

OPERATIONAL GUIDELINE
for
Management of PHC (N)
Under Public-Private Partnership (PPP)



Mission Directorate
National Health Mission
Department of Health & Family Welfare
Government of Odisha

I. Background and Context:

The NRHM launched on 12th April 2005 by Honourable Prime Minister of India provides guidelines for PPP in different National Health Programmes. Under RCH II several initiatives are being proposed to strengthen contracting-in, contracting-out and social franchising initiatives. During the last few years, the centre as well as the State Government has initiated wide variety of PPP arrangements. Department of Health & Family Welfare, Government of Odisha has also played a pioneering role in handing over the management of PHC (N)s to NGOs and Corporate Sectors. The landmark initiative, the ground work of which is completed, should be encouraged in Odisha to add value to the health care services at the grassroots and set best practices with an aim to scale up such effective partnership with NGOs and Corporate Agencies to cover more districts of the State. There is an opportunity to leverage the ideas, resources, and expertise of different partners in strengthening health care services for the people of Odisha with PPP as an innovative programme. 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 and between the public and private sectors. With this background in mind and an objective to provide direction to the management of PHC (N), this operational guideline has been designed which contains the details of roles, responsibilities, rules and regulation including financial regulation, service Quality Monitoring and Regulation, governance etc. It is hoped that the guidelines will help the public and private sectors in planning for operationalising the PHC (N) and for providing 24 hour basic primary health care services in Odisha.

II. Model and levels of Partnership

- Government hands over the physical infrastructure, equipments medicines and approved budget but gives freedom to the selected agency to recruit personnel as per their terms and conditions but following the government norms.
- The Doctors and other staff appointed by the Government in the PHC to be managed under PPP will be redeployed to nearby PHCs by CDMO. The NGO/Corporates with the help of District Health Administration will appoint needed staff in the PHCs and budget provision for the same can be made in the proposal.
- The ANMs already working in the sub centre will continue to work but will report to PHC (N) managed by NGO/Corporate.
- Out reach activities at the sub centres level will be undertaken by NGOs/Corporates by involving ANMs/AWWs and ASHAs.

III. Scope of work:

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

- Act on behalf of the government of Odisha 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 and behavior 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.

IV. Objectives of the Partnership:

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

V. Selection of PHC(N)s management:

- Based on the vulnerability assessment (most vulnerable, inaccessible, hard to reach areas) the PHC (N)s may be selected for management under PPP.
- Even many PHCs will not fall strictly within the above criteria but still require management, in that case the District NGO Committee recommendation may be considerable.

VI. Recommended Service Package:

A facility which is designed as a 24-hour PHC (N) should be equipped for providing round the clock delivery services and new born care, in addition to all the other emergencies that any primary health care centre is required to cater to. The package of services to be provided by a PHC(N) for it to be designated as a 24-hour PHC (N) is detailed in Box-1. Services marked with an asterix (*) are critical for labelling a PHC (N) as one providing round-the-clock delivery and newborn care services. It must be kept in mind that the following services are in addition to all the services that a PHC (N) is normally required to provide.

Box-1: Essential service package to be provided by a 24-hour functional PHC (N).

1. 24-hour delivery services, both normal and assisted.
2. Essential newborn Care.
3. 5 to 10 bed inpatient facility
4. Referral for emergencies.
5. Ante-natal care and routine immunization services for children and pregnant women (besides fixed day services).
6. Post-natal care.

7. Family planning services.
8. Prevention and management of RTIs / STIs.
9. Essential laboratory services.
10. Available of essential medicines as per State Government Drug policy. The Agencies are keeping additional medicines as are found necessary after assessing the field situation.
11. Participate in and implementation of National Programs of Health & Family Welfare including the National Rural Health Mission. Outreach / IEC activities by conducting health camps / adolescents friendly services, emergency services during epidemic / outbreak of communicable disease.
12. Out-reach health services including conducting immunization sessions, Health & Nutrition Day etc. with the help of the ANMs of the sub-centers.
13. Facilitate in implementation of other NRHM initiatives in that areas.

VII. Grant-in-Aid:

The partnership established @ 95:5 ratio. The NGO contributes 5% of the program cost. There is not Govt. grant-in-aid provision for PHC (N)s managed by the Corporate Sectors as they are managing out of their CSR fund.

VIII. Duration of the project

The duration of the project shall be initially for one year. However, the project may be extended subject to the fund provision by GoI and satisfactory performance of Agency in PHC(N) management and mutual consent.

IX. Evaluation of the project

The project evaluated by external independent agencies selected through advertisement. There are two types of evaluation in PHC(N) management like,

1. Mid-term evaluation (after 1 year of project)
2. Final evaluation (in 3rd year of project)

X. Human Resources for the PHC(N) :

Sl. No.	Category of Staff (to be selected as per Govt. eligibility norms)	No of post.	Eligibility Qualification
1.	Medical Officer	1	Any MBBS Doctor
2	Ayush MO	1	Must be a BHMS/BAMS and have valid registration certificate from Odisha Homeopathy & Ayurvedic Medical Council.
2.	Pharmacist	1	Minimum technical qualification in related field.

3.	ANM or Staff Nurse	1	ANM / Staff Nurse- Minimum technical qualification in related field.
4.	Lab Technician	1	Minimum technical qualification in related field.
5.	Attendant -cum-Sweeper	1	NA
6.	Project Coordinator	1	M.A. (in Social Sciences)

XI. Signing of MoU:

The Memorandum of Understanding (MoU) signed between Health & FW Department, Govt. of Odisha represented by the Mission Director, NRHM/ Director, Health Services, / Collector & DM / CDMO on the one part and the NGO/Corporate Sector represented by their President /Secretary / Managing Director / General Manager on the other.

XII. Present modalities for selection and approval:

1. NGO Proposals:

- Open advertisement and receipt of the proposals by districts directly, desk appraisal, field appraisal by a district level committee.
- District NGO Committee Chaired by the Collector examines the proposal and recommends to NRHM, Odisha.
- The State NGO Committee of Health & FW Deptt. under the Chairpersonship of Commissioner cum Secretary, H&FW, Odisha examines and approved the proposal if found relevant.

2. Corporate Sector Proposals:

- Proposals directly submitted to the Collector / CDMO
- The District NGO Committee Chaired by the Collector & DM examines and recommends the proposal to NRHM. Odisha.
- The State NGO Committee of Health & FW Deptt. under the Chairpersonship of Commissioner cum Secretary, H&FW, Odisha examines the proposal and recommends to Empowered Committee on Infrastructure (ECI) through P&C Deptt., GoO for necessary approval..
- Final approval obtained from the Empowered Committee on Infrastructure (ECI).