



Ministry of Health & Family Welfare
Government of India



STATE INNOVATION HUBS OPERATIONAL GUIDELINES

2024



KNOWLEDGE MANAGEMENT DIVISION,
NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)
MINISTRY OF HEALTH AND FAMILY WELFARE

STATE INNOVATION HUBS

OPERATIONAL GUIDELINES

2024

अपूर्व चन्द्रा, भा.प्र.से.
सचिव
APURVA CHANDRA, IAS
Secretary



सत्यमेव जयते



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare



Foreword


Government of India has always promoted inclusivity and cross learning in health sector by creating relevant mechanisms both at the National and State levels. Ministry of Health & Family Welfare has been at the forefront in introducing institutionalised structures in the public health system to achieve sustained improvement in overall health outcomes. Cognizant of the fact that sustainability would determine future progress and 'innovation' would play a key role in health system strengthening, MoHFW has initiated several interventions that are paving the way to attain 'Universal Health Coverage'. Innovations and Good practices in healthcare have been critical to prepare health systems, to address dynamic challenges and thus help it evolve as per changing health needs.

At the National level, existing mechanism for Innovations and Good Practices has been instrumental in identifying the key focus areas and supporting programme implementation through cross learning and knowledge sharing.

In this line, with a felt need to strengthen the capacity of State level institutions, State Innovation Hubs have been conceptualised to support innovative ideas and Good Practices in the health domain.

I am confident that such institutionalized platform would not only aim at building the innovation capacity of our health system but will also create a link for knowledge management and sharing among States and UTs.

Dated 17th September, 2024


(Apurva Chandra)



आराधना पटनायक, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

Aradhana Patnaik, IAS
Additional Secretary & Mission Director (NHM)



सत्यमेव जयते



आज़ादी का
अमृत महोत्सव

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-110011

Government of India
Ministry of Health and Family Welfare
Nirman Bhawan, New Delhi-110011



FOREWORD

Ministry of Health and Family Welfare (MoHFW) continues to strive towards strengthening the innovative practices for achieving universal health coverage to ensure ease of living for all. The existing mechanism for National Healthcare Innovation Portal (NHiNP) within National Health Mission has been functioning since 2015 in this direction where States are working on a common platform for knowledge sharing and cross learning towards Health System Strengthening. NHM also emphasizes on promoting State specific good and scalable practices and innovations and also provides financial support to States/UTs for implementation of these activities on larger platform.

Following the government's approach towards strengthening the capacity at State level and below for all health systems intervention, State Innovation Hubs are being established within NHM. These hubs would not only strengthen the capacity of districts for new innovations and practices but also showcase these scalable examples on a national platform. Using the relevant examples from the field, State Innovation Hub would help State health machinery in strengthening the implementation of health programmes by identifying appropriate solutions to the problems in the implementation.

The State Innovation Hub guidelines would not only facilitate with a decentralized approach but would also help relevant stakeholders for setting up the innovation hub and processes involved in identifying, analyzing and executing the need-based ideas for programmatic and technical guidance at State/UT level. I am confident that these guidelines will provide a clear understanding of the structure and functioning of State Innovation Hub with the flexibility given to States/UTs to implement as per their context.

Dated: 19th Sept., 2024


(Aradhana Patnaik)



सत्यमेव जयते



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली-110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

SAURABH JAIN, IAS

JOINT SECRETARY

Tele : 23062870

E-mail : js.policy-mohfw@gov.in



Foreword

National Health Policy 2017 emphasizes on promoting innovations that are required for addressing public health priorities and strengthening the health systems. National Health Mission has been instrumental in converting these policy recommendations into program interventions. The National Innovation Summit on good and innovative practices has been one such example where States and UTs have demonstrated their innovative and good practices to help build a strong platform for cross learning.

With a decentralized approach, State Innovation Hub (SIH) emphasizes on building capacities of District and States to develop more context specific innovations and practices addressing their local concerns and problem statements. As the practices are targeted more towards the local context, they are more valuable in providing a more specific solution rather than a generic practice which might not be suitable in all contexts. SIH would function as an institutional mechanism that would identify the innovations that are scalable and sustainable with integration into the existing health programmes and policies.

Aligned with these principles, SIH guidelines have been developed to provide a roadmap to establish and institutionalize State Innovation Hub in States and UTs, streamlining innovation ecosystem at State and District level. I am certain that these operational guidelines will support the States and Districts in strengthening the innovations in public health system.


(Saurabh Jain)



Maj Gen (Prof) Atul Kotwal, SM, VSM

MBBS, MD (PSM), PDF (Epidemiology),
FRCP Edin, FAMS, FIPHA, FIAPSM
Executive Director

National Health Systems Resource Centre
राष्ट्रीय स्वास्थ्य प्रणाली संसाधन केंद्र
Ministry of Health and Family Welfare
Government of India



Foreword

With dynamic nature of health systems challenges, it is important to ensure a continuous learning cycle, which not only works for relevant solutions, but also ensures a sustainable approach towards knowledge sharing. National Health Mission (NHM) has a defined mechanism, where National Summit for good practices and innovation in health have been instrumental in ensuring the aforementioned approach through an established platform for states/UT to identify relevant practices/innovations in the field of Health Systems Strengthening.

NHSRC has been working closely with states/UT to identify such practices which are replicable and can be adapted or scaled up within specific context of health care services. With NHSRC's mandate towards generating evidence with a problem-solving approach, innovation summits have been a core activity, where states/UTs have been benefitted by this cross learning and knowledge management approach.

NHM has now taken another big step in this direction, by introducing the similar mechanism at sub-national level which would also strengthen the capacities of districts to identify their problem statements timely, and thus finding solutions within relevant context. MoHFW's vision toward strengthening of States and districts has been critical in paving the path towards establishing a resilient health system in all aspects.

With this institutionalized mechanism of establishing State Innovation Hubs, we expect a formalized platform which would encourage the districts to come up with more specific and relevant solutions to the challenges, thus creating a more context specific cross learning platform. This would align their efforts with MoHFW's approach towards attaining Universal Health Coverage and achieve the targeted goals of National Health Policy 2017 in a timely manner.


Maj Gen (Prof) Atul Kotwal

TABLE OF CONTENTS

Chapter 1: Rationale	01
1. Background	01
2. Challenges in Innovation: District and State perspective and a Case for Institutionalization of State Innovation Hubs	02
Chapter 2: State Innovation Hub	04
1. State Innovation Hub	04
2. State Innovation Hub Structure	04
3. Core functions of State Innovation Hub.....	05
4. Output of State Innovation Hub.....	06
Chapter 3: Roadmap to institutionalize State Innovation Hub	07
1. Roadmap	07
Chapter 4: Establishment of State Innovation Hub	10
1. Constitution of State Innovation Hub Committees	10
2. TOR for State Good Practices and Innovation Advisory Committee (SGPIAC)	11
Chapter 5: Operationalization of State Innovation Hub	14
1. State level Sensitization cum Orientation on State Innovation Hub	14
2. Innovation capacity building workshops	14
3. Proposals for Innovations	16
Chapter 6: State Innovation Summit	21
State Innovation Summit	21
Vision	21
Objectives	21
Process	22
Annexure-1 Scoring criteria for Programme innovations /Best practices	24
Annexure-2 Scoring criteria for Product Innovations	25
Annexure-3 D. O Letter for Setting up State Innovation Hub	26

RATIONALE

1. BACKGROUND

Innovation is critical to strengthening the public health system. It is to be recognized that some innovations are context specific and some lend themselves to spontaneous diffusion but some need a systematic approach in scaling up. This requires active disseminations and support to create the conditions for scaling up. Initiating good practices and innovations is stated as a strategic path that can be adopted by the States/UT to achieve the goal of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

National Health Policy, adopted by the Government of India in the year 2017, laid down the broad principles of professionalism, integrity, and ethics; equity; affordability; universality; patient centred care; accountability; pluralism; inclusive partnerships and decentralization. The Policy stresses upon the attainment of highest possible level of health & wellbeing for all ages, through preventive & promotive health care orientation in all developmental policies, universal access to good quality healthcare services without having financial hardship. These statements provide enhanced scope for taking up innovative approaches at all levels – State/UT, District and Block for improving health indicators of people.

Under “**Strengthening Knowledge for Health**” the National Health Policy 2017 also highlights *“The policy supports strengthening health research in India in the following fronts – health systems and services research, medical product innovation (including point of care diagnostics and related technologies and internet of things) and fundamental research in all areas relevant to health...”*

Under the NHM, substantial investment has been made for developing state-of-the-art infrastructure, technology interventions and induction of skilled human resource and strengthening supply chain for ensuring service delivery, availability of drugs/medicines and diagnostics. The NHM provides scope for innovations in various specific programs and strategic actions are undertaken with aim of improving outcome indicators.

At the national level, NHM has been encouraging States and Union Territories (UTs) to come up with good and innovative ideas for improving health outcomes and have been supporting such initiatives by holding National Summits on Good, Replicable and Innovative Practices in Public Healthcare Systems in India since 2013. These summits have provided opportunities for learning from among States/UTs and exchange of ideas and adaption or adoption of experiments with good results taken up in a process of continued efforts to improve public health care systems in India.

States and UTs have the opportunity to showcase their good practices and innovations during the best practices summit at the national level. Several of the innovations and best practices have become part of NHM programme and have been replicated or adapted by other States and UTs. Along with programmes under NHM, the fifteenth Finance Commission, Emergency

COVID Response Plan (ECRP) I & II and PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) have provided more options for States and UTs to take the outcomes on health to next level. Following a more decentralized approach for attaining expected results along with planned approaches, the initiative needs to be taken up at block, district and State/UT levels based on evidence and assessments/evaluations.

2. CHALLENGES IN INNOVATION: DISTRICT AND STATE PERSPECTIVE AND A CASE FOR INSTITUTIONALIZATION OF STATE INNOVATION HUBS

Innovative ideas are not time dependent and can sprout at any time during the course of a financial year. If districts propose innovative ideas during the process of annual Program Implementations Plans (PIPs) it can be included in PIP. Presently, the PIP provides support piloting of new innovation under “state specific innovations and initiatives”. Some of these ideas appear promising can always be piloted as per available resources and funds.

A simple analysis showed that in last few years the proportion of approved budget against the proposed has increased year-on-year yet allocation under the innovation head has remained constant. This further strengthens the case for investing in State/UT’s ability to develop ideas and concepts in a more grounded manner flowing upwards from districts. The present lack of the same by State/UT NHMs also reflects the need for training and capacity building and adapting a systemic approach towards innovation.

As districts implement program, they often face challenges in implementation and, at the same time, do come up with innovative ideas to tackle them. However, they are constrained by lack of platforms to share these ideas, access to resources to invest in these ideas, absence of collaborations and guidance to grow and nurture these ideas and truly know if these ideas overcome the challenges in public health settings. Thus missing the opportunity to take what may be the most suitable solution to an intractable problem, to scale and benefit the masses.



Figure 1: Current challenges in Innovation: District and State perspective

This has led to a felt need to institutionalize a structured mechanism within the existing NHM to identify the challenges and possible solutions to enable development of evidence based sustainable solutions and moving away from a one-time experiment with limited funds (project centric) for testing innovative ideas. Some of these ideas and interventions provide appreciable outcomes but are not carried forward due to limited resources.

To address the above challenges, a “State Innovation Hub (SIH)” at the State/UT level under NHM would be a possible solution. SIH would function as an institutional mechanism to initiate a sustained process for effectively addressing public health priorities leading to the integration of approved innovative ideas in the State/UT health systems in a sustainable manner within NHM.

These guidelines are intended to serve as a framework for guiding the States in establishing and streamlining innovation ecosystem at State and District level. The guidelines provide an overview of the structure and roadmap to establish and institutionalize State Innovation Hub with flexibility given to States/UTs to adapt and implement as per their local context.

Purpose of State Innovation Hub

State Innovation Hub as a unit would be housed within SHSRCs, where functional, and is expected to serve as a think tank and hub of knowledge for taking the State/UT health scenario towards achieving Universal Health Coverage. For this, the unit will analyze every NHM programme data of their State/UT and come up with subjects of concern district-wise or for the State/UT so that new innovative approaches may be proposed. The unit will look at both – required result-based interventions for all programmes and technology interventions for desired outcomes.

For States, where there are no SHSRCs, this unit is to be established within NHM existing mechanisms and not as a separate vertical.

The purpose of such a unit is to:

- Support districts within State to identify their challenges and to ensure innovations are being planned to address these challenges and strengthen overall health systems.
- Strengthen innovation thinking capacity in States/UT and Districts so that implementers are encouraged in looking for options.
- Encourage possibility in districts and State/UT to initiate the process of innovation. Building capacity of districts to plan and demonstrate innovative and good practices.
- Support in organizing state innovation summit with SHSRC (if functional).
- Initiate innovations that are not part of regular activity of ongoing program.
- Look for innovations which are value addition to public health in terms of cost effectiveness, scalability, sustainability and are evidence-based.

STATE INNOVATION HUB

1. STATE INNOVATION HUB

The Operational Guidelines are to facilitate State/UT policy makers, programme heads, planners, health systems officials, implementers, services providers and those who are interested to improve health outcomes. The document provides a context for setting up the hub and processes involved in identifying, analysing and executing the need-based ideas for programmatic and technical guidance to healthcare professionals in States and Districts.

The guidelines define the overall understanding of good practices and innovations, development of organizational structure at State/UT to build capacity at State and District levels, establish learning system, monitoring, strengthening and replicating new initiatives.

The overall mandate of the *State Innovation Hub* is to drive the development process of innovations based on district/state specific priorities, provide the appropriate platform and ecosystem to test selected innovations, in pilot mode, which hold potential to create sustainable solutions to address public health needs of the State/UT.

To facilitate the process and create an institutional mechanism, it is proposed to set up “State Innovation Hub” within SHSRCs (if functional) with following objectives:

Objectives

1. To systematically develop and test innovative ideas, which are evidence-based and address the prioritized challenges.
2. To critically examine and evaluate proposed innovative ideas for their effectiveness, cost efficiency and scalability.
3. To institutionalize the good practices and innovations and their further scale-up.
4. To be a repository of identified problems of public health relevance along with mapping of proposed solutions.
5. Facilitate development of innovation concepts at district and state level and to conduct Innovation capacity building workshops for health providers, program managers and administrators.
6. Act as enabler for developing the required ecosystem for “out of box” need based solutions.
7. Support research, evidence generation, documentation and dissemination of learnings from pilots of innovative solutions.

2. STATE INNOVATION HUB STRUCTURE

The State Innovation Hub is to be a context specific body to take the health system strengthening process of State/UT further and enable newer need-based initiatives to be systematically taken

up and established.

To achieve desired outcomes, establishment of **State Innovation Hub** to be hosted within the SHSRCs - where functional or within the state health systems. The Innovation Hub will include following given structures and their compositions are given in chapter 4:

- **State Innovation Hub Committee (SIHC):** This committee to meet quarterly or biannually to deliberate on innovative proposals submitted by districts or any programme division and provide necessary guidance, directions and approvals and assess progress on milestones.
- **State Good Practices and Innovation Advisory Committee (SGPIAC):** This committee to conduct technical review of the proposal and provide recommendations; will monitor implementation of approved practice/innovation and will conduct third party assessment and evaluation and review scale up plans.

3. CORE FUNCTIONS OF STATE INNOVATION HUB

1. Act as the Registry Point by maintaining a repository of identified problems/ repository of successful dynamic innovative solutions for different public health concerns/issues - from the past & and also experiences from other States/UTs and global evidence of public health relevance along with mapping of proposed solutions. This registry will serve as a reference point for any future interventions and also for those ideas that could not be taken up at a given point and may be possible for taking up in future for any other programme as well.
2. Act as a nodal body for supporting NHSRC, SHSRC (wherever relevant) and NHM in organizing innovation summits and technical review and monitoring of prioritized innovations.
3. Facilitate conduction of Innovation capacity building workshops for health providers, program managers and administrators.
4. Act as an enabler for developing the required ecosystem for promising solutions.
5. Provide the ecosystem and the platform for forging partnerships amongst relevant stakeholders.



Figure 2: State Innovation Hub Functions

4. OUTPUT OF STATE INNOVATION HUB

1. Decentralized implementation of scalable, sustainable and effective - innovations at district level.
2. State/UT NHM steers validation, piloting and scaling-up of innovations.
3. Achieving desired results in shorter time as innovations are designed for local problems.
4. Platform for articulating actual public health problems and inviting matching solutions.
5. Single window approach for inviting proposal, validating and funding for pilot and scale-up.
6. Structured mechanism of innovation will help foster innovative ideas.
7. Sustainability & health system integration of innovations can be evaluated prior to scale-up.

ROADMAP TO INSTITUTIONALIZE STATE INNOVATION HUB

1. ROADMAP

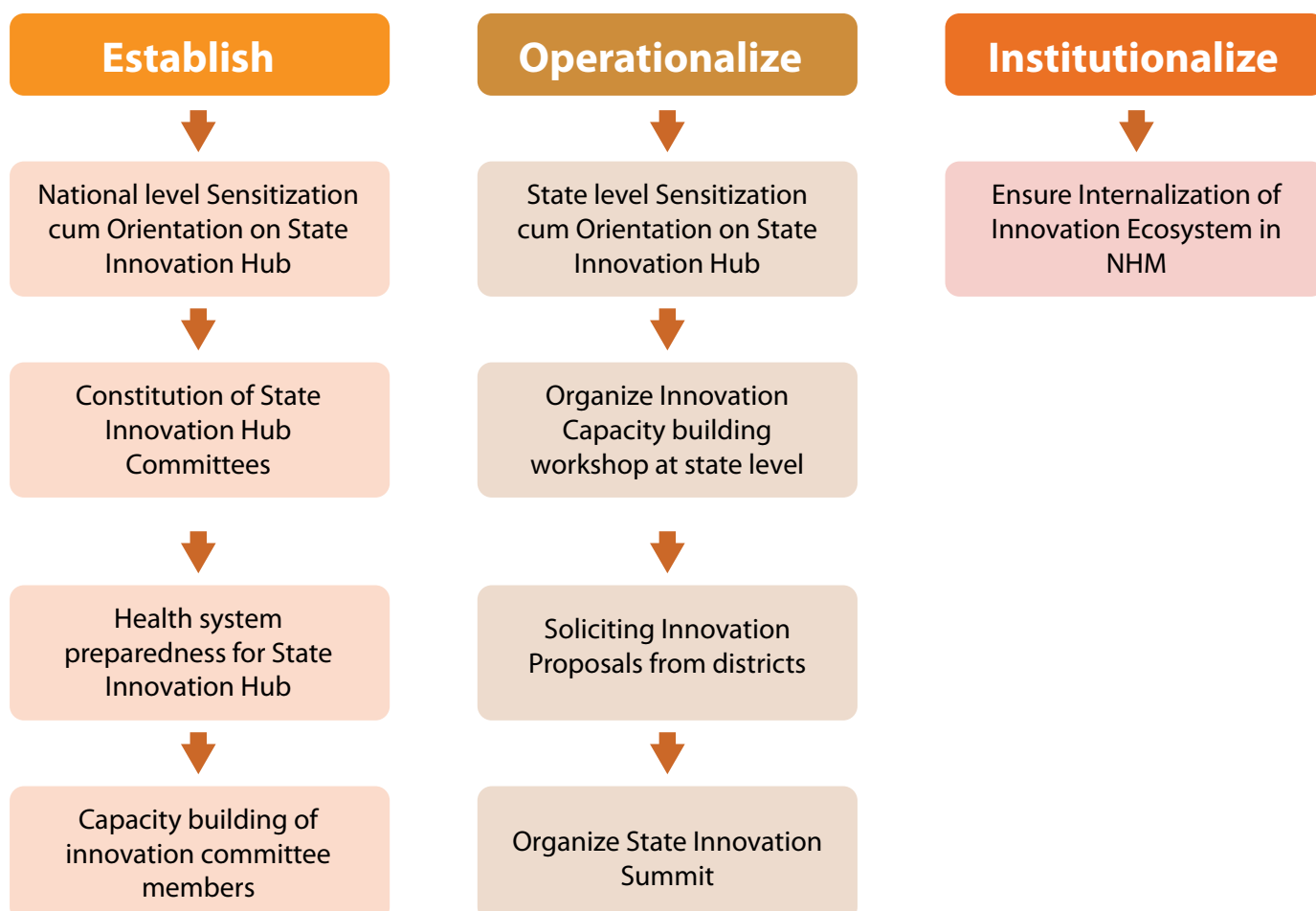


Figure 3: Road Map

Key Elements	Key Activities	Sub activities	Responsibility	Frequency
#1: Setting up and Establishing the unit	National level Sensitization cum Orientation on State Innovation Hub	Identification of State Nodal persons from NHM & SHSRC	State/UT NHM, NHSRC/ SHSRC	One time, yearly in initial years to institutionalize the process
		Conduct national level workshop to Orient States/ UTs on why and how to set up the unit and its tasks (1 Day)	MoHFW /NHM and NHSRC	One time, yearly
	Constitution of State Innovation Hub Committees	Members of State Innovation Hub Committee, State Good Practices and Innovation Advisory Committee	State/UT NHM, SHSRC	One time
		Formal notification of constituted committees	State/UT NHM	One time
	Health system preparedness for State Innovation Hub	Provision for “District Innovation Funds” (Earmarked funds for districts for approved innovations)	State/UT NHM	Yearly
#2: Operationalize	State level Sensitization cum Orientation on State Innovation Hub	Appointing required Human Resources (State Innovation Hub Nodal Officer/Consultant)	State/UT NHM, SHSRC	One time
		Identification of district nodal officer for Innovation	State/UT NHM	One time yearly
	Organize Innovation Capacity building workshop at state level	Conduct 1-Day State Level Innovation Workshop for districts	SGPIAC, SIH/SHSRC	One time yearly
		To analyze NHM programme data of respective State/UT and come up with subjects of concern/ key priorities - district wise or for the State/UT so that new approaches may be proposed to deal with it. Convene meeting with state teams, districts and stakeholders to finalize the priorities	SGPIAC	Biannual

Key Elements	Key Activities	Sub activities	Responsibility	Frequency
#2: Operationalize	Soliciting Innovation Proposals from districts	Conduct screening of received innovation proposals	SIH / SHSRC	As on need basis
		Conduct review of received proposals	SGPIAC	As on need basis
		Provide approval of shortlisted Innovations	SIHC	Annual
	Organize State Innovation Summit	Ensure disbursement of "District Innovation Funds" (Earmarked funds for districts for approved innovations) for shortlisted Innovations	State/UT NHMs based on decision by SIHC	On Need basis after follow of due processes
		Reviewing submission of Innovation proposals from Public & Private sectors, Academia, Entrepreneurs and Startups	SIH/SHSRC	One time yearly
#3: Institutionalize	Ensure Internalization of Innovation Ecosystem in NHM	Review of received Innovations and finalize list of Innovations to be showcased in the Summit	SGPIAC	On Need basis after follow of due processes
		Conduct 2-Day State Innovation Summit	State/UT NHM, SGPIAC, SIH/SHSRC	Yearly
		Recommendation of innovative 'out-of-box ideas' regularly under NHM	SIHC and SIH / SHSRC	
		Convene meetings regularly with implementers, innovators, technical persons to facilitate partnerships for promising innovative solutions	State NHM team – with support from SIH/SHSRC	
		Continued Evaluations of the piloted innovations for scale up	SGPIAC, SIH / SHSRC	
		Documentation and Dissemination of Innovation and its processes	SIH / SHSRC	

ESTABLISHMENT OF STATE INNOVATION HUB

1.CONSTITUTION OF STATE INNOVATION HUB COMMITTEES

Terms of Reference (TOR) for the State Innovation Hub Committee (SIHC)

This committee to meet to deliberate on 'Proposals for Innovations' submitted by districts or any programme division and provide necessary guidance, directions and approvals and assess progress on milestones.

The SIHC will be responsible for:

1. To act as the apex and approving body for reviewing and granting approvals to pilot/scale-up selected innovations recommended by the State Good Practices and Innovation Advisory Committee (SGPIAC).
2. Review and approve the implementation plans and budgets for approved innovations recommended by SGPIAC.
3. Suggest and recommend allocation of resources (NHM funds or any other budget available with State/UT) for undertaking implementation of recommended innovations.
4. Undertake periodic review and assessment of progress of approved innovations and provide directives on its scale-up / dis-continuation in accordance to pre-defined standards.
5. Review the requests for extension of implementation timelines and allocation of additional resources for approved innovations as and when required.
6. Direct the SGPIAC or any other appropriate body to address specific issues or tasks related to approved Innovations. Resolve any contentious or outstanding issues, as directed by SGPIAC, and ensure successful completion of approved innovation/s.

State Innovation Hub Committee (SIHC) Members

- MD, NHM – Chairperson
- Programme heads – Member
- Technical institution (or SHSRC if functional in State/UT)– Member
- ED- SHSRC/SPM/ Any other senior official – Member secretary*
- State Innovation Hub Nodal officer/Consultant: Invitee

(* If Member secretary is ED-SHSRC, SPM to be an invitee member)

Meeting frequency

- The SIHC will meet annually and can also meet in between if need emerges.

2. TOR FOR STATE GOOD PRACTICES AND INNOVATION ADVISORY COMMITTEE (SGPIAC)

This committee will conduct technical review of the proposal and provide recommendations, will monitor implementation of approved practice/innovation, and will facilitate third party assessment and evaluation and review scale up plans.

The SGPIAC will be responsible to:

1. Advise the State/UT NHM for prioritization of priority public health problems.
2. Technically review the innovations, and shortlisting of matching solutions submitted by any of the programme division, districts/divisional teams, technical partners, Innovators, CSR initiatives and other interested parties.
3. Provide recommendations on piloting matched solutions.
4. Review and advise on matters regarding the content and progress of various innovations and make recommendations to the State Innovation Hub Committee (SIHC).
5. Complete feasibility assessment of innovations and compile recommendations for presenting in SIHC meetings.
6. Review Implementation of approved innovations for scale up. Setting up strategic directions to monitor and assess progress on innovation adoption process.
7. Provide appropriate capacity building platform.
8. Support State/UT in preparation of plan of action and implementation of innovation funds available in the PIP.
9. Support in organizing Regional/State innovation summits
10. Support State/UT in preparing for innovations/ having ideas for identified problems, shortlisting of suitable innovation/ideas, etc.
11. Undertake any other tasks as and when requested by the SIHC.

SGPIAC Members

- ED, SHSRC – Chairperson (wherever applicable or from State/UT NHM as nominated by MD NHM)
- Director/JD (Technical), NHM – Member
- SPM, NHM – Member
- Senior Consultant, Planning – Member

- Senior Consultant, M&E – Member
- State Accounts Officer – Member
- Co-opted member as per the subject for review (from NHM, Govt. dept., technical institution)
- State Innovation Hub Nodal officer/Consultant – Member secretary/convener

Invitees

SGPIAC may invite additional participants, as deemed appropriate depending on agenda of the scheduled meeting.

Meeting Frequency

- SGPIAC will meet bi-annually, or as determined by the Chair.
- SGPIAC/ State Innovation Hub will be responsible for convening meetings at the request of the Chairperson, prepare the agenda and document meeting's proceedings and resolutions and seek approval of the chair on the same.

Following 5 activities needs to be budgeted through NHM PIP by the State Innovation Hub:

1. **Innovation Capacity Building Workshops/Orientations:** To initiate the process State/UT will have to organize Innovation capacity building workshops at the State and Districts. The orientation and capacity building of State Innovation Hub Committees is also important to institutionalize innovations in NHM, on aspects like process of developing as well as evaluation and scrutinizing of innovation proposals. Convene meeting with participation of districts, functioning public health organizations/institutions in the State/UT, and other relevant stakeholders including entrepreneurs and innovators to present ideas on how to look for innovations. Program Division of District NHM staff to be oriented on how to look for innovation in every programme or on the basis of community need assessment, why and how to analyse every NHM programme data of their State/UT and come up with subjects of concern district wise or for the State/UT so that new approaches may be proposed to deal with it, and above all, how to draft innovative proposals. It is recommended that the innovations are aligned with the problem statement or the health needs of the State/UT and respective districts.
2. **State Innovation Hub Meetings (Review and Approval of Innovative Solutions):** This will be the central activity of the State Innovation Hub. The State Innovation Hub through its prescribed processes will invite and review innovative ideas from programme divisions, districts and field functionaries as well as diverse set of stakeholders including innovators, and technical partners, etc. SHSRCs, where functional, would play an active role in these meetings.
3. **State Innovation Summit:** The primary objective of the “State Innovation Summit” would be to present the innovative strategies that have made a difference and promote district/divisional teams with respective technical partners to propose such result oriented innovations under District/State innovation fund in search for matching solutions for prioritized public health problems. Besides this, Innovation Summit will also create a

platform for articulating and understanding problem statements, sharing of innovations and best practices and sustainable solutions as submitted by districts. It will also inculcate an ecosystem that supports its stakeholders to innovate for the prioritized challenges in public health system, aligned with State/UT specific priorities.

4. **State/ District Innovation Funds:** This fund is to be utilized to pilot and demonstrate approved innovative ideas, moving away from the time bound project specific interventions that do not get carried forward and even though that would have provided good results, get held up due to lack of support and required resources. The funds approved for testing innovative ideas from districts will be examined using the prescribed mechanism by the State Good Practices and Innovation Advisory Committee (SGPIAC) and approved by State Innovation Hub Committee (SIHC).
5. **Human Resource:** Position of a dedicated staff is required supporting the various functions of the State Innovation Hub (facilitate conducting reviews by institutional mechanism, capacity building of NHM staff on innovation, supporting screening, review and evaluation of innovation proposals from various districts etc.) and help institutionalize the accepted processes to strengthen State Innovation Hub within the health system. State/UT would have the flexibility to nominate/designate a State Innovation Hub Nodal officer/ Consultant from SHSRC for the State Innovation Hub. For the States where there is functional SHSRC, the position of State Innovation Hub Nodal officer/ Consultant will be proposed within the SHSRC. For others, the provision may be provided within the NHM existing mechanism in respective States/UT.

OPERATIONALIZATION OF STATE INNOVATION HUB

1. STATE LEVEL SENSITIZATION CUM ORIENTATION ON STATE INNOVATION HUB

Objective of the orientation

1. Structure of State Innovation Hub
2. Innovation process map
3. Process of soliciting proposals for innovations and its evaluation
4. Process of organizing innovation workshops and summits

Capacity building workshop would be an annual activity where the districts level officials would be oriented and trained to build their capacity on problem identification process and planning or undertaking an innovation to address the same. This would also be a common platform for districts to share their experiences, concerns and learnings in order to plan strategically to enable need based innovation process for respective focus areas.

2. INNOVATION CAPACITY BUILDING WORKSHOPS

The innovation workshop is a carefully designed and facilitated participatory event. The workshop consists of five key steps.

- Step 1: Participants review the available outcome data within the selected thematic area in health to assess the direction of a given program.
- Step 2: Assess whether interventions are reaching the intended beneficiaries or clients.
- Step 3: How well the program has been implemented till date. Review activities in each of the seven main program pillars namely: governance and policy, financing, health workforce (human resources and training and retention), organization and service delivery, information and medical products, and Communitisation processes.
- Step 4: Based on these findings, participants define the key priority areas or challenges for further analysis.
- Step 5: Among all identified challenges, the prioritized concerns would be considered to develop solutions. And, finally, participants discuss these problems and identify practical solutions based on local, national or global experiences. These prospective solutions are developed using the health care delivery approaches before moving to next step of implementing them as small scale pilots in real settings.

Following the workshop, the potential solutions and proposed next steps are presented to State / UT officials through the State Innovation Hub. Before the decision to incorporate an

approved solution or recommendations into the next implementation plan is taken, it requires a consecutive planning process for estimating the cost of recommended activities and developing a comprehensive work plan.

Figure 4: Key Steps of Innovation Process



3. PROPOSALS FOR INNOVATIONS

This section describes the process of inviting proposals for an Innovation Challenge funded by State's/UT's National Health Mission (NHM), the review process, selection criteria, roles and responsibilities of State Innovation Hub.

- The aim is to provide guidance to the District teams on writing Innovation proposals (Innovative Solutions) in Program Implementation Plans (PIPs).
- This endeavor is a part of the innovation process to invite matching solutions of priority problems identified by the State/UT government.

3.1 Need of “Proposal for Innovations”

The proposal for innovations is a part of process mapping and to encourage planners and implementers to look beyond the present status of the programmes and to invite matching solutions of priority problems identified by the State/UT government. The proposal for innovations aims to source the most fitting innovations to address priority and competing problems within the public health space.

This document describes the proposals for innovations process, solicitation of appropriate solutions to intractable issues/challenges as proposals, funding available and provided by the State/UT National Health Mission, the review process, selection criteria, roles and responsibilities of State Innovation Hub (facilitator of innovation process at the level of the State/UT).

3.2 Process of inviting ‘Proposals for Innovations’

The process of inviting Proposal for innovation to a given programme challenge will involve the following steps:

A. Identifying the Requirement

The suitable proposals for an innovation challenge can be placed after identification and prioritization of various priority issues/challenges with identification of ‘the problem statement’. The purpose of the proposal for innovation is to ignite and invite competition among relevant stakeholders to propose feasible solutions using a transparent process.

B. Drafting

The process begins with drafting a request for an innovation proposal. The requirement of proposal for innovation has to be stated clearly and objectively as far as feasible to establish good understanding for interested applicants to design and propose a complete and comprehensive solution. If the requirements stated are not clear and restrictive, the applicants’ creativity and innovation may be limited.

C. Inviting Proposal

A proposal for innovation can be placed (floated) anytime during the financial year, preferably 3 or more months before “Project Implementation Plan (PIP)” preparation. After implementing feedback, the final request for proposal is issued. All interested applicants (entrepreneurs, innovators, start up, Public health experts) then submit their innovation proposals.

The activities involved for proposals for an Innovation Challenge, the process and the responsibility of State Innovation Hub mechanism is shown below (Figure 5).



Figure 5: Proposal for Innovation: Activities, Processes and Responsibilities

3.3 Who can be applicants for Innovation Proposals?

The applicant of the proposal for Innovation can be any programme division, district or block programme implementers, technological intervention innovators including institutions like Indian Institute of Technology (IIT), Medical Colleges, Public Health Organisations, entrepreneurs, not for profit organizations, societies, technical partners etc.

3.4 Type of Funding provided

Funding for successful proposal will be available through two mechanisms using the State/UT NHM funds:

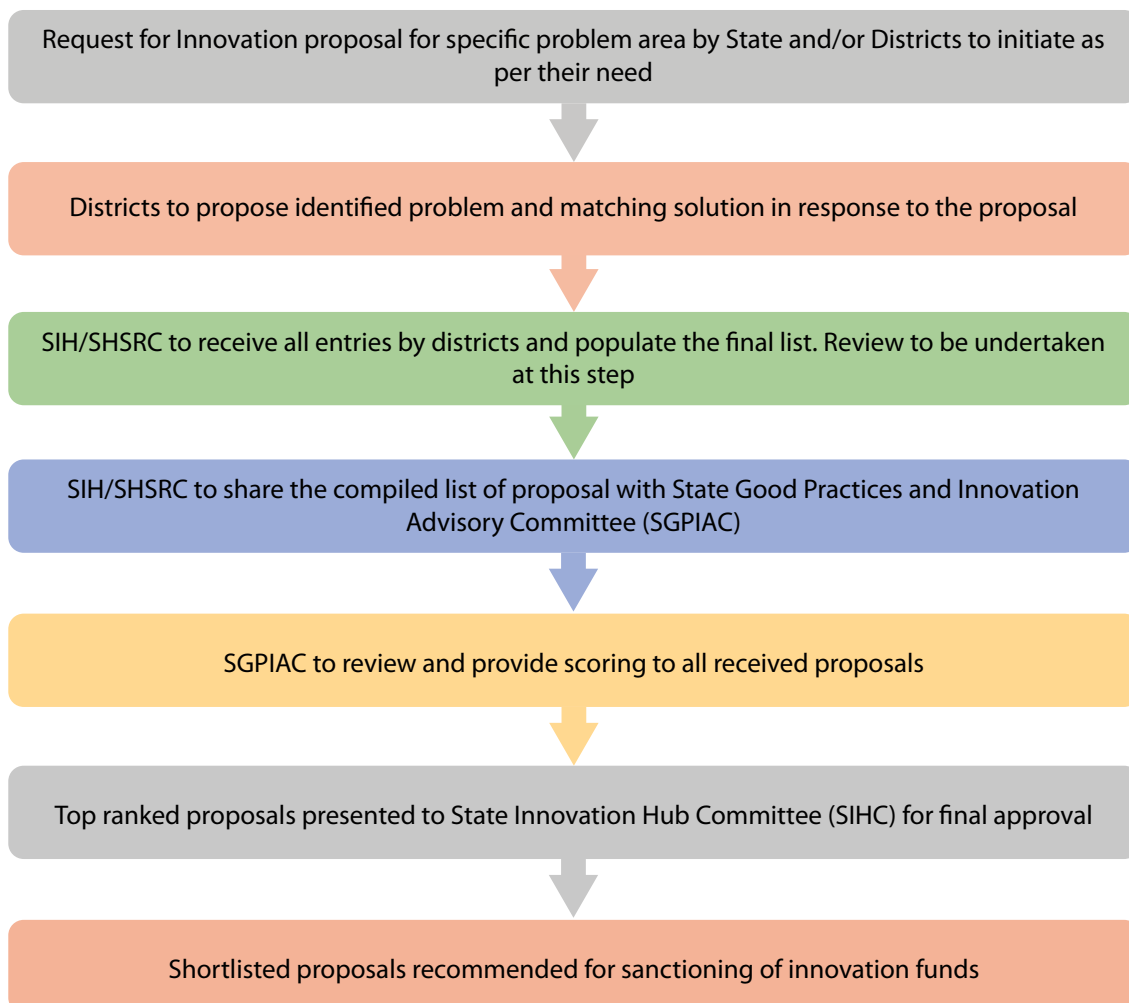
A. Seed grants: Testing proof of Concept funds

Funds under this mechanism will be available to support introduction and validation of prototypes under proposed innovation to the particular ‘problem statement’ identified in the proposal for innovation (i.e., Testing proof of concept).

B. Transition to scale grants:

Funds made available through this stream will be provided to further refine and rigorously test the impact of accepted solutions that demonstrated success during proof-of-concept stages and hold potential to achieve the desired health goal in setting at a bigger scale, i.e., in project mode or program settings (scaling up of successful proof of concept).

3.5 Key steps in Funding of Innovation Funds



3.6 Overview of Proposal for Innovation Review process

Following steps are involved in proposal for innovation review process:

A. Innovation Screening

As a first step in the review process, the applicants are invited to submit response (proposal for innovation) to a specific challenge with accompanying, budget as laid out in the prescribed template. SGPIAC (SIH/SHSRC), within State/UT NHM will review the submitted proposal/applications in a specified two-step process. All applications will be required to follow the submission criteria as listed below:

1. Problem Statement
2. Proposed Solution/Description of Model
3. Human Resources (Existing and/or New)
4. Capacity Building Strategies, (if applicable)
5. Evidence of Effectiveness (if applicable)
6. Cost
7. Summary of lessons and challenges (if applicable)

8. Scalability
9. Implementation partners

1. Problem statement

Identified Problem statement should align with State/ District issues, must be supported by impact level, program and coverage level indicators from evaluated surveys or HMIS and relevant with the geographical area of pilot.

2. Description of the model

Demonstration that the proposed solution offers a creative, bold and innovative approach to the problem outlined in the challenge and is clearly differentiated from, and superior to, existing approaches in the proposed setting i.e., has the potential to provide significant improvements in cost, quality, and/or access to essential health services, relative to standard practice and/or current offerings available in the open market.

3. Human Resources (Existing and/or New)

Availability of human resources (whether existing HR or new HR were hired) for implementation of the proposed innovation.

4. Capacity Building Strategies

Details on how the capacity building for implementation of innovation/best practices will be undertaken within the State/District.

5. Evidence of Effectiveness

- Extent to which the proposed implementation plan and project milestones are appropriate, feasible and technically sound to achieve the proposed impact within the budget and time allocated and beyond.
- Extent to which potential risks to successful implementation are anticipated and mitigation strategies articulated.
- Hold sufficient and credible evidence of proof-of-concept, i.e., evidence of improved health outcomes and/or strong evidence in the reduction of significant barrier(s) to health for specified population and evidence of demand for the solution in a controlled or limited setting.

6. Cost

Details on budget required for the implementation or evidence of co-funding and/or in-kind support from partners to support sustainability (if any).

7. Summary of lessons and Challenges (if applicable)

Information on challenges faced during implementation as well as lessons learnt during the process.

8. Scalability

- Extent to which the project has a clear and rational monitoring and evaluation plan that is structured to evaluate progress as well as impact at completion to inform future

scale up activities. Reviewers will examine the quality of the proposed indicators (clear, measurable and realistic), the outcomes/results expected to be achieved and any other method(s) proposed to measure project success. Provide a clear and compelling description of the potential scale of the innovation in additional settings.

9. Implementation Partners

Information on support and/or engagement of local/national partners including government in project design, implementation, and evaluation, including end-users.

B. Technical Review

After initial technical review by SIH/SHSRC, the shortlisted proposals/ innovations would be evaluated by State Good Practices and Innovation Advisory Committee (SGPIAC) using a defined scoring criteria. The final score card with mention of all shortlisted proposals/ innovations will be shared with SIHC. SIHC would recommend the top successful proposals/ innovations, based on available funding for issuing awards.

C. Issuing of Awards

At the end of above listed process, proposals/ innovations will be shortlisted. Thereafter, each successful proposal/ innovation will undergo due diligence by presenting their proposal to the State Good Practices and Innovation Advisory Committee (SGPIAC) in a meeting.

State Innovation Hub Committee would award the successful proposal/innovation depending on state validating the process of grant review and availability of State/UT NHM funds.

3.7 Technical Criteria and Scoring

SGPIAC will evaluate all submitted proposals using the below mentioned criteria:

1. Geographic coverage
2. Duration
3. Evaluation
4. Financial Implication
5. Scalability

Suggestive Scoring of each proposal/innovation will be done using the criteria as described in Annexure 1 and 2

STATE INNOVATION SUMMIT

STATE INNOVATION SUMMIT

This chapter describes the guidelines, processes and support required for convening a Innovation Summit at the State level with financial support and guidance of State's/UT's NHM.

While there has been tremendous progress and numerous successes to further the goals set by States/UTs, but visible or evident gaps still persist. Closing these gaps (in provision of health services, both in quality and equity) requires new ways of thinking and working to “reach the unreached”. The desire for trying out innovative solutions is also amply visible in the state health systems and one mechanism to seek innovative solutions has been the convening of ‘Best Practices Summit’. To yield the desired results this warrants for a structured and standardized way of identifying the right problems to be addressed, and testing and developing effective sustainable solutions and integrating them into the state implementation system in an efficient way.

Several State/UT governments across India are constantly testing innovations and new ideas for improving the health system and providing affordable and quality, including equitable, services to citizens. The proposed ‘Innovation Summit’ shall be organized as a two-day event at the State level with participation from all districts providing them an opportunity to showcase the innovations and best practices that they have come up with in their respective districts. The State Innovation Summit shall be planned by State Innovation Hub under the guidance and directions of State Innovation Hub Committee.

VISION

To create a comprehensive platform where all State specific public health innovations and best practices can be shared, felicitated and taken up for replication in the State/UT through support of NHM funding via PIP with requisite approval by the set committees for this purpose.

OBJECTIVES

- The primary objective of the “State Innovation Summit” would be the sharing of innovations and good practices showcasing sustainable solutions for emerging challenges, solutions shortlisted by programme divisions, districts and respective technical partners and relevant stakeholders.
- To provide Knowledge sharing platform for evidence and practices within the State/UT

Participation: The representatives of Medical & Health Department from State/UT, districts, other line departments (ICDS, WCD etc.), key stakeholders, academic and research institutions,

NGOs/CBOs, Public Health Professionals, technical Partners, CSR Groups, media houses may participate in the State Innovation Summit. The above list is indicative which may be modified as per the directions of MD, NHM.

Mode of sharing of Proposals: Submission of proposals in a district shall be through district CMO office. At the level of districts, the Chief Medical Officer (CMO) shall be the nodal officer for receiving, consolidating and forwarding all proposals, in the prescribed format, to State/UT. In case of other government departments partnering with Dept of health in delivery of health services, the proposal should be submitted to district CMO through proper channel, i.e., their District level department heads.

All proposals that shall be submitted should be addressed to the Mission Director, NHM.

Display Area: The summit venue should also have a display area where all the innovations, success stories, case studies, research papers, guidelines of different National flagship programs, state schemes etc. are to be displayed through stalls in the form of posters, papers, flex, digital contents, PPT slides etc. The Display Area shall be managed by the concerned organization or designated staff.

PROCESS

Step #1: Approval for organizing State Innovation Summit

- A meeting of SGPIAC shall be organized to finalize the agenda and necessary arrangements; directions will be given to the Districts and relevant stakeholders.
- Preparation of list of invitees including representative from Ministry of Health & Family Welfare, representatives from NHSRC, and other stakeholders regarding their participation in Innovation Summit.
- The date for State Innovation Summit shall be finalized and approved by Secretary Health of the State/UT.

Step #2: Road map to organize State Innovation Summit

- The State Innovation Hub Committee members shall finalize the venue, name of dignitaries, moderators, experts, media representation, and other event logistics including boarding and lodging, event invitations and outsourcing the necessary arrangements (transport, catering, , display area, preparation of IEC material, anchoring etc.) through an approved agency, all under the supervision and guidance of MD, NHM and/or designated committee chairman.
- The role of all the line departments, State and Districts officials, shall be decided by State Innovation Hub Committee. A formal communication would be sent to respective stakeholders for participation in the summit.
- Each participating district, organization, consortium, individuals would be requested to submit their innovation within one month from the date of issuance of letter from the State.
- A confirmation letter will be shared for shortlisted innovations for presentation at the Summit. Description of the innovation and power point presentation will be required to be submitted a week prior to the Innovation Summit day.

Step #3: Formation of Technical subgroup & sub committees for approval of Innovations/ best practices

- MD, NHM shall constitute technical subgroups for RMNCHA+, Health System Strengthening, Disease control program, NCD, urban, technology, community processes, etc., for review of received innovations and best practices and grade them according to the established criteria (relevance, sustainability, scalability and financial viability).
- The technical sub-groups shall present the selected proposals to the State Innovation Hub Committee (SIHC). Within a weeks' time, the SIHC shall finalize the final list of proposals to be showcased during the Innovation Summit and share it with Health Secretary of the State/UT for final approval.

Step #4: Role and responsibilities of Subcommittees:

The subcommittees will be largely responsible for timely communication, documentation, arrangement of all necessary logistics, media coverage, IEC, etc. The responsibilities of subcommittees are indicative and may be changed as deemed necessary by the Mission Director.

Scoring criteria for Program Innovations/ Best Practices

S. No	Scoring Criteria/ Parameter	Description
1	Geographical coverage	<ul style="list-style-type: none"> • If Facility Based project, number of districts covered • Population Covered
2	Duration	<ul style="list-style-type: none"> • Duration of implementation of proposed innovation/best practice
3	Evaluation	<ul style="list-style-type: none"> • Self-reporting (Physical Progress report) by self or through stakeholder/ State HMIS/MCTS • Formal Internal evaluation • Formal External (Independent) Evaluation
4	Financial Implications	<ul style="list-style-type: none"> • Information not provided • Information on cost of intervention addressed • Information on cost as well as cost-Effectiveness of intervention is addressed
5	Scalability	<ul style="list-style-type: none"> • Programmes/product is designed to be included in ongoing programmes. whether it addresses marginalized population? • Has only been implemented in one setting but is theoretically applicable to other sites • Robust methodology

The above scoring criteria is intended for guidance of States/UTs. Adapting this criterion, States may develop their own scoring criteria as per their contexts.

Scoring criteria for Product Innovations

S. No	Questions	Criteria	Max. Score	Score obtained
1	What is technology's stage of development?	Fully commercialised and listed on GeM (TRL-9)	3	
		Fully commercialised but not listed on GeM (TRL-9)	2	
		Pre commercialised (TRL 8 and below)	1	
2	Does the technology target a well defined and substantial health problem?		0-3	
3	Is the innovation novel, unique and commercially viable?	Novel and unique technology	1	
		Patent obtained	1	
4	Superiority of technology in terms of safety and efficiency?	Regulatory approval obtained (CDSCO)	2	
		Cost effective in public healthcare settings	1	
5	Will the product lead to positive health outcomes in low resource settings		0-2	
6	Is it a well-balanced committed and resource full team?	Innovation backed by government organisations (ICMR/DBT/DST/BIRAC/IITs)	1	
		Clear concise and professional presentation	1	
Total Score			15	
	Scoring Grade	14-15	Recommended for Pilot/uptake in public health programmes	
		10-13	Recommended for Health technology Assessment (HTA)	
		00-09	Not Recommended	

The above scoring criteria is intended for guidance of States/UTs. Adapting this criterion, States may develop their own scoring criteria as per their contexts.

D. O Letter for setting up of State Innovation Hub



विकास शील, भा.प्र.से.
Vikas Sheel, I.A.S.

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

D. O. No: Z-18015/14/2022-NHM-II
Dated the 23rd March, 2022

Dear Colleague,

National Health Mission has been holding National Summit on Good, Replicable and Innovative Practices in Public Healthcare Systems in India since 2013. So far seven such summits have been held where States and UTs have presented the good initiatives that have made difference in improving health and reach of services. Some of these initiatives have also been taken up as national programmes.

To systematically review possibilities for strengthening the systems in each programme at the district and State level for improved outcomes and to take the health status of districts and state further, it is being proposed to set up State Innovation Hub or State Unit for Innovations and Reforms in Health, a concept note on the subject is attached for reference.

NHSRC will provide technical assistance and support to States for setting up this unit. By initiating this activity, we expect that each district will make efforts to come up with 'out of the box' ideas which are evidence based and the State NHM could take up selected ideas for implementation which then further be showcased at the national summits for other States and UTs to learn and replicate.

Please plan for this initiative and add in the State PIP for 2022-23 and 2023-24.

Warm regards

Yours sincerely,

(Vikas Sheel)

To

- Addl. Chief Secretary/ Principal Secretary/ Secretary (Health) of all States/ UTs
- State Mission Director (NHM) of all States/ UTs

Copy to:

- PPS to JS (P), MoHFW
- Executive Director, NHSRC

स्वच्छ भारत - स्वस्थ भारत

Tele : 011-2306 3693, Telefax : 011-2306 3687, E-mail : sheelv@ias.nic.in



National Health Systems Resource Centre
Ministry of Health and Family Welfare, Government of India