



I. The Context

To address emerging need of health, new forms of action and partnership are needed. There is a clear need to break through traditional boundaries within government sectors, between governmental, non-governmental organizations, and between the public and private sectors.

Government of Orissa has time and again articulated the need for collaborating with NGOs and private agencies to provide and facilitate the use of health service delivery in hard to reach and underserved areas.

One of major objectives of the NRHM is also to operationalise the community Health Centers (CHCs)/PHCs/First Referral Units (FRUs) with prescribed Indian Public Health Standards (IPHS) and PPP could be an alternative strategy to achieve the objective and to meet the public health goal.

There are several levels at which the contracting out can be done depending on the degrees of freedom given to the NGOs and Private agencies. They are like:---

Option 1:

Government hands over the physical infrastructure, equipment, budget and personnel of a health unit to the selected agency.

Option 2:

Government hands over the physical infrastructure, equipment, budget but gives freedom to the selected agency to recruit personnel as per their terms and conditions but following the government norms such as one ANM per 5,000/3,000 population.

Option 3:

Government hands over the physical infrastructure, equipment, and budget but gives freedom the select agency to have their own services delivery models without following the fixed prescribed pattern.

Option 4:

Government hands over the physical infrastructure, equipment, budget and gives freedom to the select agency to have their own personnel, service delivery models, freedom to expand types of services provided and freedom to introduce user fee and recover some proportion of costs.

II. Scope of Work:

The NGO undertaking the management of PHC will facilitate the following activities:

- Act on behalf of the government of Orissa in effective planning and delivery of services in the PHC sector.
- Provide curative, preventive and promotive services at the PHC.
- Full participation in all the national health programmes.
- Strengthen referral services for secondary health care centers such as SDHs and District Headquarters Hospital.
- Promote comprehensive client centered integrated Public Health Communication strategy to bring about a change in knowledge, attitude, behavior and practices in the population through Community Health Partnership Programme.
- Encouraging Institutional services for pregnant women, family planning sterilization etc.



- Training of SBAs, Community health workers, ASHA, AWWs etc, for capacity building on various preventive aspects of health care.

III. Government's Duties and Responsibilities:

- The Government is committed to making the Public Private Partnership fully sustainable to develop a cost effective programme for the poor, vulnerable and reach run reached segment of population.
- It can postpone/suspend payment or part payment to the NGO if the District NGO Committee or DP3 Cell suggests it or if there are any gross violation in the **AGREEMENT**.
- It will ensure that regular meetings on PPP Initiatives are held.
- It will ensure that the release of funds will be smooth and as per the performance and milestones achieved by the NGO.
- Arbitration and conflict at the grass root level will be addressed immediately by the district health administration at district level.

IV. PHC Management through PPP Approach;

Objectives :

- o **NGO to provide preventive, promotive, and curative health services by managing PHC.**
- o **Improving quality, accessibility, availability, acceptability and efficiency.**
- o **Exchange of skills and expertise between public and private sector.**
- o **Mobilization of additional resources for better health services.**
- o **Strengthening the existing health system by improving the management.**
- o **Widening the range of services and number of service providers.**
- o **Clearly defined sharing of risks.**
- o **Community ownership for health services.**

Core programme strategy:

NGOs effectively supplement the Public health system by assisting in:

- Increasing Immunization coverage, antenatal care and institutional delivery.
- Increasing use of family planning methods.
- Dispelling myths and misconceptions associated with contraceptive use, sex and sexuality.
- Building awareness and mobilizing community on health issues.
- Identify and addressing local needs in a customized manner.
- Extending services to remote areas through outreach health services.

Providing an effective platform for a range of activities such as Tetanus Toxoid (TT) campaigns, Pulse Polio Campaign, reproductive and child health (RCH) camps.

The key operational model and partnership:

The crux of this initiative is partnership. The strengths of both the Government and NGO sector is called in to achieve a shared objective. Networking with local NGO or private agency in various PHC areas is key to the



initiative. The model focuses on partnering with Orissa State Government. The NGO/Private agencies enter into a MoU with the Government after the NGO proposal is approved. The Government staffs are either withdrawn or continue to work as decided mutually. The NGO recruits all the required staff as per the service guidelines of the Government in consultation with Health administration. The Government pays up to 75% of the running cost and the rest has to be mobilized by the NGO either in case or in kind.

Principles Adopted to Run PHC

Principles represent the challenges and main new standards distilled from practical strategies. They are meant to inspire and guide the innovation process going forward.

- Outcome based planning involving different stakeholders.
- Joint Decision Making Process
- Accountability and Responsibility for partners
- Sharing of costs and resources.
- Adopt Market Based Models as a Scaling up Strategy - user fees for good quality services, social marketing of health & FP products.
- Design Inclusive System:
Many will agree that health care is not a typical consumer products but rather a universal human right.
- Leverage abundant Resources at the Community level
- Awareness campaign, BCC Campaign etc on health issues.

Proposed Innovation to run PHC through PPP:

The innovations proposed through our PHCs to be run by private agencies are:

1. **Community Health Insurance:** The Community based health insurance policy with compensation for wage loss and immediate claim settlement with a low premium rate of Rs. 20/ person / annum and non-disease exclusion. This could be implemented under the Scheme.
2. **Mainstreaming of HIV/AIDs** in Primary Care and Provision of PHC-VCTCs with the support of State AIDs Control society.
3. PHC, can be operated as **Village Resource Centre** in collaboration with different UN and international agencies.
4. **Mainstreaming AYUSH** in Primary Care with herbal gardens at PHC and subcentre level and appointment of AYUSH Doctor in PHC.
5. **Improved Community Participation** with formation of Hospital Management Committee at PHC level and Village Health & Sanitation Committee at village level.
6. **Health Management Information System in PHCs** in Collaboration with IT Companies/agencies.
7. **Provision and management of essential drugs**, implementation of Standard treatment guidelines and drugs and therapeutics Committee in all PHCs.
8. **PHC Waste Management System.**
9. **Emergency obstetric care**, emergency transport etc.



10. Early detection and Prevention of **Disability**.

11. Gender Sensitization & **Advocacy**.

V. Terms of Reference for NGOs & Private Agencies:

(a) NGO Eligibility criteria

- NGO interested in PPP should have:
- Registration for at least three years under appropriate act with 12-AIT registration.
- Local presence in the district.
- Three years experience in running RCH or other Health programmes.
- Infrastructure (min. fixed assets in terms of land building of Rs.1 lakh) including Doctor and Paramedical staff and Lab & ambulance with NGO is preferred.
- Corporate Houses/Private agency registered under appropriate Act is also eligible.

(b) Technical Assistance, Monitoring & Evaluation Support:

- **NGO-P3 Cell and Regional Resource Center (RRC)** under the supervision of Mission Director, NRHM and **DP3 Cell** under the direct supervision of CDMO will provide technical support for PPP programmes, besides monitoring and capacity building support.
- **Hospital Management Committee (HMC/Rogi Kalyan Samitti)** at the PCH level will be established. The HMC would comprise of the following members. Medical Officer, Community Health Centre, Representative of the NGO, Prominent local citizen, Head Master (High School) and PRI Representative.
- The **HMC** will meet once in every month and all the proceedings of the meetings are to be recorded and documented. The HMC would be responsible for the overall performance of the PHC and would act as the responsible point and the facilitating body for all relevant research and assessment activities.
- The Hospital Management Committee in turn would report every month to CDMO on the development and the performance of the PHC.
- The Medical Officer, Community Health Centre would lead the HMC and would be accountable for the operation and outcomes of the Health Centre.

The DP3-Cell will meet quarterly to review to programme and smoothen the gaps in the programme and will also diminish conflicts and strengthen the partnership between the District Health Administration and NGOs/Private agencies.

(c) Securitization of project proposals:

District Level:

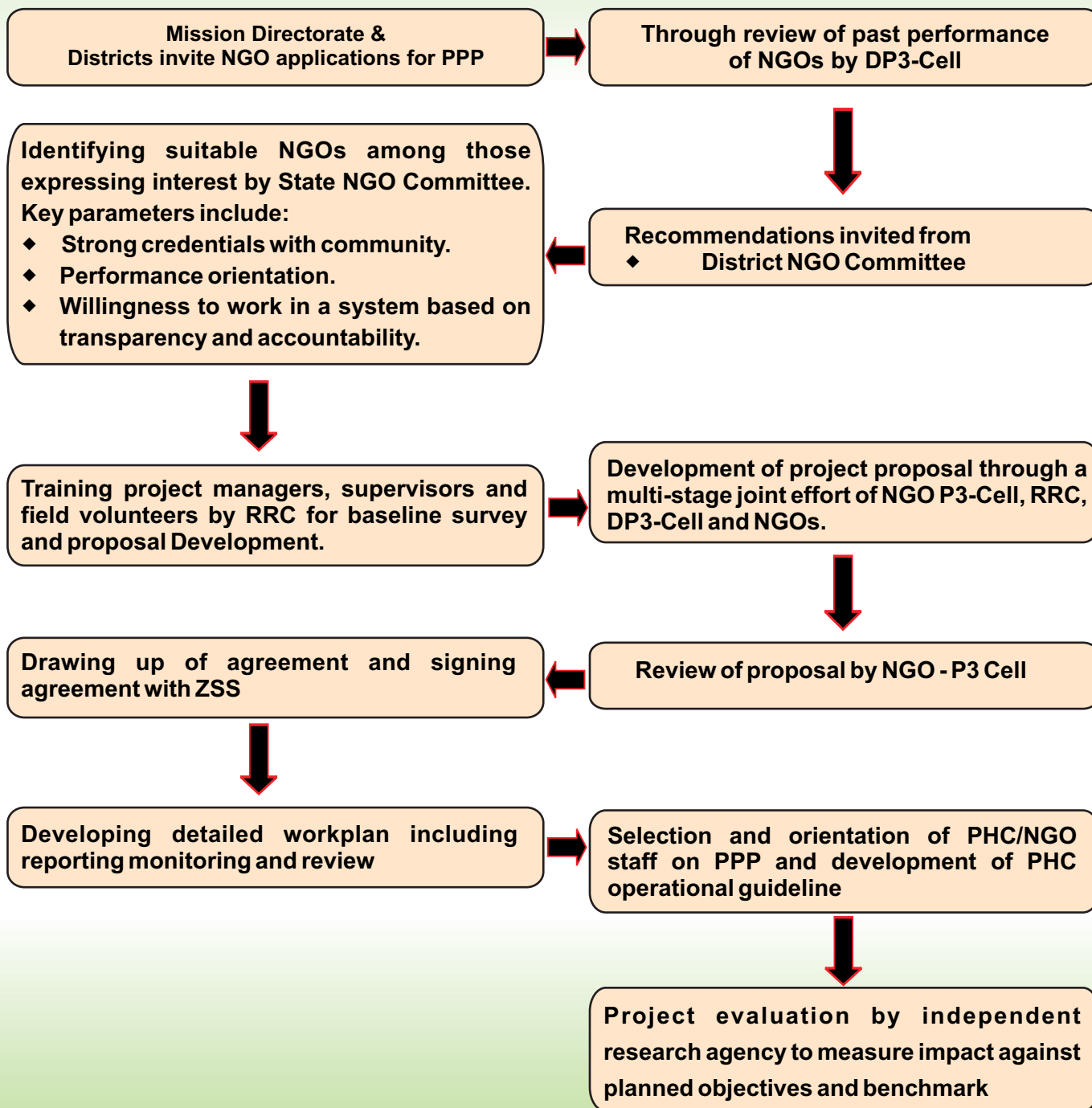
All the proposals received from NGOs and Corporate houses will be placed before District NGO Committee under the Chairmanship of Collector. CDMO convenes the meeting of the District NGO Committee. The DPM Coordinates the whole programme as Nodal Officer of PPP.



State Level:

The Mission Directorate through NGO-P3 Cell will scrutinize the proposals received from the districts with reference to the Schemes and submits the same to State NGO Committee under the chairmanship of Principal Secretary for final approval.

VI. Work Process under the Scheme:





Partners Commitment/Resource Sharing to run PHC under PPP

Government	NGO/Private Agency
<p>A. Budget Provision:</p> <ul style="list-style-type: none"> ◆ <input type="checkbox"/> A sum of Rs. 6 Lakh per year (however the amount may be finalized as per the need & requirement) to NGO/ Hospital Management Committee (HMC) ◆ <input type="checkbox"/> The amount may be spent for PHC renovation, personnel cost, outreach health activities capacity building equipments, accommodation of staff and other expenditure as per the proposal. 	<ul style="list-style-type: none"> ◆ <input type="checkbox"/> NGO/Private Agency to contribute 25% of the total budget either in cash or kind as partner (organizational, material or financial.) ◆ <input type="checkbox"/> NGO gets just the running cost from Government. The cost for monitoring/supervision would be borne by the NGO. ◆ <input type="checkbox"/> NGO can mobilize resources from Local MLAs/MPs and other philanthropists who are interested for the betterment of their local PHCs.
<p>B. Duration of the Partnership</p> <ul style="list-style-type: none"> ◆ <input type="checkbox"/> Initially three years which may be renewed based on the recommendation of HMC and District. ◆ <input type="checkbox"/> Government may terminate the partnership at any time with one month prior notice to NGO. 	<ul style="list-style-type: none"> ◆ <input type="checkbox"/> NGO may mobilize budget from outside agencies to sustain the partnership beyond the project period. ◆ <input type="checkbox"/> NGO may withdraw from the partnership with one month notice to State Government.
<p>C. Human Resources</p> <p>The existing staff already appointed by Government will continue to work under the PHC and will be responsible to HMC and NGO.</p> <ul style="list-style-type: none"> ◆ <input type="checkbox"/> Government may decide to transfer the existing staff based on the recommendation of HMC. ◆ <input type="checkbox"/> In case of any vacancy due to retirement etc, Government will fill up the post within two months. 	<ul style="list-style-type: none"> ◆ <input type="checkbox"/> NGO will appoint the additional staff if required any out of its own fund. ◆ <input type="checkbox"/> In case of vacancy where Government is not able to appoint, the NGO/HMC may fill up through fresh appointment out of the project budget. ◆ <input type="checkbox"/> A Coordinator to monitor the progress of the programme will be appointed by NGO/HMC under the scheme. The salary of the coordinator will be paid by NGO. ◆ <input type="checkbox"/> NGO having Doctor and other medical staff and infrastructure of its own will be given preference for this partnership.
<p>D. Equipments</p> <ul style="list-style-type: none"> ◆ <input type="checkbox"/> The existing equipments available in the PHC will be provided to NGO/HMC for use during project period. ◆ <input type="checkbox"/> Additional equipments if required any would be supplied subject to availability of fund with Government. 	<ul style="list-style-type: none"> ◆ <input type="checkbox"/> NGO may purchase additional equipments if required any out of the project budget or from NGO own resources. ◆ <input type="checkbox"/> NGO may approach Private/Corporate agencies for support for additional equipments etc which would be the property of PHC after project period.



<p>E. Building</p> <ul style="list-style-type: none"> ◆ <input type="checkbox"/> The existing Government building for the PHC will be utilized for the purpose. ◆ <input type="checkbox"/> Government from time to time will renovate the building and will go for additional accommodation/space. ◆ <input type="checkbox"/> Existing OT, Labor room will be utilized under the programme. ◆ <input type="checkbox"/> If there is no OT or Labor room the same will be built by Government in due course. 	<ul style="list-style-type: none"> ◆ <input type="checkbox"/> NGO based on the recommendation of HMC may renovate the PHC building. ◆ <input type="checkbox"/> NGO may mobilize additional resources from outside to have boundary wall and plantation. ◆ <input type="checkbox"/> NGO may approach for MP/MLA, Panchayat fund and other funding agencies for additional health services facilities including construction of additional rooms etc.
<p>F. Drugs/Medicines</p> <ul style="list-style-type: none"> ◆ <input type="checkbox"/> Government will provide the drugs and medicines as per Government of Orissa rules. 	<ul style="list-style-type: none"> ◆ <input type="checkbox"/> NGO may purchase additional medicines if required any out of its own resources. ◆ <input type="checkbox"/> NGO may open a medicine stove in PHC Campus to provide low cost medicines, contraceptives and other health items. ◆ <input type="checkbox"/> NGO implements social marketing of Contraceptives.
<p>G. Staff Quarter</p> <ul style="list-style-type: none"> ◆ <input type="checkbox"/> At present most of the PHC (N) does not have staff quarter. Government will consider the proposal in future for staff quarter. 	<ul style="list-style-type: none"> ◆ <input type="checkbox"/> NGO has to arrange the accommodation of the Doctor, ANM and other staff members either in the campus of the PHC or in nearby villages to provide 24x 7 hour services in the PHC.
<p>H. Management</p> <p>Government has developed a guidelines for management of PHC through Hospital Management Committee consisting of following members</p> <ol style="list-style-type: none"> 1. CHC MO 1/C Chairperson 2. PHC MO 1/C member 3. One Local PRI-Member/Sarapanch, member 4. One Local Teacher Member 5. One local NGO or CBO member 6. NGO President/Secretary Member Secretary. <p>The HMC may include other reputed persons of the area as members of HMC.</p>	<ul style="list-style-type: none"> ◆ <input type="checkbox"/> NGO has to facilitate the Management of PHC under the overall supervision and directives of HMC. ◆ <input type="checkbox"/> NGO will assist HMC for developing PHC operational Policy for smooth Management of PHC.



<p>I. Monitoring & Evaluation</p> <ul style="list-style-type: none"> Government has an inbuilt monitoring system for functioning of PHC. Government will conduct medical audit of the PHC annually. 	<ul style="list-style-type: none"> Hospital Management Committee (HMC) will monitor the day to day activities of the PHC through NGO. MO CHC 1/C will monitor the progress of the PHC. CDMO or this Doctor representative will conduct quarterly review meeting with HMC/NGO. State NGO -P3 Cell and RRC will review and monitor the activities of PHC from time to time and document the good practices. NGO will provide quarterly progress report to CHC M/O, CDMO & Mission Directorate / State NGO Coordinator. Evaluation of the programme by RRC or outside agency after one year & three years.
<p>J. Conflict Resolution</p> <ul style="list-style-type: none"> Government will take appropriate official action for conflict resolution if any. 	<ul style="list-style-type: none"> NGO through HMC will dissolve all the conflicts arising in the district itself. If required the guidance of CDMO may be taken.
<p>K. Strategy for long term Sustainability</p> <p>At present Government is under the process to develop the strategy for long term sustainability of PPP initiative.</p>	<ul style="list-style-type: none"> NGO in Consultation and approval of Government may charge user fee for different health services in the PHC. Clients flow and good quality services may sustain the PPP initiative. Improved performance indicators like decrease MMR/IMR, improved health seeking behavior will also sustain the programme.
<p>L. Responsibilities</p> <ul style="list-style-type: none"> As mentioned in Government Rules. 	<ul style="list-style-type: none"> NGO has the role for Supervision of medical personnel under PHC. Staffing/recruitment and management of clinic of PHC. Coordination with CHC/District Health Unit. Arrange visit of specialists on rotation to PHC, on need basis.



M. Communication <input type="checkbox"/> At present Government does not have the telephone facilities at PHC	<input type="checkbox"/> NGO to install a telephone under the initiative.
N. Transportation <input type="checkbox"/> At present Government does not have the transportation / vehicle facilities at PHC	<input type="checkbox"/> Hired vehicle of the PHC to enable quick referral.
O. Demand Creation PHC does not have very specific innovative activity for demand creation.	Specialist weekly Clinics by contracted gynecologists and pediatricians from private and public sector. The specialists identify and refer high risk pregnancy and childhood illness cases.

For details, Please Contact:

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