

## Expression of Interest - Assessment of Health and Wellness Centres

### I. Background

In April, 2018, the GOI launched the Ayushman Bharat-Health and Wellness Centres (AB-HWC), for the delivery of Comprehensive Primary Health Care. In May 2018, the Operational Guidelines for the states were launched. HWC operationalization for CPHC entails the transformation of existing Sub Health Centres and Primary Health Centres equipped to deliver community and primary health care services for Reproductive, Maternal, New-born, Child Health and Adolescents (RMNCHA), and for selected communicable diseases.

Several paradigm shifts are envisaged in the operationalisation of HWC. They span service delivery, (notably adding screening and management for chronic diseases, and care for acute simple illnesses, addition of a primary health care worker at the level of the HWC-SHC, ensuring that an expanded list of medicines and diagnostics are available at the lowest levels of care- the HWC-SHC and HWC-PHC, introducing a digital recording and reporting system from the ASHA upwards, and developing improved financing systems, such as performance linked payments.

The goal is to transform 1,50,000 SHC and PHC (in rural and urban areas) to Health and Wellness Centres by 2022. To date, over 28,000 are functional.

Most HWC have been operational for about 12-15 months. Nonetheless an assessment at this stage would enable an understanding of implementation processes at the ground and suggest design adaptations, to inform rapid scale up. This is a new initiative has several uncertainties that need to be better understood to achieve its full potential.

The aim of this assessment, therefore, is to assess the rollout of HWC in varying contexts, and identify specific challenges and adaptations, assess implementation challenges, and expectations and serve as a baseline to dialogue with states on streamlining inputs, modifying processes and improving coverage and quality of services. The assessment will focus largely on the inputs and processes that contribute to the functionality of HWC and correlate with outputs and use of expanded range of services. One key aspect of the assessment is to identify the change that has taken place across service provision and care seeking.

### II. Objectives

1. Review the adequacy and quality of key processes and inputs for HWC operationalization, including state plans to overcome challenges related to HR, infrastructure, medicines and diagnostics, financing, and IT.
2. Assess improvements in outputs (in terms of range of services provided and the use of services) that have been recorded in the period since HWC operationalization,
3. Correlate findings with inputs & expectations of community, program implementers and policy makers.
4. Assess the monitoring and review mechanisms of the state for HWC operationalization, including quality of service delivery reporting.
5. Establish a baseline for coverage and quality of service delivery in HWC areas
6. Study the adequacy for continuum of care between HWC-SHC and HWC-PHC and secondary level care.

### III. Methodology:

Mix of qualitative and quantitative methods will be used to assess facilities functioning as HWCs and primary health facilities which are yet to be upgraded as HWCs, for a comparative assessment. A comprehensive review of the secondary data will also be conducted for both type of facilities.

The assessment will be conducted in eight states selected on the basis of Epidemiological Transition Level<sup>1</sup> (ratio of DALYs caused by communicable, maternal, neonatal and nutritional diseases to those caused by

---

<sup>1</sup> Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Matrix and Evaluation. India: Health of Nation's States- The India State level Disease Burden Initiative. New Delhi, India: ICMR, PHFI, and IHME; 2017

NCDs and injuries) and status of operationalization of HWCs. These states are - i) Uttar Pradesh, ii) Chhattisgarh, iii) Gujarat, iv) Manipur, v) Andhra Pradesh, vi) Karnataka, vii) Maharashtra and viii) Punjab. One district will be selected from each state based on the maximum number of functional HWCs.

A sample of 284 facilities (142 HWCs and 142 primary health facilities yet to be upgraded as HWC) will be taken to review the service delivery reports across eight states. Detailed assessment will be conducted at 160 primary health facilities - 80 HWCs (i.e, 48 SHC- HWCs, 16 PHC-HWCs and 16 UPHC- HWCs) and 80 primary health facilities to be upgraded as HWCs. (i.e, 48 SHCs, 16 PHCs and 16 UPHCs)

The assessment will include facility visits, interviews at state, district, block and facility level. About 160 providers (about two per facility) will be interviewed at facility level and interviews with 1600 service users (ten per facility i.e, 800 each from HWC and non HWCs), who have availed services at the facility.

#### **IV. Who should apply:**

Organizations (consortia of institutions can also apply provided they demonstrate complementary areas of expertise and have a recorded agreement for expressing agreement together), with a track record of conducting research/evaluations, experience with implementing community-based interventions (experience in Community Health Worker efforts and health promotion activities) and primary health care service delivery would be eligible to apply.

The application should include -

1. Proposal for conducting the assessment with details of team composition, budgetary requirements and timelines.
2. Background of organization, nature of organization, list of board members, demonstration of the necessary skill mix, experience, project management, budgets handled, and infrastructure (for data management- data entry and analysis);
3. Details of past experience in conducting research, brief description of nature of research (topic and methodology) and outcomes (publications, dissemination) undertaken in last five years, details of research staff- (in house or demonstrate access to experts on a reliable basis), demonstrate track record of the research team, in data analysis and advanced writing skills.
4. Copies of the most relevant work in recent years, preferably conducted by the researcher teams who are currently in place.
5. Agency should give details of Firm/Institution s Registration, Copy of GST registration if applicable, Copy of PAN Card and Copy of last three years IT return and audit reports i.e. 2016-17, 2017-18 and 2018-19.

The last date for receipt of applications is March 3, 2020. Applications may be sent to 'The PAO, National Health Systems Resource Centre, NIHF, Baba Gangnath Marg, Munirka, New Delhi -110067' by post or by hand.