Report on two-day consultative workshop on improving health indicators in Aspirational Blocks

Date: 21st and 22nd December 2023
Venue: Silver Oak Hall, India Habitat Centre, New Delhi

National Health Systems Resource Centre, New Delhi, Ministry of Health & Family Welfare, India

TABLE OF CONTENTS

INTRODUCTION

In 2018, the Honourable Prime Minister initiated the Aspirational Districts Programme (ADP) intending to transform 112 relatively underdeveloped districts across the country. The ADP was formed on the belief that targeted interventions in identified underprivileged districts could significantly enhance the quality of life and standards of living for their residents.

On January 7, 2023, during the 2nd National Conference of Chief Secretaries, the Honourable Prime Minister introduced the Aspirational Blocks Programme (ABP) in keeping with this objective. NITI Aayog has designated 500 Blocks nationwide—across 27 states and 4 Union Territories—for immediate upgrading.

Improving socioeconomic indices, healthcare, education, infrastructure, and general quality of life in these aspirational blocks is the main objective of this plan.

The main goals of this programme are to improve people's quality of life and lessen regional differences in these developing areas.

The implementation of this programme is based on the principle of convergence of central and state schemes, the collaboration of NITI Aayog, Central Ministries and Departments, State Governments, and District and Block Administration, and competition among blocks driven by positive progress and mass mobilization towards development.

By using health initiatives to enhance people's lives, the Ministry of Health and Family Welfare hopes to meet the health vision by strengthening the healthcare delivery system, governance, and accountability through the Aspirational Blocks Programme.

The main objective is to make high-quality healthcare services widely available, acceptable, affordable, and accessible in all communities and regions, with an emphasis on underprivileged and socially marginalized populations.

A total of seven key performing indicators have been assigned to the health sector which are:

- Percentage of ANC registered within the first trimester against total ANC registrations.
- Percentage of institutional deliveries against total reported deliveries
- Percentage to low-birth-weight babies (less than 2500g)
- Percentage of Tuberculosis cases treated successfully against TB cases notified a year ago
- Percentage of National Quality Assurance Standards (NQAS) certified facilities in blocks

- Percentage of persons screened for Hypertension against targeted populations in blocks
- Percentage of persons screened for Diabetes against targeted populations in the Blocks

Under the guidance and support of the Ministry of Health and Family Welfare (MoHFW), the Quality and Patient Safety (QPS) team, in collaboration with the Community Process-Comprehensive Primary Health Care (CP-CPHC) team of the National Health Systems and Resource Centre (NHSRC), New Delhi, held a two-day consultative workshop on improving health indicators in aspirational blocks.

The national workshop was held on December 21 and 22, 2023 at Silver Oak Hall, India Habitat Centre, New Delhi, with the primary goal of focusing on three core indicators of health: NQAS certification, hypertension screening, and diabetes screening.

The purpose of this workshop was to strengthen health systems in aspirational blocks by increasing NQAS certification of health facilities including state certification, and screening and management of Non-communicable Diseases (NCD) with emphasis on the role of Ayushman Aarogya Mandirs with prevention of NCDs.

The workshop was attended by over 200 stakeholders from MoHFW, State Programme Managers Quality Nodal Officers, Nodal Officers of Community Process and Comprehensive Primary Health Care from 19 states, and Development Partners like PATH and USAIDS.

The two-day workshop constituted of the following activities:

- Inaugural session and address by Guests of Honours.
- Launch of guidance book for aspirational block programme.
- Technical Sessions
- Presentations by states/UTs on challenges and support required from NHSRC/MoHFW and sharing of best practices from well-performing states like Gujrat, West Bengal, Tamil Nadu, Telangana, and Andhra Pradesh.
- Key Interventions in Aspirational Blocks – USAID & PATH (Developmental Partners supporting the Aspirational Block Programme).
- Panel Discussions focused on the usage of the NCD portal and the strengthening of core indicators of health and Ayushman Aarogya Mandirs for the Aspirational Block Programme.

The complete breakdown of the workshop's events is provided in succeeding sections of the report.

1. INAUGURAL SESSION

FIGURE 1- WELCOME ADDRESS BY DR J.N SRIVASTAVA, ADVISOR QPS, NHSRC

Welcome Address and establishing the objectives of the workshop

The welcome address of the workshop was done by Dr J N Srivastava, Advisor QPS, NHSRC in which he warmly welcomed all States' Quality Nodal Officers, nodal officers for Community Process and Comprehensive Primary Health Care, State Programme Managers of 19 states who were physically present in the workshop. He also welcomed the designated nodal officer or programme officer for this Aspirational Block Programme. Hefurther highlighted the primary objectives of the workshop with emphasis on 3 core indicators of health in aspirational blocks that are NQAS certification, screening of hypertension, and diabetes which would later be covered during the sessions followed by the state's presentation and subsequent action planning which defines the roles of central ministry, NHSRC and also the central nodal officers and state representatives.

Commencement of Inaugural Session

The event started with welcoming all key dignitaries and requesting them to take their respective seats on the dais followed by a ceremonial lamp lighting which is the symbol of enlightenment and intellect, performed by esteemed chief guests.

FIGURE 2- LAMP LIGHTENING CEREMONY

Launch of the guidance book

The Aspirational Block Programme guide document was formally launched by the distinguished guests. All workshop attendees were given a soft copy of the same on a pen drive as part of the resource material for future reference

FIGURE 3- LAUNCH OF GUIDANCE DOCUMENT

Address by Guest of Honour: Dr Ashoke Roy, Director, RRC-NE

- Dr Ashoke Roy in his address emphasized the importance of this programme by stating ‘‘Health is not dependent only on health” indicating the holistic approach to improving healthcare in aspirational blocks. And further requested all the state representatives to identify the Ayushman Arogya Mandirs (HWCs) which do not have NQAS certification and discuss their challenges and look at the denominators. He gave the status of North-Eastern states which are 8 in number having 41 aspirational blocks and 664 facilities are the denominator.
- He concluded his session by highlighting the Gram Panchayatdevelopment plan where there should be a collaboration of district and block-levelofficials and active involvement of communities (villagers), and front-line workers in developing a road map of comprehensive strategies and solutions.

Address by Guest of Honour: Shri Elangbam Robert Singh, Joint Secretary, Ministry of Health and Family Welfare

- He highlighted the short-comings or challenges like lack of human resources in these blocks, infrastructure, nutrition status especially among Women and Children, as well asgeographical constraints and further expressed his concerns by giving examples of challenges faced by villagers – a villager diagnosed with fracture had to travel 40-50 km spending 2000 rupees as there is no X-ray operator in the nearly district hospital.
- He highlighted another example of doctors and other service providers employed at onefacility but working at multiple places and getting paid by multiple resources and later encouraged the participants to work together towards improving health facilities.

Address by Guest of Honour: Mrs. Reena Singh, Chief Director Stats, Ministry of Health and Family Welfare

- She started her address by giving a brief overview of the Aspirational District Programme and pointed out that ABP aims to uplift the living standards of people in underdeveloped areas and to reduce regional disparities by improving socio-economic indicators, infrastructure, and education in over 500 blocks identified by NITI Aayog in 27 states and 4 UTs.
- She emphasized 7 core indicators based on which the MoHFW has identified the lowest 100 performing blocks and urged to focus on meticulous tracking of data of these indicators through HMIS, Nikshay, SaQsham, and NCD portal.
- She concluded her session by highlighting the types of incentives given to best-performing blocks which are both monetary and non-monetary including training and workshops. She urged the developmental partners to extend support to aspirational blocks in both aspirational and non-aspirational districts.

A vote of thanks was delivered by Dr Padmini Kashyap, Deputy Commissioner (ADP/ABP, CAC, PC and PNDT)

2. TECHNICAL SESSION

Session 1

Overview of Aspirational Block Programme- Dr Padmini Kashyap, Deputy Commissioner (ADP/ABP, CAC, PC&PNDT), Ministry of Health and Family Welfare

Key points undertaken during her session were:

- Dr Padmini started her address by highlighting the three important points that make aspirational blocks different from aspirational districts which are not only the indicators but also the vulnerable population and geographical locations making the reach of services poor.

- Data for the aspirational block programme is collected through API linkages with central portals and it is a time-bound one-year plan wherein the aspirational blocks will be observed and progress will be assessed.

- There is a total of 500 blocks in 330 districts across 27 states and 4 UTs. Out of these 500, 154 are from 112 aspirational districts based on Antyodaya data (MoRD) by an inter-ministerial committee. Also 6 states (Uttar Pradesh, Bihar, Madhya Pradesh, Jharkhand, Odisha, West Bengal) contribute to 52.6 % of aspirational blocks.

- 308 blocks achieved 65% state average in ANC registrations within the 1st trimester. 387 blocks achieved an 81.9% state average in institutional deliveries. These two indicators were best in scoring state averages in health.

- She further listed the observations from the field like at the level of beneficiary whether the MCP cards are being filled, whether ANM has line-listing of the beneficiary, whether they are trained enough to track the HRPs (High Risk Pregnancies), whether referral linkages are being established, consumption of IFA tablets by women are few areas where planning has to be focused on.

- 318 blocks achieved 66.8% state average in low birth babies which is 3rd. indicator of health in ABP (Aspirational Block Programme) observations listed in this indicator were whether the front-line workers or ASHA can identify thedanger signs in the babies, identification of pneumonia, diarrhea, childhood diseases are happening or not, identification of referral facilities and the follow- up done by ASHA, whether the staff nurses know the steps of resuscitation,monitoring of

HBNC (Home based neonatal care visits), HBYC (Home based young childhood care visits). These are a few of the challenges that should be taken by the block action plan.

- 306 blocks achieved a 64.9% state average of cases treated successfully against TB.She pressed upon the target of treatment success should be reaching more than 90 % in 2024, collaboration with the private sector, drug-resistant TB, screening of vulnerable populations as well as active case finding by ASHA, treatment of diagnosed patients is initiated, follow-up and completion or not, referral linkages established.

- She emphasized 2 programmes related to Tuberculosis that is Nikshay Poshan Yojana which aims to provide nutritious food for patients suffering from TB another is PM-TB Mukt Panchayat as TB is percolated to the village level.

- She then highlighted that only 80 blocks have achieved a 16.3 % state average in NQAS certification and it is one of the most challenging indicators. Also further encouraged the state head to identify the facilities and gaps associated and work towards achieving NQAS certification.

- Indicators 6 and 7 that is the screening of hypertension and diabetes against the targeted population have almost the same scores which are 9.5 % and 9.1% respectively. She shed light on the fact that India is silently witnessing the NCD epidemic and is now considered as the diabetic capital of the world and further emphasized the concept of a Ayushman Aarogya Mandirs whose primary objective was to screen the population at the community level.

- List of observations found in the field in regards to indicators 6 and 7 are gaps in functional capacities, equipment like BP apparatus working or not, skills and knowledge of health care providers (whether they know cut-off values for hypertension and diabetes), provision of referral, and follow-up.

- She concluded her session by highlighting the roles of States and UTs and Developmental Partners in which identification of state nodal officers, central nodal officers, funds allocation, supportive supervision visits, technical assistance and extension of support of non-aspirational districts having aspirational blocks are major focus areas.

FIGURE 4- SESSION ON OVERVIEW ON ASPIRATIONAL BLOCK PROGRAMME

Session II

Key Strategies to Improve Screening of NCDs in Aspirational Blocks – Programme Aspect – Dr Ananth Kumar, Sr Consultant, CP-CPHC, NHSRC

Key highlights noted were:

- He started his session by focusing on the saturation of screening of hypertension and diabetes and implementation of the entire NCD programme not just the screening part.

- The strategies for improvement of NCD screening like strengthening of Ayushman Aarogya Mandirs, recruitment training of CHO, ASHA, ANM, Local Government Directory mapping, data capturing, and time reporting.

- The burden of NCDs accounts for 60% of global mortality rates, reduces productivity, and places a financial strain on society; these considerations point to NCDs as a key factor in the nation's development and, as a result, as a component of ABP.

- The key delivery interventions in service delivery at the community, Sub-centre, Primary Health Care centre, and secondary care level and focused on population enumeration (universally), CBAC (sometimes targeted), and screening (targeted based on age) and streamlining the referrals system.

- He also mentioned two ongoing programmes for health promotion and community mobilization for screening of NCDs are Viksit Bharat Sankalp Yatra and Ayushman Bhav.

FIGURE 5- SESSION ON KEY STRATEGIES TO IMPROVE SCREENING OF NCDS IN ASPIRATIONAL BLOCKS

Session III

Key Strategies to Improve Screening of NCDs in Aspirational Blocks – IT Aspect: Mr. Anurudh Singh, Consultant – Project Manager- IT Division, NHSRC

Key highlights noted were:

- NIN Mapping for admin and facility users ii) LGD Village and Taluka Mapping; which are required to fetch and store the data regarding the screening of hypertension and diabetes in Aspirational blocks

- He highlighted 4 states that are Andhra Pradesh, Kerala, Tamil Nadu, and West Bengal, which are the non-NCD states that use the LGD Mapping.

- He further discussed the WAF (Web Application Firewall) which is a security feature and determines the next implementation steps.

- He concluded his session by requesting users to use the 3.2 version which is an upgraded version for Android devices for NIN Mapping and also increase the level of usage of the system.

FIGURE 6- SESSION ON KEY STRATEGIES TO IMPROVE SCREENING OF NCD IN ASPIRATIONAL BLOCKS – IT ASPECT

Session IV

Status of NQAS Certification in Aspirational Blocks: Dr Chinmayee Swain, Senior Consultant-QPS, NHSRC

Key points undertaken during her session were:

- Dr Chimayee started her session briefly touching upon NQAS certification of facilities achieved till September 2023 in the programme and what more should be done.

- She presented the overview of the achievement of quality certification in 100 priority aspirational blocks in which there are overall 1658 health facilities out of which only 16 are NQAS certified. She also presented the state-wise progress in NQAS certifications in aspirational blocks.

- She also highlighted the efforts of the states that made the most progress after September 2023 - Gujarat, West Bengal, Kerala, Madhya Pradesh, and Punjab.

FIGURE 7- SESSION 4 ON THE STATUS OF NQAS CERTIFICATION IN ASPIRATIONAL BLOCKS

Session V

Key Strategies to improve NQAS Certifications in Aspirational Blocks: Dr J N Srivastava, Advisor, QPS, NHSRC

Key points undertaken during the session were:

- Dr Srivastava started his session by highlighting the take-home message – "**accelerating achievement of state certification**", to state nodal officers, central nodal officers, and other officials. He emphasized the fact that NQAS State certification is recognized by IRDA (Insurance Regulatory Development Authority) for the empanelment and incentives of facilities under various insurance schemes.

- Under the NQAS certification programme the mechanism of state certification has been entrusted to state-level stakeholders.

- He further explained the criteria for prioritization of NQAS certification that is availability of infrastructure and human resources, 45% or more Kayakalp assessment score, and 45% or more NQAS assessment score in the last assessment.

- He mentioned the importance of service quality in health facilities by stating that around 16 lakh people die because of poor quality of care in India based on various published studies.
- He emphasized on part certification of the remaining 23 District Hospitals in Aspirational blocks and identification challenges of 9552 targeted facilities that should be certified in March 2026.
- He also suggested that not all CHOs deployed in AAM-SHCs should receive required training and NHSRC would facilitate the training through online platforms and physical workshops.
- He proposed that the state-level certification can be delegated to the district level in such a way that the district can take the lead in the assessment and statescan validate the results.
- He specified strategic interventions required at the district level like; orientation of DMs/CDO, state-level workshops, adoption of health facilities by medical colleges and health administration departments in medical colleges, and ground-level implementation support from Development Partners.
- He concluded his session by elaborating on practical challenges faced by health facilities during the NQAS assessment of facilities, especially in AAM-SHCs. He pointedout it is not necessary to get Fire NOC at this level if there is proper fire signage, availability of fire extinguishers, and staff trained to use them. He also clarified on misgivings on Bio-Medical Waste management at AAM-SHCs and provided requirements for onsite deep burial in AAM-SHCs.

FIGURE 8- SESSION ON KEY STRATEGIES TO IMPROVE NQAS CERTIFICATIONS IN ASPIRATIONAL BLOCKS

3. PRESENTATIONS BY STATES/UTS ON CHALLENGES AND SUPPORT REQUIRED FROM NHSRC/MOHFW

Figure 9- VISUALS OF STATE REPRESENTATIVES WHILE PRESENTING

SUMMARY TABLE OF STATE WISE SUPPORT AND CHALLENGES RELATED TO CPHC INDICATORS

State	Support from NHSRC	Challenges related to CPHC Indicators
West Bengal	• Funds required for infrastructure development, equipment	• Policy decisions • High attrition rates • LGD Mapping, Internet connectivity, mobility support
Uttarakhand	• Technical support • Training and sensitization of secretary health/MD -NHM at National level workshop • Slight liberty in CHC for LaQshya due to geographical constraints and lack of HR	• Recruitment of CHO for AAM-SHCs • Internet Connectivity in remote and hilly areas • Lack of Drugs and diagnostics • Quarterly visits by state officials
Uttar Pradesh	• Orientation from NHSRC for state mentoring group • Formation of a customized checklist to review and monitor the gaps in facilities.	• Delivery of teleconsultation services • Assuring 62/99 EDL • Assuring 14/63 Diagnostics • Lack of CHO availability /attrition • Functional JAS with active community participation
Tripura	• Extra Incentives for obtaining NQAS certification and Kayak alp award • Support from DPs to provide HR	• Infrastructure • Data capturing and timely reporting on the NCD portal. • No fund for supportive supervision in CPHC
Telangana	• Physical training for the aspirational block nodal officers	• Infrastructure like provision of separate toilets, power supply • Retention of MLHPs • Mapping of non-census villages
Tamil Nadu	• Customization of NQAS AAM-SHCs checklist • Internal Assessors training exclusively for medical officers	• Difficulties in service delivery in areas such as mental health, trauma, elderly care etc. • Provision of secondary care at the level of AAM-SHCs

	• Nominate Govt. Assessors for AAM-SHCs facilities	• Training of Staff (MLHP, ASHA, VHN) • Improving JAS and selecting the chairperson
Sikkim	• Increase in resource envelope in mobility, support, logistics, and training	• Local Government Directory mapping • Internet connectivity with collaboration and cooperation with different mobile service providers
Rajasthan	• Cascade of training for the internal and external assessors • Mentoring support quarterly • Interdepartmental Convergence	• Infrastructure – renaming of HWC to Ayushman Aayog Mandirs • Human Resources- Availability of Yoga teachers for wellness • Training of staff members • Availability of drugs and equipment • LGD code mapping of newly created blocks
Punjab	• State-level SPT training for facilities I/C • Process for national application should be made easy • Registration on SaQsham portal	Listed out the activities • Strengthening of Ayushman Arogya Mandirs (2983 facilities) • Provision of CPHC through an expanded range of services • State/District/ Blocks level review and supportive supervision (DNOs, DPMs, CNOs, and District telemedicine executives doing monitoring and supervision of the CPHC programme) • Behaviour Change Communication approach rather than the IEC approach to promote awareness for training.
Odisha	• Modules exclusively for the training of nurses • Technical support to undertake studies • Facilitate field visits	• Huge training load • Delay in recruitment of staff and skills • LGD mapping requires robust guidelines and training • Internet issues and connectivity

Nagaland	• NQAS Internal assessors training • Provision of resource materials (hard copy IECs) • Quarterly monitoring /mentoring and capacity building	• High attrition rate • Financial constraints in the provision of specialized services like Ophthalmic, oral, ENT, and management of mental health • Poor internet connectivity
Manipur	• Technical and logistics support for monitoring and supervision • Funds Allocation	• Renaming of HWC to AAM-SHCs • Irregular monthly meetings of JAS in facilities • Training of ASHA and ANMs on expanded service packages • Training of MOs in PHC • Lack of state and district review meetings due to political constraints
Meghalaya	• No support required • Reorientation	• Frequent programmes like campaigns, yatra, etc. from the ministry • Difficulties in uploading the CBAC form by ASHA • Functional devices and irregular supply of diagnostics – consumables, equipment
Maharashtra	• More trainers required from the National Level for ABP	• Lack of Medicines and Diagnostics tests as per the operational guidelines of CPHC provision in HWC-SC • Ensuring IT support • Recruitment of posts due to parallel reservations
Madhya Pradesh	• IA cum SPT training • Funds for strengthening of infrastructure • Workshops for orientation of DMs from MoHFW	• High Training Load Availability of drugs and equipment in HWC-SC for expanded services ranges Data Capturing due formation of new districts
Ladakh	• Technical support for conducting workshops and training programmes	• Geographical constraints • Poor network connectivity • Data Capturing and timely reporting on NCD Portal
Kerala	• Online Video Training	• No challenges faced by the state

	Materials for each area of concern in all levels of hospitals ● Additional Internal Assessor batch training ● Funds for implementation	of Kerala
Karnataka	● No support needed	● Strengthening infrastructure and managing separate portals for various national programmes at the AAM-SHCs burdens CHOs with Data Entry challenges ● lack of convergence and definition in roles in HWC ● The lack of LGD codes mapping for all districts including Municipal Corp ● The Complexity of NCD app/portal for CHO usage
Jharkhand	● Request for sanctioning of the new post of an additional 6 Quality Managers and 4 Hospital Managers ● Requesting 22 more external assessors from the state of Jharkhand to be trained ● the Development Partners to support the State for NQAS certification in Aspirational Blocks	● Lack of CHO ● The majority of External Assessors cannot be traced or located for expanded training of CPHC.
Jammu & Kashmir	● Training Resources as and when required ● National Assessments	● Infrastructure upgradation as most of the Sub-centre's buildings are rented ● High attrition and transfers of CHO due to postings in far-flung areas ● Gaps in Training and skills upgradation ● No individual data is being captured for the delivery of

		expanded services ● Supply chain issues of drugs, diagnostics, and equipment for providing expanded services ● For LDG Mapping Numerator is higher than denominator for target population
Gujarat	● Exclusive batch for State quality team and district quality nodal and medical college faculty. ● NHSRC can issue guidance letters stating to all empaneled assessors regarding clarification. E.g. Full compliance CBWTF service availability in Deep burial checkpoint to avoid assessor`s bias.	● Attrition of Community Health Officer due to preference of district and better job opportunity ● Mapping issues at ASHA level District capacity building ● A technical person from the district for the portal required ● NCD portal not updated regularly
Haryana	● NHSRC may explore the options for framing a dedicated checklist for Aspirational Block (AB) facilities.	● Quantity of trainees is very high and hence it's a tedious task.
DNH & DD	● Awareness Training, Internal Assessor and Service provider on understanding and implementing NQAS criteria. ● Offering technical assistance to help address specific challenges (SaQsham Portal) and GUNAK during NQAS certification.	● Fulfilling IPHS – 2022 Guidelines and NQAS Norms in 12 expanded service packages and infrastructure is a challenge at a few sites ● NP-NCD Portal and Application adoption ● Multiple Portals and multiple applications render service delivery a cumbersome task
Bihar	● Capacity building of Primary healthcare team on NQAS implementation. ● Developing SOPs and Work Instructions	● Capacity Building ● Availability of diagnostics, Equipment for roll out of expanded range of services to be ensured. ● ASHA is not well equipped with

	mandated in NQAS.	NCD Application • Data digitization of diagnosis and treatment • OTP issue in NCD Application.
Assam	• Requested to RRC NE team to monitor and provide handhold support to targeted health facilities in the aspirational block. -	• Orienting CPHC team members with the latest guidelines and use of different portals. • Inability to map the Socheng block of the West Karbi Anglong district. • Inability to access LGD mapping details and NCD aspirational block facility-wise data screening report from the NCD portal
Arunachal Pradesh	• Supportive supervision from RRC-NE • District consultants and hospital administrative for state	• HWC SC Khasa is located at the school hostel campus, with no proper infrastructure and no own campus • Tali block has an internet connectivity issue • During monsoon it becomes difficult to travel to Tali block due to road connectivity issue
Andhra Pradesh	• Training cost and provide Traversing gap budget • Meeting Expenditure	• Establishing referral linkages • Community mobilisation to the referral centres • Migration / Commuting to other areas for their livelihood

3. Gujarat and Andhra Pradesh shared some of the best practices conducted in Aspirational Blocks

Andhra Pradesh

- Conducted orientation training for all facility-level staff in aspirational blocks
- Constituted the team along with local panchayat sarpanch at block level for close monitoring of the progress in concerned facilities
- Active involvement of the JAS team to follow up activities of their concern facility toensure the delivery of services are running smoothly
- Facilities are divided and allocated to the concern District team to assign responsibility.

Gujarat

- CM's programme 100 days – 100 NQAS gave them a great opportunity to conduct NQAS assessment of facilities and led to an increased rate of certification.
- Consistent Weekly review by VC and monthly physical review meeting of DQAMO by State quality cell
- One health facility per block is focused first.
- Training batches for NGOs to make Kayakalp external assessors.
- No compromise policy in Kayakalp assessment.
- Budget approved in supplementary pip 2023-24 for compulsory Kayakalp and NQAS peer assessment of all facilities.
- Training planned to focus more on Area of Concern F, G, and H.

4. Address by Guest of Honour: Ms. Indrani Kaushal, Economic Advisor, MoHFW

Ms. Indrani Kaushal eloquently articulated that the Aspirational Block Programme is the sequel to the Aspirational District programme. Health is a 24/7 sector and would require back-to-back and endless programmes. She appreciated Gujarat state for sharing best practices and making NQAS certification stand out and complemented by the NHSRC team for puttingforward a dual communication wherein both participants and dignitaries would interact and identify challenges and solutions to overcome the challenges. And further discussed the importance of NQAS certification which aims to provide accessible, affordable, and quality services to the beneficiaries with limited use of resources.

FIGURE 10- MS INDRANI KAUSHAL DURING HER ADDRESS

5. Key Interventions in Aspirational Blocks – USAID & PATH

USAID

Key summary points highlighted were

- USAID directly supporting 25 ADs in five states - Jharkhand (19), Uttarakhand (2), Punjab (2), Haryana (1) and Himachal Pradesh (1)
- USAID – SAMVEG- implementing partners are IPE Global (Prime), JSI, WHP, Dimagi, and support is provided to Jharkhand, Uttarakhand, Punjab, Haryana, Himachal Pradesh
- USAID – SAKSHAM – implementing partners which support the programme are PATH (Prime), Piramal Swasthya, Jhpiego, Deloitte, and support is provided to Chhattisgarh, Odisha, Assam in sectors like quality improvement, high-risk pregnancy tracking, VHSNC.
- USAID – NISHTHA whose implementing partner is JHPIEGO provides support across 12 intervention states (Arunachal Pradesh, Assam, Chhattisgarh, Jharkhand, Odisha, Madhya Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura) and its main focus area are technical support for identification and prioritization and operationalization of Ayushman Arogya Mandir, NQAS certification and Kayakalp.

PATH

Key summary points highlighted were-

- Path provides technical assistance under the National Quality Assurance Programme
- It provides support in NQAS certification through SAMAGRA
- It extends support to states like Odisha, Madhya Pradesh, Jharkhand, and Manipur
- Interventions and support provision done in Odisha – internal assessments in 12 UPHCs, facilitated and trained 237 Service providers on NQAS, conducted refresher training, and trained 144 Health care providers on Kayakalp
- Interventions and support provision done in Madhya Pradesh- State certification of 5 UPHC / UHWCs and 2 out of 5 awarded as National Certification, mentoring and handholding support to nominated facilities through orientation of staff, support in standardization of record/report, SOP formulation and adherence of standard practices, developed dashboard to track the progress of NQAS Certification of SUMAN notified facilities.
- Interventions and support provision done in Jharkhand and Manipur- Kayakalp assessment of 61 Urban PHCs from 10 districts to identify the gaps in Jharkhand.
- Oriented 34 staff on patient satisfaction survey components in coordination with the State Quality Assurance Unit and extended support in the assessment of 3 UPHCs for SUMAN certification in Manipur.

6. Panel discussions

1St Part of the panel discussions was related to Challenges faced in the usage of the NCD portal and its solutions as well as feedback

Panel Members

- Ms. Indrani Kaushal, Economic Advisor, MoHFW
- Dr J N Srivastava, Advisor, QPS, NHSRC
- Dr Ananth Kumar, Sr Consultant, CP-CPHC, NHSRC
- Mr. Ashutosh Sharma, Consultant, IT Division, NHSRC
- Mr. Anurudh Singh, Consultant, IT Division, NHSRC

Challenges Articulated by Participants

- Data present in the NCD portal is facility wise not block or state wise.
- Duplicate facilities need to be removed.
- Implementation of NIN mapping of facilities is difficult.
- Data retrieval for comparison of facilities is very challenging.
- Huge variation in data from 2% to 44% when fetching from the NCD portal.

Solutions Given by the Panel

Feedback was noted down and future intervention and modifications to make it more user-friendly and acceptable to both front-line workers and admin officials were promised to participants.

2Nd Part of the panel discussion were focused on strengthening of core indicators of health and Ayushman Aarogya Mandirs for the Aspirational Block Programme

Panel Members

- Dr J N Srivastava, Advisor, QPS, NHSRC
- Dr Ashoke Roy, Director, Regional Resource Centre – North East
- Dr Padmini Kashyap, Deputy Commissioner (ADP/ABP, CAC, PC&PNDT), Ministry ofHealth and Family Welfare
- Ms. Sweta Roy, Lead Consultant, HRH, NHSRC
- Dr Ananth Kumar, Sr Consultant, CP-CPHC, NHSRC

Points Articulated by Participants

- Incentivization of CHO to motivate them to deliver services.

- Incentives for NQAS Certified facilities to encourage the facilities to maintain standards.
- Approvals for NQAS certification of Facilities.
- Innovation in IEC material and provision of funds and adapting of Behaviour Change and Communication approach.
- Documentation, reporting, and findings should be done at the block level and learnings from other states should be addressed.
- Validation of data before presentation and feeding in the portal.
- Sudden changes in data should send some alarm alerts or errors.

Responses Given by Panelists

- Non-monetary incentives like best CHO of the month should also be explored.
- There will soon be a provision of virtual certification obtained through virtual assessment for those facilities facing a shortage of assessors.
- Pool of external assessors is the alternate mechanisms.
- Inter-sectoral approach and formation of coordination committee with state, district, and block advisory board.
- Block level action plan should be formed at the village level and inspire communities to contribute on strengthening of ABP.
- Triangulation of data is done when capturing and fetching from HMIS, NFHS, NCD portal.

FIGURE 11- VISUALS OF PANEL DISCUSSION

End of Session by Ms. Indrani Kaushal, Economic Advisor, MoHFW

Vote of Thanks was Delivered by Dr Deepika Sharma, Lead Consultant, QPS,NHSRC

Annexure 1 – Workshop Agenda

Day 1 – 21st December 2023		
Time	**Topic**	**Resource Person**
09:30AM - 10:00AM	Registration	Team NHSRC
Inaugural session		
10:00AM - 10:05AM	Welcome Address and Aims & Objectives	Dr J N Srivastava Advisor QPS, NHSRC
10:05AM – 10:10AM	Address by Director RRC-NE	Dr Ashoke Roy Director - RRC-NE
10:10AM - 10:15AM	**Lamp Lighting**	
10:15AM – 10:25AM	Address by Guest of Honour	Ms Indrani Kaushal Economic Advisor, MoHFW (TBC)
10:25AM – 10:28AM	Launch of Guidance Document for Aspirational Block Programme	Ms L S Changsan AS&MD, NHM,MoHFW
10:28AM - 10:40AM	Address by Chief Guest	Ms L S Changsan AS&MD, NHM, MoHFW
10:40AM - 10:45AM	Vote of Thanks	Dr PadminiKashyap Deputy Commissioner (ADP/ABP, CAC, PC & PNDT)

10:45AM - 11:15PM	**Group Photograph followed by tea**	
11:15AM – 11:30AM	Overview of Aspirational Block Programme	Dr PadminiKashyap Deputy Commissioner (ADP/ABP, CAC, PC & PNDT)
11:30AM - 11:50PM	Key Strategies to improve screening of NCDs in Aspirational Blocks – Programme Aspect	Dr Ananth Kumar Sr Consultant - CP-CPHC NHSRC
11:50AM - 12:15PM	Key Strategies to improve screening of NCDs in Aspirational Blocks – IT Aspect	Mr Anurudh Singh Consultant - Project Manager – IT Division NHSRC
12:15PM - 01:00PM	Status of NQAS Certification in Aspirational Blocks	Dr Chinmayee Swain Sr Consultant-QPS NHSRC
01:00PM-02:00PM	**Lunch**	
02:00PM-02:30PM	Key Strategies to improve NQAS Certifications in Aspirational Blocks	Dr J N Srivastava Advisor QPS, NHSRC
02:30PM-03:45PM	Presentations by States/UTs on Challenges & Support required from NHSRC/MoHFW	Facilitated by CP-CPHC & QPS Team
03:45PM-04:00PM	**Tea Break**	
04:00PM-05:30PM	Presentations by States/UTs on Challenges & Support required from NHSRC/MoHFW	Facilitated by CP-CPHC & QPS Team

Day 2 – 22nd December 2023		
Time	**Topic**	**Resource Person**
09:15AM - 10:45AM	Remaining Presentations by States/UTs on Challenges & Support required from NHSRC/MoHFW	Facilitated by CP-CPHC & QPS Team

10:45AM – 11:15AM	Sharing of identified Best Practices in Aspirational Blocks (05 Min Each)	Gujarat, West Bengal, Tamil Nadu, Rajasthan, Andhra Pradesh, and Telangana
11:15AM – 11:30AM	**Tea Break**	
11:30AM-11:50AM	Key Interventions in Aspirational Blocks (10 Min Each)	USAID & PATH
11:50AM-1:25PM	Panel Discussion for State Specific Road Map for Aspirational Blocks with State Representatives	**Panelists:** Director – RRC-NE Advisor QPS, NHSRC Advisor IT, NHSRC Lead Consultant HRH-HPIP, NHSRC Sr Consultant CP-CPHC, NHSRC
01:25PM - 01:30PM	Vote of Thanks	Dr Deepika Sharma Lead Consultant-QPS, NHSRC
01:30PM Onwards	**Lunch Break**	