



# National Health Systems Resource Centre (NHSRC)

26<sup>th</sup> August 2021

# THE BEGINNING: 2007....

**NRHM : To provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups**

- **Sought to address health and healthcare in a holistic manner**

- **By Addressing :**

  - **Biological aspects** of diseases ; **Social determinants** of health (soci-political-eco dynamics producing income, education, occupation, gender, caste etc., based hierarchies)

- **Core vision and strategy :**

  - Decentralisation and devolution of power to local self-governments (FFF),
  - Involving communities in decision making,
  - **Flexible financing,**
  - Capacity building,
  - Monitoring progress against standards,
  - Innovations in HRH management

# THE BEGINNING: 2007....

- An unprecedented increase in funds and flexible financing
- Efforts to strengthen and make the **public health system** work
- Various efforts to **reduce the costs of health care** for the poor
- Health systems focused on **primary and secondary care**
- Public health delivery system fully functional and accountable to the community
- **Convergence** of health and related programmes from village level upwards – remove verticality of programmes
- Interventions for improving the health indicators – including **innovations**

# Critical Needs in Health Systems Strengthening

Beyond Planning, Strategies, Policies - The health system :

**Requirements at National, State, District and sub district levels for:**

- Skill building, implementation support
- Corrective action and problem-solving through systematic field-based mentoring and handholding
- Decentralization and enabling local adaptation and planning and nurturing innovation – governance, leadership and ownership
- Undertaking assessments, evaluations, provide feedback

# NHM: FRAMEWORK OF IMPLEMENTATION



3.5 The National Health Systems Resource Centre (NHSRC) would continue to serve as the apex body for technical support to the Centre and states. Technical support focuses on problem identification, analysis and problem solving in the process of implementation. It also includes capacity building for district/city planning, organization of community processes and over all dimensions of institutional capacity, of which skills is only a part. NHSRC would also undertake implementation research and evaluation and support the development of State Health Systems Resource Centres (SHSRC) and knowledge networks and partnerships in the states. NHSRC would further provide support for policy and strategy development, through collating evidence and knowledge from published work, from experiences in implementation and serve as institutional memory.

would be to develop into a centre of e-learning. The NHRWC would also play a leading role in public health research and support to health and family welfare programmes.

3.7 The huge need of institutional capacity development across the nation can be met only by coordinated efforts between networks of a large number of public health institutions. Knowledge resources for the National Disease Control Programmes are supported by the National Centre for Communicable Diseases. Additional knowledge resources can be harnessed from a number of emerging public health institutions, such as the public health divisions of centrally sponsored institutes namely, All India Institutes of Medical Sciences, (AIIMS) and Post Graduate Medical



# Three Broad Objectives



Respond to health systems technical assistance needs of States and MOHFW



Policy and Strategy Development



Coordination of technical assistance activity

All work done in collaboration with corresponding divisions of the MOHFW

# **MEMORANDUM OF ASSOCIATION**

**As per the MoA:**

**“To provide strategic planning and development of the Health and Family Welfare Sector in India, particularly capacity development of related organisations at the Central, State and District levels with a view of promoting health sector reforms to facilitate planning, implementation, monitoring and evaluation of sectoral policies and programmes with particular reference to NHM”.**

# FUNCTIONS AS PER THE MOA

1

Promote and support good governance in health sector

2

Promote professional HRH management

3

Provide support for capacity development for achieving health outcomes to Govt and Non-Govt institutions

4

Create a pool of institutions and individuals to provide capacity support

5

Provide evidence based insights on wider determinants of health outcomes at National, State and District level



# FUNCTIONS AS PER THE MOA

6

Develop frameworks for pro poor innovations that reduce OOPE and disease burden of poor households

7

Facilitate partnerships between different stakeholders including the central, state and local govts

8

Provide support for efficient implementation of NRHM at central, state, district and sub-district levels

9

Develop a state of the art M&E system based on latest innovations and technology

10

Facilitate and design systems for improving transparency, accountability, community participation and technological innovations

# FUNCTIONS AS PER THE MOA

**11**

Focal point for knowledge management, documentation and dissemination of knowledge as well as good practices

**12**

Provide policy advice to central and state governments including matters specifically referred to it pertaining to HFW sector

**13**

Promote and undertake analytical work to continuously improve the planning, implementation, monitoring and review of health sector reforms

**14**

Facilitate the induction & development of new professional skills in the system including contracting and management of national and international consultants/institutions

**15**

Promote and facilitate Prog. Management at all levels through adoption of IT based info management systems and modern management practices

# FUNCTIONS AS PER THE MOA

16

Collaborate with National and State institutes of HFW, IIPS, PRCs, academic institutions, state and regional level health resource centres and PMUs at diff levels

17

Promote and facilitate PPPs in HFW sector

18

Undertake any other function entrusted to it by the GB or EC

# ROLE OF NHSRC : MANAGING CHANGE...

- Secretariat for several technical committees constituted by **NHM/MOHFW**
- Drafting protocols and guidelines : Evidence based **and** Operationally feasible
- Following up through orientations and facilitating implementation
- Advocacy for change/programme- Persuading/preventing disruption
- Monitoring and Rapid appraisals – evidence for outcomes : feedback for course corrections / improving programme design / implementation
- Enable implementation lessons to be converted into programme modifications and leading to policy development
- Document experiences : Research and evaluations, appraisals, evidence generation and dissemination through workshops and publications. Repository of available evidence

# Role of NHSRC

Field visits and Implementation review

Capacity Building

Certification

Engaging Expert groups and Task Forces

Guidelines, Tools and  
Standards

Transaction of Guidelines

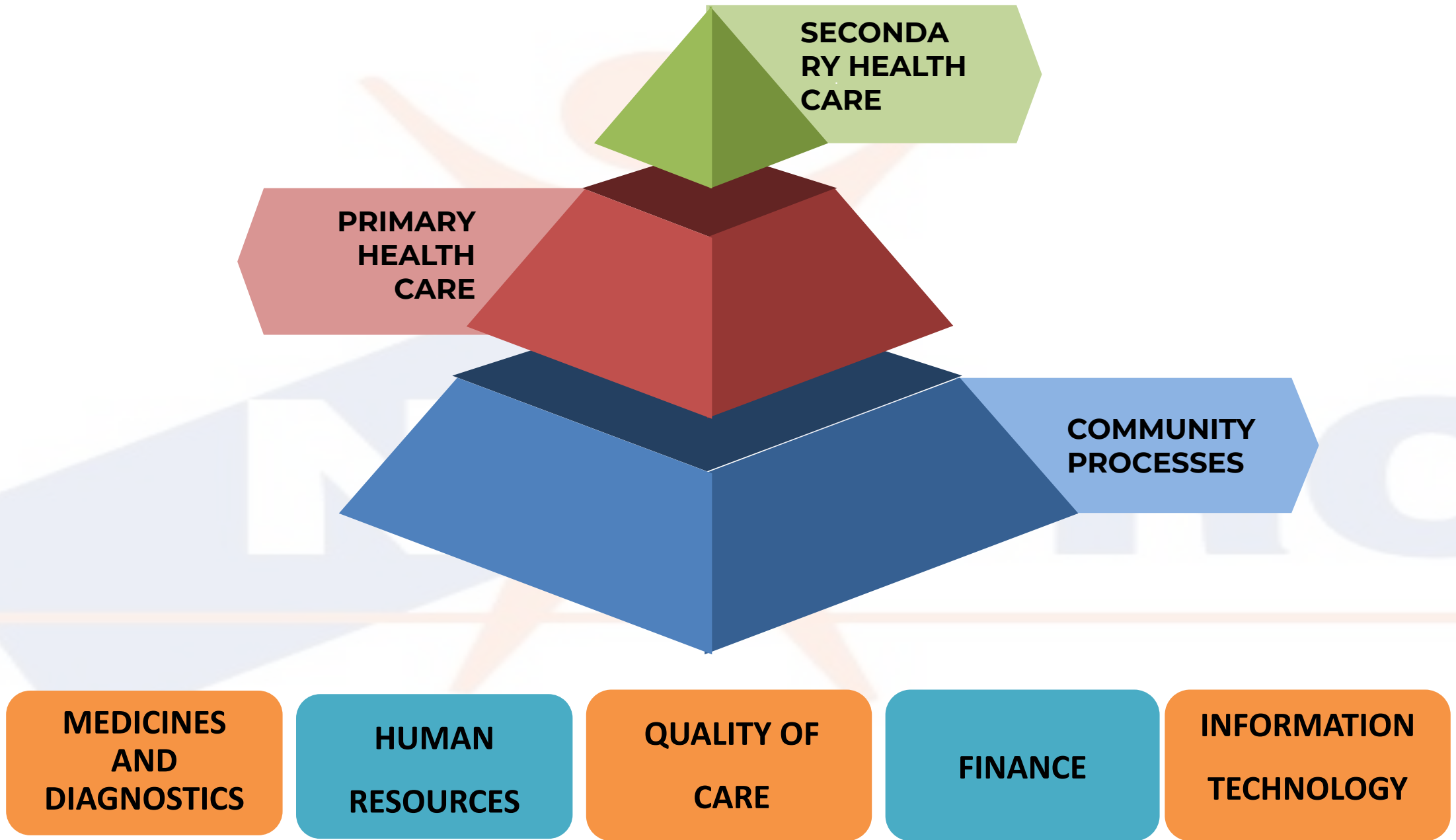
Knowledge Management : Studies & Evaluations, Secondary  
literature review / Document analysis

**Programme modification – Policy adaptation**

Programme modification – Policy adaptation







# NHSRC PRACTICE AREAS

**HUMAN WORKFORCE**

**SERVICE DELIVERY – Primary and Secondary care**

**MEDICINES AND DIAGNOSTICS**

**EQUIPMENT AND INFRASTRUCTURE**

**TOOLS AND  
STANDARDS**

**PATIENT SAFETY AND QUALITY IMPROVEMENT**

**STRENGTHENING COMMUNITY PROCESSES**

**FINANCING**

**INFORMATION TECHNOLOGY**

**KNOWLEDGE MANAGEMENT UNIT**

**GOVERNANCE AND ACCOUNTABILITY**

# COMMUNITY PROCESSES/ COMPREHENSIVE PRIMARY HEALTH CARE

- Nodal institution for policy support and programme implementation for community processes
  - ASHA, ASHA Facilitator, Block and District Community Mobilizers, and State ASHA Resource Centres
  - Community organizations: Village Health, Sanitation, and Nutrition Committees/Mahila Arogya Samities
  - Jan Arogya Samities (JAS): Facility level Committee for Health and Wellness Centers
  - Rogi Kalyan Samities: Facility Level committees at CHC, DH and DH.
- Policy support and programme implementation for rolling out of CPHC through operationalizing **AB-HWC**
- Supporting rolling out of extended range of services under CPHC – Guidelines and implementation
- Build a pool for national trainers and Train state level trainers
- Hub for Innovation and learning Centres (ILCs) - serve as labs for change management related to Health and Wellness Centre Implementation

# HEALTHCARE TECHNOLOGY

## (A WHO Collaborating Centre for Priority Medical Devices & Health Technology Policy)

- **Biomedical Maintenance and Management Program** ensures an uptime of 95% for all equipment from a DH to a PHC. Implemented in 27 States- 21 States-PPP, 6 -In-house;
- **Free Diagnostic Service Initiative** focusses on in vitro diagnostics and radiology services (Teleradiology & CT Scan) from Sub center to District Hospital level.
- **Pradhan Mantri National Dialysis Program** – supports hemodialysis services at district level. Peritoneal Dialysis now recently added
- AERB compliance for public health facilities ensures safe use of X-Ray emitting equipment
- Technical specifications of IPHS listed equipment using WHO Template supports procurement of standardized equipment in states.

# HEALTHCARE FINANCING

- **National Health Accounts** Technical Secretariat
  - Produce Annual National & State Health Accounts estimates
  - Monitor financing from Union and State Government
- Monitor Key Financing Indicators for SDGs & UHC
  - Out of pocket expenditures
  - Burden of Household payments (catastrophic and impoverishment)
- Capacity building on **State Health Accounts**
- Review of Public Expenditure /Government Health Expenditure
- Study on Public Private Partnerships in Health Care; All India NGO and Enterprise Survey; Health Expenditure by Rural Local Bodies

# **HUMAN RESOURCES FOR HEALTH (HRH)/ HEALTH POLICY** **AND INTEGRATED PLANNING**

- **Support strengthening of systems for HRH:**
  - ✓ Developing guiding principles for NHM workforce management
  - ✓ Facilitating recruitment and retention of HR including specialists
  - ✓ Panel of HR recruitment Agency for Recruitment Services
  - ✓ Model contract, job responsibility and suggested performance appraisal indicators
- Minimum Performance Benchmark
- Capacity building of HR nodal (Regular and NHM) through yearly HR Bootcamps
- Overall assessment of PIP for HRH and PM under NHM
- Document good practices in HRH and planning
- **Assessment of Conditionalities** on which 20% of NHM funds are disbursed



# KNOWLEDGE MANAGEMENT DIVISION

- **RESEARCH & STUDIES:**

*Research/Implementation Research for Health Systems Strengthening*

*Review of proposals in PIPs pertaining to Health Policy and Systems Research (HPSR)*

- **INFORMATION MANAGEMENT:**

*Secondary reviews for existing data sources/large scale surveys; UHC and SDG related activities*

- **HUB for TECHNICAL SUPPORT:**

*SHSRC;*

*Hub within NHSRC for NUHM related activities;*

*Tribal Health*

- **REFLECTIONS AND EVIDENCE FROM FIELD:**

*Common Review Missions (CRM)*

*National Summit on Good and Replicable Practices and Innovations in Public Healthcare Systems in India*

- **PARTNERS and COLLABORATIONS:**

*Collaborating with divisions within MoHFW & other departments for knowledge sharing*

*Partnerships with Research organizations/ academia to undertake research on priority areas*

# PUBLIC HEALTH ADMINISTRATION

- Strengthening health systems through improved **governance**
- Clinical Establishment Act, Public Health Act, Comprehensive Lactation Management Centre Bill
- Supporting states in Clinical and Death reviews, Grievance Redressal mechanisms, Supportive Supervision
- Strengthening **Secondary Care services**
- Strengthening DH as Knowledge hub for medical, nursing and paramedical courses
- Administration of Public Health Programmes
- **Indian Public Health Standards**
- **Public Health Management Cadre**
- Developing Models (Model Health Districts)
- Urban Health
- Legal Framework
- Technical support to CEmONC/LSAS curriculum

# QUALITY IMPROVEMENT / QPS

Support in improving **Quality of Care (QoC)** at Public Health Facilities

- Setting National Quality Assurance Standards (**NQAS**) for different level of health facilities – DH, SDH, CHC, PHC (*Urban and rural*) and HWC
- Technical assistance for NQAS implementation : including creation of a national and state level assessor pools
- **LaQshya** Implementation for improving care around birth at High case-load facilities (including Medical Colleges)
- NQAS and LaQshya certification
- **'Kayakalp'** initiative for improving the 'Swachhata' and strengthening infection control practices
- **'Mera-Aspataal'** patient feedback system
- Certification of **AEFI** (Adverse Event Following Immunisation) Surveillance System
- **MUSQAN** certification – Quality certification of Paediatric services
- Patient Safety

# Role in NHM implementation

- Providing technical support for overall implementation of National Health Programmes – focussing on Health Systems Strengthening
- Developing operational guidelines and framework
- Undertaking Capacity building for health care providers and Programme management unit – developing training modules/material
- Supporting or Nodal for important programmes – ASHA, AB HWC, PMNDP, Quality Assurance, PHMC, National Health Accounts, Implementation Research (IR HSS), National Innovation Summit (Best practices) etc.
- Development and updation of Operational Guidelines for CPHC and expanded range of services
- Supporting in Annual Programme Implementation Plans – PIP and annual Common Review Mission
- Undertaking Research and studies – to generate evidence and support policy and strategy development

# ACHIEVEMENTS

- Since inception: Key technical support agency for HSS; developing policies and strategies in key areas ; facilitating implementation of National Health Programmes
- Evolving health scenarios and changes in health policies : Evolving role of NHSRC; Respond to growing needs ; robust and critical role to improve the health outcomes
- Divisions at NHSRC : Committed to the mandate ; achieved milestones while building foundation for achieving UHC
- Commitment towards : Capacity building ; Implementation support ; Undertaking research ; Generating evidence
- Two-way communication between the states/UTs and the NHSRC : strength as well as the guiding light for overall programme implementation and research

# ACHIEVEMENTS



**NQAS**

**Model  
Health  
Districts**

**CRM**

**National  
Health  
Accounts**

**AB-HWC**

**ASHA**

**Kayakalp**

**COVID-19  
Response**

**HR  
Bootcamps**

**NHInP**

**WHO  
Collaborating  
Centres**

**LaQshya**

**FC XV**

- Significant role in fostering initiatives and growth in public health governance and leadership in India
- Capacity Building at National, State and peripheral level : Pool of trainers ; Quality Trainings
- Implementation

AB-HWCs ; NQAP ; PMNDP ; BMMP ; FDSI ; Free Drugs Initiative

- **Strengthening governance mechanisms and leadership:**

SPMUs ; SHSRCs ; DPMUs ; BPHUs ; PHMC

NHA ; CRM : Quality Improvement; HCT leadership ; Planning process (PIP) ;



# WAY FORWARD

- A Technical organization with varied talents and skill mix – high quality, evidence based inputs on all technical matters in a timely manner
- Knowledge & Research: Evidence generation ; Synthesis ; Implementation Research; Translational Research (best practices ; cost effectiveness) ; Enhanced Collaborative research ; Proposal review ; Capacity building ; Repository
- Strengthen the aspect of ‘Think tank of MoHFW’ in drafting policies, guidelines and other technical documents
- Strengthen the processes to act as a platform for experts from across the country and relevant stake holders to provide inputs into policy and direction-setting

**We at NHSRC, through defined institutional structures, are committed to play a pivotal part in the health care machinery of the nation & Always available for high quality and timely : tech support, briefing, documentation, inputs, implementation, responding to dynamic health systems**

