

Expression of Interest for establishing Innovation and Learning Centre for Comprehensive Primary Health Care in indigenous Tribal Areas

Background:

The National Health Policy 2017 proposed provision of Comprehensive Primary Health Care (CPHC) through establishment of Ayushman Bharat-Health and Wellness Centres (AB-HWC). Currently, there are more than 75,000 Ayushman Bharat Health and Wellness Centres functional across India. AB-HWC with its enlarged primary health care team, extends universally and free, an expanded range of services to people, close to their homes. AB-HWC is emerging to be the first point of contact for all health needs of the community. It leverages appropriate technology and referral framework to assure coordinated continuum of care.

Operationalisation of AB-HWC varies across geographical areas. Several factors determine its functioning and effectiveness. These include epidemiology, people's health needs, strength of health systems and specific contextual issues across and within districts and states. To test scalable innovations that aid improvement in functional efficiency, NHSRC started CPHC- Innovation and Learning Centres (CPHC- ILC) in partnership with organisations in selected States of India and their respective State Health Mission. These have been serving as learning laboratories. They have been instrumental in generating knowledge, evidence and also in building capacity of the Primary Health Care team to organize effective contextual interventions for CPHC in the block. They are evolving as an inspirational site for programme officers from other blocks and districts.

Tribal people and tribal areas by their uniqueness command attention and tailored action. Modifications may be required, in areas such as Human Resource management, organization of service delivery, action on social and environmental determinants, maintaining continuity of care, testing and developing ICT tools for population based analytics, training, undertaking burden of disease studies, use of Standard Treatment Guidelines, streamlining and undertaking innovations in financial flows, instituting performance based incentives etc. Development and evaluation of a contextually relevant model of CPHC delivery in tribal areas is expected to help in not only improvement of care in the intervened AB-HWC but allow evidence based scale up.

To test such innovation and learning for scale up, NHSRC invites expression of interest from eligible agencies like Schools of Public Health, Medical Colleges, NGOs and State Health Systems Resource Centres to establish CPHC- Innovation and Learning Centres (CPHC- ILC) in select tribal areas.

Eligibility criteria:

- At least 05 years' experience of working with indigenous tribal communities and delivering primary health care
- Demonstrated experience in implementing community outreach program for indigenous tribal people including promotive, preventive, curative and rehabilitative health care
- Experience of working with the Government and public health system
- Turnover of at least Rs.50 Lakhs annually (to be waived off in case of a Government institution)
- Experience in training and capacity building of Primary Health Care team members

- Demonstratable experience in research and innovations in delivery of primary care - in areas like human resources, ICT, process re-engineering etc

Roles and Responsibilities of the ILC:

ILC will undertake the change management for CPHC covering all indigenous tribal people in one block in the state through following activities for tribal population-

- 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.
- Plan and conduct Implementation research along with NHSRC

Agencies will be shortlisted based on the above mentioned criteria by a technical committee, followed by field review. ***Funds amounting to approximate Rs. 22 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) Details of registration in NGO-DARPAN of NITI Aayog
- 4) Geographical area of work
- 5) Organization profile including board and governance structure, staff strength
- 6) Proof of experience of work including publications
- 7) Three references from credible individuals at State/district level

The last date for receipt of applications is 10th May 2021. Applications may be sent in sealed envelope to 'The Principal Administrative Officer, National Health Systems Resource Centre, NIHFV, Baba Gangnath Marg, Munirka, New Delhi -110067'.