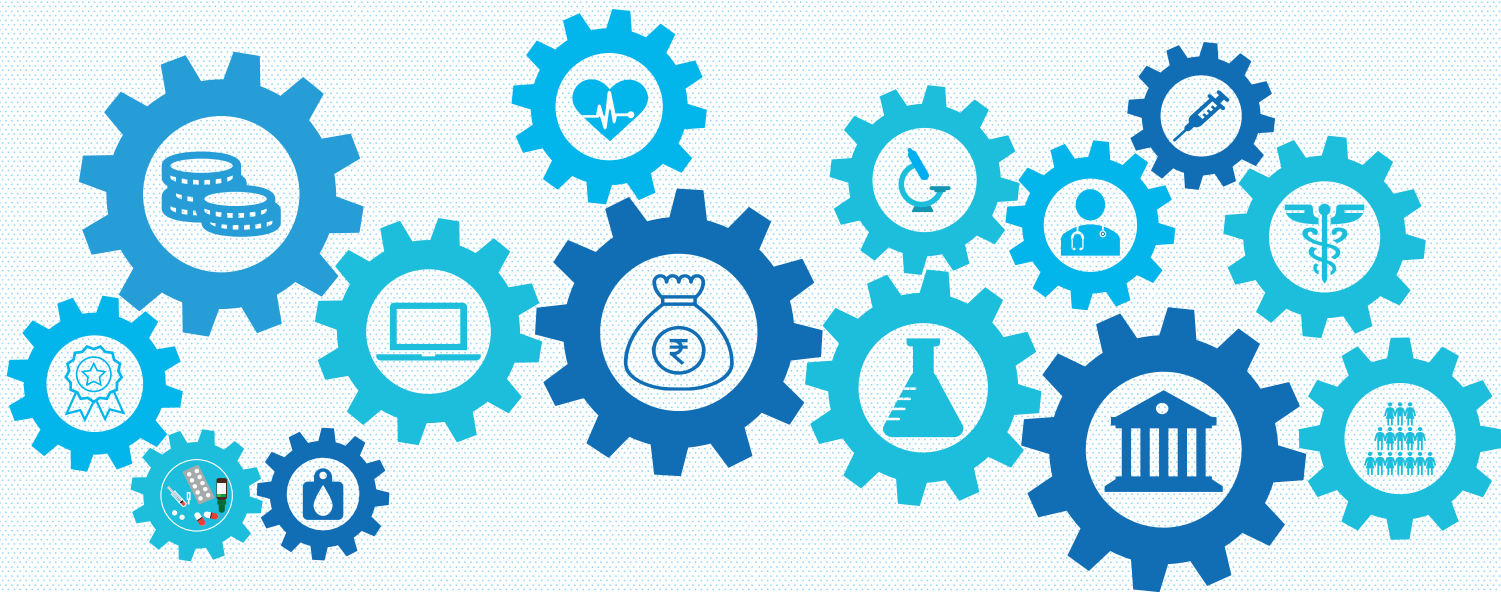




NATIONAL HEALTH SYSTEMS RESOURCE CENTRE

Technical Support Institution with
National Health Mission
Ministry of Health & Family Welfare
Government of India



Vision

Universal access to equitable, affordable, acceptable and quality health care that is accountable and responsive to the needs of people of India.

Enable technical support and capacity building to strengthen public health systems, generate evidence from field to formulate and evaluate policies and strategies; with a focus on decentralization, equity and quality to meet the goals of the National Health Policy 2017.

Mission

The National Health Systems Resource Centre works closely with policy makers, practitioners and researchers to provide technical and implementation support based on experiential learning, build sustainable partnerships to develop knowledge networks; strengthen technical strategies and management approaches to enable people centered, strengthened health systems.

Statement

Maj Gen (Prof) Atul Kotwal, SM, VSM
Executive Director, NHSRC



Table of Contents

About NHSRC 2

Message from The ED 3

Organisational Structure 4

Meet the Heads 5

NHSRC's divisions

Community Processes-Comprehensive Primary Health Care 6

Health Care Financing 7

Health Care Technology 8

Human Resources for Health 9

Knowledge Management 10

Public Health Administration 11

Quality Improvement 12

Regional Resource Centre for North Eastern States 13

Administration 14

Team NHSRC 15



About NHSRC

National Health Systems Resource Centre (NHSRC) was set up in 2006 under the National Rural Health Mission (NRHM), now under National Health Mission (NHM), of Government of India, to serve as an apex body for technical assistance. NHSRC's mandate is to assist in policy and strategy development in the provision and mobilisation of technical assistance to the states and in capacity building for the Ministry of Health and Family Welfare (MoHFW) at the centre and in the states. The goal of this institution is to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all stakeholders at the national, state, district and sub-district levels through specific capacity development and convergence models.

It has a 23-member Governing Body, chaired by the Secretary, MoHFW, with the Mission Director, NRHM as the Vice Chairperson of the GB and the Chairperson of its Executive Committee. Of the 23 members, 14 are ex-officio senior health administrators, including four from the states and nine are public health experts from academics and civil society. The Executive Director, NHSRC, is the Member Secretary of both the Governing Body and the Executive Committee. NHSRC's annual governing board meet sanctions its work agenda and its budget.

NHSRC, Delhi, is manned by eight technical divisions namely Community Processes-Comprehensive Primary Health Care, Public Health Administration, Quality Improvement, Human Resources for Health, Health Care Financing, Health Care Technology, Knowledge Management Division, and the eighth division is the Administration which is supported by four subsections such as General Administration, Human Resources, Accounts, and Information Technology.

The NHSRC has a regional office in Guwahati, Assam, for the northeast region of India, known as Regional Resource Centre for North Eastern States (RRC-NE). RRC-NE was established in 2005 to augment the technical and managerial capacities of the eight northeastern states, including Sikkim, at all levels as a technical support unit. Subsequently, it was subsumed under NHSRC in 2007. RRC-NE has functional autonomy and implements a similar range of activities in the NE region.

NHSRC actively seeks collaboration with organisations and individuals with a mandate to provide technical leadership for universal access to health care.

Message From The ED

National Health Systems Resource Centre (NHSRC) has a key mandate to strengthen National Health Mission (NHM), and is committed to facilitate the attainment of universal access to equitable, affordable and quality health care, which is accountable and responsive to the needs of the citizens of India.

Since inception, NHSRC has emerged as a key technical support agency to the MoHFW and the states/UTs for strengthening the health systems, developing policies and strategies in key areas, and facilitating the implementation of National Health Programmes.

With evolving health scenarios and change in national and global health policies, NHSRC has also emerged to respond to the growing needs and play a robust and critical role to improve the health outcomes in the country.

The divisions at NHSRC are committed to the mandate and have achieved milestones while building foundation for achieving Universal Health Coverage through strengthening of health care delivery across the levels of care.

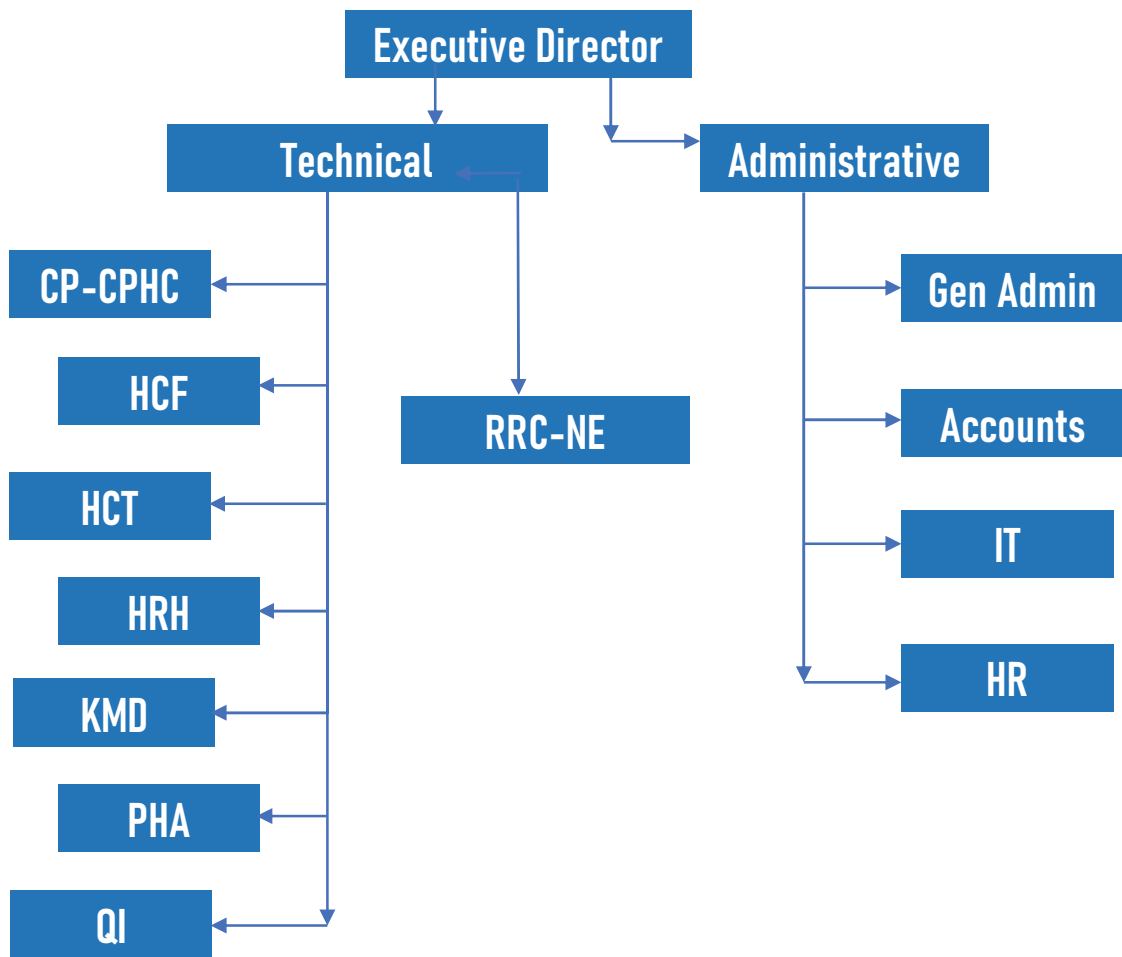
NHSRC's role has expanded over the years to address the health systems challenges across the states/UTs through capacity building, implementation support and undertaking research and generating evidence within institution or in collaborations. The two-way communication between the states/UTs and the NHSRC continues to be the strength as well as the guiding light for overall programme implementation and research activities.

We at NHSRC, through defined institutional structures, are committed to play a pivotal part in the health care machinery of the nation.

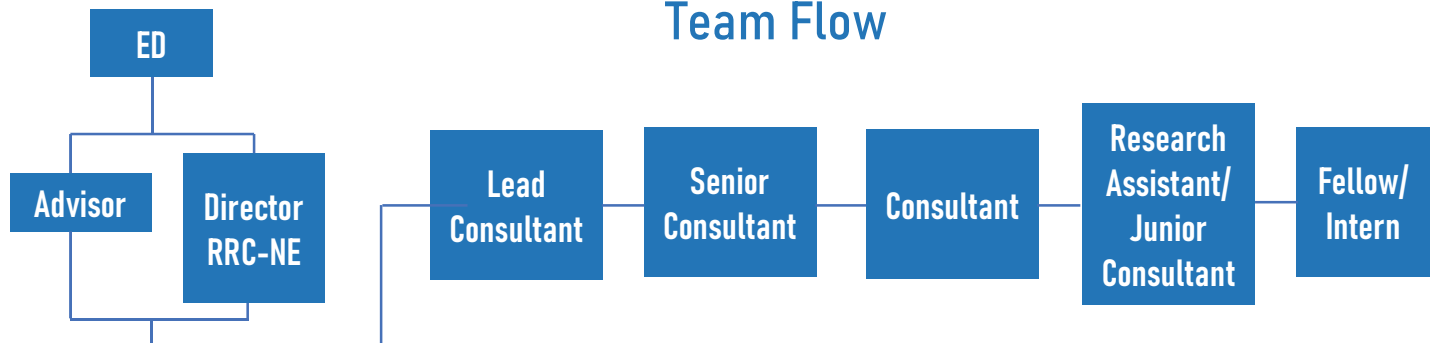


Maj Gen (Prof)
Atul Kotwal, SM, VSM

Organisational Structure



Team Flow





Maj Gen (Prof) Atul Kotwal, SM, VSM, Executive Director

A highly decorated army officer, public health specialist, and epidemiologist, who has more than three-and-a-half decades of stalwart service, Maj Gen (Prof) Kotwal has to his credit a gallantry and distinguished service awards, an apt distinction for a medical person of his stature. He specialises in public health, education, mentorship, innovations, and research, with 120+ publications in indexed journals. In the course of his duty in uniform, he also contributed to the public health systems of other nations, such as Botswana, and provided technical support to the Govt as Officer on Special Duty to the Planning Commission. A recipient of Dr J E Park oration by IPHA. Currently heads NHSRC and navigates HCF division and newly-formed KMD.



Dr. Ashoke Roy, Director, RRC-NE

Has more than 30 years of experience in the sector. Played a pivotal role in 'Efficacy of Multi Drug Therapy in Leprosy' project, rolling out Tele-medicine project as early as in 2005 and in conceptualisation of 'One Health Sub Centre in every Gram Panchayat/Village Council' vis-à-vis 'Time to Care approach' in Tripura in 2008.



Dr. J N Srivastava, Advisor, QI

An illustrious career in the Air Force followed by exceptional work in health sector: from leading EU-supported SIP in Uttar Pradesh, development of Quality Standards, health policy framework revision for Abu Dhabi, to WHO consultant for Maldives, visiting faculty at TISS, guiding PhD scholars, and a lot more.



Dr. Himanshu Bhushan, Advisor, PHA

Formerly Deputy Commissioner and head of Maternal Health Division in the MoHFW, he has rich and diverse experience both as clinician and public health expert. He has publications in prestigious journals and has contributed both as national and international as expert in WHO, UNICEF, UNFPA, ICMR and more.



Mona Gupta, Advisor, HRH

An MBA in HR with economics background, has over 23 years of experience in the health sector. Worked across multiple stakeholders - NGO, govt (state and central), research organization, international development agencies and health care consulting. Expertise include planning & program management, HRH, finance & health systems strengthening.



Dr. (Flt Lt) M A Balasubramanya, Advisor, CP-CPHC

An anaesthesiologist, with 37 years of diverse experience in health, education, socio-economic empowerment, training and research. Played a key role in rehabilitation & resettlement of tribes in Mysuru district.



Air Commodore (Dr.) Ranjan Kumar Choudhury VSM, Advisor, HCT

An experienced health care specialist and management expert, skilled in health care consulting, strategic planning, medical equipment procurement, supply chain management, health care technology and hospital operations.



Brig. Sanjay Baweja, PAO

In 34 years of service in the armed forces, he has headed operations, administration, HR, project infrastructures. He has to his credit three distinguished awards for his excellent service. He has also had the distinction of having tenanted combat/diplomatic duties in foreign nations.

COMMUNITY PROCESSES – COMPREHENSIVE PRIMARY HEALTH CARE (CP-CPHC)

The CP-CPHC division supports the realisation of – one of the core values of the NHM is to 'build an environment of trust between people and providers of health services and empower the community to become active participants in the process of attainment of highest possible levels of health.' It also works towards achieving Universal Health Coverage as envisaged in the National Health Policy (NHP) 2017.

38,481

ASHA Facilitators in 20 states

5.54
lakh

Village Health Sanitation & Nutrition Committees – Rural areas

9.7
lakh+

ASHAs in all states & UTs, except Goa and Chandigarh

87,594

Mahila Arogya Samitis – Urban areas

58,350

Rogi Kalyan Samitis – CHC/DH

- Policy support & guidelines development
- Technical assistance to states and UTs
- Developing training modules/handbooks
- Capacity building of AB-HWC team & community platforms
- Research/studies/evaluation/programmatic assessments

Key actions

Broad areas of work

- Supporting ASHA programme by building skills, incentives, career opportunities, grievance redressal, and support structures
- Rolling out of Comprehensive Primary Health Care through Ayushman Bharat - Health and Wellness Centres (AB-HWC)
- Public participation in District Health Societies & District Health Action Plan
- Community-based platforms like Village Health Sanitation and Nutrition Committees (VHSNC), Mahila Arogya Samitis (MAS), Jan Arogya Samitis (JAS) and Rogi Kalyan Samitis (RKS)
- Community Monitoring of Health Programme
- Programmes for involving NGOs in NHM
- Organising workshops, consultations & writing reports
- Documentation of Good and Replicable Best Practices
- Network & Partnerships – Civil Society, Innovation, Learning Centre
- IT support – Design of Portals/Mobile applications
- ASHA Certification



HEALTH CARE FINANCING (HCF)



Research Interest of HCF includes:

1. Earmarked funding for health
2. Strategic Purchasing
3. Health Insurance
4. Costing Studies
5. Equity Analysis

Globally, health care financing has become increasingly acknowledged as an area of major policy relevance to achieve Universal Health Coverage. Understanding a country's health care financing system allows to recognise current situation, raise more funds, allocate funds to ensure equity and quality health care for everyone, and reduce out-of-pocket expenditures. NHSRC's HCF division supports evidence-based policymaking and implementation of support to the union and state governments in these areas. The National Health Policy 2017 also gives impetus to increasing funds for health care, better utilisation of existing resources, improving financial protection, and establishment of a robust Health Accounts system to guide the policymakers in the allocation of funds.

Focus areas

Health Accounts: Annual production of National Health Accounts for India.

Health Financing indicators: Analysis and presentation of health financing indicators using budget data, National Sample Survey (NSS), National Family Health Survey (NFHS) data and more.

Policy Engagement: Provide input in different issues related to health financing.

Achievements

- It is the National Health Account Technical Secretariat for National Health Accounts (NHA) Production in the country.
- Published the National Health Accounts Guidelines For India.
- Produced NHA estimates on an annual basis since 2013-14.
- The NHA estimates feed into the WHO-Global Health Expenditure Database.
- The State level indicator based on NHA estimates is used by NITI Aayog for State Health Index.
- Results from NHA estimates are reported every year in Economic Survey of India and it is used for SDG monitoring.

HEALTH CARE TECHNOLOGY (HCT)

HCT helps the MoHFW on policies, strategies, and action plans for health technologies, specifically for medical devices under the NHM. The division also provides technical expertise for multiple vertical health programmes at the national level, like Pradhan Mantri National Dialysis Program (PMNDP), Biomedical Equipment Management and Maintenance Program (BMMP), Free Diagnostics Service Initiative (FDI).

Key Achievements

- Developed Technical Specifications for 331 medical devices as per Indian Public Health Standards
- Assessment of product innovations at National Health Innovation Portal
- PMNDP implemented in 35 states & union territories and BMMP in 31 states & UTs
- FDI-Pathological services have been put into effect in 33 states
- FDI-CT Scan services in 23 States
- FDI-Teleradiology service in 12 states

Recognised as WHO's Collaborating Centre for Priority Medical Devices and Health Technology Policy

Provides consultation to Department of Pharmaceutical, Indian Pharmacopoeia Commission, Central Drugs Standard Control Organization, and Bureau of Indian Standards on medical devices

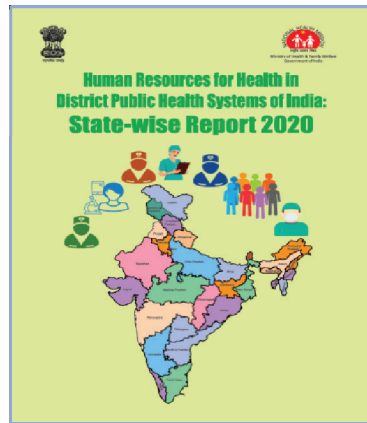
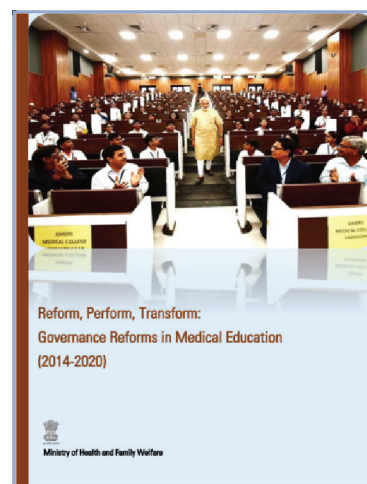
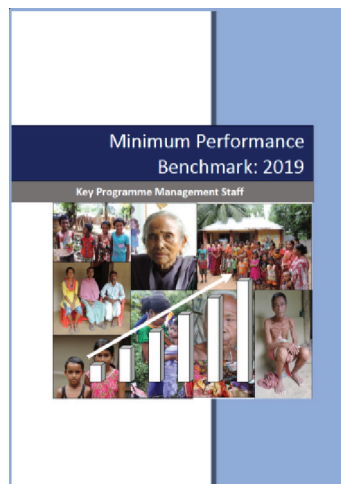
Additionally, HCT also contributes to systems strengthening, like:

- *Ensuring Atomic Energy Regulatory Board Compliance for Public Health Facilities*
- *Regular technical support to states and union territories for implementing the NHM programmes*
- *Establishing health department specific Technical Specifications for medical devices*
- *Health Technology Assessments*

HUMAN RESOURCES FOR HEALTH (HRH)

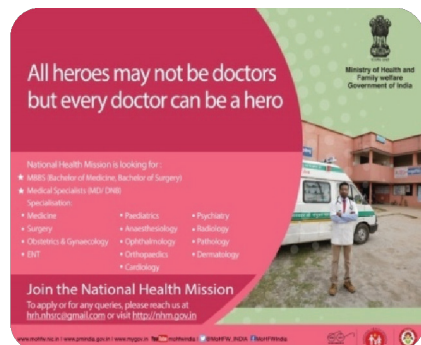
Over the years, a lot of effort has been made towards ensuring the availability of skilled human resource in the country in a bid to achieve Sustainable Development Goals. The NHM, with focus on strengthening health systems and providing quality services, has added around 4.5 lakh personnel in the public health facilities across the country.

The HRH division supports the MoHFW, the states and UTs in strengthening human resource practices and implementation of the Health Systems Approach. The team also works on the framework for staffing decisions based on the NHM goals and objectives. It suggests evidence-based interventions for the current workforce, identifies future needs, possible gaps and surpluses, works towards capacity building of the workforce, and attraction and retention of health workers in rural and underserved areas. The team also looks after the guidelines for the annual Program Implementation Plans of NHM, leads the processing of Emergency COVID response package, and result-based financing, conditionalities under the NHM.



Areas of work

- Improving HRH planning and availability
- Strengthening HRH Management
- Generate evidence and building repository related to HRH
- Capacity Building on planning and HRH management
- Program Implementation Plans
- Conditionalities

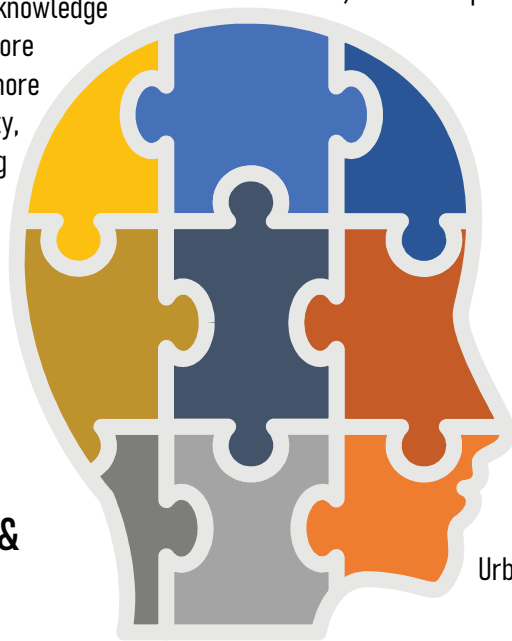


KNOWLEDGE MANAGEMENT DIVISION (KMD)

Knowledge management may be defined as a process of capturing, developing, sharing and effectively using knowledge. The division facilitates health systems and policy research, nurtures collaboration between decision-makers and programme managers in the health sector as well as the health policy, health systems, and public health research community. In action, KMD envisions the co-production of knowledge for action in health systems for stronger, more evidence-informed health systems, and a more engaged and supported research community, including building skills for research among practitioners.

Strategic Objectives

- Integration
- Improved performance
- Competitive Advantage
- Innovation
- Sharing of good practices & lessons learnt
- Continuous improvement



Research and partnerships

➤ Studies & Evaluation:

- 1) Implementation Research for Health Systems Strengthening Platform (National Knowledge Platform)
- 2) Reviews of the research proposals submitted in annual budget plan pertaining to Health Policy and Systems Research
- 3) Partnerships with research organisations & academia to undertake research on priority areas

SHSRC

- Supporting State Health System Resource Centre (SHSRC) through consultations and advocacy visits, strengthening mechanisms for improved technical assistance.

Tribal Health

- Supporting tribal health and working in collaboration with the Ministry of Tribal Affairs for Tribal Health Cell

NHM Implementation Support

Urban health; Non-communicable diseases; Cross-divisional activities

Information management

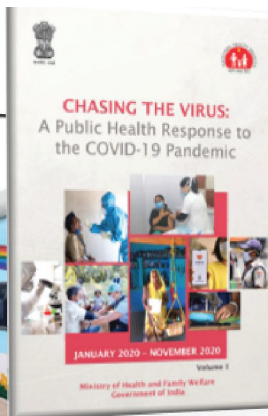
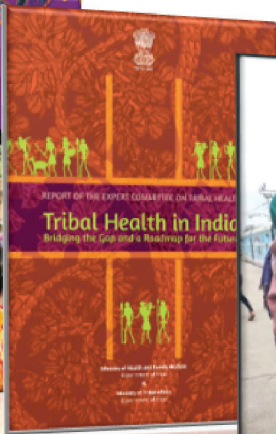
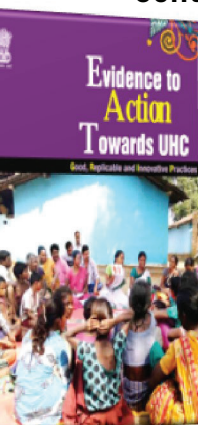
- 1) Secondary reviews for large scale surveys
- 2) UHC and SDGs related activities

Reflections & evidence from field

- 1) Common Review Missions; 2) National Summit on Good and Replicable Practices & Innovations in Public Health Care in India

Inter departmental coordination

- Collaborating with other divisions within the MoHFW and other departments for knowledge sharing



PUBLIC HEALTH ADMINISTRATION (PHA)

Strengthening systems to support health programme initiatives is one of the core mandates of NHSRC under NHM. PHA division works towards that by supporting the MoHFW in framing national public health policies and programmes, assisting states in implementation of the same by engaging with stakeholders through advocacy and capacity development. It also brings in accountability through a robust mechanism of governance with a continuum and prospective thinking in approach.

- **Indian Public Health Standards –**

Defines population norms, based on services, infrastructure, human resource, drugs, diagnostics, etc. for public health facilities.

- **Secondary Care –** Strengthening facilities including specialist care, operative services, emergency and critical care, blood transfusion services etc. Developing district hospitals as 'knowledge hubs' with the provision of Diploma of National Board (DNB), College of Physicians & Surgeons (CPS), nursing, and paramedical courses.

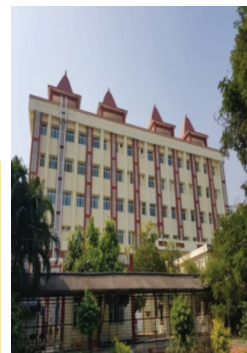
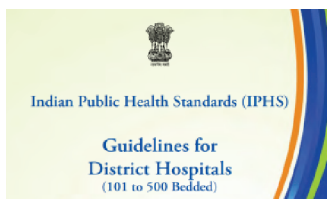


- **Public Health Management Cadre (PHMC) –** Working towards implementation of the commitments under NHP 2017 and 13th Conference of the Central Council of Health and Family Welfare for establishment of PHMC, a visionary step also being supported by NITI Aayog.

- **Governance –** Implementing timely redressal of grievances, supporting maternal and child death reviews, clinical governance, strengthening the legal framework for health (e.g., Public Health Act, Clinical Establishment Act, Surveillance systems & Civil Registration systems), CLMC Bill etc.



- **Urban Health-** Division is supporting the MoHFW in framing and revising guidelines, capacity building of States and their service providers (including wider stakeholders) and monitoring of implementation status of the Mission.
- **Prime Minister Atmanirbhar Swasth Bharat Yojana and XV Finance Commission –** Aid in development of guidelines (including IPHL, CCB, BPHU, UHWC) and implementation of them.



QUALITY IMPROVEMENT (QI)



In alignment with NHM and NHP, the division is committed for building quality health systems by developing policies and strategies, cost-effective standards, designing a framework for their implementation, and providing certification and incentives. QI also acts as a liaison between various stakeholders, provides support in training and capacity building, and in creating a pool of highly-skilled professionals and assessors. QI also collaborates with academic institutions for TISS-PG Diploma in Health Quality Management, and PHFI Certificate Course in Health Care Quality Management, aids Immunization Division in implementation of AEFI (adverse effects following immunization) surveillance certification and supports the MoHFW in development of Standard Treatment Guidelines.



ACHIEVEMENTS

- ISQua and IRDA Accredited Standards of Care
- 912 health facilities nationally and 2,734 are state NQAS certified
- 391 labour rooms & 321 maternity operation theatres LaQshya certified
- Kayakalp facilities: 101 in 2015-16 to 7,189 in 2019-20
- Development of a pool of Health Quality professionals in the country – 4,569 state level assessors and 511 National assessors (ISQua accredited program)
- Gunak - A quality assessment app for Apple and Android users to assess public health facilities

Key Initiatives

National Quality Assurance Standards (NQAS): Developed keeping in mind the requirements for public health facilities and global best practices. Available for district hospitals, community health centres (CHCs), primary health centres (PHCs), urban PHCs, HWC and AEFI surveillance.

Kayakalp: In alignment with Swachh Bharat Abhiyan, Kayakalp Award Scheme promotes *swachchata* in public health facilities. The winners are given cash awards and felicitated at the state and national level.

Swachh Swasth Sarvatra: The integrated scheme by the MoHFW and the Ministry of Jal Shakti/MoHUA works for supporting CHCs in attaining Kayakalp status and improvement of *swachchata* in rural and urban communities.

LaQshya: This initiative focuses on improving quality of care during the delivery and immediate post-partum.

Mera Aspataal: The Gol initiative is an IT platform to capture 'Voice of Patient' by a simple multi-lingual app which works through SMS, outbound dialling, mobile application, and web portal.

National Patient Safety Implementation Framework 2018-25: An initiative to reduce unnecessary harm associated with health care to an acceptable minimum.

MuSqa: Soon-to-be-launched initiative will ensure delivery of quality child care services.



REGIONAL RESOURCE CENTRE FOR NORTH EASTERN STATES (RRC-NE)



RRC-NE was created as a technical support unit in October 2005 under Sector Investment Program (SIP) supported by European Commission (EC) to provide the technical and managerial capacities to the eight northeastern states of the country. In 2007, RRC-NE was subsumed under NHSRC.

For meeting the specific needs of the eight northeastern states, RRC-NE at Guwahati functions as branch office of NHSRC. It has functional autonomy and implements a similar range of activities in the NE region. The team at RRC-NE is headed by the Director with technical teams for each area.

Key areas of work

Work at RRC-NE is organised around six divisions – Community Processes, Health Care Technology, Health Care Financing, Public Health Planning & Evidence including Human Resource for Health, Quality Improvement, all duly supported by an Administrative division.

Public Health Planning & Evidence

- Supporting the states in preparing State and District Program Implementation Plans, appraisals of the plans and follow up of the agreed activities
- Mentoring the aspirational districts in planning and strengthening of the service delivery
- Undertaking any assessment/evaluation of health-related projects as required by the MoHFW/NE States/NEC/MoDoNER/MHA, etc.

Quality Improvement

- Facilitating NQAS and LaQshya Certification of Hospitals
- Capacity building of State/District Program Officers and Facility In-charges
- Promotion & Support in implementation of Kayakalp, SSS and Mera Aspataal initiative in NE States

Community Processes & Comprehensive Primary Health Care

- Strengthening the ASHA Support System
- Facilitating Setting up of Health & Wellness Centres with provision of all 12 packages of services and rolling out of Comprehensive Primary Health Care services in the northeastern states vis-à-vis continuum of care in true sense

Health Care Technology

- Supporting the states in implementation of the new programmes and further expansion of Free Diagnostic Services, Pradhan Mantri National Dialysis Program, Bio-Medical Equipment Maintenance Program, Oxygen Support System
- Regular updating and analysing the information from the different dash boards and feedback to the states

Bringing shine through caring

The General Administration section supports NHSRC, RRC-NE and the MoHFW in terms of facility management, procurement of goods and services, asset management, tender and contract management. It is also responsible for liaising with the ministry and other government organisations as per need – organising online and offline meetings, events, and ensuring smooth functioning on a day-to-day basis.

Excellence through people

The primary mandate of the HR section is to recruit technical and administrative manpower for NHSRC, RRC-NE and the MoHFW. HR is also responsible for contract management, pay-rolling, leave management, and annual performance appraisals. In addition to that, HR activities include inputs for RTIs/appeals/legal queries/parliamentary questions, facilitating accidental insurance, personnel file management, campus recruitment of fellows, induction, training, capacity building, consultants' satisfaction survey, and welfare activities.

Simple solutions for complex glitches

Our IT section has been instrumental in adapting to the online mode of working by ensuring swift and smooth transition. The section is responsible for procurement of IT infrastructure (goods and services) for all divisions, troubleshooting and resolving IT issues, installing various software, coordinating with external agencies and vendors, and providing support for online events, meetings, and interviews, along with managing office infrastructure.

ADMINISTRATION (ADMIN)

Could any organisation work efficiently without a competent admin staff? The admin division is the backbone of any well-functioning organisation. Same applies to the NHSRC. Our admin division gives tremendous support to all technical divisions in terms of funds, human resource, information technology and general administration.

Quality Meets Trust

The Accounts team takes care of the budgeting and expenditure of NHSRC, RRC-NE and the MoHFW (of consultants working with the ministry on the NHSRC contract). A typical day in the section involves vetting of various MoUs and contracts, audit management, payments, budgeting and costing, controlling wasteful expenditure, ensuring the expenditure is incurred as per General Financial Rules, preparing annual budgets, monthly-quarterly financial statements, drafting audit replies, and supporting admin in empanelment of CA firms.



ED OFFICE

Maj Gen (Prof) Atul Kotwal, SM, VSM	Executive Director
Ms. Krishna Bose	PS to ED

KMD

Mr. Padam Khanna	Senior Consultant
Dr. Neha Dumka	Senior Consultant
Dr. Roopani	Consultant – Information Management
Dr. Isha Ramesh Sonawane	Consultant – Urban Health
Ms. Megha Mathur	Consultant – Publications
Ms. Garima Verma	Consultant – Publications

CP-CPHC

Dr. M A Balasubramanya	Advisor
Dr. Suman	Senior Consultant
Dr. Neha Singhal	Senior Consultant
Dr. Anantha Kumar	Senior Consultant
Mr. Arun Kumar Srivastava	Consultant
Mr. Syed Mohd Abbas	Consultant
Ms. Ima Chopra	Consultant
Dr. Anusha Sharma	Consultant
Mr. Dharam Raj Singh	Consultant/Developer IT
Dr. Atul Bhanu Rairker	Consultant
Ms. Haifa Thaha	Consultant
Dr. Sushma Adappa	Consultant
Dr. Mirza Anwarasgar Nasehraz	Consultant
Dr. Devyani Shelke	Fellow
Dr. Aditya Shubham Joshi	Intern
Dr. Srishti Gulati	Intern
Ms. Vandana Jakhmola	Secretarial Assistant

HCF

Dr. Sandeep Sharma	Senior Consultant
Dr. Mampi Bose	Consultant
Dr. Maneeta Jain	Consultant

PHA

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Mr. Prasanth K.S	Senior Consultant
Dr. Smita Shrivastava	Senior Consultant
Mr. Ajit Kumar Singh	State Facilitator
Dr. Aashima Bhatnagar	Consultant
Dr. Kalpana Pawalia	Consultant
Dr. Poonam	Consultant
Ms. Vasudha Khanna	Consultant – Legal
Dr. Ashutosh Kothari	Junior Consultant
Ms. Neelam Tirkey	Junior Consultant
Ms. Diksha	Junior Consultant
Dr. Aditi Joshi	Junior Consultant
Dr. Sonali Bhattacharya	Fellow
Dr. Musarrat Siddiqui	Fellow
Ms. Ashu Ranga	Fellow
Dr. Oshi Chaturvedi	Fellow
Ms. Manju Bisht	Secretarial Assistant

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Ms. Mona Gupta	Advisor , Health Policy and Integrated Planning (HPIIP) & Lead NPMU
Ms. Sweta Roy	Senior Consultant
Mr. Divya Prakash	Senior Consultant
Ms. Ayushi Rai	Consultant
Mr. Mahtab Alam	Consultant - HPIP
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Dr. Priyanka Kumari	Consultant - HRH/HPIIP
Ms. Swamili Khurana	Consultant
Dr. Manjari Singh	Consultant - HRH/HPIIP
Dr. Surabhi Sethi	Consultant - HRH/HPIIP
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Ms. Ritu	Junior Consultant
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Ms. Seema Punia	Fellow
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Ms. Falguni Dinesh Bhosale	Fellow
Mr. Anand Yadav	Intern/Fellow
Certification Unit	
Mr. Gulam Rafey	Consultant
Dr. Abhay Kumar	Consultant
Dr. Alisha Dub	Consultant
Dr. Neeti Sharma	Consultant
Mr. Divyanshu Bharadwaj	Junior Consultant

RRC-NE	
Dr. Ashoke Roy	Director, RRC-NE
Dr. Joydeep Das	Lead Consultant
Mr. Bhaswat Kumar Das	Senior Consultant - HCT and HCF
Dr. Pankaj Thomas	Senior Consultant PHP & Evidence
Dr. Devajit Bora	Senior Consultant-CP
Ms. Sagarika Kalita	Consultant-HMIS
Ms. Pumani Kalita	Consultant-CP
Mr. Anupjyoti Basistha	Consultant-QI
Mr. Iqbal Hussain	Consultant-HCT
Ms. Sandhani Gogoi	Consultant-CP
Dr. Surajit Choudhury	Consultant-PHP & Evidence
Dr. Siddharth Maurya	Consultant-PHP & Evidence
Mr. Amit Raj Roy	Consultant-CP
Ms. Madhusmita Dutta	Administrative Officer
Mr. Gautam Rajbangshi	IT Manager
Dr. Dimpy Pathak Das	Fellow-QI
Ms. Prerana Hazarika	Fellow-HCT
Admin positions	
Mr. Kushal Haloi	Administrative Assistant
Ms. Nazia Begum Laskar	Office Secretary
Mr. Abinash Kr. Baishya	Accountant
Mr. Ratul Barman	Peon
Mr. Ramen Baishya	Peon
Mr. Chandan Kumar	Peon
Mr. Sanjan Beck	Office cleaner

ADMINISTRATION	
Brig. Sanjay Baweja	PAO
Mr. Bhupendra Singh	Consultant
Mr. Amit Arora	Admin Assistant cum receptionist
Mr. Sandeep Kumar Sharma	Admin Assistant
Mr. Padam Samal	Office Assistant
Mr. Girish Kumar	Admin Assistant
Mr. Prakash Chemjung	Pantry cum Office Assistant
Mr. Ravi	Pantry cum Office Assistant
Mr. Amit Kumar	Admin Assistant cum Driver
Admin-Finance	
Mr. Gaurav Prakash	Finance Manager
Mr. Ashok Pathar	Consultant
Ms. Neha Rastogi	Consultant
Mr. Ankit Sharma	Accounts Assistant
Mr. Digvijay	Accounts Assistant
Admin-IT	
Mr. Som Pal	IT Manager
Mr. Mukesh Kumar	Executive IT
Admin-HR	
Mr. Vinit Goklani	HR Manager
Mr. Subrata Kumar Patel	Consultant
Ms. Priyanka Sood	Consultant
Ms. Anupriya Raje Singh	Consultant
Ms. Komal Shikha	Consultant
Mr. Mukesh Kumar	HR Assistant

ACHIEVEMENTS

NQAS

**Model
Health
Districts**

CRM

**National
Health
Accounts**

Kayakalp

**COVID-19
Response**

**HR
Bootcamps**

AB-HWC

**Infrastructure
Reforms**

ASHA

FDI

NHInP

LaQshya

**HRH
Norms**

IPHS

SHSRC

BMMP

VHSNC

**MCH
Services**

**WHO
Collaborating
Centre**



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