

## INFRASTRUCTURAL TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS TO HEALTH AND WELLNESS CENTERS (HWCs)

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**FMR CODE: - 5.1.1.2.h**

**ACTIVITY: -**

Infrastructure – SHCs

**BUDGET PROPOSAL: –**

Rs. 2345 Lakhs for the transformation of 335 SHC to Health and Wellness Center at unit cost Rs. 7 Lakhs per SHC as per the Operational Guidelines of Health and Wellness Centers.

INDICATOR	Unit of Measure	Unit Cost	Number of PHC	Proposed Budget (Rs. Lakh)
Infrastructure Strengthening - PHCs	Number of SHC	700000	3427	23989.0

**BUDGET JUSTIFICATION: –**

The functionality criteria to be followed for the operationalization of health and wellness centers includes eight major components, of which infrastructure upgradation of PHC and UPHC is a primary mandate. This includes following,

- Patient reception and registration centers, citizen charters, electronic display boards for services, provision of sitting arrangement of patients, other amenities in the waiting area, TV screens for health communication, facilities for people with disabilities, provision of privacy for patient examination area/ examination table, good quality lab, pharmacy, a “Wellness Room” for conducting physiotherapy/Yoga sessions, rehabilitative services, separate toilets for males and females etc. may be included in infrastructure upgrade at this level.
- Major civil infrastructure upgrade would largely be required for developing the Primary Health Centers as Health and Wellness Centre. Essential requirements for strengthening a PHC to serve as a Health and Wellness Centers are
  - a) A well-ventilated clinic room with examination space and office space for Medical Officers and Staff Nurses.
  - b) Storage space for storing Medicines, equipment, documents, health cards and registers
  - c) Designated space for lab/diagnostic
  - d) Separate male and female toilets
  - e) Deep burial pit for Bio Medical Waste Management

- f) Proper system for drainage
- g) Assured water supply that can be drawn and stored locally.
- h) Electricity supply linked to main lines or adequate solar source, inverter or back-up generator as appropriate.
- i) Patient waiting area covered to accommodate at least 20-25 chairs
- j) Repairs of roofs and walls, plastering, painting and tiling of floors to be undertaken as per requirement.
- k) Covered space/room for Yoga if adequate space for expansion is available
- l) Adequate residential facilities for the service providers
- m) Rain water harvesting facilities may be planned if required

## PERFORMANCE INCENTIVE FOR MLHP OF HEALTH AND WELLNESS CENTERS (HWCs)

**FMR CODE: - 8.1.12.1**

**ACTIVITY: - Monthly Salary for MLHP**

**BUDGET PROPOSAL:** – Rs. 6360.8 Lakhs for monthly salary for 3437 Mid Level Health Provider (MLHP) at unit cost Rs. 1.85 Lakhs per MLHP as per the Operational Guidelines of Health and Wellness Centers

INDICATOR	Unit of Measure	Unit Cost	Number of MLHP	Proposed Budget (Rs. Lakh)
One Mid- level Service provider	Number of MLHP	185027	3437	6360.8

**BUDGET JUSTIFICATION: –**

The key fundamental principle of CPHC states to transform existing Sub Health Centres and Primary Health Centres to HWCs to ensure universal access to an expanded range of comprehensive primary health care services. A Primary Health Centre (PHC)-HWC that is linked to a cluster of SHC-HWCs would serve as the first point of referral for many disease conditions for the HWCs in its jurisdiction.

As NHM, MP has decided to post around 1600 MLHPs by the end of FY 2019-20 and around 1830 CHOs by July, 2020 at the SHCs which will be served by Community Health Officers (CHO) and render services prescribed under CPHC in the nearest Sub health centers. The selected sub health centers are both delivery points and non-delivery points. The following table summarizes the total budget required as salary for CHOs.

MLHP Salary - Contractual CHOs						
SN	Batch	Number of CHOs	No. of Months	Unit Salary/Month	Total Salary	Total Salary (Lakhs)
1	Jul-Dec 2019	1245	9	25000	280125000	2801.25
2	Oct 19 - Mar 2020	362	9	25000	81450000	814.5
3	Jan-Jun 2020	1830	6	25000	274500000	2745
	<b>Grand Total</b>	<b>3437</b>			<b>636075000</b>	6360.75

Also, as the principle of HWC is that they provide a continuum of care for all illnesses in the community, strategic modifications of components of health systems at secondary and tertiary levels and re-organization of workflow processes would be needed in parallel to effectively implement Comprehensive Primary Health Care through HWCs. In addition to abovementioned,

they will strengthen the activities of PHC-HWC by assisting the Medical Officers and simultaneously strengthening the SHC-HWC for providing health services.

Subsequently, a MLHP will be responsible for set activities recommended by the CPHC guidelines which are as follows.

- **The HWC Data Base:** Population enumeration and empanelment implies the creation and maintenance of database of all families and individuals in an area served by a HWC. This is planned such that every individual is empaneled to a HWC.
- **Health cards and Family Health Folders:** These are made for all service users to ensure access to all health care entitlements and enable continuum of care. The health cards are given to the families and individuals. The family health folders are kept at the HWC or nearby PHC in paper and/or digital format.
- **Increased Access to Services:** HWCs would provide access to an expanded range of services prescribed in the guidelines which will evolve gradually.
- Ensure that all households in the service areas are listed, empaneled and a database is maintained- in digital format/ paper format as required by the state.
- Provide clinical care as specified in the care pathways and standard treatment guidelines for the range of services expected of the HWC.
- Dispensation of medicines, repeat diagnostics as required, identification of complications and facilitating referrals at a higher-level facility/teleconsultation with a specialist as required are undertaken at the HWC, including maintenance of records.
- The HWC would also play an important role in undertaking public health functions in the community leveraging the frontline workers and community platforms.
- Support the team of MPWs and ASHAs on their tasks, including on the job mentoring, support and supervision and undertaking the monitoring, management, reporting and administrative functions of the HWC such as inventory management, upkeep and maintenance, and management of untied funds.
- Support and supervise the collection of population based data by frontline workers, collate and analyze data for planning and report the data to the next level in an accurate and timely fashion Use HWC and population data to understand key causes of mortality, morbidity in the community and work with the team to develop a local action plan with measurable targets, including a particular focus on vulnerable communities.
- Coordinate with community platforms such as the VHSNC/MAS/SHGs and work closely with PRI/ULB, to address social determinants of health and promote behaviour change for improved health outcomes.
- Address issues of social and environmental determinants of health with extension workers of other departments related to gender based violence, education, safe potable water, sanitation, safe collection of refuse, proper disposal of waste water, indoor air pollution, and on specific environmental hazards such as fluorosis, silicosis, arsenic contamination, etc.

- Guide and be actively engaged in community health promotion including behavior change communication
- ASHA would undertake home visits to ensure that the patient is taking actions for risk factor modification, provides counselling and support, including reminders for follow up appointments at HWC and collection of medicines.
- a clear referral format to provide information on reason for referral and care already being provided and other details as necessary (especially on insurance coverage).

One of the key features of the HWCs is the introduction of performance-linked payments for service providers following the capitation-based payment models. This has been envisaged to improve the quality of services delivery by incentivizing providers to ensure better health outcomes for the population in the catchment area. This shift in payment mechanism, in our context, would also address perceived challenge of poor performance of the providers in public health facilities.

According to the payment norms recommended by MoHFW, MLHPs are expected receive a consolidated salary of Rs 25,000 per month and a performance-based salary of Rs 15,000 per month. The mechanism and performance indicators can be modified and adapted to suit the state specific context.

### **Key areas of performance measurement**

Three essential parameters can be used to assess the performance of MLHPs:

- Leadership and Management
- Governance related
- Service delivery outputs

## CERTIFICATE COURSE IN COMMUNITY HEALTH FOR HEALTH AND WELLNESS CENTERS (HWCs)

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### **ACTIVITY:** -

Certificate Course in Community Health by IGNOU

### **BUDGET PROPOSAL:** –

Budget of Rs. 4590.96 Lakhs proposed for 4440 Candidates for following four batches six-month certificate course in community health at the unit cost of Rs 1.034 Lakh per candidates:

- a) March – September 2020 = 390 Candidates (Under MPMSU)
- b) July – December 2020 = 1830 Candidates (Under IGNOU)
- c) October 2020 – March 2021 = 390 Candidates (Under MPMSU)
- d) January – June 2021 = 1830 Candidates (Under IGNOU)

### **BUDGET JUSTIFICATION:** –

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
Certificate course/ Training on the Standard Treatment Protocol	Number of Batches	103400	4440	4590.96

With regards to the Certificate course transformation of sub-centres to HWCs will be done through incremental addition of human resources in the form of a 'Mid-level Health Provider' (MLHP)/ Community Health Officer (CHO) who will be trained in a six-month Certificate Course in Community Health developed by Indira Gandhi National Open University (IGNOU)

In F.Y 2020-2021, 3701 SHCs are going to be transformed in Health and wellness centers. For operationalization of this many numbers of SHCs, around 4440 candidates are to be trained in four different batches to be conducted through IGNOU and Madhya Pradesh Medical Science University (MPMSU). The maximum capacity of all Program Study Centres will be utilized.

### **BUDGET JUSTIFICATION:** –

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
Strengthening of Program study center for certificate course in community health	Number of PSCs	250000	12	30

At present, there are total 22 Program Study Centres (PSCs) having maximum capacity of 60 students in each PSCs.

Newly identified and Existing PSCs required strengthening. Newly identified PSCs are mainly district Hospitals and private nursing colleges. Strengthening required Desks, chairs, Audio visual aids (Laptop, Printer, Projector) and other requirements.

## PERFORMANCE INCENTIVE FOR MLHP OF HEALTH AND WELLNESS CENTERS (HWCs)

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**FMR CODE: - 8.1.12.2**

**ACTIVITY: - Performance Incentive for MLHP**

**BUDGET PROPOSAL:** – Rs. 3816.4 Lakhs for Performance Incentive for 3701 Mid Level Health Provider (MLHP) at unit cost Rs. 1.03 Lakhs per MLHP as per the Operational Guidelines of Health and Wellness Centers

INDICATOR	Unit of Measure	Unit Cost	Number of MLHP	Proposed Budget (Rs. Lakh)
One Mid- level Service provider (Performance Incentive)	Number of MLHP	103119	3701	3816.4

**BUDGET JUSTIFICATION: –**

The key fundamental principle of CPHC states to transform existing Sub Health Centres and Primary Health Centres to HWCs to ensure universal access to an expanded range of comprehensive primary health care services. A Primary Health Centre (PHC)-HWC that is linked to a cluster of HWCs would serve as the first point of referral for many disease conditions for the HWCs in its jurisdiction.

One of the key features of the HWCs is the introduction of performance-linked payments for service providers following the capitation-based payment models. This has been envisaged to improve the quality of services delivery by incentivizing providers to ensure better health outcomes for the population in the catchment area. This shift in payment mechanism, in our context, would also address perceived challenge of poor performance of the providers in public health facilities.

According to the payment norms recommended by MoHFW, MLHPs are expected to receive performance-based salary of Rs 15,000 per month. The mechanism and performance indicators can be modified and adapted to suit the state specific context.

### **Key areas of performance measurement**

Three essential parameters can be used to assess the performance of MLHPs:

- Leadership and Management
- Governance related
- Service delivery outputs



### **Key principles to assess performance:**

- Indicators for performance measurement of the primary care team should be easily verifiable. The selection of indicators is such that report for these indicators can be verified from the existing information systems such as- RCH Portal/Registers, NCD Application of the CPHC IT system, NIKSHAY, IDSP reports, meeting records submitted to PHC Medical Officer.
- Ensuring that data is fed accurately and regularly in the information system at each level is a collective and individual responsibility of the HWC-SHC team.

### **Process of assessment:**

The PHC Medical Officer under whose jurisdiction the HWC-SHC is assigned or (any other suitable representative as decided by the state) will be responsible for assessing the performance of the HWC-SHC team. He/ She will-

- a. Ensure that MLHPs/MPWs are trained in using the CPHC IT system for online auto compilation and transmission of performance data for HWC-SHC team. However, till the time such a system is in place, MLHPs will use the data entered in the respective information system to submit performance reports on service delivery outputs for the particular month in a standard format developed by the state.
- b. Ensure release of performance- linked incentives within one month of submission of performance report by MLHPs.
- c. Use the performance monitoring mechanism to identify the areas of improvement for the primary care team at the HWC-SHC and provide the necessary handholding and support to improving the performance and overall service delivery at HWCs.
- d. Undertake monthly visits to every HWC for field level monitoring visits and use these visits to handhold and mentor HWC-SHC team.

### **Mode of Validation-**

- a. **Local**-PHC-MO will assess and validate the records submitted by MLHPs with the reports from information systems- RCH Portal/Registers, NCD Application of the CPHC IT system, NIKSHAY, IDSP reports, meeting records submitted for performance- linked payment.
- b. **External-** (i) Existing mechanisms of 104 Call Centre etc. can also be used to validate team performance data reported by MLHPs. (ii) States can also opt to assess service use and satisfaction by random surveys of service users through telephone surveys, (iii) States may also opt for nominating an independent committee comprising of officials and civil society representative to validate the quantity and quality of service delivered by HWCs. This committee can evaluate the performance quarterly or bi annually to ensure that no conflict of interest arise, during the process of performance- linked payment.

**Ensuring timely payments:**

Though external validation is essential to check fraudulent reporting; in any given circumstance monthly payment of incentives to MLHPs and frontline functionaries should not await call centre linked validations.

**Indicators for assessing performance:**

Following indicators as suggested by GoI, will be assessed monthly to calculate the overall performance of CHOs after verification at local level through Medical Officer/Block Program Managers.

- 1) Number of OPD cases in the month
- 2) Proportion of estimated pregnancies registered
- 3) Proportion of Pregnant Women registered who received ANC
- 4) Proportion of Children up to 2 years of age who received immunization
- 5) Proportion of High- risk pregnant women who received follow-up care
- 6) Proportion of Newborns who received HBNC visits
- 7) Proportion of above 30 years' individuals screened for Hypertension\*
- 8) Proportion of above 30 years' individuals screened for Diabetes\*
- 9) Proportion of Patient of HTN on treatment
- 10) Proportion of Patient of DM on treatment
- 11) Proportion of cases referred for TB screening
- 12) Notified TB patients who received treatment as per protocols
- 13) VHND held against planned
- 14) Village meetings (VHSNCs)/MAS held
- 15) Monthly meetings held at SHC- HWCs

## PERFORMANCE INCENTIVE FOR MLHP OF HEALTH AND WELLNESS CENTERS (HWCs)

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**FMR CODE: - 8.4.9**

**ACTIVITY: - Team Based Incentive – HWC-SHC**

**BUDGET PROPOSAL:** – Rs. 3701 Lakhs for Team Based Incentive for 3701 Sub Health Center at unit cost Rs. 1 Lakh per SHC as per the Operational Guidelines of CPHC

INDICATOR	Unit of Measure	Unit Cost	Number of MLHP	Proposed Budget (Rs. Lakh)
Team based incentives	Number of SHC	100000	3701	3701.0

**BUDGET JUSTIFICATION: –**

As per the CPHC Guideline, the HWC teams will be provided annual/periodic monetary incentives based on the collective performance of the primary health teams in improving health outcomes of the population covered. This would instil team spirit and provide mechanisms to influence collective motivation among the team. It would also enable identification of areas of performance improvement and the need for skill up gradation. In addition to the utilization of the IT system, assessment of HWC team's performance would require institutionalizing mechanisms for independent monitoring, either through partnerships through research organizations, NGOs, SHSRCs and medical colleges or through training the existing staff at district and block level to undertake these assessments on a biannual basis.

**Indicators for assessing performance:**

Following indicators as suggested by GoI, will be assessed monthly to calculate the team based incentives for MPW (Male/Female) and ASHAs after proper verification at local level through Medical Officer/Block Program Managers.

- 1) Number of OPD cases in the month
- 2) Proportion of estimated pregnancies registered
- 3) Proportion of Pregnant Women registered who received ANC
- 4) Proportion of Children up to 2 years of age who received immunization
- 5) Proportion of High- risk pregnant women who received follow-up care
- 6) Proportion of Newborns who received HBNC visits
- 7) Proportion of above 30 years' individuals screened for Hypertension\*
- 8) Proportion of above 30 years' individuals screened for Diabetes\*
- 9) Proportion of Patient of HTN on treatment
- 10) Proportion of Patient of DM on treatment
- 11) Proportion of cases referred for TB screening

- 12) Notified TB patients who received treatment as per protocols
- 13) VHND held against planned
- 14) Village meetings (VHSNCs)/MAS held
- 15) Monthly meetings held at SHC- HWCs

**IT SUPPORT FOR  
RURAL PRIMARY HEALTH CENTERS TO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 6.1.2.5.a**

**ACTIVITY: -**

- 1) IT Support - Cost of Desktop and one tablet for SHC-HWC

**BUDGET PROPOSAL: –**

- 1) Rs. 2784 Lakhs for the procurement of 3437 Desktops with web camera, printer and UPS at unit cost Rs. 81000 per HWC for 3437 SHC-HWCs as per the Operational Guidelines of Health and Wellness Centers.

INDICATOR	Unit of Measure	Unit Cost	Number of HWC	Proposed Budget (Rs. Lakh)
IT Support - Cost of Desktop and one tablet	Number of SHC	81000	3437	2784.0

**BUDGET JUSTIFICATION: –**

The use of standardized digital health record and establishing a seamless flow of information across all levels of health care facilities is an aspirational goal. Such a system would take time to evolve. An IT system has been envisioned at the Health and Wellness Centres and will need to be inter-operable with the overall e- health architecture plans at the national and state level.

Use of Information Technology would be essential to enable efficient delivery of services at the HWCs. IT tool would support the HWC team in recording the services delivered, in enabling follow up of service users, in reporting to higher functionaries, and in population based analytics.

Addition to this, the use of IT support at the Primary health centers is very crucial for the process of teleconsultation with the SHC and higher level facilities for consultation. In the context of MP, there is a need of separate IT support hardware at PHCs with Medical Officers who will be the nodal officer for coordination and management. The following items are required and raised for the same.

SN	LINE ITEM	UNIT COST	QUANTITY	TOTAL COST
1	Desktop	35000	1	45000
2	Printer-Scanner-Photocopy	20000	1	20000
3	UPS	4000	1	4000
4	Webcam	1000	1	1000
5	Tablet for CHO	11000	1	11000
	<b>TOTAL</b>			<b>81000</b>

The medical officers will be trained accordingly regarding the use and management of IT hardware for service delivery, monitoring and reporting, capacity building and teleconsultation.

### **Service Delivery**

- This will enable management of all the services provided under the NCD app followed by the real time tracking and progress check.
- Relevant information will be rendered and shared with the team and officials according to the requirement.
- The store and inventory management can be checked and database can be maintained.

### **Reporting and Monitoring**

- Generate population-based analytics reports for routine monitoring and to assess performance of health care providers.
- Support in generating performance matrix for all service providers, calculating team-based incentives from the service transaction data in the system.

### **Teleconsultation**

- Capture and transmit images, prescriptions and diagnostic reports for teleconsultation through hub and spoke model by linkages with SHC and Higher facilities.
- Support video call using platforms like google duo, zoom and skype to connect with hubs identified for teleconsultation.

In Madhya Pradesh, all the PHCs which will be transformed into Health and Wellness Centers will be equipped with the abovementioned IT Hardware so that overall mandate of connecting every level of health facilities through IT and teleconsultation through hub spoke model followed by monitoring and reporting on timely basis.

## PERFORMANCE INCENTIVE FOR MLHP OF HEALTH AND WELLNESS CENTERS (HWCs)

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### **FMR CODE: - 8.4.9**

### **ACTIVITY: - Team Based Incentive – HWC-PHC**

**BUDGET PROPOSAL:** – Rs. 2278 Lakhs for Team Based Incentive for 1139 Primary Health Centers (PHCs) at unit cost Rs. 2 Lakh per PHC as per the Operational Guidelines of CPHC

INDICATOR	Unit of Measure	Unit Cost	Number of PHC	Proposed Budget (Rs. Lakh)
Team based incentives	Number of PHC	200000	1139	2278.0

### **BUDGET JUSTIFICATION: –**

As per the CPHC Guideline, HWC teams will be provided annual/periodic monetary incentives based on the collective performance of the primary health teams in improving health outcomes of the population covered. This would instill team spirit and provide mechanisms to influence collective motivation among the team. It would also enable identification of areas of performance improvement and the need for skill up gradation. In addition to the utilization of the IT system, assessment of HWC team's performance would require institutionalizing mechanisms for independent monitoring, either through partnerships through research organizations, NGOs, SHSRCs and medical colleges or through training the existing staff at district and block level to undertake these assessments on a biannual basis.

### **Indicators for assessing performance:**

Following indicators as suggested by GoI, will be assessed monthly to calculate the team based incentives of PHC and Co-located SHC Team, after proper verification at local level through Block Medical Officer/Block Program Managers.

- 1) Number of OPD cases in the month
- 2) Proportion of estimated pregnancies registered
- 3) Proportion of Pregnant Women registered who received ANC
- 4) Proportion of Children up to 2 years of age who received immunization
- 5) Proportion of High- risk pregnant women who received follow-up care
- 6) Proportion of Newborns who received HBNC visits
- 7) Proportion of above 30 years' individuals screened for Hypertension\*
- 8) Proportion of above 30 years' individuals screened for Diabetes\*
- 9) Proportion of Patient of HTN on treatment
- 10) Proportion of Patient of DM on treatment
- 11) Proportion of cases referred for TB screening

- 12) Notified TB patients who received treatment as per protocols
- 13) VHND held against planned
- 14) Village meetings (VHSNCs)/MAS held
- 15) Monthly meetings held at SHC- HWCs



**WALL PAINTING FOR COMMUNITY AWARENESS FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 11.24.3.4**

**ACTIVITY: -**

- 1) To generate awareness among beneficiaries for HWCs, NCDs, newer services, FP etc. organizing Health Camps and use of AV services is proposed for 51 districts.
- 2) Wall Painting
- 3) Broadcast of Standard Radio Ad Jingles and Radio Talk for community awareness (Preferably through AIR)

**BUDGET PROPOSAL: –**

- 1) Rs. 24.46 Lakhs proposed for awareness generation through wall painting at the unit cost of Rs 10000 for 160 blocks for three quarters.

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
IEC-BCC Activities, Health Camps and Campaign	Number of HWCs	15000	6527	979.05

To generate awareness among beneficiaries on comprehensive primary health care services, wall paintings will be used. These walls will be decided in collaboration with PRI members/MLHPs and other stakeholders. The theme can be changed on monthly or bi-monthly basis.

Also, the NHM is planning to use effective IEC & IPC strategies to bring messages and outcomes to the community. To generate awareness among beneficiaries in another medium i.e. Radio Jingles can be used. Jingles will be developed in coordination with NHM and broadcast on daily basis. The theme can be changed on monthly or bi-monthly basis. Budget calculated as per rates of AIR (Aakashwani)

The planned strategies are:

- 1) Standard Radio Jingles (AIR and local FM's)
- 2) Health Talk Shows (AIR and local FM's)
- 3) Use of AV aids in public and health institutions
- 4) Wall Paintings

In addition to above strategies, there will be health campaigns to effectively engage the community to achieve the target set in the CPHC. The strategies will include the health service providers and local public bodies and institutions for better reach.

**IEC ACTIVITIES FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 11.24.1**

**ACTIVITY: - IEC Activities for HWC**

**BUDGET PROPOSAL: –**

Rs. 859.25 Lakhs for IEC Activities at unit cost of Rs 50000 per HWC for 560 rural PHC HWC

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
IEC activities for SHC HWC	Number of HWCs	25000	3437	859.25

IEC Activities plays a crucial in sensitization and generating awareness among general population and enhance the level of engagement and trust with health institutions. The state has decided to utilize this method strategically and actively implementation at all levels. It will involves following steps to be taken as per the guidance from CPHC guidelines,

- Development of posters, banners and signange for all HWC.
- Individual and family counselling- for treatment compliance and lifestyle modifications through home visits by ASHAs as part of interventions for NCDs, disease- based patient support groups –for improved compliance, IEC activities using patient education leaflets, banners, posters, etc. for NCDs and other morbidities
- The VHSNC/MAS, ASHA and her support mechanisms will play a critical role in delivery comprehensive primary health care by demand generation for Health and Wellness Centres. They will need to undertake large-scale community level IEC activities planned in the form of campaigns, distribution of print materials and through folk programmes. These campaigns would inform the community about services offered at HWCs
- Regular reinforcement of messages/themes through IEC/BCC activities such as interactive activities/posters/class room/Assembly discussion and field level will need to be undertaken.

**INCENTIVE FOR YOGA FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 8.4.12**

**ACTIVITY: -**

- 1) Incentive for organizing YOGA sessions
- 2) Incentive for organizing Wellness and outreach sessions

**BUDGET PROPOSAL:** – Rs. 683.4 Lakhs for the Incentive for YOGA Instructors at Rural HWC at unit cost of Rs. 2000 per instructor per Rural HWC and organizing the wellness and outreach activities at village level

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
Incentive for organizing YOGA sessions	Number of HWCs	30000	1139	341.7
Incentive for organizing Wellness and outreach sessions	Number of HWCs	30000	1139	341.7
TOTAL				683.4

Under Ayushman Bharat India's rich tradition of indigenous health, system and Yoga will be mainstreamed into the health care delivery system, by actively engaging practitioners of these systems. Health and Wellness Centres provide a sound platform for enabling this integration. After the regular training of Volunteers from HWC, they will be instructors at HWC level.

The Government of Madhya Pradesh has decided to earmark and disburse incentive/honorarium of Rs 2000 per month for the YOGA Instructor/teachers.

- 1) Rs 2500 per YOGA Trainer for 10 sessions in a month for 12 months = Rs 341.7 Lakhs
- 2) Rs 250/session for 10 sessions in a month for 12 months for conducting wellness and outreach sessions for nutrition, healthy lifestyle and physical activities at SHC/Village level = Rs 341.7 Lakhs

**UNTIED FUND FOR HWC-SHC OF  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 4.1.5**

**ACTIVITY: - Untied Fund for SHC-HWCs**

**PREVIOUS RoP :** - Rs 20000 per SHC for 11192 SHCs

**BUDGET PROPOSAL:** – Rs. 482.1 Lakhs Untied fund for 1607 SHCs at unit cost Rs. 30000 per SHCs as per the DO of Gol.

INDICATOR	Unit of Measure	Unit Cost	Number of HWCs	Proposed Budget (Rs. Lakh)
Untied Fund (SHCs)	Number of SHCs	30000	1607	482.1

**BUDGET JUSTIFICATION: –**

Reference – DO No.Z-15015/11/2017-NHM-1 (Part-1) dated 20<sup>th</sup> June, 2018

In the light of expanded infrastructure and ranges of services to be provided at Sub health centers that are to be transformed as Health and Wellness Centers (HWCs), there is need to increase pooled amount of untied fund to Rs. 50000. This will ensure Health and Wellness Centers are operational all the times and can be used for minor repair/maintenance and patient welfare.

Therefore, an additional amount of Rs 30000 is proposed under Untied Funds for 1436 SHCs to be upgraded to HWCs.

## MOBILITY SUPPORT FOR HEALTH AND WELLNESS CENTERS (HWCs)

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**FMR CODE: - 16.1.3.3.17**

**ACTIVITY: -**

- 1) Mobility support to Medical Officers
- 2) Mobility support to District CPHC Consultants for visiting HWCs
- 3) Mobility support to Ophthalmic Assistants for visiting HWCs

**BUDGET PROPOSAL:** – Rs. 232.74 Lakhs for mobility support for 300 Medical Officers, 52 CPHC District Consultant and 313 Ophthalmic Assistants

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
Mobility support to Medical Officers	Number of PHCs	38400	300	115.2
Mobility support to District CPHC Consultants for visiting HWCs	Number of Districts	120,000	51	61.2
Mobility support to Ophthalmic Assistants for visiting HWCs	Number of HWCs	18,000	313	56.34
TOTAL				232.74

**BUDGET JUSTIFICATION: –**

**Mobility support to Medical Officers**

The key fundamental principle of CPHC states to transform existing Sub Health Centres and Primary Health Centres to HWCs to ensure universal access to an expanded range of comprehensive primary health care services. A Primary Health Centre (PHC)-HWC that is linked to a cluster of SHC-HWCs would serve as the first point of referral for many disease conditions for the HWCs in its jurisdiction.

In this continuation, the medical officers will monitor, mentor and do supportive supervision to Community Health Officers (CHOs) posted at HWC-SHC. The idea is to maintain the process of effective linkage and management under the guidance and mentoring of Medical Officers. A supervisory visit is an excellent opportunity to provide on-the-job training to individual health workers or with health-centre staff as a whole. As a supervisor, they will be providing on-the-job training, it is important to have standard materials available that:

- are specific to the skills that need to be improved
- can be used to prepare for training
- supervisors can refer to during training sessions
- health workers can use to practice and reference

Health workers need simple, easy-to-follow materials rather than heavy reference guides or training manuals. For health-facility staff, materials with clear explanations on how to do a particular task, preferably with drawings, worked examples, and practice exercises, are the most useful. The supervisor needs to be well prepared and fully knowledgeable about the topic and materials.

Also, Monitoring and evaluation are critical for building a strong, global evidence base around violence against women and for assessing the wide, diverse range of interventions being implemented to address it. At the global level, it is a tool for identifying and documenting successful programmes and approaches and tracking progress toward common indicators across related projects.

**Budget Proposed** - Rs.800/visit, 4 visits in a month for 12 months to provide services at adjacent PHCs-HWC where fulltime MOs are not posted, which are 300 in numbers. Proposed Budget = Rs 115.2 Lakhs

#### Mobility support to District CPHC Consultants for visiting HWCs

As NHM, MP has decided to post district CPHC consultants in all 51 districts, they will visit to HWC facilities for monitoring, supportive supervision, training, mentoring and hand holding of concerned service providers every month.

**Budget Proposed** - Rs.1000/visit, 10 visits in a month for 12 months to mentor another PHCs-HWC in the district. Proposed Budget = 61.2 Lakhs

#### Mobility support to Ophthalmic Assistants for visiting HWCs

As a part of expanded range of services, NHM, MP has decided to provide Ophthalmic care closer to communities. In this process, the Ophthalmic assistant placed at Community Health Centers (CHCs) will be mobilized to nearby HWC-PHC on a fixed day screening.

**Budget Proposed** - Rs.250/visit, 6 visits in a month for 12 months to visit another PHCs-HWC in the district for organizing Eye Camp under Expanded range of services of HWC. Proposed Budget = 56.34 Lakhs

**DEVELOPMENT OF IPC MATERIALS FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 11.24.3.4**

**ACTIVITY: -**

Development and printing of IPC material including leaflets, flipbook, calendar etc.

**BUDGET PROPOSAL: –**

Rs. 200 Lakhs proposed for awareness generation through wall painting at the unit cost of Rs 200 for 100000 estimated populations of targeted HWCs.

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
Development and printing of IPC material including leaflets, flipbook, calendar etc.	Number of Material	200	100000	200

To generate awareness among beneficiaries on comprehensive primary health care services, wall paintings will be used. These walls will be decided in collaboration with PRI members/MLHPs and other stakeholders. The theme can be changed on monthly or bi-monthly basis. The introduction of IPC strategies will work under following ideas:

**Creating a Caring Atmosphere**

When patients believe that their provider cares about them and is committed to their welfare, they are more likely to communicate effectively and engage in their own health. Both verbal and non-verbal communication help the provider convey interest and concern to patients. Appearing busy or distracted makes patients feel insecure, anxious or fearful of their relationship with the provider. On the other hand, being attentive, making eye contact, listening, questioning thoughtfully, and demonstrating comprehension and empathy make patients feel important and worthy.

**Building Partnerships with Clients**

Healthcare occurs through a partnership between provider and client. Even though the provider is the medical expert, both provider and patient are responsible for the outcome of their interaction. Mutual respect, trust, and joint decision-making increase the likelihood of a positive outcome. Treatment regimes are more effective with providers and clients make decisions



together and patients have an active role in their care and treatment, asking questions, and making commitments and relevant changes in their health behaviors.

### **Bridging of Social Distance**

Social gaps between clients and providers can arise from differences that exist between them such as differences in education, economic status, gender, age, and many other factors. These differences can hinder IPC substantially. Establishing an open dialogue, a feeling of partnership, and an atmosphere of honesty and caring all help to bridge social distances.

### **Fostering Two-way Dialogue**

Good interpersonal interaction between client and provider is, by definition, a two-way street where both speak and are listened to without interruption, both ask questions, express opinions and exchange information -- and both are able to fully understand what the other is trying to say.

### **Providing Opportunities for Patients to Speak About Their Illness**

Providing ample opportunity for a patient to describe his or her illness leads to strong IPC. Storytelling has its own healing value, in that it provides patients with a release and opportunity for insight and perspective. It may also afford the health provider the insights needed to understand, interpret and explore the significance of the symptoms and clues the patient provides.

### **Using Verbal Communication Effectively**

Verbal communication consists of spoken and written words that people use to convey ideas. In a healthcare encounter, the choice of words clients and providers use greatly influences how well they understand each other. The medical jargon physicians use to describe symptoms and treatments often confuses to patients. At the same time, patients often communicate in their dialects, accents and slang, often making comprehension difficult for providers from other areas. Patients also describe health problems in peculiar ways, often reflecting their unique perspective on the illness's origin or severity.

### **Using Non-Verbal Communication Effectively**

Words express only part of a message being conveyed, while tone, attitude and gestures convey the rest. Avoiding distractions, such as answering the telephone during a patient's visit or scribbling notes on other cases, and appearing fully attentive communicate positive messages to clients. Often, simple gestures by the provider, such as a warm greeting, can help put the client at ease and enhance IPC.

NHM plans to achieve above mentioned effective IEC & IPC strategies to bring messages and desired impacts on the community. The product of IEC materials will include following:

- 1) Flip books
- 2) Calendars
- 3) Job aids

- 4) Checklists
- 5) Hand outs
- 6) Training/Meetings materials

**SUPPORTIVE SUPERVISION, MONITORING AND REVIEW MEETING FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 16.2**

**ACTIVITY: -**

Independent Monitoring

**BUDGET PROPOSAL: –**

Rs. 171.9 Lakhs for Independent Monitoring of 3437 HWC-SHCs as per CPHC norms.

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
Independent monitoring – SHC-HWC	Number of SHC	5000	3437	171.9

**Independent Monitoring**

As per the Indian Public Health Standards (IPHS), the Monitoring through the PRI/ Village Health Sanitation and Nutrition Committee/Rogi Kalyan Samiti/community monitoring framework. (as per guidelines of GOI/State Government). A checklist for the same is given in IPHS PHC guidelines. A format for conducting facility survey for the PHCs to have baseline information on the gaps in comparison to Indian Public Health Standards and subsequently to monitor the availability of facilities as per IPHS guidelines.

Also as per the Operational Guidelines of Health and Wellness Centers, the designated programme management team at state and district level would be responsible for overall monitoring and supervision of the HWCs. At field level, the block nodal officer oversees the HWC roll out and monitor the progress made on a monthly basis. The IT platform would support generation of reports for population-based indicators and disease surveillance for effective programme monitoring at block, district and state level. States should use the existing indicators and data sources for monitoring till the IT system is able to provide programme specific reports. In addition to the regular supervision and monitoring by the programme managers, states can also make the provision for Independent Monitoring to assess the effectiveness of the programme, evaluate the service delivery outputs, track improvements in health outcomes or for assessing the performance of HWCs team for the disbursement of team-based incentives.

In addition to the utilization of the IT system, assessment of HWC team's performance would require institutionalizing mechanisms for independent monitoring, either through partnerships through research organizations, NGOs, SHSRCs and medical colleges or through training the existing staff at district and block level to undertake these assessments on a biannual basis.

**The NHM, Madhya Pradesh will identify technical agencies, public health organizations, academic institutions and research organizations to serve as Independent Monitors.** Support of national and state level technical partners could be taken for the selection of such agencies for Independent Monitoring.

**TRAINING/MULTI SKILLING OF SERVICE PROVIDERS FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO HEALTH AND  
WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 9.5.27.4**

**ACTIVITY: -**

- 1) Training - Induction Training of CHOs
- 2) Training - Refresher Training on NCD and HWCs
- 3) Training of Lab Technicians on Diagnostic services for HWCs

**BUDGET PROPOSAL : –**

- 1) Rs. 115 Lakhs for the training of 50 batches of CHOs at unit cost of Rs. 23000 per batch as per the guideline.
- 2) Rs. 43.85 Lakhs for refresher training in 50 batches at unit cost of Rs. 87700 per batch.
- 3) Rs. 15 Lakhs for the training of Lab Technicians in 30 batches at unit cost of Rs. 65000 per batch

**BUDGET JUSTIFICATION: –**

<b>ACTIVITIES</b>	<b>Unit of Measure</b>	<b>Unit Cost</b>	<b>Number of batches</b>	<b>Proposed Budget (Rs. Lakh)</b>
Training - Induction Training of CHOs	Number of Batches	230000	50	115
Training - Refresher Training on NCD and HWCs	Number of Batches	87700	50	43.85
Training of Lab Technicians on Diagnostic services for HWCs	Number of batches	65000	15	9.75
<b>GRAND TOTAL</b>				<b>168.6</b>

For PHCs to be strengthened to HWCs, support for training of PHC staff (Medical Officers, Staff Nurses, Pharmacist, and Lab Technicians). Frontline workers, and Service Providers (ANMs, MPWs and ASHAs & ASHA Facilitators) posted at all levels would also be multi-skilled to address the mismatch in the services to be provided and present levels of training of primary care team members. Also, there are different service provider like MPW, MPS and LHV who are also providing several services for various programmes in a PHC. The Government of Madhya Pradesh is training different service providers as per the requirement of the services to be provided at Health and Wellness Centers.

The service providers as Medical Officers and Staff Nurses will be trained and skilled to elevate the level of understanding of management of non-communicable cases identification and treatment. This also includes following,

- Skills for provision of preventive, promotive, curative, rehabilitative and palliative care for identified essential twelve service packages of CPHC.
- Skills for training and supportive and supervision of field functionaries of the concerned service area
- Public health management involving-
- Implementation, monitoring and supervision of National Health Programmes,
- Prevention and control of disease outbreaks/epidemics, handling disaster situation,
- Disease surveillance,
- Administrative work, recording and reporting, conducting review meetings,
- Using population based analytics for capacity building and dialogues with primary care teams to improve health outcomes.

The CHOs will be trained on same platform which brings both service providers under same level of understanding and required skills. They will be trained under following training program as per the requirement of upgrading the skills of service provider and as per operational guidelines of HWC.

- 1) Rs. 230000 for 50 batches, has been proposed for training of CHOs, as per National Guidelines
- 2) Rs. 87700 for 50 batches, has been proposed for training of Medical Officers, Staff Nurses, MPW(M&F)

**Refresher Training:** What this means for learning is that most of us need a review of important concepts from time to time. And this is where refresher courses come into play. A refresher course is designed to bring learners back to the basics, so that they can review some of the fundamentals they may have forgotten, or brush up on new information they may not be aware of.

There are several reasons why refresher training is so important. A few of them include:

- a) It builds long-term memory.
- b) It reduces mistakes and improves productivity.
- c) It offers an effective warmup for students or employees who have taken a break.
- d) It keeps coworkers on the same page and makes learning part of the culture.
- e) It keeps employees up-to-date on industry training.
- f) It helps learners remember important but seldom-used information.
- g) It develops managers into future instructors—and vice versa.
- h) It identifies knowledge gaps and training needs.

Therefore, the are 50 batches of refresher trainings are planned for Medical Officers, staff nurses MPW (Male & Female) and ASHAs on unfinished RMNCH+A, NCD Module and newer service trainings. This will enable the staff to upgrade their skill and knowledge about the recent skills and competencies.

In addition to above, there is emergent requirement of updating and re-orientation of Lab technicians on newer guidelines required at a HWCs. The budget is proposed to train the Lab technicians posted at PHC/CHC regarding the same.

- Budget proposed for strengthening of diagnostic services by training Lab Technician posted at PHC-HWCs who will provide services and implement Hub and spoke model. (Budget - Rs 65000/batch for 15 batches = 9.75 Lakhs)

**MODULE PRINTING FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 12.16.1**

**ACTIVITY: -**

- 1) Printing - MPW(F) Training Module on NCD
- 2) Printing for HWCs

**BUDGET PROPOSAL: –**

- 1) Printing of ANM Training Module on NCD for rural and urban PHC @ Rs 200 per module.  
Proposed Budget = Rs 6.874 Lakhs
- 2) Printing of registers & referral slips HWCs = Rs. 65.27 Lakhs

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
Printing - MPW(F) Training Module on NCD	Number of ANM	200	3437	6.874
Printing for HWCs	Number of HWCs	1000	6527	65.27
TOTAL				72.14

As the NCD Training Module of Medical Officers, Staff Nurses and MPW(F) incorporates the colorful photographs, pictorial messages and graphical presentation, it is pertinent to print the training module in color and budget is proposed separately.

Once the service delivery begins at Health and Wellness Centers, recording and reporting should be started in the prescribed format. Also, to generate the reports for service delivery form in the HWC Portal, recording of OPD details and NCD cases is necessary.

Additionally, there is need to develop a mechanism of follow up of NCD cases for which referral slips and follow up cards is required. Therefore, the budget is proposed for the printing of required materials for HWCs.



**IT & HARDWARE SUPPORT FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 16.6.3**

**ACTIVITY: -**

- 1) IT Support – Recurring SHC-HWCs

**BUDGET PROPOSAL: –**

- 1) Rs 56.95 Lakhs for the maintenance of IT Desktop and related equipment of Health and Wellness Centers @ Rs 5000 for 1139 PHC-HWC.

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Number of PHC	Proposed Budget (Rs. Lakh)
IT Support - recurring PHCs	Number of HWCs	5000	1139	56.95

There is a need of recurring costs of Rs 5000 for the maintenance of Desktop, Printer and Scanner and internet support with required materials in all HWCs which will facilitate the mandate of data recording and monitoring along with Teleconsultation on priority basis.

**LOGISTICS SUPPORT FOR YOGA AND WELLNESS FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 6.1.2.6.2**

**ACTIVITY: - Procurement of logistics for YOGA at HWC level**

**BUDGET PROPOSAL: –** Rs. 51 Lakhs for procurement of logistics and related equipment for YOGA and Wellness at Health and Wellness Centers @ Rs 1000 for 51 districts.

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Number of PHC	Proposed Budget (Rs. Lakh)
Procurement of Logistics for YOGA and Wellness Activities at HWC level	Number of HWCs	100000	51	51

Health promotion and information provision at the community level is an integral part of the expanded range of services under Comprehensive Primary Health Care. Health is affected by various social and environmental determinants and actions to address these issues often do not fall in the purview of health systems alone. Therefore, requires intersectoral convergence and people's participation. As envisioned in the policy, States should plan for a coordinated action on seven priority areas for improving the environment for health as part of CPHC-

- The Swachh Bharat Abhiyan
- Balanced, healthy diets and regular exercises
- Addressing tobacco, alcohol and substance abuse
- Yatri Suraksha – preventing deaths due to rail and road traffic accidents
- Nirbhaya Nari –action against gender violence
- Reduced stress and improved safety in the work place
- Reducing indoor and outdoor air pollution

Following strategies will be adopted for YOGA and wellness activities at Health and Wellness Centers to engage general population.

1. YOGA Sessions at HWC – The YOGA sessions will require mats and promotional banners to be used during the session.
2. Sensitization Drives – The Health Department along with PRI, WCD and Education Department will organize several drives and campaigns to sensitize the common public. This will require promotional T-shirts, caps, banners and pamphlets.

3. Household Visit – The convergence of department will play a crucial role to knock at doorstep and sensitize the people at distant and high risk families on health services. This is also requiring promotional T-shirts caps, banners and pamphlets.

**SUPPORTIVE SUPERVISION, MONITORING AND REVIEW MEETING FOR  
TRANSFORMATION OF RURAL PRIMARY HEALTH CENTERS INTO  
HEALTH AND WELLNESS CENTERS (HWCs)**

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**FMR CODE: - 16.1.2.1.28**

**ACTIVITY: -**

- 1) Quarterly Review Meeting of DPMU at State
- 2) State level orientation workshop on comprehensive primary health care and operationalization of Health and Wellness Centers

**BUDGET PROPOSAL: –**

- 1) Rs. 4 Lakhs for state level orientation workshops for CPHC.
- 2) Rs. 8 Lakhs for Quarterly Review Meeting at state of DPMU Staff at unit cost of Rs 2 Lakhs for 4 quarters.

**BUDGET JUSTIFICATION: –**

INDICATOR	Unit of Measure	Unit Cost	Quantity	Proposed Budget (Rs. Lakh)
State level orientation workshop on comprehensive primary health care and operationalization of Health and Wellness Centers	Number of Meetings	200000	2	4
Quarterly Review Meeting of DPMU at State	Number of Quarter	200000	4	8
<b>GRAND TOTAL</b>				<b>29.1</b>

**Orientation of DPMU Staff**

Before the beginning of operationalization of Health and Wellness Centers, it is pertinent to orient the district health and program team regarding the CPHC norms and operational guidelines. For this very purpose, one-day Workshop cum Orientation will be organized to orient the staff on implementation, roles and responsibilities, road map, time lines, regular activities and financial provisions.

**Quarterly Review Meeting**

Once the Health and Wellness Centers are operational, the report will be generated through IT support system. The performance and progress will be periodically reviewed at state level on the basis of regular reports and monitoring done by individual monitors. The review will be organized at the end of each quarter at state level in which the district nodal officers and DPMU will attend.