



सत्यमेव जयते

Ministry of Health and Family Welfare  
Government of India



# Ayushman Bharat Health and Wellness Centres

Accelerating towards health for all

April 2018-September 2019







सबका साथ, सबका विकास, सबका विश्वास  
Sabka Saath, Sabka Vikas, Sabka Vishwas



## MESSAGE

## डॉ हर्ष वर्धन Dr Harsh Vardhan

स्वास्थ्य एवं परिवार कल्याण, विज्ञान और प्रौद्योगिकी  
व पृथ्वी विज्ञान मंत्री, भारत सरकार

Union Minister for Health & Family Welfare,  
Science & Technology and Earth Sciences  
Government of India

India has embarked on an ambitious journey to provide Universal Health Coverage (UHC) for all. The Government has shown its commitment by launching the over-arching 'Ayushman Bharat' programme in 2018 to revive and revamp the primary, secondary and tertiary healthcare system, with stronger focus on prevention, health promotion and wellness. The two pillars of this scheme are - the Ayushman Bharat - Health and Wellness Centers (AB-HWCs) for providing Comprehensive Primary Healthcare Services universally and the Pradhan Mantri Jan Arogya Yojna (PMJAY) to provide financial protection for secondary and tertiary care to about 40% of India's households.

AB-HWCs are envisaged to be the platform for delivery of an expanded range of primary health care services closer to the communities. These centres are envisioned to be a game changer to increase health system responsiveness and address the health care needs of the most marginalized through effective and skilled primary health care teams. In addition, the increased focus on health promotion and wellness will create a revolution by empowering individuals and communities to adopt healthy behaviors and take control of their health.

I am happy that my Ministry has brought out this Compendium highlighting the progress of AB-HWCs and the best practices across the country for strengthening the healthcare delivery for a Healthier India. I am confident that with speedy implementation of the Ayushman Bharat programme, we shall realize the goal of universal health coverage.

  
(Dr. Harsh Vardhan)



**अश्विनी कुमार चौबे**  
**Ashwini Kumar Choubey**

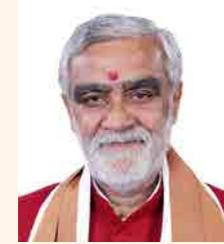


सर्वे सन्तु निरामया



**भूमिका**

**स्वास्थ्य एवं परिवार कल्याण राज्य मंत्री**  
**भारत सरकार**  
**MINISTER OF STATE FOR**  
**HEALTH & FAMILY WELFARE**  
**GOVERNMENT OF INDIA**



प्राथमिक स्वास्थ्य देखभाल मुख्यतया व्यक्ति, परिवार और समुदायों की आवश्यकताओं तथा प्राथमिकताओं पर केंद्रित बेहतर स्वास्थ्य एवं आरोग्य की दिशा में समाज आधारित दृष्टिकोण है। इससे स्वास्थ्य संबंधी बेहतर निर्धारकों का निराकरण होता है तथा इसके माध्यम से शारीरिक, मानसिक और सामाजिक स्वास्थ्य एवं आरोग्य के सभी पहलुओं पर ध्यान दिया जाता है। इस प्रकार गुणवत्तापरक और आश्वस्त प्राथमिक स्वास्थ्य देखभाल सेवा उपलब्ध कराया जाना सार्वभौमिक स्वास्थ्य कवरेज उपलब्ध कराए जाने की दिशा में भारत के लिए वहनीय एवं प्रभावी कदम हैं।

आयुष्मान-भारत स्वास्थ्य एवं आरोग्य केन्द्र का उद्देश्य समस्त आबादी की मूलभूत स्वास्थ्य देखभाल जरूरतों के निराकरण हेतु कई तरह की सेवाएं प्रदान किया जाना है और इस प्रकार समुदाय के सन्निकट ही सेवाओं की पहुँच सार्वभौमिकता के साथ-साथ सभी के लिए एक समान स्वास्थ्य सेवा सुलभ करा पाना ही इसका लक्ष्य है। इन केन्द्रों का उद्देश्य लोगों की आरोग्यता पर विशेष बल देते हुए उपचारात्मक स्वास्थ्य परिचर्या से उबर कर देश में प्राथमिक रोकथाम पर अधिक बल देते हुए आमूलचूल बदलाव लाना है।

राज्य की उपलब्धियां और बेहतर प्रथाओं से युक्त इस विस्तृत विवरण में देशभर के इन आयुष्मान-भारत स्वास्थ्य एवं आरोग्य केन्द्रों का सार तत्व है। मैं आशा करता हूँ कि इसका उपयोग एक-दूसरे से सीख लेने के लिए किया जाएगा, क्योंकि हम **स्वच्छ एवं स्वस्थ भारत** के निर्माण की दिशा में कार्यरत हैं जिससे **समृद्ध भारत** के निर्माण का मार्ग प्रशस्त होगा।

अश्विनी कुमार चौबे



प्रीति सूदन

सचिव

**PREETI SUDAN**

Secretary



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

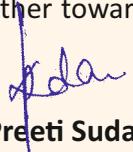
Government of India  
Department of Health and Family Welfare  
Ministry of Health & Family Welfare

The global evidence suggests that Primary Health Care is critical to improving health outcomes. It has an important role in prevention of several disease conditions, including non-communicable diseases. The provision of Comprehensive Primary Health Care, with its gate-keeping functions, ensures reduction in morbidity and mortality at much lower costs and significantly reduces the need for secondary and tertiary care. For primary health care to be comprehensive, it needs to cover preventive, promotive, curative, rehabilitative and palliative as well as wellness aspects of care.

The National Health Policy 2017 recommended strengthening the delivery of primary Health Care, through establishment of Health and Wellness Centres envisaged as a platform to deliver Comprehensive Primary Health Care. Recognizing the importance of primary care, the National Health Policy also called for a commitment of allocation of at least two thirds of the health budget to primary health care.

The Ayushman Bharat - Health and Wellness Centres (AB-HWCs) would provide comprehensive primary health services which will include components of non-communicable diseases, ophthalmic, ENT, oral health, palliative and geriatric care, much beyond the existing RMNCH+A services. The design of AB-HWCs entails extensive use of information technology, necessary improvement in infrastructure, multi-skilling of healthcare providers and field functionaries, assured availability of drugs and diagnostic services along with strengthening of referral mechanisms and community linkages to ensure continuum of care.

After more than a year of implementation, four regional workshops were conducted to review our progress and to assess how we can further strengthen delivery of quality and assured healthcare through the AB-HWCs. This compendium is a compilation which highlights the progress and achievements along with the best practices from different all States/UTs to facilitate learning and working together towards accessible, available, affordable and quality primary healthcare in our country.

  
(Preeti Sudan)

वन्दना गुरनानी, भा.प्र.से.

अपर सचिव

**VANDANA GURNANI, I.A.S.**

**ADDITIONAL SECRETARY**

Tel. : 011-23061706

Telefax : 011-23061398

E-mail : vandana.g@ias.nic.in



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**

India has set course on a transformational journey to alter the dimensions of public health delivery through the Ayushman Bharat programme by focusing on health and wellness of our people. Ayushman Bharat strives for providing Universal Health Coverage (UHC) through two inter-related components - establishment of 1,50,000 Ayushman Bharat Health and Wellness Centres (AB-HWCs) by 2022 and Pradhan Mantri Jan Arogya Yojana (PM-JAY), to provide a health cover for more than 107.4 million poor and vulnerable households.

As a part of the National Health Policy 2017, this Ministry has envisaged provision of Comprehensive Primary Health Care services, by integrating components of preventive, promotive and rehabilitative healthcare along with basic curative services in line with the needs according to the changing disease burden across the country. The paradigm shift from selective primary health care to comprehensive approach is the backbone of AB-HWCs.

It is also time that we look beyond curative care and focus on preventive and promotive health aspects which the AB-HWCs aim to address through the wellness component. Focus on wellness and preventive and promotive aspects of healthcare has multiple benefits. This will not only reduce the burden at secondary and tertiary level of care but also ensure timely screening and diagnosis thereby ensuring better prognosis and quality care closer to homes of the people.

This publication summarizes the progress of AB-HWCs at National and State levels since launch of the programme, highlighting the various best practices in strengthening comprehensive primary healthcare. I urge all the states to learn from each other and also replicate the practices suitably customizing them to suit their needs, if necessary. This will help us in establishing strong primary healthcare systems as we work together to deliver quality primary healthcare closer to the community.

**(Vandana Gurnani)**



विकास शील  
संयुक्त सचिव

**VIKAS SHEEL**  
Joint Secretary



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  
Phones: 23061481, 23036506 (T/F)  
E-mail: [jsnvbdcp-mohfw@gov.in](mailto:jsnvbdcp-mohfw@gov.in)

Looking back, the focus of National Health Mission, had primarily been on strengthening Reproductive and Child Health services and limiting the increasing burden of communicable diseases such as Tuberculosis, HIV/AIDS and vector borne diseases. This focus on selective primary health care interventions was necessary as it enabled improvements in key health indicators related to reproductive and child health and helped us move towards elimination of communicable diseases. However, in the recent times with the changing demographic profile and disease burden along with the rising health care costs of on account of non-communicable and chronic diseases, it is critical that a more comprehensive package of services is delivered at the patients' first point of contact with the health system.

The launch of Ayushman Bharat - Health and Wellness Centres (AB-HWCs) to strengthen comprehensive primary health care marks a major milestone in the history of public health in India. We are at a crucial stage of public healthcare delivery where we aim to bring about a structural reform through a paradigm shift at all levels of the health system. There is a need to create and strengthen the systems such as availability of adequately and appropriately skilled HR, ensuring provision of quality clinical services, creation of robust and flexible financing systems - all this keeping the patient at the core and ensuring continuum of care. These will help us achieve our goal of establishing model AB-HWCs which provide an expanded and comprehensive package of primary health services catering to the health needs of people, closer to the communities.

Having completed more than a year of AB-HWC programme, the Ministry organized a series of regional workshops across the country wherein all the states\UTs shared their learning and best practices. This compendium is a compilation of the achievement and the various best practices to enable cross learning and replication of the sustainable and scalable initiatives of comprehensive primary health care.

I would like to acknowledge the contribution made by the team of experts, National level consultants, State Governments, State officials and their teams along with our partners USAID and Jhpiego for their support in developing this compendium. I look forward to working with all the states and other stakeholders for transforming India's healthcare service delivery and achieving the goal of providing quality, accessible and affordable healthcare universally.

  
(Vikas Sheel)

# Acknowledgements

## **Ministry Officials**

Ms. Preeti Sudan, IAS, Secretary, MoHFW

Ms. Vandana Gurnani, IAS, Additional Secretary, MoHFW

Dr. Manohar Agnani, IAS, Joint Secretary (RCH), MoHFW

Mr. Vikas Sheel, IAS, Joint Secretary (Policy), MoHFW

Dr. Rajani Ved, Executive Director, NHSRC and her team

Dr. Sandhya Bhullar, IAS, Director (NHM-II), MoHFW

Dr. N. Yuvaraj, IAS, Director (NHM-I), MoHFW

Dr. Rakshita Khanijou, CPHC Consultant, NHM, MoHFW

## **Partners / Contributors**

Mr. Manoj Jhalani, IAS, Director, Health System Development, WHO and then SS & MD, NHM, MoHFW

Ms. Sangita Patel, Director, Health Office, USAID India

Dr. Amit Shah, Deputy Director, Health Office, USAID India

Dr. Anuradha Jain, Technical Advisor-Health Systems Strengthening, USAID India

Dr. Bulbul Sood, Country Director, Jhpiego

Dr. Swati Mahajan, Chief of Party-NISHTHA and National Team Lead-CPHC Jhpiego

Dr. Ajay Patle, Senior Program Officer, Jhpiego

Dr. Jatin Dhingra, Senior Program Officer, Jhpiego

Ms. Krithika Murali, Documentation Officer, Jhpiego

# Introduction

## Provision of Comprehensive Primary Health Care through Ayushman Bharat - Health and Wellness Centres (AB-HWCs)

In the last few decades, concerted efforts have been made towards improvement in provision of quality healthcare in the country. India has adopted a holistic approach towards healthcare to realize the mantra of:



**May All be Happy, May All be Free from Illness**

As we move from the Millennium Development Goals to the more ambitious and universal Sustainable Development Goals (SDGs), augmenting our efforts with a holistic approach towards Comprehensive Primary Health Care (CPHC) would be critical. With the Astana Declaration, we aim to re-focus our efforts on primary health care to ensure equitable access to all with highest possible standard of health and well-being.

In alignment with our Global commitments, the National Health Policy (NHP) 2017, reiterates strengthening of Primary Health Care. In this direction, Government has launched ambitious Ayushman Bharat Programme in 2018 with two interconnected components and the first component of Ayushman Bharat - Health and Wellness Centres (AB-HWCs) is the platform to deliver Preventive, Promotive and Comprehensive Primary Health Care (CPHC). Further, NHP 2017 envisages allocation of two-third of the health budget to towards primary health care.

The Primary Health Care approach is fundamental for achieving our shared global vision of Universal Health Coverage (UHC) and the health-related SDGs. Providing UHC to people is a priority for ensuring accessible, affordable and quality health care.

The National Health Mission (NHM), in the past, has primarily focused on providing Reproductive Maternal Newborn Child and Adolescent Health (RMNCH+A) services and reducing the burden of communicable diseases. These selective efforts, which were the need of the hour, have enabled us to address the pressing issues during the early days of NHM and helped us to take huge strides in reducing maternal and child mortality, combatting HIV/AIDS and other communicable diseases such as malaria and tuberculosis etc.

As we move ahead, the demographic and epidemiological transition necessitates a paradigm shift – from selective to comprehensive care. The new paradigm of Ayushman Bharat-Health and Wellness Centres aims to address the rising burden of diseases including Non-Communicable Diseases (NCDs) like hypertension, diabetes and cancers along with the services which aim at providing primordial and primary prevention. It is envisaged that healthcare services at AB-HWCs will be incrementally expanded to provide basic healthcare for oral, mental, geriatric, palliative, ophthalmic, ENT and other services too.

India has already accelerated its efforts towards strengthening CPHC and achieving UHC by committing resources and efforts through the Prime Minister's flagship Ayushman Bharat programme which translates into "Long Live India". The programme strives towards UHC through two interrelated components – transformation of existing 150,000 Sub- Health-Centers (SHCs), Primary Health Centers (PHCs) and Urban Primary Health Centers (UPHCs) to AB-HWCs by 2022 and Pradhan Mantri Jan Arogya Yojana (PMJAY), a health insurance cover to more than 107.4 million poor and vulnerable families.

These efforts are also aligned with the SDGs, most notably SDG-3 (good health and wellbeing) and SDG-5 (gender equality). As we expand the primary care services, it is aimed to adopt a life cycle based approach. We continue to build on our existing services of providing respectful maternity care (Surakshit Matrutva Aashwasan - SUMAN), strengthening the immunization services (Mission Indradhanush and Routine Immunization) by ensuring that the vaccines are being made available universally, rolling out population based screening for population above 30 for NCDs, TB, Leprosy and harmful addiction like tobacco and alcohol and incrementally provide geriatric and palliative care at the primary level. The expanded services will be provided closer to people's homes, making free essential medicines and diagnostics services available at the AB-HWCs, free of charge, with an aim of reaching the last mile and the most vulnerable. The AB-HWCs will also ensure continuum of care approach with well-established referral and back-referral linkages, also through teleconsultation with the secondary / tertiary public health facilities.

Teleconsultation services at AB-HWCs will connect medical officers and/ or specialists for providing necessary hand-holding support, ensuring patient engagement with the healthcare providers, improving quality of care with face to face consultations.

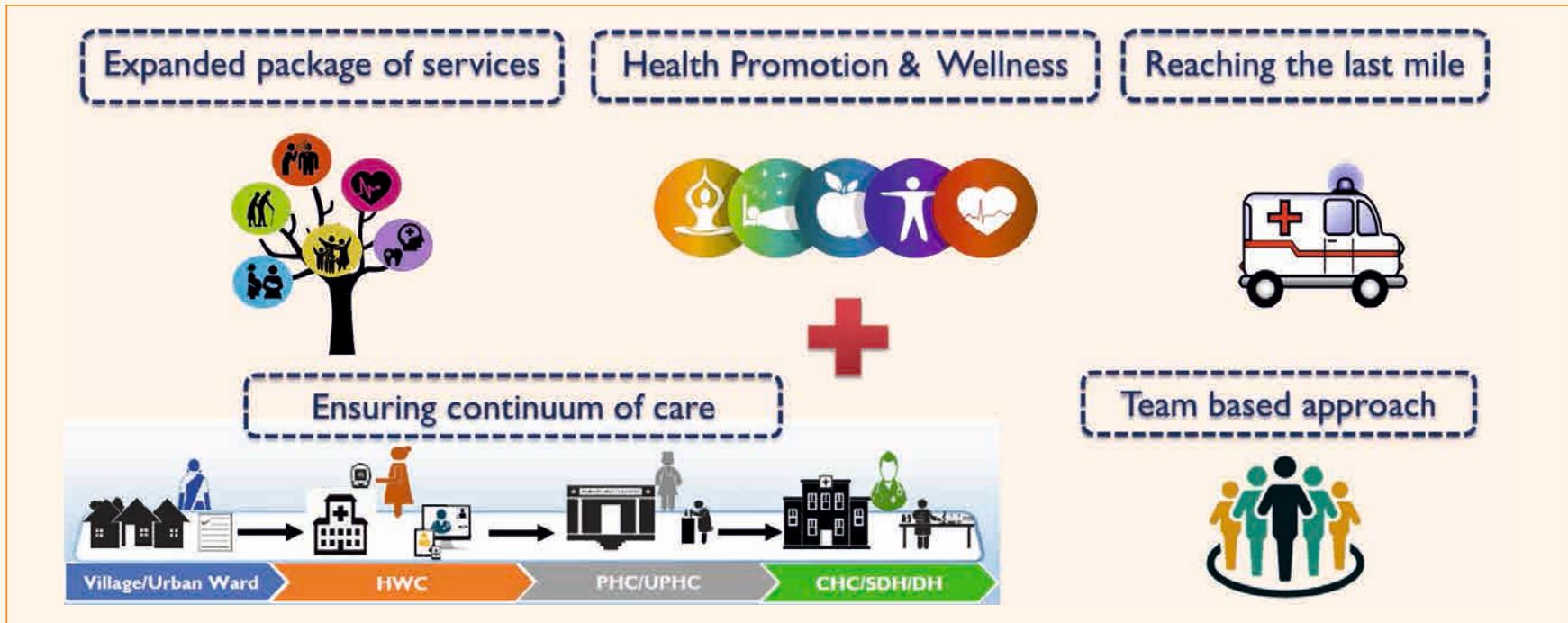
The AB-HWCs also bring in the concept of 'healthy' living, where we focus on not just curing illnesses, but also emphasize on prevention by promoting wellness and adoption of a healthy lifestyle. Some of the examples of promoting wellness are:

- ▶ The 'Wellness' related activities and various health days to be celebrated at these AB-HWCs are a part of the annual calendar which is an integral part of their community outreach activities.
- ▶ Health campaigns focused on various social determinants of health such as nutrition are targeted making the move towards healthy living, a Jan Andolan.
- ▶ Health promotion through 'Ayushman Bharat-Health & Wellness Ambassadors' at schools for Eat Right and active healthy lifestyles, is an integral part of the wellness component under the AB-HWCs.
- ▶ Campaigns like 'Eat Right, Eat Safe' and 'Fit India' will be essential components to promote health and well-being for engaging the communities.

The efforts of the primary healthcare team will be facilitated by placing a Community Health Officer (CHO) at SHC level AB-HWCs. The CHO will lead the team comprising of frontline workers (MPWs and ASHAs). The CHO, is a qualified Ayurveda practitioner or a BSc./ GNM Nurse, additionally trained for six months in a Certificate in Community Health (CCH).

To ensure that the efforts of the Primary Health Care team at SHC level AB-HWCs, in terms of service delivery, providing outreach services and population based screening aiming for improved health outcomes, Performance Linked Payments (PLPs) have been introduced. Based on our experience with the World's largest health volunteering workforce – ASHAs (Accredited Social Health Activists), PLPs have been built for the primary healthcare team for rewarding the hard work and to motivate the team including ASHAs to perform better.

The concept of AB-HWCs is detailed below in the figure:



It is envisioned that the patients, who require continuous home based care or regular follow up (e.g. hypertension, diabetes, etc.), will be provided support at the AB-HWCs for their extended care and well-being. It is also envisaged that the communities benefitting from and being closely associated with their nearest AB-HWCs, will also be involved in their social audit to facilitate development of a responsive and accountable healthcare delivery system.

AB-HWCs are a systemic reform to strengthen the primary health care delivery system in India. It envisages not just providing a healthcare delivery system but also actively engaging community for an improved and healthy lifestyle based approach. As a first point contact of the community, it will cater to its population for all their primary health care needs and facilitate forward/ backward linkages to ensure continuum of care.

It is planned to achieve transformation of 1.5 lakh primary health facilities as Ayushman Bharat - Health and Wellness Centres by 2022 in a phased manner. With over 24,400 AB-HWCs transformed till November 30<sup>th</sup>, 2019 against the target of 40,000 primary health facilities for FY 2019-20, we are moving steadily to achieve our goal. More than three lakh yoga and wellness sessions have been conducted through these AB-HWCs across the country.

The second pillar of Ayushman Bharat – the Pradhan Mantri Jan Arogya Yojana (PMJAY) aims to provide secondary and tertiary hospitalization care cover of Rs 5 lakh per household per year for about 1,400 procedures at the public and private hospitals. With over 20,828 hospitals empaneled in the scheme and over 64 lakh beneficiaries, this scheme enables the most vulnerable to access quality hospital care and removes financial hardship.

While the primary and preventive care, along with the screening of suspected individuals will be provided at the AB-HWCs, the secondary and tertiary care will be provided at the public health facilities, the District Hospitals, Medical colleges and private hospitals empaneled by AB-PMJAY (for the 40% of the eligible population).

As this programme continues to gain momentum towards achieving positive health outcomes in the targeted communities, four regional workshops were conducted across the country for all the States/ UTs to realize implementation challenges and highlight their respective solutions adopted by various states.

This document is a compendium of the progress made in operationalization of AB-HWCs during the last one and half year and duly highlighting the best practices adopted by States and UTs. It is important that the States replicate and scale up these best practices with modifications best suited to their local contexts and needs, and continue to collaborate in this endeavor of providing affordable and quality healthcare accessible to everyone.



मध्यप्रदेश  
आरोग्यम

प्राथमिक स्वास्थ्य केंद्र  
राजनगर



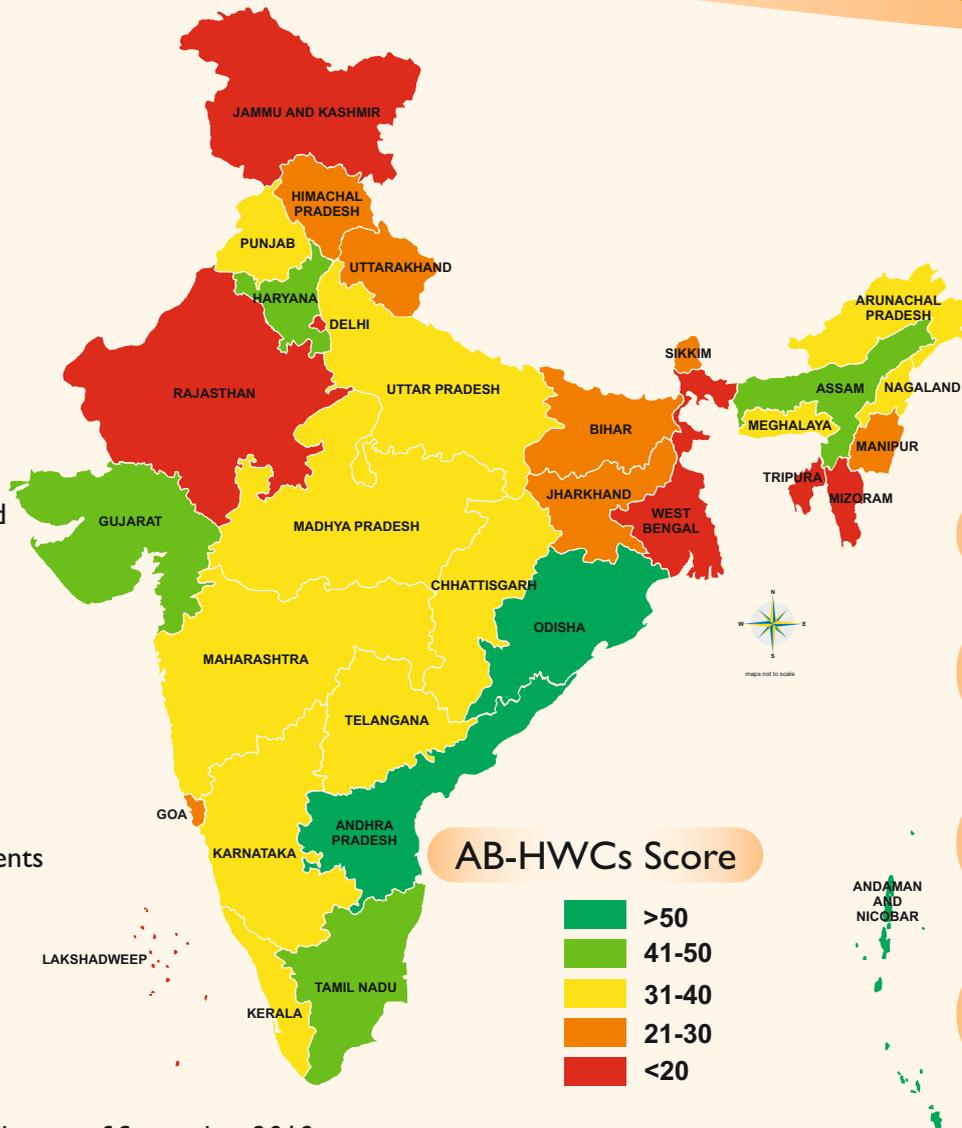
# Progress of AB-HWCs

 **3,10,92,556**  
Footfalls

 **2,03,727**  
Yoga / Wellness  
Sessions Conducted

 **69,41,364**  
Hypertension Patients  
availing Treatment

 **38,17,736**  
Diabetes Patients  
availing Treatment



Persons screened  
for Cancers

 **82,45,292**  
Breast Cancer

 **49,79,183**  
Cervical Cancer

 **1,22,17,040**  
Oral Cancer

Source: AB-HWC Portal; Map and data as of September, 2019



**AYUSHMAN BHARAT**

सर्वे भद्राणि कुर्यात्

**HEALTH & WELLNESS CENTRE THINUNGEI**

BISHNUPUR DISTRICT - 795126



NHM MANIPUR  
AYUSHMAN BHARAT  
HEALTH  
&  
WELLNESS  
CENTRE  
THINUNGEI, MANIPUR

THINUNGEI PH 52

MANIPUR



# State Profiles



*Operationalization of AB-HWC data as of October 2019, Service delivery data as of September 2019*

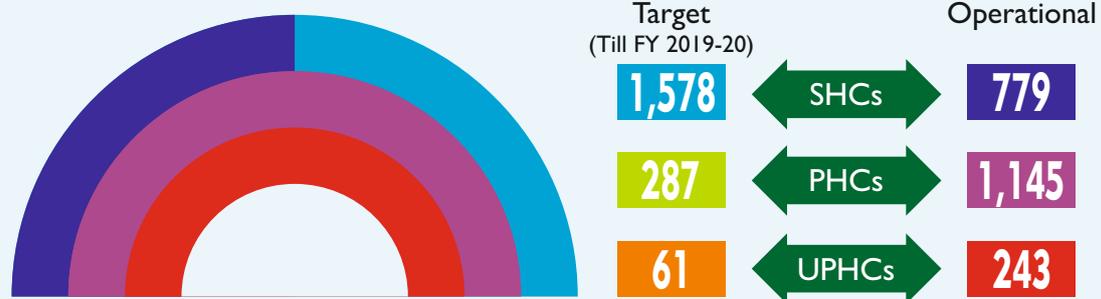
*Delhi has not implemented the AB-HWC scheme*

*Segregated data not utilized for Jammu and Kashmir, as data analyzed in the booklet is till September 30, 2019*

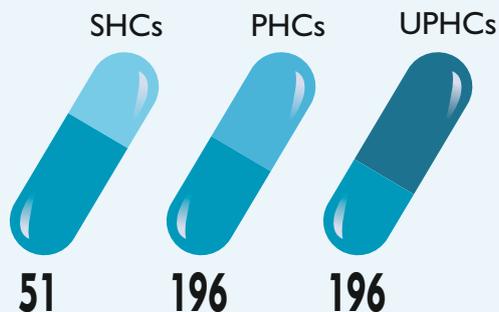


# Andhra Pradesh

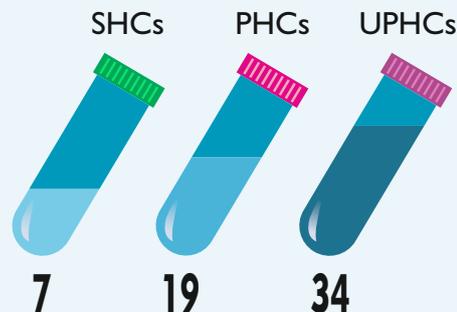
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Tele-consultation services for provision of specialist services

State has initiated tele-consultation services for provision of healthcare services in cardiology, general medicine, endocrinology and orthopedics/rheumatology through a hub and spoke model. In this model, the patient's demographic details, history and complaints are entered digitally by the Community Health Officer (CHO) at SHC AB-HWCs in the vendor application. CHO connects the patient to a doctor through telemedicine (video conference) for virtual consultation. At SHCAB-HWCs, multiple devices are available to record details such as temperature, blood pressure, heart rate etc which are stored digitally and shared electronically with specialists at medical hubs based on which further tests are conducted as instructed by the doctor. Following the test reports, medicines are prescribed remotely through the drug vending machine. Tele-consultation services for cardiology, general medicine, endocrinology and orthopedics/ rheumatology are available at 243 e-UPHCs covering the urban population. A total of 13,34,543 tele-consultations have been conducted till date.

## 2 Safe delivery calendar at facility level

State introduced the concept of safe delivery calendar at the facility level to track all pregnancies in the catchment area. Key features include:

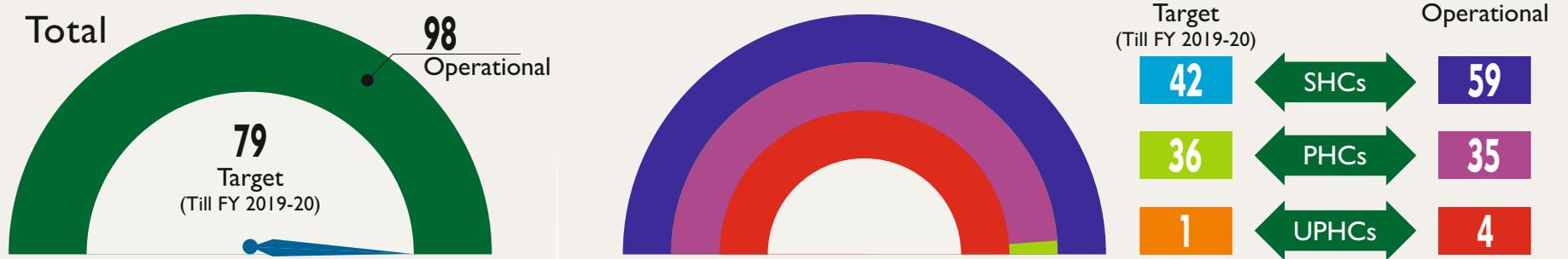
- ▶ Identification of all antenatal cases in PHC catchment area – MPWs (F) report data from all SHCs
- ▶ Early identification of high risk antenatal cases which are marked in red and referred to secondary / tertiary hospital for early evaluation
- ▶ Sharing details of high risk antenatal cases with I08 services
- ▶ Mothers are given the option of institution for delivery which is marked in the calendar
- ▶ Safe delivery calendar is marked with the name and phone number of the tagged doctor
- ▶ All cases highlighted in red are evaluated one week prior to delivery



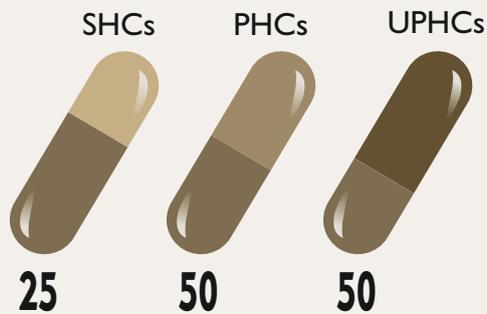


# Arunachal Pradesh

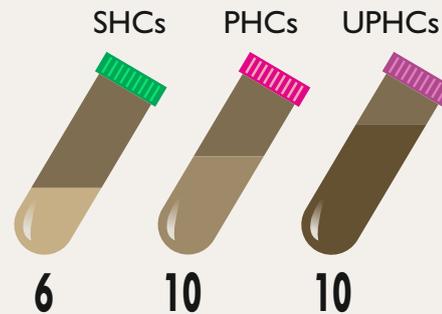
## Operationalization of AB-HWCs



### Essential Medicines Available



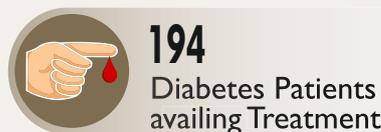
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Fixed day service mechanism for provision of Comprehensive Primary Health Care (CPHC) services

District administration Namsai came up with an innovative approach of organizing fixed day services to create awareness and generate demand for CPHC services at AB-HWCs. The fixed day mechanism was decided in consultation with different stakeholders and on the basis of field visit reports from the districts. The fixed day services are as follows:

- ▶ Monday and Wednesday - Village Health and Nutrition Day/ field activities/ population based screening for Non-Communicable Diseases (NCDs)
- ▶ Tuesday and Saturday - Routine immunization, antenatal care and family planning
- ▶ Thursday - NCD screening day
- ▶ Friday - Wellness / health promotion activities

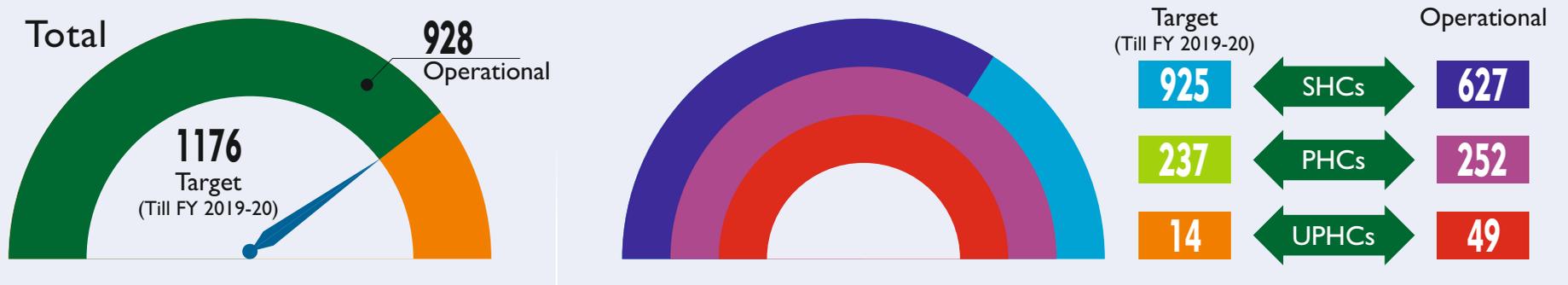
This enhanced footfall at the AB-HWCs as well as enabled the health providers to plan their work systematically to reach out to the targeted beneficiaries for awareness generation based on the fixed day services.

## 2 Bike ambulance in East Kameng District

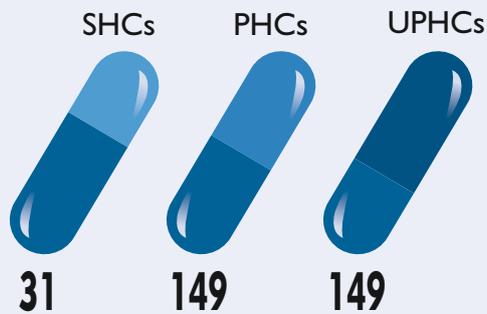
In the district of East Kameng, majority of the health facilities are remotely located and hard to reach due to the tough terrain. In view of this, the district initiated bike ambulances to provide emergency medical interventions in field and carry medicine and logistics from the district headquarters. The bike ambulances are the 'first responders' for these facilities. These ambulances are currently being used for vaccine deliveries, transportation of medicines, diagnostics and other logistics, field movement of staff for village health and nutrition days and other community activities.



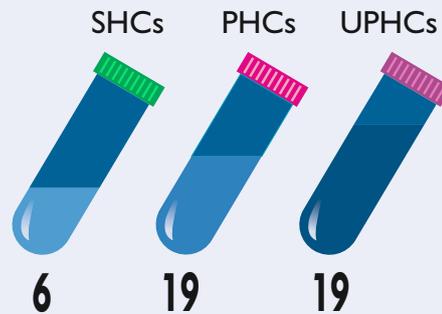
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Non-Communicable Diseases (NCDs) tickler bag to ensure follow up on a monthly basis

For quality NCD tracking, a NCD tickler bag is being used at AB-HWCs to track the patients on a monthly basis. In the bag, check-up details of each visit are recorded, and the card is placed in the pocket of next due month. Each MPW (F)/ASHA prepares a monthly due-list referring to the tickler bag for follow up of the patients. The intervention aims to achieve 100% tracking and follow up of NCD patients to ensure continuum of care. Being a relatively simple and less resource intensive process, this is expected to enable health workers to track NCD patients regularly and thereby reduce drop outs. Currently this intervention is being piloted in selected AB-HWCs of Nagaon district with support from Jhpiego and WHO.

## 2 Community Health Officers (CHOs) performance monitoring system

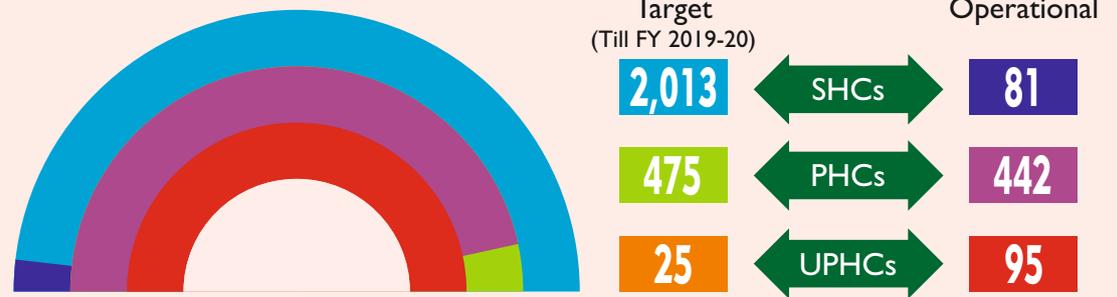
The CHO performance monitoring system is an online reporting portal developed for tracking monthly performance of CHOs. The portal was designed taking into account the fifteen indicators drafted by Government of India. The portal has been devised in such a way that once the information (performance) is entered into the portal, data is auto calculated and incentive against each indicator is displayed. To make the monitoring mechanism robust, there is provision for validation of the information at block level. As the CHOs are required to fill the details about their performance on their own, this acts as a mechanism for self-appraisal and also helps in calculating and disbursing the team-based incentives.



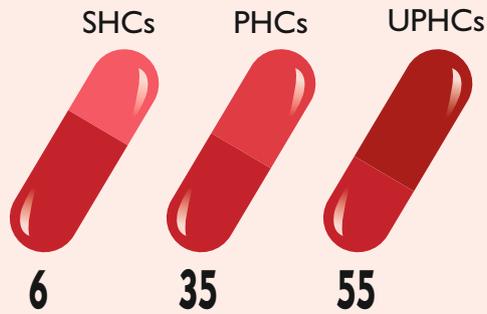


# Bihar

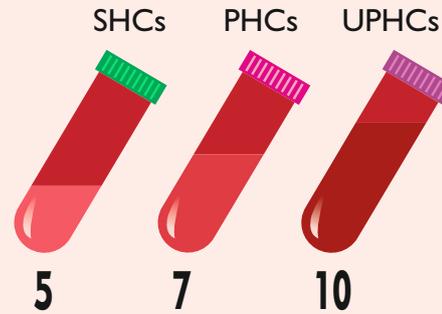
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



### Persons screened for Cancer

**2,689**  
Breast

**2,571**  
Cervical

**5,068**  
Oral



# Best Practices

## 1 Model Immunization Corner

Bihar initiated the concept of model immunization corner with an aim to increase immunization coverage and antenatal care services in urban areas and provide services in a cohesive and enabling environment. This was initiated as urban immunization rates (59.7%) were found to be comparatively lower than rural areas (61.9%). This was started in five UPHCs and has now been scaled up to 100 UPHCs across the state following the encouraging results in terms of increase in immunization and ANC coverage.

## 2 Ophthalmic services at UPHC-HWC

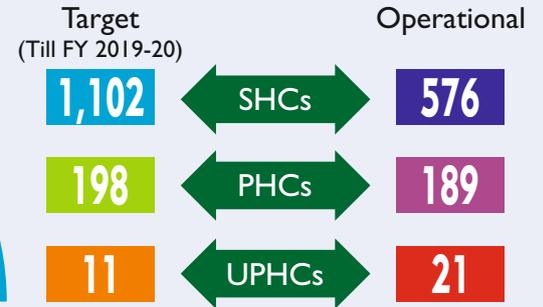
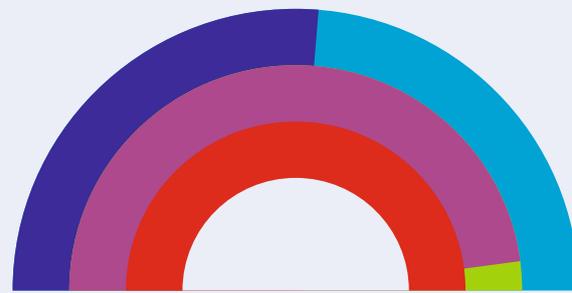
Bihar has taken the initiative to provide the ophthalmic services at UPHC-HWC level AB-HWCs under National Urban Health Mission. While it started with provision of basic ophthalmic services from September 2019 onwards, services such as refraction, primary disease diagnosis, visual impairment correctness, counseling and cataract identification were initiated. In addition, cataract cases are further referred to higher centers for free surgeries. In October 2019 alone, around 1,016 patients (609 females and 407 males) availed ophthalmic services, of which 768 were screened for visual impairment and 186 referred for cataract surgeries.



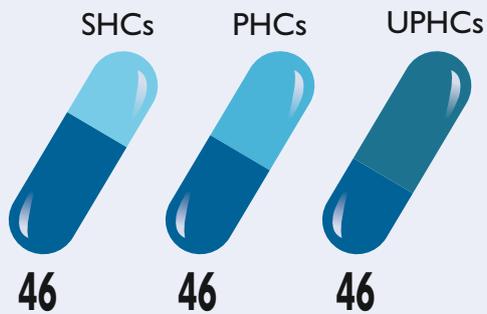


# Chhattisgarh

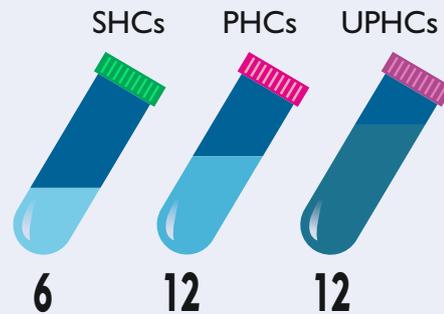
## Operationalization of AB-HWCs



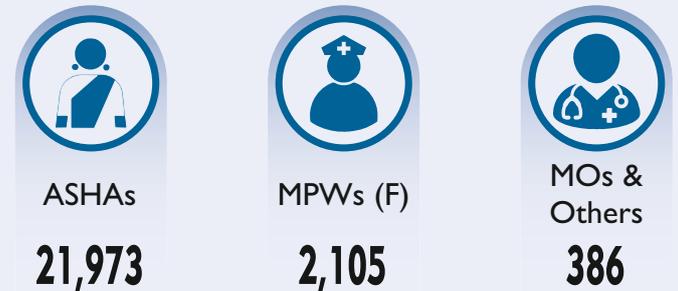
### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Non-Communicable Disease (NCD) Suraksha Maah

Considering the state's priority in reducing the high burden of NCDs, a month long campaign called 'NCD Suraksha Maah' was launched to achieve the desired goals. As part of this campaign all individuals 30 or more years of age were screened for NCDs at the AB-HWCs, and were given the required treatment after confirmation of diagnosis. To further bolster the process of NCD screening and celebrate health as a holistic concept, nine days of importance were identified during the campaign month and celebrated across the state. Awards were announced by the state for best performing districts in NCD screening and those using the most innovative means for increasing community mobilization. A total of 6,839 NCD screening outreach camps were conducted across 900 AB-HWCs during NCD Suraksha Maah. The state has achieved 140% of the screening target as per the NCD portal. The intervention reached more than 8.3 lakh individuals during this month.

## 2 Fixed day indenting mechanism at AB-HWCs

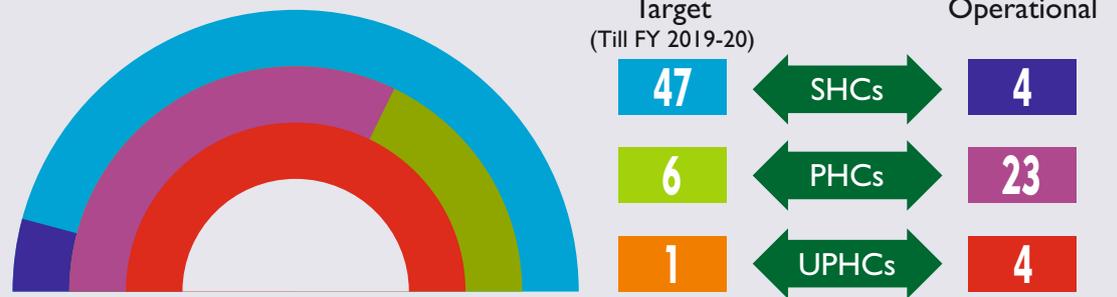
In Chhattisgarh, it was observed that there was a shortage of many drugs and consumables at AB-HWCs due to erratic indenting by staff. In addition, incomplete and irregular indenting led to unavailability of essential drugs and non-maintenance of buffer stock. In view of this, fixed day indenting approach was initiated with support from MCSP led by Jhpiego at two facilities PHC-HWC Adenga and SHC- HWC Neerachindali of Kondagaon district. As per the approach, SHC-HWC placed indent by 2<sup>nd</sup> day of every month at the PHC-HWC, following which the PHC-HWC placed the cumulative indent on 5<sup>th</sup> day of every month at the state medical service corporation portal. In addition, essential drug list was provided to the AB-HWCs as a reference while indenting. District level trainings were also conducted for estimation of monthly requirement and maintenance of buffer stock of drugs and diagnostics. This mechanism has ensured uninterrupted availability of essential drugs at SHC and PHC level AB-HWCs and has also helped PHC level AB-HWCs to maintain buffer stock of essential medicines.



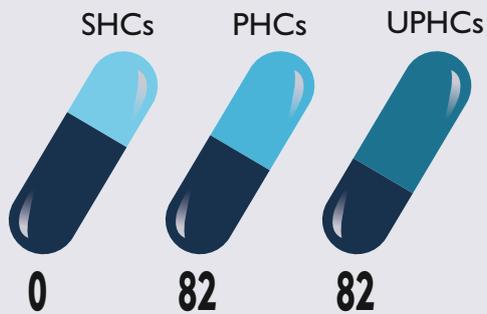


# Goa

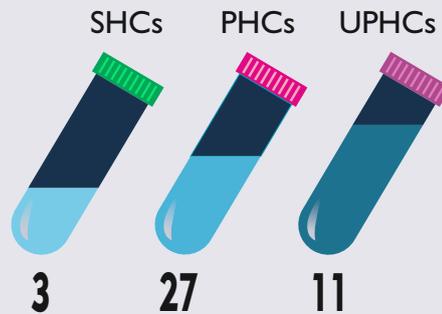
## Operationalization of AB-HWCs



### Essential Medicines Available



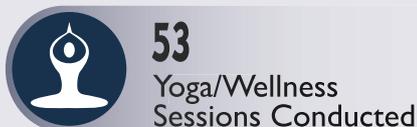
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 ST Elevation Myocardial Infarction (STEMI) Project

The Directorate of Health Services, Goa initiated the STEMI project with the aim of reducing mortality and morbidity due to ST Elevation Myocardial Infarction. A hub and spoke model was established with the Goa Medical College and Hospital, Bambolim as PCI enabled hub and 12 selected peripheral institutions were identified as spokes. This was done to ensure the patient reaches the nearest hub centre in shortest possible time, within the golden hour since the onset of myocardial infarction. Trained medical officers perform tele-ECG, thrombolysis using Inj. Tenecteplase/Inj. Reteplase at the spokes after which the patient is transferred to the apex (tertiary) institution, Goa Medical College and Hospital through specialized Cardiac/ALS equipped ambulances. Free drugs, diagnostics and free inpatient facilities are provided under this project. From January to September 2019, 2,628 critical ECGs diagnosed with 616 STEMI, and 464 STEMI were thrombolysed.

## 2 Changing Diabetes Barometer (CDB) Programme

The Changing Diabetes Barometer is a quality monitoring system developed to measure the progress for diabetes management. Under the CDB project the state government with Novo Nordisk aims to undertake a massive diabetes control programme, which includes creating mass awareness on diabetes, conducting diabetes screenings, enabling practical training camps for medical professionals, improving treatment of diabetes with focus on reducing complications related to diabetes. CDB Program's, "ACT model" of Awareness creation, Capacity building and better Treatment, implemented by strengthening public health infrastructure is a scalable model that can be implemented in all AB-HWCs. From December 2018 to October 2019, 27,670 diabetics have been counseled along with their families and are availing free treatment (OHAs and Insulin) at community diabetes centres.

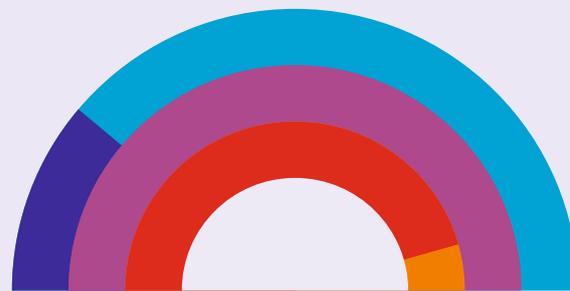
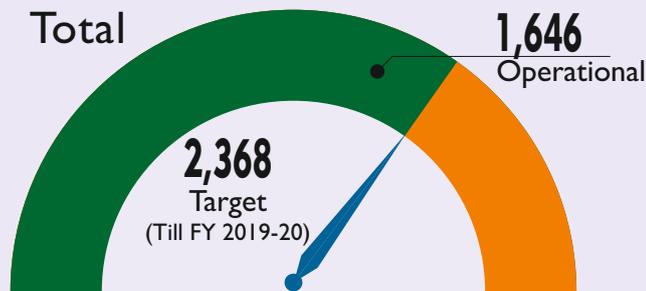




સત્યમેવ જયતે  
Government of Gujarat

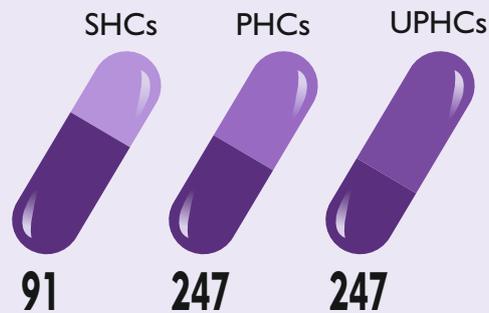
# Gujarat

## Operationalization of AB-HWCs

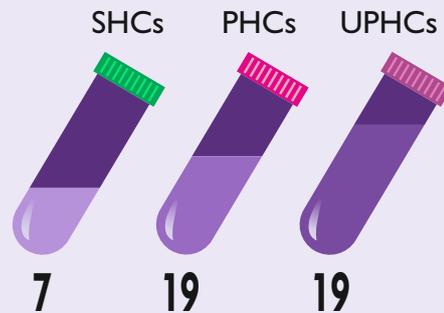


Target (Till FY 2019-20)		Operational
1,920	SHCs	774
369	PHCs	800
79	UPHCs	72

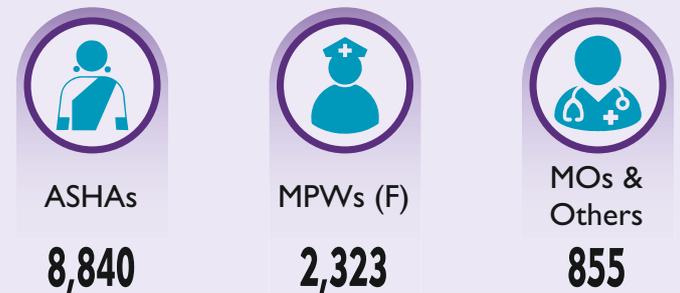
### Essential Medicines Available



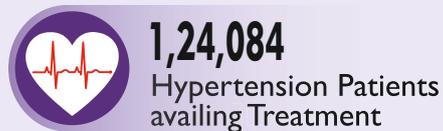
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Arogya Samanvay Module to integrate Yoga and Ayurveda

The state of Gujarat developed the Aarogya Samnvay Module with an aim to integrate yoga and ayurveda. Under this module, 450 Community Health Officers (CHOs) were trained for 21 days to undertake wellness activities at AB-HWCs. The trainings were facilitated by State Institute of Health and Family Welfare. This module includes various components of the 12 services which will be provided at AB-HWCs.

## 2 Yog Mahotsav and Eat Right Campaign

Gujarat state organised a 'Yog Mahotsav' and eat right campaign across its districts in June 2019. The three day event was initiated one day prior to the International Day of Yoga. Various activities such as yoga, breathing exercises, awareness on diet and nutrition were conducted with an aim to create more awareness on health promotion and prevention. The campaign has been conducted across 12 districts till date, wherein 1,695 beneficiaries participated in the event. The state aims to cover all 33 districts by March 2020.







Metformin 500  
**Metformin Hydrochloride Tablets I.P. 500 mg**  
মেটফর্মিন হাইড্রোক্লোরাইড টেবলেট অর্ধ.মী. 500 এমসি

Each uncoated tablet contains:  
Metformin Hydrochloride I.P. 500 mg

Usage: As directed by the Physician.  
Storage: Store Protected from light and moisture.  
Keep the medicine out of reach of children.

**CAUTION:**  
It is dangerous to take this preparation  
without the supervision of a qualified  
physician or pharmacist only.

Mfg. Lic. No. - NB-152/B4  
Made in India by  
**NARAYAKA ANTIBIOTICS &  
PHARMACEUTICALS LIMITED**  
(A GOVT. OF INDIA ENTERPRISE)  
Plot No. 14, II Phase, Poonya,  
Bengaluru - 560 058  
Website: www.kapindia.com

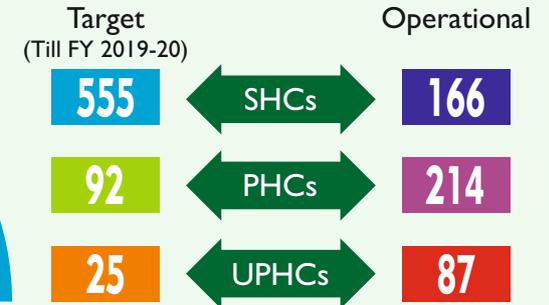
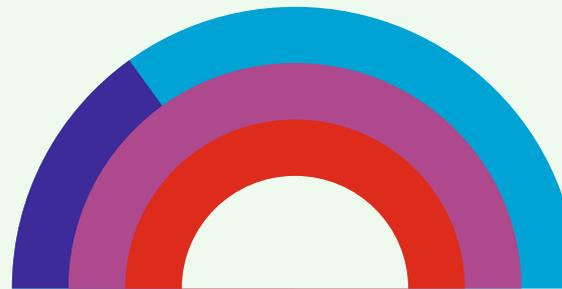
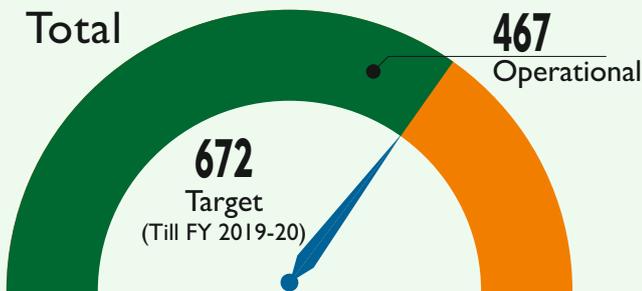
Mfg. Lic. No. - NB-152/B4

**R.No.6201818  
MFD.01/2018  
EXP.12/2020  
GOVT. SUPPLY  
NOT FOR SALE**

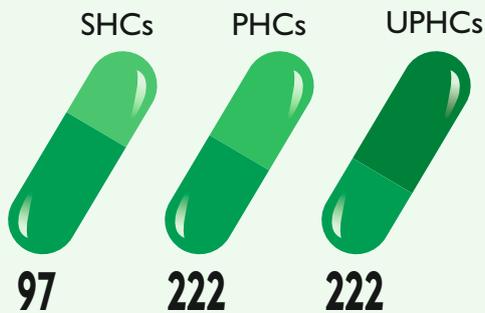


# Haryana

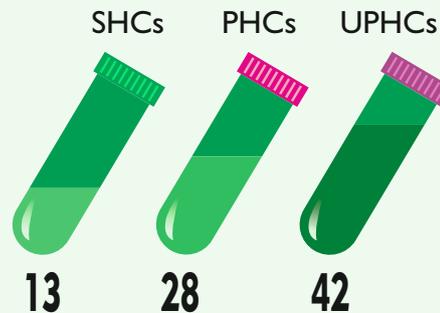
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Creation of corpus fund with Haryana Medical Service Corp.Ltd (HMSCL) for diagnostic services

As per Government of India guidelines, all consumable and non-consumable items for diagnostic services are required to be ensured at AB-HWCs. The state created a corpus fund at HMSCL to provide diagnostic services at all AB-HWCs. The districts have been advised to utilize the recurring funds transferred to them for procurement of consumables and non-consumables items for diagnostic services. In case of additional requirements, the districts can tap the funds from the corpus fund at HMSCL. This has helped in strengthening the diagnostic services across AB-HWCs in the state.

## 2 Community outreach through innovative measures

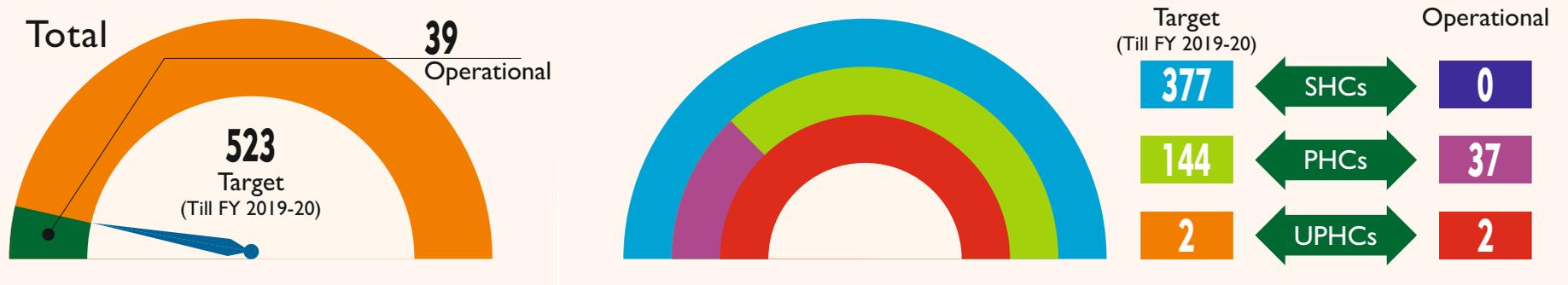
In order to involve the community and generate awareness among the communities, social festivities were celebrated with communication messages on the expanded package of services provided at SHC AB-HWCs. This initiative helped in building a good rapport with the AB-HWC team and increased community ownership. Further, local and traditional games were organized along with wellness activities such as yoga to promote preventive healthcare.



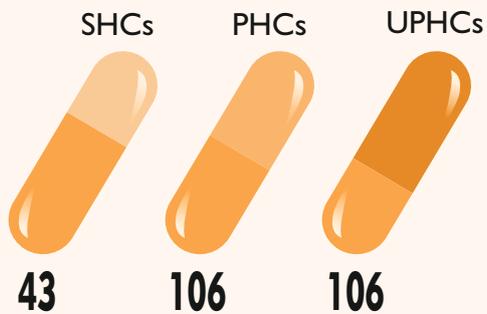


# Himachal Pradesh

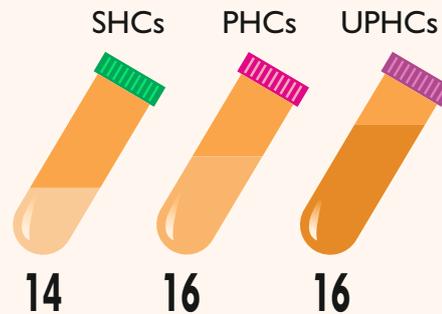
## Operationalization of AB-HWCs



### Essential Medicines Available



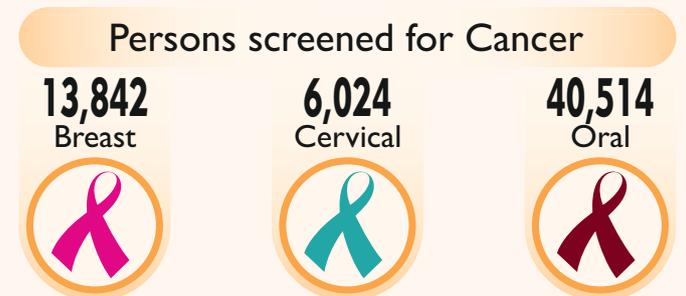
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs





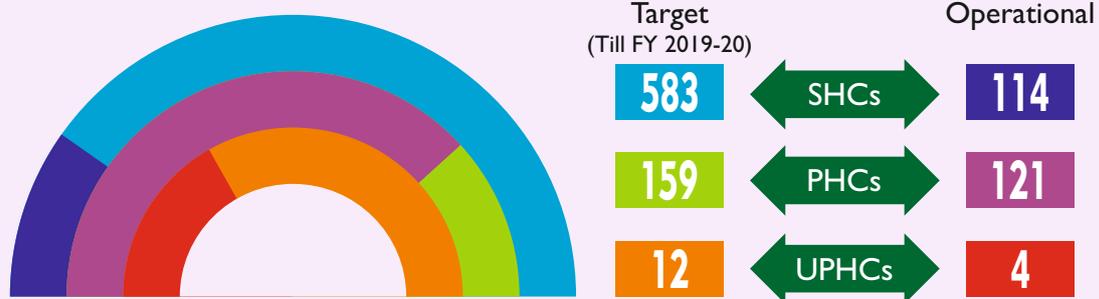
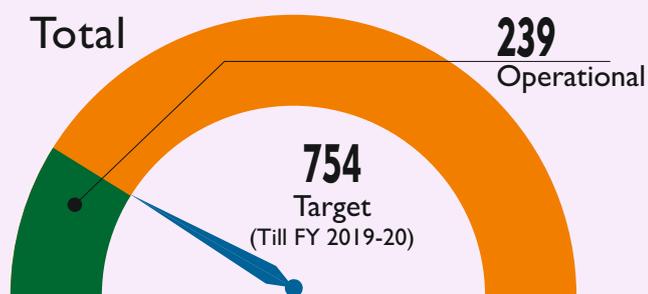
# Glimpses of AB-HWCs



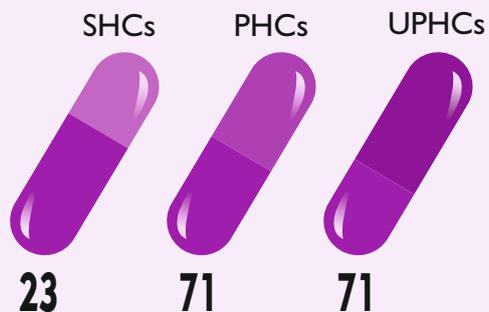


# Jammu and Kashmir

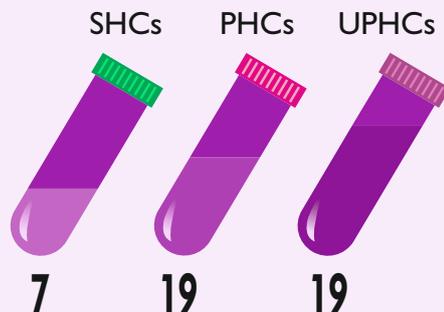
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



### Persons screened for Cancer

**5,014**  
Breast



**1,006**  
Cervical



**13,275**  
Oral



# Best Practices

## 1 Regular monitoring and supportive supervision at AB-HWCs

State has constituted monitoring and inspection teams for conducting regular supportive supervision and inspections of AB-HWCs. These onsite handholding visits are conducted using standardized formats to identify gaps and take corrective action. The teams consist of senior health officials from divisional and district level and representatives from National Health Mission. The findings of monitoring and inspection teams are further discussed at state level during periodic review meetings by the Financial Commissioner, Health and Medical Education. This process has significantly helped in effectively taking evidence based decisions and appropriate mid-course corrections.

## 2 Ensuring regular availability of medicines at AB-HWCs

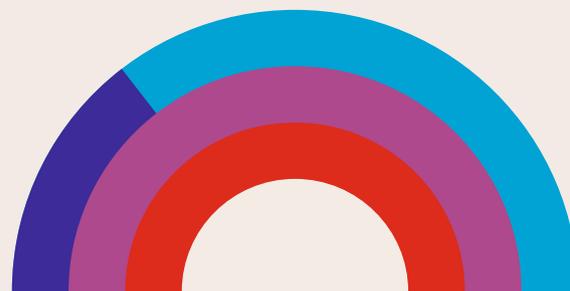
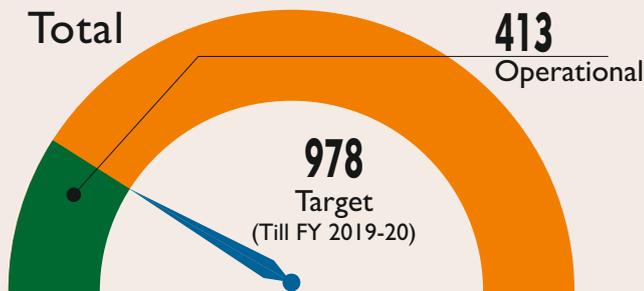
Jammu and Kashmir has mandated the availability of 23 medicines and six diagnostic tests at SHC AB-HWCs and 71 medicines and 17 diagnostic tests at PHC level AB-HWCs as part of free medicines and diagnostics programme through Jammu and Kashmir Medical Supplies Corporation Limited. Funds available under free drugs policy have been utilized for providing essential drugs across AB-HWCs. In addition, the Chief Medical Officers have been authorized to meet the short-term gaps in medicine supply from Jan Aushadi Kendras. This has helped in ensuring regular availability of essential medicines and preventing stock-outs at AB-HWCs.





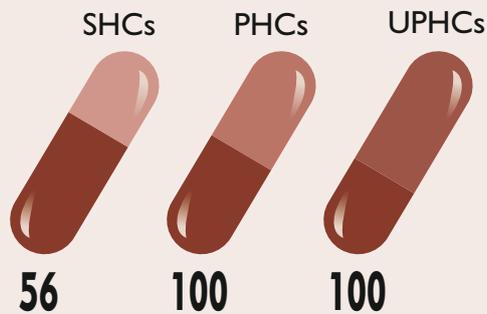
# Jharkhand

## Operationalization of AB-HWCs

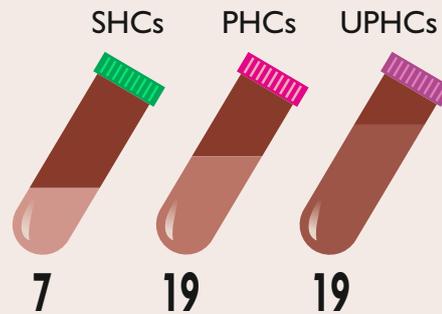


Target (Till FY 2019-20)		Operational
888	← SHCs →	256
75	← PHCs →	106
15	← UPHCs →	51

### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Innovative approach for population based Non-Communicable Disease (NCD) screening

Population Based Screening (PBS) for NCDs has been one of the priority initiatives taken by Government of India and the state of Jharkhand. Under this initiative, the state has created a resource pool of at least two district level trainers to build the capacities of field staff on PBS screening. Line listing and microplanning of village level NCD screening has also been initiated. Population enumeration has been initiated by using family folders and community based assessment checklists through ASHAs. Population enumeration data has been entered in NCD application by MPWs (F)/ CHOs for regular tracking and monitoring of the beneficiaries. The state has provided NCD kits i.e. zip bag containing screening equipment to the MPWs for conducting NCD screening in outreach sessions /at village and health nutrition days in the catchment area of AB-HWCs. The kit contains BP apparatus, glucometer, spatula, glucometer strips, mouth mirror, torch, lancet, cotton and gloves. This mechanism has helped in early identification, prompt treatment and regular follow up of NCD cases.

## 2 Model layout plans for upgradation of SHCs to AB-HWCs

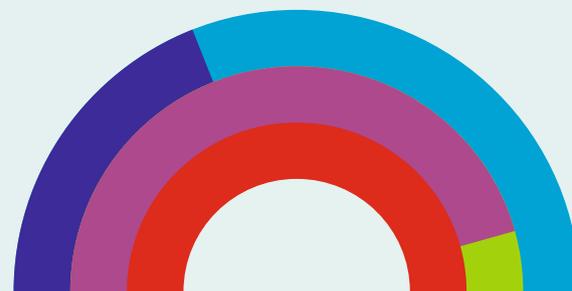
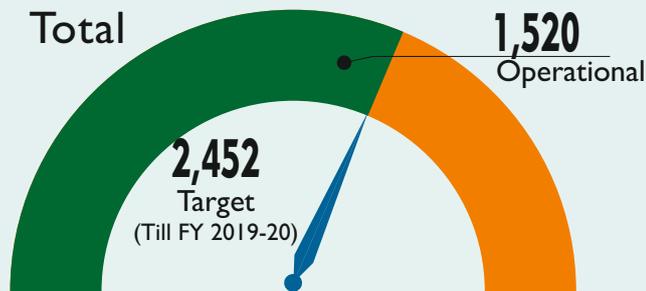
Infrastructure upgradation of SHCs was required to provide expanded package of services through AB-HWCs. In line with the findings of facility based gap assessments, repair and renovation of existing buildings was required as the structure of facilities across Jharkhand was not uniform. In view of this, the state developed standardized infrastructural layouts and three dimensional (3D) designs for upgrading targeted facilities to AB-HWCs with support from MCSP led by Jhpiego. Based on these layouts, modifications were made in the infrastructure to allocate designated spaces for additional health care services at AB-HWCs. As on date, infrastructural upgradation has been completed in 375 SHCAB-HWCs along with repair and renovation in line with the layouts. Many districts have also developed space for yoga/ wellness activities within the AB-HWCs as part of the layout plan.





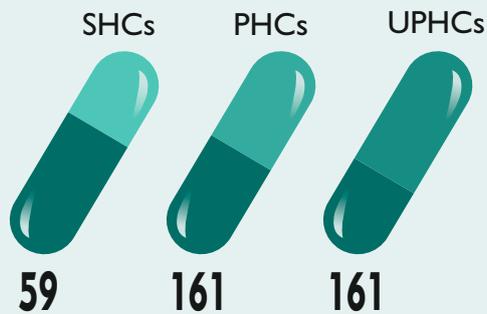
# Karnataka

## Operationalization of AB-HWCs

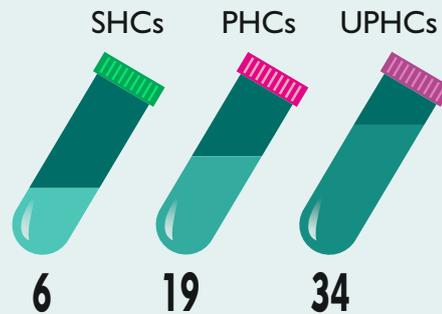


Target (Till FY 2019-20)		Operational
1,771	← SHCs →	666
590	← PHCs →	536
91	← UPHCs →	318

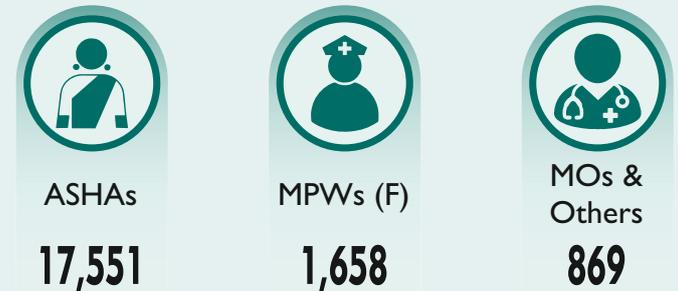
### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Decentralized selection process of Community Health Officers (CHOs)

State has been accorded with an approval of 1,842 CHO positions in financial year 2019-20. In order to recruit the large number of CHOs, the state decided to follow a de-centralized selection process at the district level to reduce attrition. The state undertook online selection examination with a digital partner for 766 posts. In total 4,015 applicants registered for the exams, of which 2,085 applications were accepted. Of these 1,791 attended the exams and 1,326 qualified for selection. Finally, 610 candidates were selected based on district level roster and merit. The entire selection process was conducted online by using a digital platform to ensure transparency at each stage of the selection process.

## 2 Performance based incentives

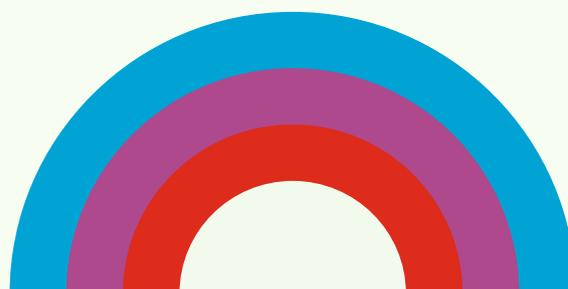
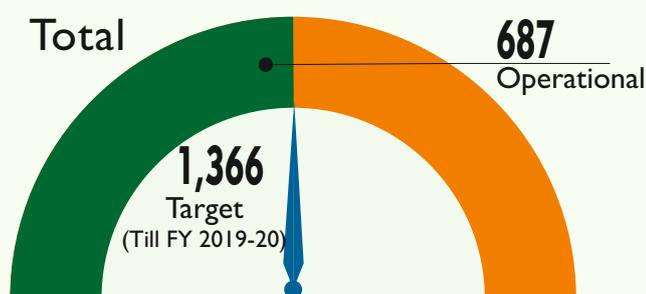
Karnataka is a pioneer state to introduce performance-based incentives for CHOs and team-based incentives for primary healthcare teams as per the Government of India guidelines. State has initiated the service delivery performance assessment from February 2018 onwards to ensure motivation among CHOs in workplace. Performance indicators were selected on the basis of NITI Aayog Indicators and state specific objectives. Progress of each AB-HWC was verified against each indicator through online portals - HMIS/ RCH/ NCD/ NIKSHAY and AB-HWC. Following verification, performance and team based incentives are being given to CHOs and the primary healthcare teams achieving more than 75% against each indicator.





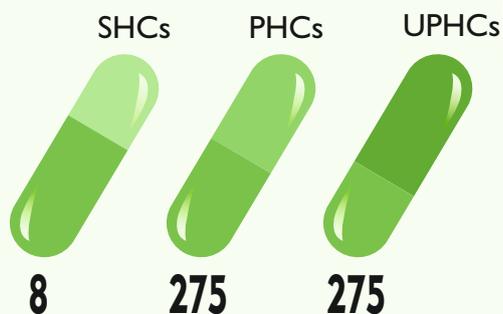
# Kerala

## Operationalization of AB-HWCs

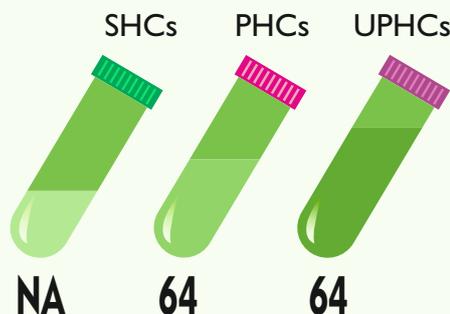


Target (Till FY 2019-20)		Operational
1,133	SHCs	0
212	PHCs	657
21	UPHCs	30

### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 NAYANAMRITHAM – Diabetic Retinopathy Screening Pathway

Evidences shows that Diabetic Retinopathy (DR) affects nearly 16.9% of the diabetic population in India. The primary reasons for rise in this disease are poor awareness and inadequate screening at public health facilities. To address this issue, DR screening, diagnosis and management has been initiated at all levels of 16 Family Health Centres (FHCs) in Thiruvananthapuram district. Staff nurses of the FHCs have been trained to tele-consult with the Regional Institute of Ophthalmology. Staff nurses transmit the fundus photographs through non mydriatic cameras to the regional institute for early diagnosis and management. From July 2018 to October 2019, around 6,500 patients have been screened, of which about 1,600 patients have been referred to higher facilities for diagnosis and management.

## 2 AARDRAM –The People Friendly Health Transformation

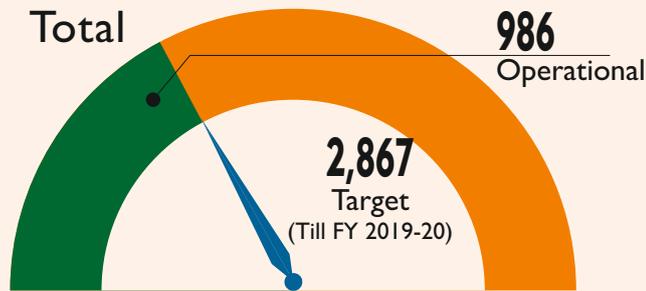
The state government of Kerala has layered upon additional packages of eye, mental health and TB in their AB-HWCs. The state has also standardized its AB-HWCs by providing guidelines related to OPD waiting areas, pre-check-up rooms, outreach activities and implementation of e-health. Specific programmes related to mental health - Aswasam (Management of Depression), Sampoorna Manasikarogyam (Total mental health), Amma manas (Maternal Mental Health) - post-partum mood disorders, depression etc. services related to ophthalmic care and DR clinics (Nayanamritham) are also included in the FHCs. These FHCs also provide treatment for Chronic Obstructive Pulmonary Disease treatment through Swaas clinics.





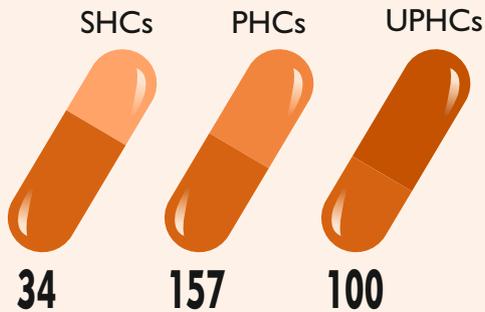
# Madhya Pradesh

## Operationalization of AB-HWCs

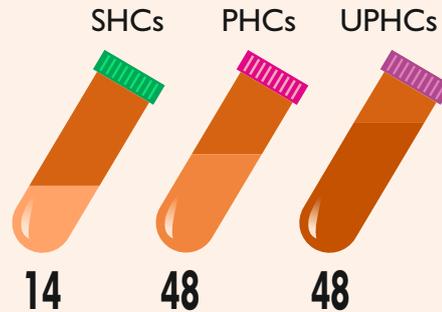


Target (Till FY 2019-20)		Operational
1,594	SHCs	0
1,137	PHCs	860
136	UPHCs	126

### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices



## 1 Hub and spoke model for ensuring diagnostic services at AB-HWCs

Expanding diagnostic services is one of the key elements for rolling out comprehensive primary health care through AB- HWCs. Non-availability of lab technicians and lack of infrastructure at some PHC-HWCs in district Khandwa, made it extremely difficult to provide diagnostic services at the point of care. District administration of Khandwa with support from MCSP led by Jhpiego implemented an innovative approach to provide diagnostic services through a hub and spoke model. Under this model, seven hubs (Central Diagnostic Units) were created at five CHCs and two PHCs (where lab technicians were available) covering 27 AB-HWCs. Samples are collected from the spoke facilities during OPD hours, transported to the nearest hub by transporter (staff or field worker) and the reports are brought back to the spoke facilities in evening. This helped minimize the movement of patient and ensured timely reporting. This model is now being scaled-up across the state for ensuring availability of diagnostic services at AB-HWCs.

## 2 Nirogi Kaya Abhiyan (NCD Campaign)

State has initiated a two months Nirogi Kaya campaign with an aim to expedite NCD screening and management. As part of the campaign, village level NCD screenings were conducted on fixed days and IEC and BCC activities including use of banners, radio talks and jingles to mobilize the community were planned across the state. Apart from community mobilization, sensitization meetings were held regularly at district level along with structured monitoring at district and state level by senior officials and state leadership. State also adopted many innovative measures such as incentives for good performing districts, referrals from villages supported by Village Health Sanitation and Nutrition Committee funds and launch of the entire campaign by Health Minister. Till date, around 25,84,180 persons have been screened, of which 1,21,572 have been put on treatment for NCDs.



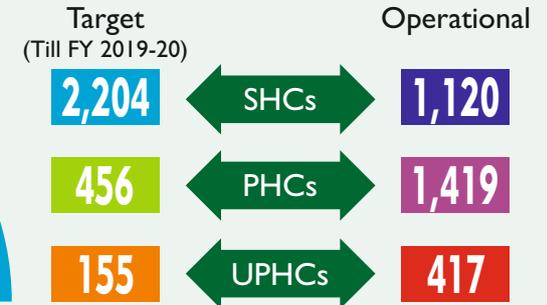
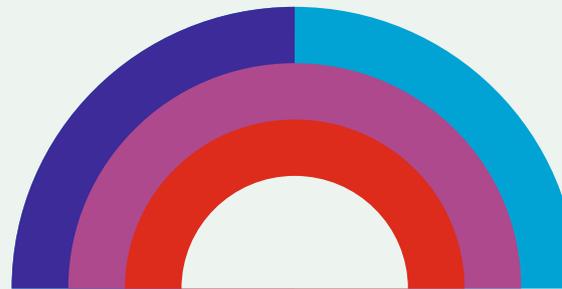
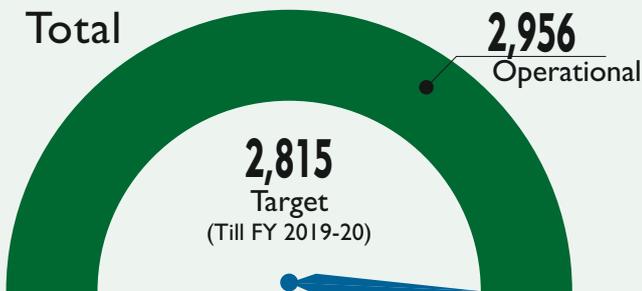




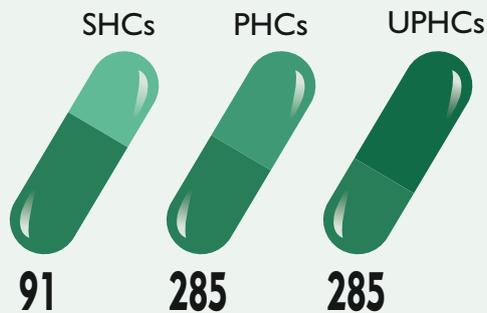


# Maharashtra

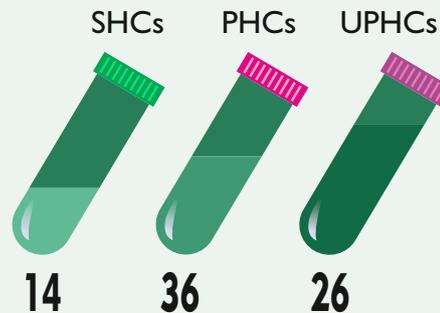
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Comprehensive Elderly Care Programme

A comprehensive elderly care programme with support from Tata Trusts was initiated in Mul block of Chandrapur district in Maharashtra which has now been extended to the entire district. The project aims at providing comprehensive healthcare services to the elderly, augmenting institutional capacity and building awareness around elderly care issues. A baseline survey was conducted to obtain a snapshot of the current situation. The healthcare teams including Medical Officers, MPWs (F) and ASHAs were trained in elderly care. Further, PHC level AB-HWC teams were supported by specialists, physiotherapists and staff nurses from District Hospital. Weekly geriatric clinics were initiated at four PHCAB-HWCs in Mul block. From June 2018 to July 2019, 181 geriatric sessions were conducted wherein, 11,456 elderly patients availed OPD services, 765 laboratory tests were performed and 3,537 elderly patients were provided with health cards after screening. In addition, the local community was involved and encouraged to create spaces called 'Activity Centres' for the elderly to socialize and engage in physical and recreational activities and promote inter-generational bonding. These activity centres are now being managed by ASHAs and village volunteers.

## 2 Establishing Model AB-HWCs by remodeling existing SHCs and PHCs

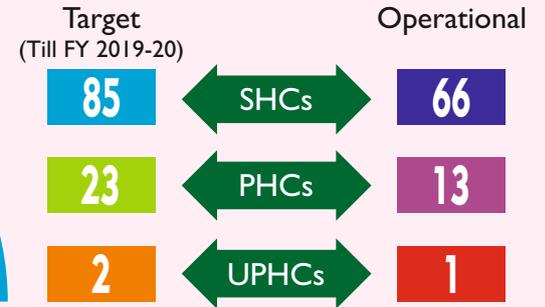
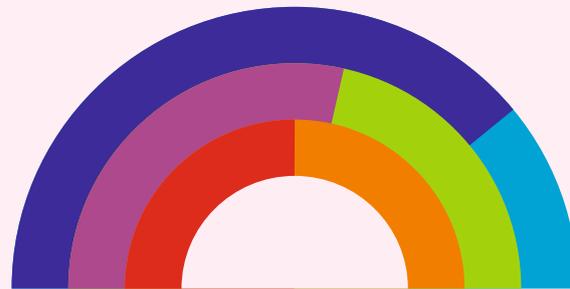
To provide uniform and patient-friendly infrastructure to AB-HWCs, three model layouts were created and piloted in Jamner block of Jalgaon district to transform existing SHCs to AB-HWCs. This has now been scaled up across the state. Under this initiative, on-site training and orientation workshops were conducted for all engineers and architects in the state. Stencils were given to all districts for painting logos ensuring uniformity in the appearance and minimal structural changes were done in the new SHCs. This resulted in uniform signage and coloring across all facilities, increase in drug storage space from 6.25 sq.mt. (norm) to 10.25 sq.mt. (minimum), adherence to NQAS standards for illumination, drainage etc, accessible AB-HWCs for persons with disability, optimum utilization of resources, adequate privacy for examination, ease for diagnostics and medicine dispensing, waiting area with IEC facilities and adequate space for tele-health services.



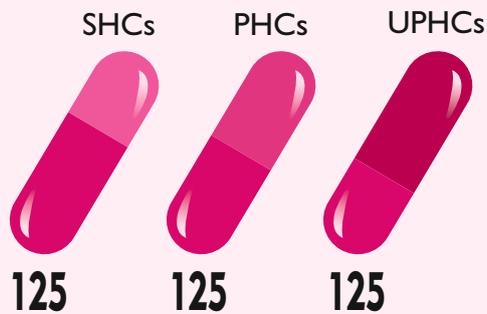


# Manipur

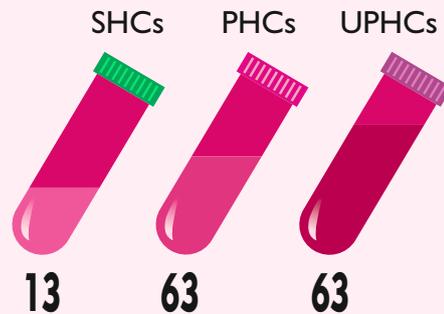
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



### Persons screened for Cancer

**12,531**  
Breast

**4,272**  
Cervical

**18,595**  
Oral



# Best Practices

## 1 Home based palliative care through multi-stakeholder collaborative approach

Manipur initiated home based palliative care services through AB-HWCs to bring health care closer to communities. Being a new intervention, the state collaborated with various stakeholders such as Regional institute of Medical Sciences (RIMS) Imphal, Institute of Palliative Medicine, Calicut Karunashraya Bangalore and World Health Organisation to successfully implement this initiative. The presence of palliative care services at AB-HWCs is now felt by the community because of partnership of health department and the Palliative Care Society, Imphal who have organized awareness camps, mobilization activities at villages and training of service providers to support the needy palliative patients in the state. At present 58 AB-HWCs are actively working for palliative care across nine districts of the state and cater to 188 patients.

## 2 Ensuring community participation and engagement at AB-HWCs

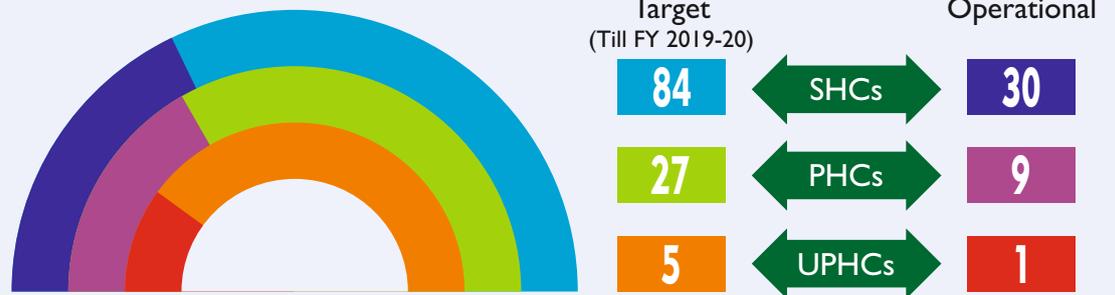
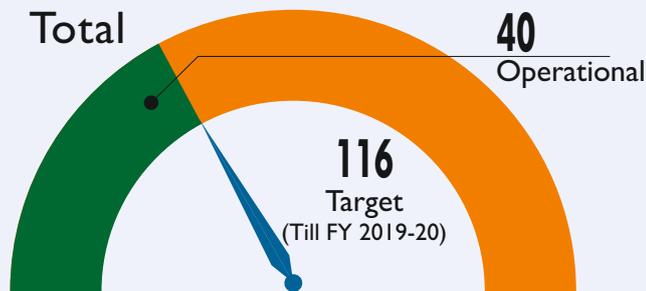
As a part of AB-HWCs initiative, the state with support from MCSP/ Jhpiego conducted awareness programs at every village where these centres were to be operationalized. The citizens, elected representatives, local clubs, village chiefs etc. were invited on a fixed day at AB-HWCs for generating awareness through health talks and discussions on various services offered to them. These awareness programs were held in 27 villages for first phase and in the catchment area of 58 facilities in the second phase. All these steps were undertaken to engage the community to ensure that the community was an equal stakeholder throughout the process of transforming the health facilities to AB-HWCs. Many villages saw the active participation of the local bodies and community members who went one step ahead and supported in various aspects such as beautification of health facilities and mobilizing the community for any event at AB-HWC even after the inauguration. This also saw increased ownership from the community which in turn increased the footfall at the facilities.



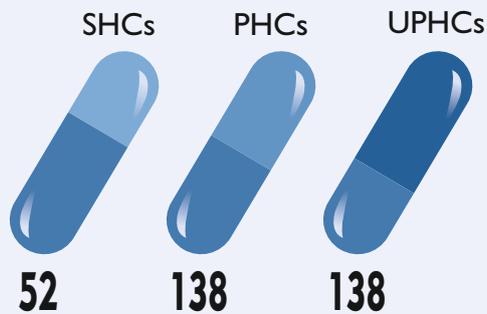


# Meghalaya

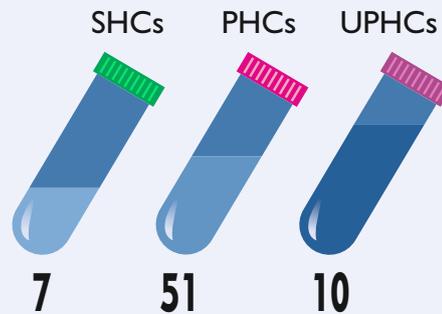
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs





## Best Practices

### 1 Mainstreaming of induction training package on NHM programmes and basic yoga training within the IGNOU curriculum

The six-month certificate course in community health prepares the Community Health Officers (CHOs) on various aspects of Comprehensive Primary Health Care (CPHC). Being a new programme and considering that the CHOs role was fairly new, there was a felt need to organize induction trainings before the CHOs were posted at AB-HWCs. The objective of the training was to orient and strengthen the capacities of CHOs on NHM programme, service delivery and the modalities of CPHC. The state decided to mainstream this induction package within the certificate course in community health which is being implemented since July, 2019. In addition, the state government with support from AYUSH department included basic yoga skills training for the candidates undergoing certificate course. This was done to supplement the gap of yoga instructors in the state and to build the skillset of CHOs to conduct wellness activities at AB-HWCs.

### 2 Engaging the adolescents for improving the health and wellness of the people

State government of Meghalaya with support from MCSP led by Jhpiego planned and organized series of events, celebrating five years of Rashtriya Kishor Swasthya Karyakaram (RKSK), with a larger theme of creating awareness on AB-HWCs. The state has taken a lead in engaging the adolescents in the month long celebrations through sports and other activities to deliver the important message of health and wellness to the larger public. As part of these celebrations, various activities were planned to promote healthy life style as well as to create mass awareness through adolescents. The activities included screening camps for all age groups including service providers (ASHAs, MPWs and SNs etc.), under-16 football matches, role-plays by adolescents and ASHAs on different themes of health and the services provided under the AB-HWCs.

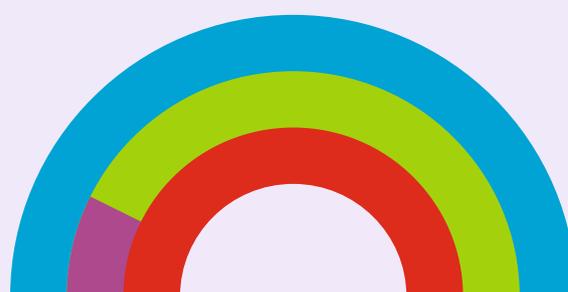




Government of Mizoram

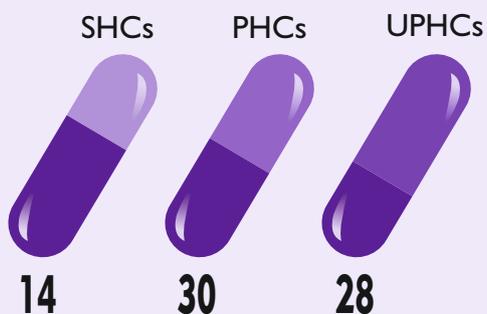
# Mizoram

## Operationalization of AB-HWCs

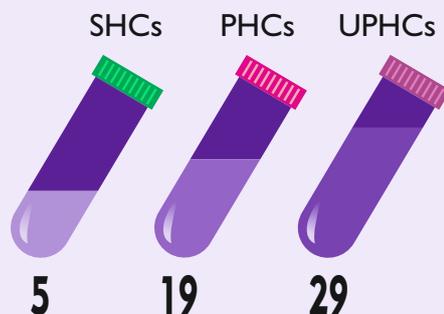


Target (Till FY 2019-20)		Operational
78	← SHCs →	0
14	← PHCs →	2
2	← UPHCs →	2

### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



### Persons screened for Cancer



# Best Practices

## 1 Strengthening wellness activities through Tobacco Cessation Counselling Clinics (TCCC)

Tobacco use is prevalent in Mizoram among both male and female population and has contributed to top 10 risks to Disability Adjusted Life Years (DALYs). In order to create awareness and reduce the disease burden, tobacco cessation counselling clinics were initiated with technical support from MCSP led by Jhpiego as part of the wellness activities in the state. In coordination with National Tobacco Control Program at Zoram Medical College Falkawn, Psychologists/Counsellors organized the tobacco cessation clinics for the catchment population of AB-HWCs where theoretical knowledge was imparted on the harmful effects of tobacco and availability of Nicotine Replacement Therapy. Further, screening for CO<sub>2</sub> levels was done using a CO<sub>2</sub> monitoring device and Nicotine gums (2baconil - 2mg and 4mg) were distributed based on the levels of CO<sub>2</sub>. The clients were also followed up telephonically and referred to tobacco cessation clinics at District Hospital Aizawl, State Referral Hospital, Falkawn and State Cancer Institute, Zemabawk. This resulted in increasing awareness among the community on the ill effects of tobacco and availability of medicines to stop tobacco addiction.

## 2 Involvement of village councils and schools in AB-HWCs

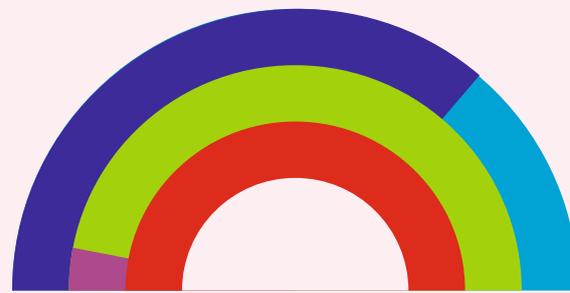
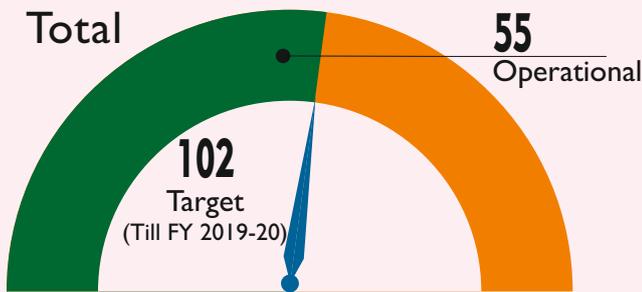
The state of Mizoram has tried to harness the power of communities for creating a strong sense of ownership for the AB-HWCs. In view of this the traditional Hnatlang' – community work was utilized where the Village Community President (VCP) calls out to the community to support the activities as per need. These VCPs were involved to mobilize the public for wellness activities such as walkathons, clean-up for Fit India, etc. In addition, Ayushman Ambassadors activities have been planned to mobilize schools for conducting wellness activities at Lunglei and Aizawl districts. World Heart Day 2019 was conducted at Chawlhhmun UPHC HWC in collaboration with local primary and middle schools. Involvement of schools played a critical role in raising awareness among school children, their parents and the wider community.





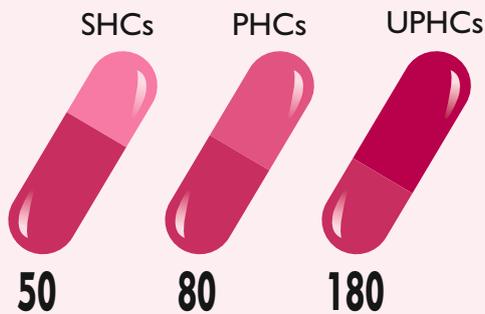
# Nagaland

## Operationalization of AB-HWCs

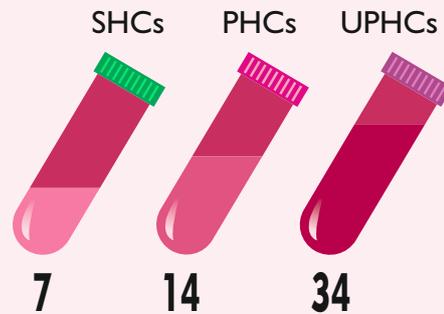


Target (Till FY 2019-20)		Operational
68	← SHCs →	49
32	← PHCs →	2
2	← UPHCs →	4

### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



### Persons screened for Cancer

Under Process  
Breast



Under Process  
Cervical



Under Process  
Oral



# Best Practices

## 1 Joining hands with the community for quality health services at AB-HWCs

In order to ensure community involvement and ownership for AB-HWCs from the beginning, the state and district officials of Nagaland with support from MCSP led by Jhpiego oriented the village leaders on the concept of comprehensive primary health care and the expanded range of services at AB-HWCs with emphasis on community participation. The community leaders then took this initiative ahead by forming village health committees to oversee the upgradation of existing facilities to AB-HWCs. These committees mobilized funds and ensured transparency by closely monitoring the construction work of AB-HWCs. They also contributed in construction of one community kitchen adjacent to AB-HWCs which will benefit the community during their stay at AB-HWCs. As of September, 2019, 19 HWC-SHCs out of 49 operationalized AB-HWCs have conducted 54 institutional deliveries by Community Health Officers (CHOs). The presence of the community kitchen at AB-HWCs has further promoted institutional deliveries to some extent. This initiative has helped in strengthening the commoditization act and increased community ownership for ensuring health services.

## 2 Expanding the scope of wellness activities in AB-HWCs

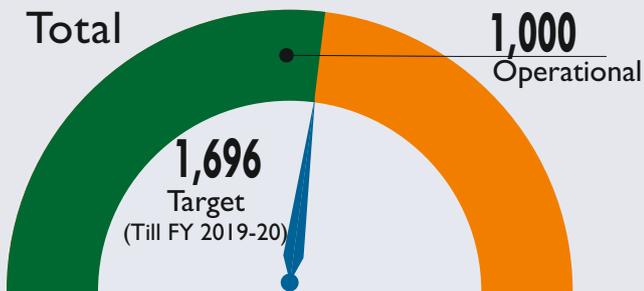
The Ayushman Bharat initiative aims at providing a comprehensive package of health services closer to the community with an increased focus on wellness. The state of Nagaland with support from MCSP led by Jhpiego conducted a three-day induction training for CHOs before posting them in the designated AB-HWCs where they were oriented on the importance of wellness activities. Following this, CHOs and medical officers organized badminton, volley ball and morning meditation in coordination with villagers as part of the wellness activities in all the operational AB-HWCs. One of the PHC's (Likhimro PHC) went an extra mile by conducting a sports meet on the theme - prevent hypertension and diabetes for age group of 30 years and above. The state leadership including Principal Secretary, Health and Mission Director also participated in friendly volleyball matches during the launch of AB-HWCs.





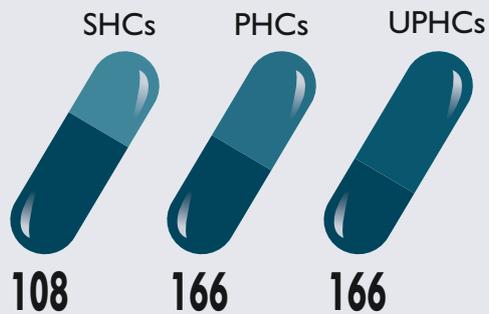
# Odisha

## Operationalization of AB-HWCs

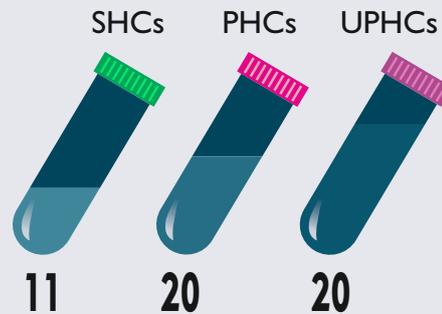


Target (Till FY 2019-20)		Operational
1,350	SHCs	101
322	PHCs	817
24	UPHCs	82

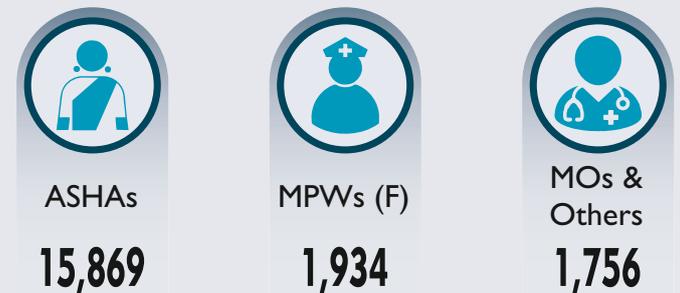
### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Non-Communicable Diseases (NCD) campaign

The state launched a month long NCD campaign across AB-HWCs to screen all the individuals above 30 years of age for common NCDs. The target was to fulfill the PIP conditionality related to AB-HWCs and move closer to universal health coverage by providing an expanded range of health services closer to the communities. The service providers from the targeted facilities (MO, SN, MPW (M and F) and ASHA) were trained on NCD services. Other activities that were conducted as part of the campaign were facility-level micro-planning, special IEC/BCC materials, provisioning of funds for different activities, mentoring visits by state and district level officials and patient support group meetings at community level. By the end of campaign, more than 30 lakh people were screened for common NCDs out of which screening data of more than 17 lakhs individuals was updated in NCD app. 18% of the total eligible population were screened, exceeding the target of 15% and more than 50% of the screened data was updated in NCD app thereby strengthening timely reporting mechanisms as well.

## 2 Improving the competency of the candidates of the certificate course in community health

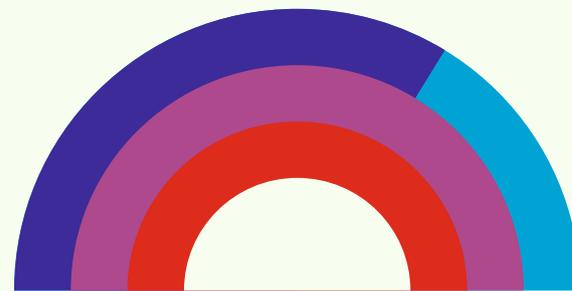
The state of Odisha decided to strategically establish the Program Study Centres (PSCs) at those nursing midwifery institutions which have functional nursing laboratories (skills lab) to conduct the certificate course in community health. This was done to ensure supervised demonstration and practice skills of the candidates at these nursing laboratories to improve their competencies during the certificate course. Structured checklists were developed and academic counselors were oriented on competency based education. Rosters were developed in consultation with the skills lab in-charge so that routine practice of ANM/GNM students is not hampered. Counselors with the help of faculty from nursing institution ensured skill practice in nursing laboratories using checklists. This resulted in better use of self-study hours during the certificate course by the candidates. It also ensured optimal utilization of skills lab which were established using NHM funds during preceding years.





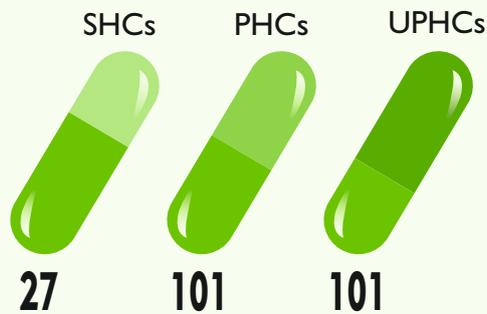
# Punjab

## Operationalization of AB-HWCs

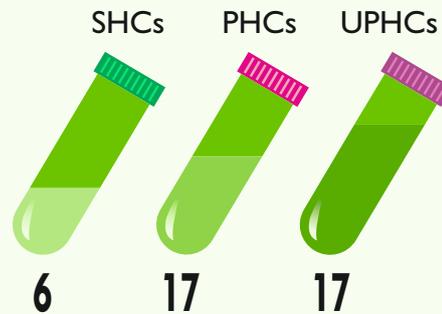


Target (Till FY 2019-20)		Operational
630	SHCs	423
108	PHCs	349
26	UPHCs	91

### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Integrated approach for Non-Communicable Disease (NCD) screening

District Gurdaspur initiated NCD screening at community level by adopting an integrated approach. The process starts with ASHAs filling the Community Based Assessment Checklist under the supervision of Community Health Officers (CHOs) to identify at-risk population. The people identified with risk factors for NCDs are then mobilized to outreach camps which are held at every village by the team comprising of medical officers, CHOs, MPWs (F) and ASHAs. The patients diagnosed with hypertension are provided with medications for at least 10 days at the camp itself. Digitization of all the records is also being done on state specific software (IHMI) for tracking and regular follow up of the beneficiaries. Till date 9,490 beneficiaries have been screened, 1,581 persons have been diagnosed with hypertension and their data has also been uploaded on the IHMI app.

## 2 Early screening, detection and management of Diabetic Retinopathy

Fragmented care and increased drop outs were the issues observed during the implementation of AB-HWCs initiative. To address the same, District Mohali established protocols for early detection and treatment for people with Diabetes Mellitus and Diabetic Retinopathy. Clear protocols were laid down at all levels of the health facilities. Under this programme, SHC-HWCs initiate the initial screening for diabetes and refer the at-risk cases to the nearest PHCs/CHCs for confirmed diagnosis by the Medical Officer and Optometrist. Ophthalmology services are being provided at District Hospital (DH), Mohali for confirmed diagnosis of Diabetic Retinopathy. Complicated cases are also referred from DH, Mohali to Post Graduate Institute of Medical Education & Research, Chandigarh for specialized treatments.





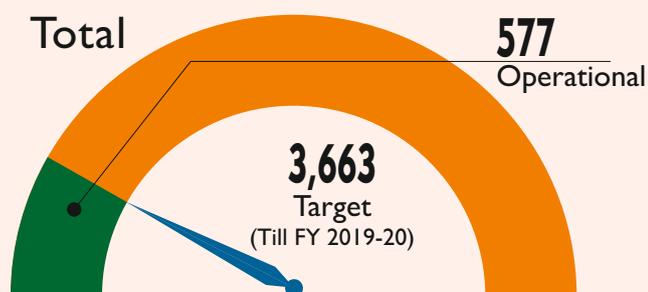




सत्यमेव जयते  
Government of Rajasthan

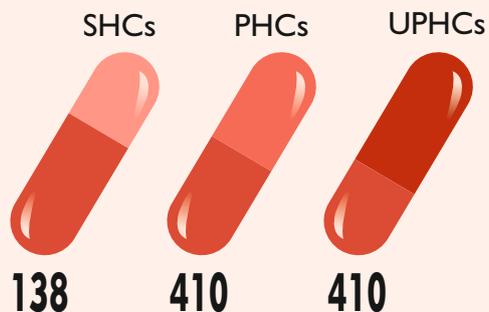
# Rajasthan

## Operationalization of AB-HWCs

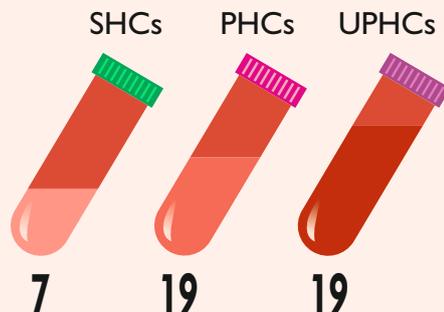


Target (Till FY 2019-20)		Operational
3,082	SHCs	130
520	PHCs	390
61	UPHCs	57

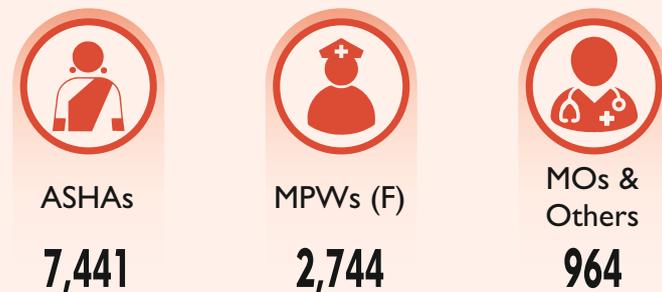
### Essential Medicines Available



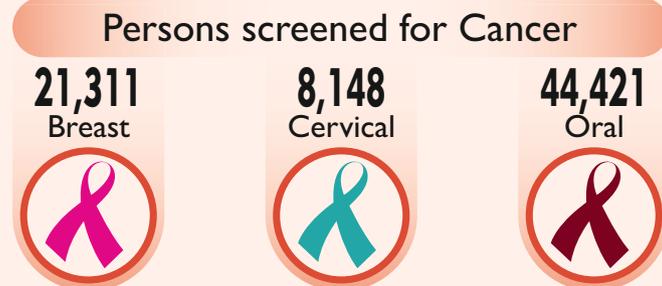
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Tele-consultation services at AB-HWCs to improve access to health services

State of Rajasthan established 36 tech-enabled AB-HWCs (22 PHCs, 14 SHCs) which provide tele-consultations to the community through a public-private partnership model driven health facilities by WISH Foundation. An additional GNM was hired and trained for operating tele-consultation services and maintaining all protocols and privacy. There is also a Swasthya ATM (automatic medicine vending machine) placed at the SHCs which dispenses prescribed medicines to the patients. Patients are screened for their vitals by trained GNM/MPW(F). A total of 42,954 tele-consultations (24,933 Female and 18,021 Male) have been done till date, wherein 13% consultations were provided by specialists from MG Hospital, Jaipur and remaining 87% by general physicians.

## 2 Wellness training for AB-HWC staff

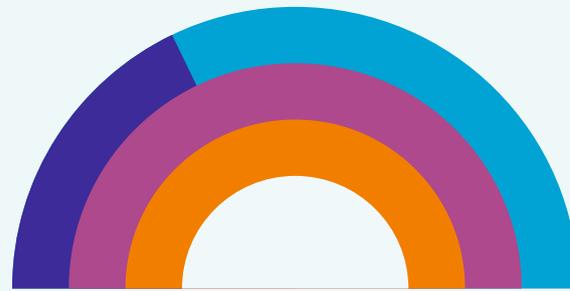
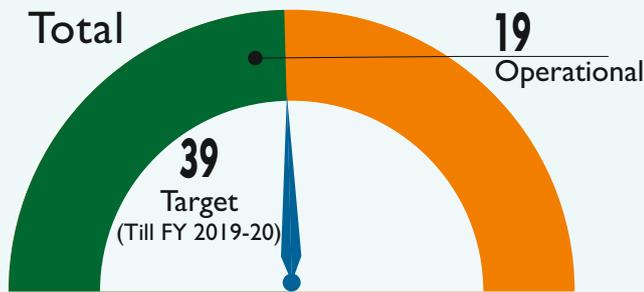
State conducted trainings for AB-HWC staff on wellness and stress management to enhance their capacities and further guide and counsel the community on the same. The state deputed its key AB- HWC staff such as Community Health Officers, (CHOs) Medical Officers (MOs) and Staff Nurses (SNs) for a five-day training program at the Rajyoga Medical Institution, a well recognized training institution for meditation, yoga, anger management and stress management. This helped in building the capacities of the staff to counsel and guide patients with diabetes, hypertension and cancer to adopt healthy lifestyles. 472 AB-HWC staff including CHOs, MOs and SNs were trained and oriented about benefits of yoga, meditation, different non-communicable diseases and their prevention. This has in turn helped them to independently practice and conduct sessions in schools and community centres within the catchment area of their AB-HWCs.





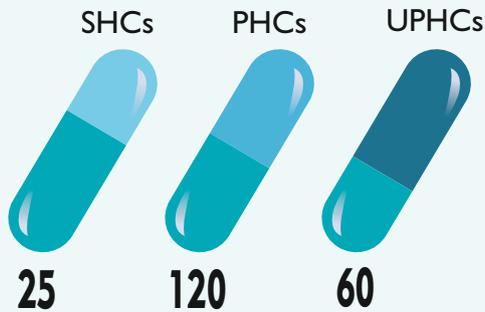
# Sikkim

## Operationalization of AB-HWCs

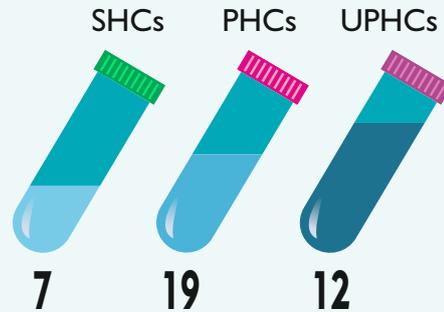


Target (Till FY 2019-20)		Operational
31	SHCs	11
6	PHCs	8
2	UPHCs	0

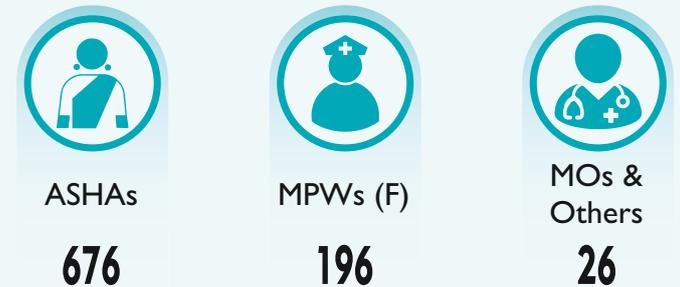
### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Basic yoga training for Community Health Officers (CHOs)

Under Ayushman Bharat one of the important components is to ensure an increased focus on health promotion through yoga or wellness activities. Due to lack of yoga instructors in the state, there was a felt need to impart basic yoga trainings to the CHOs to sustain the wellness activities at AB-HWCs. With support from AYUSH Mission and MCSP/ Jhpiego, the state appointed a yoga instructor to impart yoga trainings to the CHOs undergoing the certificate course in community health at the program study centers. The training of 20 days is now part of the certificate in community health which will enable the CHOs to conduct wellness sessions once they are posted at the AB-HWCs.

## 2 Initiation of home based care for elderly by the CHOs

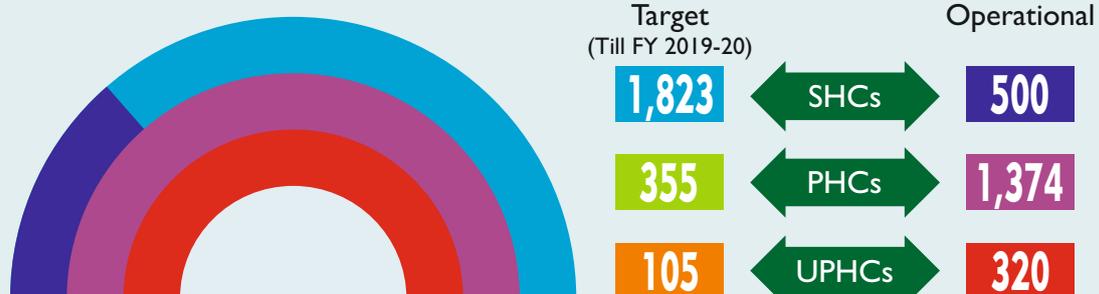
In Sikkim, more than 50% of the SHCs are located at inaccessible and hard to reach areas. In addition, more than 15% of the elderly population were found to be bedridden who require care at home. In view of this, the primary health team from AB-HWCs planned to conduct weekly home visits for the elderly who are bedridden to provide healthcare at their homes. The CHOs provided basic care through these visits which included bed baths, grooming, wound dressing, bed sore dressing etc. and also counselled and oriented the family on basic care for the elderly. Following this initiative, it was found that there was a greater acceptance of the CHOs by the community and an improvement in the quality of life of the elderly people especially in the hard-to-reach areas. Further the state with support from MCSP/ Jhpiego institutionalized a fixed day per week for providing home based care (palliative care) for the elderly people at all AB-HWCs.



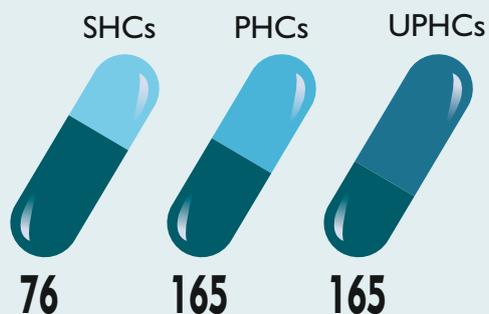


# Tamil Nadu

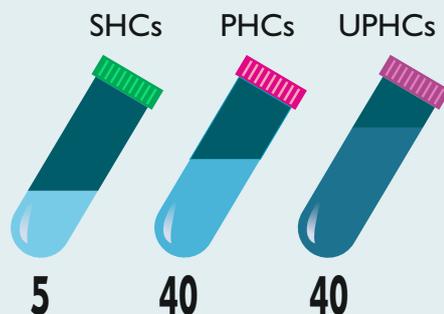
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs





# Best Practices

## 1 Hub and spoke model with Lab Information Management Systems (LIMS)

State established a hub and spoke model of laboratory services with LIMS at AB-HWCs with an aim of providing basic diagnostic services at AB-HWCs and ensuring continuum of care through sample transportation for higher investigations. Currently five lab tests at UHC-SHCs and 20 lab tests at UHC-PHCs are routinely done under universal health coverage initiative of the state. Five additional tests at CHCs, 11 tests at District Public Health Lab (DPHL) and four tests under the insurance scheme (CMCHIS) are done through hub and spoke model. Further, transportation support is also provided through bike and other available means in the local area as part of the hub and spoke model. This model is planned to be integrated with government hospitals and medical college hospitals for ensuring essential diagnostic services for providing an expanded range of healthcare services.

## 2 Universal Health Coverage Information Technology (UHC-IT) Portal

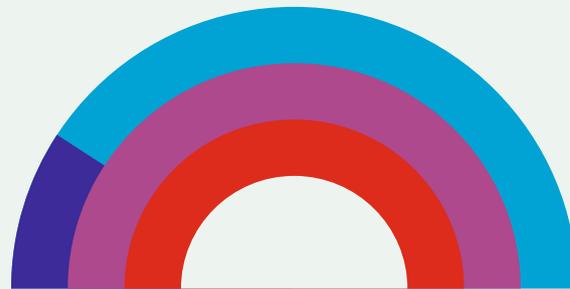
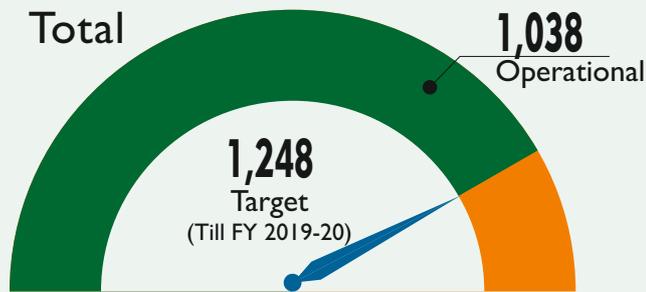
The state conceptualized a comprehensive UHC-IT platform to ensure continuum of care from community to referral units. As a first step, health IT standards were drafted and outpatient module was developed using these standards. Basic information was extracted from the Public Distribution System (e-PDS) which includes the database of 6.6 crore individuals. Ration cards were then mapped to SHCs using the location of the ration shops. In addition, every family's details in e-PDS were used to develop family folders. This process enabled easy identification of patients and their details. In case the patient's details are not available in the system, a new entry is immediately added. By using technology, the state has been able to effectively capture the details of all the beneficiaries thereby, ensuring no one is left behind for availing quality healthcare services.





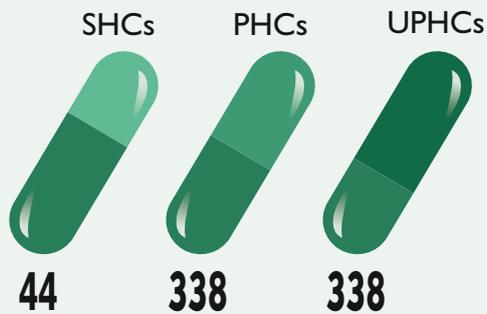
# Telangana

## Operationalization of AB-HWCs

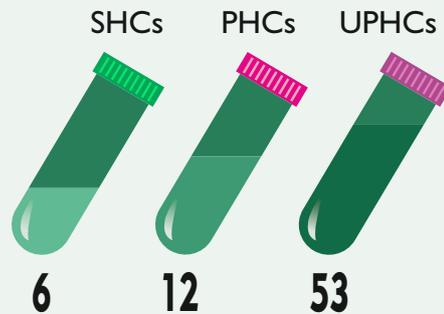


Target (Till FY 2019-20)		Operational
1,025	SHCs	187
161	PHCs	613
62	UPHCs	238

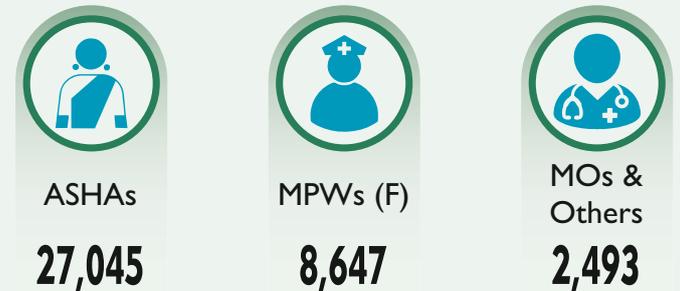
### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Active ageing centres for elderly at AB-HWCs

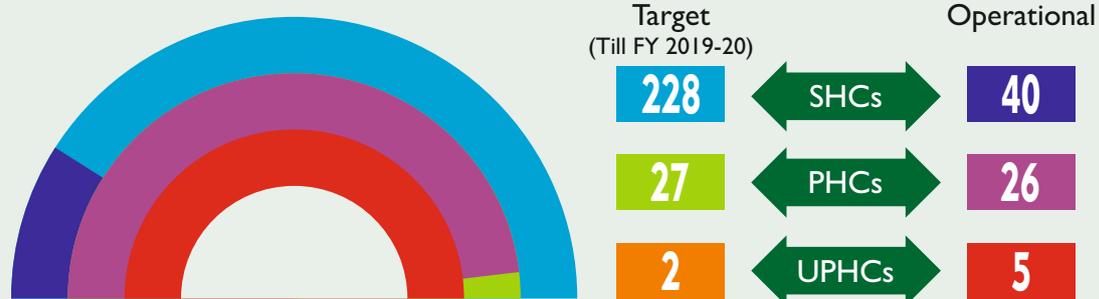
Telangana state established 86 active ageing centres for elderly at SHC AB-HWCs. Under this initiative, Community Health Officers (CHOs) and ASHAs were trained on non-machinery ortho therapy to provide services to their catchment population through these centres. The centres conduct two-three hours of physical exercises including yoga and games to prevent dementia among the elderly population. Each active ageing centre has been provided with non machinery physiotherapy material for regular use at AB-HWCs. These centres have provided a space for promoting elderly friendly environment within the village and helped in creating a dialogue among the community about the health and well-being of the elderly.

## 2 Palliative home based health services by CHOs

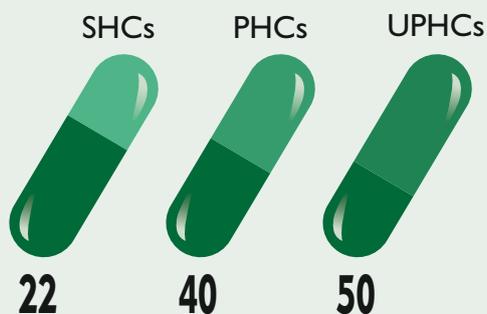
State initiated home based palliative health services at AB-HWCs for terminally ill/ bed ridden patients. Currently the service is available in 86 SHCAB-HWCs. CHOs along with ASHAs identify the needy patients and provide necessary home based palliative care. The services are provided based on the advice of the medical officers through tele-consultation using the tablets provided to CHOs. The various services under this initiative include counseling and education, training to the primary care giver, wound dressing, provision of essential medicines, and consumables oral and personal hygiene, lymph-edema care, vaginal douching, colostomy, tracheotomy, perineal care and physiotherapy.



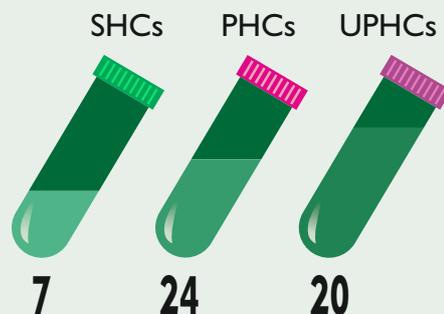
## Operationalization of AB-HWCs



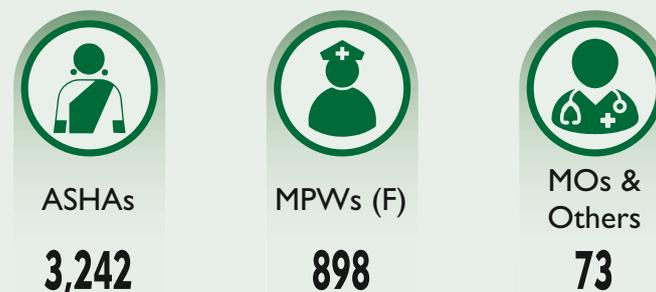
### Essential Medicines Available



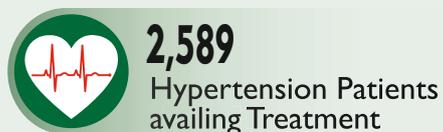
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Integration of additional package of services into AB-HWCs

In line with the national guidelines of Ayushman Bharat initiative, state government of Tripura with technical support from MCSP/ Jhpiego has initiated the roll out of additional package of services beyond RMNCH+A and non-communicable diseases. The PHC level AB-HWCs have initiated basic oral healthcare, palliative care, ophthalmic care, adolescent health services and physiotherapy clinics. Thereby, bringing an expanded package of services closer to the homes of the community. With initiation of these services at AB-HWCs, the footfalls have also significantly increased during the last few months.

## 2 Induction training of Community Health Officers (CHOs)

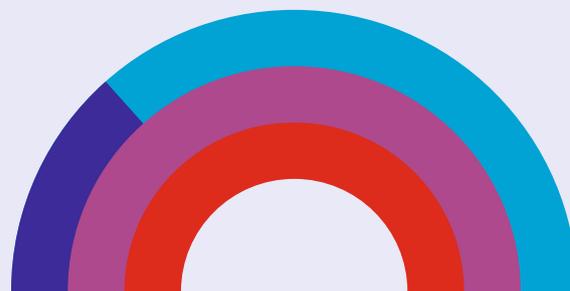
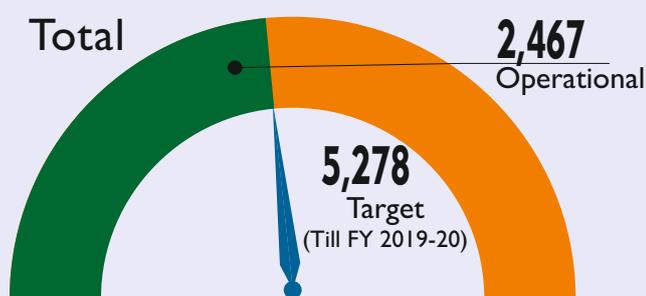
State of Tripura planned a seven day induction training of CHOs before being posted at AB-HWCs with technical support from MCSP/ Jhpiego. Resource persons were mobilized from NHM and included State Program Officers (SPOs), State Nodal Officers (SNOs) and officials from Directorate of Family Welfare and Preventive Medicine and Directorate of Health Services. All the state consultants and managers were also part of the training. Detailed sessions were taken by all the SPOs, and SNOs followed by group work on data entry and reporting formats which would be a part of CHO's tasks at SHC AB-HWCs. This training helped in orienting the CHOs about all national health programmes and prepared them for deployment at AB-HWCs. Further, this also helped in increasing their confidence levels for leading the primary healthcare teams at SHCAB-HWCs.





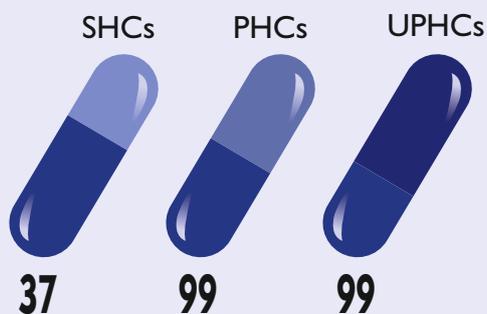
# Uttar Pradesh

## Operationalization of AB-HWCs

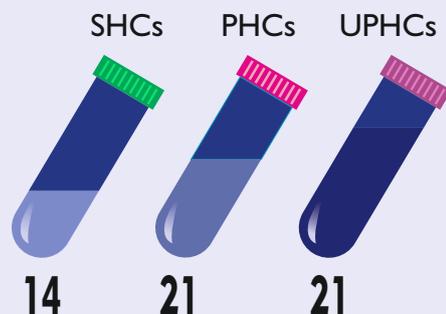


Target (Till FY 2019-20)		Operational
4,225	SHCs	1,124
905	PHCs	948
148	UPHCs	395

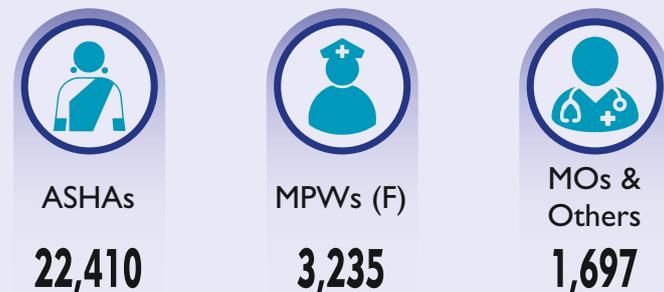
### Essential Medicines Available



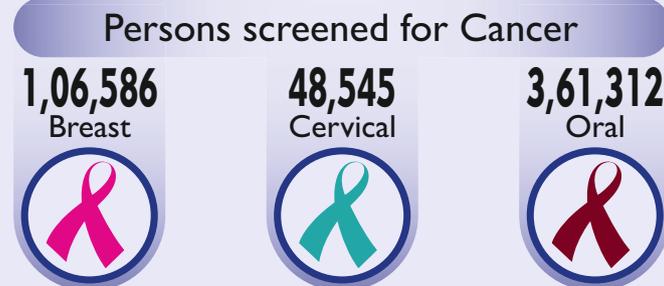
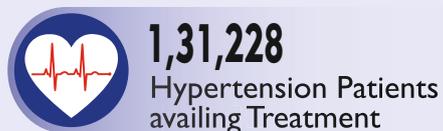
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices



## 1 Alternative strategy for Certificate Course in Community Health

Uttar Pradesh has developed an alternative strategy with support from Jhpiego to increase the number of Community Health Officers (CHOs) in collaboration with King George Medical University (KGMU) and State Institute for Health and Family Welfare (SIHFW) using virtual classroom technology. Under this strategy, state has adopted the existing IGNOU curriculum for the six months certificate course in community health for nurses. Candidate selection is done by NHM and the course is being implemented by SIHFW and the five identified Regional Health and Family Welfare Training Centers (RHFWTCS) namely Bareilly, Prayagraj, Kanpur Nagar, Meerut and Varanasi. The training is being conducted using existing virtual classrooms of SIHFW and RHFWTCS. KGMU is responsible for conducting examinations and certification of candidates. A learning resource package was also developed and distributed to all the counselors for conducting sessions. This strategy aims to enhance the capacities of around 880 CHOs on an annual basis.

## 2 Quality assurance of Certificate Course in Community Health for Nurses

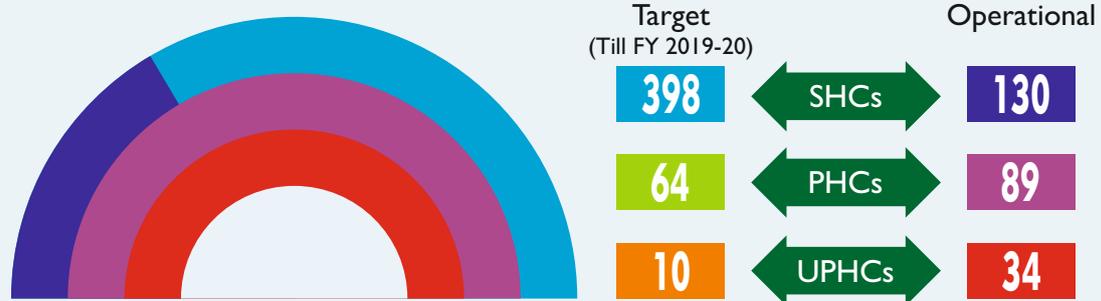
To ensure, operationalization of 20,573 SHCs into AB-HWCs by December 2022, the state requires an annual intake of approximately 5,000 CHOs. In order to train this large number of CHOs, 55 Program Study Centres (PSCs) have been established in a phased manner. During the initial phases, state observed various challenges such as poor quality of training, unavailability of study materials etc. To address this, NHM UP with support from Jhpiego, implemented a Mentoring and Quality Assurance (MQA) model which transformed the quality of training of certificate course in community health for nurses. MQA model not only acted as an enabler but also provided cross-learning opportunities to promote exchange of ideas and localized solutions devised for addressing the operational challenges across the PSCs. This model has helped the state in improving the quality of training as well as has enhanced the pass percentage of CHOs to 80%.



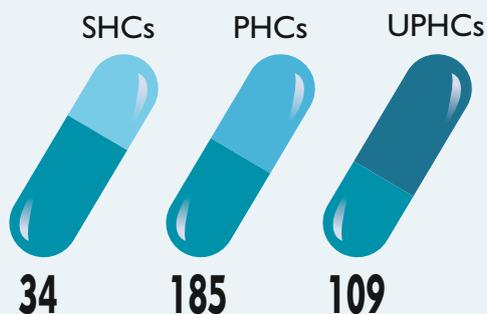


# Uttarakhand

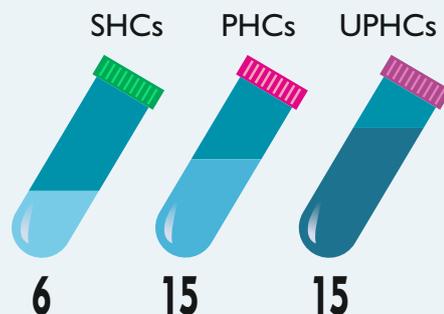
## Operationalization of AB-HWCs



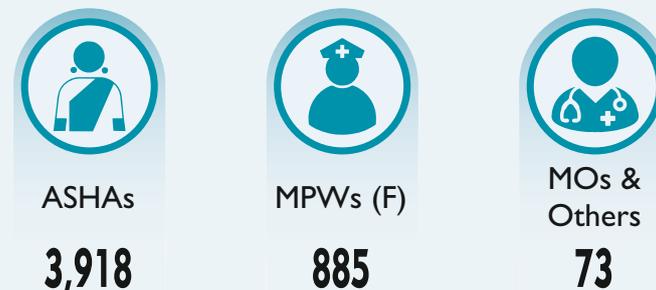
### Essential Medicines Available



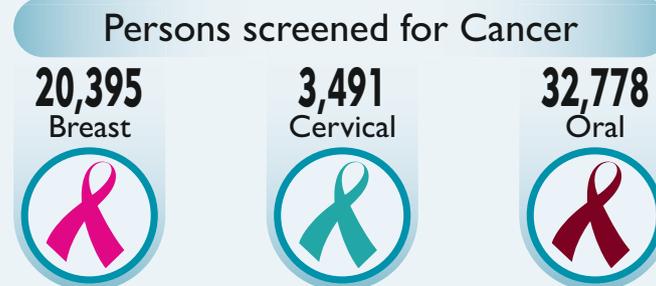
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Revision of OPD timings of AB-HWCs

Evidences from field monitoring and interactions with various service providers highlighted the need to change the OPD timings to cater to a larger segment of population. In view of this, the state changed OPD timings of AB-HWCs from 8 am – 2 pm to 10 am – 5 pm. This has resulted in increased footfalls at AB-HWCs and has enhanced the access of beneficiaries to healthcare services.

## 2 Screening and creating awareness for Non-Communicable Diseases (NCDs)

Recent reports have suggested that NCDs contribute to about 60% of mortality across the nation. To address the same, the state NHM and Directorate (Health Office) organized NCD screening camps across various government offices such as Directorate General Health Office, Information Department and corporate offices such as the NABARD, Bank of Baroda, Axis Bank and Tasmia Academy. More than 300 persons were screened out of which about 24% and 13% were found to be at-risk for hypertension and diabetes respectively. These individuals were then referred to higher centres for appropriate management and treatment.



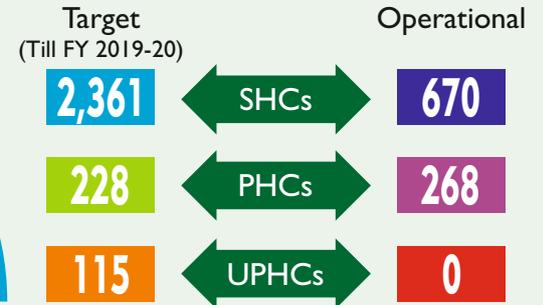
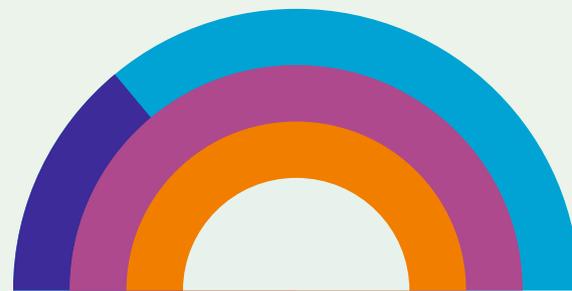




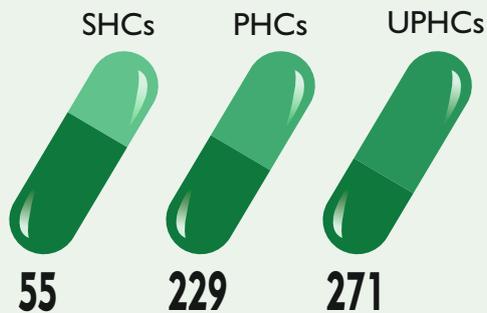


# West Bengal

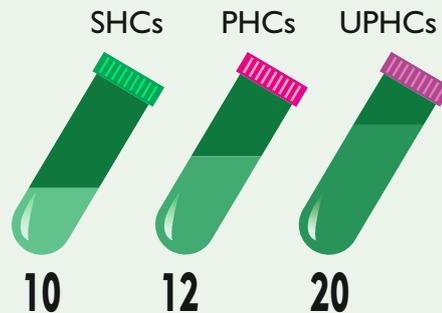
## Operationalization of AB-HWCs



### Essential Medicines Available



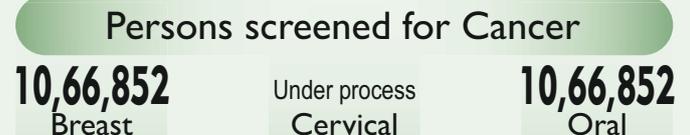
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Mothers' Picnic

Pregnant women from selected SHCs having high incidence of home deliveries were brought to the nearest delivery point for a tour to show them the facilities available at the labour room where they could deliver their babies safely. Mother's picnic is a one day programme where the health workers provide antenatal check-ups for pregnant women, conduct necessary investigations and give health talks on birth preparedness, danger signs of pregnancy, importance of institutional delivery and entitlements under JSY & JSSK etc. IEC materials on safe motherhood are also shared with the pregnant women. In addition, refreshments and transportation are also provided to these women. Mothers' picnic has contributed significantly in promoting safe motherhood by allaying the apprehensions which inhibit pregnant women.

## 2 Community Mental Healthcare Programme in collaboration with the NIMHANS

Around 10% (about 1 crore) of the state's population suffer from mental and behavioral disorders and need mental healthcare services. Around 1% (around 10 lakh) suffer from severe mental illnesses and require long time medication and even admission to the hospitals for a few patients. In order to provide quality mental health services closer to the communities, the state planned to train at least one GDMO and two nursing staff from each BPHC/RH, SDH and SGH on mental healthcare in collaboration with NIMHANS through an online digital course. The trained medical officer and nursing staff will further sensitize all CHO, MPWs (F), ASHAs on mental healthcare for screening and generating awareness at the community level. This programme is being piloted in Hooghly district and will eventually be rolled out across the state in a phased manner.

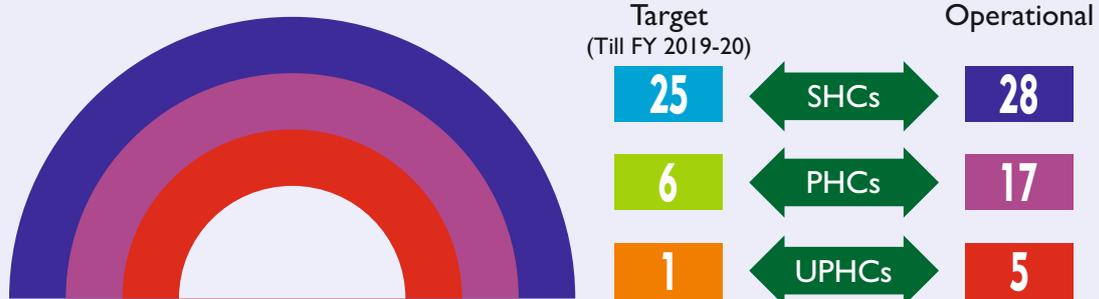
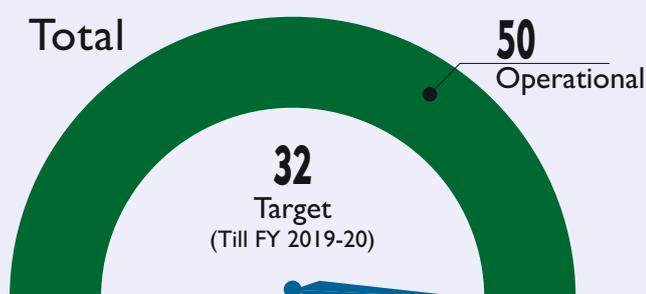




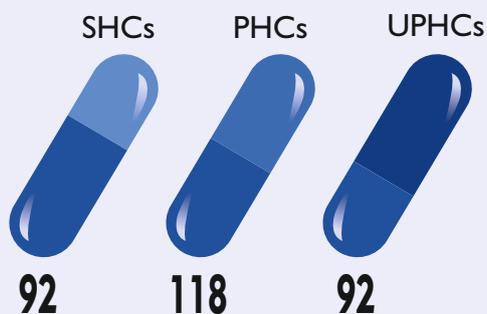
सत्यमेव जयते  
Andaman & Nicobar Administration

# Andaman and Nicobar Islands

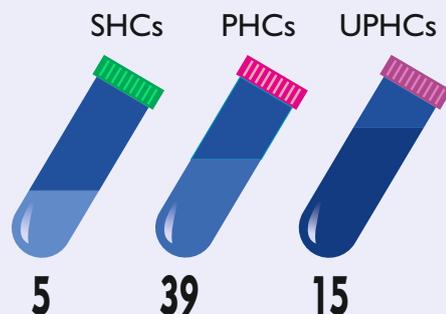
## Operationalization of AB-HWCs



### Essential Medicines Available



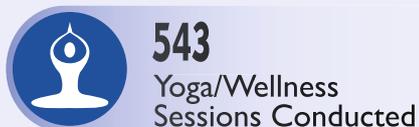
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Integration of health systems

As part of implementation of Comprehensive Primary Health Care (CPHC) services, an integrated approach is being adopted at co-located SHCs, PHCs and UPHCs to achieve preventive and curative healthcare with medical pluralism. Under Ayushman Bharat, existing health facilities are being upgraded to AB-HWCs for providing facilities like free essential drugs, general OPD, antenatal checkup, NCD screening and immunization. Regular yoga classes and demonstrations on medicinal herbs are also being conducted to promote health and wellness. In Andaman and Nicobar Islands, 17 PHCs, 28 SHCs and five UPHCs have been transformed to AB-HWCs for providing CPHC.

## 2 Improved services at PHCs upgraded as AB-HWCs

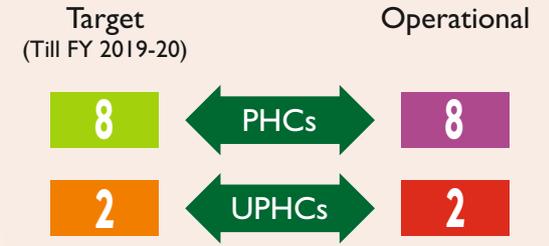
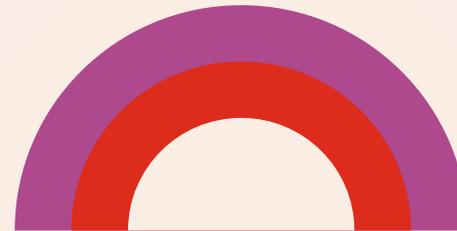
All national health programmes are being implemented across all PHCs in the Union Territory. Among the other essential services, antenatal care, institutional deliveries, postnatal care, newborn and child care, contraceptive services are given the utmost importance. Round the clock services have been made available for deliveries, burns, trauma and other emergency conditions. Control measures are encouraged for communicable diseases such as leprosy, TB, flu, malaria, dengue etc. apart from their screening, diagnosis, management and referral as per national guidelines. Special clinics have provision for geriatric and palliative care, adolescent health, AYUSH, oral health, ophthalmic care and NCDs services thereby bringing quality healthcare closer to the communities.



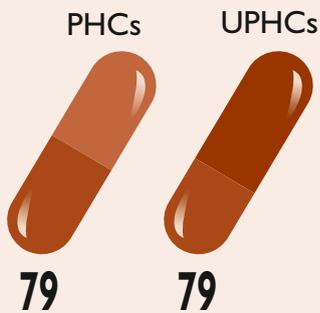


# Chandigarh

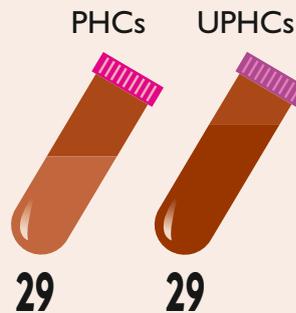
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Expanding package of services at AB-HWCs through RBSK and RSKS programmes

To make quality comprehensive primary healthcare accessible to the community, dental and AYUSH Medical Officers of the existing RBSK and RSKS teams have been posted at all AB-HWCs in Chandigarh. This has ensured availability of dental as well as AYUSH services to the catchment population of primary health facilities. Apart from providing OPD services, the teams continue to visit schools and Anganwadi centres for screening of children. AB-HWCs act as a platform to integrate dental and AYUSH services and provide seamless services to the beneficiaries at the doorstep.

## 2 Eat Right India Movement

The concept of right food habits for health and wellness of body and mind has been adopted in collaboration with FSSAI. A mobile food sampling van equipped with the gadgets which can ascertain the adulteration of food articles has been stationed at all AB-HWCs as per the roster, to provide services to the beneficiaries of the catchment community. Workshops have been organized at AB-HWCs to raise awareness about various types of adulteration in food articles, importance of fortified food and harmful effects of high intake of sugar, salt and oil. No cost was involved in this activity as Chandigarh has a well-established Food Safety Cell, which is conducting activities pertaining to awareness regarding adulteration of food and healthy eating practices.

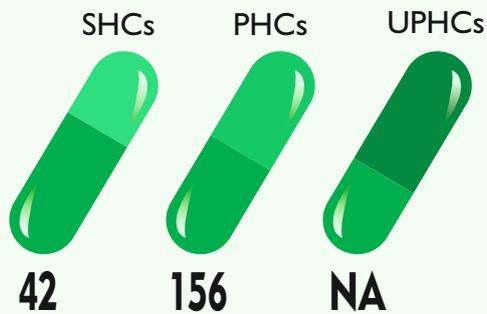


# Dadra and Nagar Haveli

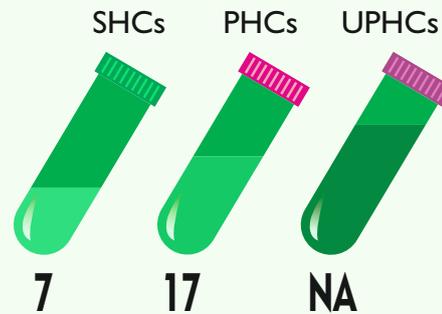
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



### Persons screened for Cancer

**8,701**  
Breast

**8,319**  
Cervical

**14,168**  
Oral





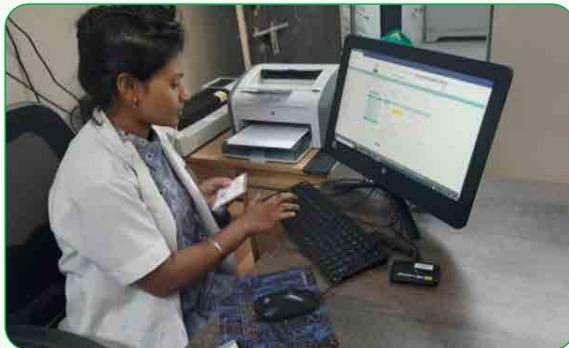
## Best Practices

### 1 Health promotion for the elderly

In order to ensure accessible and quality health services for the elderly who are unable to travel long distances for their health care needs, Dadra and Nagar Haveli initiated fixed day yoga services. Under this, the exercises which can also be practiced at homes are taught to the elderly in a phased manner. In addition, counselling services on NCDs and health promotion are provided at their doorsteps by health workers of AB-HWCs.

### 2 Technology based citizen centric service delivery through e-Aarogya

This is a cloud based health care ecosystem that helps healthcare providers to utilize technology for delivering their services effectively. This is being currently implemented at all public health facilities and not only ensures paperless data but also availability of patient records at click of a button.

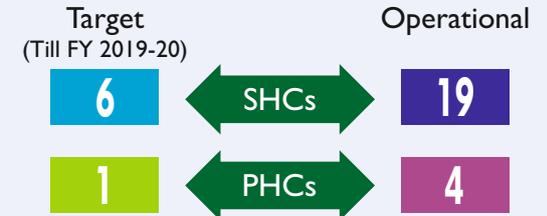
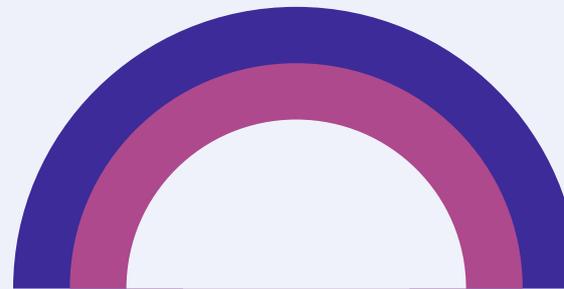




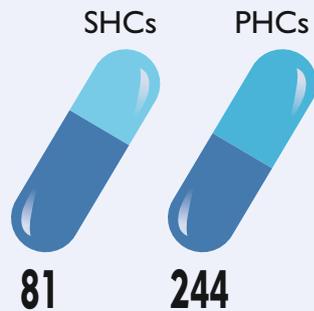
सत्यमेव जयते  
U.T. Administration  
Daman and Diu

# Daman and Diu

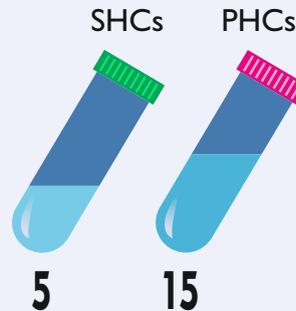
## Operationalization of AB-HWCs



### Essential Medicines Available



### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Shramyogi Swasthya Sewa

A healthy workforce is vital for productivity and economic development of a country. Over the last two decades, the Union Territory (UT) of Daman and Diu has seen tremendous industrial growth. In Daman, there are 39 industrial estates with estimated 3,292 industries and 85,000 industrial workers. In view of this, the UT administration introduced 'Shramyogi Swasthya Sewa' to provide healthcare to industrial workers at their doorstep. This initiative provides health services through mobile medical unit for industrial workers. The vehicles move early morning to various industrial units and 'chawl' areas as per pre-defined schedule for seven days a week. Every day about 100-150 workers avail health services. These mobile medical units provide both outpatient services for various ailments and chronic conditions as well as screen workers and their families for various communicable and non-communicable diseases. In a short span of the launch of this medical unit in May 2018, this initiative has benefited more than 35,000 beneficiaries across the districts.

## 2 UMANG (Universal Menstrual hygiene And awareNess Goal)

To resolve the issue of sanitary napkin availability and address the social taboo associated with it, the UT Administration of Daman and Diu has implemented 'UMANG' Scheme in 2018. Under UMANG scheme, sanitary napkin vending machines and incinerators have been installed at all the schools and government health facilities in the UT. Further, outreach activities include distribution of sanitary napkins through link workers at a subsidized rate of Rs. 5/- for a packet of 10 napkins. The amount generated through sale of napkins at household level is used for providing incentives to the link workers and the rogi kalyan samitis. More than 25,000 napkins per month are now being utilized at the schools and communities.





Government of Puducherry

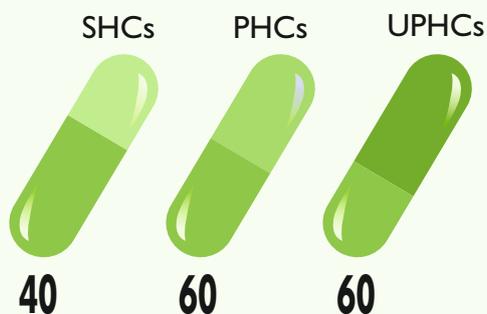
# Puducherry

## Operationalization of AB-HWCs

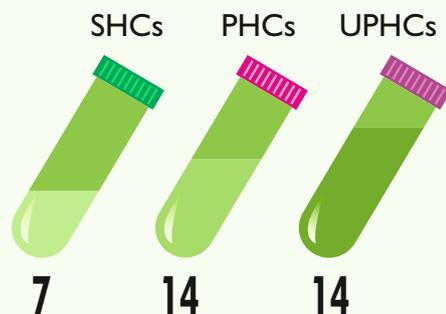


Target (Till FY 2019-20)		Operational
8	SHCs	2
6	PHCs	11
1	UPHCs	11

### Essential Medicines Available



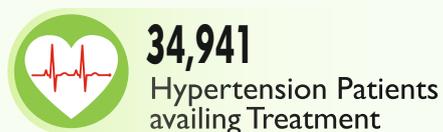
### Essential Diagnostics Available



### Health Providers trained at AB-HWCs



## Service Delivery of AB-HWCs



# Best Practices

## 1 Advancement in medical services and tele-consultation through health kiosks

To ensure expansion of service package and advancement in medical services with provision of tele-consultation, the health kiosks were established in June, 2019 at SHC level AB-HWCs, PHC level AB-HWCs and UPHC level AB-HWCs. These health kiosks can store patient's demographic data, history, complaints along with lab investigations like height, weight, blood pressure, heart rate, blood sugar, hemoglobin, SPO2, ECG, BMI, screening of eye, ear and skin with the help of inbuilt devices and these parameters are stored digitally. The data entry on the kiosk is done by one community health ambassador hired by NGOs. The inbuilt scopes enable these kiosks to facilitate video consultation with specialist doctors, thereby ensuring provision of specialized healthcare closer to the community.

## 2 Bringing wellness activities closer to community

In order to adopt holistic approach under Ayushman Bharat initiative, yoga has been initiated in the respective localities / communities of AB-HWCs. Yoga therapy has been integrated in antenatal clinics for pregnant women. Yoga sessions have also been initiated for school children at schools within the catchment area of AB-HWCs. Elderly and NCD patients are being provided yoga therapy during the NCD (Diabetic and Hypertension) clinic days. A yoga instructor is placed for conducting Yoga sessions at all levels. Community response to yoga has been promising with increased participation for wellness activities.



GOVERNMENT OF MEGHALA

KA OPHIS JONG  
U REJISTRAAN KA JINGHAP BAD JINGHYA  
POMLUM PHC  
KA JINGREJISTAR IA KA JINGHAP U JINGHAP  
BAD KA JINGHAP KI SERTIPHIKET IA KIHE  
LA LEN HANGHE HA KI SNGI HA KA  
POR LONG TREI LAIT HOH HA KI SNGI  
SHUTI LANE HA KA SNGI U BLEI

# POMLUM PRIMARY HEALTH CENTRE EAST KHASI HILLS DISTRICT

**HEALTH & WELLNESS CENTER**  
**POMLUM**  
Mylliem Block, East Khasi Hills District, Meghalaya

National Health Mission, Meghalaya

**INCUBATOR**  
KI  
HEALTH AND WELLNESS CENTER, POMLUM PHC  
EAST KHASI HILLS DISTRICT, MEGHALAYA

USAID

DENTAL  
DEPARTMENT  
ROOM

EMERGENCY  
ROOM



AYUS

DOTS  
course Pakko



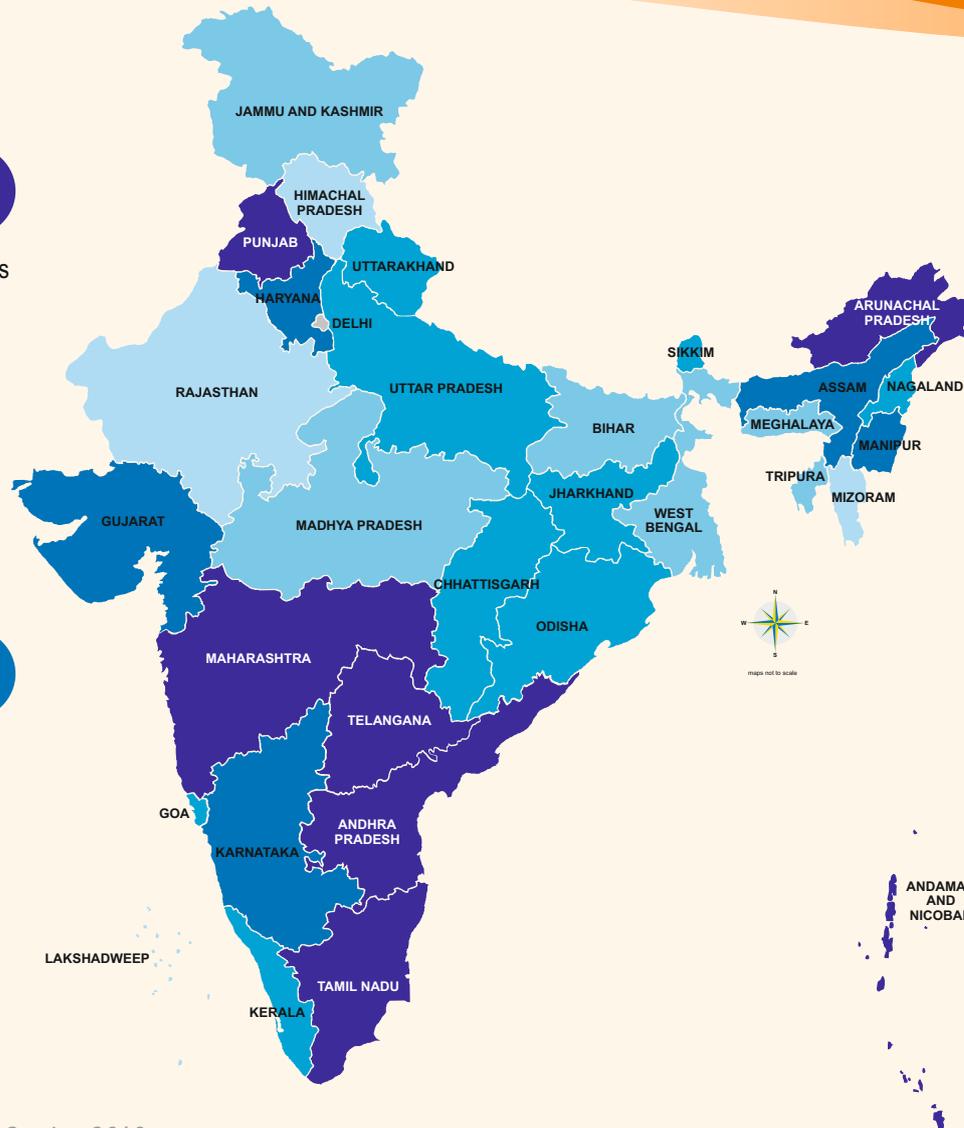
# Glimpse of operational AB-HWCs

## > 80% of AB-HWCs Operational

Andaman and Nicobar Islands  
 Andhra Pradesh  
 Arunachal Pradesh  
 Chandigarh  
 Dadra and Nagar Haveli  
 Daman and Diu  
 Maharashtra  
 Puducherry  
 Punjab  
 Tamil Nadu  
 Telangana

## 61-80% of AB-HWCs Operational

Assam  
 Gujarat  
 Haryana  
 Karnataka  
 Manipur



## 41-60% of AB-HWCs Operational

Chhattisgarh  
 Goa  
 Jharkhand  
 Kerala  
 Nagaland  
 Odisha  
 Sikkim  
 Uttar Pradesh  
 Uttarakhand

## 21-40% of AB-HWCs Operational

Bihar  
 Jammu and Kashmir  
 Madhya Pradesh  
 Meghalaya  
 Tripura  
 West Bengal

## < 20% of AB-HWCs Operational

Himachal Pradesh  
 Lakshadweep  
 Mizoram  
 Rajasthan

Operationalization status till October 2019



# Way Forward

Ayushman Bharat or "Long Live India" – flagship programme of the Health Ministry with its two inter-connected components of AB-HWCs and PMJAY - was launched with a larger vision of achieving UHC in India. This initiative has been designed on the lines of the global sustainable development goals with an underlining commitment to "leaving no one behind". The initiative aims to undertake path breaking interventions to holistically address all aspects of health care (including prevention, promotion and ambulatory care), at primary, secondary and tertiary level. This bold vision requires concerted and committed efforts from all stakeholders to work together and make accessible, affordable and quality primary health care a reality in India.

Since public health is handled by the states, planning by states becomes imperative and all the states/ UTs should develop a clear Road Map for delivery of CPHC services through AB-HWCs as discussed below:

- ▶ **Move towards a structural reform of health systems:** Provision of CPHC services through AB-HWCs requires a larger systemic change. There is a need to move from ad-hoc mechanisms to a more comprehensive and structured planning and vision to bring out a structural reform in the health systems.
- ▶ **Rigorous financial planning:** As recommended in the National Health Policy, 2017, the states should strive to allocate two-third of their health budget to primary health care. This is a key step towards ensuring availability of adequate financial resources for strengthening delivery of comprehensive primary healthcare through AB-HWCs. In addition, alternate sources can also be explored for leveraging funds such as MP-LADs, MLA-LADs, MLA-Development Funds, CSR funding, ULBs and PRI funding, inter-sectoral convergence with MNREGA etc.
- ▶ **Strengthening infrastructure at all levels for better functioning AB-HWCs:** Besides strengthening existing public health facilities for basic amenities such as regular water supply and electricity, it is important to do need analysis on the infrastructure requirement of different levels of public healthcare facilities as per population norms. The newly transformed facilities should have sufficient space for toilets, additional room as per the norms, space for medicine dispensing, laboratory investigations and patient waiting areas as per the approved layout plans.
- ▶ **Assigning population to AB-HWCs:** Success of CPHC lies in definite assignment of population to the primary health care facility. In the context of AB-HWCs, as far as rural areas are concerned, service area population under SHC AB-HWCs needs to

be assigned to them. While in case of urban areas, despite allotting the service area population to the urban healthcare facilities, the focus should be on community outreach activities for vulnerable and urban poor population. After each household is assigned to the nearest AB-HWC, family folders need to be created for each household at SHC AB-HWCs and the individuals will have to be given a health diary, to update treatment given at the AB-HWCs and higher facilities on referral, till IT based solutions are developed. States should also plan to harness digital technology by digitizing the family folders and health diaries. PHC level AB-HWCs should be the first port of call for all types of OPD treatment for every person seeking care through the public system while the subsequent monitoring and dispensation of medicines for chronic conditions should be the responsibility of SHC AB-HWCs.

- ▶ **Ensuring continuum of care as a key principle:** It is essential to focus on ensuring continuum of care across the AB-HWCs operationalized. There is a need to establish bidirectional referral linkages to ensure continuum of care. As a first step, the AB-HWCs should be mapped to all public health facilities, especially for secondary and tertiary care.
- ▶ **Building a robust primary healthcare team at AB-HWCs:** Primary healthcare teams are the foundation for ensuring the delivery of quality healthcare services to the community. It is essential that all facilities have adequate staff posted across the levels as per IPHS norms. It is also important to plan for capacity building and multiskilling of the staff so that they are better equipped to address the health needs of the population and deliver the expanded range of services. Capacity building on the expanded range of services needs to be planned. Further, it is essential to develop the cadre of the CHOs and plan for their career progression and performance based incentives to ensure retention and motivation of the trained CHOs.
- ▶ **Ensuring availability of free essential medicines and diagnostics:** Essential medicines and diagnostics form the foundation for providing primary healthcare through AB-HWCs, which will increase footfall at AB-HWCs, thereby, resulting in the reduction of Out of Pocket Expenditure (OOPE) of the service area population. There is a need to ensure continuous supply of generic medicine at all facilities including maintaining a buffer stock of essential medicines. States also need to ensure availability of prescribed diagnostic tests at AB-HWCs to reduce the OOPE on lab investigations. Further, it is important that the states adopt DVDMS to ensure IT based monitoring till SHC AB-HWCs.

- ▶ **Moving from curative to preventive healthcare:** Wellness is an important component of AB-HWCs as we need to move from traditional curative care to preventive and promotive care. It is important that the AB-HWCs are looked upon as wellness centers rather than centers of disease management. States need to explore various wellness activities beyond yoga, such as walking, regular physical exercise, cycling, marathons at local level, open gyms, awareness on Right Eating Habits, provision of kits for checking food adulteration at PHC level, regular health promotion activities, conduct of fit health professional competitions, recognizing fit citizens from the community, incentivization of good habits and practices, no-junk-food at schools campaign, etc. The proposed School Health and Wellness Ambassadors also needs to be rolled out and emphasized.
- ▶ **Community action for health and wellness:** Finally, to achieve CPHC, it is important to involve and engage communities from the start. Community action is central and essential to achieve the larger goal of health for all. It has been proven that community action for health helps in concrete improvement of health indicators. Involvement of local community groups and NGOs for strengthening outreach will go a long way in enabling an increased demand for services. The supply side push must be complemented with demand side pull and active feedback from healthcare users.
- ▶ **Building robust IT system including Tele-Consultation:** Technical advancements have to be leveraged to systematically monitor our progress and tide over the constraints of specialists and human resources. Techniques such as tele-Consultation and ECHO are to be used extensively. Data collection and analysis will provide lot of insights on the policy implementation and determine the necessary corrective measures to be taken.

Provision of Comprehensive Primary Health Care (CPHC) services through Ayushman Bharat Health and Wellness Centres will provide strong foundation in India's journey towards Universal Health Coverage. It is essential for States/UTs to develop a comprehensive roadmap for provision of CPHC through AB-HWCs in rural and urban areas and demonstrate the critical role of primary health care in achieving universal health coverage.





Published by:  
**Ministry of Health and Family Welfare**

Nirman Bhawan, Maulana Azad Road

New Delhi - 110011

[www.mohfw.gov.in](http://www.mohfw.gov.in) / [www.mohfw.nic.in](http://www.mohfw.nic.in)



Developed with support from  
**USAID and Jhpiego**

