





AYUSHMAN BHARAT HEALTH AND WELLNESS CENTRES



REALIZING UNIVERSAL HEALTH CARE



अधिक जानकारी के लिए, कृपया वेबसाइट पर जाएें: https://ab-hwc.nhp.gov.in/

22

We have adopted a holistic approach in our healthcare system. Today our focus is not only on health, but equally on wellness

-Prime Minister Narendra Modi

99



CONTENTS

CHAPTER 1 AB-HWCs: ACCESSIBLE COMPREHENSIVE CARE CHAPTER 2 AB-HWCs: PROMOTING WELL-BEING - PREVENTION IS BETTER THAN CURE CHAPTER 3 SERVICE DELIVERY THROUGH AB-HWCs CHAPTER 4 BEFORE AND AFTER AB-HWCs CHAPTER 5 AB-HWCs: JOURNEY SO FAR CHAPTER 6 AB-HWCs: MAKING A DIFFERENCE	INTRODUCTION	5
AB-HWCs: PROMOTING WELL-BEING - PREVENTION IS BETTER THAN CURE CHAPTER 3 SERVICE DELIVERY THROUGH AB-HWCs CHAPTER 4 BEFORE AND AFTER AB-HWCs CHAPTER 5 AB-HWCs: JOURNEY SO FAR CHAPTER 6 28		4
CHAPTER 4 BEFORE AND AFTER AB-HWCs CHAPTER 5 AB-HWCs: JOURNEY SO FAR CHAPTER 6 28	AB-HWCs: PROMOTING WELL-BEING -	8
CHAPTER 5 AB-HWCs: JOURNEY SO FAR CHAPTER 6 28		12
AB-HWCs: JOURNEY SO FAR CHAPTER 6 28		16
		19
		28



INTRODUCTION

The Ayushman Bharat - Health and Wellness Centres (AB-HWCs) were launched under the Ayushman Bharat Programme in a bid to move away from selective health care to a more comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care for all ages.

The National Health Policy of 2017 envisioned these centres as the foundation of India's health system.

These centres deliver a range of comprehensive health care services like maternal and child health, services to address communicable and non-communicable diseases and services for elderly and palliative care. AB-HWCs provide free essential medicines and diagnostic services, teleconsultation, and health promotion including wellness activities like Yoga.



CHAPTER 1

AB-HWCs: ACCESSIBLE COMPREHENSIVE CARE

In 2017, the National Health Policy was launched, based on the recommendations of the Task Force for Comprehensive Primary Health Care (CPHC). It endorsed the establishment of **Ayushman Bharat - Health & Wellness Centres (AB-HWCs)** and committed that two thirds of the budget be allocated towards primary health care.

In the budget speech for FY 18-19, the AB-HWCs Programme was announced with a budget of ₹ 1,200 Crore allocated for this flagship programme.

The AB-HWCs Programme is a set of multiple reforms, spanning all aspects of the health care systems such as service delivery, human resources, financing, access to essential medicines and diagnostics, community participation, and ownership and governance.



To ensure delivery of Comprehensive Primary Health Care (CPHC), existing Sub Health Centres (SHCs) covering a population of 3,000 - 5,000 are being transformed to Health and Wellness Centres (AB-HWCs). Primary Health Centres (PHCs) in rural and urban areas are also being converted into AB-HWCs.

CPHC is complemented by outreach services, Mobile Medical Units and Home and Community based care, enabling a seamless continuum of care that ensures the principles of equity, universality and removing any financial hardship.

Sub Health Centre: AB-HWCs Team

The AB-HWCs at the Sub Health Centre (SHC) level would be equipped and staffed by an appropriately trained Primary Health Care team led by a Community Health Officer (CHO) and comprising of Multi-Purpose Workers (male & female) & ASHAs.

Primary Health Centre / Urban Primary Health Centre: AB-HWCs Team

A **PHC** that is linked to a cluster of AB-HWCs at the SHCs would serve as the **first point of referral** for many disease conditions for the AB-HWCs in its jurisdiction.

In addition, it would also be strengthened as a AB-HWC to deliver the expanded range of primary health care services.

The Medical Officer at the PHC would be responsible for ensuring that CPHC services are delivered through all SHC Level AB-HWCs in her/his area and through the PHC itself.

The number and qualifications of staff at the PHC would continue as defined in the Indian Public Health Standards (IPHS).

What was the situation before this reform?

The priority of National and State programmes between 1990 and 2015 was on attaining the Millennium Development Goals (MDGs), and given the state of maternal, infant and newborn mortality, attention to these services took precedence.

There was limited use of evidence-based decision making, resulting in inadequate attention to the changing disease profiles in several parts of the country.

The National Health Mission (NHM), in its Framework of Implementation 2012, recommended – "strengthening of the Sub Centre/Urban Primary Health Centre to deliver a larger range of preventive, promotive and curative care services, so that it becomes the first port of call for each family to access a full range of primary care services".

The primary care services, at the time, were largely focused on maternal and child health and a few communicable diseases such as malaria, leprosy, TB, etc.

In December 2014, the Ministry of Health and Family Welfare (MoHFW) constituted a Task Force for the roll out of Comprehensive Primary Health Care (CPHC).

The key recommendations of the Task Force were finalised late in 2015.



The Task Force suggested enhanced allocation and the following key reforms necessary for operationalising primary health care -

- Expansion of the package of services to be made available and ensuring continuity of care making services patient-centric
- Reform the way in which service delivery institutions are organized
- Measures to ensure availability of necessary human resources to deliver the expanded range of services
- Human resource development
- Reliable access to free essential medicines and diagnostic services
- Leveraging information technology
- Measures for ensuring quality of care
- Change management processes
- Information and communication technology to empower patients and providers, governance, financing, partnerships and accountability including community partnerships and equity concerns in health.

While consensus on these reforms was being forged, surveys in many parts of the country highlighted that the burden of chronic diseases (hypertension, diabetes) and linked unhealthy behaviours and lifestyles were on the rise.

This prompted the MoHFW, in early 2016, to develop a comprehensive Population Based Screening (PBS) programme for common Non - Communicable Diseases (NCDs), in order to initiate the process of early detection, prevention, management and control and also enable system readiness for the addition of other service packages.

CHAPTER 2

AB-HWCs: PROMOTING WELL-BEING - PREVENTION IS BETTER THAN CURE

Key features of the programme

- Transform existing Sub Health Centres and Primary Health Centres to AB-HWCs to ensure universal access to an expanded range of Comprehensive Primary Health Care services.
- Ensure a people centred, holistic, equity-sensitive response to people's health needs through a process of population empanelment, regular home and community interactions and people's participation.
- Ensure access to free essential medicines and diagnostic services.
- Enable delivery of high quality care that spans health risks and disease conditions through a commensurate expansion in the availability of medicines and diagnostics, use of Standard Treatment Guidelines (STGs) and referral protocols with advanced technologies including IT systems and focus on wellness.
- Instill the culture of a team-based approach to delivery of quality health care encompassing: preventive, promotive, curative, rehabilitative and palliative care.
- Ensure continuity of care with a two-way referral system between the AB-HWCs and the AB-PMJAY and follow-up support.

- Emphasize health promotion (including through school education and individual-centric awareness and promotion of Yoga and other wellness activities) and promote public health action through active engagement and capacity building of community platforms and individual volunteers.
- Facilitate the use of appropriate technologies for improving access to health care advice and treatment initiation, enable reporting and recording, eventually progressing to electronic records for individuals and families linking it with NDHM.
- Develop strong measurement systems to build accountability for improved performance.
- Institutionalize the community ownership and management of health centres through Jan Arogya Samitis (JAS).



Service Packages

Services made available at AB-HWCs



Care in Pregnancy and Child-birth



Neo-natal and Infant Health Care Services



Childhood and Adolescent Health Care Services



Family Planning, Contraceptive Services and other Reproductive Health Care Services



Management of Communicable Diseases, National Health Programmes



Management of
Common Communicable
Disease and Outpatient Care for Acute
Simple Illnesses and
Minor Ailments



Screening, Prevention, Control and Management of Non-Communicable Diseases and Chronic Communicable Diseases like Tuberculosis and Leprosy

Services* being added in an incremental manner



Basic Oral Health Care



Care for Common Opthalmic and ENT Problem



Screening and Basic Management of Mental Health Ailments



Elderly and Palliative Health Care Services

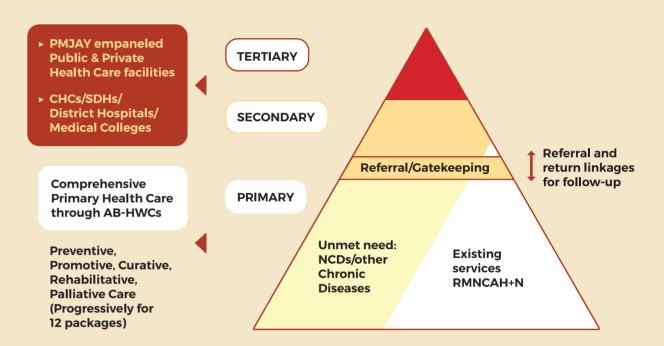


Emergency Medical Services including Burns and Trauma

* Many states have started adding the above services. Guidelines for all the 12 expanded package of services has been released.

Figure 1: CPHC 12 service packages

Universal Health Coverage: Ayushman Bharat



CONTINUUM OF CARE - CPHC & PMJAY

Figure 2: Continuum of Care under Ayushman Bharat



CHAPTER 3 SERVICE DELIVERY THROUGH AB-HWCs

The service delivery including preventive, promotive, curative, rehabilitative health care is at three levels i.e.

- i. Family/Household and community levels through outreach OPDs, Health Mela, Village Panchayat, Village and Home Visits, School and Anganwadi visits
- ii. AB-HWCs
- iii. Referral Facilities/Sites: Delivery of services closer to the community and close monitoring would enable increased coverage and help in addressing issues of marginalization and exclusion of specific population groups

The referral mechanism for AB-HWCs

The patients requiring advanced diagnosis and care would be appropriately referred to PHC or First Referral Unit (FRU), AYUSH dispensaries, co-located facilities at CHC/DH/AYUSH integrated hospitals, teaching hospitals, national level institutions, etc. as per pre-devised referral criteria.

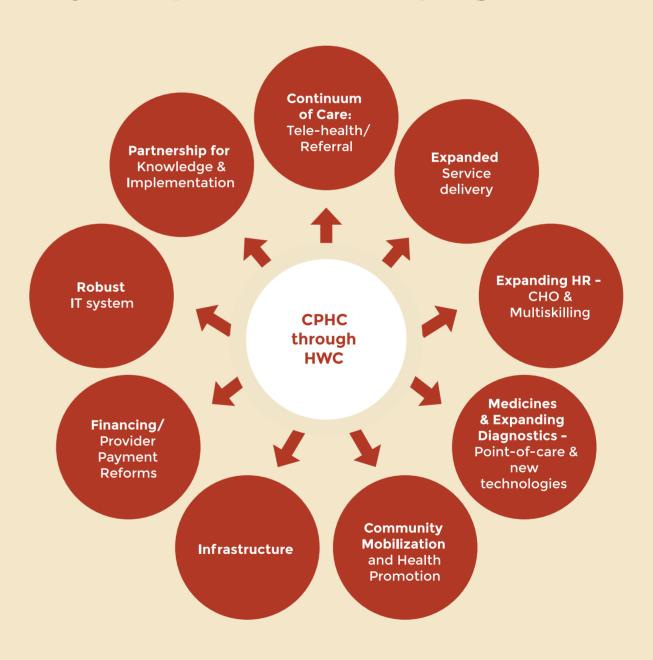
A two-way referral would be ensured between different level of health care facilities. For chronic disease conditions which require periodic specialist referral, tele-consultation platform would be utilized to facilitate the process.

Patients requiring advanced care will also be referred to Allopathic centres and vice versa depending upon the decision of Community Health Officer (CHO) in consultation with the Medical Officer at the parent PHC.

The continuum of care will be ensured through referral to higher centres and reverse referral to AB-HWCs.

Whenever patients come home after getting treatment from higher health care facilities, ensuring their day-to-day management including compliance to advice and follow-ups will be the responsibility of AB-HWCs team.

Key Components of the programme



Community Engagement

The AB-HWC team working closely with communities enables empowerment of individuals, families and communities with knowledge and skills to take responsibility for their own health.

The AB-HWCs also focus on **improving health literacy** through **Inter Personal Communication**, and media including social media, for **promotion of healthy lifestyles – diet, yoga, exercise, tobacco cessation, and self-care** for those with chronic disease conditions.

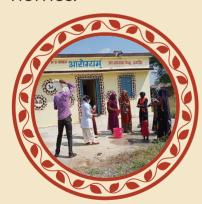
Institutional structures such as **Jan Arogya Samitis**, with representation from the local bodies and Panchayats, Self Help Groups and patients, have also been envisaged to enable community ownership and accountability of AB-HWC teams.

Access to free essential medicines and diagnostic services

The AB-HWCs will serve as the hub for dispensing medicines based on treatment plans initiated by the medical officer at the PHC.

Number of essential medicines at PHC-AB-HWCs have been increased to 172 and number of essential diagnostic services to 63. While at the SHC-AB-HWCs, these have been increased to 105 essential medicines and 14 essential diagnostic services.

This not only ensures the uninterrupted availability of medicines to ensure adherence and continuation of care, but also reduces any patient hardship by providing medicines closer to their homes.







Robust IT systems

The IT system includes the provision of a smart phone to the ASHA, and a tablet to the Multipurpose Worker and CHO, that will enable registration of all individuals' record of services and outcomes, increasing the quality of care and accountability. The patient can then be reached at the home/community level, for treatment adherence and follow-up measurements of vital parameters.

Teleconsultation services

The AB-HWCs provide teleconsultation services, whereby every level of service provider from CHO to Medical Officer is able to access a higher level of consultation, including with specialists in secondary and tertiary centres, so that physical travel by patients can be minimized, reducing costs and any potential hardship.

Health & Wellness Ambassadors and Messengers

AB-HWCs also include school health activities. Teachers in every school are being trained to serve as Health and Wellness Ambassadors; and students as Messengers. Since adolescence is the time when risk taking behaviours set in, the initiative will enable creating healthy habits in school leading to early action and encouragement to adopt healthy behaviours at young age, leading to prevention of chronic diseases later in life.







CHAPTER 4 Before and After AB-HWCs

BEFORE AB-HWCs	AFTER AB-HWCs
◆ Selective Primary Health Care: Limited to Reproductive and Child Health (RCH) and communicable diseases: addresses only about 20% of health care needs.	◆ Comprehensive Primary Health Care: Expanded range of services to include chronic disease conditions and Non- Communicable Diseases.
◆ Focused on men and women of reproductive age group – RCH oriented.	◆ Life cycle approach addressing all women and men across all ages spanning preventive, promotive, curative, rehabilitative and palliative aspect of care.
 Limited availability of medicines at peripheral centres leading to out- of-pocket expenditure (OOPE); poor adherence to treatment. 	 Increased availability of medicines for chronic diseases at most peripheral facilities thus reducing expenditure incurred on medicines.

BEFORE AB-HWCs	AFTER AB-HWCs
	 Medicines and diagnostics available at nearest AB- HWC and follow up at the community level - ensuring treatment compliance and ensuring behavioural modifications i.e., closer to the community.
 Low utilization of the vast network of Sub- Health Centers (SHCs) and Primary Health Centers (PHCs). 	◆ Transforming SHC/PHC to AB-HWCs ensures Comprehensive Primary Health Care (CPHC) and reduces patient hardship by reducing the cost of transportation.
 Limited Human Re- source availability at the Sub Centre level- one or two (ANMs) and five ASHAs. 	◆ A Community Health Officer at SHC-AB-HWC to lead the team, to provide access to expanded range of services and to integrate public health and primary health care.
 Limited focus on preventive care and promotive care related to chronic disease conditions such as Hypertension and Diabetes. 	 Health promotion and wellness focused efforts by primary health care team would address risk factors for chronic diseases and other conditions.





BEFORE AB-HWCs	AFTER AB-HWCs
 Primary level of health care facilities do not serve gate keeping functions, leading to crowded secondary level health care facilities. 	 A strong network of AB- HWCs at sub district level would facilitate resolving more cases at primary level and thus reduce overcrowding at secondary and tertiary level facilities.
 People visiting peripheral health facilities had no access to tele-health. 	 Improved network and referral linkages through teleconsultation/tele medicine platforms.
 Reporting and monitoring being done manually - duplication of records, overburdened staff, especially frontline workers. 	 With availability of an IT platform, standardized digital health records, establishment of a seamless flow of information across all levels of care and continuum of care assured.
◆ At primary health care facilities, limited focus on wellness component.	 With AB-HWC, Wellness activities including Yoga are mainstreamed into the health care delivery system. Active engagement of Yoga practitioners also ensured at AB-HWC level.

CHAPTER 5 AB-HWCs: JOURNEY SO FAR



Given the magnitude of inputs required to strengthen the primary health care facilities, the operationalization of AB-HWCs has been planned in a phased manner till the end of the year 2022.

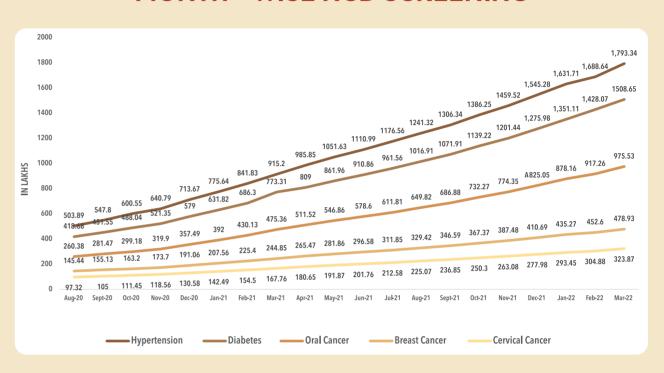
Ayushman Bharat - Health and Wellness CentresTargets and Achievements



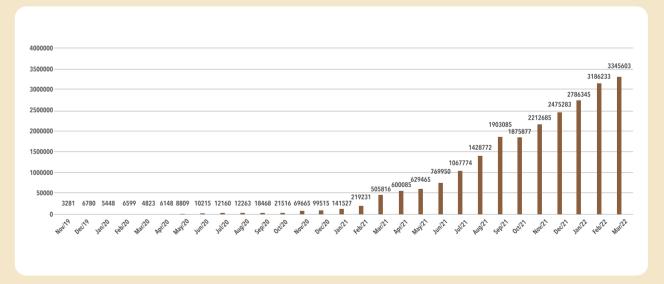


Over 17.93 crore Hypertension screenings done at AB-HWCs, as on 31st March, 2022

MONTH - WISE NCD SCREENING



Teleconsultation conducted through 'eSanjeevani'



Status as on 31ST March, 2022 (Source: e-sanjeevani portal)

Total number of Teleconsultation conducted at

AB-HWCs: **2.34 Cr**

Interventions for Communicable Diseases at AB-HWCs

- ◆ The primary health care team at SHC-AB-HWCs facilitate seamless linking of community and facility level interventions for vector borne disease control. The ASHA supported by the Village Health Sanitation and Nutrition Committees (VHSNCs) and Mahila Arogya Samitis (MAS) enable community health education on personal protective measures, undertaking measures for vector control or distribution of insecticide treated bed-nets.
- ◆ AB-HWCs also facilitate home, community and facility-based interventions for chronic communicable diseases such as **Tuberculosis (TB) and Leprosy.**
- ◆ ASHAs undertake active case finding for both TB and leprosy through Community Based Assessment Checklist (CBAC) which also serves as a way of enhancing community awareness.
- ◆ For TB, AB-HWC teams undertake home visits, counselling, contact investigation, sample collection and transportation, dispense anti TB medication, ensure referrals for testing for existence of conditions such as diabetes/HIV, linkages to Antiretroviral Therapy (ART) centre/DRTB centres, as required, collection of bank account details, to facilitate cash entitlements under the Nikshay Poshan Yojana, monitor for treatment adherence and facilitate follow-up.
- ◆ ASHA based surveillance system for leprosy is being implemented through AB-HWCs
- SHC-AB-HWCs are being equipped with all the medicines for TB and has access to telemedicine for consultation as required.
- ◆ The annual health calendar of AB-HWCs also facilitates organizing special events for several common infectious diseases.



85.63 crore footfalls at 1,17,440 AB-HWCs

15.08 Crore diabetes screenings for 30+ aged individuals at AB-HWCs as on 31st March, 2022.



Over 1.02 crore wellness sessions have been conducted at AB-HWCs as on 31st March, 2022

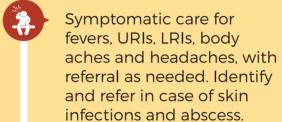
Health and Wellness Centres 2022 Health and Wellness Centres 2022 Health and Wellness Centres 2022

Service Delivery Framework

Health Care Services

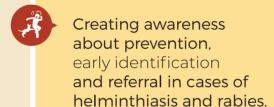
Care at Community Level

Management of communicable diseases and general outpatient care for acute simple illness and minor ailments.



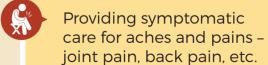


Preventive action and primary care for waterborne disease, like diarrhoea, (cholera, other enteritis) and dysentery, typhoid, hepatitis (A and E).





Preventive and promotive measures to address musculo-skeletal disordersmainly osteoporosis, arthritis and referral or follow up as indicated.



Care at the AB-HWCs -**Sub Health Centres**

Care at the Referral Site



Identification and management of common fevers, ARIs, diarrhoea, and skin infections (scabies and abscess).



Diagnosis and management of all complicated cases (requiring admission) of fevers, gastroenteritis, skin infections, typhoid, rabies, helminthiasis, acute hepatitis.



Identification and management (with referral as needed) in cases of cholera, dysentery, typhoid, hepatitis and helminthiasis.



Specialist consultation for diagnostics and management of musculo-skeletal disorders, e.g.- arthritis.



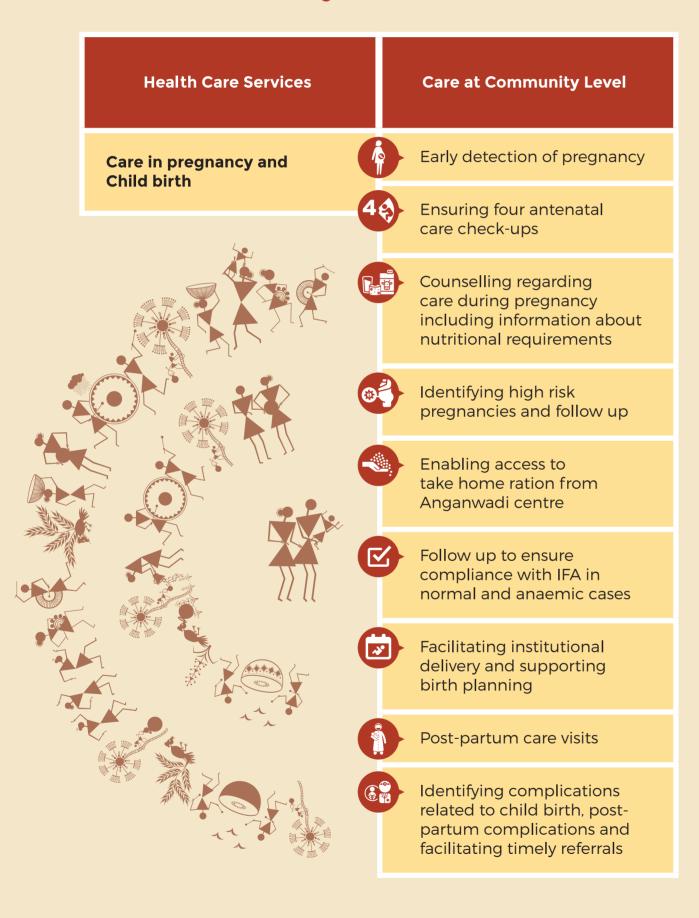
Management of common aches, joint pains, and common skin conditions, (rash/urticaria).





Service Delivery Framework





Care at the AB-HWCs -Sub Health Centres

Care at the Referral Site



Early registration of pregnancy and issuing of ID number and Mother and Child protection card

Antenatal check-up

including screening of

Hypertension, Diabetes,

Anaemia, Immunization for

Calcium supplementation

pregnant woman-TT, IFA and



Antenatal and postnatal care of high-risk cases



Blood grouping and Rh typing and blood cross matching



Linkage with nearest ICTC/PPTCT centre for voluntary testing for HIV and PPTCT services



Screening, referral and follow up care in cases of Gestational Diabetes, and Syphilis during pregnancy



Normal vaginal delivery and Assisted vaginal delivery



Normal vaginal delivery in specified delivery sites as per state context - where Community Health Officer(CHO)/ANM is trained as Skill Birth Attendant (Type B SHC)

Provide first-aid treatment

emergencies, e.g. eclampsia,

and referral for obstetric

PPH, Sepsis, and prompt

referral (Type B SHC)



Surgical interventions like Caesarean section



Management of all complications including ante-partum and post-partum haemorrhage, eclampsia, puerperal sepsis, obstructed labour, retained placenta, shock, severe anaemia, breast abscess



Blood transfusion facilities

Tweets











DATA-LED















Health and Wellness Centres 2022





FIELD STORIES

















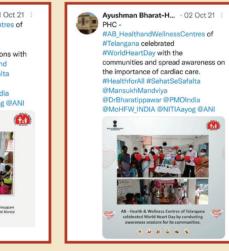
























MARCH CONTENT















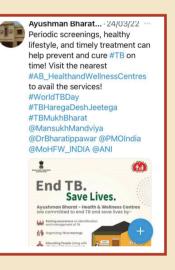


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Health and Wellness Centres 2022



















CHAPTER 6 AB-HWCs: MAKING A DIFFERENCE





Health and Wellness Centres 2022

















Health and Wellness Centres 2022



Health and Wellness Centres 2022





Glossary:

AB-HWCs	Ayushman Bharat - Health and Wellness Centres
AB-PMJAY	Ayushman Bharat -Pradhan Mantri Jan Arogya Yojna
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Mid-wife
ART	Anti-retroviral Treatment
ARI	Acute Respiratory Infection
AYUSH	Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy
СВАС	Community Based Assessment Checklist
СРНС	Comprehensive Primary Health Care
СНС	Community Health Centre
сно	Community Health Officer
DH	District Hospital
DRTB	Drug Resistant Tuberculosis
ENT	Ear, Nose, Throat
FY	Financial Year
FRU	First Referral Unit
HIV	Human Immunodeficiency Virus
ІСТС	Integrated Counselling and Testing Centre
IFA	Iron Folic Acid
IPHS	Indian Public Health Standards
IT	Information Technology



JAS	Jan Arogya Samiti	
LRI	Lower Respiratory Tract Infection	
MAS	Mahila Arogya Samiti	
MDGs	Millennium Development Goals	
MoHFW	Ministry of Health and Family Welfare	
NCD	Non-Communicable Diseases	
NНM	National Health Mission	
NHP 2017	National Health Policy 2017	
OPD	Outpatient Department	
ООРЕ	Out of Pocket Expenditure	
PBS	Population Based Screening	
PHC	Primary Health Centre	
РРТСТ	Prevention of Parent to Child Transmission	
RCH	Reproductive and Child Health	
RMNCAH+N	Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition	
SDH	Sub District Hospital	
SHC	Sub Health Centre	
STGs	Standard Treatment Guidelines	
ТВ	Tuberculosis	
π	Tetanus Toxoid	
URI	Upper Respiratory Tract Infection	
VHSNCs	Village Health, Sanitation and Nutrition Committees	

*

Remote healthcare and telemedicine will reduce health access divide between urban and rural India

-Prime Minister Narendra Modi







