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भारत सरकार
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निर्माण भवन, नई दिल्ली - 110011

Government of India

Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Z-28016/9/2019-NRHM - 1-DOHFW DEPARTMENT-Part (1)

Dated 20th July 2019

Dear All,

As you are aware, provision of Comprehensive Primary Health Care through Health and Wellness Centres (AB-HWCs) is one of the two components of Ayushman Bharat, under which an expanded range of services are being provided through these transformed AB-HWCs.

Operationalizing these AB-HWCs requires a paradigm shift. Keeping this aspect in mind, it has been decided that every medical college in the country should adopt and provide mentorship to **at-least Ten AB-HWCs** in rural and urban areas. The guidance note for the same is enclosed herewith.

To achieve this, it would be essential to rope-in the **Department of Medical Education** and work in close collaboration to map the functional AB-HWCs located within the proximity of the respective Medical colleges. The guidance and mentorship to these adopted AB-HWCs would enable them to provide quality healthcare services.

I would kindly request you to render your leadership for the participation of all medical colleges in your State/UT and contribute to realize the vision of Long Live India (Ayushman Bharat).

With kind regards,
7/20107/2019
(Dr. Manohar Agnani)

Additional Chief Secretary (Health) / Principle Secretary (Health) / Secretary (Health) – All States and UTs

Copy to :

1. JS (SP) / JS (SS) to instruct the Medical Colleges from the ME Division as well.
2. Mission Director – All States / UTs
3. ED, NHSRC

स्वच्छ भारत—स्वस्थ भारत

**Medical Colleges to support Health and Wellness Centres to deliver Comprehensive
Primary Health Care**

- (i) Comprehensive Primary Health Care is one of the two components of Ayushman Bharat, under which an expanded range of services is expected to be provided at Health and Wellness Centres (HWC). Services for chronic non-communicable diseases, mental health, ENT, eye care, oral health, elderly, palliative health care and basic emergency & trauma services would be provided at upgraded sub centres and primary health centres, in addition to existing services of reproductive child health and communicable diseases. This would be achieved by expanding the primary health care team as SC- HWCs- addition of a Community Health Officer and multiskilling of existing team at PHC- HWCs, capacity building of program management staff and primary health care team at HWCs, expansion of medicines and diagnostics commensurate to additional range of services and strengthening of upward and downward referral linkages to ensure continuum of care.
- (ii) Operationalizing Health and Wellness Centres to provide CPHC requires a paradigm shift at many levels. Major changes are required, for example in the organisation of services, in expansion of technical competencies, in team and individual work processes, in reporting and analysing information, financial flows, instituting performance based incentive, community based health services, action on social and environmental determinants, maintaining continuity of care, referral patterns, testing IT based venues for communication, understanding local epidemiological patterns, etc.
- (iii) In this concept note, we propose that every medical college in the country adopt and provide mentorship support to at least ten Health and Wellness Centres, which would include Sub Health Centres as well as Primary Health Centres in rural and urban areas.
- (iv) Their role would be *to mentor and support the team in every one of these ten HWC to implement the key components of CPHC in collaboration with the state health mission.*
- (v) The HWC already receive funding under the National Health Mission through the State PIP. Additional funding for the medical college would be provided in terms of a team of HWC coordinator, and about three Programme Associates. About 50% faculty time of an Assistant Professor would also need to be factored in. In addition, travel costs (depending upon the location of HWC selected by state for mentoring), communication, workshop/meeting costs would also need to be budgeted. An illustrative budget is provided.

- (vi) Key features of mentorship include:
- An assessment of training needs and capacity building of service providers,
 - Development of various components of HWC
 - Establish HWC as an integrated platform for delivering a range of PHC, including addressing determinants such as nutrition, school health, WASH
 - Monitoring of footfalls, service availability, including establishment of referral linkages to ensure continuum of care.
 - Extent of reach of the PHC team to the marginalized in the coverage area.
 - Providing teleconsultation services and clinical mentoring of PHC team.
 - Identify issues that need behaviour change and develop appropriate strategies to address directly or through multisectoral convergence
 - Undertake Implementation Research in various areas such as financing, health promotion strategies, change management,
- (vii) Location of mentoring hub in Medical college would be with the Department of Community Medicine- if a Department of Family Medicine exists, the hub should be located there.
- (viii) The state NHM-would provide a list of the facilities (HWCs) to be mentored by the Medical College, approve the budgets for Mentoring Hubs, ensure that Allocated HWC have necessary infrastructure, HR, and appropriate resource allocations, support IT infrastructure requirements, Conduct review meetings with mentoring hub and with HWC teams.