

Question 1: How have systems thinking approaches and tools been incorporated in activities to improve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?

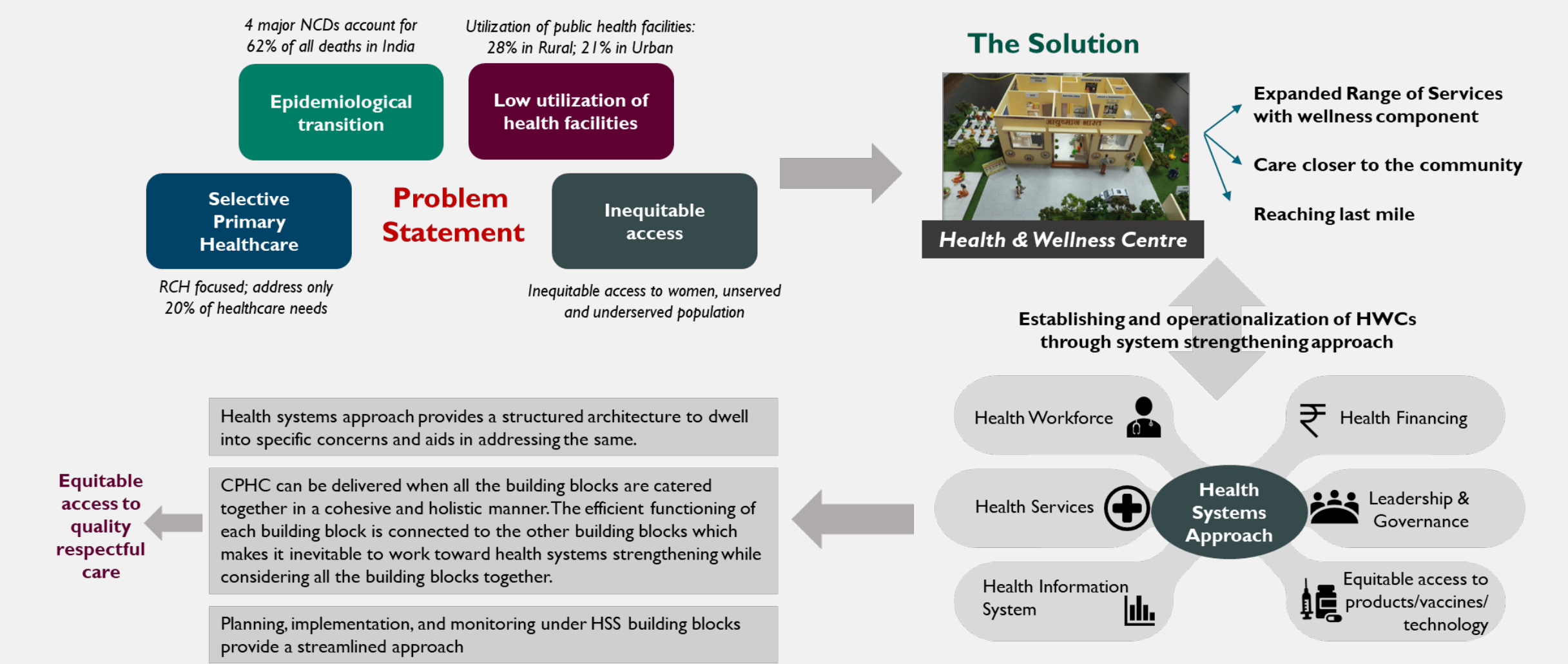
Strengthening Primary Healthcare: A Pathway to Universal Health Coverage through Health and Wellness Centres

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Context

Describe the context in which the activity takes place. What is the health equity problem that you are trying to solve? What are the root causes of this equity problem, from your understanding? Why did you decide to apply a health systems approach to this problem? Why did you choose this approach over others?



Activity Impact

How did this activity improve health equity, or intermediate health system outcomes likely to lead to improvements in health equity? Which components of the health system did you act on (for example, did you support improvements in financing, cross-sectoral coordination, governance, local ownership, information, human resources, behavior of health system actors, service delivery, or medical products, vaccines, or technologies)? How did this approach address the root causes of inequity?



Facilitators

What aspects and pathways of the health system, context, or external partner support helped make this successful? For example, were there existing working groups in place that enabled efficient coordination between stakeholders on this activity? Did you use a tool or knowledge resource from a global partner like WHO or UNICEF to help inform your activity?



Challenges

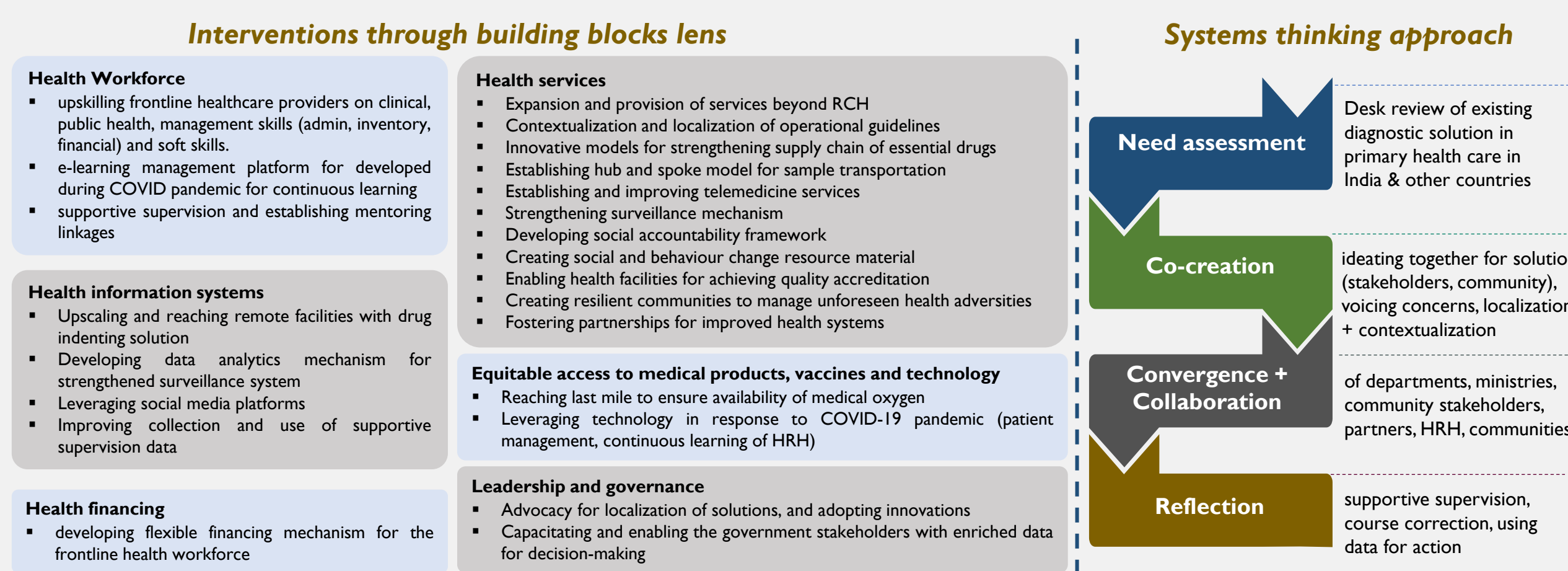
What were some problems or challenges that you faced during your activity implementation? Did you expect these challenges or were they unanticipated? How did you respond to these challenges? What made it difficult to achieve health equity goals?

Challenges	Mitigation approach
<ul style="list-style-type: none"> Selective primary healthcare with focus on RCH services Inequitable access to care 	<ul style="list-style-type: none"> Expanded range of services including non-communicable diseases, oral care, eye care, ENT care, elderly care, palliative care, mental neurological & substance use disorders Upgradation, establishment and operationalization of Health & Wellness Centres for provision of expanded services closer to the community State-level contextualization of each package with contextualized organization of village health and nutrition day
<ul style="list-style-type: none"> A new cadre, of mid-level healthcare provider aka Community Health Officer (CHO) introduced into the system for the provision of health services Multiplicity of stakeholders 	<ul style="list-style-type: none"> Eligibility criteria developed Program study centres established and a novel course curated for upskilling CHO E-learning management platform developed for continuous learning Demarcation of roles and responsibilities between CHO and ANM Continuous advocacy with stakeholders on addressing the health issues Convergence mechanisms developed for inter- and intra-department coordination Review mechanisms established Community engagement enhanced through HWCs with celebration of health days, contextualized outreach camps Establishing social accountability through empowering social structures which include elected community leaders, and stakeholders from health and non-health departments Empowering vulnerable sections of the population through voicing their concerns
<ul style="list-style-type: none"> Limited community participation 	

Activity Description

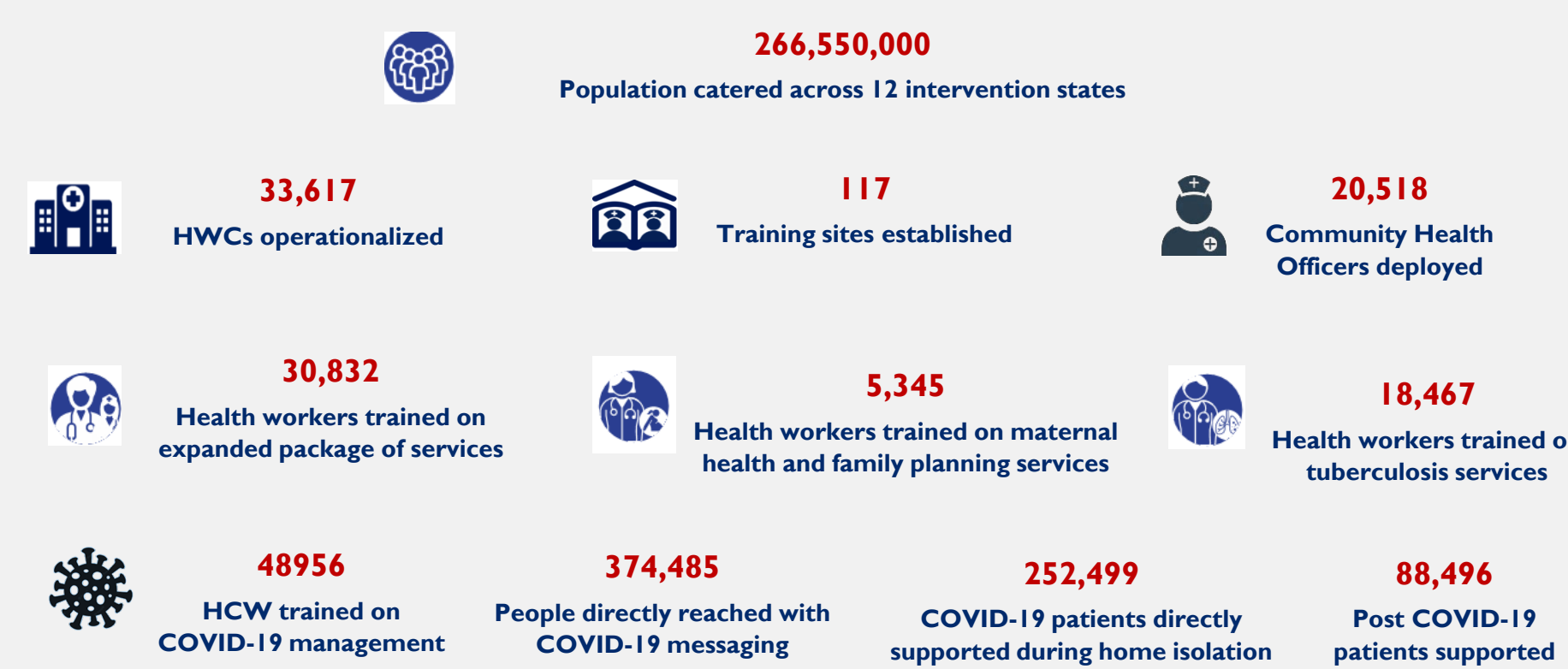
Please describe what you are doing to address this health system challenge, and how your approach explicitly focuses on improving health equity. What steps did you take to implement this activity? What system-thinking approaches or tools did you use? What government agencies or other stakeholders did you work with and how did you engage them? It may be useful to describe your theory of change.

USAID supported NISHTHA project implemented by Jhpiego is providing technical assistance to the central and state governments in strengthening comprehensive primary healthcare through establishment and operationalization of health and wellness centres (HWC), capacitating the primary healthcare workforce, streamlining service delivery mechanisms, enhancing community participation for healthcare, leveraging technology and producing innovative solutions.



Evidence

What evidence do you have of your activity's impact on health equity or intermediate outcomes, as listed above? How can you best show what your activity accomplished? How do you know that you met your goals? Is the evidence able to be measured? Graphs or charts may be useful here to show this evidence.



Lessons Learned

What lessons have you learned while you implemented this activity? How will this impact future activities or approaches? What advice would you give to other implementers and health systems actors in other countries that might want to adapt your approach? What advice do you have for those working towards achieving health equity goals?

- Effective planning is crucial for achieving success. This involves developing state-specific roadmaps and realistic operational plans for establishing Health and Wellness Centers (HWCs).
- Contextualization and localization are key factors. Recognizing the diverse contexts, geographies, populations, and health-seeking behaviors across the 12 states, our approach always prioritized keeping the community at the center of all interventions. We tailored our strategies to meet the specific needs of each state and the people we served in those states.
- Partnerships have a powerful impact. We fostered inter-departmental and intra-departmental coordination, collaborating with major stakeholders. Co-designing innovative solutions with state governments and communities allowed us to leverage the expertise and resources of multiple partners.
- Taking a systems-based approach was crucial for building resilient health systems and sustainable training ecosystems. We focused on institutionalizing project interventions within the government systems, avoiding parallel systems or duplication of efforts.
- Leveraging technology played a significant role. We utilized technology to strengthen information systems, reduce information asymmetry, and improve access to comprehensive and longitudinal care.
- Addressing funding gaps required thinking beyond the health sector. We actively explored opportunities to unlock resources from non-health sectors to support our initiatives.
- Community engagement was a central aspect of our work. In addition to enhancing the provision of care, we prioritized efforts to engage and empower communities, ensuring a match between the demand and supply of quality healthcare.
- Establishing a feedback loop was crucial for continuous improvement. We regularly sought feedback and closed the loop by providing inputs to key government stakeholders, enabling quick and timely corrective actions. We also focused on strengthening leadership and governance mechanisms to ensure the long-term sustainability of the program.
- By considering these factors and approaches, implementers and health systems actors can enhance their chances of success, create meaningful partnerships, address funding gaps, and foster community engagement. Additionally, incorporating technology, feedback loops, and institutionalization within existing systems contribute to sustainable and resilient health systems.