No: PHC/HWC/IR/2023/SHI   10th July 2023

Request for Expression of Interest (EOI)

For ICMR's Multistate Implementation Research Study on Optimizing Equitable, Quality Comprehensive Primary Health Care (CPHC) services through Ayushman Bharat - Health and Wellness Centres (AB-HWCs)

Overview

The Government of India (GoI) has pledged its commitment to Universal Health Coverage (UHC), a vision to ensure accessible, affordable, equitable and quality healthcare for every individual closer to their home. This commitment also extends to the control of diseases and the promotion of wellness at a population-wide level. To actualise this vision, the GoI launched the Ayushman Bharat programme in 2018, a strategic roadmap designed to achieve UHC.

A cornerstone of this programme has been the establishment of Ayushman Bharat-Health and Wellness Centres (AB-HWCs). These centres are designed to deliver Comprehensive Primary Health Care (CPHC) services, which include an expanded suite of 12 services. A significant milestone was achieved with the establishment of 1.54 lakh AB-HWCs by the end of 2022. This was accomplished by transforming and upgrading existing sub-centres and primary health centres. The transformation involved not just infrastructural upgrades but also the provision of additional human resources to facilitate the delivery of the expanded range of services. This marked a significant step forward in achieving UHC in India.

Despite significant progress with AB-HWCs, challenges persist at the grassroots level in delivering equitable and quality care. Resource availability, particularly skilled human resources, is a major gap across states. This, coupled with the need for enhanced competencies among the health workforce and improved infrastructure, underscores the importance of managing existing resources effectively in optimising CPHC through AB-HWCs. This warrants the need for implementation research to better understand the processes, pathways and/or strategies that could improve the performance of AB-HWCs.

The Indian Council of Medical Research (ICMR) has recognised the need for this implementation research. In consultation with experts, ICMR has identified priority areas for this research, focusing on improving management practices, logistics and resource availability. The experts also highlighted the influence of work culture and values on service quality and equity. Therefore, addressing gaps in resource and management challenges and work culture has been earmarked as a priority area for implementation research by ICMR, aiming to enhance the effectiveness of the Ayushman Bharat programme.

The ICMR is inviting Expressions of Interest (EOI) from researchers to join a team dedicated to a Multistate Implementation Research Study. The study aims to optimise the delivery of a range of 12 CPHC services equitably, ensuring quality through AB-HWCs by addressing resource and management challenges and core values. Selected researchers will collaborate on a comprehensive proposal to enhance the expanded range of 12 services to achieve CPHC services through AB-HWCs and advance towards UHC by 2030.

Objectives

1. Assess current practices and their effectiveness in delivering CPHC services through AB-HWCs with a focus on the range of 12 services involving the following elements:
   a. Equity
   b. Service coverage
   c. Population coverage
   d. Quality of services
   e. Adherence to core values
   f. User experience, perception, and perspectives

2. Identify context-specific barriers and facilitators in the delivery of 12 expanded range of CPHC services through AB-HWCs concerning:
   a. Resource availability
   b. Management practices
   c. Systemic factors
   d. Policy environment and program design
   e. Determinants that discourage or encourage users from accessing primary healthcare services through AB-HWCs when needed and factors influencing their participation in wellness activities
   f. Assess stakeholder engagement and participation

3. Co-develop, test and identify implementation strategies that address the implementation gaps, strengthen the delivery system, and significantly improve the delivery of the 12 expanded range of CPHC services through AB-HWCs regarding coverage, quality, equity and adherence to core values. It should include but is not limited to:
   a. Strategies for optimal resource utilisation and management practice improvements
   b. Strategies for supportive supervision and partnership building with various governmental and non-governmental entities, including community and civil society
   c. Supportive strategies to inculcate a culture of adherence to values

4. Establish collaborative partnerships with various stakeholders (health systems, governmental departments, local governance institutions, district and block administration as needed, non-governmental organisations, and community/civil society) in the context of CPHC through AB-HWCs.

Expected Outcomes

1. Significant and sustained improvement in the delivery of CPHC services through AB-HWCs includes but is not limited to the following:

   a. Utilization of AB-HWC services by the target population, including participation in wellness activities.

b. Expansion of CPHC services with a range of 12 services to vulnerable populations, including wellness activities.

c. Quality of services (as assessed by the utilisers/community; and health systems/AB-HWC assessment).

d. Resource availability and optimal allocation and utilisation of available resources.

2. Transformed work culture and management practices that foster continuous improvement, accountability, and patient-centred care.

3. Collaborations/Partnerships: Functional collaborations and partnerships among health systems (primarily AB-HWCs and Primary/Community Health Centres), local governance institutions, district administration, and other governmental and non-governmental partners, including community/civil society, tailored to the specific context. These partnerships are expected to facilitate coordinated efforts in delivering CPHC services and addressing health disparities.

Research Design

A range of implementation research designs/frameworks (e.g., Consolidated Framework for Implementation Research) may be adopted. Mixed methods research with an appropriate mix of quantitative and qualitative approaches and participatory approaches are to be a part of the methodology.

Target Population

AB-HWCs and, thereby, the communities they serve will be covered by this implementation research.

Methods

Setting/Local Context of Implementation Research: The unit of implementation may be an entire district or a block of a large district. The proposal should describe the essential characteristics of the district/block, including epidemiology, socio-demographic profile, current health indicators, topography/geography, the existing healthcare facilities, particularly AB-HWCs, and the rationale for choosing the district/block.

Duration of the Study: Up to 3 years. However, an additional period of 3-6 months for preparatory activities (with no additional costs) can be incorporated into the proposal.

Formative phase: The phase (6-9 months) aims to identify the barriers and facilitators for the effective functioning of AB-HWCs. The focus will be on management practices, innovations, operational models, existing mechanisms, and resource utilisation patterns and determinants.

Methods could include a secondary review of relevant data, primary data collection from a sample of AB-HWCs, and key informant interviews from communities and health systems. The methods used, their purpose and outputs may be specified in the proposal.

Implementation Phase: While the detailed implementation plan will evolve from the formative phase, some indicative implementation strategies are:

- Training and Mentoring of AB-HWC teams

- Empanelling the population
- Developing and implementing care pathways
- Planning and review of AB-HWC services

Sustainable implementation plans would be given a higher priority. Implementation plans proposed and their rationale may be included and outlined in the proposal.

Documentation and Evaluation Phase: The proposal should specify what processes and tools would be documented concurrently. Evaluation methods should be specified in the proposal, keeping in mind the implementation research nature of the study.

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Format of Expression of Interest (EOI)
(to be submitted as a single PDF file for components A to E)

A. **Rationale of proposed study including the choice of sites (states and districts) to be included where the implementation research shall be carried out** (*<1000 words*)

The proposal should clearly state the rationale for the study, the recommended sites (states and districts) and the likelihood of utilisation of the model by stakeholders in the future. The proposal can also provide evidence from previous research on the topic nationally or globally and describe any district or state-specific challenges related to implementation for the target group(s).

B. **Implementation Strategy** (*<2000 words*)

A detailed description of the implementation strategies, including the target population and implementation components/strategies, is to be provided. It may include preparatory activities, mapping, a timeline (Gantt Chart), implementation steps, outcome measures, data management and deliverables.

C. **Feasibility of scaling up the strategies into the system** (*<500 words*)

Address the feasibility and scalability of the proposed intervention or policy, including the resources needed for implementation, the capacity of the implementing organisation, and the potential for wider adoption and scale-up.

D. **Research Team** (*<500 words*)

The research team must include state/district health system personnel (implementers) as one of the project collaborators/Co-PI. Summarise and justify the composition of the research team based on the expertise of the individual team members in designing and implementing the project. Also, highlight the skill set and expertise the members shall bring to the research team that shall be constituted by the ICMR Hmq. for developing the final protocol and research project implementation.

E. Established relationships with state and district and primary health care systems (500 words)

This implementation strategy aims to bring qualitative and quantitative change in the provision of CPHCs through AB-HWCs and improve the overall work culture within the primary healthcare systems and across. Include the potential stakeholders and participants, including state and district health systems and other systems and mention the collaborations that have been existing/established.

Additional Documents to be Uploaded

1. Endorsement letter from the head of the organization of the PI
A letter from the head of the organization of the PI stating that the concerned employee is allowed to take up this research and organization will provide all administrative and accounting support to the project, including the periodic auditing, is to be uploaded.

2. Illustrative budget outline (limit to one page)
The final site-wise budgets for the proposal will be developed by the selected research team(s) under the guidance of ICMR. However, while submitting the EOI, an estimated budget outline under the following headings: staff, recurring contingency, travel and equipment, to be uploaded. No budget justification is required at this stage.

3. One-page CV of the principal investigator and other key investigators
Please provide a one-page CV of the PI, and other key investigators. Each one-page CV should include the following:
- Name and contact details
- Academic and professional qualifications
- Current position and affiliation
- Up to five most relevant previous research grants
- Up to five most relevant publications

Review Process

The EOIs received in response to this call will be reviewed by a committee of experts and shortlisted by the ICMR. The ICMR team will screen the applications for technical accuracy and eligibility. The shortlisted teams will then be invited to collaborate to develop a detailed proposal under the guidance of ICMR Hq. An independent Task Force Committee will review the proposal. The proposal will be evaluated based on the composition of the research team, study design, feasibility, prior experience, engagement with the health system and potentiality for scale-up. Please note that only shortlisted PIs will be contacted.

Who can submit the EOI?

The EOI can be submitted through ONLINE MODE only by scientists/faculty/professionals who have regular employment in medical institutes/research institutes/universities/colleges/government, semi-government and non-government organizations (documentary evidence of their recognition, including DSIR certificate, should be available).

Points to be kept in mind while submitting the EOI

1. The EOI must address the specific research question that is mentioned in the call.
2. Collaborative, multi-centre, interdisciplinary, innovative research initiatives will be encouraged.
3. Descriptive studies, systematic reviews and secondary data analysis will not beconsidered.
4. Should focus on outcomes that are translatable into policy/programme.
5. Evaluation of the development of indigenous technologies and solutions relevant to the Indian context may be prioritized.
6. Foreign collaborations/PIs from international institutes are not eligible to submit the EOI.

Interested researchers should fill out the Google form at the below link and submit an EOI as per the Format given above.

> **Submission link**
> https://forms.gle/gSw6BGj3RZAg2gUu9

Timeline

Activities	Dates
Release of Call	10th July 2023
Last date for submission of EOI	9th August 2023
Shortlisting of EOIs	31st August 2023
Proposal development workshop	1st-15th September 2023
Submission of a full proposal	30th September 2023

For any queries related to this call, please contact:

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