

EOI- Evaluation of Aarogya Samanvaya in AB-HWCs of Gujarat

Background and Rationale

The epidemiologic transition in India is characterized by a dual burden of communicable and noncommunicable diseases. This warranted a transformation in the public health system in India to be equipped to respond to needs related to maternal and child health and tackle communicable and noncommunicable diseases.

The National Health Policy 2017 emphasizes the shift from selective to comprehensive primary health care. As a first step towards the conversion of policy articulation to a budgetary commitment, in February 2018, the Government of India announced that 1,50,000 Ayushman Bharat -Health & Wellness Centres (AB-HWCs) are being created by transforming existing Sub Health Centres (SHC) and Primary Health Centres (PHC) to deliver Comprehensive Primary Health Care (CPHC).

The Ayushman Bharat Sub-Health Centres are being led by a non-physician health worker designated as Community Health Officer (CHO) to lead the frontline workers and provide comprehensive primary health care (CPHC). The CHOs require standardized and high-quality training, regular mentoring, and continuous supportive supervision.

The National Health Policy states that “In order to leverage the pluralistic health care legacy, the policy recommends mainstreaming the different health systems. This would involve increasing the validation, evidence and research of different health care systems as a part of the common pool of knowledge. It would also involve providing access and informed choice to the patients, providing enabling environment for practice of different systems of medicine, an enabling regulatory framework and encouraging cross referrals across these systems”

Aarogya Samanvaya is an initiative by the State of Gujarat aimed to provide integrated Allopathic, Ayurvedic and Yoga services spanning RMNCH+A, communicable and non-communicable diseases, oral care, geriatric and palliative care at AB-HWCs. The training for CHOs as part of Aarogya Samanvaya spans 21 days and covers ayurvedic management approaches (AMA) and Yoga. Around 2000 CHOs have been trained in 21 days for providing wellness services at SHC-HWCs.

To undertake a comprehensive evaluation of Aarogya Samanvaya at AB-HWCs, NHSRC invites expression of interest for undertaking data collection in the community from eligible agencies. The tool as well as the training in usage of the tools shall be provided by NHSRC. The detailed proposal is attached as Annexure 1.

Eligibility Criteria

- At least 3 years’ experience of working in community health especially related to Behavioural Change Communication, Information Education and Communication.
- Experience in undertaking qualitative and quantitative research
- Experience of working with the Government
- Professional fluency in local language is essential

- Understanding of local/cultural context is desirable
- Ability to work under demanding timelines are desirable

Deliverables

1. Translation of tools to local language as necessary
2. Pilot testing of the tools both qualitative and quantitative and incorporate corrections in the tool.
3. Data Collection
4. Data entry, cleaning of quantitative data.
5. Transcription of interviews and Focus Group Discussions

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.
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. 2018-19, 2019-20, 2020-21

Agency will be shortlisted based on the above-mentioned criteria by a technical committee.

Funds amounting not more than Rs 7 Lakhs may be allotted for the evaluation.

The last date for receipt of applications is ***October 15, 2021***. Applications may be sent to ‘The PAO, National Health Systems Resource Centre, NIHFW, Baba Gangnath Marg, Munirka, New Delhi -110067’ by post or hand. With the cognisance of COVID19 situation, online submission of applications has been enabled. Interested organisations may submit their applications by sending email to nhsr.india@gmail.com

Annexure 1: Protocol for Evaluation of Aarogya Samanvaya in AB-HWCs of Gujarat

Objectives

1. Evaluate the effectiveness of training on Aarogya Samanvaya on the knowledge and competence of CHOs
2. Explore the perspectives of CHOs, the AB-HWC team and the community on Aarogya Samanvaya and its implementation at the AB-HWC settings including in the context of the delivery of other services.

Evaluation of training for CHOs on Aarogya Samanvaya and its implementation at AB-HWCs

Qualitative Survey

The qualitative study involves eliciting the perspectives of CHOs, the implementation team including the PHC medical officers, Multi-Purpose Workers (MPW)/ANMs, program management team at district and state levels and community on Aarogya Samanvaya. This will include In-depth Interviews and Focus Group Discussions (FGD).

The numbers of each of the respondents included in the study for in-depth interviews and FGDs are given in Table 1.

Table 1: Respondents for qualitative study

Respondent	FGD	IDI
CHOs	2	20
MPWs/ANMs	2	
ASHAs	2	
PHC MO	2	
District Programme Manager CPHC		1

State Nodal Officer CPHC		1
Community (VHSNC, JAS, SHG and general public)	4	20

Key Areas of FGD & In-Depth Interview: This will include acceptability, perspectives about the transaction method in the training, and the usefulness of the training towards their practice and population health outcomes and scalability. Difference in performance between CHOs with nursing and AYUSH training background will also be evaluated. The perspectives of community members will be elicited to understand the satisfaction about the range of services related to Aarogya Samanvaya.

Qualitative Data Analysis

The responses will be analyzed using thematic analysis approach and commonalities will be compiled based on themes.

Quantitative survey

The study will be conducted at the AB-HWC-SHCs in Gujarat. The study will involve Community Health officers, primary healthcare team in the AB-HWC-SHCs and community members. The study will adopt the cross-sectional survey design.

The eligibility criteria for CHOs involved in the study are as follows:

- Community Health Officers who have undertaken 21 days training of Aarogya Samanvaya
- Community Health officers who have been practising integrated health management skills in the last 3 months after training on Aarogya Samanvaya
- Team members from same SHC-HWCs

As part of training and practice assessment, a combination of primary and secondary data would be collected. CHOs would be administered a structured questionnaire.

- Primary Data-100 CHOs, 100 MPW, 100 ASHAs, 100 community members and 20 PHC MO and 20 SN will be included for the quantitative survey. The CHOs will be selected using simple random sampling technique from the sampling frame of CHOs in Gujarat who have undergone training on Aarogya Samanvaya. The sampling frame for selecting PHCs will be those PHCs where at least 1 CHO has been trained in Aarogya Samanvaya. The number of Staff Nurse and PHC MO shall be selected assuming 5 Sub health-centres are linked to 1 PHC.
- Secondary Data-would be the Aarogya Samanvaya training data that shall be collected from the state officials which shall include the training

The following are the evaluation parameters used in the study:

- 1) Trainees' satisfaction about contents and mode of delivery
- 2) Trainees' knowledge and competence
- 3) Training environment
- 4) Experience and expertise of trainers
- 5) Interaction level
- 6) Cost considerations
- 7) Time allocated for sessions
- 8) Types of Aarogya Samanvaya procedures (Yoga, traditional medicines and Ayurveda treatment regimens) performed at the AB-SHC-HWCs
- 9) Average number of Aarogya Samanvaya procedures performed on a monthly basis at each AB-SHC-HWC
- 10) Proportion of CHOs demonstrating yoga, traditional medicine and Ayurveda procedures.
- 11) Any change in the utilization of health services measured in terms of patient footfalls, screening for diseases, wellness services and treatment adherence amongst AB-HWC users.
- 12) Community acceptance

Secondary data available as part of the training will be used to assess the increase in knowledge at post-training compared to pre-training.

Quantitative Data analysis

The change in knowledge and practice will be analysed in the light of contextual characteristics. These include socio-demographic profile of CHOs in terms of education, years of experience as CHO, any additional experience, gender, the pedagogy used for imparting the training, the modes of training (online/offline/combined), the nature of training material used (PPT, modules, scenarios), duration of each session and syllabus completion and system adequacy in terms of availability of drugs and supportive supervision.