

Expression of Interest for Assessment of Community Health Worker/ASHA program in urban and peri-urban areas

Background

The National Urban Health Mission (NUHM) was approved as a sub-mission of National Health Mission (NHM) by the Cabinet on 1st May 2013. It envisages to meet health care needs of the urban population with the focus on urban vulnerable population. Similar to ASHAs working in rural areas, urban ASHAs mainly work for awareness generation, community mobilization and ensure service delivery through home visits to the urban vulnerable population. Essentially, they are a crucial link between the community and Urban Primary Health Centers (UPHCs) in urban areas.

In the urban context, various models of program implementation are being used. These include Urban-ASHAs under the framework of NUHM; Community Health Workers / link workers under the urban local bodies (ULBs); Woman Health Workers selected from Self-Help Groups in the community through a formal collaboration with the government especially in urban slum populations. As the programme continues to evolve, research on their implementation and effectiveness is vital to address the key knowledge gaps for improving the programme implementation and effectiveness.

To undertake Assessment of Community Health Worker/ASHA program in urban and peri-urban areas, National Health System Resource Centre invites expression of interest to conduct the above-mentioned study. 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

- 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
- Experience in undertaking data collection and analysis related to qualitative and quantitative research in health
- Experience of working with the Government agencies
- Professional fluency in local language is essential
- Understanding of local/cultural context is desirable
- Ability to work under demanding timelines are desirable

Proposed Study Sites

- 7 Megacities: Greater Mumbai, Kolkata, Delhi, Chennai, Bengaluru, Hyderabad, Ahmedabad

- 6 million plus cities: One city from each zone- Kochi (South zone), Jaipur (North zone), Patna (East zone), Bhopal (Central zone), Surat (East zone), and Guwahati (Northeast zone).

Deliverables

1. Pilot testing and incorporate corrections in the tool.
2. Data Collection - From each category of city, around 21 in-depth interviews and FGDs (for megacity) and around 16 in-depth interviews and FGDs (for million plus city) will be conducted. (about 243 IDI and FGDs)
3. Transcriptions and translation of all in-depth interviews and focus group discussions.

The application should include

1. Proposal for conducting the assessment with details of team composition and profile, 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), demonstrating 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.

The last date for receipt of applications is **31st October, 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 I

Protocol for Assessment of Community Health Worker/ASHA program in urban and peri-urban areas

Objectives of the evaluation

1. To study the various models of CHWs/ urban ASHAs in urban areas
2. To understand the perspectives of community, ASHAs and other stakeholders of CHWs/ urban ASHA program in these settings
3. To analyze the effectiveness of different models in terms of performance outputs of CHWs/urban ASHAs and population health outcomes.

Methods

Study setting: The study will be conducted in megacities, metro and non-metro cities involving community health workers/ urban ASHAs, program officials at sub-district, district, and state levels and in the urban communities engaging key community members and urban local bodies.

Qualitative study will be done using interview guide and focus group discussions with stakeholders of the urban ASHA program. The themes included in the qualitative study are current roles and responsibilities of Urban ASHAs/CHWs, different modalities of implementation of the program in terms of selection process, capacity building, supportive supervision at sub-district, district, and state levels, and mentoring, performance measurement, incentive system, working conditions, community participation and linkages.

Study will also include secondary data analysis of the performance outputs of Urban ASHA/CHWs and population health outcomes at the level of concerned cities in the light of the structure and functioning of different models. Desk review of State NHM/ULB plans, reports for ASHA/community health worker will be done to understand the different models. Analysis of facility, district reports, surveys will be done to assess the performance outputs of community health workers and population health outcomes

Sampling

- Acknowledging the complexity in governance between the Urban local bodies and the state's Department of Health, the most populous cities as per NUHM framework will be sampled for the study. These are:
 - i. *Million plus cities:* Cities with population between 1-10 million
 - ii. *Megacities:* Cities with population more than 10 million.
- All seven megacities will be included in the study
- To ensure geographic representation of million plus cities, six zones covering north, west, central, south, and east, north-east are identified. One city from each from each

zone will be included. The states with no megacity will be included in this group. One city from each of the state will be selected using simple random sampling.

- *All 7 Megacities:* Greater Mumbai, Kolkata, Delhi, Chennai, Bengaluru, Hyderabad, Ahmedabad
- *6 million plus cities:* One city from each zone- Kochi (South zone), Jaipur (North zone), Patna (East zone), Bhopal (Central zone), Surat (East zone), and Guwahati (Northeast zone).
- To ensure appropriate geographic representation, community health worker/ urban ASHAs, user and non-users, community platforms, stakeholders across the 2 classifications of urban populations of the country will be selected.

		Megacity		Million Plus city	
		FGD	IDI	FGD	IDI
1	State ASHA nodal officers	-	1	-	1
2	State NUHM nodal officers	-	1	-	1
3	Municipal Corporation/ Municipality (ULB) officers	-	2	-	2
4	District ASHA nodal officers	-	1	-	1
5	District NUHM nodal officers	-	1	-	1
6	UPHC Medical Officer	-	3	-	2
7	ANM (MPW-F)	-	3	-	2
8	MAS members	-	3	-	2
9	ASHAs working in urban areas	3	-	2	-
10	Beneficiaries	3	-	2	-
	Sub total	6	15	4	12
		<i>For 7 cities – 147</i>		<i>For 6 cities – 96</i>	
	Grand total	243			

Analysis framework

Qualitative analysis:

It will be carried out using thematic analysis technique. Themes will be developed apriori and used in the IDI and FGDs. Besides the new themes that emerge during the process of IDI and FGD will also be included in the analysis. The qualitative data against each theme will be compiled based on commonality. Subsequently data will also be analysed using C-M-O (Context-Mechanism-Outcome) configuration used in realistic evaluation.