List of Abbreviations

AAP  Aam Aadmi Party  
AAMC  Aam Aadmi Mohalla Clinic  
ANC  Antenatal Care  
ANM  Auxiliary Nurse Midwife  
APPL  Amalgamated Plantations Pvt. Ltd  
ASHA  Accredited Social Health Activist  
BCC  Behavior Change Communication  
BeMONC  Basic Emergency Obstetric and Newborn Care  
BIRAC  Biotechnology Industry Research Assistance Council  
BoP  Bottom of the Pyramid  
CD  Communicable Diseases  
CeMONC  Comprehensive Emergency Obstetric and Newborn Care  
CHC  Community Health Centre  
CSR  Corporate Social Responsibility  
DGHS  Directorate General of Health Services  
eHC  Electronic Health Centre  
ECHO  Extension for Community Healthcare Outcomes  
EMR  Electronic Medical Record  
eSK  e-Swasthya Kendra  
FP  Family Planning  
FRU  First Referral Unit  
GNCTD  Govt. of National Capital Territory of Delhi  
HTA  Health Technology Assessment  
IBM  Inclusive Business Model  
IEC  Information, Education and Communication  
IMR  Infant Mortality Rate  
J SY  Janani Suraksha Yojana  
LEHS  Lords Education and Health Society  
MA  Millennium Alliance  
MBBS  Bachelor of Medicine, Bachelor of Surgery  
MDG  Millennium Development Goals  
MoU  Memorandum of Understanding
LEHS at a Glance

Introduction

For much of India’s 900 million Base of the Pyramid (BoP) population, basic healthcare is a distant dream. The public health care system has been unable to keep up with the demands of the population, leaving them little choice but to depend on costly private healthcare, thereby exacerbating their poverty.

In the last year, the Lords Education and Health Society (LEHS) through its program- the Wadhwani Initiative for Sustainable Healthcare (WISH) envisioned by iGate Chairman and Co-Founder Sunil Wadhwani, has successfully worked towards scaling up innovations to build an equitable healthcare system and making quality healthcare accessible to the underserved population in Rajasthan and Delhi NCR. LEHS has also forged new partnerships with the Government of Madhya Pradesh and CSR partners like United Way of Delhi and APPL Foundation to serve the populace in high priority areas of Madhya Pradesh, Haryana and upper Assam.

LEHS has made enormous strides in scaling up healthcare innovations. In the last two years, it has successfully scaled up several innovations in the primary healthcare system in Rajasthan and has aided in ensuring the admission of these innovations in the Rajasthan State PIP.

Our Focus

At LEHS we work to strengthen the foundation of primary healthcare delivery system to ensure critical services and programs for RMNCH+A are delivered efficiently through a system of well-functioning, accessible and affordable public and private health facilities using innovations.

Our Mission

To improve the health of the Base of the Pyramid (BoP) population across the country by building a demand driven eco system that can deliver scaled up approaches to healthcare.

What We Do

- Serving the BoP: Stay focused on BoP needs in top priority states
- Contextualization: Adapt innovations and enterprises to the local BoP needs
- Alliance: Work through the right alliances for success
- Low Cost: Work to make innovative solutions affordable, accessible and sustainable

Enterprising: Encourage low cost social enterprises with high volume/low margin business model
Pioneering an innovative PPP model for delivery of healthcare services

Public health in India is a vast and untapped field for private sector engagement. There is plenty of scope for public-private collaboration to bridge the gaps in service delivery. The collaborative policy environment and leadership in states like Rajasthan, Madhya Pradesh and Odisha provided LEHS with an opportunity to proactively pursue healthcare reform through an innovative Public Private Partnership (PPP) model.

Thus, LEHS designed the State Consortium to Accelerate Leverage and Economize (SCALE) platform for delivery of healthcare services. The SCALE platform is a partnership mechanism between the state government and LEHS, to scale up high impact innovations in order to transform primary healthcare delivery in high priority districts of the concerned state.

The key features of the SCALE model are:

- Establish a network of model primary health centres and sub centres through public-private partnerships (PPP) and entrepreneurship-led business models.

- Facilitate family healthcare at the doorstep using innovations in medical technologies, devices etc. and reduce the out-of-pocket expenditure (OOPE) on health as well as the client-load at the higher order facilities.

- Promote focus on family wellness, promotive healthcare and best practices for maternal and new born care through strategic use of mHealth, technologies and capacity development.

- Establish a strong operational system for referrals between health facilities to ensure quality healthcare and timely referrals.

- Strategic collection, use of data and information through an integrated data analytics system to complement state governments’ health management information systems.

- Develop a viable market with value chain system for the private sector and inclusive business models to cater to the needs of the BoP with affordable solutions.
Under the PPP model, LEHS on boarded well trained private staff to address the service gaps in terms of early diagnosis and referrals through innovations in devices, technology and process to promote preventive health and increase health seeking behavior. LEHS also provides funds and technical assistance for monitoring, research and evaluation, capacity building and demonstrating variety of device, technology and process related innovations to develop a strong primary healthcare system.

LEHS has designed and curated a model for public healthcare that may be implemented across the country with modifications based on local needs. This approach using a network of well-functioning health facilities and innovation-led health delivery, is expected to significantly improve health outcomes related to RMNCH+A and also of emerging healthcare challenges such as the Non-Communicable Diseases (NCD) and Communicable Diseases (CD).

Achievements in the year

Innovations Mining and Acceleration of Promising Innovations

LEHS firmly believes that the way to transforming the public healthcare system is by implementing innovative solutions both process and product oriented. However, this can only be accomplished once these innovative solutions are identified, incubated, nurtured, certified and introduced into the healthcare system.

Identification of innovative technologies

In an effort to identify existing healthcare innovative technologies, LEHS has conducted the mapping and listing of innovations in the public as well as the private sector. Landscaping of innovations in the private sector which fall in the category of Inclusive Business Models (IBM) was done in partnership with the World Bank and IFC in 2014. The IFC and LEHS study was aimed at providing an overview of the IBMs in the healthcare sector, including the challenges they face, strategies adopted by them to succeed as well as suggestions on how ecosystem can facilitate their growth and scale up.

Innovations in the public sector do not always result in newer activities or products; they may just be an enhancement of the already existing system, for example digitalization of health records. These often go unrecorded and unnoticed. Thus, in order to bring to light
not just product but also process innovations, LEHS initiated the mapping and listing of innovations in the public healthcare sector in January 2015. The innovations in the study were identified mainly through literature review. The study did not seek to generate new, comprehensive evidence on the impact of these innovations; rather the goal was to better understand the current landscape of pro-poor healthcare delivery models in the public health system in India. A total of 281 innovations were identified, of which 54 were shortlisted for potential scale up.

Partnerships to identify and incubate innovative ideas and concepts

LEHS under its partnerships with Villgro, BIRAC and the Millennium Alliance has jointly supported incubation of ideas and concepts for scale up of promising healthcare innovations in primary healthcare.

Acceleration of innovations with HTA

Health Technology Assessment (HTA) is a multidisciplinary field of policy analysis studying the medical, economic, social and ethical implications of development, diffusion and use of health service delivery and associated technologies, in a systematic, transparent, unbiased and robust manner. HTA is essential for evaluating the clinical benefit, cost effectiveness, ethical and regulatory aspects leading to identification and uptake of safe and appropriate technologies. The process is commonly applied to pharmaceuticals (including vaccines), medical devices, medical procedures, diagnostic tests and public health approaches.

In the absence of a designated government body to assess and certify healthcare innovations before they hit the market, LEHS has collaborated with the Health Technology Division of the WHO.

Our Successes - Innovations in State PIP

| Low cost Glucometer: Biosense Technologies | Demonstrated at PHCs and SCs at Rajasthan | Scale up volume: 7000+ units per state |
| Non-invasive, IT enabled Anemia Screener: Biosense Technologies | Demonstrated at PHCs and SCs at Rajasthan | Scale up volume: 15000+ units per state |
| Portable IT-enabled Urine Analyzer: Biosense Technologies | Demonstrated at PHCs and SCs at Rajasthan | Scale up Volume: 15000+ units per state |
| Mobile Pathological Laboratory: Accuster Technologies | Up to 37 test demonstration at 10 PHCs in Rajasthan with rental leasing model for Rs. 90 per client. Top 6 tests are Hb, Glucose, Widal, Malaria, Blood Group, Creatinine |
| iBreast: | Early and universal screening for breast cancer through hand-held portable scanner. 350 women with an average age of 37 years screened for breast cancer. |
Collaborating Centre and National Health Systems Resource Centre (NHSRC) to issue HTA certification to promising innovations. This has helped in validating innovations and has enabled such innovations to enter state PIPs thereby lending them credibility.

**Successfully implementing the SCALE platform for healthcare in Rajasthan**

As a first step towards achieving its vision, LEHS entered into a dynamic partnership with the Government of Rajasthan in February 2015. The program aims to strengthen the foundation of the primary health care delivery system in Rajasthan and ensure that critical services and programs for RMNCH+A are efficiently delivered through a system of 32 PHCs and their associated 162 SCs in 12 districts of the State.

LEHS started PPP intervention in the state of Rajasthan in 30 PHCs in 2015. Making a strategic shift in 2016, LEHS started implementation of 22 PHCs on RFP mode out of 32 PHCs. The organisation was awarded with two new PHCs on tender mode, as a result the total number of PHCs in 2016-17 were increased from 30 to 32 and the total subcenters increased from 153 to 162. These two new PHCs were Richha in Aspur block of Dungarpur district and Vardara in Kumbhalgarh block of Rajsamand district. Pursuant to the takeover by LEHS, there has been a significant improvement in service delivery at both PHCs, which were amongst the most underperforming PHCs in their respective districts. Richha until the takeover had been a non-functional PHC for 3 years whereas Bardara was functioning without a doctor and OPD services were provided by the GNM in an old dilapidated building.

LEHS introduced telemedicine in PHCs with perennial challenges of high OPD load and high doctor attrition to ensure 100% doctor uptime and uninterrupted services to the community. To ensure sustainability, LEHS uses an entrepreneur-led model for providing medical consultation through telemedicine in government PHCs. The telemedicine services were deployed in 9 PHCs which are provided by a local operator, who is reimbursed for each client for whom he facilitates the medical consultation. The community’s, doctors’ and entrepreneurs’ response to telemedicine has been extremely encouraging with both sites witnessing fairly high volume of footfalls from the community.

Average out-patient volume per PHC surged from 986 in June 2015 to 2,197 per PHC in October 2017. Average institutional deliveries at PHC have increased by 40%. As a result, patient demand sky-rocketed. LEHS handed over 8 PHCs after successful demonstration of
phase-I and phase II. Based on this success, the Government of Rajasthan tendered 48 low-performing PHCs on PPP mode.

**PHC management and training**

Defunct buildings were restored, painted, whitewashed and branded. Private sector staff was rapidly deployed to the various centres. A comprehensive training and coaching module was designed by technical experts and onsite training sessions on capacity gap management and administration of the PHCs and SCs as per government norms were conducted by senior doctors with experience in the government sector covering more than 100 participants. Besides technical training, several onsite trainings were organized for the ANMs and ASHA workers in usage of PoC devices at the PHCs. LEHS was successful in ensuring high retention with minimal absenteeism of staff.

**Data analytics and reporting**

In order to improve data analytics and digitize data reporting, LEHS engaged with a data analytic partner to develop a three-level dashboard (state, district level and facility) for data analysis.

LEHS partnered with Code Integration to develop a mHealth solution called e-Swasthya Kendra (eSK) delivered through tablets and android phones that digitalizes all reporting formats with real time data sharing, provides monitoring support to the frontline workers and provides a digital library of information, education and communication material to increase community awareness and encourage preventive behavior.

**On ground demonstration of innovations**

LEHS has successfully demonstrated the working of innovative devices in the public health system. All the ANMs working in the SCALE Rajasthan PHCs are now trained to use the PoC devices. LEHS has also been successful in scaling up the few of these innovations in the draft Rajasthan State PIP.

A prototype of SCALE’s flagship innovation, the Swasthya ATM that aims to bring medical consultation through telemedicine at the village level, along with basic diagnostic and
medicine, has been successfully running at the Khanpuriya SC under Kanwara PHC in Jhalawar District of Rajasthan since August 2015.

**Following innovations were introduced in SCALE Rajasthan program in year 2016-17:**

- **Demonstrating new innovations for improved RMNCH+A indicators** - In August 2016, LEHS and BEMPU Health launched the pilot of the BEMPU Hypothermia Bracelet in Rajasthan. The study results were presented before the state government, after which the device was put for public procurement. The state government has planned to procure Bempu devices through their Program Implementation Plan (PIP).

- **Janma Birth Kits** - LEHS deployed 4230 Janma Birth Kits developed by Ayzh Health & Livelihood to 32 PHCs and 26 SCs to facilitate safe and sterile conditions at the time of childbirth. As of March 2017, around 2363 birth kits were utilized at the PHCs and SCs. The birth kits have proved useful at the facilities with staff members providing positive feedback on the tools provided in the kit.

- **HealthATM** - It is an innovative concept which brings together Telemedicine, medicine vending machine and basic diagnostics in one machine. It is for settings where access to healthcare services is poor and rural population have to travel miles to reach the nearest healthcare centre. LEHS introduced HealthATMs at sub-centres level. LEHS rolled out the HealthATMs in pre-pilot phase wherein the operators for the ATM were to understand the operability of the machine. Once its established, we will upscale the concept and introduce the entrepreneur-based model.
Setting and maintaining quality standards for PHCs and SCs through Adarsh certification

LEHS has designed a multi media campaign to promote the PPP mode of healthcare delivery through the concept of “Adarsh certified” PHCs and SCs which is to be launched jointly with the Government of Rajasthan. As part of the certification process, LEHS will set the certification criteria, process and system for PHCs and SCs meeting performance and management standards. The assessment will be done on a monthly and annual basis by SIHFW Rajasthan, an autonomous government institution. On scoring 85%+, certification will be provided to the health facility and the stamp of approval (Adarsh Clinic) will be displayed on the facility for public knowledge. During the monthly assessment, a certified facility scoring less than 85% will be given feedback on specific areas of improvement and a time frame of 3 months to improve, failing which the certification will be temporarily suspended. On further assessment if the standards are not restored, the facility’s certification may be revoked.

<table>
<thead>
<tr>
<th>Basic Criteria for Monthly Assessment</th>
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<tbody>
<tr>
<td>1. Presence of doctor and trained staff</td>
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<td>2. Clean, well maintained facilities</td>
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<td>3. Disciplined and well-behaved staff</td>
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<td>4. 24x7 emergency services</td>
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<td>5. Free of cost</td>
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<td>6. Timely and accurate reporting</td>
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<td>7. Performance on OPD, Institutional delivery, ANCs, Immunization, FP</td>
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<th>Value added Criteria for Annual Assessment</th>
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<tr>
<td>1. Use of innovations</td>
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<tr>
<td>2. Quality of care</td>
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<tr>
<td>3. Client satisfaction</td>
</tr>
<tr>
<td>4. Impact on health indicators: ANC, maternal and infant deaths, CPR delivery, FP, immunization</td>
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The purpose of this campaign is to build positive expectations about PPP and eradicate myths and misconceptions about PPP. It endeavors to foster a supportive environment to attract more and better private partners to manage PHCs and sub-centres. It aims at increasing uptake of services of PHCs and SCs by building trust, reliability and confidence among community members and seeks to attract financial and non-financial support to improve the primary healthcare delivery in partnership with government.
Highlights from SCALE Rajasthan for 2016-2017

Target achieved by PHCs in 2016-17

<table>
<thead>
<tr>
<th>PHC</th>
<th>Target (2016-17)</th>
<th>Achievement (2016-17)</th>
<th>% targets Achieved by 32 PHCs</th>
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<tbody>
<tr>
<td>ANC registration</td>
<td>17700</td>
<td>15892</td>
<td>89.79</td>
</tr>
<tr>
<td>Early ANC</td>
<td>17700</td>
<td>8913</td>
<td>50.36</td>
</tr>
<tr>
<td>3 ANC</td>
<td>17700</td>
<td>10319</td>
<td>58.30</td>
</tr>
<tr>
<td>Inst. Deliveries</td>
<td>16390</td>
<td>5523</td>
<td>33.7</td>
</tr>
<tr>
<td>Full immunization</td>
<td>15459</td>
<td>13372</td>
<td>86.5</td>
</tr>
<tr>
<td>OPD*</td>
<td>No target</td>
<td>797005</td>
<td>No target</td>
</tr>
<tr>
<td>IPD*</td>
<td>No target</td>
<td>27235</td>
<td>No target</td>
</tr>
<tr>
<td>Sterilization</td>
<td>3855</td>
<td>2925</td>
<td>75.9</td>
</tr>
<tr>
<td>IUD</td>
<td>3938</td>
<td>2257</td>
<td>57.3</td>
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Note: OPD* & IPD* are not target based indicators. Actual number of beneficiaries are mentioned.

Increase in average institutional delivery per PHC per month

![Average Inst. Delivery per PHC per month (2014 to 2017)](image_url)
Forcing New Partnerships

One of the most important outcomes of the last year’s work has been the forging of new partnerships. The success of the PPP model in Rajasthan caught the attention of the Governments of Delhi and Madhya Pradesh in 2016. As a result, LEHS has now partnered with the Delhi Government in its initiative to provide free healthcare across 100 sites in resettlement and slum clusters of Delhi via the Aaam Aadmi Mohalla Clinics (AAMC) and has successfully negotiated with the Government of Madhya Pradesh to launch its SCALE program in four districts to strengthen the primary healthcare system.

LEHS is also collaborating with CSR partners, (i) United Way of Delhi, to leverage CSR funds to develop an innovation driven chain of private sector managed primary health clinics for the underserved migrant communities in the urban areas of Delhi and National Capital Region and (ii) APPL Foundation, to scale up equitable access to sustainable comprehensive healthcare for the remote, underserved targeted populations in the tea estates of Upper Assam.
Identifying healthcare challenges in Madhya Pradesh

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**Healthcare challenges in M.P.**

- Highest IMR and USMR in India at 51 and 65; Fairly high MMR at 221
- High prevalence of malnutrition-women - 52%; U5-69%.
- Under achievement of RMNCH+A indicators - 11% Full ANC, 34% U3 children not breastfed within an hour of birth, 43% U5 children underweight, 54% Full Immunization and 58% U5 children exclusively breastfed for first 6 months
- Poor physical and medical infrastructure;
- Uneven distribution of health centres;
- Lack of use of technology and lack of basic amenities

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In light of the success of the SCALE project in Rajasthan, LEHS initiated discussions with Govt. of M.P. to launch the SCALE project under PPP mode in the state. On the request of the government, LEHS conducted a rapid gap assessment in three districts of MP namely – Dindori, Panna & Singrouli to identify the gaps in in the healthcare system and areas of partnership for management of health facilities. The findings of the rapid gap assessment were shared with Govt. of MP officials and an initial PPP model with areas of support was worked out. Based on this, the Govt. of MP has decided to implement LEHS’s SCALE project in pilot mode and identified blocks in four districts. The project’s focus will not only be to strengthen the primary healthcare delivery system through efficient management of PHCs and SCs, but also to address critical gaps in delivery points, First Referral Unit (FRU) and Community Health Centres (CHC). Upon mutual agreement, the program is expected to launch in MP in 2018.

In March 2017, LEHS held a meeting with the PS (Health), GoMP to review of the progress made after various discussions regarding LEHS’s role in providing programmatic and technical support to the State for improvement of Rural and Urban health in the State. The PHS, GoMP recommended that LEHS explore additional areas for support including operating a clean drinking water program in selected vangrams in tribal districts of state. In furtherance of this discussion, Mr. Amit Jain, CEO, LEHS along with the M.P. State team held several meetings with various NHM officers to determine key focus areas in urban health interventions that may be offered by LEHS.
Partnering with the Delhi Government in pioneering affordable healthcare in Delhi’s urban slums

With 60% of urban poor children not fully immunized, 47% of children below three years of age being underweight, and 59% of women between the ages of 15 and 49 being anemic, the condition of the urban poor is of equal concern as their rural counterparts. Delhi being one of the top 4 states and accounting for 26% of India’s urban population, the Directorate General of Health Services (DGHS) under the leadership of the Govt. of National Capital Territory of Delhi (GNCTD) has launched the innovative concept of establishing a network of 100 Aam Aadmi Mohalla Clinics (AAMCs) in the urban slums of Delhi.

In March 2016, LEHS entered into an enterprising knowledge partnership with the DGHS towards successful demonstration and scale up of the AAMCs. As the knowledge partner to the GNCTD, LEHS provides the overall management, monitoring and mentoring support to the AAMC clinics, introduces and demonstrates low cost innovations and documents the research, learning and evaluation framework towards scaling up of the program. Currently 91 clinics are fully operational with LEHS support.

The network of fully functioning AAMCs work towards assuring efficient primary health services, reducing out of pocket expenses on health and decreasing the patient-load at the specialist health facilities. AAMC program was designed to be implemented in phases. A six-month pilot phase at 101 locations across Delhi began in April 2016, to test and create a primary care model for urban population that will be scaled up to 1,000 locations. The number of consults at the AAMC Clinics crossed the 3 Million mark in March. Since the inception of the program, a total of 3,095,479 consults have been recorded at the Clinics.

Key indicators for AAMCs as per first dashboard compiled by LEHS

- 74 out of 100 AAMCs operational.
- 80 doctors, 46 Phlebotomists deployed
- 25,917 OPDs averaging at 41 OPDs per day.
- 137 samples tested (5%) and 436 referrals made (2%).
- Top performing districts:
  - North East-71 OPDs per day (3 clinics)
  - East-54 OPDs per day (4 clinics)
  - North West/West-48 OPDs per day (11-12 clinics)
  - North -43-47 OPDs per day (1-3 clinics)
The Delhi Government partnered with LEHS as a technology and knowledge & management partner on this project. LEHS provides management, monitoring and innovation support, for ensuring smooth operations, improving clinical efficiency, monitoring community expectations and demonstrations of innovations for scale-up during the next phase. LEHS has engaged partners like Medongo, UE LifeSciences and Biosense Technologies, who have designed and developed innovative solutions and devices that were tested in the pilot phase to be scaled up later. These innovative solutions and devices are supported by USAID to bring high level of efficiency in the delivery of healthcare.

In March 2017, the GNTCD inaugurated 60 porta cabin Mohalla Clinics and sought assistance from LEHS for daily functionality assessment checklist towards equipping the clinics with equipment, furniture etc.

**Strengthening Healthcare delivery to the migrant labour community at Pehal Clinics in Gurgaon**

‘Pehal’ is a community development initiative of United Technologies Corporation (UTC) in partnership with the United Way of Delhi targeting around 2,000 migrant labor families with an estimated population of 10,000, predominantly from West Bengal, spread across 20 resettlement/urban slum clusters in Chakkarpur village of Gurgaon. In April 2016, LEHS partnered with UTC and United Way to strengthen the healthcare delivery system at the Pehal Clinic by offering high quality comprehensive primary, preventive and promotive health services. By devising low cost, high impact process, technological and device innovations, LEHS aims to significantly reduce morbidity and mortality due to chronic diseases. Based on the lessons from Chakkarpur Village, the joint initiative plans to develop a sustainable model of primary healthcare delivery for the urban slums, replicable in other areas within and outside Gurgaon. The Pehal initiative provided 1765 beneficiaries with quality health services during the OPD hours at the clinic and through community mobilization activities.

**Features of the Pehal Clinics**

- A full-fledged PHC offering doctor consultation, basic diagnostics, medicine dispensing as well as referral arrangements with government and private hospitals for management of complications and specialty cases.
- Trainer community health workers equipped with Point of Care (PoC) devices and mHealth solutions to undertake activities for the betterment of community health.
Strengthening Primary Healthcare Services in tea gardens of Upper Assam

One of LEHS’s key objectives has been to integrate SCALE innovations with 3-4 private sector CSR initiatives nationally and thus to serve at least 2 lakh BoP clients. In February 2016, LEHS executed a MoU with APPL (Amalgamated Plantations Pvt. Ltd) Foundation, to strengthen primary healthcare services in the tea gardens of Upper Assam covering a 500,000 strong population. By means of the collaboration, LEHS intends to leverage the SCALE platform and introduce innovations in the primary healthcare delivery system to improve quality and affordability of healthcare and build partnerships with the State Government for utilizing APPL healthcare infrastructure in supporting the government’s goals and priorities. LEHS also plans to facilitate enrolment in various schemes such as J SY, FP, TB and cancer screening and develop a referral system for APPL’s Chubhwa Referral Hospital to improve secondary healthcare utilization and establish a comprehensive system of monitoring and reporting data. A joint assessment of the existing healthcare infrastructure was conducted by APPL and LEHS to identify growth opportunities to be strengthened to increase access to good quality and affordable healthcare by the population employed in the tea estates of Assam.

Partnering with USAID for improved RMNCH+A outcomes

In March 2016, LEHS received funding from USAID in recognition of its valuable work in the field of Maternal and Child Health (MCH). The funding would be utilized towards engaging private sector providers of products and services for improved Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) outcomes. By means of this partnership, LEHS will leverage its implementation mechanism, the SCALE platform to demonstrate and scale up high impact innovations impacting maternal and child indicators for increased adoption of and compliance with RMNCH+A 1000-day best practices and transforming primary healthcare delivery in high priority states. This partnership is valuable to LEHS’s own objectives in tackling maternal and infant Mortality in the intervention states.
Knowledge sharing platforms for showcasing SCALE

LEHS participated in various summits and conferences in an effort to share knowledge and exchange ideas with like-minded persons and organizations in order to form mutually beneficial partnerships and showcase the SCALE platform on a national scale.

Healthcare Innovations Summit 2016

LEHS and USAID jointly hosted the 2nd Healthcare Innovations Summit on 17 February 2016. Over 375 delegates participated in the summit representing the healthcare ecosystem. The summit saw a variety of exciting panel discussions that showcased and captured the **Body, Mind and Soul** of healthcare. In a discussion that resonated with the audience, a group comprising of the Block Chief Medical and Health Officer, ASHA, Auxiliary Midwife Nurse, Lady Health Visitor, Medical Officer – In Charge from the PHCs managed by LEHS and its partners along with community leaders shared their experiences from the field and presented the challenges of difficult terrain, lack of infrastructure, equipment, low health seeking behavior of the communities and poor management of health facilities in some of most difficult parts of the State. There was a panel discussion on the challenges and opportunities in scaling up healthcare innovations and a discussion with a group of passionate policy-makers, donors, philanthropists who shared their perspectives on how to realign and prioritize their interests and resources to transform primary healthcare delivery in India.

In order to demonstrate the importance and growth of innovative technologies, LEHS set up a vibrant market place where 25 of the brightest and most promising ideas, prototypes and scaled up innovations were demonstrated which were well received by the delegates. These innovations were co-curated with Wellcome Trust, Millennium Alliance, Villgro, Unitus Seed Funds, National Health Systems Resource Center and BIRAC. LEHS Awards for the most promising idea and prototype in healthcare innovations were elected by the summit.
delegates through voting and three winners were awarded with a cash award of Rs. 25000. LEHS also organized a health screening for the summit delegates by the medical and paramedical staff from the PHCs using innovations in Point of Care (PoC) devices managed by LEHS and its partners in Rajasthan. A total of 100 delegates were screened and tested for their health status.

The summit was a resounding success in that it effectively showcased the importance and need of healthcare innovation in transforming primary healthcare.

2nd Annual Healthcare Summit

LEHS won the Leadership in Healthcare Award on 23rd September 2016 at the Rajasthan Healthcare Summit. The award was given to LEHS in recognition of its path-breaking work to strengthen the primary healthcare delivery in the last 14 months in Rajasthan. The award was presented by Shri Faggan Singh Kulaste, Honorable Union Minister of State, Health and Family Welfare, Government of India, and Shri Rajender Singh, Honorable Minister of Health and Family Welfare, Government of Rajasthan. Following the panel discussion on Public Private Partnership for Primary Healthcare, where the highlights of LEHS’s work were presented, the state governments of Sikkim, Uttarakhand and Jammu & Kashmir expressed their appreciation and requested LEHS to extend its good work to the respective States.

Strategic Directions in 2016-2017

For LEHS, 2016-2017 was the year for implementing forging and implementing new partnerships and taking them forward. After commencing operations in one state, LEHS has succeeded in gaining a foothold in four more states within the year. In the next year, LEHS will look to leverage its SCALE platform and implement the model across regions albeit with modifications as per the local needs. The success of the LEHS model for PPP is validated by the fact that task forces have been deployed to study the SCALE Rajasthan PHCs and understand the LEHS model to help the Maharashtra government and the UP Government to strengthen the primary healthcare programs in these states.
Having made enormous strides in validating healthcare innovations in the public health system, LEHS will spend the next years in scaling up existing and accredited innovations in all the states and identifying other promising innovations for scale up.

Further, LEHS plans to expand its work with the Government of Odisha to forge a partnership to strengthen primary healthcare in the state based on the SCALE model. LEHS is also exploring opportunities with the Himachal Pradesh Government to start a few PHCs on PPP mode in the state and is looking at possibilities for designing an urban health program in Bihar along the lines of the Delhi Mohalla Clinics.