through technical assistance and capacity building to States. NHSRC functions under the guidance of a Governing Board headed by the Secretary, Ministry of Health & Family Welfare, Government of India and an Executive Committee headed by the Additional Secretary & Mission Director, National Health Mission.

NHSRC carries out its activities through seven divisions, namely, Community Processes-Comprehensive Primary Health Care, Health Care Financing, Health Care Technology, Human Resources for Health/ Health Policy and Integrated Planning, Knowledge Management Division, Public Health Administration, and Quality Improvement. NHSRC also has a Regional Resource Centre (RRC NE) at Guwahati for providing technical support to States in North East. RRC NE replicates NHSRC organogram and divisions, and works in sync for all domains focussing on NE states.

In FY 2020-21, in addition to the routine activities the organization was also actively involved in supporting the COVID related activities through its divisions including RRC-NE, spanning developing guidance notes/guidelines/advisories, IEC material, building capacities of health care providers including frontline workers and supporting states through ECRP proposals and providing them need-based support. Several activities were undertaken by the organization both at central and NE level which led to development and approval of various guidelines to enable strengthening of health systems during the pandemic. The organization was also involved in drafting the concept note, guidance and EFC notes for NHM extension, PM ASBY budget announcement for health and FC-XV recommendation for health sector.

Listed below is a brief review of the activities and achievements of each of the divisions:

**I. Community Processes-Comprehensive Primary Health Care (CP CPHC):**

The division provides policy and programmatic support to the Community Processes and Comprehensive Primary Health Care interventions under the National Health Mission - including ASHA programme, Health and Wellness Centres, Village Health Sanitation and Nutrition Committees/Mahila Arogya Samitis, supporting capacity building of Primary Health Care team, developing IT tools to support training and mentoring of primary health care teams, and supporting use of community participation platforms for action on social and environmental determinants of health and to build accountability with focus on HWCs.

The Division supports the policy development of new incentives for the ASHA, rolling out of Comprehensive Primary Health Care through operationalizing Health and Wellness Centres

(HWC), and enables programmatic modifications based on field visits and assessments. The Division partners with the National Institute of Open Schooling for certification of ASHA, IGNOU for Certificate Programme on Community Health (for Community Health Officers), and with NGOs for undertaking training of ASHAs and VHSNC/MAS. The division serves as the Secretariat for the National ASHA Mentoring Group, and is the lead for the strategy and guideline development for Health and Wellness Centres.

The Community Processes/Comprehensive Primary Health Care division has pivotal and crucial role in rolling out of CPHC through operationalization of the HWCs.

**Key achievements of the division are as follows -**

**1. Policy and Advocacy Support:**

The Community Processes and Comprehensive Primary Health Care (CPHC) Division supported the operationalization of 74,947 Health and Wellness Centres in FY 2020-21 against the target of 70,000. This included the development of Operational Guidelines under CPHC, supporting roll out of Certificate Programme in Community Health (CPCH), facilitating operationalization of HWCs across states, functioning through online portal for HWC for planning and monitoring the progress of HWCs and follow up with states for regular updates.

The division prepared proposals for provision of maternity support to ASHAs and ASHA facilitators, which is under consideration.

Several other activities planned for CP and CPHC roll out could not be undertaken given the ongoing pandemic situation in FY 2020-21.

**2. Capacity Building:**

**2.1 Training**

- Centre of Excellence identified for training of medical officers on expanded range of services under CPHC. National trainer pool created under CPHC to train Medical officers.
- National and state trainers pool created for expanded range of services under CPHC i.e., Oral care, Eye care, ENT care, Mental Neurological and substance use, Elderly and Palliative care and Emergency care. 25 national and 92 state trainers trained for MNS, Elderly and Palliative care; 23 national and 123 state trainers trained for oral, eye, ENT and emergency care services.
- Expansion of state trainer pool in states of AP and Bihar; and also, district trainer pool strengthened in Bihar for ASHA trainings.
- State specific support given to states for trainings of ASHA/ASHA facilitators
- Training of ASHAs in Round 4 completed for 44% ASHAs across states. The trainings were also affected due to COVID 19 restrictions.
- 4.5 lakh ASHAs and 1.36 lakh MPWs trained so far on NCDs under CPHC.
- Support provided to states for selection and enrolment of candidates for Certificate course on Community Health (CPCH). 7649 candidates enrolled for January batch 2020, a son March 2021.
- Strategy for induction training for CHO revised to expand and include all service packages under CPHC.

- 40 national trainers and 320 state trainers trained on Eat Right toolkit in coordination with FSSAI and VHAI.

## **2.2 Development of Guidelines and training modules**

- Operational Guidelines for expanded range of services developed and launched during the UHC day on 12 December 2020.
- Guidelines developed for Jan Arogya Samitis (JAS).
- Training modules developed for the HWC team for MNS care and Palliative care.
- Training modules developed for CHOs on first seven service packages under CPHC including Jan Arogya Samitis (JAS).
- Training modules drafted for the HWC team on Oral care, Eye care, ENT care, Elderly care and emergency care.
- Guidance note developed to support state in selection of candidates for recruitment of BSc Nursing candidates directly as CHOs.

## **3. ASHA Certification**

- A no cost extension granted to NIOS, followed by revision in the certification strategy.
- 35 training sites at state and 111 training sites at district level accredited so far.
- 232 state trainers and 830 district trainers trained under ASHA certification.
- 24,073 ASHAs and ASHA facilitators certified so far. 10,934 ASHA/AF across 12 states appeared for the examination held in February 2021.

## **4. Community based platforms**

- JAS guidelines released in December 2020 and 30 national trainers trained on JAS.
- First draft of Rogi Kalyan Samitis (RKS) for secondary level facilities drafted.

## **5. Support structures**

- Creation of a mentoring mechanism for CHOs and MOs in underway. A pilot project has been initiated as a collaborative effort between NHSRC, CMC Vellore and BMGF.

## **6. Research and Evaluation**

- Ongoing work with 4 Innovation and Learning centres (ILC) i.e., AIIMS Delhi, PGI-Punjab, CAM Dahod and Karuna trust- Karnataka.
- A proposal for phone survey for primary health care teams was drafted and is under process.
- HWC assessment was undertaken in eighteen states as a collaborative effort between MoHFW, NHSRC, GRAAM and NISHTHA-Jhpiego.

## **7. Technical Assistance, Monitoring and supportive supervision**

- Meeting for National ASHA Mentoring Group (NAMG) was conducted in July 2020.

- National consultation workshop for CP nodal officers was conducted in November 2020.
- National CPHC advisory group is being constituted.
- Given the ongoing pandemic situation, the supportive supervision visits could not be undertaken in FY 2020-21.

## **8. CPHC IT support**

- The training modules for expanded range of services are being converted into e-content under IGOT platform by an empanelled agency as per the authorization by the MoHFW.
- HWC application developed and launched in July 2020 with an objective to ease the data entry process for facility users. The user manual for HWC application developed, and a virtual training workshop conducted for all state nodal officers.
- HWC portal reports redesigned to support states and centre for better utilization and monitoring the performance of states/UT against set targets.
- Quarterly ranking of states/UT revised based on the conditionality framework and made functional on the portal.
- A module developed for performance linked payments in the CPHC NCD application and is being piloted.
- Content designed for the ASHA application to include service packages under CPHC.

## **9. Others**

- NHSRC worked with MSL teams for posting media and social posts on AB-HWCs across social media platforms.
- Integrative health system being formulated and a draft report on recommendations was submitted to the Ministry.
- A concept note drafted on social accountability.
- COVID 19 related advisories, Training material and IEC material was prepared with a focus on community, ASHAs and HWC team members.
- HWC compendium was prepared highlighting the progress of states in operationalization of Health and Wellness Centres.

## **II. HEALTH CARE FINANCING**

The division is the secretariat for the National Health Accounts and supports the Ministry of Health and Family Welfare and states to build evidence and provide policy guidance for pooling, allocating funds to provide/ purchase healthcare services with the objective to achieve fiscal space, fairness in financing, financial protection and efficiency in use of resources.

Key achievements of the division are as follows -

### **1. National Health Accounts (NHA)**

The data collection analysis for the NHA Estimates for India FY 2017-was completed, and the report is under progress.

## **2. Research and Study**

- A mapping exercise of existing PPP models of health care services delivery under NHM has been undertaken. The draft report has been prepared.
- State wise reports have been prepared on access and utilization of health care services using the NSSO data from three rounds of year 2004, 2014 and 2017-18. The initial analysis has been completed.
- Benefit Incidence Analysis using NHA 2017-18 and NSSO 2017-18 data has been undertaken, and initial draft report has been prepared.

## **III. HEALTH CARE TECHNOLOGY**

Division of Healthcare Technology provides technical assistance in health technology support and technology policy interface. It is globally the fourth and South East Asia's only WHO Collaborating Centre for Priority Medical Devices & Health Technology Policy.

**Key achievements of the division are as follows -**

### **1. Technical Documents for Strategic Procurement:**

- Drafted technical specifications for laboratory and blood bank equipment as per NHM guidance document for implementing Free Diagnostic Lab Services.
- A concept note prepared for STEMI programme at divisional hospital level, on the lines of PMNDP.
- A Memorandum of Understanding (MoU) signed with SHAKTI foundation to undertake a study on advancing decentralized renewable energy (DRE) and energy efficiency solutions in public health care. The study is under process as few activities got affected due to COVID 19 restrictions.
- A document is being prepared on updated costing of medical equipment with recent cost estimates.

### **2. Biomedical Equipment Maintenance and Management Program (BMMP)**

- A virtual dissemination workshop was held with states/UT in September 2020 on BMMP technical guidance document.
- A Central dashboard is being prepared in collaboration with CDAC to enable systems to track real time data of medical equipment maintenance and calibration status up to the district level.
- The field evaluation of the program could not be undertaken due to COVID 19 restrictions.

### **3. Free Diagnostics Services Initiative**

- Technical support provided to states/UT for financial outlay, implementation planning of laboratory services as per revised guidelines.
- State of Maharashtra was supported to roll out FDI CT scan services and tele radiology.
- A study was undertaken on hub and spoke models operating at the UPHC level in Telangana and final report is in process of submission.



#### **4. Pradhan Mantri National Dialysis Program**

- PMNDP has been rolled out in 35 states/UTs in 510 districts at 920 centres by deploying 5956 hemo-dialysis machines. More than 9.4 lakh patients availed dialysis services and 94.39 lakh hemo-dialysis sessions were reported across the states/UT.
- Eighteen states have implemented the programme in all Aspirational districts so far. This makes dialysis services available across 76 Aspirational districts in the country.
- The division is facilitating the programme across remaining districts, and supporting its roll out.
- The guidelines for inclusion of peritoneal dialysis under PMNDP has been published and disseminated to states/UTs.
- Guidelines for dialysis during COVID 19 was prepared and shared with states/UT for compliance.

#### **5. Medical Oxygen supply support during COVID 19**

- A guidance note was prepared regarding oxygen supply to facilities and individual patients in COVID infested environment.
- A guidance document prepared for pulse oximeters focusing on technical specifications, cost and effective usage.
- Availability of medical oxygen was facilitated in collaboration with DPIIT.
- Provided technical inputs and worked in collaboration with CMSS for finalizing the technical specifications of PSA plants and tender document formulation.
- Assisted states /UT in oxygen related issues while working as a part of Central Oxygen Control Room in MoHFW.

#### **6. Other Technology intensive Programs; and Uptake of Product innovation and Health Technology Assessment (HTA)**

- A draft financial outlay prepared for ambulances and Mobile medical units.
- The division undertook rapid assessment of 24 innovations submitted on NHInP.

#### **7. Supporting Inter-departmental/ Inter ministerial technical activities related to medical devices.**

- The division as a technical partner, continues to support Indian Pharmacopeia Commission (IPC) for the Materiovigilance Programme of India.
- The division continues to support Central Drug Standard Control organization (CDSCO), Bureau of Indian Standards (BIS), Quality Council of India (QCI), National Pharmaceutical Pricing Authority (NPPA), and Department of Pharmaceutical (DoP) in matters related to medical devices as and when required.

#### **8. Atomic Energy Regulatory Board (AERB) compliance in public health facilities**

- The division undertook implementation of program in Rajasthan; and also supported the

programme through ongoing monitoring and regular follow up as a routine activity.

#### **9. Collaborating with WHO in activities related to health technology management in public health**

- The division provided technical inputs to WHO on developing questionnaire for capacity building of states under FDI.

### **IV. HUMAN RESOURCES FOR HEALTH/HEALTH POLICY AND INTEGRATED PLANNING**

The division supports Ministry of Health& Family Welfare in Policy and Strategy Development on issues concerning human resources for health. It conducts research studies and develop guidance documents pertaining to Human Resource for health. The division also supports states/UT for recruitment and retention related activities for HRH. The division also plays pivotal role in PIP simplification process and its monitoring.

Key achievements of the division are as follows -

#### **1. Planning support and advocacy:**

- Division undertook the HR analysis for states/UT for FY 2021-22 and inputs were provided to MoHFW on HR and Programme Management unit (PMU) related issues for making evidence-based decisions.
- Division supported in revision of PIP budget sheets for FY 2021-22 which was submitted to MoHFW for finalization.
- Division undertook an assessment of PMU and its role in MP, for which the data collection was completed. The study was affected due to COVID 19 restrictions. Similar study is also being undertaken in Gujarat through online/telephonic survey.
- Division has undertaken final assessment of Key conditionalities of FY 2019-20 and shared with MoHFW. A mid term assessment for FY 2020-21 was conducted and shared with states. A revised framework for FY 2021-22 has been developed and shared with states/UT.

#### **2. Providing technical assistance in HRH:**

- NHM HRH guidelines were prepared and approved by MoHFW.
- A microsite is being created, for which an agency has been identified and is in process of developing SRS document.
- Division conducts a follow up activity on recruitment of positions under NHM on a regular basis.
- A study was undertaken in Haryana to assess the HR rationalization through HMIS/HRIS, and draft report is underway.
- HR infographics for 2020 have been prepared and publication is under process.

#### **3. Research and Assessments:**

- Division has completed a study on recruitments done by empaneled HR agencies in Uttar Pradesh. Based on the findings, an SOP is being prepared by the division.
- WISN study is being undertaken in Chandigarh, Meghalaya and Kerala. A ToT on methodology has been completed, followed by formation of expert groups and sharing of strategy plans. The service standards once finalized, the data collection will be initiated for States/UTs.
- A study on performance management system of better performing states and comparison with EAG states was undertaken, finalization of report is underway.
- A study on range and quality of services being provided by ANMs and Staff nurses in UPHCs was conducted in 11 districts across 5 states, the report submitted is under review.
- A study on HRH turnover in metros and tier I cities was undertaken in 11 districts across 5 states, the report submitted is under review.

#### **4. Capacity Building:**

- Division organized a three-day training for PRCs on recent changes in policies and programmes under NHM and PIP monitoring.
- Some of the trainings planned were affected due to COVID restrictions.

#### **5. Partnerships:**

- Division is preparing orientation modules and avenues of partnerships are being explored.

#### **6. Other technical support:**

- Division supports states/UT on developing ToRs, HR rationalization and planning, as and when required.
- Division supported the assessment of Institutional Arrangements and Human Resources in NTEP, for which a report on secondary review was prepared and shared with the concerned division.
- Division prepared a note on specialist cadre and shared with MoHFW.
- Division developed and submitted policy briefs/assessments/report on
  - Availability of HRH for UHC in INDIA
  - “Who manages Health workforce in states of India: Profile, knowledge and perception of the team”
  - A case study on ANMs and its effect on related MCH indicators in India
  - Lessons learnt during WISN implementation for CPHC from India, South Africa and Peru.

## **V. KNOWLEDGE MANAGEMENT DIVISION (KMD)**

As a part of internal restructuring process of NHSRC, KMD was proposed and approved during sixteenth Governing Body meeting in July 2020. While the division focusses on knowledge management and is working as a hub within NHSRC for research activities, it also continues to

undertake thematic areas from erstwhile PHP Division. The division also serves as a hub within NHRDC for coordinating and supporting National Urban Health Mission (NUHM) related activities. The division provides technical support to the National Health Mission by supporting States for research and evaluations, conducting Common Review Mission and coming out with national report, setting up and capacity building of State Health Systems Resource Centres (SHSRCs), managing the National Health Innovation Portal and selecting and documenting good and replicable practices in public health care systems in India, and generating evidences to inform policy and strategies at state/national level for strengthening health systems. The division also serves as secretariat to Implementation Research for Health Systems Strengthening (IR HSS) platform (erstwhile National Knowledge Platform) under NHM.

**Key achievements of the division are as follows -**

**1. IR HSS under NHM**

- The institutional structures for National Knowledge Platform were revised and renamed as IR HSS platform to provide technical support to states/ UT in undertaking implementation research funded under NHM.
- Six regional workshops held on priority setting for IR HSS, and a list of research questions were identified in consultation with states and technical experts. The identified research questions were further revised and finalized by NHM-IR committee under the chairmanship of AS&MD, NHM.
- The list of research topics were circulated for putting up a call for inviting expressions of interest from research organizations and institutions.

**2. Research and Evaluations**

- A study was undertaken by AIIMS, New Delhi on comparative assessment of various models of Mobile Medical Units in three states. The report has been prepared and finalized as a collaborative effort between AIIMS and KMD.
- In collaboration with PGI Chandigarh, an assessment has been undertaken for Out-of-Pocket Expenditure on medicines in three states. The report has been finalized and a paper is being drafted as a collaborative effort between PGI and KMD.
- In collaboration with AIIMS Bibinagar, an evaluation is being undertaken to assess colocation of AYUSH services at Primary Health Centre.
- In collaboration with AIIMS New Delhi, a study is being undertaken on understanding role of ASHAs in clinical decision support system in Punjab.
- In collaboration with IIT Kanpur, an evaluation is underway for Pradhan Mantri Ujjwala Yojana in six states of India.
- HWC assessment was undertaken in eighteen states in collaboration with AIIMS Delhi, GRAAM and Jhpiego.
- An assessment was done for delivery and access to essential services during COVID 19 across 21 states of India, through phone survey.
- Technical inputs provided to states of Odisha, UP and MP for research studies approved in annual budget plan for FY 2020-21.

### **3. Division as hub within NHSRC for NUHM -**

- Division worked with MoHFW and ADB teams for finalizing the design and monitoring framework and DLI matrix and verification protocols for the ADB's project of supporting CPHC in urban areas.
- Division prepared an analysis of Safe Cities Index 2019 and submitted to Stats division for further action.

### **4. Common Review Mission-**

- Division finalized and submitted the report of thirteenth CRM in collaboration with other divisions of NHSRC.
- Due to ongoing pandemic, fourteenth CRM could not be conducted given ongoing COVID 19 restrictions.

### **5. National Health Innovation Portal and Best Practices and Innovations National summit.**

- Regular assessment and scoring of innovations submitted on National Healthcare Innovation Portal
- The seventh National summit on Good and replicable practices and Innovations in Public healthcare systems was undertaken on a virtual mode in forms of webinar between December 2020 and February 2021.

### **6. Conduct Secondary analysis of data from large scale surveys**

- Division submitted an analysis of NFHS 5 fact sheets for NCDs and associated risk factors to prepare state advisories for action.
- Division prepared state wise sheets on the secondary analysis done for demographic, and health related indicators from latest available data sources for HWC compendium released during UHC day on 12 December 2020.

### **7. COVID related activities**

- A repository for COVID 19 was created on National Health Care Innovation Portal. It also served as a platform for state/UT to share guidelines, SOPs, advisory notes and best practices related to COVID 19.
- Division prepared a documentation capturing the MoHFW response to COVID 19. The book titled "Chasing the virus" is the first volume and the document covers the response spanning the period between January 2020 and November 2020.
- Division prepared guidelines to ensure delivery of essential non-COVID related services across the public health facilities.
- Division also prepared Operational Guidelines for COVID management at PHC and CHC in collaboration with divisions within NHSRC.

### **8. Support SHSRC**

- Division was involved in supporting SHSRC for research related activities and other technical support as and when required.
- The division also prepared an EPC note for revising the financial allocations for SHSRCs, which was approved by EPC and is pending for approval by MSG.

## **9. Other activities**

- Division was involved in providing technical inputs to the concept note and EFC note for PM-ASBY and FC-XV recommendations for health sector.
- Division provided technical inputs and prepared the concept note and EFC note for NHM extension.
- Division developed Operational Guidelines for ensuring health care service delivery to Migrants. The guidelines were submitted to MoHFW.
- Division worked with NIHFW to develop and finalize course curriculum for MPHWS -Male.

## **VI. PUBLIC HEALTH ADMINISTRATION**

The division provides support to National Health Mission in matters of governance and implementation at the State and District levels, Legal Framework for Healthcare, strengthening district hospitals and supporting states for Model Health Districts and capacity building of Administrators. The division also support states in implementation of various maternal and child health related services.

The division is playing a pivotal role in developing the revised Indian Public Health Standards 2021 and the guidance for Public Health Management Cadre and its implementation across states/UT.

The division also supports CPHC implementation through developing the operational guidelines for expanded range of services including the HWC infrastructure guidelines.

### **Key Achievements of the division are as follows -**

#### **1. Secondary Care strengthening:**

- Division conducted a state level orientation on District Hospital Strengthening for NE states. In continuation, prospective plans were approved by the state cabinet for Bihar. Under DH strengthening several states including UP, Jharkhand, Odisha, Uttarakhand, Chhattisgarh and Maharashtra were supporting during the FY 2020-21. Technical support was provided to DH in Varanasi which were later inaugurated by Honourable Prime Minister.
- A state wise estimate was prepared for the DNB course across DH, to scale up the initiative. The estimates were also recommended by FV-XV as part of Sectoral grant to health.
- The division was also actively involved for strengthening of Family Medicine programme across secondary level facilities.
- The division supported MoHFW in creation of Centres of Excellence for maternal and child health care.

- Virtual workshops were organized for relevant stakeholders on MCH wings layout. This included participation of doctors, engineers, nodal officers and Mission directors across states.
- Surakshit Matritava Aashwasan (SUMAN) initiative was launched in 2019; the division supported the development of the guidance note, designing the logo and a brochure on the salient features of the scheme.
- The division is supporting the Maternal Health division in MoHFW in revising the EmOC and LSAS curriculums and improving certification process to ensure availability of qualified skilled personnel at functional FRUs.
- The division is involved in drafting and developing guidelines for secondary care spanning OTs, HDU/ICU, Central Sterile Services Department and Dietary services.

## **2. Guideline development-**

- Division developed Comprehensive Operational Guidelines and supportive training tools for EmOC and LSAS courses
- Division developed five guidelines of District Hospital strengthening - Operation Theatre, Emergency Services, High Dependency Unit/ Intensive Care Unit, Central Sterile Services Department, and Dietary Services.
- Division is also working on revised IPHS guidelines, the process is underway.
- Division supported in drafting the National guidelines on Aspirational District.
- Grievance redressal system guidelines and health helpline for Public Health Facilities developed.
- Supported MoHFW in developing the Guidelines on Comprehensive Lactation Management Centres (CLMC), published and disseminated to all the states.
- Guidelines for organizing Urban Primary Health Centre Services were developed, and Technical support provided to Ministry on guidelines to involve Medical Colleges in NUHM and guidance on inter-sectoral convergence).
- Division is a member of the National Committee to draft comprehensive guidelines on 'Strengthening Health Systems Response to Gender Based Violence' and is providing support in framing the guidelines
- The division provided support to DGHS and MoHFW in drafting of National Oral Health Policy, developed a draft guideline on Early Childhood Care, and also supported the Ministry on drafting Guidelines on Blood Storage Units

## **3. Revision of Indian Public Health Standards (IPHS)**

- The Division coordinated the revision of IPHS guidelines which was undertaken meticulously to encompass all important criterion across different levels of care. The revised IPHS also includes components of Urban health care facilities.
- The division is also working for strengthening of health care infrastructure in line with Green and climate resilient infrastructure for public health facilities.

## **4. Support to States on Model Health District (MHD) and Aspirational Districts (AD)**

- The Division is supporting states and selected districts to achieve MHD; this can be a role model for other districts. The Division is also supporting Aspirational Districts in the country in their allotted districts.
- States are being supported as a routine activity for MHDs and ADs.
- On the lines of MHD, MoHFW has given approval to BMGF for development of demonstration districts across states, and division is also providing technical support for the same.

#### 5. **Public Health Management Cadre (PHMC)**

- The Division developed a concept note on PHMC which was shared with states during National Innovation Summit; and is also added as conditionality in FC XV.
- State consultation on PHMC were conducted for seven states and Task forces for the same has been formed in Bihar, Jharkhand and Madhya Pradesh. Division is also providing implementation support to these states. Bihar and Jharkhand have also estimated the financial burden for PHMC implementation with division's support.
- After several rounds of expert committee meetings and internal meetings, the core principles for PHMC have been finalized, followed by a draft report prepared by the division and submitted to MoHFW. Several meetings have been conducted to design an action plan and way forward for PHMC implementation.

#### 6. **NUHM-**

- The division is providing technical support to MoHFW in framing and revision of guidelines under NUHM and is also involved in capacity building activities under NUHM for states/UTs. This also includes drafting of Outreach guidelines.
- Division prepared guidelines for UHWC and polyclinic under PM-ASBY.
- A revised draft framework for urban health, based on learnings from COVID 19 was prepared in consultation with urban health division of MoHFW.
- The division coordinated with ADB for finalization of DLI matrix under the proposed loan for CPHC in urban areas.

#### 7. **Comprehensive Primary Health Care**

- The Division supported Comprehensive primary health care by framing operational guidelines in certain key areas: Oral health, Mental Neurological and Substance Use Disorders, Emergency services, Architectural Design of HWCs (6 types), RMNCH+A and Palliative Care.
- Division is also working on finalization of MMU costing.
- Training Manuals on MNS care were developed for Primary Health Care team.

#### 8. **Public Health Governance**

- MDR/CDR: *Parvarish* programme has been launched in Bihar to foster orphans.
- MDSR has been made as one of the entitlements in SUMAN guidelines.
- Division has prepared a comprehensive background note on Civil Registration and Vital Statistics (CRVS) and regulatory framework.
- Clinical Governance: Division has prepared a concept note on clinical governance; and the initiative is being piloted in selected health facilities in Maharashtra and Tamil Nadu.



- Division provided technical support to MoHFW or revising guidelines and protocols for National Ambulance Services (NAS). Support to states is also provided for 102/108 ambulances through Annual budget plans.
- Citizen Charter: Division has prepared a citizen charter and the revised charter is also included in revised IPHS guidelines.
- Software for Supportive supervision (eSS): The app developed and piloted with support from BMGF and JSI is being supported, and the software development is under process.
- Grievance Redressal Software (GRS)/ Health Helpline (HHL): Division supports states for establishing comprehensive GRS. For GRS/HHL web portal, Comprehensive medical algorithms have been developed; and expert group meetings are underway to integrate GR services in SUMAN.

#### **9. National Level Monitors (NLM)**

- The Division supports visit of NLMs to Aspirational Districts. This also includes orientation for all NLMs and preparation of assessment checklist with visit plan for them. Given the ongoing pandemic, the visits were affected due to COVID restrictions.

#### **10. Communicable Diseases (CD)**

- The Division supported MoHFW in drafting several guidelines related to COVID. This also includes developing checklist and facility-based assessments, orientation for stakeholders and preparing brief notes.
- Division was involved in preparing guidelines for Critical Care Units, Integrated Public Health Labs, Block Public Health Units etc under recent budget announcements.

#### **11. Legal Framework**

- National Public Health Bill: Division prepared a draft for State and public consultation. Based on the directions of Supreme court, a comparative analysis of the Health bill 2009 and Public Health Bill 2020 was done, and recommendations submitted to MoHFW.
- Medico Legal Protocols: Division is drafting a handbook based on legislations and judgements.
- Comprehensive Lactation Management Bill: A draft on regulating the process of donor selection, consent, screening, testing, processing, storage and dispensing of Donated Human Milk (DHM); and prohibition of commercialization of DHM, has been prepared.
- Clinical Establishment Act: Division providing a continuous support to National Council under the CEA Act as well as States that are at various stages of adopting and adapting the CEA.

#### **12. COVID related activities**

- Operational guidelines on setting up COVID 19 hospitals were drafted.
- Protocols were drafted for isolation/oxygen supported beds and ICUs; SOPs were drafted for transfer of COVID suspect/positive patients.
- Several checklists were developed spanning DCHC/DCH/CCC assessment, and Development partners orientation, Stakeholder orientation including regional directors, state nodal officers were done on the same.
- A gap analysis was prepared for health facilities and shared with MoHFW.

- Support to states was given in terms of orientation, as and when required.

### **13. Research related activities**

- The Division provides technical support to MNH exemplar study in coordination with University of Manitoba, IIPS and MoHFW.
- Several papers and posters were presented by the team during different public health conferences, including papers being published in esteemed journals.

## **VII. QUALITY IMPROVEMENT**

Quality Improvement Division works with the MoHFW and other stake holders for operationalization of Quality Assurance Framework, measurement of Quality of care at Public Health Institutions including outreach programmes, Gap-closure and Quality certification. The division also enters into partnerships with subject matter experts, academic institutions, State Health Systems Resource Centres and other organisations. The Division also supports Kayakalp Awards Scheme, Quality Assurance at Urban Health Facilities, maintaining data base on drugs, logistics and supply chain management. The NQAS standards have been accredited by International Society for Quality in Healthcare (ISQua) and the process of accreditation of Quality training has begun.

**Key Achievements of the division are as follows -**

### **1. Scale up of Quality Assurance**

- 813 health care facilities have been NQAS certified nationally, and 2731 facilities certified at state level.
- Due to prevailing COVID 19 situation a protocol was developed for virtual assessment and implemented. 244 health facilities were certified through virtual assessment.
- 615 facilities (337 labour rooms and 278 maternity OTs) were LaQshya certified nationally.
- Baseline assessment of approximately 51% of UPHCs was completed for NQAS. 72 UPHCs are NQAS certified nationally and 226 certified at state level.
- Division undertook 35 batches of training to augment the existing pool of quality professionals.
- 33 batches of internal assessors cum service providers training were conducted virtually. In addition, 512 external assessors are empanelled under NQAS.
- The division worked with NPHCE to define the quality-of-care framework for elderly care programme.
- Felicitation of NQAS could not be held due to COVID 19 pandemic.

### **2. Expansion of National Quality Assurance Standards**

- Quality standards for HWCs launched in December 2020.
- Quality certification programme for Child friendly institutional care in underway, a draft prepared and submitted to MoHFW

- Quality standards for Comprehensive Lactation Management Centre prepared and submitted to MoHFW
- Quality standards for Haemodialysis centres drafted and put up for expert consultations.

### **3. Revision of NQAS tools for CHC and PHC**

- Under process.

### **4. Support for “KAYAKALP” program**

- External assessment completed for 3683 facilities across 17 states/UT.
- Internal assessment and Peer assessment completed for 20,702 and 9538 facilities respectively.

### **5. Development for IT enabled solution for NQAS and LaQshya certification**

- An MoU signed with CDAC and work started on System Requirement Study (SRS).
- Mobile app “GUNAK” has been upgraded for paperless assessment of NQAS, LaQshya and Kayakalp. The app has got a rating of 4/5 at Google play store and 4.8/5 at Apple store with more than 10,000 users.

### **6. Support to states in implementation of Free Drug Service Initiative (FDSI)**

- Guidelines being developed for operationalizing district drug warehouse.
- Prescription audit guidelines prepared, and approved.

### **7. Partnerships**

- Collaborative partnership with TISS has been continued to create a pool of qualified professionals.
- An MoU has been signed with PHFI and ASCI for training and creating a pool of Quality professionals in the state/UTs.
- An EoI has been drafted to collaborated with the organization/institutions to undertake research studies pertaining to quality assurance.

### **8. Support for Implementation of Mera Aspataal**

- Number of health facilities integrated with Mera Aspataal increased to 7684, registering an increase of 42% from last year.
- A workshop was conducted for capacity building and training to simulate the states/UT a greater number of health care institutions of respective regions.

### **9. Workshops, studies and Consultation**

- Virtual training workshop on safe handling of Bio medical Waste was conducted for COVID health facilities.

- The planned studies in NQAS comparative assessment and impact assessment of Kayakalp are under process.

#### **10. Support for implementation of patient safety Framework**

- A national webinar organized for second world patient safety day.
- A virtual meeting of experts was held for development of National Patient Safety standards. A self-assessment tool is being developed to support the health facilities for ensuring delivery of safe care.

#### **11. Others**

- An MoU signed with NIE-ICMR, to develop an e-learning ap to disseminate STGs.
- Application for the accreditation of the Certification cell NHSRC with ISQua is under process
- NHSRC and RRC NE have maintained ISO 9001:2015 status in ISO surveillance process for FY 2020-21.
- Division deputed NQAS empanelled external assessors to undertake field visits to assess preparedness and availability of quality of services in COVID health care facilities.
- A video on Standard practices of Infection prevention targeting the field warriors was developed and disseminated; and was also made available iGOT platform.
- Guidelines for Isolation ward and Infection control in secondary health care facilities were drafted and shared.

## **COMMUNITY PROCESSES / COMPREHENSIVE PRIMARY HEALTH CARE**

**Work Report: 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021**

### **Key Deliverables**

1. Support operationalization of 70,000 HWC for delivery of Comprehensive Primary Health Care, including creating mechanisms for mentoring and continued training of CHOs
2. Support capacity building of Primary Health Care team members: enable role clarity and improve efficiency at SHC/ PHC/ UPHC – HWC level.
3. Develop IT tools to support training and mentoring of primary health teams
4. Support State's to use community participation platforms for action on social and environmental determinants of health and to build accountability, especially at HWC level
5. Undertake studies, rapid reviews, and policy advocacy for CP and CPHC.

### **Team Composition (As on 31<sup>st</sup> March 2021)**

<b>Sanctioned Posts</b>	<b>In Position (vacancy)</b>
Advisor (1)	1
Lead Consultant (1)	0
Senior Consultant (3)	2
Consultant (13)	10
<b>Total filled positions</b>	<b>13</b>
<b>Positions to be filled</b>	<b>5</b>

### **Areas of Work**

#### **CP 01 Policy and Advocacy Support**

##### **PLANNED ACTIVITY ACHIEVED**

##### ***1.1 Maternity support for ASHAs and ASHA Facilitators***

Concept note on maternity support for ASHAs and ASHA Facilitators has been prepared  
[\*\*Annexure: 1. A \(Concept Note on Maternity Support for ASHAs and ASHA Facilitators\)\*\*](#)

##### **PLANNED ACTIVITY NOT ACHIEVED AND REASONS THEREOF**

## **1.2 Guidelines on Strengthening of Primary Health System for managing infectious disease outbreaks**

Assessment was planned to review mechanisms for integration of disease surveillance by primary health care teams at HWCs to provide recommendations for development of guidelines. This could not happen this year due travel restrictions in COVID-19 pandemic.

### **CP 02 Capacity Building**

#### **PLANNED ACTIVITIES ACHIEVED**

### **2.1 ASHA and MPW**

#### **2.1.1 State specific strategies to expedite completion of Module 6 and 7 training in Bihar, UP, AP, Karnataka and Telangana**

Expansion of state trainers' pool was supported in states of AP and Bihar. A total of 20 trainers from Bihar and 30 trainers from Andhra Pradesh were trained based on assessment of identified district trainers.

In addition, five batches of District trainer's training were supported in Bihar. State of UP has made significant progress in training of ASHAs as 85 % (133493) ASHAs have been trained in Round 3 and 83% (130428) in Round 4 of Module 6&7.

#### **2.1.2 Completion of training for 65,000 urban ASHAs in four rounds of Module 6 &7 in all states**

About 68,242 urban ASHAs are currently in position. Against which, 71% (47,835) ASHAs in Round-1, 63% (42918) in Round-2, 49% (33390) in Round-3 and 44% (29,715) ASHAs have been trained in Module 6&7 as on June 2020. Subsequently, the training progress was affected across states due to COVID-19 restrictions.

#### **2.1.3 Training of National trainers in New service packages for ASHAs and MPWs (40 trainers)**

25 National trainers were trained in Mental Neurological & Substance use, Elderly and Palliative care services for six days. 23 National trainers on Oral, Eye, ENT and Emergency care services has also been trained.

*In view of COVID-19 travel restrictions, training workshops were conducted using virtual platform in the current financial year.*

#### ***2.1.4 Training of State trainers in New service packages for ASHAs and MPWs (120 trainers)***

92 state trainers have been trained in MNS, Elderly and Palliative care modules in all states and UTs except Sikkim, Andhra Pradesh, Karnataka.

Additionally, 123 State trainers in Oral, Eye, ENT and Emergency care services have been trained from all States and UTs.

#### ***2.1.5 Support training of 4 lakh ASHAs in NCDs under HWCs as per State's plan***

About 4,52,011 ASHAs have been trained in NCDs so far.

#### ***2.1.6 Support States in training of 50,000 MPWs in Non-Communicable Diseases under HWCs as per State's plan***

Total 1,36,223 MPWs have been trained in NCDs out of which 1,04,220 are MPW-F and 32,003 are MPW-M.

#### ***2.1.7 Completion of training of 2 lakh ASHAs in New Service Packages under HWCs***

Training of ASHAs in newer service packages is scheduled from September 2021.

#### ***2.1.8 Training of 80,000 MPWs in New Service Packages under HWCs -Oral/ Eye/ ENT/ MNS/Elderly/ palliative/ Emergency as per State's plan***

Training of MPWs in newer service packages is scheduled from September 2021.

#### ***2.1.9 Revision of strategy for ASHA certification so as to decentralize the process to State level***

A no cost extension had been granted to NIOS upto March 31st 2021. The certification strategy has been revised in the FY 2021-22. Total 35 Training Sites at state and 111 district level are accredited. About 232 state trainers and 830 district trainers are certified.

Certification of ASHAs and ASHA Facilitators- Five theory examinations have been conducted- 31st January, 2018; 22nd July, 2018; 20th January, 2019; 10th August, 2019 and 28th January, 2020. Hitherto, 24,073 ASHA and ASHA Facilitators have been certified from the first four theory examinations. Result of 13,865 ASHAs and ASHA Facilitators, who gave the theory examination on 28th January, 2020 has been provided as pdf from NIOS (thus difficult to collate).

About 10,934 ASHAs across 12 states (Arunachal Pradesh, Assam, Chhattisgarh, Himachal Pradesh, J & K, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Sikkim and Uttarakhand) appeared for the theory examination held on 25th Feb, 2021.

### PLANNED ACTIVITY NOT ACHIEVED AND REASONS THEREOF

#### **2.1.10 Training of state trainers in HBYC for ASHAs (30 trainers)**

Training of trainers on HBYC was planned for UTs. TOT could not be conducted due to COVID-19 restrictions.

## **2.2. Primary Health Care Team**

### PLANNED ACTIVITIES ACHIEVED

#### **2.2.1 Develop Guidance note to support states in Selection of candidates for recruitment of BSc Nursing Candidates directly as MLHP**

Division supported the states on integration of CPCH curriculum with BSc curriculum in coordination with Nursing Division. Since first batch of nurses from integrated curriculum was expected to graduate from October 2020 onwards, action will be completed in FY 2020-21 based on specific requests received from states.

#### **2.2.2 Support process of selection and enrolment of candidates for July, 2020 and January, 2021 batches of Certificate Course on Community Health in all states (as per state's plan for 2019-20)**

6482 candidates have been enrolled in the course in July 2020 batch in 16 states. As on March 2021, 7649 candidates had enrolled for January 2021 batch.

#### **2.2.3 Training module for Primary Health Care Team on new packages to deliver services at HWCs including work flows**

S.no	Module	Target Audience	Status of Modules
1	<ul style="list-style-type: none"> <li>• Induction Module</li> <li>• Care during Pregnancy</li> <li>• Newborn and Child Health</li> </ul>		



	<ul style="list-style-type: none"> <li>• Adolescent Health module</li> <li>• Reproductive &amp; Family planning</li> <li>• Communicable diseases</li> <li>• Acute Simple Illness</li> <li>• Non-Communicable disease</li> <li>• Jan Arogya Samiti</li> </ul>	Community Health Officer	Finalized
2	ENT care	MO, SN, CHO, MPW and ASHAs	Drafted
3	EYE care	MO, SN, CHO, MPW and ASHAs	Drafted
4	Oral care	MO, SN, CHO, MPW and ASHAs	Drafted
5	MNS care	MO, SN, CHO MPW and ASHA	Finalized
6	Elderly care	MO, SN, CHO MPW and ASHA	Drafted
7	Palliative care	MO, SN, CHO, MPW and ASHAs	Finalized
8	Emergency care	MO, SN, CHO, MPW and ASHAs	Drafted

#### **2.2.4 Training of National trainers for CHOs/ MO/ SN in New service packages (Oral/ Eye/ ENT/ MNS) for CHOs / MO/SN – 120 trainers**

- Strategy for induction training of CHOs was revised and training duration was increased from 3 days to 15 days covering topics pertaining to RMNCHA, acute simple illnesses and communicable disease. 25 National Trainers for CHO and Staff Nurses have been trained on Expanded CHO induction module.
- Around 45 National trainers have been trained on Elderly, Palliative and 45 trainers for MNS care for CHO/SN through virtual platform.
- Total 25 National trainers for CHO and Staff Nurses on Oral/Eye/ENT/Emergency care modules has been trained.
- Centres of Excellence have been identified for training of Medical Officers on newer service packages. Total 30 National trainers in MNS care, 30 in Elderly and Palliative care,

19 in ENT care, 35 in Oral care and 35 in Emergency care for Medical officers have been trained.

#### ***2.2.5 Training of State trainers for CHOs/ MO/ SN in new service packages – (120 trainers) –Elderly/ palliative/ Emergency CHOs / MO/SN- 120 trainers***

- 215 State Trainers have been trained on Expanded CHO induction module across all states and UTs except Tamil Nadu and Kerala.
- 76 state trainers in Elderly and Palliative care, 76 in MNS care, 120 in Emergency , 120 in OEEE care for CHO/SN have been trained
- 38 State Trainers for MOs in MNS care, 81 similar trainers for Eye care training module have been trained.

#### ***PLANNED ACTIVITIES NOT ACHIEVED AND REASONS THEREOF***

#### ***2.2.6 Training of 20,000 MOs, 25,000 CHOs and 20,000 Staff Nurses on New Service Packages under HWCs -Oral/ Eye/ ENT/ MNS/Elderly/ palliative/ Emergency as per State's plan***

Training of CHOs, MOs, SN to be initiated in FY 2021-22 by the trained State Trainers

#### ***2.2.7 Monitor quality of training and examination process for enrolled batches in coordination with external monitors***

Visits by external observers was not conducted due to COVID-19 pandemic

#### ***2.2.8 Develop guidebook for public health managers at UPHCs***

This task was not conducted as the same is expected to be modified with the launch of PMASBY Scheme.

### ***2.3 Community Based Platforms***

#### ***PLANNED ACTIVITIES ACHIEVED***

#### ***2.3.1 Jan Arogya Samiti (JAS)***

##### ***2.3.1.1 Training of pool of National trainers and State trainers on JAS***

JAS Guideline has been released in December 2020. Total 30 National Trainers for JAS has been trained.

#### ***2.3.1.2 Training of 25,000 CHOs and ANMs on JAS***

Training of CHOs and ANMs on JAS will be undertaken in 2021-22 subsequent to the training of National And State Trainers. .

#### ***2.3.2 Rogi Kalyan Samiti***

##### ***2.3.2.1 Redesigning RKS guidelines***

The first draft of RKS Guidelines(for DH, SDH, & CHC level RKS) has been prepared.

#### ***PLANNED ACTIVITIES NOT ACHIEVED AND REASONS THEREOF***

#### ***2.3.3 Village Health Sanitation and Nutrition Committee (VHSNC)***

##### ***2.3.3.1 Pilot Training of ASHA facilitators and GP level Community resource persons to mentor and train VHSNCs***

Trainings could not be undertaken due to COVID-19 restrictions.

#### ***2.3.4 Mahila Arogya Samiti (MAS)***

##### ***2.3.4.1 Pilot Training of PHMs or ANMs to mentor and train MAS (4000)***

Trainings could not be undertaken due to COVID-19 restrictions.

## CP 03 Support Structures

### PLANNED ACTIVITY ACHIEVED

#### **3.1 Comprehensive Primary Health Care**

##### **3.1.1 Support creation of mentoring mechanism for CHOs and MOs**

CHO mentoring pilot project is initiated as a collaborative effort of NHSRC, CMC Vellore and BMGF with due approval by the Ministry. The E-mentoring modules are being prepared. Master Mentors are selected by the implementing agency CMC Vellore. The pilot project will reach out to all major States. It is creating a pool of 300 State Mentors who shall reach out to all States. Each trained State Mentor shall reach out to 120 CHOs over a period of 9 months. The pilot project of 2 years is financially supported by BMGF.

### PLANNED ACTIVITY NOT ACHIEVED AND REASONS THEREOF

#### **3.2 Community Processes**

##### **3.2.1 Develop handbook / e modules for CP support structures in context of CPHC**

Handbook for role of CP support structures in mentoring ASHAs to undertake tasks for delivery of Comprehensive Primary Health Care services at HWCs will be developed subsequent to finalization of all Operational Guidelines and training modules for ASHAs on new service areas.

## CP 04 IT support

### PLANNED ACTIVITIES ACHIEVED

#### **4.1 Develop e-training modules and platforms for MOs and CHOs on expanded services of package**

The Division have had an orientation on iGOT. The training modules for all cadres, for all expanded package of services were approved by the Ministry. Subsequently, the training modules would be converted into e-content by an empaneled agency as per the authorization by the Ministry.

#### **4.2 Support implementation of HWC portal – Ongoing activity –**

- HWC application has been developed and launched on 11<sup>th</sup> July, 2020 for facility users for ease of data entry.

- HWC Application User Manual for HWCs has been developed and training of all state's nodal officers on functioning of HWC App via ECHO conducted.
- HWC Portal reports have been redesigned to support states and MoHFW for better utilization of Portal and monitor performance of states in operationalizing HWCs against the set targets
- Quarterly ranking of states in operationalizing HWCs was revised based on conditionality framework for FY 2020-21 and has been implemented on the portal
- Reporting formats on HWC Portal are being revised to include components of all service delivery packages
- Integration of NCD portal and HWC portal is being tested to avoid duplication of data entry at facility level.

#### *Integrated NHM Dashboard- Ongoing activity*

- Contributed in designing of integrated NHM dashboard by Delltoite
- Facilitated compilation of e- booklet on IT Initiatives of NHM-

#### [Annexure 4 \(User Manual for Ayushman Bharat- Health and Wellness Centre application\)](#)

#### **4.3 Develop web portal for ASHAs -**

- Prepared Content design for a unified ASHA application covering services across RMNCHA, Communicable diseases, Non-communicable diseases, and expanded package of services; Development work to start after IT Cell is set up at NHSRC

#### **4.4 Develop CPHC-HWC application with Dell team – Ongoing activity-**

- Supported development and piloting of performance linked payment module in the NCD-CPHC application by Dell.
- Privacy policy to place CPHC-NCD application in google play store is drafted and is awaiting approval
- Concept note and ToR for CPHC IT Cell to be set up at NHSRC is awaiting approval

#### **4.5 Support Development of ASHA/ AF application –**

Revised requirements for ASHA and AF application submitted to MoHFW. Development work to start after creation of IT PMU at NHSRC.

#### **4.6 Use of IT tools for IEC-create digital content for health promotion for HWCs**

*Work to be initiated in FY 2021-22*

Seven 'Eat Right' Toolkit videos are included in CD/DVD in the Eat Right Toolkit which are available in Hindi, English, and other regional languages. The same is shared with the States. In

addition, FSSAI has also developed 15 E-line course videos in 'Eat Right' for Frontline Workers in Hindi. The State Trainers are also educated about the same during the Training Program.

## **CP05 Research**

### **PLANNED ACTIVITIES ACHIEVED**

#### **5.1 Design phone surveys for primary health care teams – CHOs/ PHC MOs**

The proposal for the phone surveys for primary health care teams has been shared with MoHFW for approval. The project will be taken forward in FY 21-22.

#### **5.2 HWC assessment in States**

Assessment was done in 18 states (**Eight states** viz. Uttar Pradesh, Chhattisgarh, Gujarat, Manipur, Andhra Pradesh, Karnataka, Maharashtra and Punjab through GRAAM; and **10 states** viz. Assam, Arunachal Pradesh, Bihar, Jharkhand, Meghalaya, Mizoram, Nagaland, Odisha, Sikkim and Tripura through USAID-NISHTHA/ Jhpiego) under the supervision and technical guidance of NHSRC.

The draft final report was presented to AS&MD.

### **PLANNED ACTIVITY NOT ACHIEVED AND REASONS THEREOF**

#### **5.3 Assess mechanisms for integration of Disease Surveillance into PHC team at HWCs**

The assessment could not be undertaken in FY 20-21 due to COVID-19 related restrictions

## **CP06 Technical assistance**

### **PLANNED ACTIVITIES ACHIEVED**

#### **6.1 National ASHA Mentoring Group Meeting**

NHSRC conducted National ASHA Mentoring Group Meeting in August 2020.

[Annexure 6.A\(MoM NAMG Meeting\)](#)

#### **6.2 National CPHC advisory group**

National CPHC advisory group is being constituted.

#### **6.3 State CP Nodal Officers Workshops at national level**

State CP Nodal Officers Workshops at national level was conducted in November 20.

[Annexure 6.B \(MoM State CP Nodal Officers Workshops\)](#)

#### **6.4 State NUHM-CP nodal officers' workshop at national level**

Integrated with CP Nodal officers' workshop.

#### **PLANNED ACTIVITIES NOT ACHIEVED AND REASONS THEREOF**

#### **6.5 State CPHC Nodal Officers Workshops at national level**

State CPHC Nodal Officers National Workshops was not conducted in FY 20-21.

#### **6.6. Undertake supportive supervision for implementation of CP and CPHC**

Field visits could not be undertaken in FY 20-21 due to COVID-19 pandemic restrictions.

### **CP 07 Partnerships**

#### **PLANNED ACTIVITY ACHIEVED**

#### **7.1 Continued Work with ILCs to develop model HWCs**

Currently 4 ILCs have been operational at AIIMS-Delhi, PGI- Punjab, CAM Dahod and Karuna Trust – Karnataka. The progress was impeded by COVID-19 Pandemic. The programs are regularly reviewed and is being continued in FY 2021-22.

[Annexure 7A\( Innovation and Learning Centre- Update on Activities\)](#)

### **CP 08 Other Activities**

#### **8.1 Eat Right –**

In coordination with FSSAI and VHAI, 40 National trainers were trained online in two batches in the 'Eat Right' Toolkit in June and July, 2020. Eleven batches of online training have been conducted for state trainers from August to December, 2020. About 320 state trainers from all states and UTs except Chandigarh, Ladakh, West Bengal, Lakshadweep and Andaman and Nicobar Islands have been trained in the 'Eat Right' Toolkit.

#### **UNPLANNED ACHIEVEMENTS**

**8.2 IEC** – NHSRC is working MSL for creation and publishing of posts on HWCs, over different social media platforms- Twitter, Facebook and Instagram. Total 672 posts were published across all platforms.



**8.3 Integrative health system-** The First meeting of working group-4 on Public Health and Administration constituted by the committee on the formulation of the Integrative health system was held under the chair of Ms. Vandana Gurnani, Additional Secretary and Mission Director NHM, MoHFW, GOI on 14th of October 2020

1. TWO subgroups were formed

Sub Group 1: **Chair:** Dr Sanjay Zodpey – TOR 1&2

Sub Group 2: **Chair:** Dr Rajesh Kumar – TOR 3&4

2. Meetings of the Sub Groups were coordinated by NHSRC

3. Draft report of the Working Group discussions and recommendations has been submitted to the Chair

**8.4 Social accountability guidelines-** A concept note on Social Audit was prepared and discussed. In a meeting held in September 2020 chaired by Joint Secretary (Policy), it was decided to initiate a trust building, community-driven social accountability process in lieu of social audit which is more resource intensive and demands creation of independent institutional structures. A revised concept note has been drafted and shared with MoHFW.

**8.5 Operational Guidelines for newer services-** Operational guidelines of Oral care, Mental health care, Eye care and ENT care have been finalised and released publicly. Guidelines for Emergency, Elderly and Palliative care were subsequently approved and released.

#### **8.6 COVID related –**

- Prepared IEC video for creating awareness on COVID -19 for FLWs in coordination with Dell
- Training material for CHO and MO on COVID-19
- Contributed to the report on activities undertaken for care of the people during COVID 19 and control of the COVID-19 pandemic.

#### **8.7 ASHA Update**

- Annual ASHA program update was released in August 2020.

#### **8.8. Universal Health Care Compendium**

- A compendium on Universal Health Care highlighting the progress of states in operationalization of Ayushman Bharat – Health and Wellness Centres along with key indicators, challenges and opportunities was released on Universal Health Care (UHC) Day- 12<sup>th</sup> December 2020.

## **HEALTH CARE FINANCING (HCF)**

### **Work Report: 1st April 2020 to 31st March 2021**

#### **Key Deliverables**

1. Finalization of National Health Account estimates of India.
2. Document and review PPP models of healthcare delivery in India.
3. Preparation of State wise report on access and utilization of Healthcare Services using NSSO data for three years: 2004, 2014 and 2017-18.
4. Benefit - Incidence Analysis using the NHA and NSSO data.

#### **Areas of Work**

##### **HCF01 Finalization of National Health Account (NHA) estimates in India.**

- Estimation of National Health Account is one of the prime activities of the HCF division. In the given financial year, HCF Team finished data collection and analysis work of NHA 2017-18.

##### **HCF02 Document and review of PPP models for healthcare delivery in India.**

- HCF team has taken a mapping exercise of existing PPP models of healthcare service delivery under NHM and their role in health system strengthening. An expert committee was constituted and its first meeting was held in September, 2020. The draft report on the subject has been prepared.

##### **HCF03 Preparation of State wise report on access and utilization of healthcare services**

- Division has undertaken the activity of preparing State wise reports on access and utilization of healthcare services using the three rounds of NSSO 2004, 2014 and 2017-18. The initial analysis has been completed for all the three years.

##### **HCF04 Benefit Incidence Analysis**

- Benefit Incidence Analysis (BIA) is used to understand the distribution of health care utilization and spending in comparison to income distribution. It is one of the key methodologies for assessing equity in health financing. The present study uses the NHA 2017-18 and NSSO 2017-18 data to do BIA across the states. The first draft of the report has been prepared.

## **HEALTH CARE TECHNOLOGY**

**Work Report: 1st April 2020 to 31st March 2021**

### **Key Deliverables**

- 1) *Prepare guidance documents to assist stakeholders with the process of strategic procurement and planning***
  - a) **Prepare Guidance document for STEMI program at divisional hospital level on the lines of PMNDP:** A concept note was prepared, activity was put on hold due to engagement in Covid-19 management, the formation of experts group is in process, and activity will be carried forward in 2021-22.
  - b) **Publication of Technical Specifications and costing of medical equipment:** The technical specifications for Laboratory and Blood Bank equipment as per NHM guidance document for implementing Free Diagnostics Lab Services in States have been drafted. MoHFW will be requested to form an expert group to finalize the specifications.
  - c) **Consultative meetings for Technical Specification and uploading on GeM Portal:** The team had two consultative meetings with officials from GeM, which ended without a final consensus. MoHFW will be requested to intervene.
  - d) **Publication of policy/guidelines for Solar Power for PHCs:** MoU has been signed with Shakti foundation to conduct a study on advancing decentralized renewable energy (DRE) and energy efficiency solutions in public healthcare. The key facts and findings from this study will be synthesized to formulate a national policy framework for energy efficiency solutions in public healthcare facilities. The study was put on hold due to Covid pandemic and it will be resumed again in FY 2021-22.
  - e) **Review and update of costing of medical equipment and service document:** the document has been updated with recent cost estimates and is reviewed by the team members, to be sent to MoHFW for approval.
- 2) *Biomedical Equipment Maintenance and Management Program***
  - a) **Technical support to states to roll out the program:** Technical support provided to states. A two day virtual dissemination workshop was organized in September 2020 to guide States/UTs on implementation of Biomedical Equipment Management and Maintenance Program technical guidance document. The States which are well performing also shared their experiences for guiding other States where the program is not implemented.
  - b) **Central Dashboard:** Development of central dashboard will enable us to track real time data of medical equipment maintenance and calibration status up to the district level. A non-

financial MoU has been signed between CDAC and NHSRC. A draft note is to be prepared for financial approval from MoHFW for proceeding with the activity.

- c) **Comparative effectiveness study of different models of implementing BMMP by States/Regions (PPP v/s In house):** The field visits were deferred due to travel restrictions.

- d) **Initiatives taken during Covid-19 pandemic**

- i) A State wise list of functional ventilators in public health facility was formulated and disseminated to all States/UTs for reference during crisis situations.
- ii) Support to States/UTs was provided through ECRP proposals for procurement of medical equipment.

- 3) **Free Diagnostic Service Initiative-CT scan, Pathology, Tele-radiology**

- a) **Technical support to states to roll out the program:**

- i. This year, the technical support and guidance for financial outlay, implementation planning of laboratory services as per revised guidelines of Free Diagnostics Initiative.
- ii. Study of the hub & spoke models operating at the UPHC level in the state of Telangana was conducted and final report is in the process of submission.
- iii. Supported Maharashtra in rolling out FDI CT scan services and Tele radiology services.

- b) **Initiatives taken during Covid-19 pandemic**

- i) Support to States/UTs was provided through ECRP proposals for testing under Free Diagnostics Service Initiative.

- 4) **Pradhan Mantri National Dialysis Program**

- a) **Technical support to states to roll out the program:**

- i) PMNDP has been implemented in total **35 States/UT** in **510 Districts** at **920 centres** by deploying **5956 hemo-dialysis machines**. Total **9.42 lakh patient** availed dialysis services and **94.39 Lakhs Hemo-dialysis sessions held-** as on 31<sup>st</sup> December, 2020 (Source: DVDMS and State Dialysis Report).
- ii) Implementation support in Aspirational Districts: **Eighteen states have implemented National Dialysis Program in all the aspirational districts-**Himachal Pradesh, Andhra Pradesh, Madhya Pradesh, Rajasthan, Punjab, Kerala, Tamil Nadu, West Bengal, Karnataka, Maharashtra, Tripura, Uttarakhand, Gujarat, Jammu & Kashmir, Odisha, Sikkim, Telangana and Arunachal Pradesh.
- iii) Dialysis services under PMNDP are now available in 76 aspirational districts.

iv) A letter has been sent through JS NCD to all States/UTs for implementing dialysis program in all the districts of the states.

b) **Peritoneal Dialysis Policy document:** The guidelines for inclusion of Peritoneal dialysis under PM National Dialysis Program have been published and disseminated to states at the 13<sup>th</sup> CCHFW meeting by HFM. A committee meeting was held in March 2020 to finalise the RFP and tender document. Committee need to reassemble and proceed further. A note for reconstituting the NATCOM committee is sent to JS NCD.

c) **Initiatives taken during Covid-19 pandemic**

i) Guidelines for Dialysis with reference to Covid-19 infection were formalised and shared with all States/UTs for compliance.

#### 5) **Support to MoHFW regarding Medical Oxygen Supply during Covid-19 pandemic**

a) A guidance note was prepared regarding oxygen supply to medical facilities and individual patients in Covid infested environment.

b) The division worked in collaboration with Department for Promotion of Industry and Internal Trade (DPIIT) for ensuring availability of medical oxygen in States/UTs and easy movement of oxygen cylinders and Liquid Medical Oxygen within and outside the State.

c) The division was part of the technical committee formed by Central Medical Service Society (CMSS) for finalizing the technical specification of PSA plants and formulating the tender document.

d) States were briefed by the division on their scopes regarding the installation of PSA plants.

e) The division was a part of Central Oxygen Control Room in MoHFW to assist States/UTs in Oxygen related issues.

f) A guidance document was drafted by the division on various types of pulse oximeters which are available in the market. The document primarily focused on the technical specifications, price and effective usage of pulse oximeter during the Covid-19 pandemic.

#### 6) **Other Technology intensive programs**

a) **Ambulances and Mobile Medical Units:** This year, a draft financial outlay for patient transportation was formulated in collaboration with PHA division.

#### 7) **Atomic energy regulatory board (AERB) compliance in public health facilities**

a) **Technical support to states to roll out the program:** This year the division undertook implementation of the program in Rajasthan for initiating AERB compliance in the state.

b) **Review of AERB implementation for the state of Uttar Pradesh:** Close monitoring and regular follow up of AERB related activities in Uttar Pradesh, which resulted in AERB compliance in 84% of the public health facilities.

**8) Uptake of Product innovations and Health Technology assessment**

- a) **Rapid assessment of innovations uploaded on National Health Innovation Portal (NHInP):** As an ongoing activity, the division undertook rapid assessment of 24 innovations submitted on NHInP under “Product” category from 13<sup>th</sup> September 2019 to 31<sup>st</sup> October 2020 uploaded on the NHInP (Product) portal. Seventeen of them were shifted to Program category and seven innovations were short-listed for further evaluation by the assessment committee. Technical appraisals were conducted by the technical appraisal committee meeting chaired by Director JIPMER for assessment. Committee recommended one innovation for Health Technology Assessment by Department of Health and Research.

**9) Supporting Inter- Departmental / Inter-Ministerial technical activities related to Medical devices**

- a) **Technical support to Materiovigilance Program:** The division continues to support Indian Pharmacopeia Commission (IPC) for the Materiovigilance Program of India as a technical partner. The division supported in preparing guidance document for medical devices adverse event reporting, revised Materiovigilance forms, Standard Operating Procedures (SOP), analysis support on cases detected under the program and training for the newly recruits.
- b) The division continues to support Central Drug Standard Control Organisation (CDSCO), Bureau of Indian Standards (BIS), Quality Council of India (QCI), National Pharmaceutical Pricing Authority (NPPA) and Department of Pharmaceutical (DoP) in matters related to Medical Devices as and when required. The division is active member of 21 Medical & Hospital Department (MHD) committees and core medical device group under Bureau of Indian Standard (BIS) which resulted in approximately 50 National standards for medical devices.

**10) Collaborating with WHO in activities related to health technology management in public health**

- a) **Inputs on questionnaire prepared for Free Diagnostic Initiatives:** the division provided technical inputs to WHO on developing a questionnaire for capacity building of states under Free Diagnostic Initiative based on the gap assessment.

## **HUMAN RESOURCE FOR HEALTH and HEALTH POLICY AND INTEGRATED PLANNING** **(HRH and HPIP)**

**Work Report: 1st April 2020 to 31st March 2021**

### **Key Deliverables**

1. Develop guidelines for NHM human resources along with compendium of all important letters/directives for HR as well as good practices in HRH
2. Support States in strengthening integrated HR cells, and filling up the vacancies in NHM (both service delivery and Program management) across all pools and programs
3. Develop a web portal for HRH to monitor recruitment, HR rationalization and implementation of minimum performance benchmark and HRIS implementation
4. Support Capacity building of HR nodal officers, PMU and RET staff
5. Document and share HRH data analysis and evidence for better planning and performance
6. Support simplification of planning process, PIPs and its monitoring
7. Support NUHM in strengthening HRH practices
8. Undertake assessments, rapid reviews and analysis to improve HRH and use of evidence in planning

### **Areas of Work**

#### **HRH01. Planning Support and Advocacy**

##### *1.1. Analyse the current planning process in states, district and blocks, simplify communication of approval and monitoring of implementation.*

HR appraisal for FY 2021-22 completed. Inputs on the issues related to HR and Program Management provided to MoHFW for making evidence-based decisions. Recommendations for approval of HR proposed by the states as per discussions in NPCC meetings has been shared for all states.

##### *1.2. Revise planning formats and decrease budget lines in NHM.*

The PIP budget sheet for FY 2021-22 was revised and shared with MoHFW for finalization. The PIP budget sheet was revamped under the guidance of JS (Policy) and overall, 604 budget lines were reduced compared to last year. The following components have been added in the revised budget sheet for better planning and budget utilization:

- Mapping all sources of funding (e.g. District Mineral Funds, CSR, State Health Budget etc) on Health to help states/ UTs get an overview on overall budget available, reduce duplication and prepare a comprehensive plan to ensure better utilization of funds available.
- Provision for indicating district wise budget allocation at the planning stage for better planning.

- Pool/ programme wise snapshot of budget proposed by state/ UTs at planning stage. It will help them assess their proposal/ budget proposed under different pools/ programmes viz-a-viz budget allocated for the pools.
- Provision for distributing program management cost except for PM-HR, proportionately (in proportion to the budget of the pool) into the pools.
- Under NUHM, programme specific budget lines (for NCD and DCP programmes) have been added so that the states/ UTs can plan for these activities in urban areas/ slums.

### *1.3. Analyse and revisit the Program Management structures and norms.*

Study on 'Assessment of Program Management Unit and role of Programme management Staff in improving RMCH+A service delivery' was initiated in the state of Madhya Pradesh with support from and collaboration with two experts of Amrutha Institute of Public Health, Trivandrum. Data collection was completed in one district and the other district could not be completed because of COVID pandemic.

This year, the study was initiated in the state of Gujarat by the HRH team through online/ telephonic mode. During data collection it was realized that the study will not provide complete picture if it is limited to RMNCH+A. So, the scope of work was expanded and all the programme management staff at block, district and state level was covered. Draft report is being prepared based on data collected from district and block level. The data from state level is yet to be received. The HRH team is constantly following up with the Gujarat team for sharing the information. Based on the findings of the study, restructuring of the PMU will be proposed.

### *1.4. Conditionality Assessment*

The final Assessment of key conditionalities of FY 2019-20 was carried out and shared with MoHFW. However, due to COVID pandemic, it was waived off.

The mid-term assessment of conditionality of FY 2020-21 was conducted, and reports were shared with the States through letters from AS&MD.

A revised framework document of the conditionalities for FY 2021-22 has been shared with the states through ROP.

## **HRH02. Providing Technical Assistance in HRH**

### *2.1. Revise and Develop NHM Human Resource Guidelines and compendium of all important letters, directives on HR and best practices.*

The NHM HRH guidelines have been prepared and approved by MoHFW. The print-ready document will be shared with the states.

#### *2.1.1. Develop Web portal for HR to monitor recruitment, HR rationalization and implementation of minimum performance benchmark and HRIS implementation.*



Agency for creating micro-site has been identified and the work order has been issued. The agency is in process of developing the SRS document.

*2.1.2. Support formation and strengthening of Integrated HR Cell, Follow-up on recruitment of posts under NHM with the States.*

So far, 22 states have formed dedicated HR units/ cell comprising of personnel either from State government who belong to State administrative cadre or consultants engaged through National Health Mission. Follow-up on recruitment of posts under NHM is conducted on regular basis. In the current year, states have recruited nearly ninety-one thousand service delivery and programme management Human resource including fifty thousand for COVID management.

*2.1.3. Assess the status of HR rationalization through the HMIS/HRIS data: detailed study of one state.*

The study has been carried out in Haryana based on secondary data collected from the state and data available in HMIS portal. The draft report of the study is underway.

*2.1.4. Carry out supply-demand analysis and compensation survey through desk review for key posts where there are large vacancies or low retention.*

Secondary data has been collected. Preparation of report is underway.

*2.2. Analyse HR data and update the State wise report of HR Infographics for 2020*

The HR Infographics has been prepared and will be sent for publication.

### **HRH03. Research and Assessments**

*3.1. Study of Recruitment done by empanelled HR agencies by NHSRC.*

The study has been completed in the state of Uttar Pradesh. Based on the same, the SOP for empanelment of HR recruitment agency is underway.

*3.2. WISN or similar study on caseload norms and productivity.*

WISN has been initiated in three states/ UT including Chandigarh, Meghalaya and Kerala. In the first phase, the state level team from three states were provided TOT on WISN methodology. After the ToT, the States/ UTs formed Expert Groups for the selected Cadres (who are to be covered under the study) with continued support from NHSRC. Once the Expert Groups were formed and initial Strategy plans were shared by the States/UTs, a dedicated orientation cum training session was held for the members of Expert Groups. The strategy plans of all three States/UTs were discussed and some reformation was suggested regarding the number of experts in respective expert groups and in finalising the Strategy Plans. The team at NHSRC continued to coordinate with all the States/ UTs during this reformation and by the end of January, all three States/UTs have redesigned their Expert Groups and are working towards finalising service standards and workload indicators for their selected cadres.

The Samples entailing the design of service standards and workload indicators was shared by one of the States/ UTs for further guidance. Once the service standards are finalised, the States/ UTs shall move on to data collection and processing. The study will be completed in 2021-22.

### *3.3. Study Performance Management system of better performing States and compare with EAG states.*

Draft report based on secondary data review has been conducted. Finalization of the report is underway.

### *3.4. Study the range and quality of services provided by ANMs and Staff nurses in UPHCs.*

The study was conducted in 11 districts/ cities across five states (Uttar Pradesh, Gujarat, Karnataka, Jharkhand and Bihar) to understand the role of ANM and Staff Nurse in providing preventive and promotive care and challenges of ANM and Staff Nurse in urban areas under NUHM. Draft report has been prepared and review of the report is underway. Post finalization the findings of the study will be shared with NUHM division and the States.

### *3.5. Study HRH turn-over in metros and tier-I cities and suggest remedial action.*

The study was conducted in 11 districts/ cities across five states (Uttar Pradesh, Gujarat, Karnataka, Jharkhand and Bihar) to understand the work-related challenges and factors affecting recruitment, retention, motivation of the employee and provider unavailability under NUHM. A total of 44 respondents were covered under the study through in-depth telephonic interviews. Draft report has been prepared and review of the report is underway. Post finalization the findings of the study will be shared with NUHM division and the States.

## **HRH04. Capacity Building**

### *4.1. Capacity building of state, district and block Programme Management Units*

A three-days training was organised to orient the teams of the Population Research Centres (PRCs) on recent changes in the programmes and policies under National Health Mission (NHM) and on PIP monitoring.

The Population Research Centres (PRCs) support MoHFW in undertaking research studies and provide critical research-based inputs on the programs and policies at the national and state levels. They have also been given the responsibility of NHM PIP monitoring in the selected districts. The schedules to be used by the PRCs for PIP monitoring was prepared. A three-days training was organised to orient the teams on the recent changes in the programmes and policies under National Health Mission (NHM) and the checklist. The sessions were conducted virtually through an online meeting platform. Altogether, 120 participants from the PRCs from all over the country participated. Suggestive districts visit plan and visit report structure was also prepared and shared with the PRC Teams.

### *4.2. HR Bootcamp*

The HRH boot camp could not be organised in FY 2020-21 due to COVID pandemic.

### *4.3. Behavioural aspects of HR – Orientation and capacity building*

The training was to be organised in collaboration with Institute of Health Improvement. The same could not be conducted due to COVID pandemic.

#### **HRH05. Partnerships**

##### *5.1. Explore partnership with institutions and individuals for capacity building of States, districts and blocks.*

Preparation of orientation modules is under process. The avenues of working together with PHFI and its State chapters is being explored.

##### *5.2. Collaborate with NE RRC, SHSRC, RETs, PRCs for planning, HRH and monitoring.*

The training of PRCs and study on WISN in the state of Meghalaya is being conducted in collaboration with NE-RRC team.

#### **HRH06. Other Technical support**

##### *6.1. State based support for HR or planning related needs.*

Support provided to states on developing TORs, HR rationalization and planning as and when requested by the states.

##### *6.2. Documentation*

- Assessment of Institutional Arrangements and Human Resources in National Tuberculosis Elimination Program: A report on secondary review was prepared and shared with NTEP division and World Bank. Toolkit for conducting qualitative interview was prepared and shared with World Bank. Continuous support was provided to World Bank and OPM team on the toolkits for WISN and review of reports prepared by OPM.
- Reform, Perform, Transform: Governance Reforms in Medical Education (2014-2020)
- A note on specialist cadre was prepared and shared with MoHFW and states during NPCC.

##### *6.3. Dissemination and printing of policy briefs, assessments, and reports.*

*Following papers/ abstracts have been submitted:*

- “Availability of HRH for Universal Health Care in India: An Overview”: paper submitted to NIHFW
- “Who manages health workforce in the States of India: Profile, Knowledge and Perceptions of the Team”: Abstract submitted to 16th World Congress on Public Health organized by European Public Health Association

- “Numbers are necessary but not enough: A case study of the increase of ANMs and its effect on related MCH indicators in India”: Poster submitted Asia Pacific Action-Human Resource for Health 2020 Conference
- Lessons learnt during the implementation of WISN for comprehensive primary health care from India, South Africa and Perú: Paper written and submitted in collaboration with The George Institute, Australia and others

## **PUBLIC HEALTH ADMINISTRATION**

### **Work Report: 1st April 2020 to 31st March 2021**

#### **Key Deliverables:**

1. Support to states in operationalizing secondary care facilities for the provision of multi-specialist care, establishing support services and serving as a knowledge and training hub for service providers – medical officers, nurses and para-medical staff
2. Support to states in implementation of various Maternal Child Health services and activities
3. Revision of IPHS norms, finalization and orientation of states.
4. Support to states in development of Model Health Districts and Aspirational districts by disseminating guidelines on Emergency Care (primary and secondary), OT, Mechanized laundry & CSSD, HDU/ICU, Modern Kitchen, LSAS, BEmONC, National Ambulance services and Model Health District.
5. Support to MoHFW & states to implement Public Health Management Cadre
6. Support to States in capacity building and implementation of various Urban Health activities including study on various state models for service provision.
7. Support to MoHFW & states for strengthening various activities under legal framework like Public Health Act, CEAs, CLMC Act, Medico-legal protocols etc.
8. Support to CPHC implementation to finalize operational guidelines for selected range of services under CPHC – Oral Health, MNS, Emergency Care including training guideline and HWC infrastructure.
9. Support to MoHFW in scaling up / implementation of Supportive Supervision Software, Grievance Redressal and Health helpline web portal.
10. Support to MoHFW & States in containment & control of various COVID-19 activities.

### **Team Composition**

<b>Sanctioned Posts</b>	<b>In Position (vacancy)</b>
Advisor (1)	1
Senior Consultant/Lead Consultant (-)	-
Senior Consultant (3)	2
Consultant (12)	9
<b>Total filled positions</b>	<b>12</b>
<b>Positions to be filled</b>	<b>4</b>

### **Areas of Work**

#### **Additional Assignments due to COVID**

Due to sudden global pandemic affecting India and many other countries leading to core lockdown and requiring rigorous public health actions. NHSRC was roped in to develop several guidelines and protocols for augmenting the capacity of the states in meeting the health system requirement for responding to COVID-19. As per the directions of MoHFW at different period as per the contextual situation, various guidelines and protocols were drafted and shared with the Ministry. Due to very urgent nature of work and exigent situation, PHA Team used to work whole night in drafting these guidelines and protocols. Some of the key activities undertaken were:

- Drafting operational guidelines on setting up of hospitals for COVID-19 management under the chairperson of JS (RCH),
- Drafting protocols for isolation/ oxygen supported beds and ICUs,
- Organized meeting with manufactures and suppliers for making critical care equipment available and their registration on GeM portal under guidance of JS (Policy),
- Calculating the requirement of the hospitals as per bed strength for need and supply of oxygen, calculating per bed cost for ICUs, isolation beds, etc.,
- Drafting standard operating protocols for transfer of COVID suspect/positive patients,
- Developing checklists for assessing DCHC, DCH and CCC, orientation of development partners, regional directors, State program officers and other stakeholders on assessment tools, compilation and analysis of the available resources and gaps at various hospitals in the States,
- Preparing state-wise and hospital-wise gap analysis and sharing with MoHFW,
- Orientation of States as per their need and demand,

- Appraisal of ECRP and other COVID proposals received from the States, etc.

All the above activities also led to development and approval of various guidelines to strengthen health system and capacity building of the States for public health emergencies and surveillance. The process included preparing various rounds of EFC notes, incorporating the comments of various Ministries and departments and ultimately the proposals on critical care blocks, IPHL, BPHU, U-HWCs etc. were part of PM-ASBY and budget announcement of 2021-22. Some of the other areas like NAS, DNB, infrastructural strengthening, U-HWCs, were also part of 15<sup>th</sup> Finance Commission recommendations. The draft guidelines on PM-ASBY and XV FC were prepared and submitted to Ministry. Draft indicators on state's performance dashboard in the perspective of 15<sup>th</sup> FC and PMASBY submitted for finalization. Guidance note on Paediatric High Dependency Unit is being prepared in partnership with UNICEF. An expert group was formed to develop the guidelines on the pediatric COVID care to address the estimated increase in demand due to the anticipations for the third wave. PHA Division was also the part of the expert group and supported the formulation of the guidelines on Pediatric Care for COVID which are now approved and published by MoHFW. The brochure on Paediatric Care for District Administration and Health officials and tool for equipment and drug requirement for assessing the readiness for third wave needs was also developed and shared with MoHFW for approval which was later disseminated to the States.

The recommendations for five proposals (for augmenting 6- bedded prefab units in PHCs and SCs oxygen supported beds, 20-bedded CHCs, 20,000 Adult and Pediatric ICU beds, 32 and 42-bedded Pediatric care units (wards and 12-bedded hybrid ICU unit with 8-HDU and 4-ICU beds), Pediatric CoE, and ambulances) were submitted to Ministry for approval under ECRP-II. After approval from MoHFW, the guidance for the states were prepared with detailed state-wise physical targets and cost-break-up. Accordingly, proposals from all 37 States/UTs were appraised and discussed in the appraisal committee. Further, the revised proposals were then re-appraised for approval and this whole process was done within 2 weeks' time. Also, the links of the vendors empaneled with the GeM portal were shared with the States for their reference and action.

Under ECRP-II, in order to meet the additional requirements of third wave, GOI is supporting states to establish prefab units for augmenting oxygen supported beds in Sub-Centres, PHCs and CHCs. In this regard, visits to the factories manufacturing prefab structures in Delhi was done and afterwards, national consultation meetings were held with the subject experts from IITs, BMPTC and vendors to deliberate on the technologies being used for constructing such structures. Further, a guideline on Prefab Structures for Health Infrastructure under ECRP II are being drafted to provide specifications for prefab structures for utilization by the states.

### **Progress on the core activities:**

#### **PHA 01 Secondary care strengthening**

A functional District Hospital (DH) reduces patient load on stretched tertiary care services and provides high quality secondary (and some tertiary) care closer to the community. DHs, SDHs, and FRUs need to be prioritized for operationalizing both critical and non-critical care. The division is supporting States in operationalizing their secondary care facilities (especially DHs) to provide multi-specialist care and to function as a knowledge and training hub for doctors, nurses and para-medical staff.

## ***1.1 District Hospital Strengthening***

State level workshops have been conducted through online mode for all eight states in Northeast region. Prospective Plans for 10 district hospitals in Bihar have been approved by the State Cabinet and inaugurated by the Chief Minister. Support provided in developing prospective plans for another 12 district hospitals. Technical support to also provided to District Hospital Varanasi (PDDU, Ramnagar and Kabir Chaura) on ongoing infrastructural work. All three District Hospitals were inaugurated by Hon.' Prime Minister. Work on Critical Care and support areas like Kitchen etc. are finished and are operationalized in West Singhbhum and Gumla. Support is also being provided to Odisha, Uttarakhand, Chhattisgarh and Maharashtra for District Hospital Strengthening.

To scale up the initiative of DNB in District Hospitals, a state wise estimate was prepared for initiating the course in District Hospitals. The estimates have been recommended by 15th Finance Commission as part of Sectoral Grant to Health. A meeting with NBE was also held to discuss the way forward for scaling up DNB and post MBBS diploma courses. As per the latest data shared by NBE, there are 449 accredited seats in 157 departments of 63 district hospitals across 14 states. As on 02 February 2021, NBE has received 750 applications from Government Hospitals for post MBBS Diploma Courses. Operational guidelines for initiating such courses are being drafted.

Strengthening of Family Medicine programmes is essential to operationalize peripheral facilities and to reduce cost of healthcare, both for the system as well as patients (in form of OOOPE). Recognizing this, a G.O. was issued by MoHFW to appoint FM specialists at CHC under IPHS. The revised IPHS includes Family Medicine specialists for providing secondary care services. Operational Guidelines for initiating the course is being drafted.

## ***1.2 Strengthening of Maternal and Child Health Services***

### ***A. MCH strengthening***

NHM envisages provision of assured and high-quality institutional delivery, admission and care of high-risk pregnancies (and those requiring C-section) through functional MCH wings, Skill Labs, other technical guidelines e.g.: SUMAN. NHSRC is supporting the Ministry and States in creating selected Centres of Excellences (COE) for maternal and child health care.

Virtual workshop on MCH Wings layout was organized for doctors, engineers, program managers and mission directors in States- All 8 North Eastern States, Rajasthan, Jharkhand, Maharashtra, Gujarat and Bihar. The building of MCH wing at BHU in UP for which technical support was given has been inaugurated by Hon.' PM. Work on 12 MCH wings has been initiated in Maharashtra. The cost estimation for all the types of MCH Wings along with different rates was worked upon and submitted to Ministry. The Layout plan for MCH wing (100 and 200 bedded) was revised as per the MLCU (Midwifery led care unit) concept and submitted to Ministry for approval. The division was instrumental in the study to be conducted by the UNICEF in the state of UP, on the "Development of Midwifery Led Care Unit (MLCU) Layouts along with the Cost Estimates". Support was provided to Lady Harding Medical College on writing and submitting "Proposal for



setting up of Centre of Excellence for Mother and Child Services and Midwifery Care” and 200-bedded MCH wing as Centre of Excellence have been approved under NHM.

## **B. SUMAN**

To further strengthen the MCH programs, Surakshit Matritava Aashwasan (SUMAN) Initiative was launched in 2019. The initiative focuses on assured delivery of maternal and newborn healthcare services encompassing wider access to free, and quality care services, zero tolerance for denial of services, assured management of complications along with respect for women’s autonomy, dignity, feelings, choices and preferences, etc.

The division was instrumental in framing the draft Operational and framework guideline along with the brochure for the SUMAN after several revisions, inputs and meetings with ASMD. A brochure containing salient features of SUMAN along with linkage to GRS portal for registering grievances. SUMAN guidelines were released by Hon’ble HFM at the 13<sup>th</sup> Central Council for Health & Family Welfare. Thereafter the draft Operational and Framework guideline was released and shared with all states during the Innovation workshop in Gandhinagar by Hon’ble HFM. The guideline was again revised after receiving feedback from Ministry, which were incorporated and approved by Ministry. The Standard Operational Guideline on SUMAN Initiative along with the Logo and posters for wider publicity and awareness generation about the services to be given under SUMAN initiative have been designed, printed and disseminated to the states. Soft copies of the Guideline, posters, and banner have also been circulated to the states and uploaded on the NHM website. As desired by the Ministry to prepare SUMAN community linkages Brochure to disseminate information, services and benefits of SUMAN to states which shall be widely known by the community. The SUMAN community linkages brochure has been prepared and put for submission to MH division of ministry for their comments and approval. The revised brochure is now under printing.

### **1.3 Revision of CEmONC/ LSAS /BEmONC**

States have designated First Referral Units for providing Emergency Obstetric Care (EmOC). However, availability of Obstetricians and Anesthetists remains a major bottleneck in provision of such assured services. Up-skilling of MBBS doctors to provide EmOC and Life Saving Anesthesia Skills (LSAS) was introduced in 2009 by GOI. An external evaluation of the EmOC and LSAS initiative has recommended a revision of the curriculum for both these training courses.

NHSRC is supporting the Maternal Health Division of GOI in revising the EmOC and LSAS curriculums and improving certification processes so that properly qualified and skilled MBBS doctors trained in EmOC and LSAS are available at functional FRUs. The curriculum for EmOC and LSAS has been revised after multiple stakeholder meetings (2 core and 1 expert group meeting) with subject matter experts and in conjunction with King George’s Medical University (KGMU), Lucknow. A comprehensive Operational Guideline for implementation of both EmOC and LSAS courses has been drafted (including a suggestive budget) and released at a national workshop held in Feb 2020. Supportive training tools such as a trainee workbook and a logbook have also been prepared. Illustrations for BEMoNC & CEmONC has been finalized after discussion with experts.

The final revised curriculums of BEmONC, CEmONC& LSAS after undergoing several rounds of internal review and external review has been submitted to the Ministry for final approval. Work is in progress on the illustrations to be inserted in the revised curriculum along with the revised PPTs. A one-day brief orientation for the HOD of Anaesthesia Department for 7 accredited Medical Colleges in UP State was conducted in which the division was instrumental and supported UP-NHM and UP-TSU. Roadmap for rolling out the program in the states has been prepared and file has been put up for approval. Orientation on LSAS curriculum done in UP State. Support to state of Chhattisgarh and Jharkhand is in process to organize TOT program.

#### **1.4 Guidelines for Secondary Care**

Provision of assured emergency and critical care services at DH and SDH level is vital to strengthen secondary care services. NHSRC is supporting States in operationalizing these services – these include Emergency HDU, ICU, functional OTs, SNCU, PICU and NICU. Four out of five guidelines submitted on following areas of district hospital strengthening have been approved by Ministry: Operation Theatre, High Dependency Unit/ Intensive Care Unit, Central Sterile Services Department, and Dietary Services. The guidelines are in the process of getting printed. Inputs received from Ministry on Guidelines for Emergency services at Secondary care have been incorporated and under review before submission.

#### **PHA 02 Revision of Indian Public Health Standards (IPHS)**

The first IPHS guidelines were introduced in 2007 and revised in 2012. Since then, several new initiatives were supported by NHM including the introduction of NUHM and the delivery of Comprehensive Primary Health Care (CPHC) through Health and Wellness Centres (HWCs). Feedback suggests that the 2012 IPHS guidelines do not adequately incorporate the needs of various program divisions and parallel program guidelines also lead to confusion and duplication of resources. The Division coordinates the revision of the IPHS guidelines (including various components of health systems strengthening such as infrastructure, HR, drugs, diagnostics and Urban Health). The revision of IPHS were undertaken meticulously to the extent that service area-wise electrical loads were calculated based on equipment being used and acc

In the last financial year, three meetings have been held at Ministry under the chairpersonship of JS(P). In the current financial year, one meeting each under the chairpersonship of JS P and ASMD have been conducted to review the progress. Consequently, a state consultation was held to take view on various identified issues. Based on the inputs received, guidelines on DH/SDH, CHC, PHC and HWC- Health Sub Centre have been firmed up and submitted to the Ministry for approval. Components on urban health facilities – UHWC, UPHC, polyclinics and UHCs have been incorporated in the revised IPHS drafts.

Green & Climate resilient infrastructure- Technical Expert group online meeting held on Health Action Plan manual of Green and Climate resilient Healthcare facilities under the NPCCHH. A national level meeting was conducted in March 2021. Inputs/updates on recommendations of working group of Ministers on strengthening Health care infrastructure pertaining to division have been submitted to Ministry.

### **PHA 03 Model Health Districts and Aspirational Districts**

NHSRC, with the approval of MoHFW, has been assigned to develop MHD in states; these MHDs would serve as role model for replication in other districts. Under this plan, the district hospitals will be nodal point for implementing the best practices and shall be linked with CHC, PHC and SC. On the lines of Model Health Districts, Ministry has given approval to BMGF to develop Demonstration Districts in various States. Division has supported the activities for the State of Uttar Pradesh in coordination with various development partners present in the State like BMGF, PATH, Access Health Care, JHPIEGO, etc. Also, support was provided to districts in Chhattisgarh, Jharkhand, Odisha and Rajasthan. Visit to Udaipur, Jaipur in Rajasthan to assess the CPHC implementation and upgradation of PHC and Sub-Centres to HWCs, Raipur, Durg and Jashpur, Chhattisgarh to support the implementation of Integrated Public Health labs, assessment of CHCs for upgrading them as per IPHS to achieve compliance, to understand the functioning of Panchayats with the perspective of XV FC, and Gumla in Jharkhand to assess the facilities for NQAS were also undertaken. Other activities undertaken include gap assessment of HR for identifying the officers to be trained in LSAS and EmONC.

These districts have been supported to achieve quality benchmarks under LaQshya, Kayakalp and NQAS. Monitoring visits to Udham Singh Nagar, Haridwar, Gumla, Raipur, Durg, Udaipur, Banswara, Chittorgarh, Jaspur, Kandhamal, Gajapati, Varanasi and West Singhbhum were undertaken.

The division is also supporting Aspirational Districts (ADs) in the country. Analysis of the health indicators for delta ranking and inputs were shared with Ministry. NE states were oriented in online mode regarding District Health Action Plan, COVID related essential services, Non COVID Essential services etc. Data analysis on certain indicators was done for the Aspirational districts of Jharkhand namely-West Singhbhum and Gumla. Progress status and Data were taken from Aspirational districts on short term achievable indicators for 6 months. Inputs were furnished to ministry on program areas, priority indicators, short term goals and long terms goals and district health action plans for Aspirational Districts. Proposals from Aspirational districts were appraised for the states respectively, Chhattisgarh, Jharkhand, Rajasthan, Punjab, Odisha, Madhya Pradesh, Haryana, UP and Arunachal Pradesh. Inputs were provided on aspirational district indicators pertaining to division, to assess the functionality status of districts.

### **PHA 04 Public Health Management Cadre**

NHP 2017 envisages implementing Public Health Management Cadre (PHMC) in the States with multidisciplinary approach in addressing the Social Determinants of Health (SDH). In the current scenario, Public Health Management Cadre proposes a suggestive structural framework directed towards managing systems based on health outcomes both at the level of population-based health programmes and at the level of patient care. With this background, in 13<sup>th</sup> CCHFW, where the Health Ministers of all States were present “resolved to constitute PHMC in their States by March 2021 to achieve the goal of Health for All”. As a follow up, a concept note on PHMC was shared with States during Innovation summit held in November 2019 at Gujarat. Besides, it has been added as conditionality in 15<sup>th</sup> Finance Commission to implement the same in States by

2021. State consultations were done till March 2020 in 7 States- Assam, Bihar, Jharkhand, M.P., Sikkim, Telangana and West Bengal. Besides, Task force were formed in Bihar, Jharkhand and M.P.

A review on the progress of resolution made in 13<sup>th</sup> CCHFW was held in June under the chairpersonship of AS & MD and an expert committee was constituted under the leadership of JS (P) involving the Principal Secretaries, Mission Directors, Director Public Health of various States, representatives from NITI Aayog, WHO and NHSRC and other public health experts to finalise the work done till now. After two round of expert committee meetings and five rounds of internal meetings (*one with the NITI Aayog, one briefing meeting with JS (P), one orientation meeting of other members of Expert committee and two internal meetings at NHSRC*) the core principles were finalised. The draft report of Expert committee on PHMC was prepared and shared with Ministry. Consequently, three rounds of meeting with JS (P), one round with AS & MD and two rounds with NITI Aayog were held to discuss the way forward for implementation of PHMC.

State consultations with Bihar, Jharkhand, Madhya Pradesh, and Uttar Pradesh were held during 20-21. Implementation Support is being provided to State Bihar, Jharkhand and Madhya Pradesh. In Bihar, a task force under the chairpersonship of AED, SHS Bihar was constituted to develop state specific Model for PHMC, and the report is now published. In Jharkhand, after the exercise by the task force to implement PHMC in the State, a draft cabinet note was prepared and submitted to the state for review for further considerations.

The states of Bihar & Jharkhand have also estimated the financial burden in implementing PHMC in their states with the support of NHSRC.

## **PHA 05 Public Health Governance**

Robust and accountable health systems governance remains a challenge within the public sector. Mechanisms for strengthening accountability and health systems risk management (such as morbidity audits, prescription audits, inventory and financial audits) are either inadequate or lacking. Neither is there a system to generate early warning signs about potential lapses in service delivery (particularly those which are critical, e.g. adverse event reporting). The division is working on the strengthening of Public Health Governance through Health System Indicator Tools enabling timely corrective actions to prevent untimely deaths and avoidable incidents

### **5.1 Maternal Death Surveillance Review & Child Death Review**

‘Parvarish’ programme has been launched in Bihar to foster those orphans who have lost both their parents. MDSR has been made as one of the entitlements in SUMAN. In Bihar, regular review meetings are being organised by the Mission Director on maternal deaths. The ACM In-

charge of MDSR presented the analysed data as per GoI guidelines. All the private healthcare providers are being oriented in MDSR reporting format in Bihar.

### **5.2 Civil Registration System**

A comprehensive background document on Civil Registration and Vital Statistics (CRVS) and regulatory framework has been prepared. Research design and tools for working paper have been approved by PGI Chandigarh. Field visits were planned, however rescheduled due to COVID-19 to be initiated this year. On 28<sup>th</sup> September 2020, an expert group meeting to improve reporting through the Civil Registration System was held under chairpersonship of Mr. Bantia, Ex-CS Maharashtra. It was agreed that the project focus on implementation of CRVS and MCCD ICD-10. Thus, proposal is being revised accordingly.

### **5.3 Clinical Governance**

National Health Policy 2017 also focuses on providing Patient centric, quality of care along with accountability and transparency. Clinical governance is a systematic approach of institutionalizing patient centric service in hospital setting. A draft concept note on clinical governance has been developed, and meetings were held in Maharashtra and Tamil Nadu to pilot this initiative at selected public facilities.

A national level consultation was held in July 2021 for clinical governance after internal discussion with QI. Based on discussion, the further actions have been finalized.

### **5.4 Assured Emergency &Referral System**

GoI already has guidelines in place for ambulances. Support is being provided to the Ministry for revising technical guidelines and protocols for National Ambulance Service. Cost estimates for NAS have been approved by MSG. Support is being provided to states through PIP for operationalizing 102/108 ambulances.

Similarly, with the approval of the MOHFW an Expert group was formed under the Chairpersonship of ED, NHSRC with representatives from State Mission Directors and their representatives, Manufacturers, Service providers, Medical Service Corporations and Director RRC-NE and the revised Estimation of the capital and Operational Expenditure for MMUs and revised norms both for MMU and NAS for North East and Hilly States along with estimated cost (after due vetting from the cost accountant ) has been put on file for approval to the Ministry.

Currently, there are 26321 ambulances (10599 are 108, 10752 are 102 and 5412 are other ambulances) in the country under NHM (Source – MIS December 2020).

The draft of revised ambulance guidelines is prepared. An expert group is also formed to firm up National Neonatal Ambulance guidelines. Two expert group meetings have been done and a draft guide note was submitted to the Ministry.

### **5.5 Citizen Charter**

The draft has separate formats developed for every level of facility. The draft was submitted to Ministry for approval and shared with States twice for inputs. The final draft after incorporating inputs has been submitted to the Ministry for approval and dissemination to States. The Division

also provided inputs on the Citizen Charter of the MoHFW. The revised charters are included in the IPHS under revision.

### **5.6 Software for Supportive supervision (eSS)**

GOI intended to strengthen the Supportive Supervision in the country by developing an application that helps in planning and coordinating visits, reviewing schedule, providing feedbacks etc. The app was developed and piloted with support from BMGF and JSI. After the tender process and vendor was finalized for updating the post pilot feedbacks. Further, the development of the software is under process. Meetings in this regard were held with the vendor.

### **5.7 Grievance Redressal Software (GRS) and Health helpline (HHL)**

The Division is providing support to States through PIPs in establishing comprehensive GRS. At present, 31 States have a functional (104) GR system. On the directions of MoHFW to revise the norms on the operational cost of 104 call centres in the States/UTs, a format on the input, process and output indicators for 104 call centres was shared with the representative sample of 11 states (Andhra Pradesh, Bihar, Gujarat, Haryana, Jammu and Kashmir, Maharashtra, Karnataka, Manipur, Rajasthan, Uttar Pradesh, and West Bengal). The data received from 7 states was analyzed and accordingly based on the synthesis of data, necessary recommendations have been put up on file for further action by MoHFW.

For the GRS & HHL web portal, the comprehensive medical algorithms have been developed for the web portal for GRS & Health helpline. After approval from ministry, tender has been floated for developing the software for GRS web portal. To integrate GR services for SUMAN facilities, expert group meetings were held in coordination with MH Division and CHI. The comments were given on the FRS document shared and accordingly a demonstration of the prototype was done. Demonstration of the beta version was done on 30<sup>th</sup> July 2021. After incorporating the changes, the software will go-live after the approval from Ministry. Frequent consultation with the vendor is in process to foster the completion of project in stipulated time.

## **PHA 06 National Urban Health Mission (NUHM)**

Healthcare needs and challenges of urban population are different from those in rural areas. NUHM aims to provide comprehensive primary health care services to the urban population, with special focus on people living in notified and non-notified slums, homeless, rag-pickers, migrants and other vulnerable groups. The Division is supporting MoHFW in framing and revising NUHM guidelines, capacity building of States and their service providers (including wider stakeholders) and monitoring of implementation status of the Mission. The division has provided technical inputs for various new initiatives like PM-ASBY, XV Finance Commission guidelines for urban health facilities and restructuring of NUHM, in collaboration with NUHM Division of the Ministry.

Under the PM-ASBY, draft guidance document on revised services in urban areas through UHWC and Polyclinic has been prepared for strengthening urban health after several rounds of discussion with Ministry and internal deliberations within NHSRC to discuss the activities and norms for

UHC, Polyclinic and Outreach. Subsequently, brief guidelines for implementation of UHC and Polyclinic under PM-ASBY have been submitted to the Ministry and are awaiting Cabinet approval. The revised IPHS 2021 guidelines, which are in the process of finalization, include benchmarks for urban health facilities, viz. UHC, UPHC, Polyclinic and UHCs, for the first time. Several rounds of meetings had been held with urban health division of ministry under chairpersonship of JS (Urban Health) and also with JS (Policy) and JS (Urban Health) under chairpersonship of AS&MD to firm up the integrated IPHS guidelines for rural and urban health facilities.

A revised draft framework for urban health, based on learnings from the COVID-19 pandemic and field experiences on the functionality of NUHM since its launch, has been developed in consultation with the NUHM Division. This is consistent with the framework proposed under Atmanirbhar Package and is awaiting approval from Ministry. A Consultation with nine states and their Municipal Corporations had also been undertaken to gather their inputs for the same.

The Division coordinated with the Asian Development Bank (ADB) team for finalization of Disbursement Linked Indicators (DLI) matrix and Verification Protocol for NUHM and provided inputs on ADB's proposed loan for strengthening CPHC in urban areas. The division also coordinated the workshop of stakeholders on review of ADB supported activities on community engagement in urban areas during COVID-19 pandemic.

The division gave inputs on the NUHM component on the Ernst and Young's draft reports on evaluation of Centrally Sponsored Schemes. Inputs were also given on various urban health projects of development partners/international agencies, namely, the India Primary Health Care Support Initiative (IPSI) project of John Hopkin's University to support HWC, Samagra Project of PSI/USAID and JICA Covid Emergency Response Program were provided.

The existing outreach guidelines for urban areas are also under the process of revision, based upon the revised services envisaged, especially to emphasize public health actions such as disease surveillance and management of outbreaks. The guidelines on collaboration with Medical Colleges to strengthen NUHM are also being reviewed and finalized along with Ministry.

Draft study proposals are underway for four working papers allocated, namely, state models for expanding health services, including metros; role of Public Health Manager; assessment of UPHC services and Gap analysis in urban immunization.

Further, the Division has given orientation on Urban health Planning to Uttar Pradesh (NCR region), Karnataka and Tamil Nadu on a virtual platform. The division also undertakes PIP appraisals of NUHM proposals.

## **PHA 07 Legal Framework**

The concept of public health law is not restricted to laws that regulate the provision of health care services alone but includes the legal powers that are necessary for the State to discharge its obligation. Hence, it is crucial that expanding needs of public health be supported by enabling legal provisions at Central and State levels. Public Health Act, Medico-legal protocols, Clinical Establishment Act are some of such examples which need to be robust and as such the division

is supporting MoHFW in their formulation and implementation.

### ***7.1 National Public Health Bill***

The Draft Public Health Act details the responsibilities and functions of governments to coordinate responses to public health risks, to create healthier environments, to promote healthier behaviours, to generate the information base that is needed for effective action and policies, to manage a competent health workforce, and many other such functions. It sets up three tier health authorities (intersectoral) and provides statutory support to carry out functions and exercise powers related to communicable and non-communicable diseases, public health emergencies (to repeal the archaic epidemic diseases act), social determinants of health, provision of assured primary health care, with a 'health-in-all' approach. A draft for State and public consultation was prepared and sent to Ministry and referred to the Legislative Department of Ministry of Law, for their opinion, prior to State consultations. Consequently, the Draft has been sent by the Ministry to all the states. Based on the directions of Supreme Court, a comparative analysis of the Health Bill 2009 and Public Health Bill 2020 was done, and recommendations submitted to Ministry.

### ***7.2 Clinical Establishment Act***

The Division attends regular meetings and provides support to National Council under the CEA Act as well as to States that are at various stages of adopting and adapting the CEA. Support to the states is being provided through PIPs.

### ***7.3 Comprehensive Lactation Management Bill***

The division undertook the drafting of a legal framework at the MOHFW's request, to (a) regulate the process of donor selection, consent, screening, testing, processing, storage and dispensing of Donated Human Milk (DHM); and (b) prohibit commercialization of DHM. The Division developed and revised drafts based upon inputs from the MOHFW. The final draft submitted for approval.

### ***7.4 Guidelines on Medico Legal Protocol***

The division has initiated drafting of a handbook on protocols applicable to various **ML Cases** applicable to Medical Officers based on legislations and judgments.

## **PHA 08 Comprehensive Primary Health Care**

The Division has coordinated in drafting of operational guidelines in certain key areas of Comprehensive Primary Health Care. Our effort/support activities included convening expert group meetings, framing the guidelines and putting them up for review and approval of the Ministry. Guidelines cover the areas of Oral Health, Mental, Neurological & Substance Use Disorders, Emergency Services, Architectural Design of HWCs (6 types), RMNCH+A and Palliative Care. Guidelines on Oral Health were launched by Hon.' HFM on Universal Health Coverage Day. The layout designs for HWC have been uploaded on NHM website and shared with States.



- **Mobile Medical Units-** 2-day meeting held with stakeholders to finalize cost for MMUs including differential cost for Northeast regions. A meeting was then held under the chairpersonship of JS Policy. Based on the inputs received, the revised cost has been submitted to the ministry for approval.
- Support provided to develop Training Manuals on **Mental, Neurological & Substance Use Disorders for Frontline workers, CHOs & MOs**. An expert group formed under the chairpersonship of Professor Santosh K Chaturvedi, NIMHAS. Drafts were finalised in coordination with CP-CPHC division.
- Inputs on the Voluntary Contribution guidelines in coordination with CP Division.

## PHA 09 National Level Monitors

The division is supporting visit of National Level Monitors (NLMs) to ADs. All national monitors were oriented in a 2-day workshop on various parameters, programs and activities being carried out under NHM. An assessment checklist along with visit plan was prepared and shared with monitors before the visit was initiated. A checklist was prepared as a guidebook for National monitors. On the direction of AS&MD initial visits were organized to assess Health & Wellness Centers in 8 states till 2020. The data collected as per the checklists were analyzed and shared. Support provided for the National Mentor meet on Aspirational district programme by Ministry.

Due to sudden surge of COVID 19 pandemic no further visits of NLMs were undertaken due to travel restrictions and other related factors. As the situation is improving the willingness of all the 8 NLMs to undertake visit has been taken and only five agreed to travel. In this respect, it is suggested to MoHFW to create a bigger pool of NLMs including young professionals, public health experts, persons from PSM department of Medical Colleges, and Centre of excellences for undertaking regular monitoring visits and sharing reports. A file note was also shared with Ministry on this and response is awaited.

## PHA 10 Communicable Disease

The division provided support to MoHFW in drafting numerous guidance documents related to COVID. It included

- developing of checklists for assessing facilities,
- online orientation of the States on the checklists
- comprehensive analysis of the states based on facility wise assessment, DCH data,
- prepared proposals for special short-term activities under JICA,
- prepared brief notes, PIP guidance note, developing guidelines on Critical Care Units, Integrated Public Health Laboratories, Block Public Health Units and Urban Health & Wellness Centres for PM-ASBY package
- Organised expert group meeting to finalise the guidelines for PM-ASBY components.

- Appraisals of COVID/ ECRP proposals of the States
- Compilation of Infrastructure, GRS &HHL, Ambulances, etc. components for COVID related documentation.
- Inputs on Environment and Social Management Plan for COVID-19 containment activities of World Bank
- Online orientation on implementation of DHAP & IPHS to Northeast States – Arunachal Pradesh, Meghalaya, Nagaland and Sikkim & RRC NE participated.
- Orientation of representatives of urban local bodies and executive officers on water borne disease and prevention of COVID in Bihar
- Support provided in drafting the ECRP-II guidance note and the comments also, appraised the State proposals for ECRP-II
- 

## **PHA 11 Knowledge Partnerships**

Dissemination of technical evidence, knowledge and skills need to be fast tracked and this has been undertaken in partnership with medical colleges and Centres of Excellence in public health. Division is working in close collaboration with these institutions to be responsive to States. The division collaborated with KGMU Lucknow and MGIMS Wardha for revision of BEmONC, CEmONC and LSAS curriculum. MGIMS Wardha as Centre of Excellence for MCH is also supporting other states for orientation and training on various MCH protocols. The institute also gave us technical support in preparing layout plans for LDR and MCH wings. Working with AIIMS Bhopal & BHU a Centre of Excellence for MCH would be established at both these premiere institutions.

Institutional partnership with AIIMS Delhi and JPN Apex Trauma Centre, Delhi is being utilized for preparing Emergency care guidelines for secondary and primary care along with various training curriculums. Collaboration with AIIMS was done for framing Operational guidelines for Mental Neurological Substance use disorders also. Partnership with Association of Family Physicians of India, CMC, Vellore and National Board of Examination (NBE) has been utilized for updating the curriculum of Family medicine program by NBE. The partnership with NBE also helped in scaling up DNB courses at district level. AMoU with PHFI for supporting DNB course/ CPS/ Nursing and Paramedics courses in States and a tripartite MoU involving Jharkhand State Government for facilitating DNB/CPS/Nursing and paramedical courses under DH strengthening program have also been signed. Division has signed an MoU with AIIMS Jodhpur for knowledge sharing and for conducting training programs for middle level officials.

## **PHA 11 Miscellaneous**

### **1. Common Review Mission (CRM)**

- Compilation, review and synthesis of the reports was done for RMNCHA, Communicable diseases, NUHM, Governance, MMU, ambulance, DH Strengthening, Infrastructure etc.

as per the TORs assigned to the division. The Division took an active role in preparing the final 13<sup>th</sup> CRM National report.

- The Urban Health ToR for the proposed virtual 14<sup>th</sup> CRM was finalized. Besides, as part of the 14<sup>th</sup> CRM and NHM redesign, previous CRM reports of several States have been analysed. The division was also involved with the finalization of National Report for 13<sup>th</sup> CRM for Urban Health ToR.
- Further, the Division was assigned to do secondary data analysis using the findings of all 13 CRMs held in the past. Also, Division was involved in framing the strategy for conducting 14<sup>th</sup> CRM 2020 amidst of COVID-19 pandemic which was subsequently rescheduled.

## 2. Infrastructure:

- A working group for arriving at the normative cost of infrastructure works under NHM to finalize the normative costing on infrastructure for all public health facilities.
  - After group discussions, a costing sheet was prepared, and a state consultation was held to further finalise the sheet for sharing with the states. The final draft was shared with states for their inputs for finalizing the costing sheet.
3. Submitted Secondary care oral healthcare guidelines and Hindi translation of National Oral Health Policy to the NOHP division.
  4. Division has appraised PIP proposals, proposals from NESIDS, PMJVK, DoNER, MoMA and MoTA for various States.
  5. Inputs on HMIS indicators have been provided to ministry.
  6. Response to Lok Sabha & Rajya Sabha Parliamentary Questions and questions for the standing committees.
  7. Provided inputs on E&Y evaluation report, MSDE skill courses, Common Health Foreign Ministers meeting, RKS guidelines, Tripura state model, Human Rights Advisory on PwDs, Apollo Health Plan, state health index, EFC recommendations on NHM Redesign, tribal report, Kerala Climate resilient programme under RKDP, AD 3-year plan, Bio-tech PRIDE policy, G20 Principles of Infrastructure, climate resilient health action plan, India Year book, World development report, Policy incentives to encourage investments in health care sector, BRICS questionnaire on Social infrastructure, finalization of guidelines on engagement of non-consultants in MoHFW, ROD meeting taken by Hon'ble FM with Senior Officers of MoHFW on 16<sup>th</sup> July 2021, ARIKE LIFE-Integrated Public Health Initiative, Supplementary list of points on COVID-19 pandemic, DH best practices study report, POSHAN abhiyaan, NFHS 6 questionnaire Revamping the guidelines for appraisal/ approval procedure to be followed for central PPP project, Swasth Alliance, certificate course on integrated digital intensive care management, health facilities for tribal women, PMO reference for All India National Health Services, doorstep foundation, constitution of inter-ministerial convergence committee between MoHFW & MoAYUSH, draft

Memorandum for SFC for Labour Welfare Scheme, interlocutory application filed in Suo Moto Petition No. 3 of 2021, The Constitution (One Hundred and Twenty-Seventh Amendment) Bill, 2021 (Insertion of new article 21B), National Action Plan on Human Rights along with documents consisting of human rights principles, thematic areas and existing legislative policies and framework, Action points to be taken up following the briefing meeting of Hon. HFM and Hon. MOS held on 09.07.21, Need to create pre delivery hubs in remote areas, Tribal Health Note, FNHW-Cadre (Health Sakhi/Poshan Sakhi) under DAY- NRLM and convergence with Ministry of Health and Family Welfare, Jeevandhara Project, etc.

8. Research work:

- Oral Presentation in 16th World Congress in Public Health 2020 on Designing Health Risk Assessment Report for Wellness Clinic Patients published in Abstract supplement of EU PHA.
- Poster presentation on Legal and programmatic preparedness of India on Early Childhood Development
- Paper Published on Assisted dying and voluntary euthanasia: awareness and perception among the healthcare professionals in tertiary care centre, South India (published in international journal of Community Medicine and Public Health)
- Paper published on Prevalence of suicidal ideation, plan, attempts and its associated factors in selected rural and urban areas of Puducherry, India (published in Oxford Journal of Public Health)
- Division is providing support to Exemplar MNH research study conducted by BMGF in coordination University of Manitoba, IIPS and Ministry.

## **KNOWLEDGE MANAGEMENT DIVISION (KMD)**

### **Work Report: 1st April 2020 to 31st March 2021**

#### **Key Deliverables**

1. Undertake Implementation Research for Health System Strengthening under NHM
2. Support the redesign of the proposed extension of the National Health Mission.
3. Serve as the hub within NHSRC for coordinating NUHM activities
4. Conduct secondary analysis of data from large scale surveys, HMIS and other large research studies to support programme implementation and enable districts/states to undertake corrective action/modify programme strategies. Undertake state wise analysis of key health systems data and studies including SDG and UHC indicators.
5. Develop and disseminate reports, policy briefs and other high-quality deliverables derived from Implementation Research, Best Practices and field learning.
6. Support SHSRCs to provide technical assistance to State National Health Mission.
7. Provide inputs to states for research proposals approved under Record of Proceedings for State's Annual Budget Plan.
8. Support /Coordinate with all divisions in field reviews, planning processes and dissemination of findings, including coordinating the Common Review Mission.
9. Support States in sharing their Best Practices, enable high quality documentation of such Best Practices, and organize the Best Practices Innovation Summit.

#### **Team Composition**

As a part of internal restructuring process of NHSRC, Knowledge Management Division (KMD) was proposed and approved during sixteenth Governing Body Meeting of NHSRC held in July 2020. The division also got an approval of additional seven positions i.e., three senior consultants and four consultants.

However, the Office Memorandum from Department of Expenditure (DoE), Ministry of Finance in its letter dated September 4, 2020 states that there will be a ban on creation of new posts, except with the approval of DoE in Ministries/ Departments, attached officers, Subordinate offices, Statutory bodies and Autonomous bodies.

The positions recently got administrative/IFD approval vide letter dated August 31st, 2021.

<b>Sanctioned Posts</b>	<b>Additional approval in 16<sup>th</sup> GB meeting</b>	<b>In Position</b>
Advisor (1)	-	0
Lead Consultant (1)	-	1
Senior Consultant (1)	3	1
Consultant (5)	4	4
<b>Total filled positions</b>	<b>-</b>	<b>6</b>
<b>Positions to be filled</b>	<b>7</b>	<b>2</b>

## **Areas of work**

KMD 01 Undertake Implementation Research (IR) for Health System Strengthening (HSS) under NHM

### **1.1 Revision of Institutional Structures for the National Knowledge Platform**

National Knowledge Platform (NKP) was formed in 2014 with the mandate to undertake the research activities linked closely with national priorities and the knowledge requirements of decision-makers in the health system. Under NKP, four studies were commissioned by MoHFW.

In FY 2020, the NKP structure was revised to a NHM-IR Committee for guiding and supporting this effort, and a Secretariat, housed in the National Health Systems Resource Centre (NHSRC).

Further, the NKP has been renamed as **Implementation Research for Health Systems Strengthening (IR-HSS)** under NHM and this platform will provide support to States in implementation research funded under NHM.

### **1.2 Undertake Implementation research for Health System Strengthening under NHM**

- Six workshops on 'Priority setting for Implementation Research to strengthen Health Systems' were conducted, with active participation from 29 States and UTs.
- The first regional workshop was held in October, 2019 in Kerala. Face to face workshops planned with remaining groups of states could not be undertaken due to COVID-19. A series of virtual workshops were organized between July and August 2020, where state representatives participated and presented multiple challenges spanning all health systems areas. (The list of states with participants is attached at Annexure A).
- Division subsequently worked with technical experts to frame implementation research questions that were aligned with identified research priorities by the states. A few priority questions were selected which would address similar health system challenges faced by multiple states. (Annexure B: List of priority research questions framed based on states' challenges).
- A call for inviting Expressions of Interest (EoI) for empanelling Organizations (public, private and not- for-profit) to do IR studies was put up on the NHSRC website and is being followed on a weekly basis.
- A "Grant Review Committee" comprising of five eminent researchers in the area of public health and health systems research would be constituted as and when research studies are finalized. The committee would discuss the proposals received, score proposals on specific criteria, look specifically at the plan to convert findings to policy briefs, dissemination plans, and make recommendations for funding.

### **1.3 Studies and Evaluation**

- a. *Undertake Comparative Assessment of various models of Mobile Medical Units in collaboration with AIIMS, New Delhi*

The study was finalized and initiated in September 2019. The study is being undertaken by AIIMS, New Delhi in three states – Assam, Rajasthan and Tamil Nadu. Based on the status update shared by AIIMS in review meeting held in February 2021 - the field work has been completed and a draft report is being prepared.

**b. *Undertake assessment of Out-of-Pocket Expenditure on Medicines in collaboration with PGIMER, Chandigarh***

The study was finalized and initiated in December 2019. The study is being undertaken by PGI, Chandigarh in three states – Chhattisgarh, Haryana and Tamil Nadu. Based on the status update shared by PGI-Chandigarh in review meeting held in February 2021 - the field work and data collection has been completed and a draft report is being prepared.

**c. *Undertake Evaluation of mainstreaming AYUSH, in collaboration with AIIMS Bhubaneswar***

The study was finalized and initiated in March 2020. The study was being undertaken by AIIMS, Bhubaneswar earlier but has now shifted to AIIMS, Bibinagar - Hyderabad, based on the request made by the Principal Investigator. Given the current Pandemic situation and the shifting of institution from Odisha to Telangana, there was no progress made in the study last year. Based on the status update shared by AIIMS - Bibinagar in review meeting held in February 2021 – the study is now being initiated and will be undertaken in collaboration with five AIIMS across different geographical locations of the country.

**d. *Undertake study on role of ASHAs in clinical decision support system, in collaboration with AIIMS, New Delhi***

The study was finalized and initiated in October 2019. The study is being undertaken by AIIMS, New Delhi in two blocks (Mukandpur and Sujjon) of district Shaheed Bhagat Singh Nagar, in Punjab. Based on the status update shared by AIIMS, the field work is near completion.

**e. *Evaluation of Pradhan Mantri Ujjawala Yojana (PMUY) in six states of India***

Indian Institute of Technology, Kanpur has been identified by Ministry of Health and Family Welfare to undertake the evaluation. The study is being undertaken in six states of India (Bihar, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal), which have been selected in consultation with MoPNG, and based on the uptake of the Scheme and percentage of beneficiaries availing the LPG services under this scheme. The study was initiated in September 2020.

**f. *Ayushman Bharat – Health and Wellness Centre Assessment***

The AB-HWC assessment has been commissioned by MoHFW in eighteen states. The aim of the assessment is to review the rollout of AB-HWC in varying contexts, identify specific challenges and adaptations, and to dialogue with States on streamlining inputs, modifying processes and improving coverage and quality of services. The assessment will also capture status of service delivery at primary healthcare level during COVID-19 pandemic. Currently, the data collection is going on across the selected states.

**g. Assessment of delivery and access to essential services during COVID 19**

In order to assess the current status of essential health services in the states in terms of delivery of services and access to those services a telephonic survey was being conducted across 21 states. Currently the draft report is being prepared.

1.4 Division also reviews the research proposals submitted by States/UTs in Annual budget plan (PIPs) pertaining to Health Policy and Systems Research (HPSR) including IR.

The proposal reviewed by the division are as follows -

i) Odisha: 03 proposals

- "Data to information and its dissemination at different levels of planning"
- "Emerging Health system expectations and role performance by ASHA"
- "A study on quality of VHSND & UHND in Odisha"

ii) Madhya Pradesh: 01 Proposal

- "Comprehensive study of emergency services catered by the public health facilities at primary and secondary level in state of Madhya Pradesh"

iii) Uttar Pradesh: 05 Proposal

- "Estimating neonatal and infant mortality in Uttar Pradesh: A pilot study"
- "Towards understanding the functionality and quality of Health and Wellness Centres in the Select Districts of Uttar Pradesh: Programmatic assessment of health facilities and beneficiaries"
- "Evaluation study on Outsourced Projects in Uttar Pradesh"
- "Follow-up study on Emergency Medical Transport Services (EMTS) in Uttar Pradesh"
- "A baseline assessment of RMNCH+A program in selected aspirational blocks of Uttar Pradesh"

**KMD 02 Serve as the hub within NHSRC for coordinating NUHM activities**

**2.1 To provide technical assistance in urban areas**

Division in collaboration with team of consultants from the International Innovation Corps (IIC) of the University of Chicago Trust is undertaking study in the following areas -

1. Identifying best practices and operational challenges and opportunities in current models of decentralized care (state specific models) so that promotive, preventive, and primary care and rehabilitation is managed at the community level.
2. Identification of the role of urban local bodies, or other urban governance bodies for the overall supervision and management of the urban health care systems
3. Role and participation of community/citizens/civic organizations in urban health care
4. Identifying the optimal role of private sector participation beyond curative care in preventive, promotive, and rehabilitative care



2.2 Division provided technical inputs for ADB loan and PM-ASBY in collaboration with PHA division. Technical inputs were provided for the finalization of the design and monitoring framework (DMF) and DLI matrix and verification protocols for the ADB's project of Supporting CPHC in urban areas.

2.3 Division prepared an analysis on Safe Cities Index 2019 and submitted to Stats division, MoHFW. The document defined the methodology for SCI 2019 report, input and output indicators for the domain of health security (including the unit and the sources) including limitations of the SCI 2019.

**KMD 03 Conduct secondary analysis of data from large scale surveys, HMIS and other large research studies to support programme implementation and enable districts/states to undertake corrective action/modify programme strategies**

3.1 *Analyse national, State and district level data from a HSS perspective, including attention to equity.* Division was involved in analysing the NFHS -5 state factsheets for NCDs and associated risk factors and prepared State advisories for action on chronic diseases/risk factors.

3.2 *Undertake data analysis and summary documentation for various periodic reviews (CRMs, PIPs), field visits etc.*

Division prepared state wise sheets based on the secondary analysis done for demographic, socio economic and health related indicators from the latest available data sources.

**KMD 04 Develop and disseminate reports, policy briefs and other high-quality deliverables derived from Implementation Research, Best Practices and field learning**

4.1 *HWC Compendium for UHC Day 2020 –*

Division worked with CP-CPHC division in develop a compendium focussing on HWC, providing current status of key indicators as a snap shot of every State/UTs performance on access, coverage, reach, equity and affordability, and highlighting the progress on operationalizing AB-HWCs.

4.2 *Health Systems and Reform Journal: Special Issue Focus on National Health Mission –*

The Health Systems and Reform journal publishes research and policy analysis on health system performance, management and equity. It is an Open Access Journal, published by Taylor and Francis. Since 2020 marked the fifteenth year of NHM implementation, it was decided in consultation with the MoHFW, to publish an NHM focussed issue of HSR.

The issue would have seven articles and three to four short commentaries. A suggested title for this issue is: "Marking 15 years of India's National Health Mission: creating the platform for Universal Health Care".

The list of articles and proposed first authors has been sent to the MoHFW, and is awaiting approval of the Secretary. A draft agreement has been shared with Taylor and Francis.

**KMD 05 Support /Coordinate with all divisions in field reviews, planning processes and dissemination of findings, including coordinating the Common Review Mission**

5.1 Report for thirteenth Common Review Mission was finalized in collaboration with other divisions of NHSRC and disseminated.

**KMD 06 Support States in sharing their Best Practices, enable high quality documentation of such Best Practices, and organize the Best Practices Innovation Summit**

The division is mandated to undertake an exercise on Good and replicable practices and innovations in Public Health care systems. Inputs received from various states are compiled and presented during a National level workshop. Consequently, a compendium of innovations and best practices is presented in the National level Best Practice summit. Same is disseminated as a coffee table book.

**KMD 07 COVID related activities**

- 7.1 Division developed a COVID 19 repository on the National HealthCare Innovation Portal. The repository served as a platform for state/UT to share Guidelines, Standard Operating Protocols, Advisory notes and Best Practices related to COVID 19. It also facilitated cross learning across states and districts to expedite COVID 19 responses and also build a repository of best practices and guidance documents for the future. The is was later on taken over by e-gov division.
- 7.2 Division prepared Guidelines to ensure the delivery of essential non-COVID related services across the public health facilities for the different population sub groups i.e. Pregnant women with particular focus on high risk pregnant women, New-borns and young children, Patients on treatment for chronic communicable and non-communicable diseases, Elderly people, Patients needing dialysis, cancer treatment and Those requiring transfusion of blood and blood products
- 7.3 Division prepared Operational Guidelines for COVID management at PHC and CHCs in collaboration with PHA division.
- 7.4 Division in collaboration with other programme divisions prepared a COVID document titled “Chasing the Virus: A Public Health Response to the COVID 19 pandemic”, capturing the Ministry of Health and Family Welfare’s response to the COVID pandemic. The first volume of the document spans the period between January 2020 and November 2020.
- 7.5 Division is also involved in appraising the COVID 19 Emergency Response and Health Systems Preparedness Package proposals (ECRP) for the states/UTs.

**KMD 08 State Health Systems Resource Centre(s)**

**8.1 Support to SHSRCs in States through consultations and Advocacy Visits / Strengthening mechanisms for improved financial and technical assistance to SHSRCs**

The initial allocation of INR 1 Crore per SHSRC was not been revised till last year. This amount is insufficient to meet the requirements of SHSRCs given the expanded Scope of Work expected to

be carried out by them. Therefore, it is often the case that only staff salaries are met and there is little left for other activities. In view of these facts, NHSRC drafted the proposal note to revise the financial allocations to SHSRCs under NHM to INR 2.5 crore per annum for bigger states and INR 1 crore per annum for the smaller states (from 1 crore and 50 lakhs respectively) and sought approval of the Empowered Programme Committee's (EPC's) for the same. The proposal has been approved by the EPC and is to be discussed in the next Mission Steering Group (MSG) meeting for approval. The MSG will now be held after the Cabinet note for NHM extension is approved.

## **KMD 09 Others**

### **9.1 PM-ASBY**

Division provided technical inputs to the concept note and EFC note for the PM-ASBY. Division also worked on drafting the concept note of key components of PM-ASBY in collaboration with other divisions of NHSRC.

### **9.2 NHM Extension**

Division provided technical inputs and prepared the concept note for the extension of NHM beyond April 2021.

### **9.3 PHC reform document for PMO**

A document on PHC reform was prepared in collaboration with CP – CPHC division.

### **9.4 Migrant Guidelines**

Division is developing operational guidelines for 'Ensuring health care service delivery to Migrants'. These guidelines would facilitate the planning process in the States/UTs. A first draft is ready and being reviewed.

### **9.5 Multi-Purpose Health Worker (Male)**

Division is working in collaboration with NIHFW to develop and finalize course curriculum for MPH-W-Male.

### **9.6 Concept Note for collaborating with Medical Colleges for implementing Comprehensive Primary Health Care**

Division worked on developing a Concept Note for collaborating with Medical Colleges for implementing Comprehensive Primary Health Care – in collaboration with CP CPHC divisions.

### **9.7 CHO Mentoring Proposal**

Division was working in developing CHO mentoring proposal in collaboration with CP CPHC division.

## **QUALITY IMPROVEMENT DIVISION**

### **Work Report: 1st April 2020 to 31st March 2021**

#### **Key Achievements**

1. **Scale-up of National Quality Assurance Program & LaQshya Program:** 813 health facilities have been NQAS certified nationally, and 2731 health facilities have been NQAS certified at the State level
2. **Expansion of National Quality Assurance Standards**
  - a) **Quality standards for Health & Wellness Centres (HWCs):** Launched in December 2020 and shared with the states/UTs
  - b) **Quality certification programme for child friendly institutional care:** Draft standards have been submitted to MoHFW for its approval
  - c) **Quality standards for Comprehensive Lactation Management Centre (CLMC):** Final version has submitted to MoHFW for approval
  - d) **Measuring Breastfeeding practices among institutional delivery:** Final version is submitted to MoHFW (CH Division) for approval
  - e) **Quality standards for the Haemodialysis centres:** First draft is ready and shall be put for expert consultation
3. **Revision of NQAS assessment tools for CHC and PHC:** Under process
4. **Support for the 'Kayakalp' program:** External Assessment has been completed for 3683 health facilities in 17 states/UTs. Only 4 states had declared their Kayakalp awards for the FY 2020-21 till 31<sup>st</sup> March 2021. Now, 27 States have declared the results.
5. **Development of IT enabled solution for the NQAS and LaQshya certification:** A MoU has been signed with CDAC, and work on System Requirement Study (SRS) has been started
6. **Support to states in implementation of 'Free Drug Service Initiative' (FDSI)**
  - a) **Development of norms for district drug warehouse:** After expert consultation meeting, revised version is under process
  - b) **Finalisation of 'Prescription Audit' guidelines and dissemination:** Approved by MoHFW and is circulated in the states
7. **Support for implementation of Mera-Aspataal and follow-up action:** A total of 7684 health facilities have been integrated under Mera-Aspataal

8. **Studies:** Could not be undertaken due to prevailing COVID pandemic
9. **Support for implementation of patient safety framework:**
- National workshop on Patient and Medication Safety:** A national webinar was organized on second World Patient Safety Day (17<sup>th</sup> September 2020)
  - Development of patient safety standards and measurement system:** A self-assessment tool is being developed and final draft will be ready by first week of the October 2021
10. **Others –**
- Dissemination of Standard Treatment Guidelines:** Development of e-learning app for STGs is in process with NIE-ICMR
  - Maintenance of ISQua accreditation of National Quality Assurance Standards and Surveyor Training Program:** Renewed ISQua accreditation of Quality Standards for another four years (valid till August 2024). Accreditation of surveyor training program is valid until July 2022
  - Creation of 'NQAS Certification Unit' as per ISQua norms:** Application was submitted to ISQua for on-site survey
  - Support for maintaining ISO 9001:2015 certified status of NHSRC and RRC-NE:** Status is maintained for FY 2020-21

### **Team Composition**

Quality Improvement Division	
Sanctioned Posts	In Position (vacancy)
Advisor (1)	1
Lead Consultant/Senior Consultant (1)	0
Senior Consultant (2)	1 (1)
Consultant (8)	7 (1)
<b>Total filled positions</b>	<b>9</b>
<b>Positions to be filled</b>	<b>2</b>

Certification Unit	
Sanctioned Posts	In Position (vacancy)
Senior Consultant (1)	0 (1)
Consultant (2)	2
<b>Total filled positions</b>	<b>2</b>
<b>Positions to be filled</b>	<b>1</b>

## Areas of work

### QI 01 Scale-up the National Quality Assurance Programme and LaQshya program for increasing numbers of Quality Certified health facilities

#### 1.1 Scale-up of NQAS and LaQshya

- **NQAS assessment:** A total of 3544 health facilities have been NQAS certified.
- As on 31<sup>st</sup> March 2021, 813 health facilities (DH – 126, SDHs- 41, CHC – 75, PHC – 499, UPHC – 72) have been NQAS certified nationally and 2731 health facilities have been NQAS certified at the State level.
- Due to prevailing COVID pandemic, physical assessments have not been possible; protocol for '**Virtual Assessment**' was developed and implemented from 1st July 2020. In FY 2020-21, 244 health facilities have been NQAS certified through virtual assessment.
- **LaQshya assessment:** As on 31<sup>st</sup> March 2021, a total of 615 facilities (337 Labour Rooms and 278 Maternity Operation Theatres) have been LaQshya certified nationally.
- **QA certification under NUHM:** Till December' 2020, baseline assessment of approx. 51% U-PHCs has been completed. Currently 72 UPHCs are NQAS certified nationally and 226 UPHCs are state level NQAS certified.
- **Sustenance assessment** of NQAS certified facilities by the empanelled external assessors/NHSRC personnel is undertaken to assess sustenance of quality improvement activities. Due to pandemic and intra-state travel reservations/restrictions, it could not be undertaken.
- To augment the existing pool of quality professionals and also for states' capacity, the QI Division conducted 35 batches of training in FY 2020-2021.
- **Internal Assessors and Service providers' Trainings:** Total of 568 batches of trainings have been imparted till 31<sup>st</sup> March'2021, and 4569 Internal Assessors have been trained. 33 batches of Internal Assessor cum Service Provider Trainings were conducted virtually.
- **External Assessors Training:** On 31<sup>st</sup> March 2021, 512 external assessors were empanelled under NQAS. Due to current situation, no external assessors training was conducted in FY 2020-21.
- **Refresher trainings:** NQAS external assessors are empanelled for a period of 3yrs. Then they required to undergo refresher training for continuation of their empanelment. Two batch of

refresher trainings were conducted for the empanelled external assessors to orient them about changes made under existing quality assurance standards, operational issues related to external assessments and overview of NQAS for health and wellness centres-sub centre.

- **Other support:** It has been decided to revise validity of facilities “Certified with Conditionality” for one year. Afterwards, such facilities would be required to undergo a complete assessment by the external assessors.
- To ensure that NQAS certified facilities' incentive is demanded by the states and its utilisation is done to sustain the achieved efforts, a question has been added under the Quality Assurance CRM TOR to verify the utilisation of incentive.
- QI Division supported the elderly care programme division to define the Quality of Care framework under National programme for Healthcare for the Elderly.

### *1.2 Development of implementation guidelines and resource material*

- During the implementation of NQAS, public health facilities find it challenging to implement quality standards under Area of Concern- ‘G’ (Quality Management) and ‘H’ (Outcome Indicators). Short duration videos are under preparation to help the health facilities in implementing and sustaining the quality initiative. It is planned to use IGOT platform for its reach.
- Operational Guidelines for Quality Assurance in Public Health Facilities was developed in 2013. Revision of the guidelines has been initiated, which will also add an element of quality improvement in the existing framework. The revised Guidelines have been submitted to MoHFW for approval.
- The Division had developed a chapter on Quality Management System (QMS) for Adverse Event Following Immunization surveillance programme to help the states, districts, and session sites in improving the quality and efficiency of AEFI surveillance through the utilization of principles of QMS and quality tools.
- The Division developed guidance notes for the States to support the implementation challenges in NQAS, Kayakalp, Mera-Aspataal and LaQshya.
- Quality Darpan – ‘Quality Darpan’ – First and Second Quality update on the quality initiatives was e-published.

### *1.3 Collaboration & Partnerships with institutions for building States’ capacity to implement National Quality Assurance (NQAS) Standards and improving Quality of Care*

- Collaborative partnership with TISS has been continued to create a pool of qualified

professionals for the public health system. 5<sup>th</sup> batch training would conclude shortly.

- In February 2021, a collaborative MoU with Public Health Foundation of India and Association of Healthcare Providers (India), New Delhi has been entered as a capacity-building initiative for six-days training module to create a pool of qualified professionals.
- An EOI has been floated on NHSRC website inviting proposals for empanelment of qualified and experienced experts outside NHSRC as 'Trainers' for conducting trainings to build capacities of the states and UTs for implementation of quality programmes at public health facilities.
- An EOI has been drafted to collaborate with the institutions/organizations for conduction of various research studies related to quality assurance programmes. Such institutions will also help in the implementation of quality and patient safety related activities across the nation.

#### **1.4 Felicitation of NQAS Certified facilities**

- Felicitation of certified facilities could not be held due to COVID-19 pandemic. It will be scheduled in the next current FY (2021-22).

### **QI 02 Expansion of Quality Assurance Standards to include new domains**

Currently, National Quality Assurance Standards for DHs, CHCs, PHCs, Urban PHCs and AEFI surveillance programme are available. Also, there is LaQshya initiative for improving the care around birth. QI Division worked on the development of the Quality Standards for following domains:

**2.1 Health and Wellness Centres (Sub centre)** – To ensure safe, people-centred, efficient, effective, and quality care at the primary level, Health and Wellness Centre (Subcentre) standards have been framed. Approved standards have been shared with all the states. Implementation support will be provided to the states/ UTs'.

**2.2 Quality Certification of Child Care Service (MusQan)** – To ensure timely, appropriate, quality, and safe services in public healthcare facilities from birth to 12 years of age, the division has drafted quality standards and a measurement tool for making the facilities child friendly. Draft standards have been submitted to MoHFW for its approval.

**2.3 Quality standards for Comprehensive Lactation Management Centres (CLMC)** – Quality Standards, Assessment Tool and Certification Criteria have been developed and piloted in CLMC (Alwar), Rajasthan. All received inputs from child health division and external experts have been incorporated. Final version of quality standards for CLMC has submitted to MoHFW for approval.

**2.4 NQAS for Breastfeeding** – For measuring compliance to breastfeeding within the health facilities, NQAS for breastfeeding has been developed. Two consultation were conducted with Child Health division and all inputs have been incorporated. Final version of NQAS for breastfeeding is submitted to MoHFW (CH Division) for approval.



**2.5 NQAS for Dialysis Centres** - Quality Standards, along with the assessment tool, is under development. The standards shall be put for expert consultations after finalization.

### **QI 03 Revision of NQAS assessment tool for CHC and PHC**

**3.1 Revision of CHC and PHC assessment tool** – Updation of NQAS assessment tool for CHC and PHC as per newer/ revised guidelines is under process.

### **QI 04 Support for roll-out of Kayakalp Program**

#### ***4.1 Strengthening of existing Kayakalp tool and support to the states in Implementation, sustenance and scale-up of Kayakalp scheme***

- Number of participating facilities under Kayakalp has increased from 750 health facilities in 2015-16 to more than 20702 facilities in 2020-21<sup>1</sup>. Number of facilities getting Kayakalp awards also rose from 97 facilities in 2015-16 to 1030 (73 DHs, 264 SDH/CHCs, 466 PHCs, 163 UPHCs, 3 UPHCs and 61 H&WCs) in the year 2020-21<sup>2</sup>. A virtual Kayakalp felicitation ceremony was held on 12<sup>th</sup> January 2021 and awards were distributed by Honourable HFM to 94 winner facilities (46 District Hospitals, 36 Sub-divisional hospitals and Community Health Centre, 12 Central Government Institutions) of the FY 2019-20.
- As on 31<sup>st</sup> March'2021, Internal assessment, Peer assessment and External assessment has been completed for 20702, 9538 and 3683 health facilities in 17 states/UTs. State of Haryana, Madhya Pradesh, Sikkim, & Odisha have declared the Kayakalp award for the FY 2020-21.
- States/ UTs' have been supported through hand holding, trainings and dissemination of revised Kayakalp guidelines.
- A workshop was conducted for all the states and UTs on calculation methodology for Mera-Aspataal Score. Also, three awareness training on Kayakalp were conducted in FY 2019-20 to support the assessors' capacity building for the conduct of Kayakalp assessment in public health facilities.

#### ***4.2 Addition of new thematic areas***

Kayakalp is the scheme for recognising those health facilities, which demonstrate excellence in upkeep, hygiene and sanitation, infection control, waste management, support services, hygiene promotion and cleanliness outside the boundary wall. In the recent past, there has been renewed focus on eco-friendly initiatives. Also, the Ministry of Health and Family Welfare has also launched a National programme for climate change and human health in 2019. Though many eco-friendly initiatives and practices are already there in the existing assessment Kayakalp tool, many interventions were missing. Hence, one additional theme namely ***“Eco-friendly health facilities”*** in the Kayakalp assessment has been included. Revised Kayakalp assessment tool will be utilized for assessment from the FY 2021-22.

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<sup>1</sup> Data is received from only 17 States/ UTs.

<sup>2</sup> Only 4 states have declared their Kayakalp awards for the FY 2020-21 till 31<sup>st</sup> March'2021.

#### **4.3 Development of resource material**

- The division supported UNICEF in development of training module on Swachh Swasth Sarvatra.

### **QI 05 Develop an IT-enabled automated system for NQAS & LaQshya certification**

#### **5.1 Strengthening of 'Gunak' platform**

Mobile app 'GUNAK' for paperless assessment of NQAS, LaQshya and Kayakalp has been upgraded. As of October 2020, the 'Gunak' App had a rating of 4/5 at Google play store and 4.8/5 at Apple store with more than 10,000 users. Following activities were undertaken for strengthening of the app/portal:

- Integration of GUNAK with LaQshya portal has been done
- Revised Assessment Tools for District Hospital has been uploaded.
- Latest NIN ID's have been integrated.
- Revised State-specific checklists of all levels (DH, SDH, or equivalent, CHC, PHC and UPHCs) have been uploaded for 11 States.
- Kayakalp checklist for Health and Wellness Centre has been uploaded. Also, updated versions of checklists for DH/SDH/CHC, PHC with beds and PHC without beds for Kayakalp have been uploaded.
- Development of Web-Based Dashboard of Gunak App is under process, enabling regular monitoring of certified facilities.

#### **5.2 Development of a comprehensive IT module along with CDAC to manage certification process of health facilities**

To cater to the need of the States' growing request for the NQAS and LaQshya certification of facilities in a time-bound manner, the Division has signed a MoU with CDAC to develop a software that caters to the existing demand. Scope of the work under MoU has been defined between NHSRC and CDAC. Also, work on System Requirement Study (SRS) has been started.

### **QI 06 Support to states in implementation of 'Free Drug Service Initiative' (FDSI)**

#### **6.1. District drug warehouse**

- Development of comprehensive guidelines for supporting the states in designing and operationalizing district drug warehouse has been initiated. A consultation meeting with experts had been held, suggestions have been incorporated and revised version is under process.
- Currently Indian Public Health Standards (IPHS) 2012 are under revision. Drug list for HWCs (Sub Center and PHC) have already been shared with the states after approved by the MoHFW. Essential Medicine List (EML) containing 374 medicines has been drafted for District and Sub-District Hospitals in accordance to revised IPHS norms. List has been submitted to MoHFW for approval.

#### **6.2 Prescription Audit guidelines**

Irrational prescription is one of the major concerns of patient safety, and it also levies economic burden on society. Prescription audit guideline was approved by the MoHFW.

## **QI 07 Support for implementation of Mera Aspataal in health facilities and follow-up action**

### ***7.1 Implementation of Mera-Aspataal in health facilities***

States were supported for addressing implementation challenges under the 'Mera-Aspataal'. Number of health facilities integrated with 'Mera-Aspataal' has increased from 5400 in March 2020 to 7684 health facilities in March 2021, registering an increase of 42 %. These facilities include 27 Central Government institutions, 67 Medical College hospitals, 738 District Hospitals, 340 Sub-Divisional hospitals, 2086 CHCs, 2955 PHCs, 733 UPHCs, 21 private Medical Colleges, 692 private empanelled hospitals and 23 other hospitals across 34 states and UTs.

### ***7.2 Online workshop on integration of Mera-Aspataal***

- The QI Division and RRC-NE have conducted capacity building and training to stimulate the States/UTs to integrate a greater number of healthcare institutions of their respective regions.

## **QI 08 Study and consultation**

- All three proposed studies namely, A comparative study under NQAS: Pre and Post-certification, Impact assessment of Kayakalp Scheme, and Sample-based survey of health facilities using WHO's infection prevention and control assessment framework at facility level could not be initiated in 2020-21.
- Seven virtual training workshops on safe handling of Biomedical Waste at COVID health facilities were conducted during May to September' 2020.

## **QI 09 Support for implementation of Patient Safety Framework**

### ***9.1 National Workshop on Patient & Medication Safety***

- On 17th September' 2020, a National webinar was organised by the Division on occasion Second World Patient Safety Day (WPSD). The webinar was conducted in collaboration with the Ministry of Health and Family Welfare, World Health Organisation Aravinda Eye Care System, Tuscany Northwest Trust, Italy, and International Society for Quality in Healthcare. The theme of the WPSD 2020 was 'Health Worker Safety: A Priority for Patient Safety'. The various aspects of the health worker safety were discussed during the webinar.
- States were supported in showcasing their commitment towards patient safety through various activities such as patient safety walk, patient safety pledge, public awareness in OPD, poster competition and others.

### ***9.2 Patient safety standards and measurement system***

- Considering the importance and criticality of the harm due to unsafe care, the Ministry of Health and Family Welfare had constituted a Patient Safety Standard Development Committee for developing patient safety standards for District Hospitals, and below under the National Health

Mission (NHM). The first virtual meeting of experts for the development of the National Patient Safety Standards was held on 28 January 2021 and draft patient safety standards was discussed. However, it was decided in the last NHSRC EC meeting on 11th March 2021 that separate certification against patient safety standards need not be undertaken. Self-assessment tools may be developed to support the health facilities for ensuring delivery of safe care. A self-assessment tool is being developed and final draft will be ready by first week of the October 2021.

## **QI 10 Others**

### **10.1 Dissemination of STG:**

Following key activities were undertaken to develop e-learning app for STGs

- An MoU has been signed with National Institute of Epidemiology (NIE-ICMR) Chennai to develop an e-learning App to disseminate STGs.
- Steering committee under the chairpersonship of Joint Secretary (Policy) has been guiding the project.
- DGHS has also been requested to update the 12 guidelines

### **10.2 Maintenance of existing Accreditation of NQAS and Surveyor training programs:**

National Quality Assurance Standards continue to meet global benchmark and in Aug 2020 have received renewal of ISQua accreditation for four years (valid till August 2024). Documents for the maintenance of the existing accreditation of surveyor training program (valid until July 2022) have been submitted.

### **10.3 Creation of 'NQAS Certification Unit' as per ISQua norms:**

Application for the Accreditation of Certification Cell NHSRC with ISQua is under process.

### **10.4 Maintaining ISO 9001:2015 status of NHSRC and RRC – NE:**

NHSRC and RRC –NE both have maintained ISO 9001:2015 status in ISO surveillance process for FY 2020-21.

### **10.5 Support to COVID designated centres and hospitals:**

- To support the States/UTs during the pandemic, the division deputed NQAS empanelled external assessors to undertake field visits to assess preparedness and availability of quality of services in 149 healthcare institutions (46 visits to the Dedicated COVID Hospitals and 103 visits to the Dedicated COVID Health Centres) and gap reports were shared with the states.
- A video on 'Standard Practices of Infection Prevention' targeting the field warriors, i.e. house-keeping and support staff was developed and disseminated through electronic media. It has also been made available on the IGOT platform.
- Also, guidelines for the 'Isolation Ward and Infection Control in Secondary Healthcare Facilities' were drafted and shared
- The division undertook PIP appraisals on Emergency Response and Health Systems Preparedness.
- The division assisted in preparation of the report - 'Response to COVID-19 in India' under following sub-domains:

- Infection prevention and control protocols
- Personal Protective Equipment
- Serological Surveillance
- Surveillance
- Research and Development

## ADMINISTRATION

### VIII A: General Administration

#### Key Deliverables

1. **Hiring of Additional Space in NDC basement NIHFW for NHSRC.** MoU has been signed with NIHFW on 30 Mar 2021. For execution this work has been given to CPWD. Tentative cost of same 4,74 Cr. Approval of MoHFW is awaited to issue Administrative Approval. Tentative time period for completion has been give as four months.
2. **Maintenance of Office & Infrastructure.** Renewal of all contracts/ fresh tender for CMC/ AMC of equipment and other services of NHSRC has been successfully completed. Management of transport fleet for NHSRC & NHM being ensured. Review and rehearsals of fire safety measures. Annual Stock Taking for Fixed and IT Assets was held in the month of Feb 2021 followed by insurance of office assets against fire and burglary.
3. **Procurement of Goods & Services.** Procurement of goods and services as per GFR 2017, and routing same through GeM. Release of payments in accordance with GoI ruling.
4. **Adherence to Covid Safety Measures.** Institutionalization of detailed SOPs and guidelines to tackle COVID threat by way of rostering of personnel, WFH norms, regular sanitization of office premises etc.
5. **Management of RTI Applications.** Timely and accurate response to all applications and maintenance of tracking system of RTI applications to ensure no delays.

### VIII B: IT

#### Key Deliverables

1. Roll out HR Recruitment Portal.
2. Revamping work of NHSRC main website has been completed.

3. Roll out of Payroll Application in collaboration with Account section.
4. Upgradation of conference rooms to include Enhancement of functioning of Online Meetings/interviews/seminars.
5. E-waste disposal of written-off Items.
6. Streamlining of VC procedure in light of COVID, new conference facility, procurement of new hardware, training of personals for management, keeping of record of VCs.
7. Renewal/Re-tendering for existing twenty IT Service Contracts.
8. Seamless IT support to all/HR online interviewing process.
9. Annual Stock Taking of IT assets and cannibalization of equipment to prevent wastage.
10. Development/Hosting of NQAS/LaQshya Certification Management System.
11. Rollout of online assessment software - On-boarding of agency completed (M/s Learning Spiral).
12. Implementation of office 365 for NHSRC personnel, Microsoft Office 365 is implemented as licensed software for functioning of official e-mails.
13. Renewal of NIC email IDs and e-office account.

## **VIII C: Accounts**

### **Key Deliverables**

1. Monthly review of budget allocation and expenditures to monitor percentile expenditures.
2. Implementation of guidelines of Ministry of Finance with regards to various policies implement with regards to EMD, PG, factoring in of same in MoUs/ Agreements of all divisions of NHSRC.

3. Ensuring release of all GeM related payment obligation on time (No backlog).
4. IAHQ for Audit observations/ Paras: After rigorous follow-up and coordination with IAHQ team now 18 audit paras have been settled out of 22. Balance 4 audit paras replies have been submitted and assumed is in final stage.
5. Received complete Grants in Aid allocation in Oct-20 against approved budget of NHSRC for the FY 2020-21 to ensure smooth operation of NHSRC activities.
6. Effective and timely pay rolling of 233 personnel (106- NHSRC and 127- MoHFW). Despite limited bank staff during lockdown and COVID pandemic situation.
7. Meticulous management of all statutory requirements. (TDS and TDS on GST under GSTR-7).
8. Successful implementation of NHSRC integration with NITI Ayog Darpan portal and reimbursement of Advisory Group on Community Action (AGCA) and fund released to GRAAM and other NGOs.
9. Successful and smooth implementation of PFMS for monthly consultancy fee, payments etc. In some unavoidable circumstances using other modes of transfers (ie NEFT/RTGS/Online).
10. Fixation of budget for new location. Budget computation of new location of NCD includes settling cost, running cost and HR cost. Factor in same projections in FY 2021-22 financial budget.
11. Meticulous monitoring of all travel claims, booking of air travel. Formulation of internal SoPs for this monitoring. While processing payment, to ensure adhering the NHSRC guidelines and SoPs.



## VIII D: Human Resources

### Key Deliverables

1. Recruitment for NHSRC, RRC-NE and MoH&FW to include a total of 84 positions (18 in NHSRC & RRC-NE and 66 positions of (NPMU & Non NPMU), MOHFW). Recruitment is underway for 26 positions in NHSRC & 13 positions in MOHFW.
2. Conduct Reference Check of selected candidates. If selected candidates decline the offer, Conduct reference checks of waitlisted candidates. Offer waitlist candidate.
3. On boarding of offered candidate. Brief induction of entitlements to the new joiner on day of joining.
4. Successfully completed Campus Recruitment process for NHSRC and recruited 17 Fellows for multiple Divisions of NHSRC.
5. Recruitment for Divisions other than NHM Division (MoH&FW): Apart from positions under NHM Divisions, HR Section has been entrusted with recruitment for several other divisions, such as NCD Division, Viral Hepatitis (NCDC), Central TB Division, Leprosy Division, NTCP (National Tobacco Control Programme), NPCBVI (National Programme for Control of Blindness & Visual Impairment), Division of Zoonotic Disease Program (NCDC), National Rabies Control Programme (NCDC), Climate Change Division (NCDC), Public Health (DGHS), NPMU for Covid-19 Cell etc.
6. Provision of Health Insurance for NHSRC and MOHFW Personnel on NHSRC Contract: Detailed proposal sent to MOHFW on Efile. Request for Proposal was rolled out for inviting proposals from reputed Insurance Companies (PSU/Private). The process is underway.
7. Performance Management: Successfully conducted Mid-Year Review and Annual Performance Appraisal at NHSRC & RRC-NE. Contract Extended and Increment released as per recommendations. Contracts extended of MoH&FW consultants as per directions of MoH&FW. Annual Performance Appraisal Exercise for MoH&FW Consultants is underway.

8. Introduced Online Application Form: An online application form has been introduced for receiving applications online. The electronic format is likely to cut the recruitment time by at 20% and would reduce wastage of paper and manual work.
9. Training & Development: Organized two trainings on English Writing Skills and soft skills for personnel of NHSRC (Admin & Technical) in series of different batches.
10. Conduct of IT training for complete staff of NHSRC to include various office tools.
11. Preparing of training calendar of NHSRC and coordinating same with all divisions.
12. Probation & Contract Management: Efficiently managing contracts of 232 Personnel working in MOHFW, NHSRC & RRC-NE. Timely issuance of Contract Extension letters & Probation Confirmation / Non Confirmation letters as also annual increment based on Annual Performance Appraisal rating, preparation and projection of budget for the same.
13. Group Accidental Insurance: Managing Group Accidental Insurance of 120 personnel working at NHSRC & RRC-NE.

**List of Paper Publications/Posters/Presentations/Attended Conferences**

SN	Title	Journal/Conference
1.	Availability of Human Resources for Health (HRH) for Universal Health Care in India: An Overview	Paper submitted to NIHFWS
2.	"Who manages the health workforce in the States of India": Profile, Knowledge and Perceptions of the Team	Abstract submitted to the 16th World Congress on Public Health organized by the European Public Health Association
3.	"Numbers are necessary but not enough": A case study of the increase of ANMs and its effect on related MCH indicators in India	Poster submitted at Asia Pacific Action- Human Resource for Health Conference-2020
4.	Lessons learnt during the implementation of WISN for comprehensive primary health care from India, South Africa and Perú	Paper written and submitted in collaboration with The George Institute, Australia and others
5.	Designing Health Risk Assessment Report for Wellness Clinic Patients published in Abstract supplement of EU PHA.	Oral Presentation in 16th World Congress of Public Health - 2020
6.	Poster presentation on Legal and programmatic preparedness of India on Early Childhood Development	Presented at Health Policy and Systems Research (HPSR) - 2020
7.	Assisted Dying and Voluntary Euthanasia: awareness and perception among the healthcare professionals in tertiary care centre, South India	International Journal of Community Medicine and Public Health
8.		Oxford Journal of Public Health

	Prevalence of suicidal ideation, plan, attempts and its associated factors in selected rural and urban areas of Puducherry, India	
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**List of NHSRC Publications:**

SN	Title	Status of the document
1.	Training modules for Primary Health Care Team on new packages to deliver services at HWCs	
	a) Induction Module	<u>Published</u>
	b) Care during Pregnancy	<u>Approved</u>
	c) Newborn and Child Health	<u>Approved</u>
	d) Adolescent Health module	<u>Published</u>
	e) Reproductive & Family planning	<u>Approved</u>
	f) Communicable diseases	<u>Published</u>
	g) Acute Simple Illness	<u>Ongoing</u>
	h) Non-Communicable disease	<u>Published</u>
	i) Jan Arogya Samiti	<u>Ongoing</u>
	j) ENT care	<u>Published</u>
	k) EYE care	<u>Published</u> (ASHA and MPW); CHO, Staff Nurse and Medical Officer Training Modules approved
	l) Oral care	<u>Published</u>
	m) MNS care	<u>Published</u>
	n) Elderly care	<u>Published</u>
	o) Palliative care	<u>Approved</u>
	p) Emergency care	<u>Approved</u>
2.	Jan Arogya Samiti (JAS) Guidelines	Published
3.	Revised Rogi Kalyan Samiti (RKS) Guidelines	Drafted
4.	E-training modules for Medical Officers and Community Health Officers on expanded package of services	4 modules Finalized (Elderly care training module for ASHAs, MNS care training module for MPW and MO, Palliative care training module for MPW)
5.		Published

	Health and Wellness Centre Application - User Manual for HWCs	
6.	Operational Guidelines of Oral care, Mental health care, Eye care and ENT, Emergency, Elderly and Palliative care	Published
7.	Training material for CHOs and MOs on COVID-19	Published
8.	Annual ASHA program update – 2020-21	Final draft done
9.	Compendium on Universal Health Care highlighting the progress of states in operationalization of Ayushman Bharat – Health and Wellness Centres	Published
10.	National Health Accounts Estimates (NHA), 2017-18	Published
11.	Guidelines for inclusion of Peritoneal dialysis under PM National Dialysis Program	Published
12.	Guidelines for Dialysis with reference to Covid-19 infection	Published
13.	Guidance note reg. oxygen supply to medical facilities and individual patients in the context of COVID 19	Published
14.	Guidance document on various types of pulse oximeters	Published
15.	Draft financial outlay for patient transportation	Drafted the financial outlay on patient transport in collaboration with PHA division
16.	Revised framework document of the conditionalities for FY 2021-22	Finalised and disseminated
17.		Published

	Revised NHM Human Resource Guidelines and compendium of all important letters, directives on HR and best practices.	
18.	HR Infographics	Published
19.	Assessment of Institutional Arrangements and Human Resources in National Tuberculosis Elimination Program: A report on secondary review	Finalised
20.	Reform, Perform, Transform: Governance Reforms in Medical Education (2014-2020)	Finalised
21.	Note on specialist cadre was prepared and shared with MoHFW and states during NPCC.	Finalised
22.	Drafting operational guidelines on setting up of hospitals for COVID-19 management	Finalised
23.	Drafting protocols for isolation/ oxygen supported beds and ICUs,	Published
24.	Drafting standard operating protocols for transfer of COVID suspect/positive patients	Published
25.	Preparing state-wise and hospital-wise gap analysis and sharing with MoHFW	Published
26.	Revision of CEmONC/ LSAS /BEmONC	Operational guidelines published  Technical guidelines developed and awaiting approval
27.	Guidelines for Secondary Care: OT, CSSD & Mechanized Laundry, HDU/ICU, Dietary Services	Guidelines approved and awaiting print
28.	Draft Format for Citizen Charter	Draft approved as part of IPHS guidelines
29.		

	Draft guidance document on revised services in urban areas through UHWC and Polyclinic	Draft submitted to MoHFW
30.	Guidelines on UHWC and Urban Polyclinic/Specialist clinic	Guidelines approved as part of IPHS
31.	Guideline on Integrated Public Health Lab	Submitted to Ministry for approval
32.	Guideline on Critical Care Blocks	Approved
33.	Guideline of Block Public Health Unit	Approved
34.	Guideline for emergency care at District Hospital	Under submission to Ministry
35.	Guidance note on Pre-fab structures	Approved and circulated to the states
36.	Guidelines on collaboration with Medical Colleges to strengthen NUHM	Under draft stage
37.	Comprehensive Lactation Management Bill	Draft submitted to MoHFW
38.	Guidelines on Medico Legal Protocol	Ongoing
39.	An analysis on Safe Cities Index 2019	Submitted to MoHFW
40.	NFHS-5 state factsheets analysis for NCDs and associated risk factors and prepared State advisories for action on chronic diseases/risk factors.	The analysis was done and submitted to MoHFW on e-file.
41.	Data analysis and summary documentation for various periodic reviews (CRMs, PIPs), field visits etc.	Finalised
42.	Report for thirteenth Common Review Mission	Published
43.	Guidelines to ensure the delivery of essential non-COVID related services across the public health facilities for the different population sub groups	Published
44.	Operational Guidelines for COVID management at PHC and CHCs	Published
45.	Chasing the Virus: A Public Health Response to the COVID 19 pandemic	Published



46.	Guidelines for 'Ensuring health care service delivery to Migrants'	ongoing
47.	Concept Note for collaborating with Medical Colleges for implementing Comprehensive Primary Health Care	Drafted
48.	Quality standards for Health & Wellness Centres (HWCs)	Published
49.	Quality certification programme for child friendly institutional care (MusQan)	Published
50.	Quality standards for Comprehensive Lactation Management Centre (CLMC)	Approved
51.	Measuring Breastfeeding practices among institutional delivery	Submitted to MoHFW
52.	Quality standards for the Haemodialysis centres	Ongoing
53.	Protocol of NQAS – Virtual Assessment in the context of COVID 19	Published
54.	Revision of NQAS guidelines	Published
55.	A chapter on Quality Management System (QMS) for Adverse Event Following Immunization surveillance programme	Finalised & incorporated within AEFI surveillance programme
56.	Guidance notes for the States to support the implementation challenges in NQAS, Kayakalp, Mera-Aspataal and LaQshya.	Published
57.	Prescription Audit' guidelines	Published
58.	Revision of CHC and PHC assessment tool	Ongoing
59.	Revision of Kayakalp Assessment tool	Published
60.		Submitted to MoHFW

	Comprehensive guidelines for supporting the states in designing and operationalizing district drug warehouse	
61.	Guidelines for the 'Isolation Ward and Infection Control in Secondary Healthcare Facilities'	Published
62.	Quality Darpan – 1 <sup>st</sup> and 2 <sup>nd</sup> Update	Finalised and e-published

**List of NHSRC Outputs - FY 2020-21**

SN	Title	Status of the document	
1.	Concept note on maternity support for ASHAs and ASHA Facilitators	Ongoing polling with state nodal officers done, report to be sent to MoHFW	
2.	Guidance note to support states in Selection of candidates for recruitment of BSc Nursing Candidates directly as CHOs	Completed and disseminated	
3.	Training modules for Primary Health Care Team on new packages to deliver services at HWCs		
	a) Induction Module	Published	<u>Published</u>
	b) Care during Pregnancy		<u>Approved</u>
	c) Newborn and Child Health		<u>Approved</u>
	d) Adolescent Health module		<u>Published</u>
	e) Reproductive & Family planning		<u>Approved</u>
	f) Communicable disease		<u>Published</u>
	g) Acute Simple Illness		<u>Ongoing</u>
	h) Non-Communicable disease		<u>Published</u>
	i) Jan Arogya Samiti		<u>Ongoing</u>
	j) ENT care	<u>Published</u>	
	k) EYE care	<u>Published</u> (ASHA and MPW)	
	l) Oral care	<u>Published</u>	
	m) MNS care	<u>Published</u>	
	n) Elderly care	<u>Published</u>	
	o) Palliative care	<u>Approved</u>	
	p) Emergency care	<u>Approved</u>	
4.	Jan Arogya Samiti (JAS) Guidelines	Finalized	
5.	Revised Rogi Kalyan Samiti (RKS) Guidelines	Drafted	
6.	E-training modules for Medical Officers and Community Health Officers on expanded package of services	4 modules Finalized (Elderly care for ASHAs, MNS care for MPW and MO, Palliative care for MPW)	

7.	Health and Wellness Centre Application - User Manual for HWCs	Finalized
8.	Social Accountability Guidelines	Drafted
9.	Operational Guidelines of Oral care, Mental health care, Eye care and ENT, Emergency, Elderly and Palliative care	Finalized and Disseminated
10.	IEC video for creating awareness on COVID - 19 for FLWs in coordination with Dell	Finalized
11.	Training material for CHOs and MOs on COVID-19	Finalized
12.	Annual ASHA program update – 2020-21	Final draft done
13.	Compendium on Universal Health Care highlighting the progress of states in operationalization of Ayushman Bharat – Health and Wellness Centres	Finalized
14.	National Health Accounts Estimates (NHA), 2017-18	Finalized
15.	Mapping exercise of existing PPP models of healthcare service delivery under NHM and their role in health system strengthening	Drafted
16.	State wise reports on access and utilization of healthcare services using the three rounds of NSSO 2004, 2014 and 2017-18	Drafted
17.	Benefit Incidence Analysis using NHA 2017-18 and NSSO 2017-18	Drafted
18.	Guidance document for STEMI program at divisional hospital level on the lines of PMNDP	Ongoing
19.		

	Technical specifications for Laboratory and Blood Bank equipment as per NHM guidance document for implementing Free Diagnostics Lab Services in States	Drafted
20.	Review and update of costing of medical equipment and service document	Drafted
21.	State wise list of functional ventilators in public health facility was formulated and disseminated to all States/UTs for reference during crisis situations	Finalised and disseminated
22.	Study of the hub & spoke models operating at the UPHC level in the state of Telangana	Report Drafted
23.	Guidelines for inclusion of Peritoneal dialysis under PM National Dialysis Program	Finalised
24.	Guidelines for Dialysis with reference to Covid-19 infection	Finalised and disseminated
25.	Guidance note reg. oxygen supply to medical facilities and individual patients in the context of COVID 19	Finalised and disseminated
26.	Guidance document on various types of pulse oximeters	Finalised and disseminated
27.	Draft financial outlay for patient transportation	Drafted the financial outlay on patient transport in collaboration with PHA division
28.	Final Assessment of key conditionalities of FY 2019-20 was carried out and shared with MoHFW.	Drafted and shared with MoHFW
29.	Mid-term assessment of conditionality of FY 2020-21	Finalised and disseminated
30.	Revised framework document of the conditionalities for FY 2021-22	Finalised and Disseminated
31.		

	Revised NHM Human Resource Guidelines and compendium of all important letters, directives on HR and best practices.	Finalised
32.	Assess the status of HR rationalization through the HMIS/HRIS data: detailed study of one state.	Report Drafted
33.	Supply-demand analysis and compensation survey through desk review for key posts where there are large vacancies or low retention.	Report Drafting underway
34.	HR Infographics	Finalised
35.	Study on the Performance Management system of better performing States and compare with EAG states.	Report Drafted
36.	Study the range and quality of services provided by ANMs and Staff nurses in UPHCs.	Report Drafted
37.	Study on the HRH turn-over in metros and tier-I cities and suggest remedial action	Report Drafted
38.	Assessment of Institutional Arrangements and Human Resources in National Tuberculosis Elimination Program: A report on secondary review	Finalised
39.	Reform, Perform, Transform: Governance Reforms in Medical Education (2014-2020)	Finalised
40.	Note on specialist cadre was prepared and shared with MoHFW and states during NPCC.	Finalised
41.	Drafting operational guidelines on setting up of hospitals for COVID-19 management	Finalised
42.	Drafting protocols for isolation/ oxygen supported beds and ICUs,	Finalised
43.	Drafting standard operating protocols for transfer of COVID suspect/positive patients	Finalised
44.	Preparing state-wise and hospital-wise gap analysis and sharing with MoHFW	Finalised
45.	Revision of CEmONC/ LSAS /BEmONC	Operational guidelines published

		Technical guidelines developed and awaiting approval
46.	Guidelines for Secondary Care	Guidelines approved and awaiting print
47.	Revision of IPHS guidelines	Approved
48.	Comprehensive background document on Civil Registration and Vital Statistics (CRVS) and regulatory framework	Drafted
49.	Draft concept note on clinical governance	Drafted
50.	Draft of revised ambulance guidelines	Drafted
51.	Draft Format for Citizen Charter	Draft approved as part of IPHS guidelines
52.	Guidelines on UHWC and Urban Polyclinic/Specialist clinic	Guidelines approved as part of IPHS
53.	Guideline on Integrated Public Health Lab	Submitted to Ministry for approval
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56.	Guideline for emergency care at District Hospital	under submission to Ministry
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58.	Guidelines on collaboration with Medical Colleges to strengthen NUHM	Under draft stage
59.	Comprehensive Lactation Management Bill	Draft submitted to MoHFW
60.	Guidelines on Medico Legal Protocol	Ongoing
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62.	NFHS-5 state factsheets analysis for NCDs and associated risk factors and prepared State advisories for action on chronic diseases/risk factors.	The analysis was done and submitted to MoHFW on e-file.

63.	Data analysis and summary documentation for various periodic reviews (CRMs, PIPs), field visits etc.	Finalised
64.	Report for thirteenth Common Review Mission	Finalised
65.	Guidelines to ensure the delivery of essential non-COVID related services across the public health facilities for the different population sub groups	Finalised
66.	Operational Guidelines for COVID management at PHC and CHCs	Finalised
67.	Chasing the Virus: A Public Health Response to the COVID 19 pandemic	Finalised
68.	Drafted the proposal note to revise the financial allocations to SHSRCs under NHM	Finalised
69.	Guidelines for 'Ensuring health care service delivery to Migrants'	Drafted
70.	Concept Note for collaborating with Medical Colleges for implementing Comprehensive Primary Health Care	Drafted
71.	Quality standards for Health & Wellness Centres (HWCs)	Published
72.	Quality certification programme for child friendly institutional care (MusQan)	Published
73.	Quality standards for Comprehensive Lactation Management Centre (CLMC)	Approved
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80.	Prescription Audit' guidelines	Published



81.	Revision of CHC and PHC assessment tool	Ongoing
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83.	Comprehensive guidelines for supporting the states in designing and operationalizing district drug warehouse	Submitted to MoHFW
84.	Guidelines for the 'Isolation Ward and Infection Control in Secondary Healthcare Facilities'	Published
85.	Quality Darpan – 1 <sup>st</sup> and 2 <sup>nd</sup> Update	Finalised and e-published

**List of Partner Institutions:**

<b>S N</b>	<b>Name of the Organisation/Institution</b>	<b>Details of Collaboration</b>
1	CAM, Dahod	Innovation and Learning Centres for Operationalising Model HWC
2	Karuna Trust, Karnataka	Innovation and Learning Centres for Operationalising Model HWC
3	Bill and Melinda Gates Foundation (BMGF)	<ul style="list-style-type: none"><li>- Community Health Officer (CHO) Mentoring Project</li><li>- Exemplar MNH research study in coordination University of Manitoba and IIPS.</li></ul>
4	Christian Medical College, Vellore	<ul style="list-style-type: none"><li>- Community Health Officer (CHO) Mentoring Project</li><li>- For updating the curriculum of Family medicine program by NBE</li></ul>
5	Shakti Sustainable Energy Foundation	To conduct a study on advancing decentralized renewable energy (DRE) and energy efficiency solutions in public healthcare
6	Department for Promotion of Industry and Internal Trade (DPIIT)	For ensuring availability of medical oxygen in States/UTs and easy movement of oxygen cylinders and Liquid Medical Oxygen within and outside the State – For COVID 19 management
7	Indian Pharmacopeia Commission (IPC)	As a technical partner in the Materiovigilance Program of India

8	Central Drug Standard Control Organisation (CDSCO)	In matters related to Medical Devices as and when required
9	Bureau of Indian Standards (BIS)	In matters related to Medical Devices as and when required
10	Quality Council of India (QCI)	In matters related to Medical Devices as and when required
11	National Pharmaceutical Pricing Authority (NPPA)	In matters related to Medical Devices as and when required
12	Department of Pharmaceutical (DoP)	In matters related to Medical Devices as and when required
13	World Health Organisation (WHO)	In activities related to health technology management in public health
14	KGMU, Lucknow	For revision of BEmONC, CEmONC and LSAS curriculum
15	MGIMS, Wardha	<ul style="list-style-type: none"> <li>- For revision of BEmONC, CEmONC and LSAS curriculum</li> <li>- For supporting states for orientation and training on various MCH protocols</li> <li>- For technical support in preparing layout plans for LDR and MCH wings</li> </ul>

16	AIIMS, Delhi	<ul style="list-style-type: none"> <li>- For preparing Emergency care guidelines for secondary and primary care along with various training curriculums</li> <li>- For framing Operational guidelines for Mental Neurological Substance use disorders</li> <li>- To Undertake Comparative Assessment of various models of Mobile Medical Units under IR HSS platform</li> <li>- Undertake study on role of ASHAs in clinical decision support system.</li> <li>- Innovation and Learning Centres for Operationalising Model HWC</li> </ul>
17	JPN Apex Trauma Centre, Delhi	For preparing Emergency care guidelines for secondary and primary care along with various training curriculums
18	Association of Family Physicians of India	For updating the curriculum of Family medicine program by NBE
19	National Board of Examination (NBE)	For updating the curriculum of Family medicine program by NBE
20	Public Health Foundation of India (PHFI)	<ul style="list-style-type: none"> <li>- For supporting DNB course/ CPS/ Nursing and Paramedics courses in States and a tripartite MoU involving Jharkhand State Government for facilitating DNB/CPS/Nursing and paramedical courses under DH strengthening program have also been signed</li> <li>- For a capacity-building initiative for six-days training module to create a pool of qualified professionals for NQAS</li> </ul>

21	Association of Healthcare Providers (India), New Delhi	For a capacity-building initiative for six-days training module to create a pool of qualified professionals for NQAS
22	AIIMS, Jodhpur	For knowledge sharing and for conducting training programs for middle level officials.
23	Tata Institute of Social Sciences (TISS), Mumbai	For PG Diploma in Healthcare Quality Management
24	PGIMER, Chandigarh	Undertake assessment of Out-of-Pocket Expenditure on Medicines in collaboration with PGIMER, Chandigarh under IR HSS platform  - Innovation and Learning Centres for Operationalising Model HWC
25	AIIMS, Bibinagar	Undertake Evaluation of mainstreaming AYUSH under IR HSS platform
26	Indian Institute of Technology, Kanpur	Evaluation of Pradhan Mantri Ujjawala Yojana (PMUY) in six states of India
27	AIIMS, Bhopal	For establishing Centre of Excellence for MCH
28	BHU	For establishing Centre of Excellence for MCH
29	NIE - ICMR	To develop an e-learning app to disseminate STGs

**WORK REPORT OF**  
**Regional Resource Centre for North East States**

**FY 2020-21**

**REGIONAL RESOURCE CENTRE FOR NORTH – EASTERN  
STATES**

**Work Report: 1st April 2020 to 31st March 2021**

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## I. COMMUNITY PROCESSES/COMPREHENSIVE PRIMARY HEALTHCARE (CP/CPHC)

### Key Deliverables:

1. Review the progress of planned activities for 2020- 21 as per RoP and support State in Planning Process for 2021-22.
2. Support to the NE States for capacity building of State and District Nodal Officers on extended package of services under CPHC.
3. Support to the NE States for Community Action for Health (CAH) implementation by empowering RKS & VHSNC members.
4. Comprehensive Primary Health Care (CPHC) implementation & Monitoring of HWC functioning and Continuum of Care.
5. ASHA Refresher Training & ASHA Certification training by NIOS for all the NE States.
6. Regional & State review of ASHA program (CP); Rolling out of HBYC training in districts of NE States.
7. Supportive supervision to NE States & districts for extending support during training, program implementation including CPHC.
8. Evaluation/Survey/Study to understand how community-based initiatives are being implemented in the field and to have an insight for undertaking mid-way corrections, if any, required to get the desired result.

### Areas of Work

#### **Planning Processes**

- Supported all NE states in the planning process for CP-CPHC in 2021-22.
- Appraised and updated State wise SPIP 2021-22 issues (CP- CPHC section)
- Appraised and provided comments on ECRP proposals for all the 8 (Eight) NE States for onward submission

#### **Meetings/Workshops/Trainings**

- Conducted online State ToT on Eat Right Toolkit (29 state trainers & 16 observers) for all NE States.
- Organized 6 days State ToT on Mental, Neurological & Substance Abuse disorders (MNS), Palliative & Elderly Care for FLWs of NE states and West Bengal – total participants 33.
- Organized 5 days Elderly & Palliative Care for 7 NE States & Andhra Pradesh on virtual platform for CHOs and SNs, total 30 participants.



- Organized 4 days State ToT on Mental, Neurological & Substance Abuse Disorders (MNS) for CHOs and SNs. It was conducted for 8 NE states and Andhra Pradesh with total participants 30.
- Supported the NE states in operationalizing 910 HWCs out of total 3032 HWCs which are operationalized since the inception of the programme. *(as on 25<sup>th</sup> February, 2021)*
- Online review cum planning workshop on Community Processes for 159 State & District Nodal Officers.
- Online meeting of National ASHA Mentoring Group (NAMG) and on ASHA career progression.
- Online training of mobile HWC application and revised HWC portal organized by NHSRC.
- Conducted online state ToT on CHO revised induction Module for all the 8 (eight) NE states which was attended by 45 participants.
- Supported online state ToT on CHO revised induction Module for 11 non-NE states which was attended by 66 participants.
- Attended online National ToT on revised CHO induction, mental, palliative & elderly care and state ToT on eat right toolkit organized by NHSRC as an observer
- Participated and facilitated group work in the National CP workshop on 6<sup>th</sup> & 9<sup>th</sup> November 2020.

#### Supportive Supervision Visits and Documentation:

- Sharing of updated information on Health System Status for Annual Report of MoHFW, certification of ASHA by National Institute of Open Schooling and performance-based Incentives for CHOs for NE states.
- Drafted the chapter on Gender and Adolescent Health for CHO Induction Module.
- Inputs on reform areas and actions for Ministry of Women and Child Development, GoI on Global Hunger Index, Global Inequality Index and Global Gender Based Index.
- Inputs on “Employment Generation and Skill Development –Final Report from the Working Group of Ministers, Vol: 1” and NE chapter for “Framework for Preparation of District and Intermediate Plans” for Ministry of Panchayati Raj.
- Prepared and shared the key actionable points to be addressed during Regional Review Meeting on AB-HWCs & Communicable disease RoP Deliverables for FY 2020-21.
- Drafted the compendium on CPHC – NE chapter released on UHC day
- Compiled the ‘Best Practices’ for 7th National Summit on Good, Replicable Practices and Innovations in Public Health Care Systems with MoHFW and Ministry of I&B.

#### Studies/ Evaluations:

- Conducted telephonic survey on prevention and management of COVID-19 of all the NE states and submitted the summary and compiled sheet to the NHSRC.

## II. HEALTHCARE TECHNOLOGY

### Key Deliverables:

1. Support to the NE states in planning processes and to NHSRC in appraising the State PIPs.
2. Support to the NE states in implementation & monitoring of Bio Medical Equipment Management & Maintenance Program (BEMMP).
3. Technical support to the NE States in implementing & monitoring of Free Diagnostic Services.
4. Support to the NE States in implementing & monitoring of Pradhan Mantri National Dialysis Program.
5. Support to the states in implementing & monitoring of Atomic Energy Regulatory Board compliance.
6. Support to the identified Aspirational districts of NE States.
7. Capacity enhancement of State officials through Workshop/ Review Meetings.
8. Supportive supervisory visits for hand holding to the states and other activities.

### Areas of Work

#### **Planning Processes**

- ☐ Supported all NE states in the planning process for HCT in 2021-22.
- ☐ Appraised and updated State wise SPIP 2021-22 issues (HCT section)
- ☐ Appraised and provided comments on ECRP, NESIDS (MoDoNER), BADP (MHA), NEC, World Bank, JICA, NITI Aayog, etc. proposals for all the 8 (Eight) NE States for onward submission
- ☐ Reviewed and provided necessary technical support & comments on different Medical Equipment to be procured for DHs under NESIDS project including installation of Oxygen Generation Plants in NE states.
- ☐ Comments shared on revised proposal of ICU set up under NESIDS in Assam.

#### **Meetings/Workshops/Trainings**

- ☐ Conducted online training on Free Diagnostic Services and Oxygen Supply System for the states of Nagaland and Arunachal Pradesh.
- ☐ Conducted online Review meeting on Bio Medical Equipment Management & Maintenance for the NE states along with other non-NE states
- ☐ Supported state of Assam for in-house piloting of Free Diagnostic services
- ☐ Supported state of Assam for implementing free USG services
- ☐ Reviewed the UNICEF Annual Roll Over Plan for the NE states (except Assam).

#### Documentation & Report Writing & Supportive Supervision Visit:

- Developed draft assessment tool to assess the requirement of additional Mahila Arogya Samiti (MAS) in Tripura and questionnaire for PIP monitoring to be used by the Population Research Centre (PRC).
- List of Blood Banks with Blood Component Separation Units in both Public and Private sector for NE states shared to help the states in preparing for plasma therapy of COVID 19 patients.
- ToR for Evaluation of the Tele Ophthalmology Project of Tripura
- Updated information of all HCT programs - AERB compliance of Public Health Facilities, implementation status on PMNDP, BEMMP and status of setting up of oxygen generation plant for NE states shared with NHSRC and MoHFW.
- Prepared the indicative list of cancer therapy interventions and diagnostics with approximate costing.
- Updated information on Health System Status for Annual Report of MoHFW.

### III. PUBLIC HEALTH PLANNING AND EVIDENCE (INCLUDING HUMAN RESOURCES FOR HEALTH)

#### Key Deliverables:

1. **State Program Implementation Plans:** Responses to specific technical assistance sought by central and state health departments, related to the proposals/activities submitted by the state in their annual program plans. Assess and review thematic areas under NHM as per their respective ToRs and suggest mid-course corrections and resource intensification as per needs.
2. **Health System Strengthening:** Periodic gap analysis of the health system of the states and districts taking into account of all vital components like infrastructure, Human resource and as well as service delivery. Based on the evidence gathered from field findings and data triangulation develop action plans for the state with well-defined short term and long-term goals for improvement. Help the NE states in developing District Health action plan through decentralized planning.
3. **National Urban Health Mission:** To improve the implementation of National Urban Health Mission through collaborating with and leveraging medical college platform in urban areas.
4. **Health Management Information System:** To produce quarterly and annual state specific KPI reports and highlight the identified issues which require special attention. Preparation of Annual comparative state/district wise Fact sheet on Key Indicators of all NE States based on HMIS report. Triangulate data from other available sources such as NFHS, SRS, etc. and reflect trend on specified indicators to provide a comparative analysis.

#### Areas of Work

##### Planning Processes

- ☐ Supported all NE states in the planning process for PHP&E in 2021-22.
- ☐ Appraised and provided comments on ECRP, NESIDS and BADP proposals for NE States for onward submission
- ☐ Responses in favor of proposals related to 'Health', as discussed during the High-Level Committee meeting on the social, economic, cultural and linguistic issues of the indigenous population and on 'Tripura-a Model State Road Map for Development' in the State of Tripura.
- ☐ Appraisal and comment on proposal for infrastructure up-gradation and development of facilities and services for Health and Nutrition in Chandel district, Manipur under NITI Aayog and Proposal for Construction of 100-bedded District Hospital, Imphal West at Mayang Imphal, Manipur under NESIDS.
- ☐ Comments on Proposal for infrastructural strengthening of HWC – SCs in Barpeta District of Assam, as shared by NITI Aayog.

### Meetings/Workshops/Trainings

- ❑ Conducted online State & District level workshop for DH strengthening for the state of Assam
- ❑ Conducted State Level Orientation on SUMAN for Manipur.
- ❑ Organized state specific workshops under Chairmanship of Joint Secretary (Policy & NE) for the NE States on 'Status of COVID-19 Preparedness and Strengthening of Non- COVID-19 Essential Health services with focus on RMNCHA+N.
- ❑ Attended orientation cum training workshop for program divisions of MoHFW on new HMIS portal

### Documentation & Report Writing & Supportive Supervision Visit:

- Prepared report on findings and recommendation of previous CRM Reports of Meghalaya, Arunachal Pradesh, Assam and Manipur on Communicable disease and Urban Health ToRs based on all previous CRM reports and current information from different data sources.
- The status of MMU and ambulance services of 8 NE states including RRC NE comments on PIP 20-21 and RoP 20-21 submitted for the Support Expert Group Meeting on 24th November 2020.
- The comparative data from NFHS-5 and NFHS-4 report were reviewed in terms of community perspective and actionable interventions were suggested and shared.
- Field visits to support Aspirational Districts in Arunachal Pradesh and Mizoram.
- Submission of checklists designed to appraise the 'Health and Nutrition Indicators' along with comments / recommendations based on the findings for the aspirational districts of Chandel (Manipur) and Kiphire (Nagaland).
- Prepared state wise UPHC population coverage of 8 NE states for onward submission.
- Visited Morigaon district drug warehouse & Nagaon regional drug warehouse to assess the architectural layout, storage capacity and scope of future expansion. Based on the findings of the visit, NHM Assam engineering division was given feedback to incorporate changes.
- Visit to Nongpoh DH (aspirational district) for pilot implementation of Workload Indicator for Staffing Need (WISN).
- State and district wise factsheet for the year 2019-20 for 8 NE states based on HMIS data shared with the states.

#### **IV. QUALITY IMPROVEMENT DIVISION**

##### **Key Deliverables:**

1. Developed guidance note for assigning codes to departments in health facilities in NE States for integrating with Mera Aspataal Portal and 64 out of total 83 health facilities (3 Central Govt. Institutions, 67 DHs, 11 SDHs & 2 UPHCs) have already been integrated with the portal during the FY 2020 – 21.
2. Supported NE States in implementation of National Quality Assurance Programme by supporting Capacity Building Workshops/Trainings for NQAS and LaQshya on virtual assessment protocol.
3. Mentoring Visits to healthcare facilities.
4. Document Review of 14 health care facilities for NQAS Certification
5. Document Review of 6 (Six) health care facilities for LaQshya Certification
6. Supported NE States in Kayakalp implementation
7. Maintaining ISO 9001:2015 Certification of RRC-NE.

##### **Areas of Work**

###### **Planning Processes**

- ☐ Supported all NE states in the planning process for QI in 2021-22.
- ☐ Appraised and provided comments on ECRP proposals for all the 8 (Eight) NE States for onward submission

###### **Meeting/Workshop/Training**

- ☐ Conducted workshop on implementation of Mera Aspataal for State, District and Facility level Officials totaling 183 participants (8 batches) from all NE states.
- ☐ Training on Biomedical Waste Management in COVID-19 pandemic for the NE states where total of 147 participants attended the training in 3 batches
- ☐ Online training of 155 State Officials and UNICEF Consultants of Arunachal Pradesh, Manipur, Nagaland, Tripura & Sikkim on Virtual Protocol on NQAS & LaQshya certification
- ☐ NQAS training for Internal Assessors cum Service Providers in Manipur
- ☐ Conducted online training for State Officials and UNICEF consultants of Tripura & Sikkim on Virtual Protocol of NQAS & LaQshya certification.
- ☐ Participated in the expert group consultation workshop on national quality standards for HWCs, NQAS external assessor refresher training and facilitated the national webinar on patient safety.

## Documentation & Report Writing & Supportive Supervision Visit

- Drafting of zero version of first and second edition of Quality Darpan: National Quality Assurance Program incorporating State wise information & graphical / map representation of different parameters.
- Developed guidance note for assigning codes to departments in health facilities in NE States for integrating with Mera Aspataal Portal and 64 out of total 83 health facilities (3 Central Govt. Institutions, 67 DHs, 11 SDHs & 2 UPHCs) have already been integrated with the portal during the FY 2020 – 21.
- Reviewed the documents submitted for NQAS Certification of 14 facilities and LaQshya certification of 6 facilities
- Conduct of internal audit of RRC-NE office in regard to ISO 9001:2015
- Supportive supervision visits to PHC Saikul (Kangpokpi district, Manipur) to assess the preparedness for NQAS certification.
- Updated status of Swachh Swasth Sarvatra and National Quality Assurance Program of NE States submitted to NHSRC/MOHFW.
- Follow up with 8 NE States for updating the master list of Kayakalp winners (FY 2019-20).

## V. ADMINISTRATION

### Key Deliverables

#### **Administrative deliverables**

- *Relocation of RRC-NE Office:* RRC NE office was being functioned in the Assam Medical council Bhawan in Guwahati. However, due to lack of adequate space and the dilapidated state of the building (which resulted increased every day running cost), RRC NE office was relocated in this FY.
- Tendering & agreements with suppliers, travel agencies and hotels.
- Annual Stock taking.
- Maintenance and security of office equipment and office premise.
- To ensure uninterrupted power supply, a 5 KV generator with back up of was installed.
- Maintenance of office records.
- Various statutory committees.
- Support during workshops.
- Administrative & Secretarial Assistance.

#### **Deliverables of IT**

- Maintenance of IT equipment & network.
- Uninterrupted internet connectivity
- Troubleshooting and assisting in IT related matters
- Website maintenance
- Online communications.
- Support during workshops.

#### **Deliverables of HR**

- Maintenance of personal records of staff.
- Attendance and leave records.
- Issue and extension of contracts
- Annual Performance Appraisals
- Recruitment/Interview process.

#### **Deliverables of Finance**

- Proper maintenance of accounting records.
- Processing of consultancy fees, payments for claims and other bills
- Preparation of budget.
- Preparation of financial statements & timely submission.
- Audit.



## VI. FINANCIAL REPORT OF RRC-NE (APRIL, 2020 TO 31<sup>st</sup> March, 2021)

Details of expenditure of RRC-NE for the period 1st April, 2020 to 31<sup>st</sup> March, 2021:

**(Rs. in Lakh)**

<b>S. N</b>	<b>Division</b>	<b>Approved Budget 2020-21</b>	<b>Total Expenditure (April 2020 to 31<sup>st</sup> March 2021)</b>	<b>Percentage (%) of Utilization</b>
<b>1</b>	PHP & Evidence including HRH & HMIS	11.00	0.97	8.79%
<b>2</b>	CP/CPHC	12.00	8.99	74.95%
<b>3</b>	QI	15.20	3.79	24.93%
<b>4</b>	HCT & HCF	12.95	2.64	20.35%
<b>5</b>	Administration (HR)	187.83	171.31	91.21%
<b>6</b>	Administration (General)	68.81	62.01	90.12%
<b>7</b>	Establishment cost for relocation	25.00	24.96	99.82%
<b>Total</b>		<b>332.79</b>	<b>274.66</b>	<b>82.53%</b>