Expression of Interest

Innovation and Learning Centres for Comprehensive Primary Health Care

Background:

The National Health Policy 2017 has proposed provision of Comprehensive Primary Health Care (CPHC) through establishment of Health and Wellness Centres (HWC). The Union Budget 2017-18 has announced establishment of such 1.5 Lakh HWCs across country.

The Health and Wellness centres are conceptualized as transformed sub centres which will provide a set of 12 services, through a combination of home visits, outreach, and facility based services. A primary health care team is expected to carry out all activities related to CPHC. The HWC are connected to the Block PHC as the point for referral, initiation of treatment plans, laboratory tests (beyond the basic point of care diagnostics being provided at the HWC), monitoring and supervision, reporting and fund management. The implementation of CPHC through strengthened PHC and Sub-Centres (HWC) is a new initiative, and several factors will determine its functioning and effectiveness. These factors will be in turn determined by the strength of health systems, epidemiology and specific contextual issues across and within districts and states.

Major changes are required, in areas such as human resource management including the roles and responsibilities of frontline workers, task allocation between the mid-level providers and frontline workers, expansion of technical competencies and in modifying team and individual work job descriptions. Structural changes will be required in work processes and organisation of services for the 12 packages, in reporting and analysing information, validation of data, streamlining and undertaking innovations in financial flows, instituting performance based incentives, implementing a broader range of community based health services, including health education, action on social and environmental determinants, maintaining continuity of care, strengthening referral patterns, testing and developing ICT tools for population based analytics, developing, maintaining and using family health folders, training, undertaking burden of disease studies, use of Standard Treatment Guidelines, modalities for supervision and support to the PHC teams, and behaviour change communication. In order to understand roll out of CPHC, innovative community based models can be developed and evaluated at this stage, which would help to build the evidence base for preparation and also for scaling up.

NHSRC proposes to identify six centres for testing innovations and learning for scaling up, in selected states, where CPHC would be provided to the entire population of one block. These will be called CPHC- Innovation and Learning Centres (CPHC- ILC). The CPHC-ILC would serve not just as a learning laboratory but also support the development of the block as a site that can act as inspiration or best practice site for programme officers from other blocks and districts to enable and support scaling up of CPHC. It will play a key role in generating the knowledge and evidence needed and in building capacity at the level of the Primary Health Care team and to organize effective interventions for CPHC at the district level. The CPHC-ILC teams will not actively undertake implementation, which would be the task of the primary

health care team, supported by the district and state teams. They would, however, support the implementation team for change management through technical inputs on the components of CPHC, training and capacity building, build leadership skills in team leaders to address implementation issues at the service delivery level and be able to articulate and demand action on systemic issues in health systems.

NHSRC invites expression of interest from agencies to function as CPHC- ILC. We are exploring collaboration with agencies having appropriate experience and infrastructure, stable governance structures and strong community outreach networks. Agencies could be Schools of Public Health, Medical Colleges, NGOs and State Health Systems Resource Centres. A consortium of agencies that meet the requirements could also be considered. In case of consortium, the lead agency would be funded and sub-contracting with other partners of consortium will be their responsibility.

Competencies required:

- **Mandatory Criteria:**
  1. Work experience of at least 10 years in provision of community based primary care (in case of new schools of public health and medical colleges, which have demonstrated this as part of the curriculum, this criterion could be relaxed)
  2. Turnover of at least 25 Lakhs annually
  3. Demonstrated experience in implementing community outreach program through frontline workers and community health workers, including clinical services and health promotion, preventive care through health education.
  4. Manages secondary care hospital (preferable) or demonstrates ability of linkage with secondary care hospital through collaborative arrangements.
  5. Experience in using ICT services for patient registration and continuum of care
  6. Experience in training and capacity building of PHC staff.
  7. Demonstrated follow up of care in the community

- **Desirable Criteria:**
  1. Experience in research and advocacy including publications
  2. Demonstrated innovations in delivery of primary care in areas like human resources, ICT
  3. Demonstrates and is using linkage with tertiary care hospital

Roles and Responsibilities of the ILC: ILC will undertake the change management for CPHC covering a population of one block through following activities-

- Provide overall handholding and support to the implementing primary care teams.
- Undertake baseline surveys, and develop a plan for process re-engineering.
- Study effectiveness of primary health care approaches and documenting these so as to enable scaling up into other blocks and districts.
- Study approaches for integrating additional components of CPHC within the existing package of RCH and communicable diseases.

- Study local patterns for co-morbidities and build capacity of teams to address comorbidities, recognising social and environmental determinants and equity.
- Assess local diseases burden and prioritize elements of the service packages, assessing and building HR requirements including multitasking, to deliver CPHC.
- Support team to improve service quality through the use of Standard Treatment Guidelines (STGs) and care pathways specific to individual service providers within the team.
- Develop mechanisms for referral and study effective ways of ensuring a continuum of care, including mechanisms such as EHR, telemedicine, etc.
- Establish and maintain partnerships with other research, academic and training organizations and with the state to ensure effectiveness, credibility and ownership.
- Undertake policy and public advocacy to enable scaling up of those innovations with positive health outcomes through analytical writing in peer reviewed journals, media, and dissemination workshops.

Agencies will be shortlisted based on the above mentioned criteria by a technical committee, followed by field review. Funds amounting to approximate Rs. 20 Lakhs will be provided to each centre for one year.

Interested agencies are requested to submit letters of interest along with following-

1) Registration of agency
2) Annual audit report of last 3 years
3) Geographical area of work
4) Organization profile including board and governance structure, staff strength
5) Three references from credible individuals at State/district level
6) Proof of experience of work including publications

The last date for receipt of applications is 6th September 2018. Applications may be sent in sealed envelope to 'The Principal Administrative Officer, National Health Systems Resource Centre, NIHFW, Baba Gangnath Marg, Munirka, New Delhi -110067'.