Minutes of the 19th GOVERNING BODY Meeting
National Health Systems Resource Centre (NHSRC)

Held on: 5th & 10th July 2023.
Room No: 155 -A Wing, 1st Floor, Committee Room
Nirman Bhawan, MoHFW, New Delhi

The 19th Governing Body (GB) meeting of the National Health Systema Resource Centre (NHSRC) was held on 5th July 2023 at Nirman Bhawan, Ministry of Health and Family Welfare (MoHFW). In view of paucity of time, the GB meeting was adjourned on 5th July; however, given the unfinished agenda items, it continued from the previous meeting on 10th July 2023 at Nirman Bhawan, Ministry of Health and Family Welfare (MoHFW).

Maj Gen (Prof) Atul Kotwal, Executive Director, NHSRC and Member Secretary, GB initiated the meeting by extending a warm welcome to the Sh Rajesh Bhushan, Secretary Health & Family Welfare, Govt of India, Chairperson of the GB and also Ms. L. S. Changsan, who recently joined as Additional Secretary & Mission Director (AS&MD), National Health Mission (NHM), MoHFW, and to all members of GB, both present physically and virtually. The list of members of the Governing Body and other attendees of the meeting is placed at **Annexure 1**.

The chairperson of the Governing Body, the Secretary, Health and Family Welfare, Shri Rajesh Bhushan gave his opening remarks and asked the Member Secretary to initiate the proceedings.

At the outset, the Member Secretary placed on record the gratitude on behalf of the entire NHSRC to the Chairperson and entire MoHFW team for the guidance and direction provided to NHSRC in all endeavors. He mentioned that AS&MD, NHM provides the overall direction and we are looking forward to working with the new AS&MD. Appreciating the continuous support being provided by Shri Vishal Chauhan, Joint Secretary (Policy), member secretary thanked him and mentioned that JS (P) and the NHM team are pillars of strength for NHSRC and play an important role in all achievements. He further highlighted the enhanced collaboration being envisaged with ICMR and DGHS, with an objective to establish linkages between research and health systems strengthening.

This was followed by the NHSRC presentation, which started with a brief overview of the organization and its divisions, including RRC-NE. Describing the eight technical and one administrative division of NHSRC, the member secretary apprised the GB members of newly created Information Technology (IT) division being fully functional with positioning of an Advisor and a team of consultants from ADB and NCD Division, MoHFW.

Agenda 1: **Approval of minutes of 18th Governing Body meeting.**

Minutes of the 18th Governing Body meeting of NHSRC held on 27th July 2022 were presented by the member secretary, ED NHSRC.

Decision: The Governing Body **approved** the minutes of the 18th GB meeting of NHSRC.

Agenda 2: **Approval of Action Taken Report (ATR) of the 18th Governing Body meeting.**

- Action Taken Report (ATR) of the 18th GB meeting was presented by the Member Secretary. Out of the 18 actions directed to be undertaken in the previous GB meeting, 12 have been completed and actions were in hand for completion of remaining six.
- Regarding the action point on 'Adoption of AB-HWCs by Medical Colleges', member secretary mentioned that this has been now approved in eighth meeting of Mission Steering Group held in January 2023. Emphasizing this action as an ongoing point, where GB members can be updated on its progress in future, the chairperson highlighted the importance of getting the update on its uptake by public and private medical colleges. He mentioned that since this is a voluntary activity, it is important to understand if medical colleges are interested in this activity and would be comfortable in adopting the AB-HWC. He further added that the possibility of some medical colleges opting out of this activity cannot be denied. In agreement to the envisioned plan of action, the member secretary responded and shared with the members that a concept note has been developed for this activity. JS (P), NHM then apprised the chairperson on current status and shared with all GB members, that the guidance note has been circulated with all states, with clear financial guidelines. Appreciating the actions, the chairperson emphasized getting feedback from states on the current status of public and private medical colleges that have agreed to adopt AB-HWCs. Identifying AB-HWC as first port of call for the community, the chairperson reiterated the objectives of strengthening these facilities to provide free of cost care and mentioned that a state wise breakup on the medical colleges adopting AB-HWCs would hold the interest of the GB. He highlighted that this is to be in alignment with the government's intent to create a synergy between medical college and AB-HWCs.
- Dr. Rajiv Bahl, Secretary DHR & DG ICMR, Member GB, raised a query to understand the purpose of this activity. He shared his concern that as the number of functional AB-HWCs is huge, it would not be possible for medical colleges to adopt all centers. Responding to it, JS P, NHM shared with the members that as per the guidelines, one medical college would adopt ten AB-HWCs, and this would be on rotation, as the AB-HWCs would be changing each year in order to cover all centers within the catchment area. Dr Bahl then explained his concern and shared that the developed model should also be able to get some learnings, which can be applied to other AB-HWCs. Agreeing to the concept of system learning, the member secretary shared with the group that the defined activities also include handholding and supportive supervision for both state and district level teams. He further described the NQAS certification including IPHS compliance being envisaged for the adopted facilities and highlighted on the plan of these developed centers to be also used as teaching and learning for under graduates and postgraduates of linked medical colleges. He also explained that evaluations would be undertaken for these centers as a continuous process, so that learnings from these centers can be utilized for strengthening the facilities. Appreciating the efforts, the chairperson emphasized the approach of evaluations and specified that post evaluation, a model should emerge which would be in alignment with the intent of the program. Adding to the discussions, AS&MD, NHM highlighted the need to plan a concurrent evaluation of this activity, to get a clear picture of field level realities from the initial stage itself.
- Prof. Mala Ramanathan, member GB, mentioned that an evaluation would also give a clear picture of before and after, especially when this is a new intervention. To this, the chairperson responded and shared that baseline studies in this regard have already been undertaken. He referred to two baseline studies and discussed that the findings from

both studies have some commonalities as well as some divergence. He mentioned that the resources should be known to all medical colleges and therefore, the findings from the baseline surveys should also be made available to them, so that if they are interested in similar activity, they can build on this, rather than doing something new.

- Dr Atul Goel, DGHS, member GB, highlighted the district level NMC program and mentioned that with medical college putting human resources at district level, this can also be linked as outreach for the colleges. Explaining the concept, the chairperson clarified that it cannot be linked as the district residency program is totally different where the postgraduates are placed at district hospitals for a period of three months. He further described this and explained that this on one hand addresses the issues regarding unavailability of specialists at district level, and on the other hand it gives adequate clinical material to PG students while doing their district residency. He highlighted the fact that while residency is a three-month activity, the NHSRC specific activity is for a long period of one year or more, where AB-HWCs would be adopted by medical colleges. He further reiterated that given the design and the concept, both the activities and the players involved are different and thus cannot be linked. This was further echoed by JS (P) and the member secretary.
- Moving ahead to the second action point, member secretary shared that under "SASHAKT" portal the components on training monitoring, rating system, and capturing the feedback of participants has been included now. The chairperson raised a query on SASHAKT being a standalone portal or if it has any linkages with existing platforms like *Mission Karmayogi*. Responding to the query, the member secretary shared that NHSRC through its IT division is having meetings with concerned stakeholders to establish linkages with existing IT based platforms with an integrative approach. As a first step, a meeting was conducted with the National institute of Health and Family Welfare (NIHFW) to link the SASHAKT portal with existing LMIS. Director NIHFW, Dr Dheeraj Shah, then apprised the members of the discussions held with NHSRC and confirmed that there is a possibility of the integration of both the portals. He then indicated that more discussions are needed, including with CHI and LMIS teams for exploring the possibilities. Appreciating the efforts, the chairperson directed that both teams can sit together and set some timelines to undertake this activity of integrating the existing platforms. He highlighted that the government's thinking is not to have multiple standalone IT platforms but ensuring the interoperability between the existing portals. JS (P) then added to this to explain the LMIS functioning as repository of the training materials, and SASHAKT's role to provide a training status update. He confirmed the possibility and need to link both platforms. Echoing the views, the member secretary highlighted that this would be an ongoing action and progress would be shared in next GB and assured for follow up actions to expedite the integration and linkages between LMIS and SASHAKT.
- For the action point pertaining to Operationalization of AB-HWCs, the member secretary referred to last GB discussions and clarified that it is actually a point pertaining to the translation and verification of training modules. He also shared that the activities have been completed already. Dr Rajiv Bahl raised his concern on disconnect between the action point and the activity being defined under it. The member secretary responded to it and clarified that the action points are defined in accordance with the work plan, and the activity was defined, as highlighted by one of the GB members in previous meeting. He further explained that the activity is a subset of main heading of "Operationalization of AB-HWCs" and thus a component supporting the activity.

Ms. L. S. Changsan, AS&MD, NHM highlighted the implementation challenges pertaining to training modules & guidelines at the ground level and raised her concern on translation of these documents in languages other than English and Hindi. Responding to the concern, the member secretary shared that in view of available resources, NHSRC develops the guidelines and training material in two languages, while states are always given the guidance and encouraged to translate the documents in local languages. Adding to the discussion, Prof Mala Ramannathan shared findings from the studies wherein ASHAs reported of difficulty in following the training due to unavailability of translated module. Emphasizing training as a key area, the chairperson mentioned that ensuring the availability of translated modules is a mandate of respective program divisions. He defined NHSRC's role as a trigger in this activity who prepares the training modules based on the brief provided by program divisions and stakeholder consultations. Dr. Rajiv Bahl suggested that the SASHAKT portal may have an option to reflect information regarding availability of training modules in respective local languages and mention the languages in which the training module is available. Highlighting the importance of community participation, Dr. Raman Gangakhedkar, member GB, suggested inclusion of community monitoring tools, to improve the feedback and involvement of the community in these activities. The chairperson appreciated the concern and agreed with administration of community monitoring tools, in this regard.

Dr. Jaideep Kumar Mishra, AS&FA, MoHFW apprised the members of GoI's scheme "Mission Bhashini" which allows translation of content both by text to speech and speech to speech and suggested this platform for addressing the aforementioned concerns. Agreeing to the suggestion, the chairperson suggested that the IT division at NHSRC, may review and explore the options for the same. Responding to AS&MD, NHM query on availability of QR codes for the guidelines & training resources, the member secretary shared that NHSRC is working on this and as soon as the soft copies of the documents are developed, QR codes are being created simultaneously.

- With respect to action point on involvement of Community Organizations and members in health, the member secretary shared that training of local bodies is being planned in collaboration with National Institute of Rural Development and Panchayati Raj (NIRDPR) and National Institute of Urban Affairs (NIUA). He shared with the members that the status varies across rural and urban specific context, where it is still ongoing in urban areas, as there is delay in responses from NIUA. To address this concern, NHSRC is also exploring options to engage other organizations working in this field. Highlighting the importance of involvement of rural and urban bodies, JS (P) raised a concern on limited involvement of rural and urban local bodies for FC-XV activities identified as a challenge in states. Defining the huge targets of existing local bodies, the chairperson suggested looking for equity, as the responses would vary across local bodies, given some local bodies being vibrant in nature and would act on priority. Quoting the example of rural areas, he suggested that meetings with NIRDPR to be planned to explore mechanisms for expanding the coverage of gram panchayats, and similar can be planned for urban local bodies. The member secretary shared with the members that SIRDPR are also being involved for this in respective states. Dr. Gangakhedkar, referring to the examples from HIV constituencies, shared that a cadre has been created to ensure community mobility, and this can be utilized by training them to address different issues at different levels rather than creating new cadre for the same thing. Stressing upon close connectivity between functioning AB-HWCs, local community and local governance Prof K Srinath Reddy, Member suggested to explore

the possibilities to engage medical colleges with rural and urban local bodies to support community engagement. The chairperson appreciated this and supported the suggestions to encourage medical colleges for community engagement. Pointing out the varying capacities of medical colleges as a crucial factor, he recommended engaging specialized institutions which are only community institutions, as the key strategy. Dr. Rajiv Bahl, raised a query on role of NHSRC and NIHFW on trainings, and also highlighted the importance of implementation science and suggested that undertaking research and analyzing the existing models can be used for bringing the learnings to the States. Responding to the query on the role of NHSRC, the chairperson shared that the MoHFW looks at NHSRC as a think tank and NIHFW as an apex training institution, and there may be overlaps, but their mandates are totally different. He further added that as a think tank, NHSRC's mandate is to study existing models, document them and share the learnings, and there should be no confusion. Referring to Prof Reddy's suggestion on medical colleges' role in community engagement, Prof Mala Ramanathan added that States can be asked to provide details on existing models for adoption and collaboration, as they can facilitate the implementation process. Dr. Atul Goel, added to the discussion and shared that the medical colleges are already undertaking community engagement activities through their outreach centers. Dr Bahl then highlighted if existing medical colleges with established community-based practices can be used as learning laboratories, and if mechanism can be explored of functioning of NHSRC as a bridge in this regard. Responding to the query on implementation science and undertaking research, the member secretary apprised the members on Implementation Research-Health System Strengthening (IR-HSS) Platform that has been created within NHSRC by MoHFW with a dedicated funding for research. He shared with the members that in current round of IR-HSS, seven studies are undergoing in collaboration with public health/research organization and academic institutions identified through a defined process. He clarified that NHSRC is not only the medium of contact with the States but also involved in the entire process. He shared that fifteen 15 research papers have been done by NHSRC in the last two years, including systematic reviews and primary data analysis which are all implementation research looking at various existing models in health systems. He apprised GB, that in addition to IR-HSS platform, fifteen other research projects are being undertaken by NHSRC using their own funds. He added that the findings from these studies feed the guidelines and related documents prepared by the NHSRC. NHSRC is also providing training for states/SHSRC/PRCs on implementation research. Agreeing to the members' suggestions, he said that in the second round of IRHSS, NHSRC would add the Medical College assessment on community engagement as one of the topics. Highlighting the importance of PRCs, Dr Mala Ramannathan mentioned that it is very important to facilitate the documentation process of PRCs as they are already undertaking formative research activities and also going through the structure of re-training. Responding to it, the member secretary shared that NHSRC is supporting PRCs strengthening by building their capacities. Dr Gangakhedkar shared a concern on role of NMC in enabling community connect at the medical college level, to which the Chairperson responded and suggested that this can be flagged during interaction with senior officials of the board, where the processes and the ways to do this should be discussed. Emphasizing on strengthening of local bodies, as envisaged through FC-XV interventions in health, Prof. Srinath Reddy stressed ensuring a tripartite connect between AB-HWC, local bodies and communities. The suggestion was well taken by the chairperson and the member secretary. The chairperson suggested to include this as one of the tasks and also explore different avenues like engagement of SIHFW/SHSRC

and other regional entities including public health foundation to undertake the aforementioned task in collaborations with the state health departments. He further emphasized that it should be in collaboration with state health departments and cannot be done without involving state health departments.

- The member secretary then discussed the findings from urban ASHA evaluation undertaken by NHSRC and shared that the report is completed and would be shared with MoHFW shortly. The chairperson then raised a query on MoHFW organizing regional workshops to share these findings with respective states and urban local bodies and seek their input. AS&MD, NHM confirmed that necessary actions would be taken as per the chairperson's directions. Dr Gangakhedkar suggested including community evaluation as a major component for evaluations like urban ASHAs, to improve acceptability, feasibility as well as effectiveness of these interventions. Agreeing to the point raised by Prof Reddy, he further reiterated the role of PRIs in health, and suggested a framework on the same. The chairperson agreed to the point that community connect is the fulcrum for the health systems. The member Secretary responded to it and shared that community perception is an important component and is included in all theoretical frameworks developed for studies undertaken by NHSRC, including urban ASHA evaluation.
- Moving forward to next action point on utilization of National Health Accounts (NHA) estimates to inform research studies, member secretary mentioned that two important studies are ongoing, one pertaining to substitution effect between inpatient-outpatient, looking at OOPE, and second one on health inflation index. He also appraised GB members that NHSRC, under the guidance of AS&FA is preparing a white paper on looking at the health priorities for the National Health Policy towards current morbidity and mortality patterns in the country and estimating the fund requirement for the same. Regarding action point pertaining to analyzing Intersection & relationships of NHA, and NFHS data sets, member secretary responded to clarity sought by the chairperson in this regard and shared that this was suggested by earlier AS&FA, whether estimates from NFHS can be utilized for NHA. However, with NHA utilizing multiple sources of data, and NFHS being one of them, this would not be feasible, and suggested that this point should be considered dropped or completed. The chairperson agreed to it and mentioned that there may be intersections between NSSO, NFHS or other sample surveys, but not between NHA and NFHS, as NHA is totally different, and thus it is not possible to comply with the aforementioned action point.
- The member secretary then shared the current progress of SHSRC strengthening across respective states and apprised the members on involvement of SHSRCs in studies and evaluations.
- Discussing the administrative action points, the GB members were updated that the point on 60 days' notice period is being dropped, given it is legally not feasible.
- Moving to the ongoing action points, the member secretary shared with members the current updates on CAM survey details, which is yet to be published. Responding to the query of the chairperson on the progress on integration of IT platforms, Mr. Abhishek Srivastava, Advisor IT, NHSRC shared that that integration of NCD and AB-HWC portal is done, and it will take another three months to complete the integration process for other portals. JS (P) replied that it takes some time because at first the integration with Parichay (NIC software) needs to be done, which itself takes time. Member Secretary added to it that NHA security audit of the portal is also to be done, which takes 60 days' time.
- Regarding the ongoing action pertaining to utilization of oxygen plants, the member secretary shared that this is linked with availability of PSA plans, LMO and Oxygen

concentrators across the country, and how to utilize these resources, especially with critical care blocks coming into pictures. He apprised the members that Health Care Technology division at NHSRC is having stakeholders' consultations with different technical experts and development partners, and guidelines have been formulated for the same, which would be submitted to MoHFW shortly. The chairperson mentioned that there are some existing guidelines, formulated by DGHS, and they should also be considered to ensure harmonization and both the guidelines are in sync. The member secretary updated GB that NHSRC was part of the process of formulation of guidelines and now developing guidelines for effective utilization of these resources.

- Discussing the Public Health Management Cadre (PHMC), the member secretary shared the updates on regional workshops held in the past and mentioned that currently state specific meetings are ongoing to support the implementation. He updated GB members on current progress in states of Meghalaya and U.P. and shared that the Human Resources for Health/HPIP and Public Health Administration division are working together on PHMC. Responding to the chairperson's query on finances, JS (Policy) shared that currently there are no financial implications, and it is more of a restructuring. He shared that in this process, the segregation of specialist and public health workforce will be done by creation of cadres. The Chairperson highlighted state specific example where there is no critical mass in terms of numbers of people who have public health background or qualifications, which would lead to the recruitment process, thus financial implications. JS (P responded that the idea is to ensure that all medical officers in service do a 1- or 2-year course in public health. The Chairperson pointed out that this is a repurposing process in that case, to which JS (Policy) agreed. The member secretary further added that recruitment of new workforce will cause delay in the process, so the current healthcare workforce can be segregated in cadres, which was supported by the JS (P). The formulation of PHMC would also lead to better career progression, and encourage people to join healthcare services, thus strengthening the recruitment and retention of the workforce. Dr. Mala Ramanathan, quoting the example from Gujarat, shared that one important factor is state willingness to depute their human resources for long periods of trainings in public health courses. Dr. Atul Goel agreed with this point and mentioned states are not ready to depute doctors for 2 years training process. The Member Secretary shared that to begin the process, states also have options of online courses for medical officers posted in public health facilities. Though this will not apply to the MBBS doctors who will join in the future. Prof. Reddy shared with the group that in 2008, Diploma in Public Health Management Initiative for 2 years was undertaken, and it was found that a 2-year program will not work. Hence 1 year program for the same was considered in which 9 months were on campus and 3 months on field which went well. Dr. Atul Goel further added that 6 months to 1 year training to the doctors who are already MD in community medicine is not recommended as they are already trained in the field of public health. JS (Policy) responded that community medicine is also considered as public health in given context. Dr. Rajiv Bahl suggested inclusion of induction training to the freshers who join the Public Health Cadre. Member Secretary informed that Medical Officer induction has already been initiated by NHSRC when they join the Primary Health Centre (AB-HWC) and a model is also being prepared by NHSRC for this induction training.
- Raising a concern on PHMC, Dr. Gangakhedkar shared that it would need clarity to prevent mixing of responsibilities and services and also details on the training components. He highlighted that the level of exposure to public health should also be considered. Since this may lead to multitasking which can bring risk of ineffective

results, the assessment of PHMC functionality with respect to its output should also be done.

- Discussing the action point on 'Revamping of Mera Aspataal', and the Chairperson highlighted the need of simplification of Mera Aspataal application and suggested to undertake its comparison with any of the airlines feedback application in terms of being user friendly and easy for the consumers. He also emphasized on current status on the urge to get more feedback from the patients. Member Secretary replied that a review has been done and it was found out that only 2-3% people/patients fill the feedback form in the Mera Aspataal application. Adding further, he updated that in the Mera Aspataal App, the number of questions were less but the patient had to go through every question. So, in the simplification process, NHSRC has added a skip option in the Mera Aspataal App. Positivity bias is also there in the current questionnaire.

Decision: The Governing Body **approved** the Action Taken Report of the 18th GB meeting of NHSRC

Agenda 3: Approval of minutes and Action taken Report (ATR) of 21st Executive Committee

- Member Secretary presented the minutes and the ATR of the 21st EC meeting of NHSRC health on 14th March 2023 and informed GB members that out of 17 directed actions, 8 have been completed and the 9 are ongoing.
- Member Secretary presented the 'completed' action points and solicited comments/suggestions from the Governing Body.
- For the action point pertaining to the Drug Procurement Tool, the Chairperson enquired about inputs from the state. Dr J.N. Srivastava, Advisor QPS, NHSRC responded that the main issues are regarding the supply chain management i.e., transportation of drugs from the CHC/ PHC to the most peripheral health care facilities, and availability of the drugs. Feedback has been received from the three States namely Odisha, Telangana and Karnataka, where this pilot was done. For drug procurement tool. It needs to be examined in view of existing DVDMS.
- The chairperson raised his concern if the focus of the tool is limited to supply chain or does it also cover the inventory management component, to which Dr Srivastava confirmed that tool being holistic in nature also covers the inventory aspect. JS (Policy) shared that the idea is to formulate a mechanism, roadmap, and chart for creating a logistic partner in every state to establish drug distribution system to cover AB-HWCs.
- AS&MD, NHM suggested that India Post can also be considered as the logistics agency to which the Member Secretary responded and shared that discussions with India Post were held in past at the GM level, but the process was taking a lot of time and no assurance of time frame was provided by India Post. Therefore, NHSRC is currently working with PATH and BMGF in 6 States to begin with and create a scalable pilot for this activity. He further added that Supply Chain Management is a very important process, and a study is being undertaken by NHSRC, the findings of which will be shared with GB members.
- Discussing the action point pertaining to AGCA, JS (P) clarified that there was duplication of activities with NHSRC, so MoHFW is not supporting AGCA now. The

chairperson suggested sharing the decisions with AGCA. Dr. Rajiv Bahl further added that this should be followed at all levels and institutions to prevent the duplication of efforts.

- Regarding action point pertaining to 'Legal Framework', the Chairperson inquired as to when will be the documents related to Public Health Bill and PC-PNDT act would be shared in public domain for comments. Member Secretary responded that NHSRC has just started working on PC-PNDT act per mandate and it will take a few months. CLMC and Public Health Bill are submitted to MoHFW, and some internal discussions have to take place. JS (P) informed that AS Public Health is looking at the aforementioned document. The chairperson suggested AS&MD, NHM and JS (P) to look into the aforementioned activity.
- For action point pertaining to ongoing study on District Hospitals being upgraded to medical colleges, the member secretary shared that the data collection has been completed in three states – Odisha, Chhattisgarh and Tamil Nadu, and updated members on key findings. The chairperson shared with the group that the trigger behind this study to understand once the DH are being upgraded then who does the priority national health programs. The member secretary shared that the analysis and report writing is ongoing and will be shared soon.

Decision: The Governing Body **approved** the Minutes of the meeting and ATR of 21st EC meeting of NHSRC.

Agenda 4 & 5: Approval of the Work Report (2022 -23) & Work Plan (2023 -24)

Member Secretary presented the work done in FY 2022-23 and the work plan of FY 2022-23 by various divisions of NHSRC, including RRC-NE.

- Raising his concern on achievements & deliverables pertaining to training under community processes, Dr. Rajiv Bahl, said that with NHSRC being the think tank and NIHFW being the apex body of training, why is this activity being undertaken by NHSRC. Member Secretary responded that given the training is pertaining to ASHA, and other platforms under NHM, NHSRC has the principal role in such trainings. Dr. Bahl suggested that NIHFW can gradually and eventually start working on taking over these training courses. JS (P) stated that support from NIHFW can be taken to train the Master Trainers but penetration at the state and levels below would be difficult. Member Secretary shared that NHSRC recently had a meeting with NIHFW and is planning to enter into a formal agreement, for which capacity building is also a key component.

  The chairperson suggested that for next GB, NHSRC can present some practices from the field including the success stories and the challenges pertaining to capacity building of community processes.
- Moving forward, the member secretary shared that ASHA incentive preliminary restructuring is being done by NHSRC and the draft has been submitted to the MoHFW. JS (Policy) added to the discussion and updated that after sharing the initial draft with RCH divisions, some internal discussions happened within Ministry, as RCH Division had some concerns with restructuring of incentives, like linking with newer interventions might affect regular program interventions like immunization. The Chairperson suggested to look if there is a one-to-one relationship between financial incentive and performance, empirically.

The chairperson suggested to look into existing models, and also having consultations with experts in this area to seek their inputs, as it would be beneficial. JS (Policy) shared with the group that the draft has been also shared and discussed with ASHA mentoring group for their feedback and suggestions. This was complemented by member secretary sharing the findings from the recent study undertaken by NHSRC on different ASHA incentive models and mechanisms existing in the system.

- Under secondary level of care components, the chairperson enquired about the experiences of DNB courses running in District Hospital. The member Secretary responded that NHSRC is undertaking mapping exercise which would be done in an elaborative way to include output, outcome, and perceptions.
- Sharing the exemplar study, undertaken in collaboration by MoHFW, NHSRC and University of Manitoba, the member secretary shared that these studies have been approved by the ministry and NHSRC is looking forward to dissemination of these findings with states/UT through a national workshop. The Chairperson suggested organizing regional workshops rather than one National workshop, as regional workshops would get better participation from states/UTs.
- Regarding the MMU and National Ambulance Guidelines, the chairperson confirmed if these documents are in harmony with the Dr. Paul visualization of emergency health ecosystem. JS (Policy) confirmed the same and informed that the NHSRC team was working closely with Dr Paul and the team in this regard.
- The member secretary highlighted the concern pertaining to nursing cadre not mentioned in PHMC and indicated a need towards developing this cadre, which has also been discussed with Hon'ble member, NITI AYOG. Adding to it, JS (P) also mentioned the need for nurse practitioners and highlighted that this concept of Nursing Practitioners also needs to be pushed. The chairperson suggested that this would need regulations in place, for which MoHFW may sit with NMC to formulate a draft.
- While discussing the health care technology domain area pertaining to the product innovations, the member secretary shared with the group that the National innovation portal has been revamped and will be functional shortly. The chairperson raised a query if it also considers the product innovations which are in the pipeline or coming out as a result of collaboration between different AIIMS and their corresponding IITs. He suggested to also invite IITs to submit product innovations. An inventory can be created with a group of domain experts who can support the process. Dr Bahl also agreed and appreciated the idea of building an inventory for product innovation. He complemented the suggestions given by the chairperson and mentioned that a single repository of product innovation is a welcoming concept and will also minimize the duplications. Dr Ranjan Kumar Chowdhary, Advisor HCT, NHSRC shared the current process with the GB members and confirmed that the current practice involves engagement of all relevant stakeholders.
- The member secretary raised a point for consideration to have branding of NQAS, making it modular where different departments can be certified depending on the state's readiness. The chairperson agreed to it, and suggested first preparing a non-paper, which can be shared for input and suggestions. Appreciating the work presented by NHSRC, Dr. Arun Aggarwal, Member, raised his concern on role of implementers and shared that the district level program officers are currently not looking at their own data to undertake root cause analysis and accordingly plan actions to close the gaps at their level. Member secretary responded to this and shared that NHSRC works with states at state level and below for implementations support including research (IR). He further emphasized that mostly the states are stakeholders or coworkers in all IR activities, and NHSRC does not function without them.

- Ms Kavita Garg, JS, AYUSH requested the chairperson AYUSH ministry can onboard NHSRC for supporting their program implementation. To this the chairperson requested them to submit a proposal and share it with NHSRC to discuss.
- IPHS compliance toolkit details were shared with the GB members, to which JS (Policy) explained that this is a self-declaration form and is a one/two-day exercise. The chairperson suggested exploring some ways to encourage health care facilities for increased uptake of this tool kit. Some non-monetary incentives like recognition or certification can also be thought of to increase the uptake of this toolkit and the gap closure practices. He further reiterated that this should be documented to provide insights from the field.
- Member Secretary informed that NHSRC is working with NITI Ayog for Aspirational district and block programme and now with Min of Home Affairs for the Vibrant Villages Programme. The chairperson mentioned that the Vibrant Village Programme has specific parameters for health and other ministries as well, and NHSRC should be working only within relevant health parameters.
- The chairperson suggested universalizing the model IPHL's concept. JS (Policy) responded that CDC was supporting the MoHFW in this and can be involved again, and conduct workshops with States. The chairperson suggested involving NCDC, which is already in collaboration with CDC, for preparing a specific and granular roadmap for universalizing the IPHL model.
- Regarding the IR-HSS platform, the chairperson suggested that a smaller group of GB should be looking at the progress of the platform and its updates. NHSRC should have meetings with all program divisions to also understand their priority areas for implementation research to be undertaken through this platform. Dr Rajiv Bahl, mentioned that a meeting could be planned between NHSRC and ICMR on how to complement the research being undertaken at respective institutions.
- During ongoing discussions on CHO assessment under NHSRC research studies, the chairperson highlighted the grey areas pertaining to the procedural and programmatic aspects which this new cadre of Community Health Officer (CHO) will have to deliver. He then elicited suggestions from the GB members on how we should take this aspect ahead to support program implementation. Dr Madan Gopal, Advisor PHA, NHSRC highlighted the dichotomy being faced at the level of AB-HWC as a big challenge. He also raised the concern pertaining to the current reporting mechanism defined for the CHOs and this making it difficult to define both procedural and programmatic aspects, as highlighted by the chairperson. He suggested a need to define solutions to address this challenge. Mr Srivastava, Advisor IT complemented the discussions by adding on the importance of building capacities of CHOs to enhance their leadership skills is a must. Dr Rajiv Bahl, echoed that this is the most difficult challenge especially functionality wise in terms of delivering the expanded twelve packages. He further highlighted how tele-support as a key component can be utilized to address this challenge. Agreeing with Dr Bahl, Dr Arun Aggarwal, suggested that gap analysis undertaken through these studies should also involve implementers, and draw short term, medium term and long-term plans. He also suggested that there could be some governance tools to monitor the gaps and action taken.
- Explaining the study findings, the member secretary shared with the GB members that few states raised a request of division of job responsibilities between CHOs and ANM for leadership roles. The chairperson suggested that such issues can be addressed with a broad direction and recommended continuous consultations with states/UTs.
- For the research studies undertaken by NHSRC, the chairperson recommended that NHSRC may develop a compendium of executive summaries of these studies and

launch during upcoming 15th meeting of CCHFW, scheduled on 14th and 15th July 2023 as some of these models might be useful for States to learn and replicate.

- Dr Mala Ramannathan mentioned that Panchayati Raj Institutions also play an important role in interface between CHOs and AB-HWCs, and can their position be delineated. The chairperson responded to it and highlighted the importance of establishing linkages of urban local bodies for strengthening health systems in urban areas as well.

Decision: The Governing Body **approved** NHSRC's Work Report 2022-23 and Work Plan 2023-24 with above comments and suggestions.

Agenda 6: Administrative and Accounts Matters

Agenda 6.1: Approval of Audit Report of FY 2022-23

Member Secretary informed the GB that the Audit report of FY 2022-23 was shared with all members with the documents and requested the members for approval.

The chairperson inquired if the Audit was done by an empaneled Chartered Accountant (CA) and whether any major concerns were found that the Member Secretary would like to share with others. The Member Secretary responded that no concerns were found by the empaneled CA. JS (Policy) added that a standing finance committee (SFC) has been created, and the audit report was approved there.

Shri Jaideep Kumar Mishra, AS & FA, MoHFW, Member GB, stated that with the restructuring of NIHFW and NHSRC administrative adjustments for accounts/financials to bring clarity. He suggested bringing out a document for this purpose. The chairperson mentioned this is not between NHSRC and NIHFW to take a call, rather this call needs to be taken at MoHFW level by JS (Policy) in consultation with AS&MD, NHM for final decision..

Agenda 6.2: Approval of Budget FY 2023 - 24 NHSRC including RRC-NE

Member Secretary presented the proposed budget FY 2023-24 of Rs. 99.92 crore which was approved in the Executive Committee Meeting in March 2023 and sought approval of the GB.

Decision: The Governing Body **approved** the Budget FY 2023-24 for NHSRC including RRC-NE

Agenda 6.3 Ratification of constitution of NHSRC SFC

Member Secretary stated that as per the MoA of NHSRC the constitution of NHSRC SFC was formed and needs ratification from the GB.

Decision: The Governing Body approved the ***ratification*** of the constitution of NHSRC SFC.

Agenda 6.4 Approval for continuation of cloud services

Member Secretary informed the GB about the hiring of cloud services. The chairperson inquired about the agency providing these cloud services for HWC's. JS (Policy) responded

that the present services are being provided by CHI with BSNL but now we are going for an open tender which will be cost-effective. He also informed that the current tender and bid will be over by September and the new bid is ready with CHI.

Decision: The hiring of cloud services for portals was approved by the GB

Agenda 7: Any other business (AOB)

Dr Gitanjali Batmanabane, Member, shared the perspective of the private sector and mentioned that several practices have been undergoing but not being talked about, and it needs to be covered and reflected for program support. The chairperson appreciated the suggestions, and recommended that Dr Gitanjali can get connected with AS&, MD, NHM and JS (Policy), who look after ASHA program and its governance, and these inputs can be taken forward then.

Dr Mala Ramannathan opined that the Model Public Health Laboratory might not be visited by many individuals hence impacting their learning therefore, if 20 sec videos on its different aspects can be created, disseminated and be available online as a repository. The chairperson agreed and stated that the videos should be created and disseminated with the States/UT who can then translate these videos in local languages.

Dr. Arun Aggarwal mentioned that the process of drug procurement system should be streamlined, and a need assessment study should be conducted to estimate the need at district level, CHC, PHC and sub-center level. He also suggested that based on this study a guideline could be drafted to address stock outs.

Dr Rajiv Bahl, congratulated the Member Secretary and his team for all the work. He suggested conducting a strategic review of the important and overlapping work and setting aside certain priority areas for NHSRC. The chairperson suggested a discussion on who can undertake such a review needs to be considered.

Shri Vishal Chauhan, JS (Policy) reiterated that NHSRC may concentrate on major strategic projects which are game changers and have deeper impact on health systems. He further mentioned that for drug distribution, a study with 6 States is underway with NHSRC to simplify the process using latest IT tools and logistic partner to ensure a establishing a regular system of drug forecasting and distribution is created. The findings from this study would help in building a mechanism to roll out the system across all states. Continuing the discussions, he mentioned another important study being undertaken in collaboration with WHO, which focuses on Continuum of Care for NCDs across five states in the country. He also shared that a Primary Health Care monitoring exercise is being undertaken through IPSI. Highlighting the importance of Common Review Missions (CRM), he mentioned that this activity would need to be more critical to identify the challenges from the field and the reasons for program implementation being delayed at the state level. The chairperson suggested to engage, learn, and have discussions with other ministries who are doing similar exercises before considering the revisions to the existing processes. Lastly, JS (Policy) highlighted the importance of National Level Monitors and requested for approval to create an empaneled team of 8-10 individuals. The chairperson appreciated the idea and approved the proposal.

Summing up, the Member Secretary acknowledged the guidance of the Chairperson and all members of the GB for all the action points during the meetings and requested some points to be taken into consideration. Mentioning the NHSRC's role, he explained that the organization

is looking at the entire gamut of health systems, which is humongous. He further added that to achieve the defined deliverables, NHSRC works with the states and program divisions to go to the ground level or the root cause of identified issues and challenges. For any new intervention being planned, NHSRC's role has also been there in providing the existing mechanisms, as well as identified key enablers and challenges in supporting those interventions. Using the evidence in terms of success stories and failures, the organization is able to look at various angles and triangulate the findings, which would have otherwise led to missing out on critical information and field insights. Highlighting on the issues pertaining to functioning of multiple development partners at state level, he reiterated the need to define strategies for common platforms, rather than too many voices guiding the programs, which also has been reported by states as a challenge. He agreed on the overlap of the training but said that for the core programs run by NHSRC and NHM such as ASHA program, CHO program, IPHS, PHMC, and NQAS to train someone else who is not in the system and lacks knowledge would be more difficult. He said more collaborative discussions on including others is needed. He further said that in-depth understanding of community and connect with States is the strength of NHSRC, and the organization is recognized for its community processes support.

Appreciating the MoHFW's support, he also highlighted that a major spending from NHSRC budget is on the brains and not other expenditure. He further reiterated the importance of existing flexibility with NHSRC for implementation research where the organization is able to work with states and relevant stakeholders to support MoHFW with an incremental approach. The idea is not looking for all answers in one study but keep on working on it together to generate the information that can be utilized by MoHFW and states/UT for strengthening their systems. He reiterated the organization's strength in terms of 'connect' with states and districts, and most importantly the 'connect' with the community.

Summarizing the discussions, the member secretary reiterated the gratitude of entire NHSRC team towards the Secretary, HFW, the Chairperson, AS&MD, NHM and JS (Policy) for their constant support. He also thanked all the members for their participation, support and valuable inputs during the meetings.

Appreciating the NHSRC's role as think tank to MoHFW and its contributions, the chairperson concluded the meeting and thanked all the participants, joined both physically and virtually.

Maj Gen (Prof) Atul Kotwal
ED NHSRC & Member Secretary,GB

Annexure 1: List of GB Members Attendance and Special Invitees

S.No.	Name	Designation	
1	Shri. Rajesh Bhushan	Secretary (Health & FW)	Chairperson
2	Ms. L. S. Changsan	AS &MD (NHM), D/H&FW	Vice- Chairperson
3	Shri Vishal Chauhan	JS(P), MoHFW	Member
4	Shri Jaideep Kumar Mishra	AS & FA, MoHFW	Member
5	Dr Rajiv Bahl	Secretary, Department of Health Research & DG ICMR	Member
6	Dr. Atul Goel	DGHS	Member
7	Ms Kavita Garg	JS(AYUSH)	Member
8	Secretary (H&FW),	Govt of Uttarakhand	Member
9	Dr. Dheeraj Shah	Director, NIHFW	Member
10	Dr B.S. Pushpalatha Principal Secretary (M, H&FW),	Govt of Karnataka	Member
11	Dr Debasis Basu	Secretary Health	Member
12	Prof Gitanjali Batmanabane	Pro Vice-Chancellor (Medical Sciences) GIMSR Hospital Gandhi Nagar Rushikonda, Visakhapatnam Andhra Pradesh 530045	Member
13	Dr Neerja Bhatla,	HoD, Dept of Gynecology, AIIMS, New Delhi	Member
14	Prof K Srinath Reddy,	EX-President, PHFI & Professor Emeritus, PHFI	Member

15	Prof Vinita Das	Ex -HoD, ObGyn KG Medical University Lucknow, Uttar Pradesh	Member
16	Dr. Raman Gangakhedkar,	Ex-Head Scientist, Epidemiology and Communicable Diseases, ICMR	Member
17	Prof. Mala Ramanathan	Professor AMCHSS, SCTIMST Medical College PO Trivandrum 695011	Member
18	Dr (Ms) Sumbul Warsi	Ex-Medical Director, Holy Family Hospital, Delhi	Member
19	Prof. (Dr.) Arun Kumar Aggarwal	Head of Dept Community Medicine and Public Health, PGIMER, Chandigarh	Member
20	Dr A Santa Singh	Director, RIMS, Administrative Block, Regional Institute of Medical Sciences Lamphelpat, Imphal, Manipur	Member
21	Maj Gen (Prof) Atul Kotwal, SM, VSM	ED NHSRC	Member Secretary
	Special Invitees		
1	Mr Harsh Mangla	Dir (NHM - I), MoHFW	
2	Dr J. N. Srivastava	Advisor, QPS, NHSRC	
3	Air Commodare (Dr) Ranjan Kumar Chowdhary, VSM	Advisor, HCT, NHSRC	
4	Ms Mona Gupta	Advisor, HRH/HPIP, NHSRC	
5	Dr K Madan Gopal	Advisor, PHA, NHSRC	
6	Mr A Srivastava	Advisor, IT, NHSRC	

7	Brig. Sanjay Kumar Baweja	Principal Administrative Officer, NHSRC	
8	Dr Ashoke Roy	Director NE-RRC	
9	Dr Neha Dumka	Lead Consultant, KMD, NHSRC	
10	Dr Sandeep Sharma	Lead Consultant, HCF, NHSRC	
11	Ms Sweta Roy	Lead Consultant, HRH/HPIP, NHSRC	
12	Dr Ananth Kumar	Sr. Consultant, CP-CPHC, NHSRC	
13	Ms. Vinny Arora	Sr. Consultant QPS, NHSRC	
13	Dr Avani Saraswat	Consultant, ED Secretariat, NHSRC	
14	Dr Udita Joshi	Consultant, KMD, NHSRC	