



AYUSHMAN BHARAT- HEALTH AND WELLNESS CENTRES

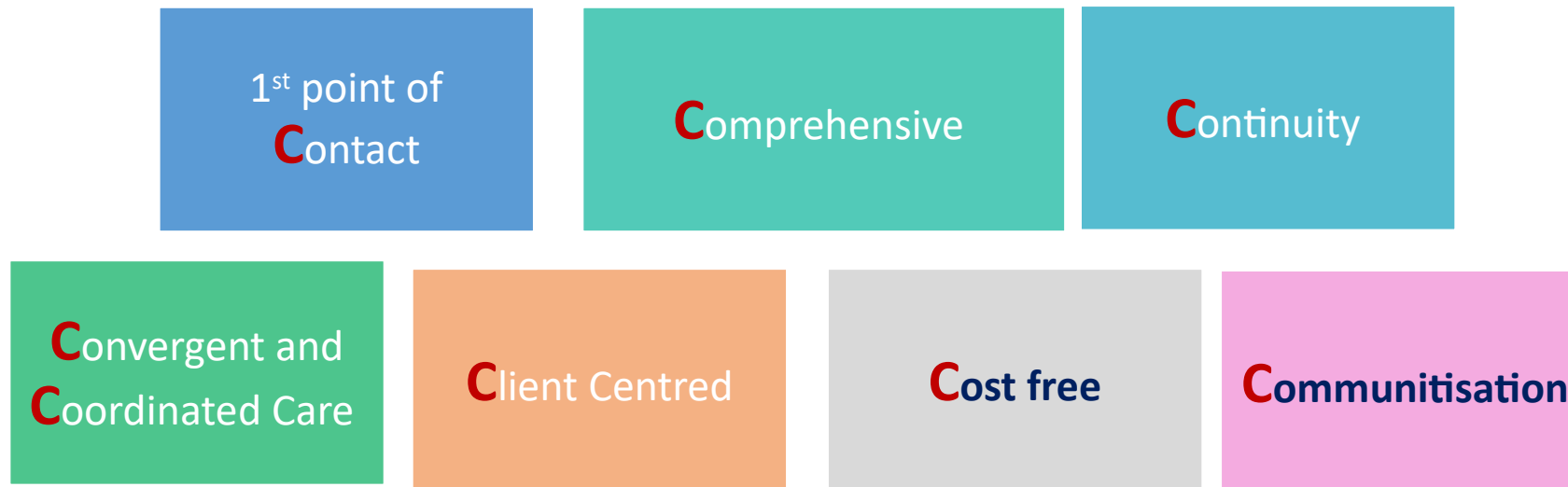


Background

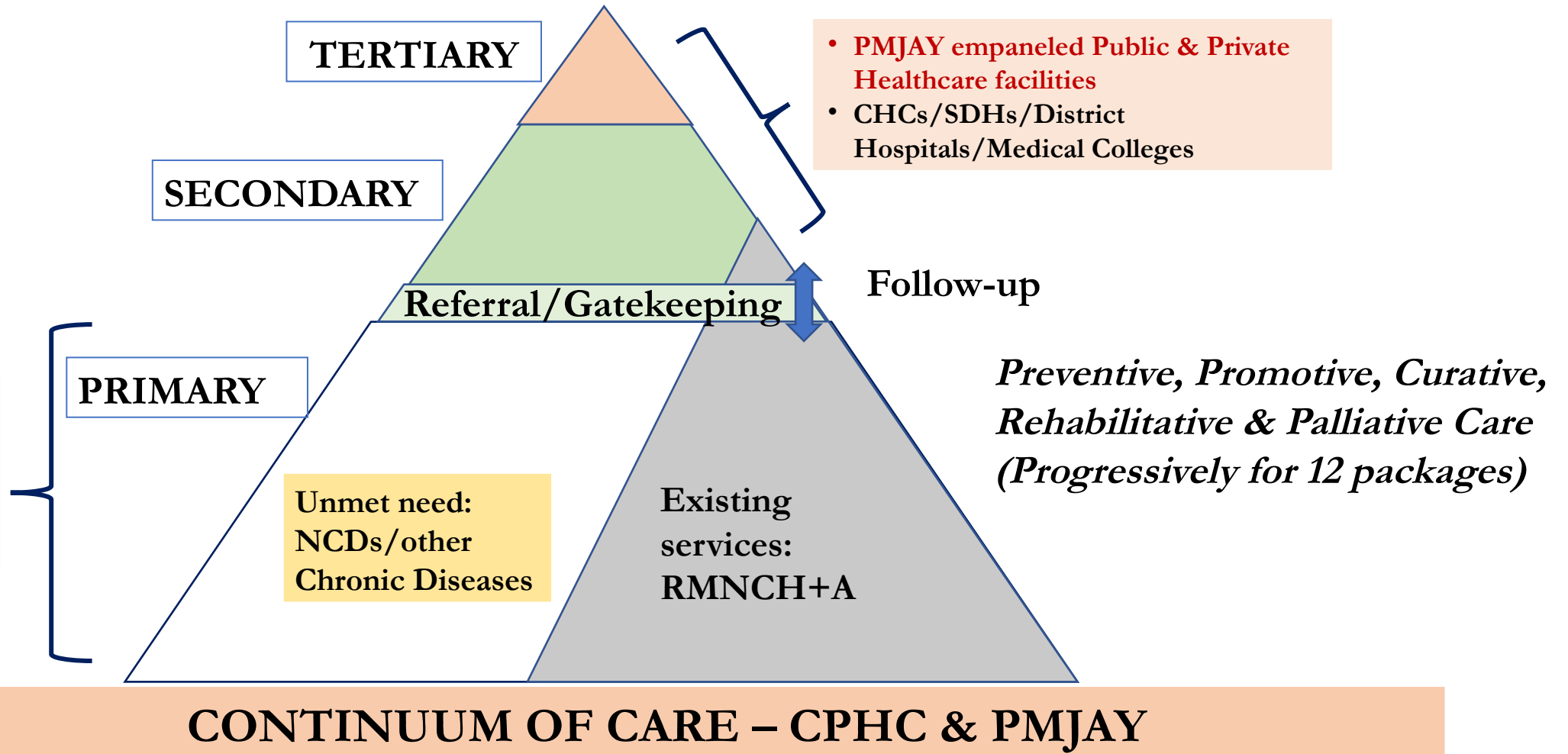
- **Epidemiologic Transition** - death from the four major NCDs - cancer, CVD, diabetes and COPD accounted for nearly 62% of all mortality among men and 52% among women; *of which 56% is premature.*
- Primary healthcare package was selective: limited to RCH and communicable diseases
- Low utilization of public health facilities - 11% in rural and 3% in urban areas
- Over 70% of OOPE is on non-hospitalised care, of which 70% on medication
- Overburdened secondary and tertiary facilities, increased costs and compromised quality
- Need for reorganization of primary healthcare to address the chronic care needs
 - Universal
 - comprehensive
 - Whole of society
 - Family centric
 - Quality
 - Continuum of care

AYUSHMAN BHARAT – HEALTH AND WELLNESS CENTRES

- *“PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment”. (World Health Organisation)*
- *Comprehensive Primary Health Care through Ayushman Bharat Health and Wellness Centres - 8C*

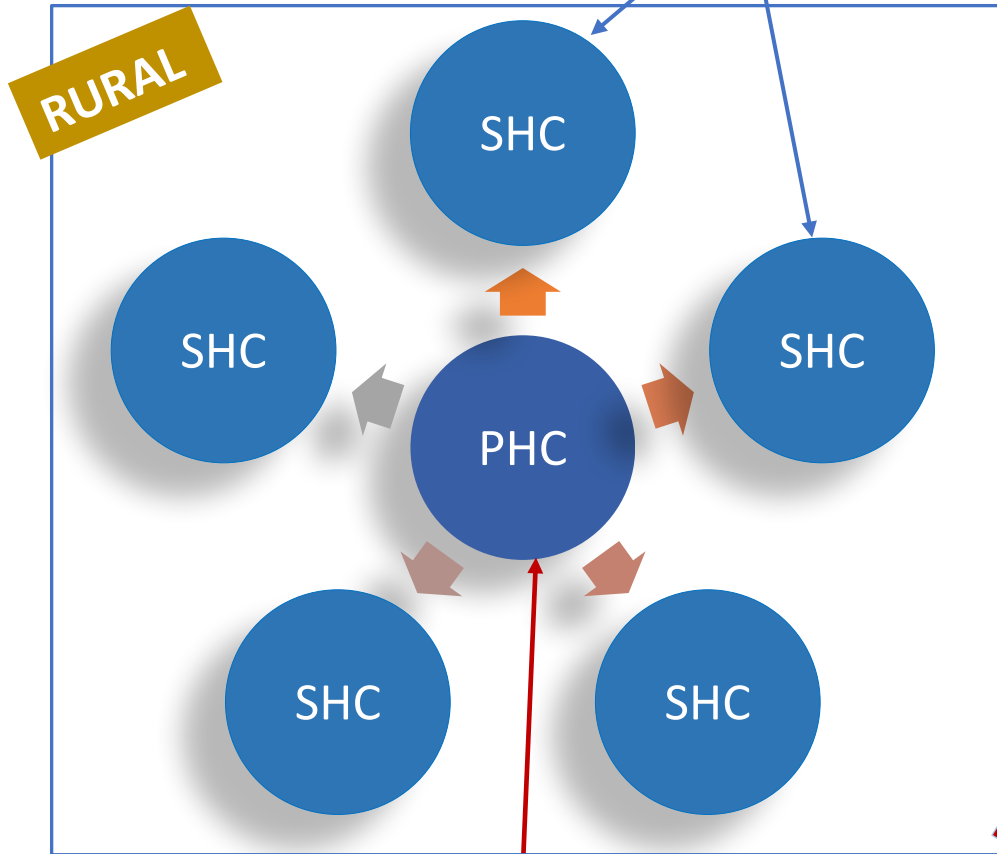


Universal Health Coverage: Ayushman Bharat



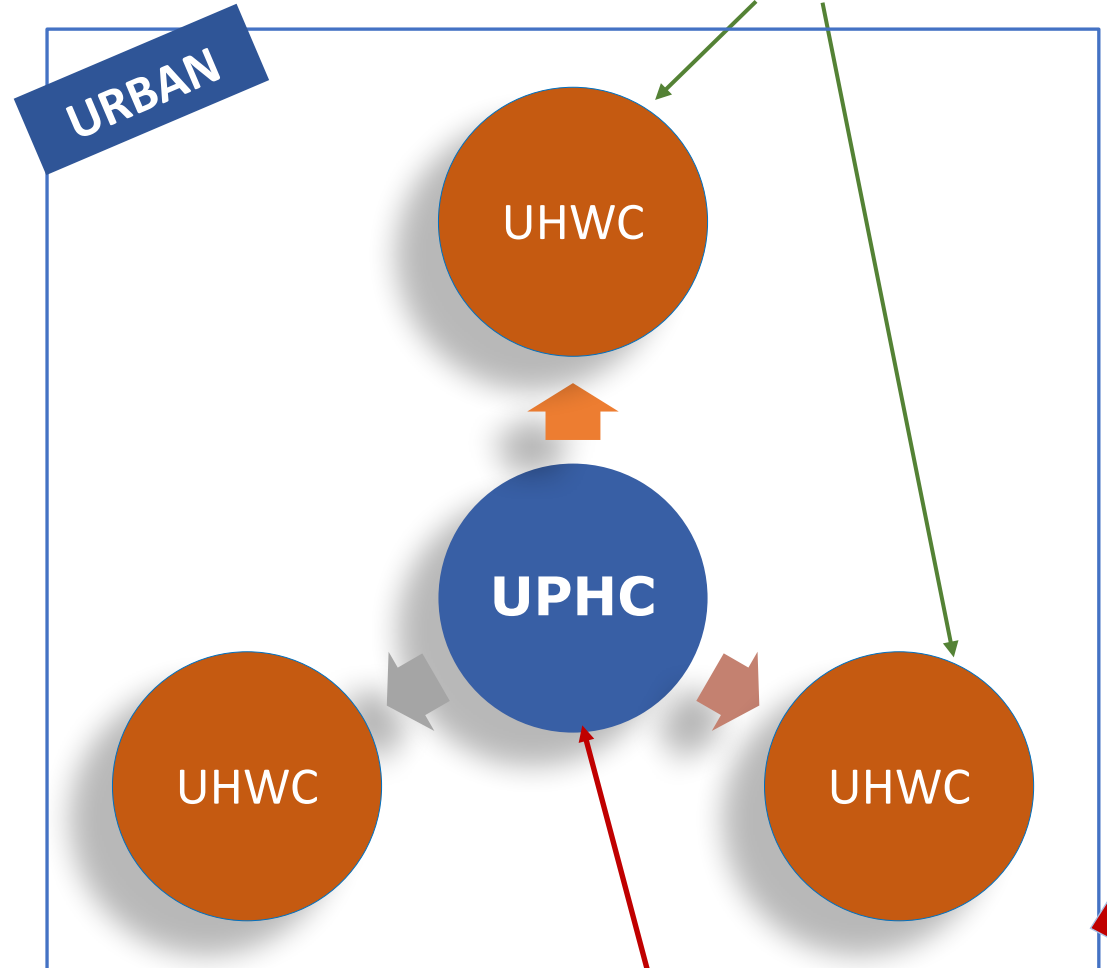
OUR PRIMARY HEALTH CARE SYSTEM

Each SHC Cover 5000 population;
Tribal and Hilly Area - 3000 population



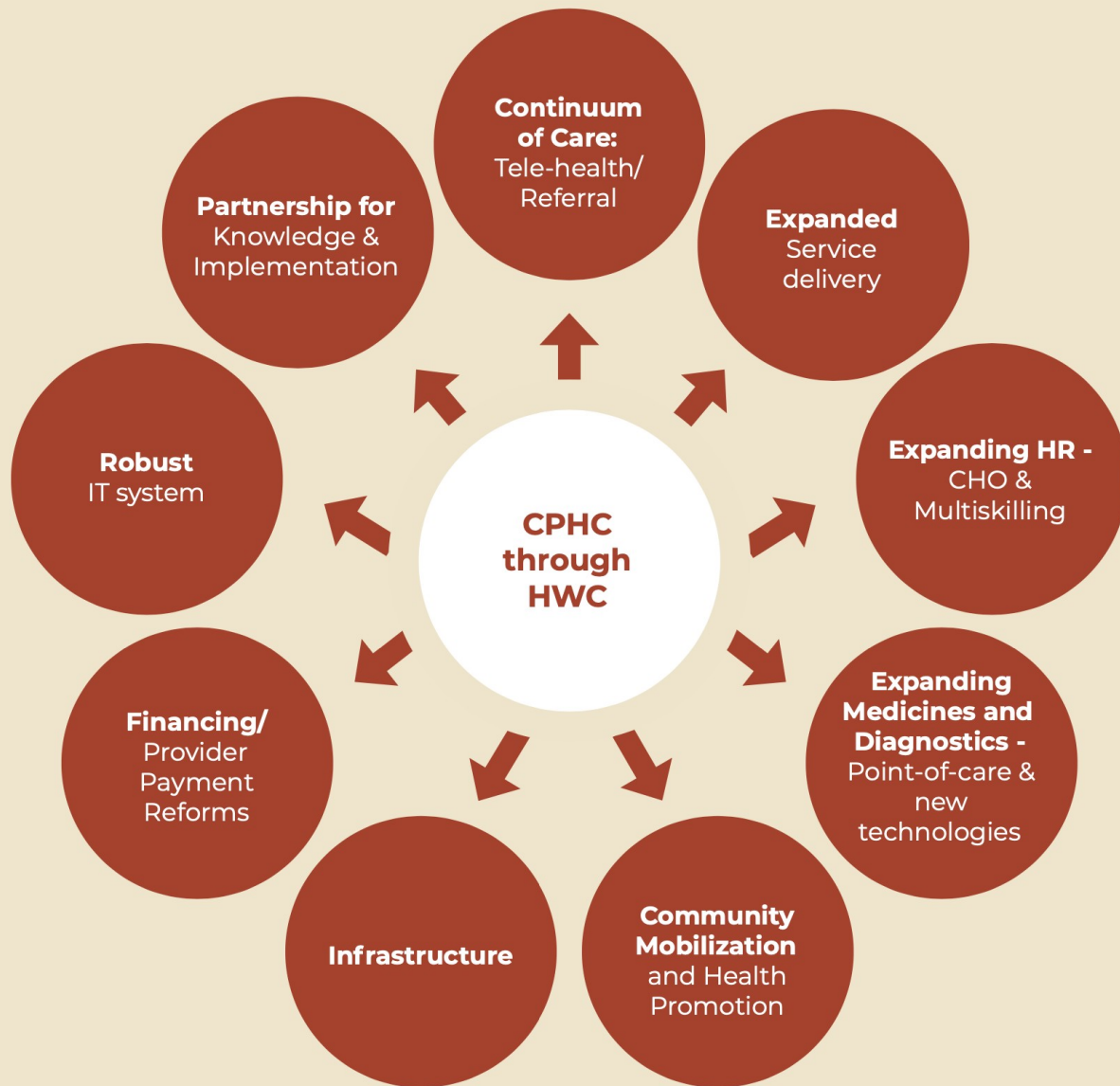
EACH PHC Covers 30,000 population;
Tribal and Hilly Area - 20,000 population

Each UHWC Covers 15,000-20,000 population



Each UPHC Covers 50,000 population;

Key Elements Transforming SHC, PHC & UPHC to AB-HWC



➤ Shift from

- Selective Primary Care to Comprehensive Primary Health Care*
- 'illness' focus to 'wellness' focus - Services For ALL PEOPLE throughout the life-cycle*
- Fragmented Care to Continuum of Care*

➤ **9-point reform:** multiple reforms, spanning all aspects of the health systems such as service delivery, HR, financing, access to medicines and diagnostics, community participation and ownership and governance.

➤ Institutionalize **community ownership** and management of health centres through Jan Arogya Samitis (JAS)

➤ **15th Finance Commission** and **PM-ABHIM** health grants in addition to National Health Mission Grants to strengthen and plug the critical gaps in the primary health care and involvement of local government to make health system more accountable to the people

Expanded Package of Services

From Head to Toe & From Womb to Tomb



**Care in Pregnancy
& Childbirth**



**Neonatal & Infant
Healthcare Services**



**Childhood & Adolescent
Healthcare Services**



**Reproductive & Family
Planning Services**



**Management of
Communicable Diseases**



**Outpatient Care
for Acute Simple Illness**



**Screening Prevention
& Control of NCDs**



Mental Health Care



Oral Care



Eye and ENT Care



Emergency Care



Elderly & Palliative Care

POPULATION BASED APPROACH

ALL WELLNESS & ILLNESS Services For ALL PEOPLE

Expanding HR- Comprehensive Primary Health Care Team

- *Health & Wellness Centre – SHC (@5000 in plain areas and 3000 in hilly and tribal areas)*

SHC Team

- **Community Health Officer:** BSc/ GNM or Ayurveda Practitioner, Trained in 6 months Certificate Programme in Community Health/ Community Health Officer (BSc-CH)
- 2 MPW (either 1 Female and 1 Male or Both females)
- 5 ASHAs (@1 per 1,000 population)



- *Health & Wellness Centre – PHC (@30,000) / UPHC (@50,000)*

PHC team as per IPHS – Minimum Requirement-

- 1 MBBS Doctor
- 1 Staff nurse
- 1 Pharmacist
- 1 Lab Technician
- LHV
- Rural- 1 MPW + 5 ASHAs
- Urban- 5 MPWs (@1 per 10,000 population) and 20-25 ASHAs (@1 per 2,000-2,500 population)

Maintaining Continuum of Care – Ayushman Bharat

Urban Ward



- Population Enumeration
- Outreach Services
- Community Based Risk Assessment
- Awareness Generation
- Counselling: Lifestyle changes; treatment compliance

Upward referral

- First Level Care
- NCD Screening
- Use of Diagnostics
- Medicine Dispensation
- Record keeping
- Tele-health
- Referral to PHC in case of complication



UHC

Upward & downward referral

Follow up
post
secondary
and
tertiary
care



- Advanced diagnostics
- Complication assessment
- Hospitalization
- Tertiary linkage/PMJAY

Upward & downward
referral



- Diagnosis for NCDs
- Prescription and Treatment Plan
- Gate Keeping role for outpatient and inpatient referral / PMJAY
- Teleconsultation with specialists

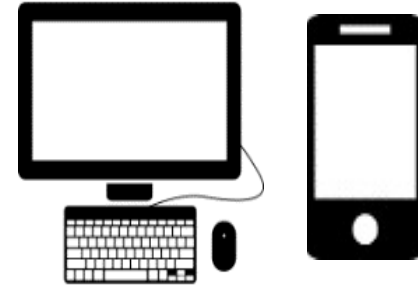
UPHC-HWC

Poly Clinic/CHC/SDH/DH

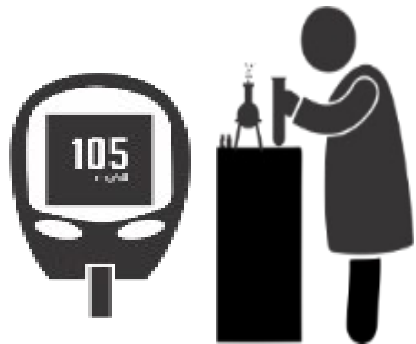
Key Elements: Drugs, Diagnostics and Technology Solutions



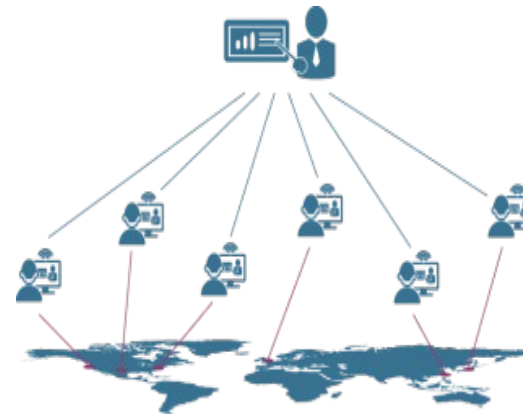
Free medicines
105 @SHC-HWC
172@PHC-HWC



Robust
IT system



Free diagnostics
14 @SHC-HWC
63 @PHC-HWC



Teleconsultation
services

Patient Support Groups (PSGs)

- Formation of PSGs is helpful in ensuring treatment compliance by reducing social stigmas and increasing acceptance towards the disease.
- Some of the key advantages of PSGs are:
 - **Helping the patients:** realizing that they are not alone- to boost the social support and acceptance towards one's disease. This realization will bring relief, and further encouragement to seek care.
 - **Creating awareness:** these support groups may act as a platform for IEC sessions on topics relevant to that group. The added advantage of such platforms is that it will offer lots of practical tips and resources for coping up.
 - **Reducing distress:** As the patient discusses her/his query in a group, this reduces stress and anxiety about the outcomes.
 - **Increased self-understanding:** with more and more IEC, there is a scope to learn more effective ways to cope and handle situations.



Illness to Wellness- Services For ALL PEOPLE throughout the life-cycle



Preventive healthcare

Screening/ follow-up

Hypertension, diabetes and 3 common cancers

Tuberculosis & leprosy

Promotive Healthcare

Eat Right

Fit India Movement

Yoga/Wellness Activities

42 health calendar days celebrated by AB-HWCs

Curative healthcare

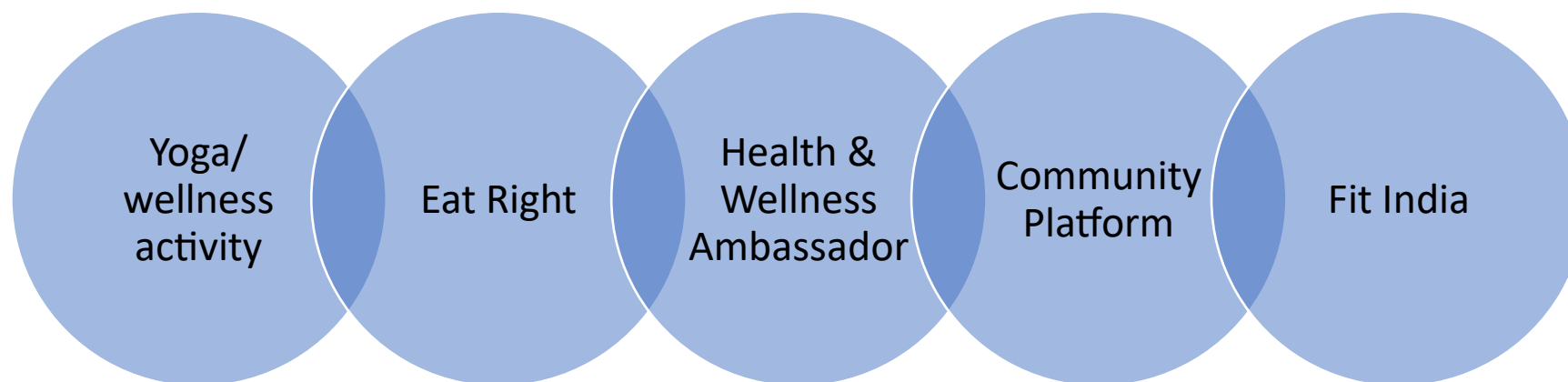
Diagnosis

Treatment

Follow up and treatment compliance

Health promotion through AB-HWC

- Conducting regular **yoga** sessions by empanelled Yoga experts
- Zumba and other forms of physical fitness and dance form are used to educate youth
- Observing 42 **health & wellness days through the year** for spreading awareness
- Promotion of healthy and safe eating practice through '**Eat Right**' toolkit
- Health promotion sessions in co-curricular activities of the school by **Health & Wellness Ambassadors**
- Leveraging **community platforms** for planning and improving health services
- AB-HWC will be fulcrum for many health & wellness activities all of which lead to **Fit India**



Health Promotion



HWC Sector 49

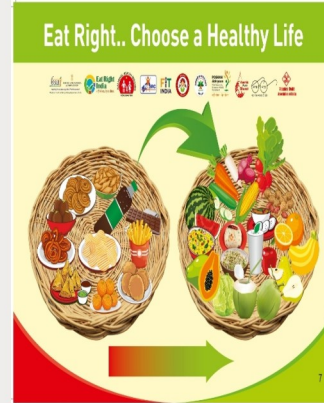
14 April, 2021 01:12 PM, Chandigarh

Geo-Coordinates : 30.5333, 76.5833

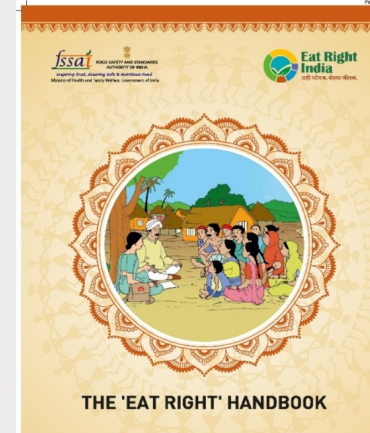
Eat Right toolkit available at AB-HWC



Eat Safe...serve Safe Poster



Eat Right..choose A Healthy Lifestyle Poster



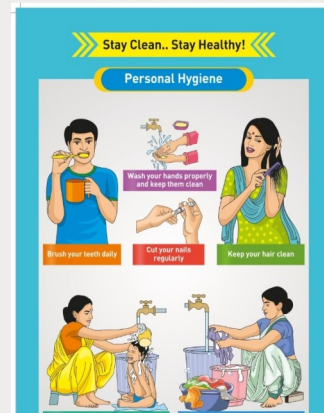
Eat Right Toolkit Handbook



Food Fortification Pocket Flyer



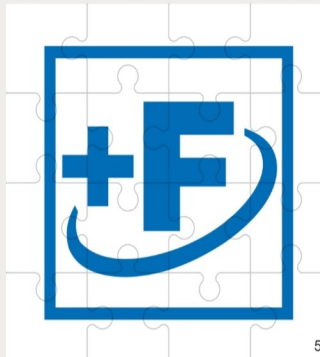
Food Adulteration Key Ring



Stay Clean Stay Healthy Activity Card



Food Pvramid



+ F Logo Puzzle

Coordinated Primary Health Care Delivery – Roles of AB-HWC team members

ASHA

- Awareness, Identification and mobilization
- Population enumeration in the village
- Ensuring Screening
- follow up for compliance to treatment through regular home visits
- Facilitate conducting meetings of patient support groups.

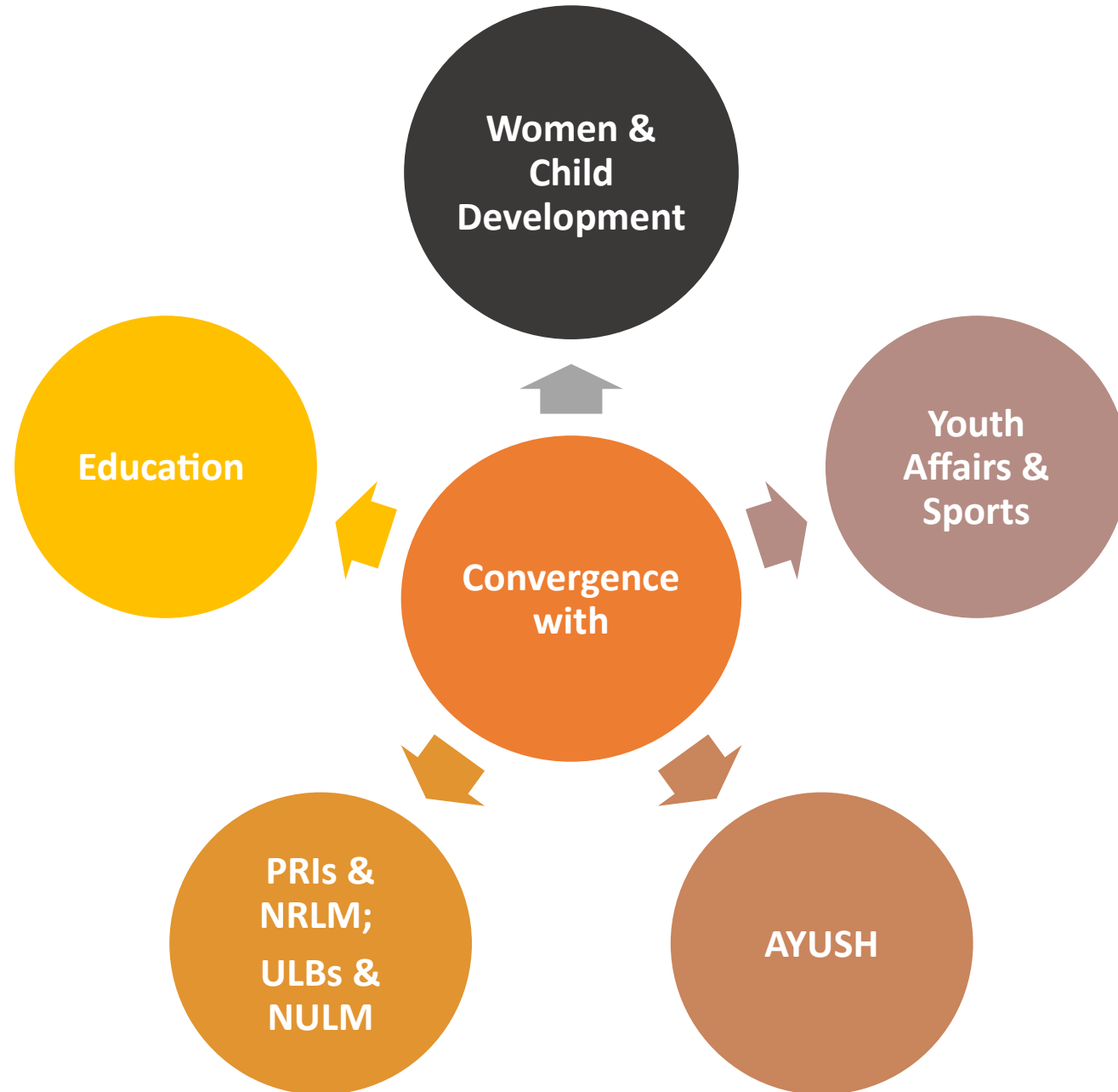
ANM/MPW

- Support Awareness, Identification and mobilization
- Ensure and Support in Population enumeration in the village by ASHAs
- Organize and conduct screening
- Counselling
- Support Home based care
- Organize patient support groups
- Support treatment adherence

Community Health Officer (CHO)

- Mentoring ASHAs and MPWs on all expanded package of services
- Ensure 100% population enumeration
- Provide facility based services - Carry out basic clinical and public management
- facilitate referrals at a higher-level facility/teleconsultation with a specialist as required
- Lead the team of MPWs and ASHAs
- Report to PHC Medical Officer

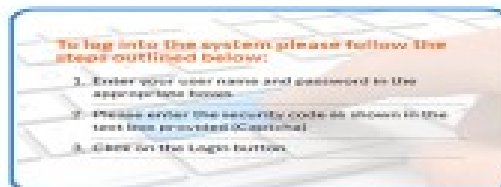
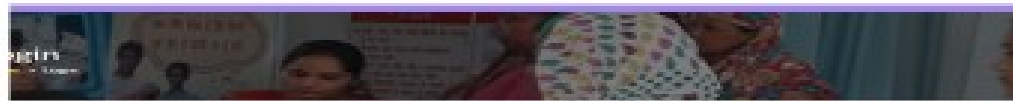
Convergence - Various stakeholders



Ayushman Bharat- HWC portal

Key Features

- Facility wise information
- Daily /Monthly Reporting on service utilization
- Platform to upload photos
- Grievance
- Quarterly State Ranking
- Important documents and Link
- Details of Staff available at the facility



Login

User Name:

Password:

☐ Remember Me

Drys@re



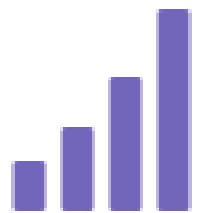
Conditionality Criteria

Inputs implemented:

1. HR in place +
2. NCD Training +
3. Medicines +
4. Diagnostics+
5. Infrastructure strengthening / Branding +

Inputs + Service Delivery rolledout:

1. HR in place +
2. NCD Training +
3. Medicines +
4. Diagnostics+
5. Infrastructure strengthening/Branding+
6. Screening of NCDs- Hypertension / Diabetes/ /Oral Cancer /Breast Cancer



1,20,322
HWC Progressive

SHC-92,678

PHC-22,918

UPHC-4,726



1,19,942
HWC Operational

SHC-92,318

PHC-22,899

UPHC-4,725

IT System to support continuum of care

☐ **Patient centric –**

- Unique Individual ID
- Individual health record
- Family health folder
- Facilitates continuum of care through alerts to patients

☐ **Service Providers -**

- Enables continuity of care across levels
- Generates workplans/serves as job aids
- Facilitates follow up and compliance to treatment
- Decision Support System for service providers at various levels

☐ **Programme Managers-**

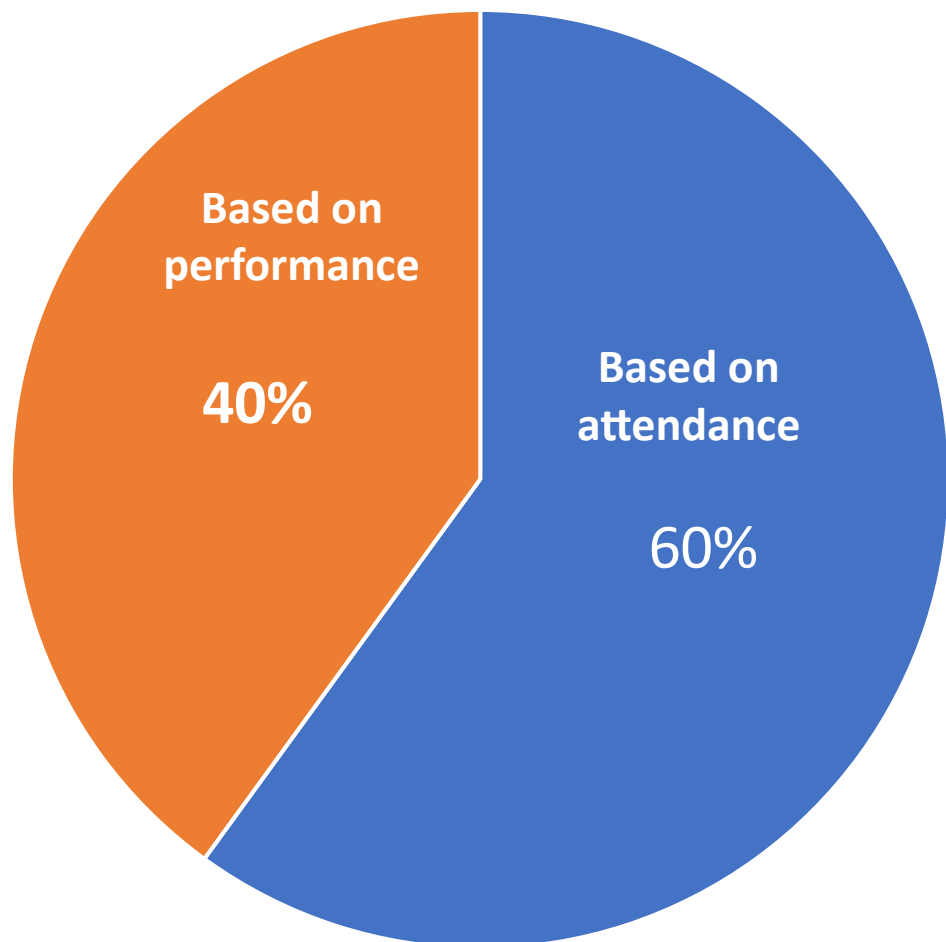
- Dashboard for monitoring at different levels
- Provide monitoring reports to assess performance for payments

Overarching system –CPHC IT System - integration of all existing IT systems Eg- RCH Portal/ ANMOL/NIKSHAY/ IDSP/ HMIS/PMJAY

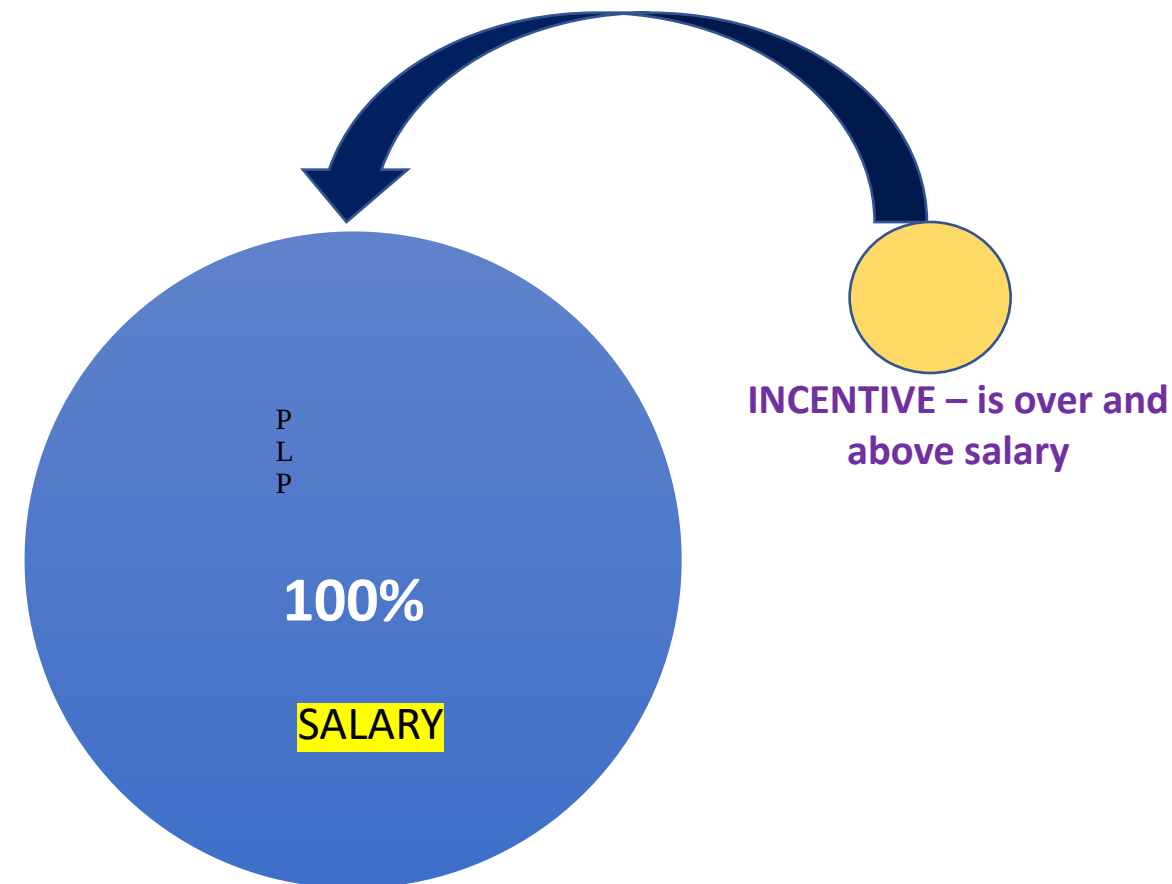
Use of Teleconsultation to improve care coordination

PERFORMANCE LINKED PAYMENT - SALARY

Chart Title



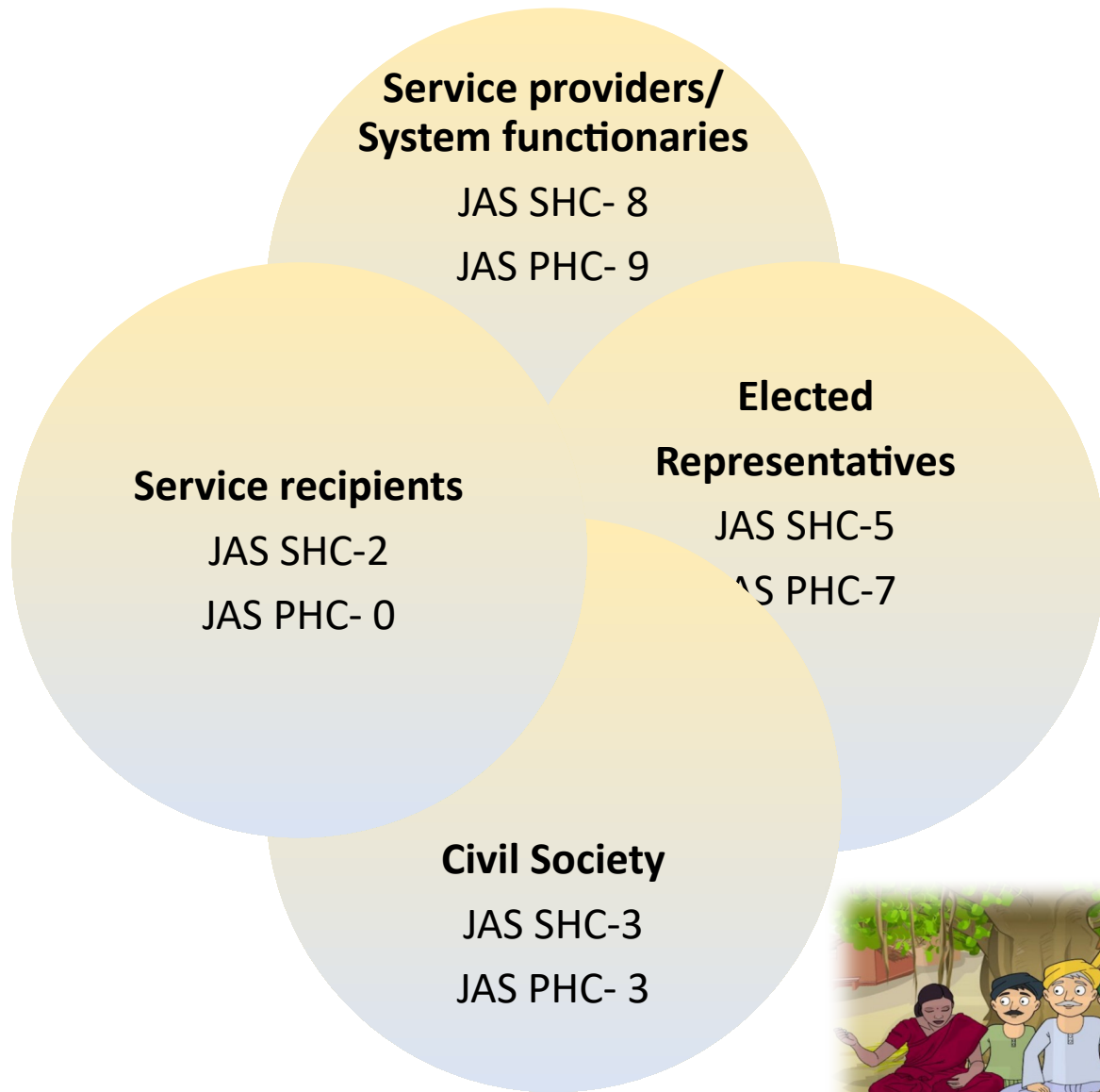
TEAM BASED INCENTIVE



The background features a series of concentric circles in shades of light blue and green, creating a ripple effect. The colors transition from a light blue on the left to a light green on the right.

Community Processes

Jan Arogya Samitis



- At least 50% representation of women to be ensured

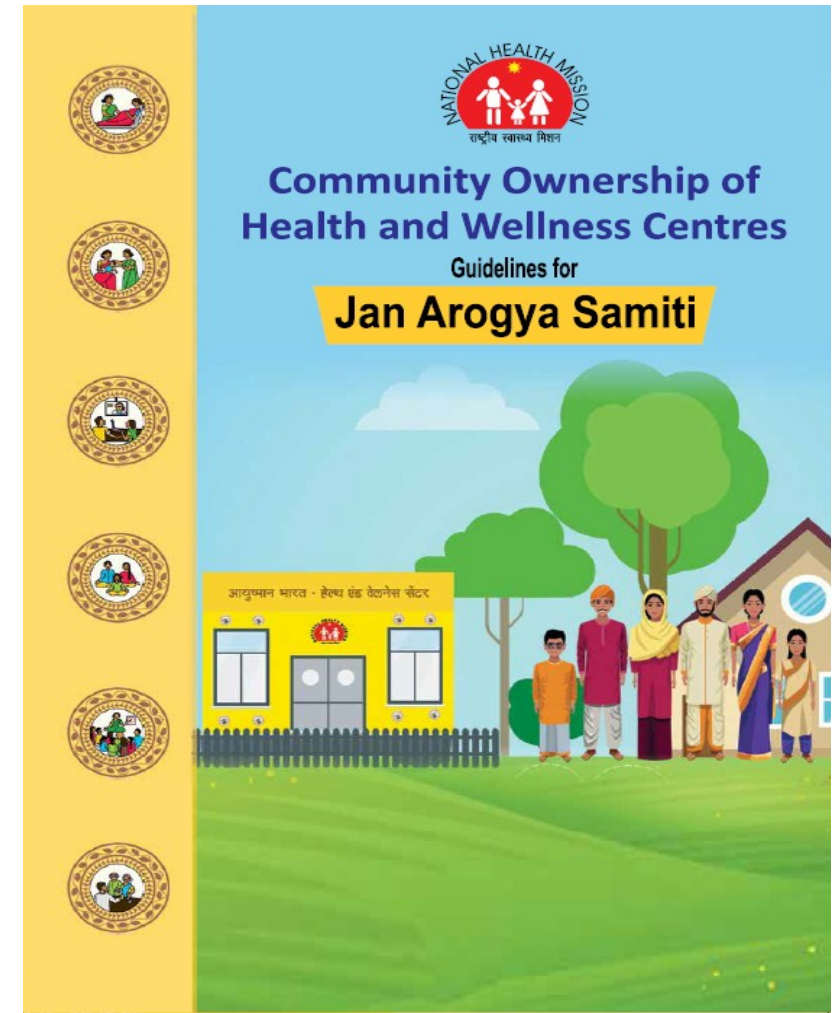


- Vulnerable and marginalized population to be at least 33% represented



Jan Arogya Samitis

- **Serve** as institutional platform of AB-HWC for community participation in governance, management and accountability for health services
- **Support** AB-HWC team for health promotion and action on social & environmental determinants of health
- **Engage** VHSNCs of its area, in community level interventions of AB-HWCs
- **Leverage** existing organized volunteers (NSS, NCC, Red Cross Scouts, Youth Groups) for patient follow up, counselling, community mobilization, conducting surveys and other related actions
- **Act** as grievance redressal platform for families who access health services
- **Support & facilitate** the conduct of activities pertaining to social accountability at AB-HWC in coordination with VHSNCs



Composition of JAS

	Composition	
Designation	SHC-HWC	PHC - HWC
Chairperson	Sarpanch of the Headquarter Panchayat	Zila Panchayat Member/Janpad Panchayat Member
Co-Chair	Medical Officer of the concerned PHC-HWC of the area	Block Medical Officer
Member Secretary	Community Health Officer (CHO)	Medical Officer In-charge of PHC
Members	<ul style="list-style-type: none"> • All Multi-Purpose health Workers of HWC • Sarpanches of the other GPs of AB-HWC area • Chairpersons of all VHSNCs under HWC area • Member Secretary (ASHA) of all VHSNCs in HWC area • President of one SHG from each GP in the HWC area • School Health Ambassador in the HWC area • Senior Peer Educator in the HWC area 	<ul style="list-style-type: none"> • Other Medical Officer / AYUSH Medical Officer of PHC • Senior Staff nurse / LHV / ANM of PHC • Chairperson of Janpad Panchayat's Health Sub-committee • Sector Supervisor of Dept. of Women and Child (DWCD) / ICDS of the area • Block level officer of Dept. of Public Health Engineering Dept. (PHED) • Block level officer of School Dept. / Principal / Headmaster of local School • Block level officer of DWS • Block level officer of PWD • Chairpersons of all JAS of SHC level AB-HWCs of PHC area (may be up to 5-6) • Block level representative from NYK/Youth volunteers • 2 Civil society representatives

Roles and Responsibilities of JAS

- Undertake health promotion and wellness activities in coordination with VHSNCs
- Enable quality service delivery at SHC-HWCs
- Enable and facilitate smooth conduct of social accountability of its AB-HWC (in both SHC and PHC)
- Act as grievance redressal mechanism for services at SHC-HWCs
- Support the HWC team in effective community level implementation of Programmes like, Population Based Screening for NCDs, Eat Right Campaign etc.

Untied fund for JAS

- The purpose of the untied fund is to make available a flexible fund, to cater to unanticipated minor requirements, based on decisions taken at the AB-HWCC level, in consultation with JAS
- Ensuring basic amenities and services and supporting community level health promotion are two cornerstones for prioritizing expenditures from untied funds.
- Under Ayushman Bharat, an annual untied fund is provided @ Rs. 50,000 for SHC level AB--HWCs and Rs.1,75,000 for PHC level AB-HWCs.

Do's

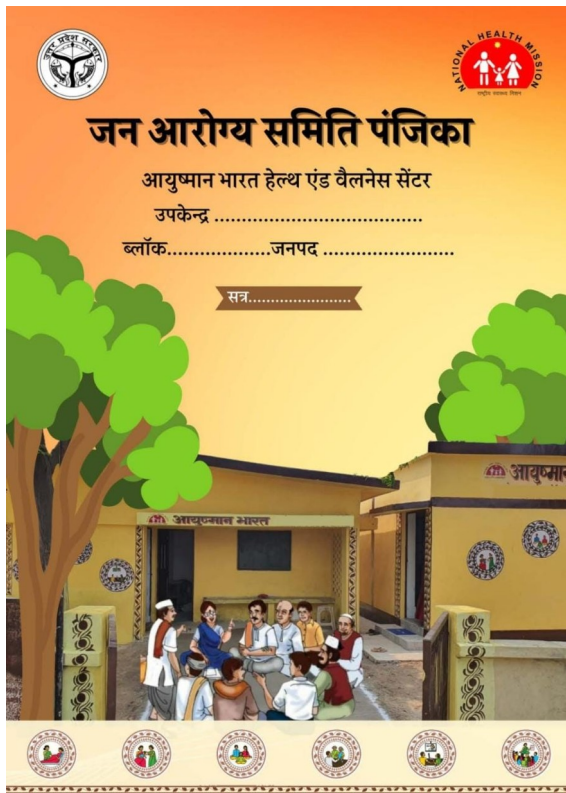
- Emergency Referral transport
- Supplies in case of disruption
- Essential drugs & diagnostics
- Health promotion
- Maintenance of HWC infrastructure
- Upkeep of HWC premises
- Patient amenities

Don'ts

- Regular maintenance services
- Cost of human resources/personnel
- Purchase of drugs, reagents and equipment not listed
- Expenses on activities for which resources and provisions already exist
- Expenses on building open-air or indoor gymnasium or other exercise equipment.

Record Keeping and Financial Management

- **Meeting Register** - Record of proceedings of the JAS committee meetings
- **Financial Account Register** – Maintaining Cash Book

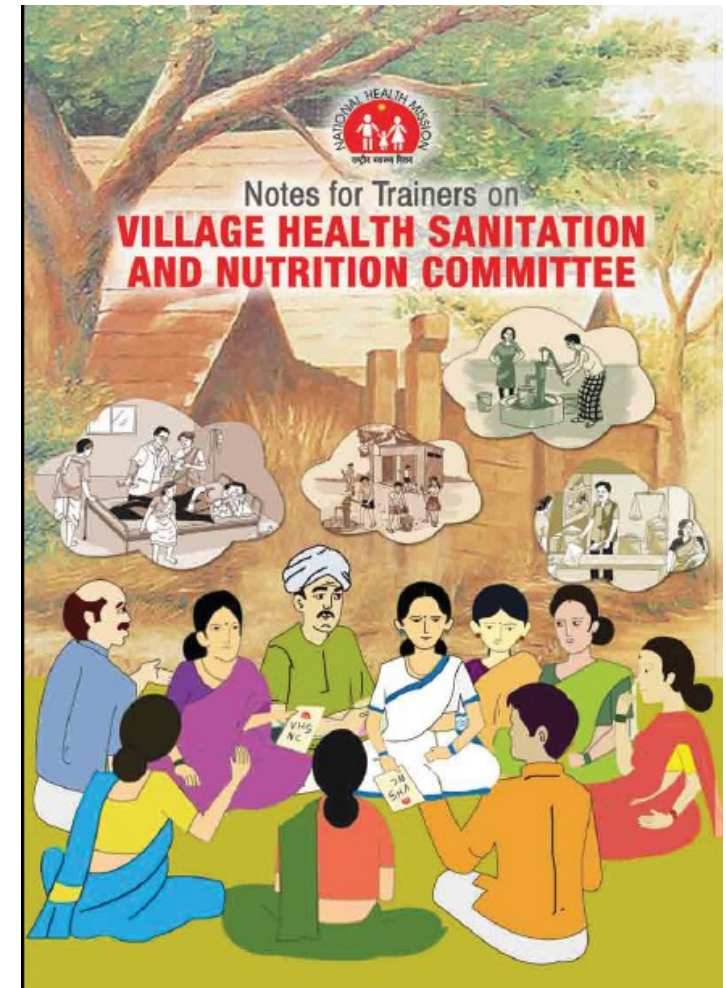


A. Format for Cash Book

Receipts						Payments					
Date	Particulars	Ledger Head	Ledger Folio	Cash Rs.	Bank Rs.	Date	Particulars	Ledger Head	Ledger Folio	Cash Rs.	Bank Rs.

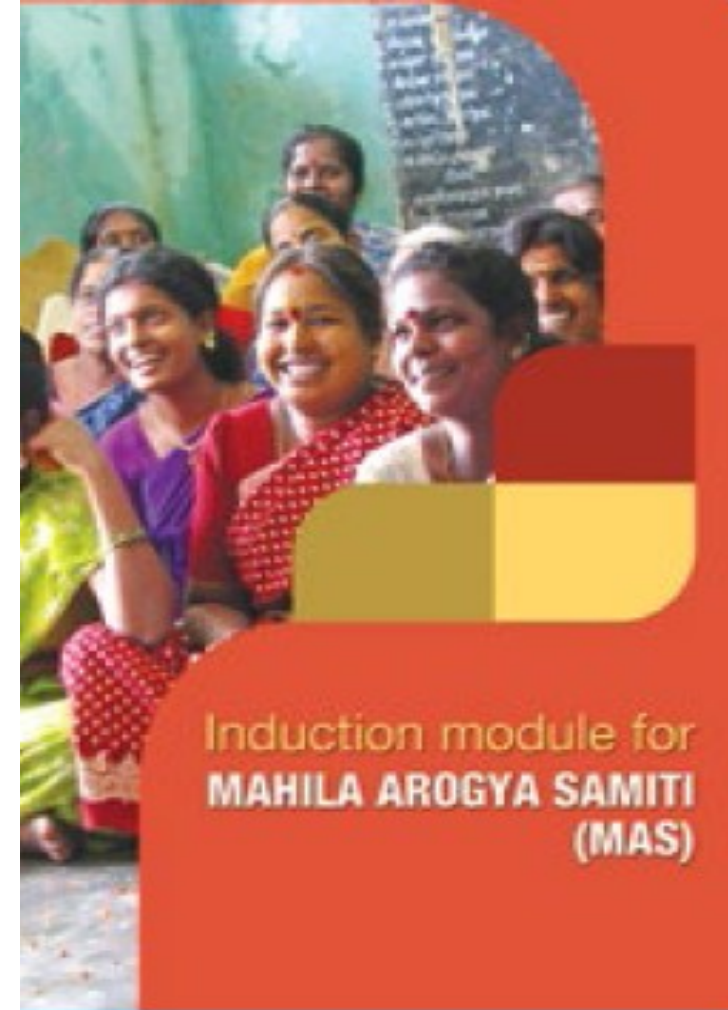
Village Health Sanitation & Nutrition Committee (VHSNC)

- Provide mechanism for the community to be informed of health programmes and voice health needs, experiences and issues
- Empower panchayats with the understanding to play their role in governance of health and public services
- A multi-stakeholder committee in every village, Chaired by the Panchayat member of the village and has 50% of women members - also a Sub-committee of the GP Standing Committee on Health
- ASHA is the member secretary. Untied grant – Rs 10,000 pa, authorised to mobilise additional resources locally
- Largely focused on health influencing issues in the village like water, sanitation, disease profile, enabling and monitoring nutritional supplementation program
- Develops Village Health Plan

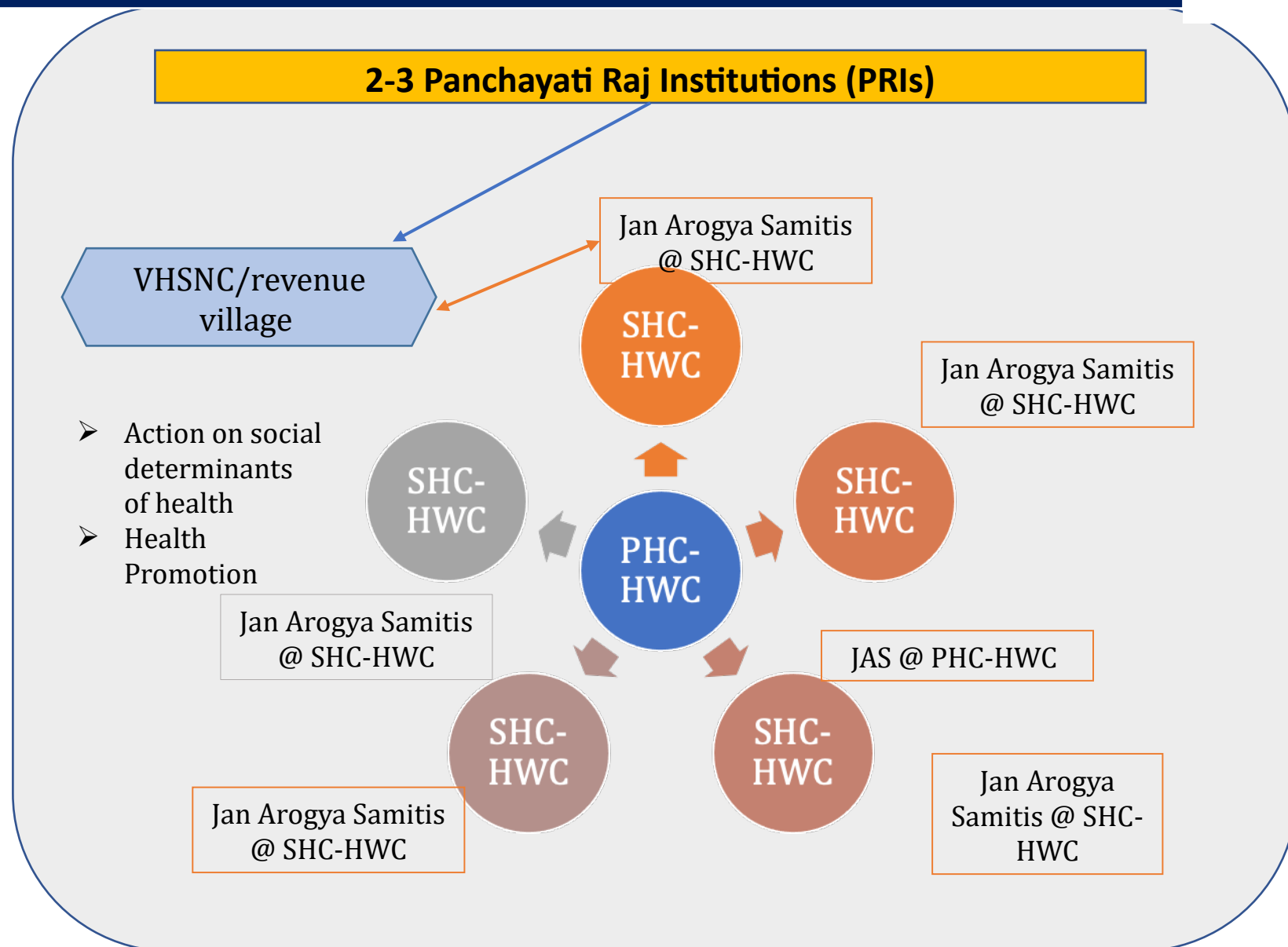


Mahila Arogya Samitis

- Provide mechanism to participate in the planning and implementation of health-related programmes
- Organise or facilitate community level services and referral linkages for health services
- MAS members elect the chairperson of the group
- ASHA is the member secretary. Untied fund – Rs 5000 pa.
- One MAS for every 50 to 100 HHs



AB-HWC Ecosystem



Outcome



Improved Population Coverage



Reduced Out of pocket expenditure



Decongestion of secondary & tertiary health facilities

Impact

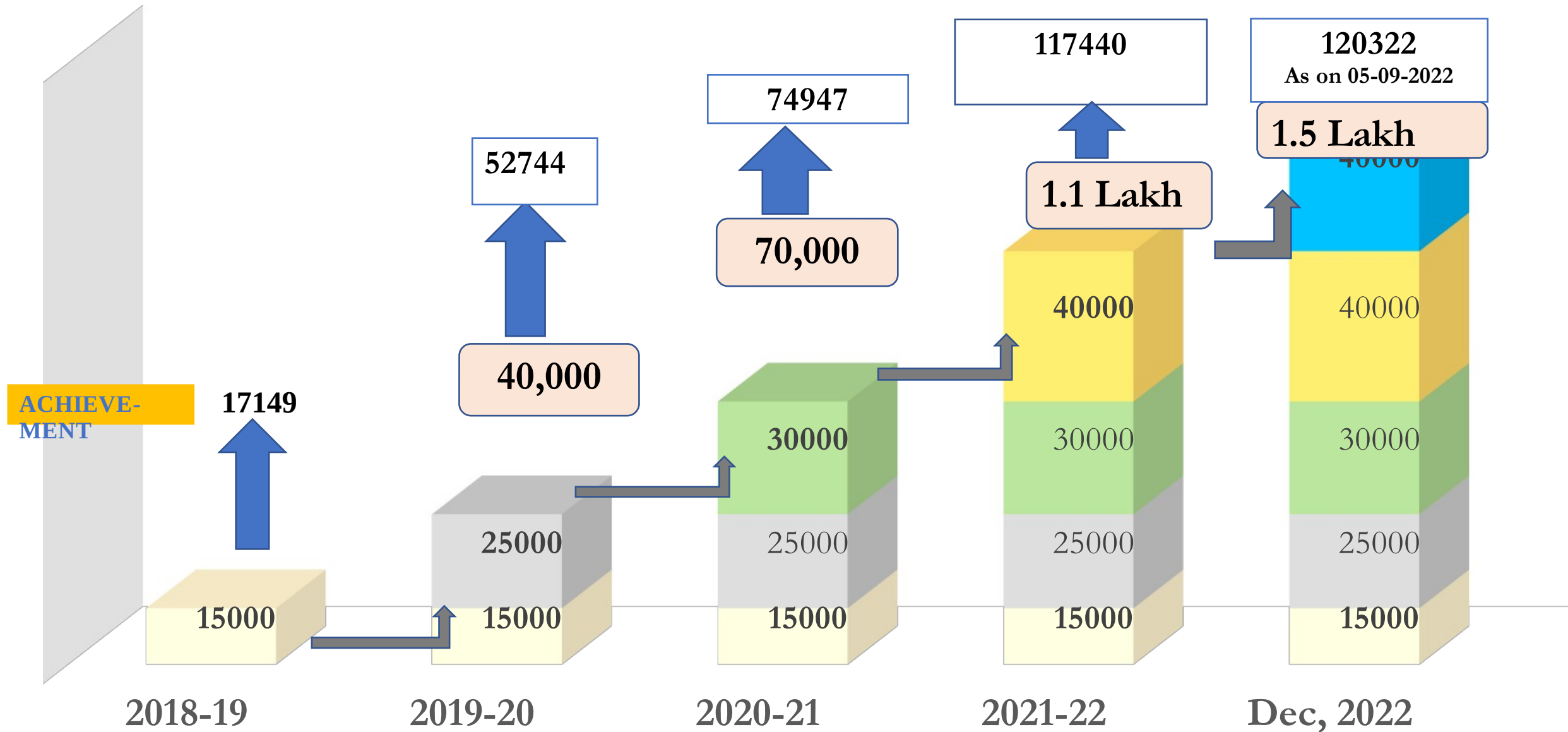


**Improved Population
Health Outcomes**



**Increased
Responsiveness**

Roll out Plan of Health and Wellness Centres





THANK
YOU