

## CPHC District Strengthening Workshop

CPHC session group exercise: Illustrating components of CPHC using a spider diagram.

### Learning Objectives:

1. To understand the concept of CPHC
2. To identify the key components of CPHC and their role in achieving CPHC
3. To analyze the status of CPHC and its components in your district/health facility
4. To Identify strengths and areas for improvement in your district/health facility

In this exercise, participants will apply the core principles of CPHC to a specific scenario.

Total duration: 60 minutes - 20 minutes for group exercise, 40 minutes for facilitated discussion.

### General instructions:

1. The participants will be divided into groups.
2. Each group will work on addressing status of the given components of CPHC in their area.
3. The groups will receive 30 minutes for the discussion. Each group will assign one person as the rapporteur to report back on the group's main discussion points.

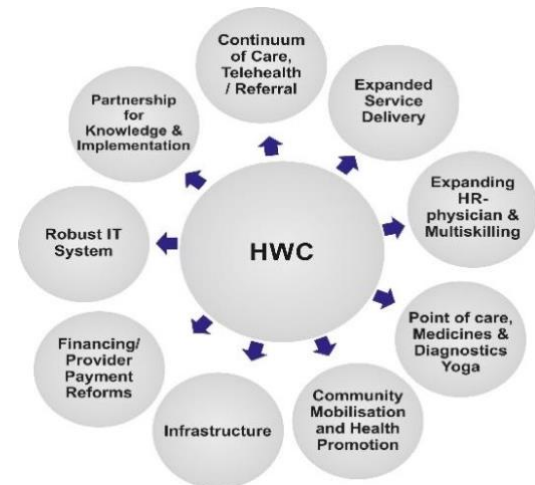
At the end of the group exercise, the groups will be ready to present their main discussion points during the facilitated discussion.

**Exercise:** In this exercise, each group will analyse the status of their district/ health facility based on the key inputs given in the diagram

Each of these key inputs will be analysed using the indicators given in the table 2 to appraise the nature and extent of achievement under that input.

For each input, indicators will be scored in relation to achieving that key input –

1: representing initiation, 3: representing implementation and 5 representing Maintenance, with scores of 2 and 4 for intermediary scores.



Key input	Initiation		Implementation		Maintenance	
Scoring	0	1	2	3	4	5

*Please follow these guidelines for scoring:*

*Initiation of Key Input:*

- *If the specified criteria for initiating the key input are not met, assign a score of 0.*
- *If the criteria are achieved, assign a score of 1.*

*Implementation Progress:*

- *If the criteria for implementation are fully met, assign a score of 3.*
- *If intermediate progress has been made but the criteria are not yet achieved, assign a score of 2.*
- *If implementation has not yet started and the initiative remains at the initiation stage, the score remains at 1.*

*Maintenance – Sustaining Performance:*

- *Assign a score of 5 if all maintenance criteria are fully met.*
- *If there is progress towards meeting the criteria but they are not fully achieved, assign a score of 4.*
- *If maintenance efforts have not commenced and the initiative is still in the implementation stage, the score remains at 3.*
- *Please ensure accurate scoring based on the provided criteria.*

The participants will rate each input depending upon its status in their district/ health facility and plot it in the following spider diagram given below.

After completing the scoring for all key inputs, the points will be connected in the spider diagram. The indicators for key inputs is given in Table 1. Using this exercise, the participants should be able to:

- Find the average CPHC score of their health facility/ district.
- Analyse and interpret the status of various key inputs in their area and suggest measures to work upon.



**Table 1: The Indicators for Key Inputs**

Key inputs	Initiation		Implementation		Maintenance	
Scoring	0	1	2	3	4	5
Infrastructure	1. Repair/ renovation/ upgradation work <b>initiated</b> for HWCs as per district target 2. <b>Less than 20%</b> of HWCs achieved IPHS compliance for infrastructure. 3. Serviced by <b>less than 50%</b> (out of following 8 elements) of public utilities such as water, electricity and telephone connectivity, sewage, drainage & sanitation, waste disposal & management, fire safety.		1. Repair/ renovation/ upgradation work <b>in progress</b> for HWCs as per district target 2. <b>At least 20%</b> of HWCs achieved IPHS compliance for infrastructure. 3. Serviced by more <b>than 50%</b> (out of following 8 elements) of public utilities such as water, electricity and telephone connectivity, sewage, drainage & sanitation, waste disposal & management, fire safety.		1. Repair/ renovation/ upgradation work <b>completed</b> for all HWCs as per district target 2. <b>More than 30%</b> of HWCs achieved IPHS compliance for infrastructure. 3. Serviced by <b>all i.e. 100%</b> (out of following 8 elements) of public utilities such as water, electricity and telephone connectivity, sewage, drainage & sanitation, waste disposal & management, fire safety.	
Human Resources	1. <u>Recruitment</u> of MO/CHO <b>at all health facilities</b> of your district  <b>OR</b> Recruitment of <b>all required staff</b> such as CHO/MLHP/MO/LT/ST/pharmacist at your health facility.		1. <u>Training</u> of CHO/MO cadre <b>on all expanded packages</b> of service delivery in your district/health facility completed.		1. HWCs whose primary healthcare teams have received timely incentives ( <b>Performance Linked Payment and Team-Based Incentives</b> ) <b>at least 10 times in a year.</b>	
Expanded Drugs and Diagnostics	1. <u>Expanded Services</u> : AB-HWC fulfilling <b>less than 50%</b> of expanded range of medicines and diagnostics as per Essential list of both (Medicines: SHC-HWC- 105; PHCHWC-172 & diagnostics: SHCHWC- 14; PHC-HWC- 63*) 2. <u>Rational use</u> : Training/ counselling <b>not initiated</b> for service providers on specified clinical pathways/ standard treatment guidelines/ clear treatment protocols for all services. 3. <u>Streamlining supplies</u> : Drugs and Vaccines Delivery Management Systems (DVDMS) is <b>not implemented</b> till the level of PHC HWCs		1. <u>Expanded Services</u> : AB-HWC fulfilling <b>at least 50%</b> of expanded range of medicines and diagnostics as per Essential list of both (Medicines: SHC-HWC- 105; PHCHWC-172 & diagnostics: SHCHWC- 14; PHC-HWC- 63*) 2. <u>Rational use</u> : Training/ counselling <b>initiated/ ongoing</b> for service providers on specified clinical pathways/ standard treatment guidelines/ clear treatment protocols for all services. 3. <u>Streamlining supplies</u> : DVDMS system is <b>implemented in 50% facilities</b> till the level of PHC HWCs		1. <u>Expanded Services</u> : AB-HWC fulfilling <b>at least 80%</b> of expanded range of medicines and diagnostics as per Essential list of both (Medicines: SHC-HWC- 105; PHCHWC-172 & diagnostics: SHCHWC- 14; PHC-HWC- 63*) 2. <u>Rational use</u> : Training/ counselling <b>completed</b> of service providers on specified clinical pathways/ standard treatment guidelines/ clear treatment protocols for all services. 3. <u>Streamlining supplies</u> : DVDMS system is implemented in <b>100% facilities</b> till the level of PHC HWCs	

Key inputs	Initiation	Implementation	Maintenance
Scoring	0 1	2 3	4 5
Service Package Delivery	<ol style="list-style-type: none"> <li>1. Capacity building of service providers has been <b>initiated for</b> at least one or some of the <b>expanded (8-12) service delivery packages</b>. <i>(Screening and Basic management of Mental health ailments; Care for Common ophthalmic and ENT problems; Basic oral health care; elderly and palliative health care services; emergency Medical Services, including for Trauma and Burns)</i></li> <li>2. <b>Basic (1-7) package services being delivered:</b> <i>(RMNCH+A, Communicable diseases and OPD care for acute simple illness and minor ailments; Prevention, Management OF NCDs)</i></li> </ol>	<ol style="list-style-type: none"> <li>1. Capacity building on all of the <b>expanded (8-12) service delivery packages initiated</b></li> <li>2. All the service providers have been <b>trained on at least 3 expanded service delivery packages</b>.</li> <li>3. Services for the package are <b>being provided</b> through HWC for <b>expanded Service Package initiated</b>.</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>All service providers have been trained on all (5) expanded service packages.</b></li> <li>2. <b>Utilization</b> for services has <b>increased</b> for the package <ul style="list-style-type: none"> <li>▪ AB-HWCs reporting a minimum 5% &amp; 15% annual increase in footfalls over the preceding year in rural &amp; urban areas respectively</li> <li>▪ 100% of the pregnant women received ANC as per the schedule</li> <li>▪ 50% of patients received treatment for hypertension and diabetes</li> <li>▪ 100% of patients of notified TB on treatment</li> </ul> </li> </ol>
Community mobilization and health promotion	<ol style="list-style-type: none"> <li>1. <u>VHSNC and JAS</u> is <b>constituted but not functional</b>.</li> <li>2. Training <b>not initiated</b> for community representatives</li> <li>3. HWCs providing <b>2-3 Wellness sessions per month</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <u>VHSNC and JAS</u> is <b>constituted and functional</b></li> <li>2. Training of committee members is <b>ongoing</b>.</li> <li>3. HWCs providing <b>less than 10 Wellness sessions per month</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <u>VHSNC and JAS</u> is <b>constituted and fully functional</b>: <ul style="list-style-type: none"> <li>▪ Monthly JAS meeting (10-12 in an year) held with minimum 60% of the members in all the HWCs</li> <li>▪ At least one VHSNC meeting per month in the HWC catchment area</li> </ul> </li> <li>2. Training <b>complete</b> for all committee members</li> <li>3. HWCs providing a <b>minimum of 10 Wellness sessions per month</b></li> </ol>

Key inputs	Initiation		Implementation		Maintenance	
Scoring	0	1	2	3	4	5
Robust IT system	Setting up of IT system <b>initiated</b> in at your health facility/ at all health facilities in your district for the following: 1. Empanelment 2. Logistics: Drugs and Vaccines Delivery Management Systems (DVDMS) 3. Reporting and monitoring 4. Teleconsultations		<b>Started</b> using IT platforms for <b>all</b> the following four components: 1. <b>Started Empanelment</b> of individuals and families in the catchment area in the database 2. DVDMS <b>initiated</b> in your area for procurement of drugs and vaccines. 3. <b>Utilization of online applications</b> for screening and tracking of patients 4. <b>Using IT platforms</b> to connect with hubs identified for teleconsultation.		1. Every family and individual have been <b>allotted unique health ID</b> and are able to seek services under various programs and support beneficiaries to seek services under the PMJAY. 2. DVDMS <b>supported and linked Inventory management system with regular supply</b> of medicines, vaccines, and consumables 3. Capture service delivery <b>coverage and measure health outcomes</b> using population-based analytics 4. Able to <b>print</b> key summary and prescription based on individual's requirements.	
Continuum of Care Telehealth/ Referral	1. <u>Developing Referral Linkages</u> and setting up communication between the community and health facility: Home visits by ASHA for risk factor modification, counselling, reminder for follow up appointment at HWCs 2. <u>Two-way referrals</u> : Establishment of an IT System/Teleconsultation Setup linking HWCs with higher-level healthcare facilities.		1. Family Health Folders and individual health records created and completed through the ASHAs and the MPWs and stored in the HWC. 2. An IT system/teleconsultation used for referrals with mechanisms established for follow up utilizing clear reporting formats		1. A digital format of the family health records implemented in the area 2. At the district level: Number of HWCs conducting a <b>minimum of 25 teleconsultations</b> per month (PHC/UPHC/SC) OR At the level of health facilities: Conducted a <b>minimum of 25 teleconsultations</b> per month (PHC/UPHC/SC)	