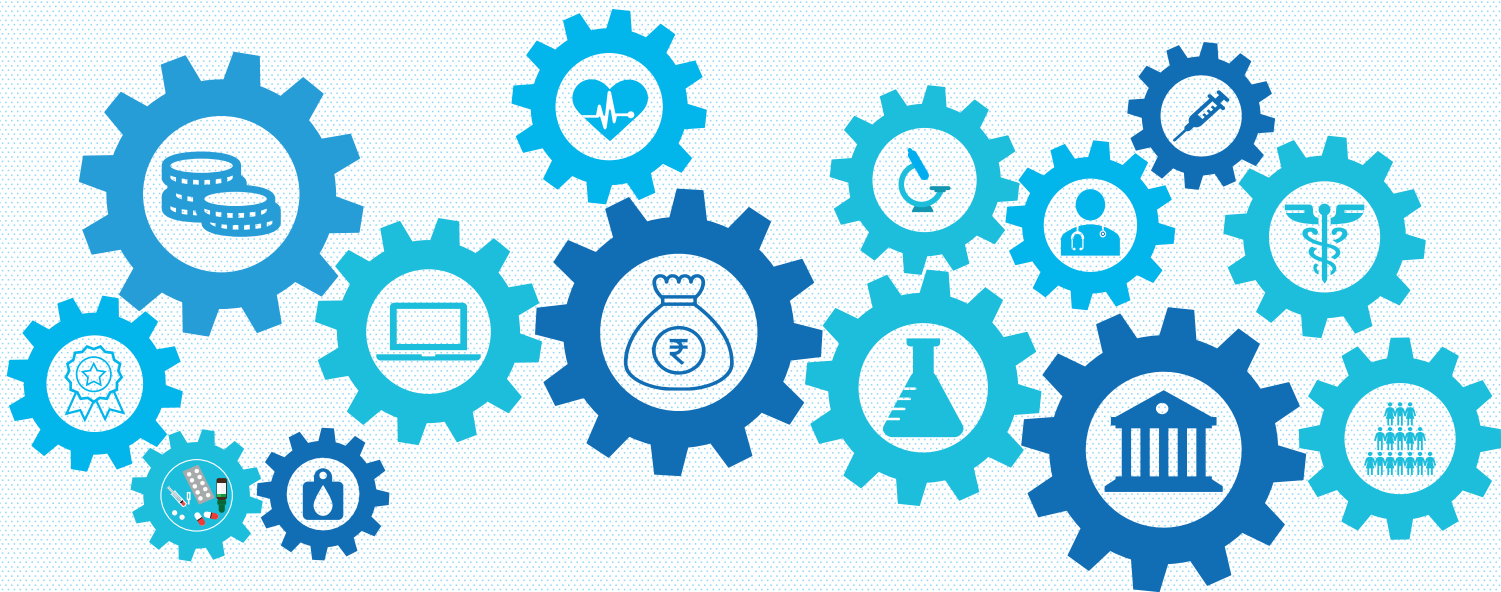




NATIONAL HEALTH SYSTEMS RESOURCE CENTRE

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 7

Health Care Financing 8

Health Care Technology 9

Human Resources for Health 10

Information Technology 11

Knowledge Management 12

Public Health Administration 13

Quality Improvement 14

Regional Resource Centre for North Eastern States 15

Administration 16



About NHSRC

National Health Systems Resource Centre (NHSRC) was set up in 2006 under the National Health Mission (NHM), erstwhile National Rural Health Mission (NRHM), 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 Additional Secretary & Mission Director, NHM 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 public health experts from academia 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 budget.

NHSRC, Delhi, is manned by eight technical divisions, namely Community Processes-Comprehensive Primary Health Care, Public Health Administration, Quality and Patient Safety, Human Resources for Health, Health Care Financing, Health Care Technology, Knowledge Management Division, Information Technology, and one Administration, which is supported by subsections such as General Administration, Human Resources, Accounts, IT, and Publications.

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.

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 evolved 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 system blocks across the levels of care.

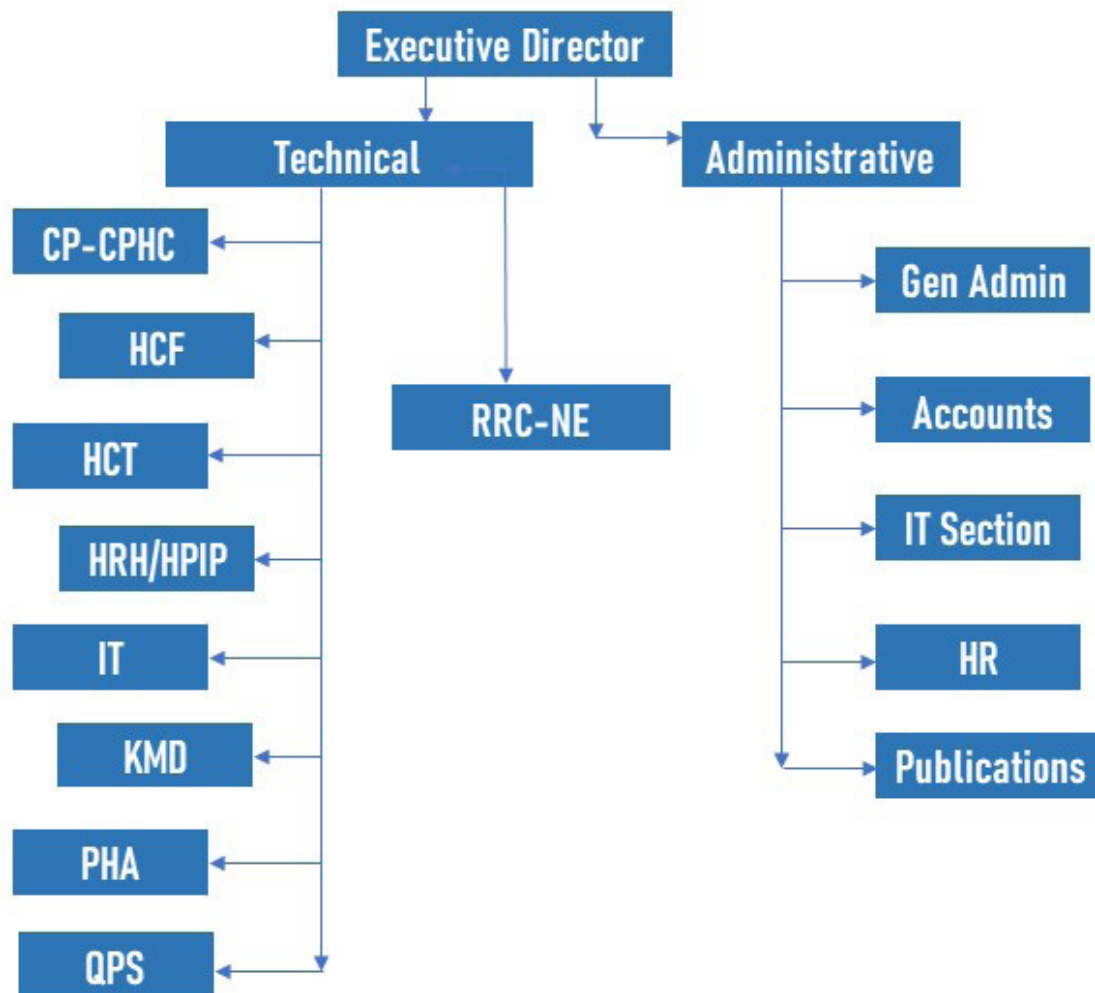
NHSRC's role has expanded over the years to address the health systems challenges across the states/UTs through capacity building, implementation support and undertaking research and generating evidence within institution or in collaborations. The two-way communication between the states/UTs and the 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.

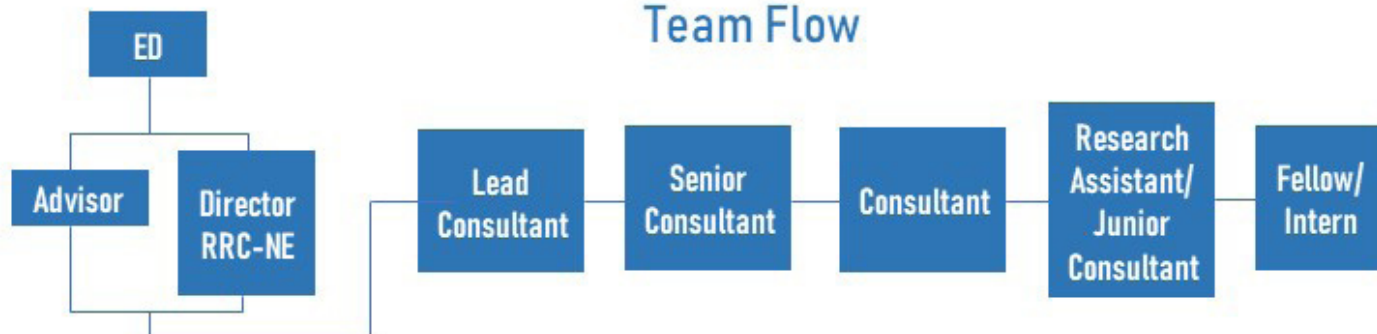


Maj Gen (Prof)
Atul Kotwal, SM, VSM

Organisational Structure



Team Flow



Meet the Heads



Maj Gen (Prof) Atul Kotwal SM, VSM Executive Director
MBBS MD (PSM), PDF (Epidemiology), FAMS, FRCP Edin, FIAPSM, FIPHA

A highly decorated army officer, public health specialist, and epidemiologist, who has more than 38 years of stalwart service. Maj Gen (Prof) Kotwal has to his credit a gallantry and a distinguished service award. He specialises in public health, epidemiology, education, mentorship, innovations, and research, with 150+ 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 GoI as Officer on Special Duty to the Planning Commission. A recipient of Dr J E Park oration by IPHA. Currently heads NHSRC and also navigates HCF division and KMD directly.



Dr. Ashoke Roy Director, RRC-NE

Has more than 35 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-a-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 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 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 system 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. Working with indigenous tribal groups, played a key role in rehabilitation and resettlement of forest-based tribes of HD Kote Taluk in Mysuru district.



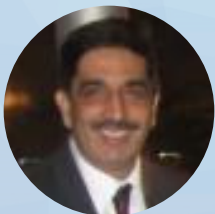
Air Commodore (Dr.) Ranjan Kumar Choudhury VSM Advisor, HCT

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, with core strength being hospital administration and health care technologies.



Abhishek Srivastava Advisor, IT

A computer engineering graduate and management program holder from IIM Calcutta, has over two decades of experience across government, corporate and social domains including CXO roles. Endeavored technopreneurship and has experience in various public health programs.



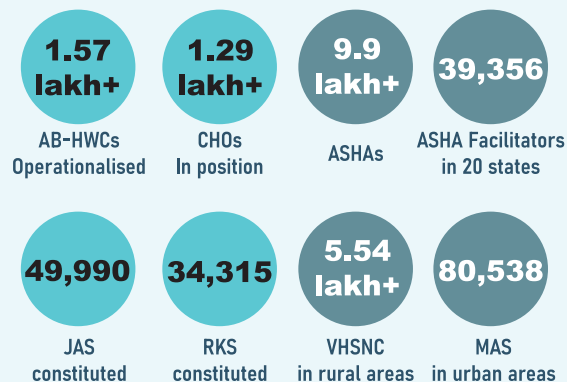
Brig. Sanjay Baweja PAO

In 36 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 tenated combat/diplomatic duties in foreign nations.

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

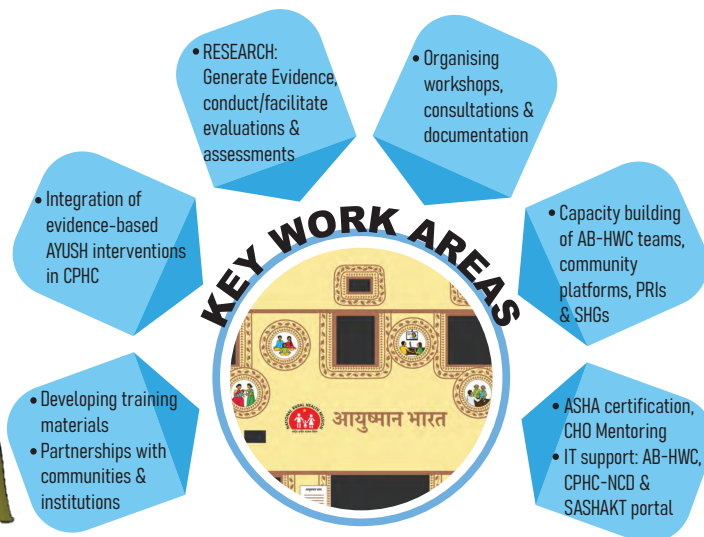
The CP-CPHC division supports the realisation of one of the core values of the NHM — to build an environment of trust between people and providers of health services and empower community to become active participants in the process of attaining highest possible levels of health. It works towards achieving Universal Health Coverage as envisaged in National Health Policy 2017 by facilitating operationalisation of Ayushman Bharat-Health and Wellness Centres with expanded range of services and time-to-care principle of less than 30 minutes, leaving no one behind.

STATUS OF CP-CPHC



Thematic Areas

- Support ASHA Program: by building skills, incentives, career opportunities, grievance redressal and support structure
- Facilitate roll out of Comprehensive Primary Health Care through AB-HWCs
- Support Strengthening of Community Based Platforms: VHSNC in Rural & MAS in Urban Areas, JAS & RKS at facility level
- Facilitate Public Private Partnerships
- Community Based Monitoring of Health Programs
- Decentralised Planning in Health



HEALTH CARE FINANCING (HCF)



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 in Economic Survey and widely used by the academicians.
- Prepared Report on Public Private Partnership under NHM.

Research Interest of HCF include:

1. Health Financing
2. Economic Evaluation of Health Programme
3. Public Private Partnership in Health
4. Equity Analysis
5. Decentralisation and Health

HEALTH CARE TECHNOLOGY (HCT)

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

HCT contributes to health systems strengthening by:

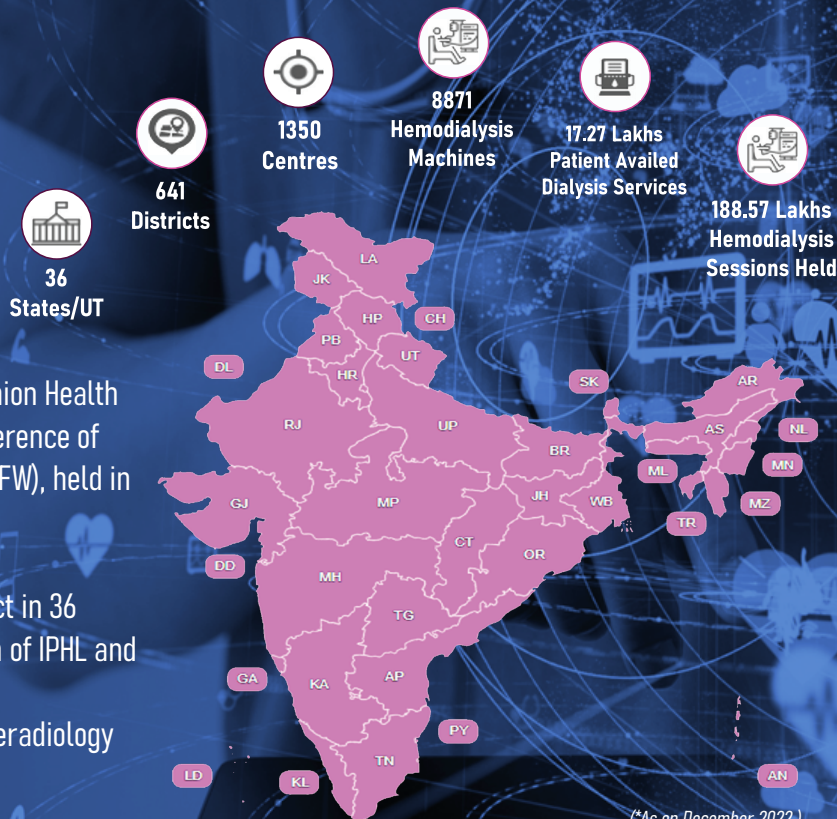
- Ensuring Atomic Energy Regulatory Board Compliance for public health facilities.
- Developing Technical Specifications for medical devices as per IPHS 2022.
- Technological assessment of innovative health products.
- Support DoP, IPC (MvPI), CDSCO and BIS.

Key Achievements

- PMNDP portal was launched on May 5, 2022, by Union Health Minister, Dr Mansukh Mandaviya, at the 14th Conference of Central Council of Health and Family Welfare (CCHFW), held in Kevadia, Gujarat.
- PMNDP is implemented in 36 states/UTs.
- FDI-Pathological services have been put into effect in 36 states/UTs.* Support states/UTs in implementation of IPHL and BPHL labs.
- FDI-CT Scan services in 23 states/UTs and FDI-Teleradiology service in 12 states.*
- BMMP is implemented in 34 States/UTs.*
- Assessment of product innovations submitted on National Health Innovation Portal.
- Assist States/UTs on use of drones in delivery of vaccines and emergency supply.
- Guidelines developed on use of roof top solar system in public health facilities.

(*As on February 1, 2023)

Pradhan Mantri National Dialysis Programme

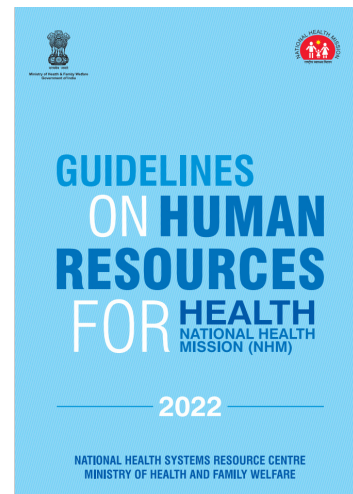
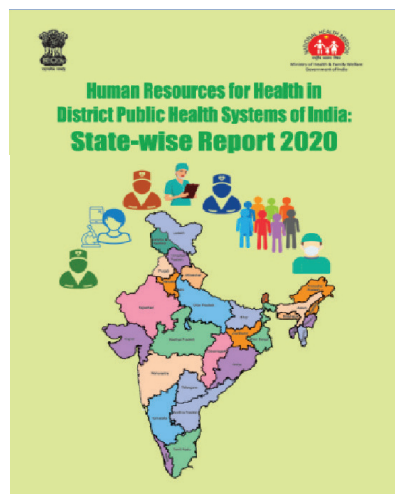
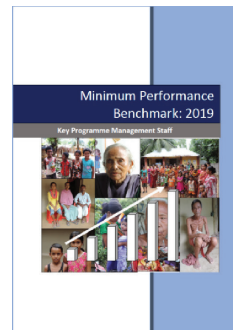
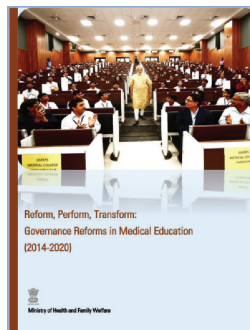


The division is recognised as a WHO Collaborating Centre for Priority Medical Devices and Health Technology Policy

HUMAN RESOURCES FOR HEALTH (HRH)

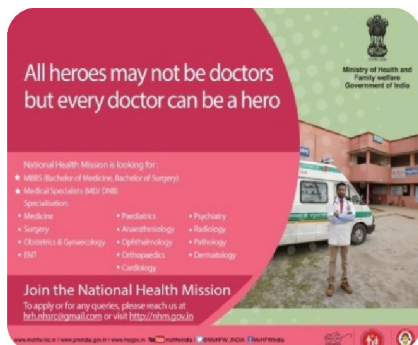
Over the years, a lot of effort has been made towards ensuring the availability of skilled human resource in the country in a bid to achieve Sustainable Development Goals. The NHM, with focus on strengthening health systems and providing quality services, has added around 4.5 lakh personnel in the public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

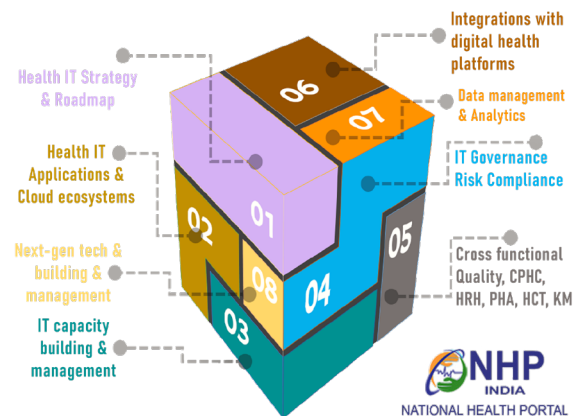
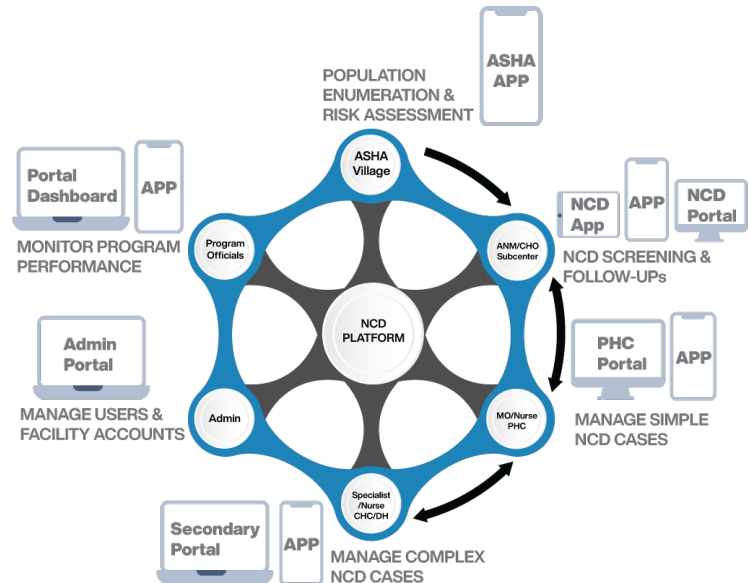


INFORMATION TECHNOLOGY (IT)

The division is established to support Ministry of Health and Family Welfare, various states and UT governments on policies, strategies, and action plans for Information Technology under the NHM. A large number of health programmes are operational under the NHM, and along with them a pool of IT applications and systems is functional under the digital health ecosystem, with an ever-expanding landscape. The IT division provides essential thrust in driving the NHM through core information technology and digital initiatives and unlocking the levers to strengthen the Mission.

Core Areas

- IT strategy, policy, and roadmap under NHM for central and state-specific technology gamut.
- Digital Health advisory, consulting, directions, and guidelines.
- Information technology integration with the national programs, including Quality & Patient Safety, Comprehensive Primary Health Care, Public Health Administration, Human Resource for Health, Healthcare Technology, Knowledge Management, Administration, and more.
- IT planning, capacity building, and knowledge management.
- IT Governance, Risk and Compliance.
- Collaboration with various ministries and other government bodies to achieve national portals for public visibility.

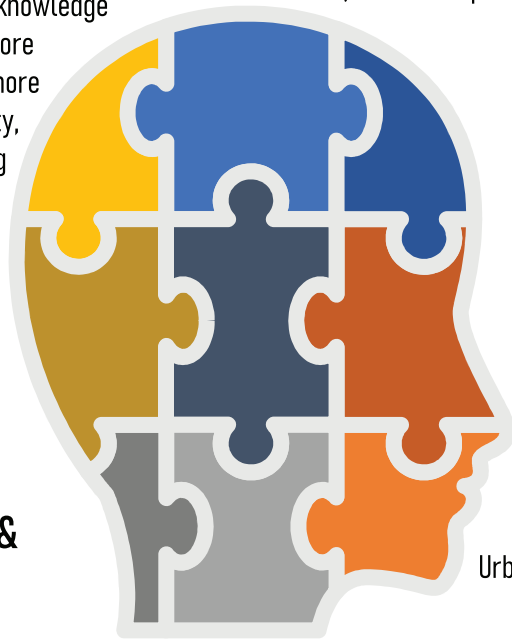


KNOWLEDGE MANAGEMENT DIVISION (KMD)

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 Diplomate of National Board (DNB), College of Physicians & Surgeons (CPS), nursing, and paramedical courses.

- **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.

- **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and 15th Finance commission grant –** Supported development of guidelines (including IPHL, CCB, BPHU, UHWC) and implementation support to states.

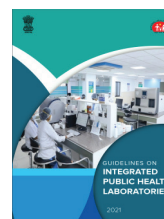
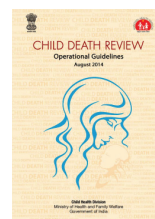
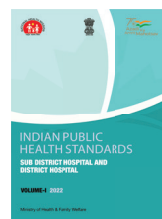
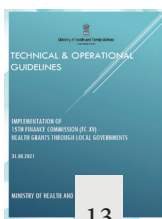
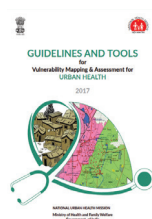
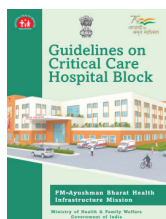


- **Public Health Management Cadre (PHMC) –** Working towards

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 –** Supporting timely redressal of grievances through centralised call centre, maternal and child death reviews, support for District Health Action Plans (DHAPs), establishing and strengthening technical protocols at public health facilities of identified model health districts and aspirational districts.

- **Assured emergency and referral system –** Assuring comprehensive emergency services including medical, surgical and trauma care linked to ambulance services and call centre. Supporting MMUs.



QUALITY AND PATIENT SAFETY (QPS)



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. QPS 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. QPS 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.

MuSgan: 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.

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 including strengthening activities under XV FC and PM-ABHIM
- Mentoring the aspirational districts/blocks in planning and strengthening of the service delivery
- Undertaking any assessment/evaluation/implementation research of health-related projects as required by the MoHFW/NE States/NEC/MoDoNER/MHA, etc. Support to the North Eastern states in gap assessment for IPHS 2022 along with a road map

National Quality Assurance Standards

- Facilitating NQAS and LaQshya Certification of Public Health Facilities
- Capacity building of State/District Program Officers and Facility In-charges increasing the pool of Internal and External Assessors
- Promotion & Support in implementation of Kayakalp, SSS and Mera Aspathaal initiative in NE States

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

Community Processes & Comprehensive Primary Health Care

- Strengthening the ASHA Support System
- Support in rolling out of all 12 packages of Comprehensive Primary Health Care Services in North Eastern states vis-a-vis continuum of care
- Enabling vibrant community platform - VHSNC, MAS, JAS and Patient Support group

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 and facilitating AERB certification
- Regular updating and analysing the information from the different dash boards and feedback to the states

ADMINISTRATION (ADMIN)

Could any organisation work efficiently without a competent admin staff? The admin division is the backbone of any well-functioning organisation, controlling and organising all the processes. Same applies to the NHSRC. Our admin division not only gives tremendous support to all technical divisions in terms of funds, human resource, information technology and general administration, but also brings to fruition their ideas, content, and activities like workshops, trainings, events, and more. The various teams of the admin division take care of the minutest detail and ensure the office procedures are followed and all the goals achieved.

Bringing shine through caring

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

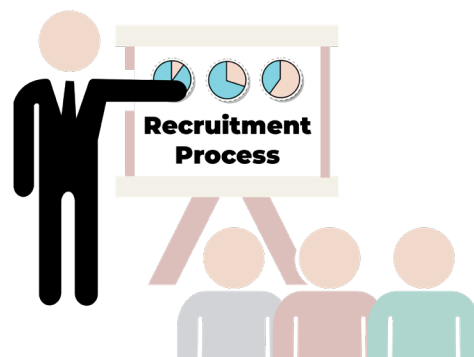


Quality Meets Trust

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.

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.



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.



Disseminating knowledge

The Publications team forms the bridge between the MoHFW, various NHSRC divisions, and the intended readers, ranging from grassroot-level health workers to policy makers, by developing information into an effective and efficient structure. Be it the PM-ABHIM, Chintan Shivar, ASHA handbooks, training manuals for quality standards, operational guidelines for health care, COVID-19 information material, reports, studies, or technical specifications, these publications familiarise the reader with best practices, innovations, and development in the health sector. The team also takes care of the MoHFW and NHSRC's other communication requirements like editorials, training videos, programme launches, IITF material, and more.

ACHIEVEMENTS

PM-ABHIM

AB-HWC

National Health
Accounts

LaQshya

VHSNC

PMNDP

PHMC

Tele-Manas

IPHS

COVID-19
Response

MCH
Services

Kayakalp

SHSRC

FDI

Model Health
Districts

NQAS

BMMP

NHInP

HRH Norms

WHO
Collaborating
Centre

HR
Bootcamps

CRM

ASHA

Infrastructure
Reforms



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