

# **Strengthening Comprehensive Primary Health Care in Urban Areas**

**(ADB Support)**

## Program Details

	HWCs in Urban Areas
HWCs in urban areas	<ul style="list-style-type: none"> <li>➤ Comprehensive Primary Health Care in urban areas (CPHC) - setting up of Urban HWCs, provision of OPD Polyclinic services and UPHC - HWCs</li> <li>➤ Support for HR, drugs, diagnostics, consumables, rental, IT systems and Untied grants to HWCs</li> </ul>
Financial Support	Central Govt. and State Govt. Loan US\$300 million for implementing Urban HWCs for FY2021- FY2024
Modality	Result based Lending (RBL) Modality linked to Disbursement Linked Indicators(DLIs)
Period	FY2021-FY2024
Geographic coverage	13 States*

- Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Telangana, and West Bengal

## Strengthening Comprehensive Primary Healthcare in Urban Areas- Under PM-ABHIM

- Objective is to strengthen primary health care in urban areas with the aim of improving the access of the urban population to quality Comprehensive Primary Health Care(CPHC) Services
- Amount of **loan assistance from ADB is \$300 million** and disbursement linked to achievement of three outcome and six output indicators during the project period.
- Loan and Program agreement signed on 23.11.21 and the loan declared effective on 30.11.21.
- First disbursement for USD 45 million made for achievement of prior results.

# **Strengthening Comprehensive Primary Healthcare in Urban Areas- Under PM-ABHIM- Disbursement Linked Indicators**

**Outcome: Equitable access to quality comprehensive primary health care services in urban areas improved**

- Annual utilization of urban HWCs increased with at least 50% of visits made by women
- Annual number of NCD screenings at urban HWCs increased
- Urban pregnant women accessing antenatal care at public urban primary health facilities increased

**Output 1: Comprehensive primary health care services in urban areas strengthened**

- Number of operational urban HWCs increased
- Number of urban HWCs offering specialist services increased

# **Strengthening Comprehensive Primary Healthcare in Urban Areas- Under PM-ABHIM- Disbursement Linked Indicators**

## **Output 2: Support for improved health seeking behavior increased**

- Urban HWCs' outreach services improved
- Number of urban HWCs recording sex-disaggregated patient satisfaction increased

## **Output 3 : Urban Health System Improved**

- Capacity to implement CPHC in urban areas increased
- Quality assurance of urban primary health care facilities improved

# Disbursement Allocation

Disbursement-Linked Indicators	FY2021 – FY2024						
	Total ADB Financing Allocation	Share of Total ADB Financing	Disbursement Allocation				
			Prior Results	FY2021	FY2022	FY2023	FY2024
Outcome: Equitable access to quality comprehensive primary health care services in urban areas improved							
DLI 1. Annual utilization of urban HWCs increased	27	9.0%			9	9	9
DLI 2. Individuals screened for NCDs in HWCs increased	27	9.0%			9	9	9
DLI 3. Urban poor pregnant women accessing antenatal care at public health facilities increased	9	3.0%			3	3	3
Output 1: Comprehensive primary health care services in urban areas strengthened							
DLI 4. Number of operational urban HWCs increased	70	23.3%	15	25	10	10	10
DLI 5. Number of urban HWCs offering specialist services increased	20	6.7%		5	5	5	5
Output 2: Support for improved health seeking behavior increased							
DLI 6. Urban HWCs outreach services improved	20	6.7%		5	5	5	5
	20	6.7%		5	5	5	5
DLI 7 States capturing patient satisfaction of their services increaseddata increased	27	9.0%	15	3	3	3	3
Output 3: Health systems strengthened							
DLI 8. Capacity to implement CPHC in urban areas increased	21	7.0%	15	3	3		
	20	6.7%		5	5	5	5
	8	2.7%		2	2	2	2
DLI 9. Quality assurance of urban HWCs improved	31	10.3%	15	5	5	3	3
Total	300	100.0%	60	58	64	59	59

## Output 2 Support for improved health seeking behavior increase

	Baseline Value	Baseline Year	Prior Results	FY2021	FY2022	FY2023	FY2024
DLI 7 Number of urban HWCs recording patient satisfaction increased	11% of nationally operational UPHCs	FY2020	MOHFW updated the existing systems to collect sex-disaggregated data in the patient satisfaction records.	Circular issued to states to establish patient feedback systems at HWCs including technical assistance mechanism to support states and regularly monitor the progress.	At least 20% urban HWCs record patient satisfaction.	At least 30% urban HWCs record patient satisfaction	At least 40% urban HWCs record patient satisfaction
			15	3	3	3	3

### Status (As on June 2022)

- 1356 urban HWCs out of 3596 operational urban HWCs (37.7%) have been integrated with Mera Aspatal application in 13 States

## Output 3 Urban Health System Improved

	Baseline Value	Baseline Year	Prior Results	FY2021	FY2022	FY2023	FY2024
DLI 9 Quality assurance of urban primary health care facilities improved	Over 90% of UPHCs in 5 states assessed Kayakalp	FY2020	Online training for self-assessment made accessible to urban HWCs	Supplementary guidelines disseminated for strengthened infectious disease control practices in light of COVID-19	At least 6 states completed "Kayakalp" assessments in at least 90% of UPHCs	At least 7 states completed "Kayakalp" assessments in at least 90% of UPHCs	At least 8 states completed "Kayakalp" assessments in at least 90% of UPHCs
			15	5	5	3	3

### Status (As on June 2022)

- A compendium of all guidelines issued by MoHFW and other ministries related to COVID -19 has been developed by QI division of NHSRC. As aprt of the dissemination of supplementary guidelines for strengthening infectious disease control practices.
- During the inception Mission in January 2022 changes suggested in the Kayakalp checklist to strengthen infection control practices in light of COVID 19.
- 26.11% UPHC-HWCs in the 13 states have completed self- and peer assessments for Kayakalp.



## **Strengthening Comprehensive Primary Healthcare in Urban Areas- Under PM-ABHIM- Program Action Plan (PAP)**

### **Safeguard**

1. Quality assurance guidelines are updated for further strengthening of biomedical waste management and infection control management and implemented
2. IMEP framework and guidelines 2007 are reviewed and good practices for urban health facilities are developed as additional guide
3. Annual safeguard monitoring report is produced based on desk review of the quarterly progress reports, other information sources, and sample-based field monitoring visits

## Technical Assistance -Strengthening Capacity for Comprehensive Primary Health Care in Urban Areas

- Technical assistance (TA) provided by ADB to facilitate the preparation, financing, and execution of development projects and programs and help improve capacity for better use of resources .
- MOHFW through DEA requested Capacity Development Technical Assistance (TA) to support MOHFW, states, and urban local bodies (ULBs) to strengthen CPHC under the Project.
- Current TA designed to strengthen the capacity of project stakeholders to deliver accessible and quality urban CPHC services
- **Amount:** \$2 Million
- **Duration:** Two years
- **Coverage:** National level and focus on 13 selected States/ULBs
- **Outcome:** Strengthen the capacity of project stakeholders to deliver accessible and quality urban CPHC

## Technical Assistance -Strengthening Capacity for CPHC in Urban Area : Scope

- **Core Technical Support** for program implementation and coordination including Program planning and monitoring, Financial management, Quality assurance, Procurement, etc.
- **Strategic capacity building** in key CPHC areas (PPPs, Digital Health, Community Engagement, Continuum of care, etc.)
- **Capacity building firm** to support selected states in capacity gap assessment, and development and implementation of costed and time-bound institutional capacity development action plans.
- **Health research/technical institute** to identify and assess innovations and good practices from states and ULBs, and facilitate to adopt and scale -up
- **Innovation and converting knowledge-into-practice** supported
  - Annual national level conferences to disseminate innovative approaches and good practices; Regional level workshops on special public health themes

**Thanks**